

# Family Conformity, Resilience, And Mental Well-Being In Adolescents With Experiences Of Physical Bullying

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## ABSTRACT

Family conformity is essential in children's social development, while resilience can affect their mental well-being, especially in their teens. This study aims to identify the relationship between family conformity, resilience, and mental well-being in adolescents with physical disabilities who experience physical bullying. A descriptive-correlation cross-sectional design was used on 843 youth with disabilities aged 19-22 years in 10 special schools with physical disabilities in Indonesia. Data were collected using a questionnaire about family conformity, resilience, and mental well-being. Data were analyzed using SPSS version 23. The correlation of each variable with the Pearson correlation coefficient and the statistical test was set at 0.001. The results showed that adolescents with physical disabilities who experienced physical bullying showed moderate family conformity, high resilience, and high mental well-being. The most positive correlations were found between conformity and resilience, conformity and mental well-being, and resilience and mental well-being. This study has implications for the importance of the role of the family in psychosocial support in achieving mental well-being for adolescents with physical disabilities who experience physical bullying. Interaction with family can encourage adolescents to absorb family values, express themselves, and maintain interaction and communication relationships with family members. Adolescents' understanding and awareness of fostering positive social relationships in a friendly environment can improve mental well-being if family interactions are functioning.

**Keywords:** family conformity, resilience, mental well-being, physical bullying, adolescents

## INTRODUCTION

Recently, more attention has been paid to the phenomenon of youth bullying. Although there is still debate about its understanding, many experts agree that bullying is an action that involves the intention to hurt someone, there is an imbalance

of power between the attacker and the victim, and it happens repeatedly (Farrington, 1993). Another understanding, bullying means deliberate, aggressive action carried out by groups or individuals frequently, and victims cannot easily defend themselves (Olweus, 1999; Wolke, 2000).

There is someone's power to eliminate the ability of others, making it difficult for victims to overcome problems (Swearer & Hymel, 2015). Many studies have found this type of bullying can occur with verbal attack activity (including calling a bad name due to physical weakness), physical behavior (including hitting, damaging the victim's property), relationship aggression (including exclusion and spreading of the issue) (Monk & Smith, 2006), and marked there is pressure on the victim.

### **Bullying**

They are overcoming pressure because physical bullying requires facing difficult situations. Someone can show harsh conditions and need the ability to solve complex problems (Carver, 2004). There is a lot of research on this phenomenon of physical bullying, especially in adolescents in the school community, because this group deals with the age of transition (Fitzpatrick & Bussey, 2010). Some similar studies link this bullying behavior with problems of poor social adjustment (Nansel, Haynie, & Simonsmorton 2003) and include psychological issues such as depression, anxiety, and suicide ideas (Desjardin & Leadbeater, 2016). Bullying behavior is also for mental conditions (Fleming and Jacobsen, 2009), family situations (Sinkkonen, Puhakka, & Meriläinen, 2012), and gender differences (Muryani and Thongpat, 2013). There are few research findings on this problem of bullying among adolescents' levels in college (Sinkkonen, Puhakka, & Meriläinen, 2012). Although bullying is discussed more in school settings, even among colleagues, this phenomenon still arises, even in the workforce (Coleyshaw, 2010; Meland, Rydning, Lobben, Breidablik, & Ekeland, 2010). Note that this phenomenon of bullying can occur

in many contexts, which can affect one's mental well-being and increase psychological problems sometimes.

### **The role of the family in bullying behaviour**

Adolescents begin their lives in the family, and they gain knowledge about themselves through the experience of living with a family to discover their identities. That's why the family system is the primary socializing agent influencing children's behavior outside the home (Koerner and Schrod, 2014). Other studies show that family conformity positively relates to personal identity (Ramadhana et al., 2019). Parental involvement impacts outside aspects of children's lives and shows lower bullying problems can be connected to parental involvement (Jeynes, 2008), especially when families emphasize conformity. Family conformity is a climate built by families to achieve homogeneity of their values and trust in their children and focuses on conflict resolution (Koerner and Fitzpatrick, 2002); conformity is an orientation when families are of preventing bullying in their children (Jeynes, 2008). Families in their children's development can be understood through social learning theories that children's social development is formed by parents and adults who are important in their lives, emphasizing the importance of strengthening the child's development (Lee & Wong, 2009). Several studies investigate bullying behavior related to maladaptive conflict resolution strategies from their parents (Schwartz, Dodge, Pettit, & Bates, 1997), for example bullying actions that arise from ineffective family communication habits (Spriggs, Iannotti, Nansel, & Haynie, 2007). Lack of positive interactions in conformity in the family makes it unsurprising that a child is not

protected when he has physical bullying experience from the surrounding environment (Matsunaga, 2009).

### **Resilience as a protective factor**

Adolescents with physical bullying experiences are associated with several psychological problems, such as anxiety and low self-esteem (Cook, Williams, Guerra, Kim, & Sadek, 2010), peer rejection, and negative friendship qualities (Hawker and Boulton, 2000), which can cause children to lack confidence (Salmivalli & Isaacs, 2005), physically weaker and the rejection of peer groups (Hodges & Perry 1999), to the loss of affection from other colleagues (Veenstra, Lindenberg, Munniksmä & Dijkstra, 2010) which can affect his mental life. There is a neglected factor in resilience in many studies on bullying (Rothson, Head, Klineberg, & Stansfeld, 2011). Resilience is a person's process when successfully overcoming the negative impact of a risk situation, the ability to cope with a traumatic experience or avoid the adverse effects of the risks that arise (Wang, Zhang, & Zimmerman, 2015). Although bullying is associated with resilience factors, research findings also report that children with more experience with bullying have more significant resistance (Moore & Woodcock, 2017).

Protection factors in resilience can modify and improve one's response to the adverse effects that arise (Smith & Carlson, 1997). There are several sources of protection instability, namely personal resources (including problem-solving abilities), family environment (including warmth, love, and commitment), and community (including peer support, school, and community environment) (Werner 1995; Garmezy & Tellegen, 1984). In solving problems, previous studies' results show

differences in overcoming problems when experiencing physical bullying related to gender (Craig, Pepler, & Blais, 2007). When experiencing physical bullying, girls are more likely to use a relational strategy, while boys are more likely to use an aggressive way, using physical aggression. While other studies have found boys are more likely to use ineffective systems to stop bullying experienced (Wilton, Craig, & Pepler, 2000).

### **Impact on mental well-being**

Several studies have shown a strong relationship between resilience and mental health (Hartley, 2011; Davydov, Stewart, Ritchie, & Chaudieu, 2010; Windle, 2011), and higher levels of mental well-being serve as antecedents of resilience (Kuntz, Näswall, & Malinen, 2016), depression (Hawker and Boulton, 2000; Loh, Schutte, and Thorsteinsson, 2013). Passively, children can submit to the perpetrators of physical bullying, affect psychological problems such as decreased intelligence capacity, motivation, self-confidence, low morale, and even depression (Sinkkonen, Puhakka, & Meriläinen, 2012; Lai, Ye, & Chang, 2008). However, some findings show that adolescents with physical bullying experience are more likely to experience decreased mental well-being and social disposition (Menesini, Modena, and Tani, 2009; Nansel, Craig, Overpeck, Saluja, & Ruan, 2004). Generally, arouse the emotions of anger, frustration, sadness, anxiety, and guilt (James, Sofroniou, & Lawlor, 2003), insomnia disorders, anxiety, depression, attention deficits and hyperactive disorders, somatization, physical health problems, antisocial behavior, self-injury, idea's suicide, and attempted suicide (Mills, Guerin, Lynch, Daly, & Fitzpatrick, 2004). The

findings of psychological correlation and health above show that physical bullying has a general relationship that is not specific to mental and physical well-being. Adolescent as victims of physical bullying can demonstrate their ability to solve problems if they are satisfied with their lives because being independent and being able to add to their community has been considered an indicator of well-being and mental health (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015).

### **Current study**

Indonesia is a country that has a diversity of cultures that shape the character and identity of adolescents. With different patterns of habits, it is not easy for teenagers to compare each identity they have, which impacts the emergence of bullying, especially among teenagers with physical disabilities. This idea can potentially affect adolescents' character formation; it can affect their mental well-being. With the prevalence of bullying reaching 75.7% (Sittichai & Smith, 2015), it certainly has affected the quality of life of young people in Indonesia. Physical bullying in Indonesia has not been resolved, and it is a threat to teenagers that will affect their mental health. Research on adolescent mental well-being, family conformity, and resilience in adolescents with physical disabilities who experience bullying is fundamental to developing psychosocial interventions and socialization programs in families to strengthen family resilience and function. The literature reviewed shows few research results on the relationship between family conformity, resilience, and adolescent mental well-being with the experience of physical bullying, especially in adolescents with physical disabilities. Therefore,

this study aims to describe conformity and resilience and explain the relationship between conformity, resilience, and the mental well-being of adolescents with physical disabilities who experience physical bullying. Specific research questions are:

RQ1: What is the relationship between conformity, resilience, and mental well-being in adolescents with physical disabilities and the experience of physical bullying?

RQ2: Is there a difference between family conformity, resilience, and mental well-being in adolescents with physical disabilities and physical experiences of bullying based on gender?

### **Materials and method**

#### **Participants**

The sample of this study was 843 adolescents with physical disabilities from ten special schools in Indonesia who met the category "have experienced physical bullying in the last 3 years". Five hundred and sixty-four participants (66.9%) were women, and two hundred and seventy-nine participants (33.1%) were men. Two hundred and seventy-two (32.2%) were 19 years old, two hundred thirty-two (27.5%) were 20 years old, two hundred nine (24.8%) were 21 years old, and one hundred thirty (15,4%) is 22 years old.

#### **Procedures**

The researcher explained to the participants the purpose of the study, the technique of filling out the questionnaire, and the instructions for returning the questionnaire. Participants in this participation received a three-pack of self-reported questionnaires with front page views that presented the research objectives,

significance, work instructions, researcher contact information, and a statement about their privacy to be protected. A total of one thousand questionnaire packages were distributed to participants. Eight hundred seventy-seven students completed and returned their questionnaire, with a response rate of 95%. After screening the data, 843 questionnaires were eligible for analysis. Other questionnaires were rejected because empty answers were found. Subject identification numbers were assigned to participants at the start of the study to protect participants' identities. All participant information was kept in a locked cupboard for the researcher. The questionnaire collected participant data, including part one demographic profile and a three-instrument scale measurement.

#### Instruments

**Family conformity.** Family conformity is part of the dimensions of family communication patterns and is measured using the conformity orientation instrument in the Family Communication Pattern (RFCP) (Fitzpatrick & Ritchie, 1994). This scale consists of 11 items that measure family orientation conformity. The scale used in this instrument uses a 5-point Likert scale type, with a response scale of 1 (Strongly Disagree) to 5 (Strongly Agree) to assess the conformity dimension. The reliability study shows the conformity scale has a Cronbach Alpha coefficient of 0.78.

**Resilience.** The Student Resilience Scale (SRS) measures the strength of a range of external supports and internal characteristics potentially seen as protective factors (Sun & Steward, 2007). and the Peer Support Perception Scale (Ladd, Kochenderfer, & Coleman, 1996). it is assessing

sources of protection from families, school, and communities. The instrument consists of 40 items measuring ten subscales on a 5-point scale (1 = never to 5 = always). The reliability study shows that the SRS instrument has a Cronbach Alpha coefficient of 0.90.

**Mental Wellbeing.** The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is an instrument developed by the Universities of Warwick and Edinburgh to measure mental well-being monitoring to improve students' mental well-being. It consists of 14 items related to an individual's mental state (including thoughts and feelings) on a scale of 1 (no time) to 5 (always), and the total scale score is calculated by adding 14 individual item scores ranging from 14 to 70; very low mental wellbeing (14-27), low mental wellbeing (28-41), high mental wellbeing (41-55) and very high mental wellbeing (56-70) Characteristic psychometric results indicate that this scale has retest reliability adequate. In this study, the coefficient value of Cronbach's Alpha is 0.91.

#### Data Analysis

Statistical analysis was performed using SPSS version 23. After measurement, frequency statistics were used to measure demographic variables. Descriptive statistics (such as mean, median, and standard deviation) measure the main study variables (family conformity, resilience, and mental well-being scale). Reliability analysis is used to calculate the value of internal consistency. An independent sample t-test was used to evaluate family communication patterns, student resilience surveys, and mental well-being scales on demographic variables. The Pearson correlation coefficient test was used to assess the correlation between family conformity

scales, resilience, and mental well-being. Before applying this test, assumptions such as normality and linearity were tested using skewness, kurtosis, and p-plot measurements.

## Results

The results showed that the family conformity scale average score was 30.2 out of 55 (SD=3.5), which indicated the moderate category. After the difference in the mean score of conformity orientation related to demographic variables, the results showed no significant difference in family

conformity regarding gender and age. The results showed that the average value of the SRS was 160.3 out of 200 (SD=16.6) and that the students' resilience was high. After sub-aspects, resilience is divided into four protective factors: personal source protection, family protection, school protection, and peer/community protection. After the difference in the average student resilience scores regarding demographic variables, the results showed no significant differences in the average student resilience scores related to gender and age.

**Table 1. Description of sample**

Demographic Variables	n (%)
<b>Gender</b>	
Boys	279 (33.1%)
Girls	564 (66.9%)
<b>Age</b>	
19	272 (32.2%)
20	232 (27.5%)
21	209 (24.8%)
22	130 (15.4%)

**Table 2. Pearson coefficient between family conformity, the subscales of student resilience, and mental well-being**

	Resilience (source of protection)				Mental well-being
	Individual	Family	School	Community	
<b>Conformity Family</b>	.676**	.666**	.381**	.384**	.449**
<b>Mental well-being</b>	.585**	.343**	.428**	.498**	-

\*\* Correlation is significant at the 0.01 level (2-tailed)

The results showed that the average WEMWBS score was 54.3 out of 70 (SD=8.6), indicating that the students had high mental well-being. Regarding the difference in the average WEMWBS score for demographic variables, the results show that female adolescents have a

higher level of mental well-being (M=54.7, SD=8.9) than male students (M=53.4, SD=8.1),  $t(843)=1.42, p=.000$ . Still, there was no significant difference in the average mental well-being score for the age category. Pearson correlation coefficient test showed that conformity was

positively correlated with resilience ( $r=0.610$ ,  $p<0.001$ ) and conformity was correlated with mental well-being ( $r=0.449$ ,  $p<0.001$ ). High levels of family conformity can be associated with increased resilience and high mental well-being in adolescents with physical disabilities who experience physical bullying. Adolescent resilience was positively related to mental well-being ( $r=.559$ ,  $p<0.001$ ), indicating that adolescents who reported high conformity might also report high levels of mental well-being. Family conformity positively correlates with all aspects of resilience (including self, family, friends, and significant others).

### Discussions

This study describes conformity, resilience (including protection of individuals, families, schools, and communities), and mental well-being in adolescents with physical disabilities who experience physical bullying. The results of this study reported a significant positive relationship between conformity with resilience and mental well-being in adolescents with physical disabilities who experienced physical bullying. Family involvement seems to substantially strengthen the self-defense of adolescents with physical disabilities so that their mental well-being can be maintained. These results support findings that report lower physical bullying problems associated with an active role of family involvement in shaping personal values. An essential component of family relationships is interaction. They will communicate in defining various roles and strategies to foster a more intensive family protection function so that the experience of bullying experienced does not hinder the mental well-being of adolescents with physical disabilities.

These findings also report high resilience among physically challenged adolescents who experience physical bullying. This finding is like the results of previous studies that adolescents who are victims of bullying will experience a high increase in stability (Rutter, 1999). This idea suggests protective factors (including family protection and individual protection) that can be a strength against risk factors that arise in adolescents' personalities. The power of these protective factors has been used to pay for risk or support the effects of problems on adolescent life development, and resilience factors are positively correlated with mental well-being. This notion suggests that adolescents with physical bullying experience practical self-defense associated with solid mental well-being. This idea is consistent with previous findings showing a strong relationship between resilience and mental health (Moore & Woodcock, 2017) and supports the relationship between the two aspects fundamentally (Nansel, Craig, Overpeck, Saluja, & Ruan 2004; James, Sofroniou, & Lawlor, 2003), although this study was not explored in greater depth, high mental well-being may serve as an antecedent of resilience.

In this study, there were no differences in the pattern of conformity and family resilience related to gender and age. However, significant differences were found between mental well-being and gender. It was reported that adolescent girls had higher levels of mental well-being than boys. This finding confirms the earlier notion that there is a difference in the process of experiencing gender-related bullying (Rutter, 1999) and ensures that girls who experience physical bullying have higher mental well-being than boys. This supports the argument of Wilton, Craig, & Pepler (2010) that boys are more likely

to use ineffective strategies to stop physical bullying. These findings report that the relational approach is seen as more effective in achieving mental well-being than in an aggressive way with physical aggression.

## CONCLUSIONS

This study suggests focusing the analysis on resilience and strengthening family functions in achieving the mental well-being of adolescents with physical disabilities who experience physical bullying. Interaction with family can encourage adolescents to absorb family values, express themselves, and maintain relationships of interaction and communication with other family members. Teenagers' understanding and awareness in fostering positive social relationships with peers seem to be able to improve their mental well-being if they involve family roles. In addition to families, special schools for physical disabilities need to conduct regular training for teachers related to bullying, ranging from understanding, causes, and assistance for victims of bullying in schools to increase resilience and maintain the mental well-being of children with physical disabilities. Families and schools are learning support systems for students to collaborate to prevent and provide protection for children. This study has limitations, such as the type of physical bullying experienced by adolescents is not explained. This study ignores the structure and style of the family that are considered necessary in understanding the condition of adolescents. Further research is needed to explore family interactions to find communication patterns in the family and forms of social support from the community environment. Further research needs to be conceptualized about the severity of physical

bullying experienced (including cyberbullying) so that the development of resilience models is more varied. Also, conformity is done by their families. In research methods, longitudinal and qualitative studies can better explain the potential for causal relationships in exploring research attributes, one of which is cultural values in the family.

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## COMPLIANCE WITH ETHICAL STANDARDS

Conflict of interest the authors declare that they have no conflict of interest.

## INFORMED CONSENT

Informed Consent was obtained from all participants included in the study.

## CONFLICT OF INTERESTS

The authors declare no conflict of interest.

## REFERENCES

1. Carver, C. S. (2004). Negative Affects Deriving From the Behavioral Approach System. *Emotion*, 4(1), 3-22. <https://doi.org/10.1037/1528-3542.4.1.3>
2. Coleyshaw. (2010). The power of



- paradigms: A discussion of the absence of bullying research in the context of the university student experience. *Research in Post-Compulsory Education*, 15(4), 377-386.  
<https://doi.org/10.1080/13596748.2010.526799>
3. Cook R., Williams, K. R., Guerra, N. G., Kim, T. E., & Sadek, S. (2010). Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. *School Psychology Quarterly*, 25(2), 65-83.  
<https://doi.org/10.1037/a0020149>
  4. Craig, Pepler, D., & Blais, J. (2007). Responding to Bullying. *School Psychology International*, 28(4), 465-477.  
<https://doi.org/10.1177/0143034307084136>
  5. Davydov M., Stewart, R., Ritchie, K., & Chaudieu, I. (2010). Resilience and mental health. *Clinical Psychology Review*, 30(5), 479-495.  
<https://doi.org/10.1016/j.cpr.2010.03.003>
  6. Desjardins, & Leadbeater, B. J. (2016). Changes in Parental Emotional Support and Psychological Control in Early Adulthood. *Emerging Adulthood*, 5(3), 177-190.  
<https://doi.org/10.1177/2167696816666974>
  7. Farrington P. (1993). Understanding and Preventing Bullying. *Crime and Justice*, 17, 381-458.  
<https://doi.org/10.1086/449217>
  8. Fitzpatrick, & Bussey, K. (2010). The development of the Social Bullying Involvement Scales. *Aggressive Behavior*, 37(2), 177-192.  
<https://doi.org/10.1002/ab.20379>
  9. Fitzpatrick, M. A., & Ritchie, L. D. (1994). Communication Schemata Within the Family. *Human Communication Research*, 20(3), 275-301.  
<https://doi.org/10.1111/j.1468-2958.1994.tb00324.x>
  10. Fleming C., & Jacobsen, K. H. (2009). Bullying among middle-school students in low and middle income countries. *Health Promotion International*, 25(1), 73-84.  
<https://doi.org/10.1093/heapro/dap046>
  11. Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., & Sartorius, N. (2015). Toward a new definition of mental health. *World Psychiatry*, 14(2), 231-233.  
<https://doi.org/10.1002/wps.20231>
  12. Garmezy, N., & Tellegen, A. (1984). Studies of Stress-Resistant Children: Methods, Variables, And Preliminary Findings. *Applied Developmental Psychology*, 231-287.  
<https://doi.org/10.1016/b978-0-12-041201-3.50011-x>
  13. Hartley T. (2011). Examining the Relationships Between Resilience, Mental Health, and Academic Persistence in Undergraduate College Students. *Journal of American College Health*, 59(7), 596-604.  
<https://doi.org/10.1080/07448481.2010.515632>
  14. Hawker, D. S., & Boulton, M. J. (2000). Twenty Years' Research on Peer Victimization and Psychosocial Maladjustment: A Meta-analytic Review

- of Cross-sectional Studies. *Journal of Child Psychology and Psychiatry*, 41(4), 441-455. <https://doi.org/10.1111/1469-7610.00629>
15. Hodges V., & Perry, D. G. (1999). Personal and interpersonal antecedents and consequences of victimization by peers. *Journal of Personality and Social Psychology*, 76(4), 677-685. <https://doi.org/10.1037//0022-3514.76.4.677>
16. James, D. J., Sofroniou, N., & Lawlor, M. (2003) The response of Irish adolescents to bullying. *Irish Journal of Psychology*. 24, 22-34
17. Jeynes, W. H. (2008). Effects of Parental Involvement on Experiences of Discrimination and Bullying. *Marriage & Family Review*, 43(3-4), 255-268. <https://doi.org/10.1080/01494920802072470>
18. Koerner, A. F., & Fitzpatrick, M. A. (2002). Chapter 2: Understanding Family Communication Patterns and Family Functioning: The Roles of Conversation Orientation and Conformity Orientation. *Communication Yearbook*, 26(1), 36-68. [https://doi.org/10.1207/s15567419cy2601\\_2](https://doi.org/10.1207/s15567419cy2601_2)
19. Koerner, A. F., & Schrodtt, P. (2014). An Introduction to the Special Issue on Family Communication Patterns Theory. *Journal of Family Communication*, 14(1), 1-15. <https://doi.org/10.1080/15267431.2013.857328>
20. Kuntz, J. R., Näswall, K., & Malinen, S. (2016). Resilient Employees in Resilient Organizations: Flourishing Beyond Adversity. *Industrial and Organizational Psychology*, 9(2), 456-462. <https://doi.org/10.1017/iop.2016.39>
21. Ladd, G. W., Kochenderfer, B. J., & Coleman, C. C. (1996). Friendship Quality as a Predictor of Young Children's Early School Adjustment. *Child Development*, 67(3), 1103. <https://doi.org/10.2307/1131882>
22. Lai, S., Ye, R., & Chang, K. (2008). Bullying in middle schools: An Asian-Pacific Regional study. *Asia Pacific Education Review*, 9(4), 503-515. <https://doi.org/10.1007/bf03025666>
23. Lee S., & Wong, D. S. (2009). School, Parents, and Peer Factors in Relation to Hong Kong Students' Bullying. *International Journal of Adolescence and Youth*, 15(3), 217-233. <https://doi.org/10.1080/02673843.2009.9748030>
24. Loh, J. M., Schutte, N. S., & Thorsteinsson, E. B. (2013). Be Happy: The Role of Resilience Between Characteristic Affect and Symptoms of Depression. *Journal of Happiness Studies*, 15(5), 1125-1138. <https://doi.org/10.1007/s10902-013-9467-2>
25. Matsunaga. (2009). Parents Don't (Always) Know Their Children Have Been Bullied: Child-Parent Discrepancy on Bullying and Family-Level Profile of Communication Standards. *Human Communication Research*, 35(2), 221-247. <https://doi.org/10.1111/j.1468-2958.2009.01345.x>
26. Meland, E., Rydning, J. H., Lobben, S., Bredablik, H., & Ekeland, T. (2010).

- Emotional, self-conceptual, and relational characteristics of bullies and the bullied. *Scandinavian Journal of Public Health*, 38(4), 359-367. <https://doi.org/10.1177/1403494810364563>
27. Menesini, E., Modena, M., & Tani, F. (2009). Bullying and Victimization in Adolescence: Concurrent and Stable Roles and Psychological Health Symptoms. *The Journal of Genetic Psychology*, 170(2), 115-134. <https://doi.org/10.3200/gntp.170.2.115-134>
28. Mills, C., Guerin, S., Lynch, F., Daly, I., & Fitzpatrick, C. (2004). The relationship between bullying, depression and suicidal thoughts/behaviour in Irish adolescents. *Irish Journal of Psychological Medicine*, 21(4), 112-116. <https://doi.org/10.1017/s0790966700008521>
29. Monks, C. P., & Smith, P. K. (2006). Definitions of bullying: Age differences in understanding of the term, and the role of experience. *British Journal of Developmental Psychology*, 24(4), 801-821. <https://doi.org/10.1348/026151005x82352>
30. Moore, B., & Woodcock, S. (2017). Resilience, Bullying, And Mental Health: Factors Associated With Improved Outcomes. *Psychology in the Schools*, 54(7), 689-702. <https://doi.org/10.1002/pits.22028>
31. Muryani, S., & Thongpat, S. (2013). Bullying Terms of Groups and Gender in Adolescents. In ASEAN/Asian Academic Society International Conference Proceeding Series.
32. Nansel, T. R., Craig, W., Overpeck, M. D., Saluja, G., & Ruan, W. J. (2004). Cross-national Consistency in the Relationship Between Bullying Behaviors and Psychosocial Adjustment. *Archives of Pediatrics & Adolescent Medicine*, 158(8), 730. <https://doi.org/10.1001/archpedi.158.8.730>
33. Nansel, T. R., Haynie, D. L., & Simonsmorton, B. G. (2003). The Association of Bullying and Victimization with Middle School Adjustment. *Journal of Applied School Psychology*, 19(2), 45-61. [https://doi.org/10.1300/j008v19n02\\_04](https://doi.org/10.1300/j008v19n02_04)
34. Olweus, D. (1999). In P. K. Smith, Y. Morita, J. Junger-Tas, D. Olweus, R. Catalano, & P. Slee (Eds.), *The nature of bullying: A cross-national perspective* (pp. 7-27). London: Routledge
35. Ramadhana R., Karsidi, R., Utari, P., & Kartono, D. T. (2019). Role of Family Communications in Adolescent Personal and Social Identity. *Journal of Family Sciences*, 4(1), 1-11. <https://doi.org/10.29244/jfs.4.1.1-11>
36. Rethon, C., Head, J., Klineberg, E., & Stansfeld, S. (2011). Can social support protect bullied adolescents from adverse outcomes? A prospective study on the effects of bullying on the educational achievement and mental health of adolescents at secondary schools in East London. *Journal of Adolescence*, 34(3), 579-588.

- <https://doi.org/10.1016/j.adolescence.2010.02.007>
37. Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21(2), 119-144. <https://doi.org/10.1111/1467-6427.00108>
38. Salmivalli, C., & Isaacs, J. (2005). Prospective Relations Among Victimization, Rejection, Friendlessness, and Children's Self- and Peer-Perceptions. *Child Development*, 76(6), 1161-1171. <https://doi.org/10.1111/j.1467-8624.2005.00841.x-i1>
39. Schwartz, Dodge, K. A., Pettit, G. S., & Bates, J. E. (1997). The Early Socialization of Aggressive Victims of Bullying. *Child Development*, 68(4), 665. <https://doi.org/10.2307/1132117>
40. Sinkkonen, H., Puhakka, H., & Meriläinen, M. (2012). Bullying at a university: Students' experiences of bullying. *Studies in Higher Education*, 39(1), 153-165. <https://doi.org/10.1080/03075079.2011.649726>
41. Sittichai, R., & Smith, P. K. (2015). Bullying in South-East Asian Countries: A review. *Aggression and Violent Behavior*, 23, 22-35. <https://doi.org/10.1016/j.avb.2015.06.002>
42. Smith, C., & Carlson, B. E. (1997). Stress, Coping, and Resilience in Children and Youth. *Social Service Review*, 71(2), 231-256. <https://doi.org/10.1086/604249>
43. Spriggs, A. L., Iannotti, R. J., Nansel, T. R., & Haynie, D. L. (2007). Adolescent Bullying Involvement and Perceived Family, Peer and School Relations: Commonalities and Differences Across Race/Ethnicity. *Journal of Adolescent Health*, 41(3), 283-293. <https://doi.org/10.1016/j.jadohealth.2007.04.009>
44. Sun, J., & Stewart, D. (2007). Development of population-based resilience measures in the primary school setting. *Health Education*, 107(6), 575-599. <https://doi.org/10.1108/09654280710827957>
45. Swearer, S. M., & Hymel, S. (2015). Understanding the psychology of bullying: Moving toward a social-ecological diathesis–stress model. *American Psychologist*, 70(4), 344-353. <https://doi.org/10.1037/a0038929>
46. Veenstra, R., Lindenberg, S., Munniksma, A., & Dijkstra, J. K. (2010). The Complex Relation Between Bullying, Victimization, Acceptance, and Rejection: Giving Special Attention to Status, Affection, and Sex Differences. *Child Development*, 81(2), 480-486. <https://doi.org/10.1111/j.1467-8624.2009.01411.x>
47. Wang, J., Zhang, D., & Zimmerman, M. A. (2015). Resilience Theory and its Implications for Chinese Adolescents. *Psychological Reports*, 117(2), 354-375. <https://doi.org/10.2466/16.17.pr0.117c21z8>
48. Werner, E. E. (1995). Resilience in Development. *Current Directions in*

- Psychological Science, 4(3), 81-84.  
<https://doi.org/10.1111/1467-8721.ep10772327>
49. Wilton M., Craig, W. M., & Pepler, D. J. (2000). Emotional Regulation and Display in Classroom Victims of Bullying: Characteristic Expressions of Affect, Coping Styles and Relevant Contextual Factors. *Social Development*, 9(2), 226-245.  
<https://doi.org/10.1111/1467-9507.00121>
50. Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology*. 21, 152–169.
51. Wolke, D. (2000). *The Nature of School Bullying: A Cross-national Perspective*. By P. K. Smith, Y. Morita, J. Junger-Tas, D. Olweus, R. Catalano, and P. Slee. Routledge, Andover, U.K., 1998. pp. 384. *Journal of Child Psychology and Psychiatry*, 41(3), 399-404.  
<https://doi.org/10.1017/s0021963099225395>