

**IMPACT OF BULLYING VICTIMIZATION AND PARENTAL NEGLECT ON
SUICIDAL IDEATION AMONG ADOLESCENTS: RESILIENCE AS A
MODERATOR**



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MODERATOR**

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DECLARATION

I, **Ms. SABAH GULL**, Registration No. **330-FSS/MSEP/F21** student of **MS** in the subject of Psychology, session **2021-2023**, hereby declare that the matter printed in the thesis titled: **Impact of Bullying Victimization and Parental Neglect on Suicidal Ideation Among Adolescents: Resilience as a moderator** is my own work and has not been printed, published and submitted as research work, thesis or publication in any form in any University, Research Institution etc. in Pakistan or abroad.

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Dated:

RESEARCH COMPLETION CERTIFICATE

It is certified that the research work contained in this thesis titled: **IMPACT OF BULLYING VICTIMIZATION AND PARENTAL NEGLECT ON SUICIDAL IDEATION AMONG ADOLESCENTS : RESILIENCE AS A MODERATOR** has been carried out and completed by **Ms. Sabah Gull**, Registration No. **330-FSS/MSEP/F21** under my supervision.

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Dedication

To My Beloved Parents,

Your constant support and sacrifices have propelled my academic journey. Your love is the bedrock of my success, and I am immensely grateful for everything.

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List of Abbreviations

SPSS	Statistical Package for Social Sciences
MPVS	Multi-dimensional Peer Victimization Scale
MNBS	Multi-dimensional Neglectful Behavior Scale
ERS	Ego Resilience Scale
BSSI	Beck Scale for Suicidal Ideation
STS	Strain Theory of Suicide
BCM	Behavioral Continuity Model
ECM	Environmental Continuity Model

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Abstract

This research aimed to examine the effects of bullying victimization and parental neglect on suicidal ideation among adolescents, to explore how resilience influences the connection between experiencing bullying victimization and parental neglect. The study included 200 college students from various colleges in Rawalpindi and Islamabad. A cross-sectional research design was employed. The Multidimensional Peer Victimization Scale (MPVS; Mynard & Joseph, 2000), Multidimensional Neglectful Behavior Scale (MNBS; Straus, Kinard & Williams, 1995), Ego-resiliency Scale (ERS; Block and Kremen, 1996), and the Beck Scale for Suicidal Ideation (BSI; Beck and Steer, 1991) were utilized to measure bullying victimization, parental neglect, resilience, and suicidal ideation, respectively. Data analysis was performed using SPSS, incorporating descriptive statistics, Pearson correlation, multiple regression analysis, moderation analysis, t-test and ANOVA. Findings indicated significant correlations between bullying victimization, parental neglect, resilience, and suicidal ideation among adolescents. Additionally, resilience was found to moderate the relationship between bullying victimization and parental neglect with suicidal ideation. T-test analysis revealed significant gender differences in the dimensions of bullying victimization, with females scoring higher on relational victimization and males on physical victimization. Grade level differences were also noted; students in intermediate part-2 showed higher resilience levels, while those in intermediate part-1 exhibited higher suicidal ideation levels. Furthermore, males experienced higher levels of parental neglect than females. No significant differences were observed based on socioeconomic status, age, or birth order. The findings of current research lay out a foundational framework for upcoming studies in fields of educational psychology as well as student development.

Keywords: bullying victimization, parental neglect, resilience, suicidal ideation, relational victimization, physical victimization.

Chapter 1

Introduction

Adolescence is a crucial phase during which home life and the school environment significantly influence an individual's personality (Steinberg, 2014). The widespread issues of bullying victimization and parental neglect have garnered considerable attention due to their profound impact on mental health (Craig et al., 2020). Bullying is an aggressive behavior marked by repeated harm and an imbalance of power, often leaving victims with long-lasting psychological trauma (Olweus, 1993). These effects are exacerbated when the victim also faces parental neglect, a form of maltreatment where a child's essential emotional and physical needs are consistently unmet (Norman et al., 2012). The combination of these negative experiences can severely affect an individual's mental health, particularly by increasing the likelihood of suicidal ideation (Holt et al., 2015).

Suicidal ideation involves contemplating taking one's own life and is a major mental health issue worldwide, especially among adolescents and young adults (World Health Organization [WHO], 2021). The trauma from bullying can lead to a sense of isolation, inflated self-esteem, as well as hopelessness that contribute to the risk of suicidal thoughts (Espelage & Holt, 2013). When coupled with parental neglect—characterized by a lack of a supportive and nurturing home environment—these feelings intensify, leaving the individual with limited coping mechanisms and emotional support (Wang et al., 2022). The absence of parental care and protection deprives children of essential sources of security and validation, which are crucial for healthy psychological development (Heleniak et al., 2016).

However, not everyone exposed to these adverse conditions succumbs to suicidal ideation. There are protective factors that mitigate these risks, with resilience being one of them (Rutter, 2012). Resilience refers to the capacity to endure and recover from significant stress

and adversity. It is not an innate trait but a dynamic process determined by various interior and exterior factors, involving character traits, support from society, as well as positive experiences (Masten, 2014). Individuals with high resilience can navigate challenges and recover from trauma, thus reducing the likelihood of developing severe mental health issues such as suicidal ideation (Luthar et al., 2000).

In conclusion, the link between bullying victimization, parental neglect, and suicidal ideation is complex and multidimensional. While adverse experiences considerably increase the risk of suicidal thoughts, resilience functions as a moderating factor that can shield against these destructive consequences. By focusing on constructing resilience, it becomes possible to lessen the detrimental effects of bullying and neglect and stimulate better mental health outcomes for affected persons.

Bullying victimization

Bullying is described as a “repetitive act that is intended to harm others on purpose” (Sampasa, 2015). It is also characterized as “unwanted aggressive behavior among school aged children that involves a real or perceived imbalance of power” (Attawel, 2017). Bullying can be either indirect or direct. Indirect bullying comprises backstabbing, dissemination of false stories, and social exclusion, while direct bullying includes physical attack, threats, insults, and verbal abuse (Juvonen & Graham, 2014). Consequently, victims of bullying may face physical, verbal, social, or emotional abuse (Juvonen & Graham, 2001). During childhood and adolescence, the happening of both direct and indirect victimization is often closely linked, indicating that victims are generally subjected to both types of bullying (Casper & Card, 2017). In Pakistan, there has been limited research conducted on this issue.

Components Of Bullying Victimization

In academic discussions, in-school bullying victimization is generally divided into three primary categories, each representing a different type of bullying.

Verbal Victimization. This includes name-calling, hurtful joking, and teasing.

Physical Victimization. This involves being hit, having objects thrown at oneself, or facing physical threats. These actions are typically seen as direct forms of victimization.

Relational Victimization. This form is considered indirect and aims to harm the social standing of the victim, such as through social segregation and being excepted from peer activities (Arseneault et al., 2010; Dukes, et al., 2009).

Precursors Of Bullying Victimization

Significant effort is dedicated to comprehend immediate individual and relational characteristics which make students susceptible to peer victimization. Research has primarily concentrated on the factors that might encourage or provoke aggressors. Physical weakness increases the likelihood of victimization. Adolescents with internalizing symptoms face high victimization. Low self- confidence leads to submissive behaviors is associated with elevated victimization. Students who are hyper-active and have difficulty regulating their emotions face more victimization than their counter-parts. Pro-social behaviors function as protective factor. Students who are usually less accepted by their peers can easily be victimized. Adolescents with no friends or less friends are more prone to victimization. Friends who are physically strong and well-accepted among peers can offer better protection (Hodges et al., 1997).

Impacts Of Bullying Victimization

Increase In Internalizing Behaviors. Long term studies indicate that victimization is associated with worsening personal and interpersonal adjustment issues. Children who experience victimization usually have symptoms of anxiety, depression and withdrawal, their self-esteem is declined and have unpleasant perceptions about peers.(Salmivalli & Isaacs, 2005).

Deterioration In Relationships. Findings of longitudinal studies suggest that negative effects of maladjustment persist, even when victims transition into new environments such as moving from high school (Olweus,1994), especially when support from family is low. Interpersonally, victimized children often experience worsening relationships with their peers. They have less friends as they are disliked by their peers (Kochenderfer et al., 1997). Reduction in friendships might result from former friends distancing themselves from the victim to avoid becoming targets themselves, or from the poor quality of these friendships making it difficult to maintain positive mutual ties over time.

Psychosomatic Issues. Research indicates that Victimized children are at a risk to develop psychosomatic issues such as aching head, gut pain, night wetting, and hunger irregularities (Gini & Pozzoli, 2013).

Psychological Challenges. Compared to their non-bullied counterparts, bullied adolescents are more susceptible to psychological challenges such as low self-confidence, agitation, melancholy, and suicidal tendencies (CDC, 2016).

Academic Issues. Bullied children also tend to face academic difficulties and bad relations with peers (CDC, 2016; Nansel et al., 2004; UNICEF, 2014a).

Engagement in Unhealthy Behaviors. It has been experimented that bullied children are more likely to involve in Harmful activities like addiction and using illegitimate drugs (UNICEF, 2014a).

Long-term Consequences. Being a victim of childhood bullying can lead to multiple negative effects later in life. These include increased degrees of mental disorders, difficulties in social interactions, occupation challenges, financial struggles and low life satisfaction after the bullying has ended (Wolke & Lereya, 2015). Bullied children have considerably higher degrees of agitation, dejection and suicidal tendencies even 40 years later. Other reported long-standing effects comprise of pitiable health, hostile behavior, and vicious criminal doings in adulthood (Ttofi, Farrington, & Lösel, 2012).

Models of Bullying Victimization

Continuity Models. These models are classified into two types: behavioral continuity and environmental continuity. Both models suggest that a single set of factors initially pushes peer victimization, while the other set of factors functions to sustain the initial risk. According to BCM, Individual risk factors at the child level, such as behavioral characteristics, are the primary causes of victimization. Proponents of this perspective contend that children take along pre-existing natures into social environments, such as genetic predispositions, temperament, or attachment-related internal working models. These dispositions, which can include militancy, dullness, or hostile attribution biases, direct children to problematic social contexts and aggravate hostile responses, thus perpetuating their initial dispositions (Caspi, Elder, & Bem, 1987). For instance, preschoolers who had unsolicited aggression towards peers became targets of comparable unprovoked aggression from others (Olson, 1992). These children then responded with further aggression, continuing the cycle. In this example, the social

context strengthens the children's present aggressive inclinations by encouraging their aggressive behaviors.

On the other hand, an ECM says that circumstantial factors are primary causes of victimization. Anti-bullying programs in schools often accept this perspective, concentrating on varying the school environment to decrease bullying. These programs work on the notion that bullying can be considerably reduced by changing the environment such as applying clear, constantly imposed anti-bullying rules and developing a caring, respectful atmosphere. According to this model, child-level factors are important only when they are supported by the environmental influences. Some settings like school playgrounds, lunch-rooms or buses generally promote bullying due to less supervision or non-restrictive attitudes towards aggression. In these contexts, children's behavioral tendencies may either reinforce aggressive behavior by conforming with bullies' demands or give rise to further aggression by reciprocating or fighting back, thus maintaining the bullying environment.

Additive Models. Additive models assumed that factors related to both the child and their environment separately play role in occurrence as well as continuation of peer victimization. Findings of a study showed that both aggression and low peer acceptance individually predict chronic bullying victimization (Kochenderfer, 2003)

Moderator Models. This model suggests that the chances of children being bullied is determined by the interaction of various risk factors. This model proposes that both child-specific and environmental factors must be contemplated together, as neither alone fully describes the occurrence of peer victimization. Basically, certain groupings of these factors can either escalate or diminish the risk of bullying. For example, whether aggressive children are acknowledged or mistreated by their peers can depend

on the social norms inside their team (Henry et al., 2000). Aggressive children may be more susceptible to victimization in affectionate, peaceful peer atmosphere as compared to the groups where aggression is the norm (Wright et al., 1986).

Mediator Models. In mediator models, the links between child- or environment-level factors and peer victimization are effected by other, more abrupt risk factors. These models are normally intended to indicate cause-and-effect relationships and are becoming progressively more prevalent in the publications of bullying victimization.

Parental Neglect

Parental neglect (PN) is characterized as “a type of child maltreatment that the caregiver fails to provide sufficient age appropriate physical, educational, emotional, or medical care to meet a child’s basic needs” (U.S. Department of Health and Human Services, 2009). It has been found that parental neglect, a form of child abuse, critically destroy adolescents' mental health. In addition, childhood parental neglect is connected to various factors that destructively effect children's development and personality (Lakhdir et al., 2021).

Categories Of Parental Neglect

Researchers have tried to abridge the complex idea of neglect by categorizing it into various types. A six-fold classification summarizes these categories (Horwath, 2007a).

Healthcare Neglect. Care-takers decrease sickness as well as healthiness necessities, or become unsuccessful to pursue suitable treatment.

Malnutrition. Provision of Insufficient nutrition that thwarts typical growth and development.

Emotional Neglect. Parents not being responsive, affectionate or interactive with their child.

Educational Neglect. Parents not stimulating the child, not supporting him or not being involved in schooling.

Physical Neglect. Inadequate standard of living, attire or nutriment, usually related to substantial deficiencies.

Supervisory Neglect. Negligence related to absence of behavioral rules and regulations, carelessness, or assigning the care related tasks to inappropriate caregivers

Contexts of Parental Neglect.

Neglect in adolescents has been infrequently examined. While there is some suggestion that various factors may be linked to child neglect in general, there is slight evidence identifying what discriminates adolescent neglect from other types of maltreatment (Stein et al., 2009). The settings in which adolescent neglect might arise comprise:

Family Composition & Re-Shaping. Families directed by a single parent (typically female) have a greater risk of neglect (Swift, 1995; Daniel & Taylor, 2006). Moreover, the re-construction of families add to neglect, such as more possibility of older adolescents being pushed out of the home when a step-parent enters the home (Rutherford , 2001; Rees & Siakeu, 2004).

Parental Concerns. Neglect is generally connected to parental misuse of alcohol or drugs (Advisory Council on the Misuse of Drugs, 2003; Tunnard, 2004). Adolescents belonging to the parents with mental health issues like depression may also face a greater levels of neglect (Ethier et al., 2000), like those in homes with domestic

mistreatment (Cleaver et al., 2011). Nevertheless, in these settings, parent's competence might only be occasionally weakened, and professional support can help lessen neglect (Tunnard, 2004).

Lack Of Support Networks. Adolescents whose families are not being supported by their relatives, society, or experts are at a greater risk of encountering neglect (Hooper et al., 2007). Nevertheless, the support provided by the young person's peer networks can assist in diminishing this risk.

Socio-economic factors. International research suggests that socio-economic factors such as housing, employment, and poverty are associated with neglect, though applying these findings to the UK context poses challenges (Rees et al., 2011). In the UK, research has forecasted connections between parenting approaches and social class (Shucksmith, Hendry, & Glendinning, 1995), as well as between inadequate supervision and social class (Wight et al., 2006). However, it is still undecided how these findings are particularly related to adolescents.

Community profile. Research has suggested a connection between child maltreatment rates and factors such as neighborhood poverty, housing stress, and the accessibility of drugs and alcohol (Freisthler et al., 2006). This shows that adolescents living in such kind of situations experience elevated neglect, even though specific studies on this group are lacking.

Disabled Children. Research on children with disabilities has explored that they are more prone to neglect compared to children without disabilities, in spite of significant inconsistency in the estimates. The authors also pointed out the general lack of studies related to neglect (Jones et al., 2012).

Abrupt Incidents. The appearance of neglect is usually activated by unpredictable happenings such as "stress points or life changes, like death of loved one, job loss, divorce, or illness" (Evans, 2002). Mature children are extra prone to face these events compared to younger children.

Outcomes Of Parental Neglect

Poor Mental And Emotional Health. Neglect has been associated with numerous issues such as psychological and emotional fitness challenges (Vazsonyi et al., 2003; Arata et al., 2007; Brooks & Flower, 2009), engagement in unsafe behaviors at an early age (Wight et al., 2006), a greater risk of becoming a bullying victim (Claes et al., 2005; Cleveland et al., 2005), heightened likelihood of fleeing home (Rees and Lee, 2005), academic troubles (Williams and Kelly, 2005; Aunola et al., 2000), involvement in defiant activities as well as criminal behavior (Reitz et al., 2006).

Poor Physical Health. There is growing acknowledgment of the connections between neglect and possible physical health issues. For example, the emergence of harmful behaviors resulting from reduced neurological development has been highlighted (Child Information Gateway, 2009; Brown & Ward, 2012). Teenagers experiencing neglect often have a higher likelihood of developing conditions like diabetes, respiratory illnesses, and eyesight or dental issues (Spatz Widom et al., 2012).

Other Outcomes

Findings of the "rapid systematic review" conducted by Cardiff University in 2014 indicated that neglect experienced by adolescents is linked to:

Internalizing features. (such as depression, symptoms of PTSD)

Externalizing Behaviors. (like hostility, criminality, addiction, venturesome activities)

Issues in interpersonal relationships. Poor relationship with family, Lowered positive social expectations as well as Inability to engage with peers in school

Long Term Consequences

Maltreatment that initiates during adolescence is more harmful than maltreatment that began and ended during childhood. It leads to various issues in teenage years and later life, including criminality, addiction, engaging in unsafe sexual practices, as well as experiencing suicidal Ideation (Thornberry et al., 2010).

Neglect in childhood is detrimental as it heightens involvement in crimes during teenage years, and heightens the likelihood of arrest and addiction in early adulthood (Smith et al., 2005).

Suicidal Ideation

Suicidal ideation refers to "the thoughts and plans of a person to intentionally take their own life, which represents a crucial psychological process in the initial phase of suicidal behavior" (Zhang, 2005). Suicide has become the 2nd main impetus of death among pupils worldwide, presenting a serious concern (Patton et al., 2009). The theory of suicidality labels the suicidal behavior as a continuum that initiates with suicidal ideation (SI) and culminates in completed suicide (Krug et al., 2002). In 2020, an approximated 1.5 million people died by suicide globally (Bertolote et al., 2002). Since SI frequently results in suicide attempts during the initial year of having suicidal thoughts, it plays a significant role in predicting intense

suicidal risk (Nock et al., 2009). Thus, adequate SI intervention is a feasible strategy to reduce the risk of suicide.

Globally, suicide is considered a critical societal and healthcare dilemma, with growing rates among teenagers aged 15 to 19 (Mars et al., 2019). It is regarded as one of the most powerful indicators of suicidal behavior (Franklin et al., 2017). It involves a person's thoughts or perceptual impulses to terminate their life without inevitably taking any measures (Beck, 1988) and is a pivotal stage concerning suicide related conduct (O'Connor, 2011). Youth suicide has unforeseen as well as devastating public impacts and causes drastic harm to families (Hawton et al., 2012). Hence, lessening teenage suicidal ideation is necessary. Research argued that reducing the motivational influence of negative events can notably curtail suicidal ideation (Howarth et al., 2020). Suicide rates have grown during the previous decade and a half (Curtin et al., 2016), with it being 2nd dominant factor of death among those aged ten to twenty four (Heron, 2016), and suicidal thoughts and actions are more frequent (Kann et al., 2014).

Perspectives Of Suicidal Ideation

Developmental Perspective. Putting the debate of suicidal thoughts within the context of adolescent development can give a greater understanding of the significant increase in ideation in this stage of life (Bolger et al., 1989). According to Erikson, adolescents face significant physiological and mental and social changes resulting in a maturation challenge. The changes co-occur with the adolescent's ability to involve in metaphysical thinking (Inhelder & Piaget, 1958). Hacker suggests that the main interest of this conceptual thinking is attaining greater self-insight. He also adds that teenager's conduct can be perceived as a protective strategy in reaction with conflicts appearing as a result of these issues such as separation, mortality, worthlessness and option. Within the choices that adolescents are perceptually able to consider in reaction against

developmental challenges is suicide. Their capability to fantasize their own death, combined with their quest for self and preoccupation with life's meaning, might compel teenagers for thinking about taking their life.

Interpersonal Theory Of Suicide. The IPTS indicates that the union of TB and PB results in an urge for suicide, while the inherited self-harm capacity empowers transformation from desire to possibly fatal attempts (Van et al., 2010; Joiner, 2005). TB emerges when an individual's vital need to feel connected and belong is unmet. PB is regarded as someone's opinion of himself as a load on others, including family as well as friends. Although TB and PB are somewhat associated, they are dissimilar constructs that collectively lead to a strong urge of suicide. Independently, they may provoke inactive suicide intent. The IPTS popularized the concept of attained ability to highlight that while suicidal desire is essential, it is not ample on its own for possibly harmful suicide attempt.

Integrated Motivational-Volitional Model. IMV was first designed by O'Connor (2011), It utilizes a structure identical to the IPTS. It is separated into two primary stages.

The first phase, known as the Motivational Phase, emphasized on how the intent or idea to attempt suicide initiates. Several life situations can be the cause of feelings of defeat or humiliation. When these feelings are united with undeniable factors like poor coping skills and inadequate problem-solving abilities, they can cause a perception of entrapment. This sense of entrapment, affected by other factors such as a lack of belonging, feelings of being a burden, and weak future optimism make suicide a possible solution, thereby inducing suicidal intent .The second phase is Volitional Phase, that involves progression from intent to behavior. This transformation is

influenced by moderators like intensified suicide potential, instinctiveness, and availability of devastating ways, among other factors.

The Integrated Motivational-Volitional model (IMV) is analogous to IPTS in its conceptualization to-implementation design and the addition of feelings of connection and being load on others in the Motivational Phase, along with the introduction of attained ability in Volitional Phase. On contrary, IMV differs from the IPTS in 2 meaningful aspects. Firstly, it highlights defeat and entrapment as pathways to suicidal ideation instead of connectedness and feelings of being load to others. Then, IMV incorporates a wide range of factors apart from acquired capability, such as instinctiveness, availability of harmful ways. Intent, and imitation.

Three-Step Theory. The 3ST was introduced by Klonsky (2015). It is comprised of three steps. In the first step, it postulates that the combination of psychological pain and Despair gives rise to suicidal thoughts. The theory knowingly leaves the sources of pain undefined, admitting that various forms of pain—whether from controlled experiments (like electric shocks, loud noises, or social exclusion) or everyday life (such as interpersonal conflicts, losses, or chronic medical conditions)—can disappoint and "punish" individuals. When life becomes persistently miserable or sorrowful, it can feel like a punishment for living, stimulating a wish to escape .conversely, assuming an individual who Believe that the pain might lessen with time or struggle, He will try to improving his future instead of contemplating suicide

In the second step, the theory posits that suicidal thoughts amplify when the pain experienced outweighs one's sense of belongingness. Connection whether to near and dear ones, meaningful functions, or a sense of purpose, can make life meaningful even in the face of suffering. On the other hand, if the pain surpasses this connectedness

or is so overwhelming that it weakens the experience of connectedness, suicidal thoughts can be intensified from mild ("Sometimes I wonder if I would be better off dead") to severe ("I would kill myself if I could").

The third step demonstrates that intense suicidal thoughts lead to attempts if an individual has the capability to take his life. This theory classifies 3 factors playing role in this capability: dispositional factors like an increased inherited tolerance for pain; acquired factors which are detailed in IPTS; and practical factors like understanding of, competence in, and availability of harmful ways. Several elements may strengthen this practical capability such as researching the poisonousness of drugs online or having a job (e.g., anesthesiologist, soldier) which involves competence and availability of devastating ways.

Fluid Vulnerability Theory. Rudd presented this theory in 2006. It comprehends suicide on the basis of cognitive-behavioral context, originally based on Beck's theory of psychopathology (Rudd, 2006; Beck, 1996). It completely overlies with all the three theories discussed above, particularly concerning the proposed role of suicide-triggering thoughts and perspectives (Rudd, 2006). While studies that support the above theories also support this theory, the latter encompasses a wider range of suicidogenic beliefs, collectively known as suicidal thought patterns, and not prioritizing any specific ideas and perspectives over others. Following are some assumptions of FVT, (1) The risk of suicide possesses dynamic characteristics which change after reaction with ecological and individual factors; (2) Some of its characteristics are fixed that are resistant to change; (3) suicidal behaviors result from the interaction between dynamic and unchangeable risk processes; and (4) suicide risk is resolved when multiple aspects of the suicidal mode are adequately addressed. These presumptions indicate nonlinear change processes, which have been supported by multiple studies in recent years (Bryan

et al., 2017; Bryan et al., 2016). The research implies that some properties of the change process itself can be significant to understand the development of suicidal behaviors and the resolution of high-risk states. Such as, the fluctuation between the desire to live and the desire to die functions as an indicator of recovery in suicidal patients undergoing certain treatments but not others (Bryan et al., 2016). Besides, specific temporal patterns observed in social media content can discriminate users who die by suicide from those who do not. These findings point out the importance of considering both content and process to fully understand the various pathways leading to suicidal behaviors (Kleiman et al., 2017).

Resilience

The term "resilience" in English traces its origins to the Latin words "resilire" and "salire," which mean to bounce, step back, hop again, and re-progress. Resilience refers to “a person's ability and resource to cope with stress” (Connor & Davidson, 2003). Individuals with elevated resilience are adept at adjusting to challenging environments with elasticity and resourcefulness (Chi et al., 2016). Ryff and Singer (2003) posited that resilient people tend to sustain their corporeal and psychosomatic well-being as well as recover more rapidly from stressful situations. Studies further investigated the concept of resilience, labelling it as “a personality characteristic that alleviates the adverse effects of stress and encourages adaptation” (Wagnild & Young, 1993), and it is “the capacity to restore or maintain internal or external balance under significant threat through human activities, including thought and action” (Smith & Carlson, 1997). Recent findings by Sagone and De Caroli (2013) describe that teenagers with elevated resilience feel more capable of handling new challenges across various areas of human functioning, particularly in academic settings, thus reducing the risk of maladaptive effects. Resilience is not just a personality trait or individual element; it mirrors a process of positive adaptation in the appearance of risk, which may be the outcome of

individual factors, environmental factors, or their interaction (Luthar & Cicchetti, 2000). Research on resilience purposes to identify the mechanisms or processes that reinforce positive adaptation in hazardous situations.

Perspectives Of Resilience

Trait-Oriented Perspective. The trait-oriented perspective views resilience as an inherent ability or asset, in the direction of mental immunity. It places the burden on the individual to overcome adversity and evaluates resilience in a manner similar to other personal traits (such as personality characteristics) using self-report questionnaires or interviews, regardless of socioecological factors.

Process-Oriented Perspective. The process-oriented perspective sees resilience as an allosteric process, meaning it involves active interactions between individuals and their environment. This perspective emphasizes attaining or strengthening stability in response to current or predicted stressors through behavioral and/or physiological changes.

Models Of Resilience

The Compensatory Model. The compensatory model (Fergus & Zimmerman, 2005) sketches a scenario in which a 'resilience factor' counteracts a 'risk factor'. This resilience factor directly influences the outcome, independently of the risk factor's impact. For instance, in a study, alcohol avoidance serves as a compensatory factor by being unwaveringly and individually linked to a decreased possibility of teenage suicide (Andersson & Ledogar, 2008).

The Protective Model. This model expects that protective factors can moderate or minimize the influence of a threat on destructive outcomes (Fergus & Zimmerman, 2005). They perform their role in various methods to effect consequences: they might mitigate the effects of risks, but don't entirely eradicate them, or intensify the positive impact of some other promoting influence.

The Curvilinear Model. The third model of resilience names the association of a risk factor with an outcome as "curvilinear." This indicates that both minimal and elevated levels of the hazard factor are linked to adverse outcomes, while moderate levels of the hazard factor are connected with less severe or more favorable results (Fergus & Zimmerman, 2005).

Seligman's 3P's Model of Resilience. Martin Seligman, through extensive research, identified that people who are satisfied with their lives generally manifest unique "signature strengths." He developed the "3 P's of Resilience," which identify three cognitive distortions that can thwart rehabilitation from adversity:

Personalization. This distortion leads individuals to think they are individually to blame for negative events. It is essential to understand that numerous factors contribute to any situation. While taking answerability for failures is important, individuals should not see themselves as failures.

Pervasiveness . This distortion involves the idea that a negative event will influence all areas of life rather than just one. People with this frame of mind may struggle to move forward as they feel their entire life is affected.

Permanence . This distortion is the assumption that feelings or situations will last endlessly, which can destroy individuals. In reality,

time passes, and life's challenges do too. Understanding that hardship and ease are temporary and can help individual better handle hardships.

Seligman pointed out that these distortions can inhibit the development of resilience. He attempted to show that our perception of a situation can modify its outcome, and by changing our perception of adversity, we can build resilience.

Adolescents encountering modest levels of risk may experience sufficient challenges to learn how to overcome them without being overburdened. Competencies refer to the healthy credentials and capabilities that individuals can establish and measure within themselves. Psychiatric mental health nursing centered on elevating mental health and revealing positive outcomes from adversity and wellness states.

Previous studies have demonstrated that resilience is linked with factors such as higher levels of education and older age (Bananno, 2011; Brewin, Andrews, & Valentine, 2000). Furthermore, various studies have investigated that men tend to have more resilience than women (Campbell, 2017).

Theoretical Framework

Garmezy & Resilience

Garmezy (1985) emphasized the significance of supportive relationships both inside and out of the family in building resilience. He identified three primary sources of protection: individual traits (such as high self-worth and self-sufficiency), the family atmosphere

(characterized by nurturing relationships with parents marked by friendliness, coordination, and the lack of neglect or fight), and the community (incorporating progressive peer connections centered on reliance and backing, as well as high-quality neighborhoods and educational institutes). It is only recently that research has started to discover the function of family affiliations in shaping long-term developmental outcomes for learners who experience bullying.

A study by Bowes et., al (2010) examined factors contributing to positive adjustment after bullying victimization. The findings revealed that warmth from mother and siblings and a positive home atmosphere were linked to fewer emotional and behavioral issues, such as depression and aggression after two years completion of bullying experiences. Remarkably, maternal warmth had a shielding effect independent of genetic influences, as the bullied twin who received more warmth from mothers exhibited fewer behavioral problems compared to their sibling who received less. This study highlights the critical environmental role of family dynamics in mitigating the adverse effects of bullying on adolescents.

Strain Theory Of Suicide

In accordance with this theory, suicidal ideation can be induced by life events that generate conflicts, frustration, psychological distress, hopelessness, and even despair, collectively referred to as psychological strains. An individual experiencing these strains but unable to resolve them undergoes psychological torment and frustration. The external manifestation of this anger may lead to violence towards others, while the internal release can result in depression, anxiety, or suicidal thoughts. The irritating behavior of parents can create pressure, whether perceived subjectively or experienced objectively, potentially leading to anger and in some cases, resulting in suicide. Research has demonstrated that the perception of parental neglect and rejection during childhood is a significant predictor of

lifetime suicide attempts (Ehnvall et al., 2008). Moreover, studies have found that conflicts between parents and children can significantly influence the likelihood of suicide among children (Kuhlberg, Pena, & Zayas, 2010).

Literature Review

Bullying Victimization

Bullying is defined as "a form of aggressive behavior where an individual or a group repetitively attacks, embarrasses, or eliminates someone from group with less power" (Salmivalli, 2010, p. 112). Bullying can be identified on the basis of three key criteria such as power imbalance, intentional hurt and repeated acts over time (Olweus, 1999). Research indicates that 10–50% of adolescents reported experiencing bullying at school at least once in the past month, with variations contingent on the sample or the method utilized to assess bullying (Klomek et al., 2019). National data shows that bullying is most prevalent during adolescence (Rivara & LeMenestrel, 2016). Survey analysis showed that 60% of ninth-grade students reported being bullied in the past year, and 74% were classified as victims of bullying based on their confession of at least one of eleven bullying behaviors. Gender considerably influences the type of bullying experienced; 71% of females compared to 46% of males made a complaint against traditional bullying, and 83% of females versus 64% of males endorsed at least one of the bullying behaviors. All five males reported physical bullying, while 9 out of 13 females reported cyberbullying (William et al.). Physical abuse in bullying is more common among males, while females usually experience rumors and social withdrawal. Boys possibly face both physical and verbal bullying, while girls frequently suffer from relational bullying (Wang et al., 2009). Research suggests girls are more often victims of verbal aggression, gossip, manipulation, and social isolation, whereas boys commonly face physical aggression (Dukes, Stein, & Zane, 2010; Finkelhor, 2008; Popp & Peguero, 2011).

Parental Neglect

Parental neglect (PN) is characterized as “a type of child maltreatment that the caregiver fails to provide sufficient age appropriate physical, educational, emotional, or medical care to meet a child’s basic needs” (U.S. Department of Health and Human Services, 2009). Howarth (2007) provided a six-fold classification of parental neglect including healthcare neglect such as decreasing healthiness necessities, malnutrition involving provision of insufficient nutrition, emotional neglect involves not being responsive and affectionate, educational neglect involves not being involved in schooling, physical neglect includes not providing attire or nutriment, supervisory neglect means absence of rules and regulations. Research conducted in Pakistan identified notable gender differences, showing that male adolescents reported higher levels of parental neglect compared to their female counterparts (Bashir, Kazmi, & Naz, 2022).

Parental Neglect is a critical issue in Pakistan, linked to numerous problems, including behavioral challenges in adolescents. It has been associated with several factors that negatively impact children's development and personality (Lakhtir et al., 2021). This highlights the importance of studying parental neglect.

Suicidal Ideation

Suicidal Ideation denotes to having thoughts or ideas about indulging in behavior intended to result in one’s own death. It differs from a persistent focus on thoughts about death or dying. A suicide plan involves taking an additional step by crafting a detailed strategy for carrying out a suicide attempt. Meanwhile, a suicide attempt is defined as engaging in potentially self-harmful behavior with the intention of ending one’s life (Nock & Favazza, 2009). According to data from the 2017 Youth Risk Behavior Survey, 17.2% of adolescents reported seriously considering suicide, 13.6% had formulated a specific plan, and 7.4% had attempted suicide in the 12 months before the survey (Kann et al., 2018). Suicidal ideation is recognized as one of the primary risk factors for both suicide attempts and future suicide deaths

(Victor & Klonsky, 2014). A longitudinal study conducted in the United States revealed that individuals who had seriously considered suicide at the beginning of the study were four times more likely to attempt suicide during the study period (Mundt et al., 2013). Therefore, identifying and addressing variable risk factors for suicidal ideation is essential in lessening adolescent suicide deaths in the future (Chen et al., 2018).

Resilience

Luthar and Cicchetti (2000) described resilience as a “dynamic process” in which individuals demonstrate positive adaptation despite encountering significant adversity or trauma. Similarly, Masten (2001) defined resilience as a phenomenon marked by positive outcomes despite facing threats to adaptation or development. Rather than being merely a personality trait or characteristic of an individual, resilience represents a process of positive adaptation in the face of risk, influenced by individual factors, environmental factors, or their interaction (Luthar & Cicchetti, 2000). Research on resilience focuses on uncovering the mechanisms or processes that contribute to positive adaptation in the context of adversity. Masten (2001) outlined several models of resilience to further this understanding. Closely tied to resilience is the concept of protective factors, which are defined as elements of the individual or environment that contribute to resilient outcomes. In an early conceptualization, Garmezy (1983) defined protective factors as “attributes of persons, environments, situations, and events that appear to temper predictions of psychopathology based on an individual’s at-risk status.” Studying resilience is crucial as it acts as a protective factor against various social, emotional, and psychological challenges.

Bullying Victimization & Suicidal Ideation

The relationship between Bullying victimization and Suicidal ideation is elucidated using strain theory of suicide. STS indicates that thoughts about suicide primarily begin with massive conflicting strain that arise as a result of a person's view of the discrepancy between their actuality and their aspirations (Zhang, 2005). These conflicting pressures can be categorized into four types: conflicting values, the discrepancy between actuality and aspirations, comparative deprivation, and the insufficient ability to manage crises. Bullying victimization falls into the last category. When an individual has deficient skills to cope with bullying adequately, they suffer from disharmonious stress, possibly leading to suicidal ideation (Zhang, 2005).

Adolescents who encounter bullying are at a greater risk of suicide in contrast to their counterparts (Copper et al., 2012; Vangeel et al., 2014). At the time of data collection, the county where the study was conducted had the highest suicide estimate among adolescents in the state (Alabama Life Expectancy, 2016).

Baiden and Tadeo (2020) performed a research in US, disclosing around 18% of adolescents had suicidal thoughts in the past year. 9.1% of them went through bullying together with 2.15-fold increased possibility of experiencing suicidal thoughts.

In an urban school district in the Northeastern US, data from 2,936 students in grades 6-12 were examined to investigate the association of bullying with suicidal thoughts. This investigation detected moderate- large positive correlations between victimization and suicidal thoughts, demonstrating that more persistent victimization was connected with giant levels of suicidal thoughts (Henry et al., 2014).

A research involving Canadian students from middle to higher secondary schools explored the link between cyberbullying, school bullying, and the risk of suicidal thoughts,

planning, and attempts. Sufferers of both victimizations encountered a notable greater risk of suicidal thoughts distinguish from those who had not been bullied (Sampasa et al., 2014).

A cross-sectional study in 10 European Union countries incorporated 11,110 students from 168 schools presented that Physical aggression was connected to suicidal thoughts, whereas relational aggression was correlated with suicide actions (Barzilay et al., 2019).

It was expected that both male and female students who presented one-selves being bullied would be liable to suicidal thoughts than their non-bullied fellows (Ttofi et al., 2011; Vangeel et al., 2014). A recent study by Rey et al., in 2019 also found that adolescents who experience bullying suffer from intense suicidal thoughts, it means that there is a positive relationship between Bullying victimization and Suicidal ideation.

Parental Neglect And Suicidal Ideation

We employed Strain theory of Suicide to understand the relationship between Parental neglect and Suicidal ideation. In accordance with this theory, suicidal ideation can be induced by life events that generate conflicts, frustration, psychological distress, hopelessness, and even despair, collectively referred to as psychological strains. An individual experiencing these strains but unable to resolve them undergoes psychological torment and frustration. The external manifestation of this anger may lead to violence towards others, while the internal release can result in depression, anxiety, or suicidal thoughts. Parental neglect is one of the psychological strains and may lead to Suicidal ideation among adolescents. Paul and Ortin (2019) performed an investigation on a long-term cohort of children basically delivered to unwed parents. They noticed that neglect during period before schooling resultantly caused suicidal ideation in middle childhood .Another study evaluated the comparative risk of different kinds of abuse and neglect for suicidal behaviors in adolescents who were admitted in hospitals

for psychiatric issues. The sample size was 71 including 34 males and 37 females. The rates of sexual and physical abuse were 37.5% and 43.7%, individually. Emotional and physical neglect were reported by 31.3% and 61% of the youngsters. (Lipschitz et al., 1999).

Considerable research has investigated parental neglect parallel to additional kinds of child maltreatment. The investigation detected that each and every kind of maltreatment differently lead to suicidal thoughts in subsequent phases of development (Miller et al., 2013).

In a research of university students from 17 nations, the approximated predominance of parental neglect was 3.2 to 3.6% (Straus & Savage, 2005). Recent studies by Barbosa et., al. also presented that child neglect leads to greater risk for suicide attempts in young adults.

Additionally, an investigation intended to explore the relationship of parental neglect and adolescent suicidal ideation using on a sample of learners from High schools. As child neglect usually shows comorbidity with abuse in childhood (Evans et al., 2005), this is vital to explore the particular impacts of neglect on suicidal ideation during childhood abuse.

Overall, findings demonstrate that adolescents with a history of childhood neglect have intense levels of suicidal ideation (Kwok, 2018). In Hong Kong, a dual-phase longitudinal investigation involved sample of 910 adolescents. Average age of the sample was 13.68 years. Findings discovered that neglected children had huge degree of suicidal ideation as well as this relationship is moderated by sense of hope. These results advised that interventions intended to prevent childhood neglect, lessen depression, and build up hope can be significant in alleviating adolescent suicidal ideation (Kwok & Minmin, 2018). In the light of all these previous studies, it is concluded that there is a positive relationship between Parental neglect and Suicidal ideation.

Resilience As A Moderator

Resilience is frequently overlooked in research on bullying (Roth et al., 2011). Therefore, it lacks clarity that how some students experiencing bullying are supposed to get normal and sustain effectiveness over time even with their troubling experiences. Role of resilience as a moderator in the relationship between Bullying victimization, Parental neglect with Suicidal ideation is also understood in the light of STS. The central idea of STS is that an individual experiencing Psychological strains but is able to resolve them doesn't undergo psychological torment and frustration, So, doesn't experience Suicidal ideation.. Researches on resilience in the lexicon of child maltreatment have established that twelve to twenty two percent of those who were maltreated in childhood obtain more favorable consequences than anticipated in light of their experiences (Jaffee et al., 2007). A study investigated the relationship of bullying-victimization and suicidal- ideation, as well as the extent to which resilience influences the relationship. Data was collected from the learners of secondary and higher secondary schools. Even rare BV was affiliated with an elevated SI. Resilience was linked to lessened SI, peculiarly for verbal kinds of Victimization. Findings recommended the attempts in lessening SI must focus on both preventing victimization and magnifying resilience (Hirschtritt et al., 2015). Another study in China analyzed the long-term relationship among victimization, resilience, and suicidal ideation in adolescents. Sample comprised of 1,214 learners from high schools. They were surveyed across three times with time interval of 6 months. The findings of the study determined clearly that suicidal ideation does not considerably predict resilience. Nurturing resilience can help obstruct bullying victimization and suicidal ideation in adolescents (Yanling et al., 2023). An investigation in Spain incorporated adolescents with mean age of 12 to 17 years. The sample size was 227. The study inferred that poly-victimization elevates the risk of suicide and that adolescents who exhibit suicidal behaviors had less resilience over various realms like self, peers, household, society etc. in contrast to those without such behaviors (Suarez et al., 2019). Although bullying is

convincingly linked to mental health issues among adolescents, "resilience" as well as a "positive thinking- personality may provide protection throughout frustrating situations as well as aid in preventing mental health issues after episodes of bullying (Rutter, 2006).

According to a study by Rey and colleagues (2019), adolescents who experience bullying of another study, teenagers who face parental neglect develop high levels of suicide thoughts (kwok, 2018). Bullying and mental health problems in teenagers have been found to be closely connected. However, some positive psychological qualities, such as "resilience" and "positive-thinking personality," may impart protection in troublesome situations and guard teenagers from mental health issues after being the target of bullying.(Rutter, 2006). It is concluded that resilience acts as a moderator in the relationship of Bullying victimization and Parental neglect with Suicidal ideation.

Rationale

Bullying victimization and parental neglect are critical psychosocial issues that significantly impact adolescent's mental health and well-being. In the context of Pakistan, these issues are particularly salient due to cultural, social, and familial dynamics. Bullying is a pervasive problem in schools and colleges that is being unnoticed by educators. A study conducted in seven educational institutions across five districts in Pakistan found that 45.3% of students reported experiencing bullying (Naveed et al., 2020). Insights from this study can guide educational institutions in creating safer and more supportive environments for students. Anti-bullying policies, teacher training, and student support services can be better tailored based on empirical evidence.

Similarly, parental neglect whether emotional or physical is a growing concern in Pakistan, where traditional family structures are increasingly being strained by economic pressures, urbanization, and shifting cultural norms. A study revealed that 43% of children in

Pakistan reported experiencing parental maltreatment, with 57% of these cases involving neglect (Lakhtir et al., 2021). Understanding the impact of parental neglect on adolescent mental health can lead to the development of parental education programs. These programs can emphasize the importance of emotional support.

Suicidal ideation among adolescents is a growing yet under-researched public health concern in Pakistan. Over a two-year period, a total of 289 suicides among children and adolescents in Pakistan were reported in some newspapers. These cases included both genders, with 51.5% being boys and 48.5% girls, and a higher prevalence i.e 66% was observed in late adolescence (Imran et al., 2023). Understanding the contributing factors can help in the development of targeted interventions to reduce suicide rates and improve mental health outcomes.

Resilience, defined as the ability to adapt positively in the face of adversity, offers a potential buffer against the adverse impacts of bullying and neglect. In Pakistan, resilience may be influenced by cultural factors such as strong community ties, religious beliefs, and access to extended family support.

However, the extent to which resilience can moderate the relationship between bullying victimization, parental neglect, and suicidal ideation among Pakistani adolescents has not been thoroughly explored. Understanding this dynamic is crucial for designing culturally sensitive interventions that leverage existing strengths within the Pakistani context to promote adolescent mental health.

As no prior study is conducted in combination with these variables in Pakistan, this research contributes to the expanding body of knowledge on suicidal ideation, bullying victimization and parental neglect in Pakistan. Farhana et al., (2022) conducted a study to explore the moderating role of social media addiction between parental neglect and conduct

problems. Kausar et al., (2022) studied Suicidal ideation in terms of bullying victimization and emotional intelligence on primary school students in 2022. Sara et al., (2022) conducted a study to explore forms of child abuse and neglect existing in Pakistani culture. Additionally, Suneela and Tanvir (2018) conducted a research to explore the relationship of Attachment styles and resilience with suicidal ideation among undergraduate students. It provides empirical data that can be used for comparative studies and to generalize findings across different populations.

Objectives Of The Study

1. To examine how bullying victimization and parental neglect relate to suicidal ideation among adolescents.
2. To evaluate the moderating effect of resilience on the association of bullying victimization, parental neglect, and suicidal ideation among adolescents.
3. To investigate gender differences in verbal, physical, and relational victimization.
4. To explore the effect of demographics on study variables.

Hypotheses

1. There is a positive relationship of bullying victimization and Parental neglect with suicidal ideation among adolescents.
2. Bullying victimization and parental neglect will positively predict suicidal ideation.
3. Resilience will moderate the relationship of bullying victimization with suicidal Ideation among adolescents.
4. Resilience will moderate the relationship of parental neglect with suicidal ideation among adolescent college students.
5. Male adolescent students experience more Parental neglect than female adolescent students.
6. Female adolescent students have more Suicidal ideation than male adolescent students.
7. Female adolescent students experience more relational victimization than male adolescent students.
8. Male adolescent students experience more physical victimization than female adolescent students.

Conceptual Framework

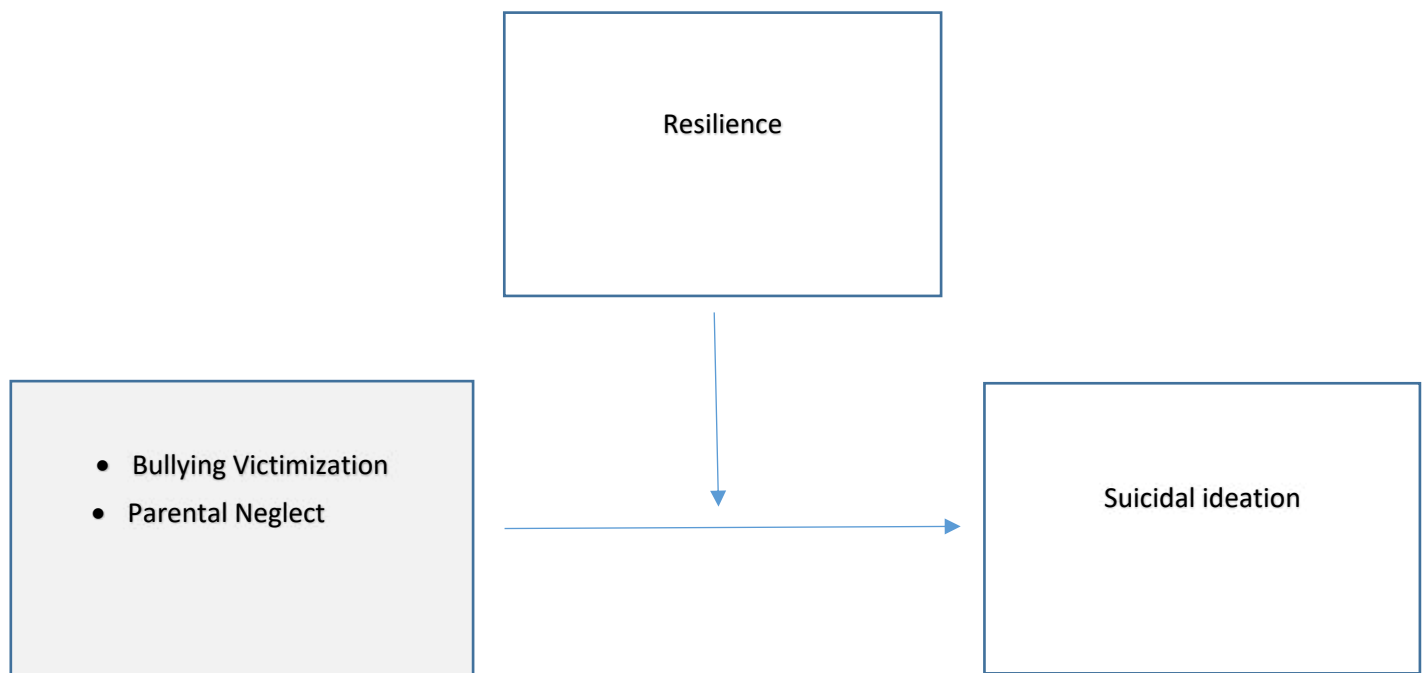


Figure 1: *Simple Moderation Model showing resilience as a moderator in the relationship of bullying victimization and parental neglect with suicidal ideation among adolescents.*

Chapter 2

Methodology

Research Design

This investigation employed a cross-sectional research design. It explored the connections between bullying victimization and parental neglect with suicidal ideation, and examined how resilience moderates these relationships among adolescent college students.

Sample

The sample was comprised of 200 college students, with equal number of male and female students (n=100 males, n=100 females). College students were studying in grades 11th and 12th and were taken from private and public colleges of Rawalpindi and Islamabad. The age ranged between 16 and 19 years. A convenient sampling method was utilized for data collection in this study.

Inclusion Criteria

Regular students of public and private sector colleges, studying in intermediate with age range of 16-19 years were included in the study.

Exclusion Criteria

Students with physical or learning disabilities, special education needs, or those unable to understand English were excluded from the study.

Operational Definitions

Bullying Victimization

Bullying victimization refers to the process by which an adolescent is repeatedly and over time exposed to intentional negative actions by their peers, which can include physical, verbal, or relational aggression (Hamburger et al., 2011).

The current study has measured bullying victimization among adolescent college students in terms of their score on Multi-Dimensional Peer Victimization Scale (Maynard & Joseph, 2000). High score on the scale indicated higher degree of bullying victimization while lower scores indicated lower bullying victimization.

Parental Neglect

Parental neglect, a form of parent and child mistreatment, has been shown to significantly impact a child's mental health. However, maltreatment by parents during childhood is recognized as a major factor leading to negative growth and developmental outcomes in children and has a detrimental effect on their personality (Lakhdar et al., 2021).

In present study, Multidimensional Neglectful Behavior Scale (Straus, Kinard & Williams, 1995) was applied to measure the parental neglect among adolescent college students. High score on MNBS will indicate high parental neglect and vice versa.

Suicidal Ideation

Suicidal ideations (SI), also known as suicidal thoughts or ideas, is an umbrella term that encompasses a variety of contemplations, desires, and fixations related to death and suicide (Obeji, 2019).

And hence suicidal ideation among adolescent college students has been assessed through the Beck scale for suicidal ideation (BSI; Beck & Steer, 1991). High scores indicate high suicidal ideation and vice versa.

Resilience

Essentially, resilience pertains to positive adaptation, or the capacity to sustain or recover mental well-being despite facing adversity (Wald & Taylor, 2006).

In present study, the Ego- resiliency scale (ER89; Block & Kremen, 1996) will be applied to measure this ability. High score on Ego Resiliency Scale predict high resilience and vice versa.

Instruments

Demographic Data Sheet

A demographic sheet was used to collect information about the adolescent college students such as age, grade, gender, socio-economic status and birth-order.

Ego-resiliency Scale (ERS; Block & Kremen, 1996)

This Scale comprises 14 items and is utilized to evaluate the capacity to rebound or recuperate from stress. Responses are rated on a 4-point scale such as 1= doesn't apply at all, 2=applies slightly, 3=applies somewhat and 4= applies very strongly. Scores range from 14 to 56. The score of 0-10 shows very low resiliency, 11-22 shows low resiliency while 23-34 shows undetermined resiliency trait, 35-46 shows high resiliency trait and 47-56 shows very high resiliency trait. Coefficient alpha reliability of this scale is .76 (Block and Kremen, 1996).

Multidimensional Peer Victimization Scale (MPVS; Mynard & Joseph, 2000)

This comprises of 16 statements that measure the level of Bullying victimization on three point likert scale. (0 = Not at all; 1= Once 2 = More than once). There are four subscales such as Physical victimization, verbal victimization, social manipulation and Attacks on property each containing four items. Total score ranges from 0-32 while

score on each subscale ranges from 0-8. High scores show the high bullying victimization and vice versa. Cronbach's alpha provided good internal consistency values of .73 to .85 (Mynard and Joseph, 2000).

The Beck Scale for Suicidal Ideation (BSI; Beck & Steer, 1991)

This tool includes 21 groups of statements, each evaluating different dimensions of suicidal ideation. Each group comprises three sentences depicting varying levels of suicidal ideation, scored on a three-point scale from 0 to 2. The total score ranges from 0 to 38, with higher scores signifying a greater risk of suicide. The internal consistency reliability is .89, and the interrater reliability is .83 (Reynolds, 1987).

Multidimensional Neglectful Behavior Scale (MNBS; Straus, Kinard & Williams, 1995)

To assess neglect, an 8-item scale has been utilized that measures the neglect on four subscales such as physical needs, emotional needs, supervision needs and cognitive needs. Each subscale is comprised of 2 items. Responses are rated on a 4-point Likert scale from 0 (strongly disagree) to 3 (strongly agree). The total score ranges from 0 to 24 while score on each sub-scale ranges from 0-6. Item number 1, 5 and 7 are reverse coded. Higher scores shows a greater level of neglect and vice versa. Its internal consistency reliability is .89, and interrater reliability is .83 (Straus, Kinard and Williams, 1995).

Ethical Considerations

Ethical approval has been obtained from Review board of department of Psychology of International Islamic University Islamabad Ethics Committee for the research. Furthermore, informed consent was also taken from the respondents. Participants have been assured of privacy and confidentiality of all the study matters.

Procedure

After taking permission from concerned authorities, the researcher accessed 11th and 12th-grade students. After introducing the study, informed consent was taken from the respondents. Data was then collected utilizing a questionnaire that included a demographic sheet, the Multidimensional Peer Victimization Scale (MPVS; Mynard & Joseph, 2000), the Multidimensional Neglectful Behavior Scale (MNBS; Straus, Kinard & Williams, 1995), the Ego-Resiliency Scale (ERS; Block & Kremen, 1996), and the Beck Scale for Suicidal Ideation (BSI; Beck & Steer, 1991). During scale administration, each and every confusion regarding it has been made clear. Participants were requested to respond to questionnaires honestly and at last they were thanked for their participation. For data analysis, SPSS was utilized to perform descriptive analysis, correlation, linear and multiple regression analysis, t-tests, and one-way ANOVA.

RESULTS

Results

Table 1*Frequencies and percentages of demographic variables of Study (N = 200)*

Variables	Category	<i>f</i>	%
Gender	Male	100	50.0
	Female	100	50.0
Age	16-17	127	63.5
	18-19	73	36.5
Grade	Inter-I	102	51
	Inter-II	98	49
Socio-economic status	High Class	10	5
	Middle Class	168	84
	Low Class	22	11
Birth Order	First	49	24.5
	Middle	59	29.5
	Last	92	46

Above Table displays frequency and percentage of demographic variables of the study which are gender, age, grade, socioeconomic status and birth order. The sample comprises of 50% female and 50% male participants. There are 63.5% participants whose age range is 16-17 and 36.5% are with age range of 18-19 years. 51% are from intermediate part 1 and 49% from intermediate part 2, 11% participants belong to lower class, 84% participants belong to middle class whereas 5% participants are from upper class. 24.5% participants are first born while 29.5% are middle born and 46% are last born.

Table 2

Descriptive Statistics and Psychometric properties of the scales used in the study (N=200)

Scales	K	α	M (SD)	Range		Skewness	Kurtosis
				Potential	Actual		
MPVS	16	.77	17.27 (5.73)	0-32	1-26	-.82	.02
MNBS	8	.86	13.36(4.20)	0-24	4-23	-.21	-.10
ERS	14	.91	31.46(9.97)	14-56	16-53	.18	-1.2
BSSI	19	.95	15.97 (6.86)	0-38	0-35	-.8	.73

Note. MPVS = Multi-Dimensional Peer Victimization Scale; MNBS = Multi-Dimensional Neglectful Behavior Scale; ERS=Ego Resilience scale; BSSI=Beck Scale for Suicidal Ideation

Above Table shows descriptive statistics and psychometric properties of the scales used in study. Alpha values of all the scales are in acceptable range. For bullying victimization it is .77, for parental neglect it is .77, for resilience it is .91 and for suicidal ideation it is .95. The values of Skewness and kurtosis are from -1 to +1, which depicts that data is normally distributed.

Table 3

Correlation of Bullying Victimization, Parental Neglect and Suicidal Ideation among adolescent College Students (N=200)

	Variables	1	2	3	4
1	Bullying Victimization	-	.15*	-.39**	.19**
2	Parental Neglect	-	-	-.40**	.78**
3	Resilience	-	-	-	-.52**
4	Suicidal Ideation	-	-	-	-

*Note. * $p < .05$, ** $p < .01$*

Table 3 displays that there is a positive relationship between bullying victimization and suicidal ideation ($r = .19$, $p < .01$). Parental neglect correlates positively with suicidal ideation ($r = .78$, $p < .01$), while resilience is negatively related with suicidal ideation ($r = -.52$, $p < .01$). Resilience is also negatively related with bullying victimization ($r = -.39$, $p < .01$) and parental neglect ($r = -.40$, $p < .01$).

Table 4

Multiple Regression showing Bullying Victimization and Parental Neglect as Predictors of Suicidal Ideation (N=200)

	<i>B</i>	<i>SEB</i>	β	<i>t</i>	<i>P</i>
Constant	-2.56	1.27		-2.00	.04
Bullying Victimization	.10	.05	.08	1.92	.000
Parental Neglect	1.25	.07	.76	17.21	.000

Note. * $p < .05$, *** $p < .001$

Table 4 reveals the impact of bullying victimization and parental neglect on suicidal ideation. The R^2 value of .617 revealed that bullying victimization and parental neglect accounted for 61.7% of variance in suicidal ideation $F(2,197) = 158.39, p < .001$. The findings revealed that bullying victimization positively predicted suicidal ideation and $t = 1.92, p < .001$. Parental neglect also significantly predicts suicidal ideation $t = 17.21, p < .001$.

Table 05

Moderating role of Resilience in Relationship between Bullying Victimization and Suicidal Ideation (N=200)

	<i>B</i>	<i>SEB</i>	<i>t</i>	<i>p</i>	<i>95%CI</i>	
					<i>LL</i>	<i>UL</i>
Constant	13.46	5.91	2.27	.02	1.80	25.12
Bullying Victimization	.76	.30	2.49	.01	.16	1.36
Resilience	.02	.15	.14	.88	-.28	.32
MPVS*ERS	-.02	.00	-2.63	.009	-.03	-.00

Note; * $p < .01$,; MPVS = Multi-Dimensional Peer Victimization Scale; ERS=Ego Resilience scale

Table 5 reveals the role of moderation of resilience in the relationship between bullying victimization and suicidal ideation. Results are as follows

Main effect of predictor. At the mean value of bullying victimization, there is a significant positive relationship between bullying victimization and suicidal ideation $\beta=.76$, $t= 2.49$, $p<.05$, $95\%BCaCI (.16-1.36)$.

Main effect of the moderator. At the mean value of the resilience there is no significant relationship between resilience and suicidal ideation $\beta=.02$, $t=.14$, $p>.05$, $95\%BCaCI (-0.28-0.32)$.

Interaction. There is a significant interaction between bullying victimization and resilience in predicting suicidal ideation $\beta= -.02$, $t=-2.63$, $p<.01$, $95\%BCa CI (-.03- -.00)$. This indicates that relationship between bullying victimization and suicidal ideation is conditional upon resilience.

Figure 2

Graph showing Moderating effect of Resilience in the Relationship between Bullying Victimization and Suicidal Ideation

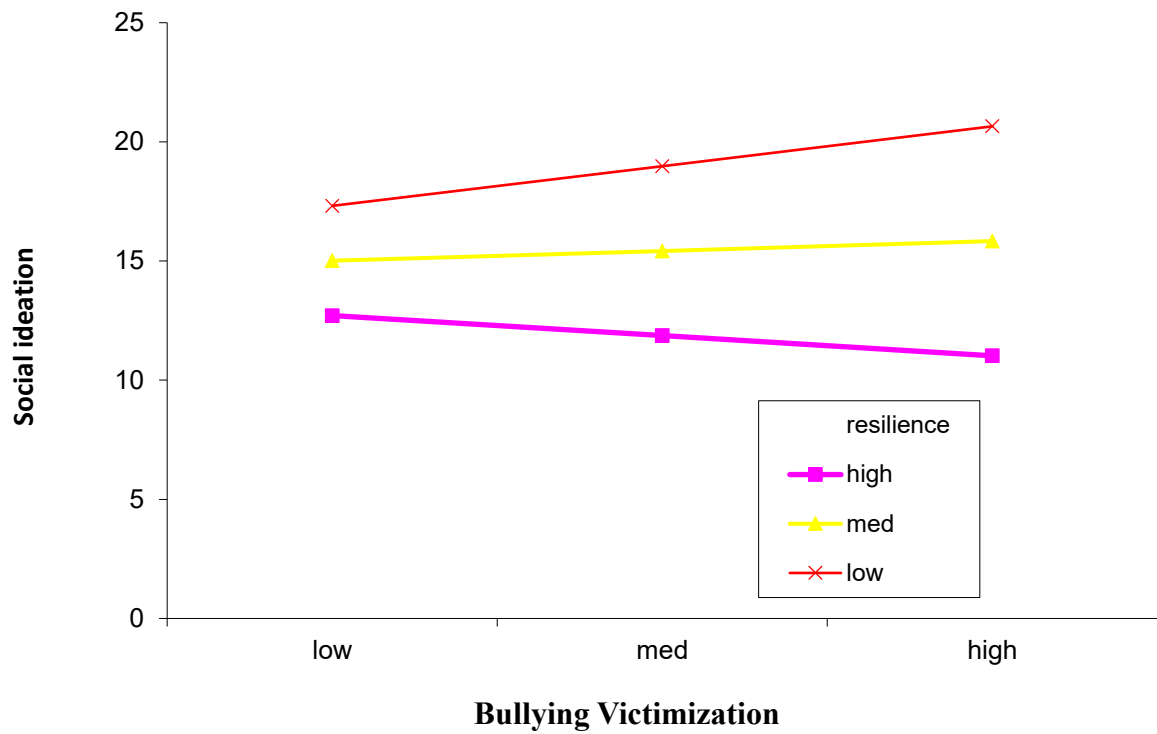


Figure 2 shows the moderating effect of resilience in the relationship between bullying victimization and suicidal ideation. According to figure, at higher level of resilience, the slope is negative, suggesting that as bullying victimization intensifies, suicidal ideation reduces among individuals who exhibit high resilience.

Table 06

Moderating role of Resilience in Relationship between Parental Neglect and Suicidal Ideation
(N=200)

					95%CI	
	<i>B</i>	<i>SEB</i>	<i>T</i>	<i>P</i>	<i>LL</i>	<i>UL</i>
Constant	17.49	4.15	4.21	.000	9.30	25.67
Parental Neglect	.36	.27	1.36	.17	-.16	.90
Resilience	-.48	.11	-4.28	.000	-.70	-.26
MNBS*ERS	.02	.01	2.84	.005	.01	.04

Note; **p < .01, ***p < .001; MNBS = Multi-Dimensional Neglectful Behavior Scale;

ERS=Ego Resilience scale

Table 6 reveals the role of moderation of resilience in the relationship between parental neglect and suicidal ideation. Results are as follows

Main effect of predictor. At the mean value of parental neglect, there is no significant positive relationship between bullying victimization and suicidal ideation $\beta=.36$, $t= 1.36$, $p>.05$, 95%BCaCI (-.16-.90).

Main effect of the moderator. At the mean value of the resilience there is a significant negative relationship between resilience and suicidal ideation $\beta=-.48$, $t=-4.28$, $p<.001$, 95%BCaCI (-.70- -.26).

Interaction. There is a significant interaction between parental neglect and resilience in predicting suicidal ideation $\beta= .02$, $t=-2.84$, $p<.01$, 95%BCa CI (.01-.04). This indicates that relationship between parental neglect and suicidal ideation is conditional upon resilience.

Figure 3

Graph showing Moderating effect of Resilience in the Relationship between Parental Neglect and Suicidal Ideation

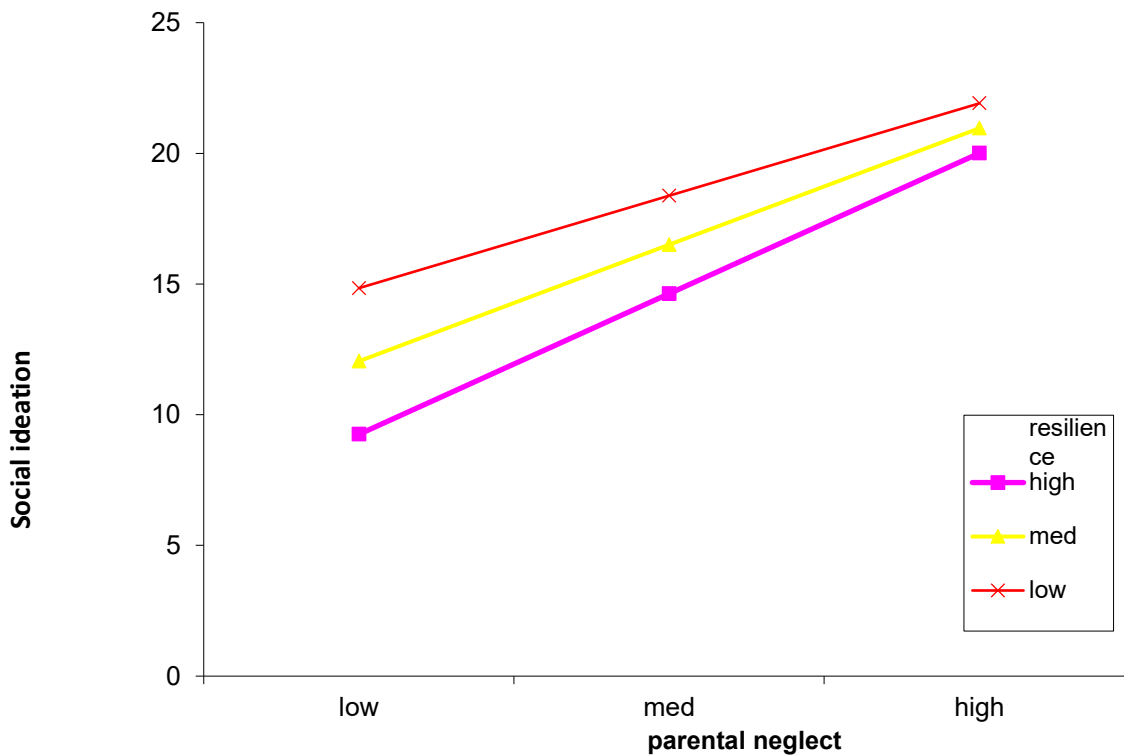


Figure 3 explains resilience as a moderator in the relationship between parental neglect and suicidal ideation. Figure shows minute increase in suicidal ideation with increasing parental neglect at higher levels of resilience. Least steep slope at higher levels of resilience indicates that high resilience provides the most significant protective effect against the impact of parental neglect on suicidal ideation.

Table 7*Mean Comparison of Age on Study Variables (N=200)*

	16-17	18-19			95% <i>CI</i>		
	(<i>n</i> = 127)	(<i>n</i> = 73)					
Variables	<i>M (SD)</i>	<i>M (SD)</i>	<i>t</i> (198)	<i>p</i>	<i>LL</i>	<i>UL</i>	Cohen's <i>d</i>
Bullying Victimization	16.85(6.03)	18(5.11)	-1.3	.17	-2.79	.51	.20
Parental Neglect	13.61(4.26)	12.91(4.09)	1.12	.26	-.52	1.91	.16
Resilience	31.38(10.3	31.58(9.33)	-.13	.89	-3.1	2.69	.02
	6)						
Suicidal Ideation	16.01(6.49)	15.90(7.51)	.11	.91	-1.88	2.10	.01

Note. *CI* = Confidence Interval; *LL* = Lower Limit; *UL* = Upper Limit

Table 7 displays independent sample t-test to check age related differences on bullying victimization, parental neglect, resilience and suicidal ideation among adolescent college students. Results were non-significant on bullying victimization $t(198) = -1.3, p > .05$, parental neglect $t(198) = 1.12, p > .05$, resilience $t(198) = -.13, p > .05$, and suicidal ideation $t(198) = .11, p > .05$.

Table 8*Mean Comparison of Grade on Study Variables (N=200)*

Variables	Inter-I	Inter-II					
	(<i>n</i> = 102)	(<i>n</i> = 98)	95% <i>CI</i>				
	<i>M (SD)</i>	<i>M (SD)</i>	<i>t</i> (198)	<i>p</i>	<i>LL</i>	<i>UL</i>	Cohen's <i>d</i>
Bullying Victimization	17.22(5.22)	17.32(5.66)	-.12	.90	-.170	1.50	.01
Parental Neglect	13.82(3.83)	12.87(4.52)	1.59	.11	-.22	2.11	0.22
Resilience	29.92(10.52)	33.06(9.15)	-2.24	.02	-5.8	-.39	.31
Suicidal Ideation	17.03(6.35)	14.87(7.23)	2.23	.02	.25	4.05	0.32

Note. * $p < .05$; *CI* = *Confidence Interval*; *LL* = *Lower Limit*; *UL* = *Upper Limit*, *Inter-I* = *Intermediate Part I*, *Inter-II*= *Intermediate Part II*,

Table 8 shows independent sample t-test to examine grade related differences in bullying victimization, parental neglect, resilience and suicidal ideation among college adolescent students. Significant mean differences are revealed on resilience $t(198)=-2.24$. Students from intermediate part 2 scored higher on resilience. Mean difference is also significant on suicidal ideation. Students from Intermediate part 1 scored higher on suicidal ideation. Results were non-significant on bullying victimization $t(198) = -.12$, $p > .05$, and parental neglect $t(198) = 1.59$, $p > .05$.

Table 9

Mean Comparison of Gender on Bullying Victimization, Parental Neglect, Resilience, Suicidal Ideation, Physical Victimization, Verbal Victimization, Relational Victimization (N=200)

	Male	Female					
	(<i>n</i> = 100)	(<i>n</i> = 100)			95% <i>CI</i>		
Variables	<i>M (SD)</i>	<i>M (SD)</i>	<i>t</i> (198)	<i>p</i>	<i>LL</i>	<i>UL</i>	Cohen's <i>d</i>
Bullying Victimization	17.60(5.24)	16.90(6.18)	.80	.42	-.94	2.24	.12
Parental Neglect	13.94(3.78)	12.7(4.58)	1.96	.05	-.00	2.32	.29
Resilience	32.63(9.91)	30.29(9.95)	1.66	.09	-.43	5.11	.23
Suicidal Ideation	16.45(5.28)	15.50(8.15)	.97	.32	-.96	2.86	.13
Physical Victimization	5.21(2.60)	2.62(2.02)	7.84	.00	1.93	3.24	1.11
Verbal Victimization	4.59(1.70)	4.822(2.29)	-.80	.42	-.79	.33	.11
Relational Victimization	3.68(2.05)	5.55(2.57)	-5.6	.00	-2.52	-1.21	.80

Note. * $p < .05$; *CI* = *Confidence Interval*; *LL* = *Lower Limit*; *UL* = *Upper Limit*

Above Table described the results of comparison between male and female participants on bullying victimization, parental neglect, resilience, suicidal ideation, physical victimization, verbal victimization and relational victimization. Analysis revealed significant mean differences for parental neglect $t(198) = 1.96, p < .05$. Males scored higher than females on parental neglect, Physical victimization $t(198) = 7.84, p < .001$. Males scored higher than females on physical victimization. Results also revealed significant mean differences for relational victimization $t(198) = -5.6, p < .001$. Females scored higher on relational victimization as compared to males. Results indicate no significant mean differences on verbal victimization, bullying victimization, resilience and suicidal ideation.

Table 10

One Way ANOVA to Compare Mean scores on the basis of socio-economic status among adolescent college students on Study Variables (N=200)

	HC		MC		LC			
	(n = 10)		(n = 168)		(n = 22)			
Variables	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Bullying Victimization	17.60	5.29	17.51	5.67	15.27	6.20	1.51	.22
Parental Neglect	15.00	2.98	13.30	4.20	13.00	4.62	.85	.42
Resilience	28.20	7.58	31.22	10.05	34.72	9.86	1.77	.17
Suicidal Ideation	18.30	3.80	16	6.78	14.27	8.41	.93	.39

Note. HC= High Class, MC= Middle Class, LC= Lower Class

Table 10 shows one way ANOVA to examine differences on the basis of socio-economic status on bullying victimization, parental neglect, resilience and suicidal ideation among adolescent college students. Results show non- significant differences on the basis of socio-economic status on bullying victimization [$F(2, 197) = 1.51, p > .05$], parental neglect [$F(2, 197) = .85, p > .05$], resilience [$F(2, 197) = 1.77, p > .05$] and suicidal ideation [$F(2, 197) = .93, p > .05$].

Table 11*One Way ANOVA to Compare Means, Scores w.r.t Birth Order on Study Variables (N=200)*

	First born		Middle born		Last born			
	(n = 49)		(n = 59)		(n = 92)			
Variables	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Bullying Victimization	18.30	5.18	17.11	5.26	16.82	6.28	1.09	.33
Parental Neglect	14.32	4.25	12.85	3.84	4.36	.46	1.83	.16
Resilience	29.20	10.23	31.24	10.33	32.83	9.45	2.14	.12
Suicidal Ideation	17.46	6.67	15.23	7.13	15.66	6.74	1.61	.20

Table 11 displays one way ANOVA to check differences on the basis of birth order on bullying victimization, parental neglect, resilience and suicidal ideation among adolescent college students. Results show non- significant differences on the basis of birth order on bullying victimization [$F(2, 197) = 1.09, p > .05$], parental neglect [$F(2, 197) = 1.83, p > .05$], resilience [$F(2, 197) = 2.14, p > .05$] and suicidal ideation [$F(2, 197) = 1.61, p > .05$].

Chapter 4

Discussion

The current research intended to examine the moderating role of resilience in the relationship of bullying victimization and parental neglect on suicidal ideation. The investigation determined that adolescents facing parental neglect and bullying victimization possibly exhibit suicidal ideation. Initially, reliability of scales was confirmed. The research also investigated the correlation among bullying victimization, parental neglect, as well as suicidal ideation, and evaluated demographic differences across all the variables in research.

The initial hypothesis of this study suggested that bullying victimization and parental neglect are positively associated with suicidal ideation. The results presented in Table 3 indicated that both bullying victimization and parental neglect are positively correlated with suicidal ideation. These findings align with the findings of a study showing that more recurring or persistent victimization was linked to elevated levels of suicidal ideation (Henry et al., 2014). Based on these results, it can be concluded that bullying victimization is a significant risk factor for suicidal ideation among adolescents. Additionally, a study carried out in Hong Kong, China, using a two-phase longitudinal cohort of teenagers with an average age of 13.68 years, discovered that those who endured neglect during childhood displayed increased levels of suicidal thoughts (Kwok & Gu, 2019).

Second hypothesis posited that bullying victimization and parental neglect positively predict suicidal ideation. Findings of the current study presented in table 4 confirmed both factors indeed positively predict suicidal ideation. These results align with an earlier cross-sectional study which investigated students from grades 7 through 12. The study revealed that individuals who were victims of cyberbullying and school bullying had a markedly greater risk of experiencing suicidal thoughts compared to those who had not experienced such threats

(Sampasa et al., 2014). Concerning the influence of parental neglect on suicidal ideation, our results align with a previous study conducted in Germany which sampled ninth-grade students from 61 different regions in Germany, averaging 15.3 years in age. The findings disclosed that having neglectful and rejecting parents elevates the likelihood of suicide attempts in adolescents by over 1.5 times (Donath et al., 2014)

It was anticipated that resilience would moderate the relationship of bullying victimization and parental neglect with suicidal ideation in intermediate students. Hypothesis was supported by the results presented in table 5 which demonstrated the combined effect of bullying victimization and resilience significantly moderated suicidal ideation. It was observed that as resilience grown bigger, the association of bullying victimization and suicidal ideation weakened. These results are in agreement with a previous research performed in California disclosing that even limited bullying victimization was linked to elevated levels of suicidal ideation, while higher resilience was linked with a decrease in suicidal ideation (Hirschtritt et al., 2015). Therefore, attempts to lower suicidal ideation among adolescents should focus on both preventing bullying victimization and enhancing internal resilience.

Moreover, resilience moderated the association of parental neglect with suicidal ideation according to the results presented in table 6. Higher levels of resilience weakened the link of parental neglect with suicidal ideation. These findings are consistent with a prior study involving adolescents from middle schools across China. This study suggested that resilience, can assist in buffering the negative influences of abuse, neglect on adolescent suicides. The mitigating effects of resilience were particularly pronounced for adolescents with lower resilience (Chang et al., 2020). Therefore, individuals with High resilience are proficient in responding to negative environmental influences, such as regulating emotions as well as ability

to solve problems. Every person possesses inborn resilience, its level can fluctuate with changes in the living environment (Mampane, 2014).

Adolescent male students were expected to score higher on parental neglect compared to their female counterparts. However, the results presented in Table 7 revealed that males scored higher on parental neglect. Research conducted in Pakistan identified notable gender differences, showing that male adolescents reported higher levels of parental neglect compared to their female counterparts (Bashir, Kazmi, & Naz, 2022). This outcome can also be understood within the Pakistani context, where sons are often favored over daughters, with parental attention focused more on academic achievement and success rather than emotional well-being (Zubair et al., 2020). Traditionally, males are expected to be self-reliant from an early age, leading to an unequal distribution of resources between boys and girls, with boys potentially perceiving this as neglect (Ali & Gavino, 2008). Culturally, males are discouraged from expressing their emotional needs, resulting in their emotional neglect going unnoticed and unaddressed by parents (Khalid & Frieze, 2004).

It was hypothesized that female adolescent students will experience more Suicidal ideation as compared to their male counterparts. Results revealed no notable variation in the scores on Suicidal ideation. As Pakistani culture frequently emphasizes family honor and social conformity, imposing comparable stressors on both genders (Saddiqui, 2021). These cultural pressures lead to similar levels of suicidal ideation in males and females (Shah et al., 2022). Intermediate students, regardless of gender, face identical academic pressures and stressors, such as high expectations for academic performance and a competitive environment, which can equally contribute to suicidal ideation (Aslam et al., 2020). Traditionally, the stigma surrounding mental health issues affects both genders similarly, resulting in equivalent reporting of suicidal ideation (Naeem et al., 2019).

Another hypothesis proposed that female adolescent students will score high on relational victimization than males. The findings of the investigation in Table 7 approved this assumption, determining that female students had significantly higher scores on relational victimization than their male counterparts. These findings are in agreement with prior research. A research performed in Italy involving upper primary and lower secondary school students found a higher occurrence of relational victimization among females compared to males (Marengo et al., 2019).

It was also hypothesized that male adolescent students would report higher levels of physical victimization compared to female adolescent students. The results of the current study presented in Table 7 supported this hypothesis, indicating that males had significantly higher scores on physical victimization than females. These results are consistent with previous research. For instance, a study conducted in Italy involving upper primary and lower secondary school students found a higher occurrence of physical victimization among males compared to females (Marengo et al., 2019).

The study also aimed to assess the effects of demographics such as age, grade, sex, socio-economic status, and birth order on the variables being examined. The findings showed no significant age-related variations in the study variables. As stated by Erikson, individuals aged 16–19 are in the late adolescence stage, which is marked by the conflict of identity formation versus role confusion (Erikson, 1968). Consequently, students within this age group encounter similar developmental, social, and psychological challenges, leading to comparable experiences of bullying, resilience, and suicidal ideation. Bronfenbrenner's (1979) Ecological Systems Theory asserts that personal development is shaped by multiple environmental

systems. Since students aged 16–19 often share common environmental contexts (such as school environments and family dynamics), it is likely that their experiences with bullying, neglect, and suicidal ideation do not significantly differ by age. Furthermore, intellectual and emotional maturation in later years of adolescence stabilizes, resulting in more consistent responses to stressors irrespective of slight age differences (Santrock, 2021).

Males experienced more parental neglect than females, but the differences in bullying victimization, resilience, and suicidal ideation were not significant. According to Erikson (1968), both males and females are in a similar developmental period of identity formation versus role confusion. This developmental stage can result in comparable experiences and coping mechanisms related to bullying and suicidal ideation, regardless of gender. Additionally, Bronfenbrenner's (1979) Ecological Systems Theory suggests that individual development is shaped by interactions with various environmental contexts such as family, school, and community. When these environmental influences are similar for both genders, it may explain the absence of significant gender differences in bullying victimization, resilience, and suicidal ideation.

According to the results presented in Table 9, Intermediate Part 2 students exhibited higher levels of resilience, while Intermediate Part 1 students showed elevated levels of suicidal ideation. With an extra year of schooling, Part 2 students might benefit from enhanced support systems, including peers, educators, and advisors, which contribute to their resilience. As time progresses, students develop better coping mechanisms for challenges (Masten, 2014). Part 2 students, having faced more high school stressors, likely developed stronger resilience. Their older age may also provide them with a wider network of peers for emotional support, bolstering their resilience. The incidence of bullying likely remains consistent across both years since the school environment, peer interactions, and social dynamics do not significantly differ

between Part 1 and Part 2 (Santrock, 2021). Both groups experience considerable academic and social pressures. Since childhood parental neglect was evaluated, it cannot be linked to intermediate levels, resulting in similar scores for parental neglect among students from both grades.

Table 11 reveals that socio-economic status and birth order did not show any significant differences across the study's variables. Equal educational opportunities and similar parental expectations for all children, regardless of birth order, can lead to similar experiences and outcomes concerning parental neglect, resilience, and suicidal ideation (Khan et al., 2018). Beyond birth order, factors such as exam performance, living in urban or rural areas, parental education, parental stress, and substance abuse might also affect parental neglect (Heleniak et al., 2016).

Adolescents from diverse socio-economic backgrounds might face comparable challenges related to bullying, resilience, and suicidal ideation due to the universal nature of these issues during adolescence. Many students, regardless of socio-economic status, attend the same schools and have similar peer interactions and school policies, resulting in analogous experiences with bullying and resilience (Masten, 2014). Resilience may not be strongly associated with socio-economic status but rather with individual and familial coping mechanisms, social support, and personal traits (Luthar et al., 2000). Consequently, students from different socio-economic backgrounds might exhibit similar levels of resilience and responses to bullying victimization.

Bronfenbrenner's (1979) Ecological Systems Theory highlights the significance of multiple ecological contexts on development. The absence of significant differences by socio-economic status and birth order suggests that other environmental factors (e.g., school

environment, peer relationships) might have a more substantial impact on bullying, resilience, and suicidal ideation.

Limitations and Suggestions

Following are some limitations and suggestions of this research.

- The sample size was limited, and the data were gathered solely from public and private colleges in Rawalpindi and Islamabad. Since the study's population consists of college students, a larger sample from various cities in Pakistan should be selected to enhance generalizability.
- The study did not explore the dimensions of parental neglect. It is advised that subsequent studies explore the sub-categories of parental neglect.
- In conjunction with the quantitative method, incorporating a qualitative method is suggested to achieve more detailed results.
- Questionnaires measuring the study variables were not available in a translated version, making them difficult for participants. The investigator explained the questionnaires. It is recommended to translate them for future studies.
- It is suggested to investigate the current variables in other populations, such as students from primary, middle, and secondary schools.
- Future research could also focus on adolescents to examine all dimensions of peer victimization as indicators of suicidal ideation.

Implications

The findings of this research highlight the influence of bullying victimization and parental neglect on the development of suicidal ideation among adolescent intermediate students in Pakistan. Mental health professionals must be aware of these risk dangerous

elements in the examination and treatment of college students. Implementing interventions that address bullying and parental neglect in therapeutic settings could significantly reduce the risk of suicidal ideation. Additionally, incorporating resilience-building interventions is crucial as they help mitigate the effects of bullying and parental neglect.

Educational institutions perform a pivotal task in the well-being with regards to students. Anti-victimization programs should be established in schools to address bullying behavior and provide support to victims. Teachers and staff need training to identify signs of bullying and parental neglect to enable early intervention. Furthermore, resilience-building activities and workshops should be integrated into the school curriculum to help students improve their coping skills.

Community-centered initiatives can also be pivotal in tackling parental neglect. These programs can offer parenting workshops, mental health resources, and support groups to educate parents on the importance of providing a nurturing and supportive environment for their children. Communities can create safe spaces where children can report bullying and receive support.

This study paves the way for future research. Longitudinal studies could offer a deeper understanding of the prolonged consequences of bullying victimization and parental neglect on suicidal ideation and resilience. Additionally, exploring the influence of social class, age, as well as birth order on these relationships could provide more nuanced insights. Future research could also investigate the effectiveness of specific resilience-building interventions in various cultural and socio-economic contexts.

Conclusion

In summary, the study found that bullying victimization and parental neglect are significantly and positively correlated with suicidal ideation, while resilience was negatively correlated with suicidal ideation. Bullying victimization and parental neglect were significant positive predictors of suicidal ideation. Regression analysis showed that resilience negatively moderates the relationship of bullying victimization and parental neglect with suicidal ideation. Males scored significantly higher on physical victimization, while females scored significantly higher on relational victimization. The study also examined the impact of age, grade, sex, social class, and birth order with respect to study variables, revealing that male adolescent students scored higher on parental neglect.

Students in Intermediate Part 2 scored significantly higher on resilience, whereas students in Intermediate Part 1 scored higher on suicidal ideation. Ultimately, the study indicates that suicidal ideation can be reduced by enhancing resilience and decreasing bullying victimization and parental neglect.

References

- Abecassis, M., Hartup, W. W., Haselager, G. J. T., Scholte, R. H. J., & van Lieshout, C. F. (2002). Mutual antipathies and their developmental significance. *Child Development, 73*(5), 1543–1556. <https://doi.org/10.1111/1467-8624.00488>
- Advisory Council on the Misuse of Drugs. (2003). *Hidden harm: Responding to the needs of children of problem drug users*. London, England: ACMD.
- Agnes, M. (Ed.). (2005). *Webster's new college dictionary*. Cleveland, OH: Wiley.
- Alabama Life Expectancy. (2016). Alabama suicide. Retrieved from: <http://www.worldlifeexpectancy.com/usa/alabama-suicide>
- Ali Lakhdar, M. P., Peerwani, G., Soomar, S. M., Ali, A., Farooq, S., Ali, N. A., Khaliq, A., Kadir, M., & Azam, S. I. (2021). Longitudinal association between parental-to-child maltreatment and self-reported generalized anxiety disorder symptoms in Pakistani adolescents. *Child and Adolescent Psychiatry and Mental Health, 15*(1), 36. <https://doi.org/10.1186/s13034-021-00390-3>
- Ali, T. S., & Gavino, M. I. B. (2008). Prevalence of and reasons for domestic violence among women from low socioeconomic communities of Karachi. *Eastern Mediterranean Health Journal, 14*(6), 1417–1426.
- Boivin, M., Hymel, S., & Bukowski, W. M. (1995). The roles of social withdrawal, peer rejection, and victimization by peers in predicting loneliness and depressed mood in childhood. *Development and Psychopathology, 7*(4), 765–786. <https://doi.org/10.1017/S0954579400006830>

- Bolger, N., Downey, G., Walker, G., & Steininger, P. (1989). The onset of suicidal ideation in childhood and adolescence. *Journal of Youth and Adolescence*, 18(2), 175–190.
<https://doi.org/10.1007/BF02138700>
- Boulton, M. J. (1999). Concurrent and longitudinal relations between children's playground behavior and social preference, victimization, and bullying. *Child Development*, 70(4), 944–954. <https://doi.org/10.1111/1467-8624.00068>
- Boulton, M. J., Trueman, M., Chau, C., Whitehand, C., & Amatya, K. (1999). Concurrent and longitudinal links between friendship and peer victimization: Implications for befriending interventions. *Journal of Adolescence*, 22(4), 461–466.
<https://doi.org/10.1006/jado.1999.0241>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Brookes, H., & Flower, C. (Eds.). (2009). *Children talking to Childline about suicide*. London, England: NSPCC.
- Brown, R., & Ward, H. (2012). *Decision making within a child's timeframe*. London, England: Department for Education.
- Brunstein Klomek, A., Barzilay, S., Apter, A., Carli, V., Hoven, C. W., Sarchiapone, M., & Wasserman, D. (2019). Bi-directional longitudinal associations between different types of bullying victimization, suicide ideation/attempts, and depression among a large sample of European adolescents. *Journal of Child Psychology and Psychiatry*, 60(2), 209–215. <https://doi.org/10.1111/jcpp.12945>

- Bryan, C. J., et al. (2014). Improving the detection and treatment of suicide risk. *Journal of Clinical Psychology*, 70(12), 1154–1162. <https://doi.org/10.1002/jclp.22136>
- Bryan, C. J., et al. (2014). Improving the detection and prediction of suicidal behavior among military personnel by measuring suicidal beliefs: An evaluation of the Suicide Cognitions Scale. *Journal of Affective Disorders*, 159, 15–22.
<https://doi.org/10.1016/j.jad.2014.02.021>
- Bryan, C. J., & Rozek, D. C. (2017). Suicide prevention in the military: A mechanistic perspective. *Current Opinion in Psychology*. Advance online publication.
<https://doi.org/10.1016/j.copsyc.2017.05.001>
- Bryan, C. J., Wood, D. S., May, A., Peterson, A. L., Wertenberger, E., & Rudd, M. D. (2017). Mechanisms of action contributing to reductions in suicide attempts following brief cognitive behavioral therapy for military personnel: A test of the interpersonal-psychological theory of suicide. *Archives of Suicide Research*, 21(2), 241–253.
<https://doi.org/10.1080/13811118.2016.1162242>
- Bryan, C. J., Butner, J. E., Sinclair, S., Bryan, A. O., Hesse, C. M., & Rose, A. E. (2017). Predictors of emerging suicide death among military personnel on social media networks. *Suicide and Life-Threatening Behavior*, 48(4), 390–401.
<https://doi.org/10.1111/sltb.12368>
- Bryan, C. J., & Rudd, M. D. (2016). The importance of temporal dynamics in the transition from suicidal thought to behavior. *Clinical Psychology: Science and Practice*, 23(1), 21–25. <https://doi.org/10.1111/cpsp.12133>

- Bryan, C. J., & Rudd, M. D. (2017). Nonlinear change processes during psychotherapy characterize patients who have made multiple suicide attempts. *Suicide and Life-Threatening Behavior*, 47(1), 17–25. <https://doi.org/10.1111/sltb.12259>
- Bryan, C. J., Rudd, M. D., Peterson, A. L., Young-McCaughan, S., & Wertenberger, E. (2016). The ebb and flow of the wish to live and the wish to die among suicidal military personnel. *Journal of Affective Disorders*, 202, 58–66. <https://doi.org/10.1016/j.jad.2016.05.062>
- Campbell-Sills, L., & Stein, M. B. (2007). Psychometric analysis and refinement of the Connor-Davidson Resilience Scale (CD-RISC): Validation of a 10-item measure of resilience. *Journal of Traumatic Stress*, 20(6), 1019–1028. <https://doi.org/10.1002/jts.20271>
- Card, N. A., & Hodges, E. V. E. (2008). Peer victimization among schoolchildren: Correlations, causes, consequences, and considerations in assessment and intervention. *School Psychology Quarterly*, 23(4), 451–461. <https://doi.org/10.1037/a0012769>
- Card, N. A., Isaacs, J., & Hodges, E. V. E. (2007). Correlates of school victimization: Implications for prevention and intervention. In J. E. Zins, M. J. Elias, & C. A. Maher (Eds.), *Bullying, victimization, and peer harassment: A handbook of prevention and intervention* (pp. 339–368). Haworth Press.
- Card, N. A., & Hodges, E. V. E. (2003). Parent-child relationships and enmity with peers: The role of avoidant and preoccupied attachment. In E. V. E. Hodges & N. A. Card (Eds.), *Enemies and the darker side of peer relations* (pp. 23–37). *New Directions for Child and Adolescent Development*, 102. Jossey-Bass.

- Cardiff Child Protection Systematic Reviews. (2014). *Self-reported or self-rated features of a teenager currently experiencing neglect / emotional maltreatment*. Cardiff University NSPCC. Retrieved from <http://www.core-info.cardiff.ac.uk/reviews/teenage-neglect-em>
- Casper, D. M., & Card, N. A. (2017). Overt and relational victimization: A meta-analytic review of their overlap and associations with social–psychological adjustment. *Child Development*, 88(2), 466–483. <https://doi.org/10.1111/cdev.12621>
- Caspi, A., Elder, G. H., & Bem, D. J. (1987). Moving against the world: Life-course patterns of explosive children. *Developmental Psychology*, 23(2), 308–313. <https://doi.org/10.1037/0012-1649.23.2.308>
- Centers for Disease Control and Prevention. (2016). *Understanding bullying* [Factsheet]. Retrieved from https://www.cdc.gov/violenceprevention/pdf/bullying_factsheet.pdf
- Claes, M., Lacourse, E., Ercolani, A.-P., Pierro, A., & Presaghi, F. (2005). Parenting, peer orientation: A cross-national study. *Journal of Youth and Adolescence*, 34(5), 400–411. <https://doi.org/10.1007/s10964-005-3600-8>
- Chiu, H. Y., Lee, H. C., Chen, P. Y., Lai, Y. F., & Tu, Y. K. (2018). Associations between sleep duration and suicidality in adolescents: A systematic review and dose–response meta-analysis. *Sleep Medicine Reviews*, 42, 119–126. <https://doi.org/10.1016/j.smrv.2018.07.003>
- Cleveland, M. J., Gibbons, F. X., Gerrard, M., Pomery, E. A., & Brody, G. H. (2005). The impact of parenting on risk cognitions and risk behavior: A study of mediation and

moderation in a panel of African American adolescents. *Child Development*, 76(4), 900–916. <https://doi.org/10.1111/j.1467-8624.2005.00885.x>

Cleaver, H., Unell, I., & Aldgate, J. (2011). *Children's needs – Parenting capacity: The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development* (2nd ed.). The Stationery Office.

Chang, H., Yao, Z., Zhang, Y., Chen, J., & Shi, P. (2022). The relationship between abuse and neglect and adolescent suicidality: A moderated mediation model. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1019878>

Chi, P., Li, X., Du, H., Tam, C. C., Zhao, J., & Zhao, G. (2016). Does stigmatization wear down resilience? A longitudinal study among children affected by parental HIV. *Personality and Individual Differences*, 96, 159–163. <https://doi.org/10.1016/j.paid.2016.02.076>

Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect*, 31(3), 211–229. <https://doi.org/10.1016/j.chiabu.2007.02.004>

Craig, W., Pepler, D., & Blais, J. (2020). *Bullying, victimization, and mental health in adolescents*. Springer.

Currie, J., & Spatz Widom, C. (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment*, 15(2), 111–120. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3571659/pdf/nihms-438655.pdf>

- Curtin, S. C., Warner, M., & Hedegaard, H. (2016). *Increase in suicide in the United States, 1999–2014* (NCHS Data Brief No. 241). Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/nchs/products/databriefs/db241.htm>
- Daniel, B. M., & Taylor, J. (2006). Gender and child neglect: Theory, research, and policy. *Critical Social Policy*, 26(2), 426–439. <https://doi.org/10.1177/0261018306062824>
- DeRosier, M. E., Kupersmidt, J. B., & Patterson, C. J. (1994). Children's academic and behavioral adjustment as a function of the chronicity and proximity of peer rejection. *Child Development*, 65(6), 1799–1813. <https://doi.org/10.2307/1131317>
- Dhingra, K., Boduszek, D., & O'Connor, R. C. (2015). Differentiating suicide attempters from suicide ideators using the Integrated Motivational–Volitional model of suicidal behaviour. *Journal of Affective Disorders*, 186, 211–218. <https://doi.org/10.1016/j.jad.2015.07.007>
- Dhingra, K., Boduszek, D., & O'Connor, R. C. (2016). A structural test of the Integrated Motivational-Volitional model of suicidal behaviour. *Psychiatry Research*, 239, 169–178. <https://doi.org/10.1016/j.psychres.2016.02.009>
- Dhingra, K., Klonsky, E. D., & Tapola, V. (in press). An empirical test of the Three-Step Theory (3ST) of suicide in U.K. university students. *Suicide and Life-Threatening Behavior*.
- Donath, C., Graessel, E., Baier, D., et al. (2014). Is parenting style a predictor of suicide attempts in a representative sample of adolescents? *BMC Pediatrics*, 14, 113. <https://doi.org/10.1186/1471-2431-14-113>

- Dukes, R. L., Stein, J. A., & Zane, J. I. (2010). Gender differences in the relative impact of physical and relational bullying on adolescent injury and weapon carrying. *Journal of School Psychology, 48*(6), 511–532. <https://doi.org/10.1016/j.jsp.2010.06.002>
- Egan, S. K., & Perry, D. G. (1998). Does low self-regard invite victimization? *Developmental Psychology, 34*(2), 299–309. <https://doi.org/10.1037/0012-1649.34.2.299>
- Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as process. *Development and Psychopathology, 5*(4), 517–528. <https://doi.org/10.1017/S0954579400006131>
- Ehnvall, A., Parker, G., Hadzi-Pavlovic, D., & Malhi, G. (2008). Perception of rejecting and neglectful parenting in childhood relates to lifetime suicide attempts for females—but not for males. *Acta Psychiatrica Scandinavica, 117*(1), 50–56.
- Ellis, T. E., & Rufino, K. A. (2015). A psychometric study of the Suicide Cognitions Scale with psychiatric inpatients. *Psychological Assessment, 27*(1), 82–89. <https://doi.org/10.1037/pas0000006>
- Erikson, E. H. (1968). *Identity: Youth and crisis*. W. W. Norton & Company.
- Espelage, D. L., & Holt, M. K. (2013). Suicidal ideation and school bullying experiences after controlling for depression and delinquency. *Journal of Adolescent Health, 53*(1), S27–S31.
- Ethier, L. S., Couture, G., Lacharite, C., & Gagnier, J.-P. (2000). Impact of a multidimensional intervention programme applied to families at risk for child neglect. *Child Abuse Review, 9*(1), 19–36. [https://doi.org/10.1002/1099-0852\(200001/02\)9:1<19::AID-CAR629>3.0.CO;2-M](https://doi.org/10.1002/1099-0852(200001/02)9:1<19::AID-CAR629>3.0.CO;2-M)

Evans, H. (2002). *Child neglect: Research briefing*. NSPCC.

Evans, E., Hawton, K., Rodham, K., & Deeks, J. (2005). The prevalence of suicidal phenomena in adolescents: A systematic review of population-based studies. *Suicide and Life-Threatening Behavior*, 35(3), 239–250.

<https://doi.org/10.1521/suli.35.3.239.62877>

Finkelhor, D. (2008). *Childhood victimization: Violence, crime, and abuse in the lives of young people*. Oxford University Press.

<https://doi.org/10.1016/j.jadohealth.2001.08.014>

Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., ... & Nock, M. K. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, 143(2), 187–232.

<https://doi.org/10.1037/bul0000084>

Freisthler, B., Merritt, D. H., & LaScala, E. A. (2006). Understanding the ecology of child maltreatment: A review of the literature and directions for future research. *Child Maltreatment*, 11(3), 263–280. <https://doi.org/10.1177/1077559506288653>

Garmezy, N. (1985). Stress-resistant children: The search for protective factors.

Gini, G., & Pozzoli, T. (2013). Bullied children and psychosomatic problems: A meta-analysis. *Pediatrics*, 132(5), 720–729. <https://doi.org/10.1542/peds.2013-0614>

Hacker, D. J. (1994). An existential view of adolescence. *Journal of Early Adolescence*, 14(4), 300–327. <https://doi.org/10.1177/0272431694014004002>

- Hanish, L. D., & Guerra, N. G. (2000). Predictors of peer victimization among urban youth. *Social Development*, 9(4), 521–543. <https://doi.org/10.1111/1467-9507.00129>
- Haselager, G. J. T., Hartup, W. W., van Lieshout, C. F. M., & Riksen-Walraven, J. M. (1998). Similarities between friends and nonfriends in middle school. *Child Development*, 69(4), 1198–1204. <https://doi.org/10.2307/1132353>
- Hawton, K., Saunders, K. E., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *The Lancet*, 379(9834), 2373–2382. [https://doi.org/10.1016/S0140-6736\(12\)60322-5](https://doi.org/10.1016/S0140-6736(12)60322-5)
- Heleniak, C., Jenness, J. L., Vander Stoep, A., McCauley, E., & McLaughlin, K. A. (2016). Childhood maltreatment exposure and risk for depressive disorders in adulthood: A meta-analytic review. *JAMA Psychiatry*, 73(9), 932–940.
- Henry, K. L., Lovegrove, P. J., Steger, M. F., et al. (2014). The potential role of meaning in life in the relationship between bullying victimization and suicidal ideation. *Journal of Youth and Adolescence*, 43(2), 221–232. <https://doi.org/10.1007/s10964-013-9960-2>
- Henry, D., Guerra, N. G., Huesmann, R., Tolan, P. H., Van Acker, R., & Eron, L. (2000). Normative influences on aggression in urban elementary school classrooms. *American Journal of Community Psychology*, 28(1), 59–81. <https://doi.org/10.1023/A:1005116123131>
- Heron, M. (2016). Deaths: Leading causes for 2013. *National Vital Statistics Reports*, 65(2). <https://www.cdc.gov/nchs/data/databriefs/db241.pdf>

- Hirschtritt, M. E., Ordóñez, A. E., Rico, Y. M., & LeWinn, K. Z. (2015). Internal resilience, peer victimization, and suicidal ideation among adolescents. *International Journal of Adolescent Medicine and Health*, 27(4), 415–423. <https://doi.org/10.1515/ijamh-2014-0060>
- Hodges, E. V. E., Malone, M. J., & Perry, D. G. (1997). Individual risk and social risk as interacting determinants of victimization in the peer group. *Developmental Psychology*, 33(6), 1032–1039. <https://doi.org/10.1037/0012-1649.33.6.1032>
- Hodges, E. V. E., Finnegan, R. A., & Perry, D. G. (1999). Skewed autonomy-relatedness in preadolescents' conceptions of their relationships with mother, father, and best friend. *Developmental Psychology*, 35(3), 737–748. <https://doi.org/10.1037/0012-1649.35.3.737>
- Hodges, E. V. E., Boivin, M., Vitaro, F., & Bukowski, W. M. (1999). The power of friendship: Protection against an escalating cycle of peer victimization. *Developmental Psychology*, 35(1), 94–101. <https://doi.org/10.1037/0012-1649.35.1.94>
- Hodges, E. V. E., & 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>
- Holinger, P. C., & Luke, K. L. (1984). The epidemiologic patterns of self-destructiveness in childhood, adolescence, and young adulthood.
- Holt, M. K., Vivolo-Kantor, A. M., Polanin, J. R., Holland, K. M., DeGue, S., Matjasko, J. L., & Reid, G. (2015). Bullying and suicidal ideation and behaviors: A meta-analysis. *Pediatrics*, 135(2), e496–e509.

- Hooper, C. A., Gorin, S., Cabral, C., & Dyson, C. (2007). *Living with hardship 24/7: The diverse experiences of families in poverty in England*. Frank Buttle Trust.
- Horwath, J. (2007). *Child neglect: Identification and assessment*. Palgrave Macmillan.
- Howarth, E. J., O'Connor, D. B., Panagioti, M., Hodkinson, A., Wilding, S., & Johnson, J. (2020). Are stressful life events prospectively associated with increased suicidal ideation and behavior? A systematic review and meta-analysis. *Journal of Affective Disorders*, 266, 731–742. <https://doi.org/10.1016/j.jad.2020.01.022>
- Hyman, B., & Williams, L. (2001). Resilience among women survivors of child sexual abuse. *Affilia*, 16(2), 198–219. <https://doi.org/10.1177/088610990101600208>
- Inhelder, B., & Piaget, J. (1958). *The growth of logical thinking from childhood to adolescence*. Basic Books.
- Imran, N., Naveed, S., Rafiq, B., Tahir, S. M., Ayub, M., & Haider, I. I. (2023). Pattern of adolescent suicides in Pakistan: A content analysis of newspaper reports of two years. *Pakistan Journal of Medical Sciences*, 39(1), 6–11. <https://doi.org/10.12669/pjms.39.1.6851>
- Isaacs, J., Hodges, E. V. E., & Salmivalli, C. (2008). Long-term consequences of victimization by peers: A follow-up from adolescence to young adulthood. *European Journal of Developmental Science*, 2(4), 387–397.
- Jaffee, S. R., Caspi, A., Moffitt, T. E., Polo-Tomás, M., & Taylor, A. (2007). Individual, family, and neighborhood factors distinguish resilient from non-resilient maltreated children: A cumulative stressors model. *Child Abuse & Neglect*, 31(3), 231–253. <https://doi.org/10.1016/j.chiabu.2006.06.007>

- Joiner, T. E. (2005). *Why people die by suicide*. Harvard University Press.
- Jones, L., Bellis, M. A., Wood, S., Hughes, K., McCoy, E., Eckley, L., Bates, G., Mikton, C., Shakespeare, T., & Officer, A. (2012). Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies. *The Lancet*, 380(9845), 899–907. [https://doi.org/10.1016/S0140-6736\(12\)60692-8](https://doi.org/10.1016/S0140-6736(12)60692-8)
- Juvonen, J., & Graham, S. (2001). *Peer harassment in school: The plight of the vulnerable and victimized*. Guilford Press.
- Juvonen, J., & Graham, S. (2014). Bullying in schools: The power of bullies and the plight of victims. *Annual Review of Psychology*, 65, 159–185. <https://doi.org/10.1146/annurev-psych-010213-115030>
- Kann, L., Kinchen, S., Shanklin, S. L., Flint, K. H., Hawkins, J., et al. (2014). Youth risk behavior surveillance – United States, 2013. *Morbidity and Mortality Weekly Report*, 63(SS04), 1–68.
- Kann, L., McManus, T., & Harris, W. A. (2018). Youth risk behavior surveillance—United States. *MMWR Surveillance Summaries*, 67(SS-8), 1–114. <https://doi.org/10.15585/mmwr.ss6708a1>
- Khalid, R., & Frieze, I. H. (2004). Measuring perceptions of gender roles: The development of the Gender Role Beliefs Scale for Pakistan. *Sex Roles*, 51(5–6), 293–300.
- Khan, S., Qureshi, F., & Ahmed, M. (2018). The impact of socio-economic factors on adolescent mental health: A study in Pakistan. *Pakistan Journal of Psychological Research*, 33(1), 45–57.

- Kleiman, E. M., Turner, B. J., Fedor, S., Beale, E. E., Huffman, J. C., & Nock, M. K. (2017). Examination of real-time fluctuations in suicidal ideation and its risk factors: Results from two ecological momentary assessment studies. *Journal of Abnormal Psychology*. Advance online publication. <https://doi.org/10.1037/abn0000266>
- Klika, J. B., & Herrenkohl, T. I. (2013). A review of developmental research on resilience in maltreated children. *Trauma, Violence, & Abuse, 14*(3), 256–274. <https://doi.org/10.1177/1524838013487808>
- Klonsky, E. D., Saffer, B. Y., & Bryan, C. J. (2017). Ideation-to-action theories of suicide: A conceptual and empirical update. *Current Opinion in Psychology, 22*, 38–43. <https://doi.org/10.1016/j.copsyc.2017.07.020>
- Klonsky, E. D., & May, A. M. (2015). The Three-Step Theory (3ST): A new theory of suicide rooted in the “ideation-to-action” framework. *International Journal of Cognitive Therapy, 8*(2), 114–129. <https://doi.org/10.1521/ijct.2015.8.2.114>
- Kochenderfer-Ladd, B. (2003). Identification of aggressive and asocial victims and the stability of their peer victimization. *Merrill-Palmer Quarterly, 49*(3), 401–425. <https://doi.org/10.1353/mpq.2003.0027>
- Kochenderfer, B. J., & Ladd, G. W. (1996). Peer victimization: Cause or consequence of school maladjustment? *Child Development, 67*(5), 1305–1317. <https://doi.org/10.2307/1131888>
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet, 360*(9339), 1083–1088. [https://doi.org/10.1016/S0140-6736\(02\)11133-0](https://doi.org/10.1016/S0140-6736(02)11133-0)

- Kuhlberg, J. A., Peña, J. B., & Zayas, L. H. (2010). Familism, parent-adolescent conflict, self-esteem, internalizing behaviors, and suicide attempts among adolescent Latinas. *Child Psychiatry & Human Development*, 41(4), 425–440.
- Kwok, S. Y. C. L., & Gu, M. (2019). Childhood neglect and adolescent suicidal ideation: A moderated mediation model of hope and depression. *Prevention Science*, 20(5), 632–642. <https://doi.org/10.1007/s11121-019-00995-2>
- Ladd, G. W., & Burgess, K. B. (1999). Charting the relationship trajectories of aggressive, withdrawn, and aggressive/withdrawn children during early grade school. *Child Development*, 70(4), 910–929. <https://doi.org/10.1111/1467-8624.00067>
- Ladd, G. W., & Troop-Gordon, W. (2003). The role of chronic peer difficulties in the development of children's psychological adjustment problems. *Child Development*, 74(3), 1344–1367. <https://doi.org/10.1111/1467-8624.00612>
- Ladd, G. W., Kochenderfer, B. J., & Coleman, C. C. (1997). Classroom peer acceptance, friendship, and victimization: Distinct relational systems that contribute uniquely to children's school adjustment? *Child Development*, 68(6), 1181–1197. <https://doi.org/10.2307/1132282>
- Lagerspetz, K. M. J., Björkqvist, K., Berts, M., & King, E. (1982). Group aggression among school children in three schools. *Scandinavian Journal of Psychology*, 23(1), 45–52. <https://doi.org/10.1111/j.1467-9450.1982.tb00329.x>
- La Greca, A. M., & Harrison, H. M. (2005). Adolescent peer relations, friendship, and romantic relationships: Do they predict social anxiety and depression? *Journal of*

Clinical Child and Adolescent Psychology, 34(1), 49–61.

https://doi.org/10.1207/s15374424jccp3401_5

Lipschitz, D. S., Winegar, R. K., Nicolaou, A. L., Hartnick, E., & Southwick, S. M. (1999).

Perceived abuse and neglect as risk factors for suicidal behavior in adolescent inpatients. *The Journal of Nervous & Mental Disease*, 187(1), 32–39.

<https://doi.org/10.1097/00005053-199901000-00007>

Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policy. *Development and Psychopathology*, 12(4), 857–885.

<https://doi.org/10.1017/S0954579400004156>

Luthar, S. S. (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities*. Cambridge University Press.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562.

<https://doi.org/10.1111/1467-8624.00164>

Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development*, 62(3), 600–616. <https://doi.org/10.2307/1131148>

Maccoby, E. E. (1998). *The two sexes: Growing up apart, coming together*. Harvard University Press.

Mampane, M. R. (2014). Factors contributing to the resilience of middle-adolescents in a South African township: Insights from a resilience questionnaire. *South African Journal of Education*, 34(1), 1–11. <https://doi.org/10.15700/201412052114>

- Marengo, D., Settanni, M., Prino, L. E., Parada, R. H., & Longobardi, C. (2019). Exploring the dimensional structure of bullying victimization among primary and lower-secondary school students: Is one factor enough, or do we need more? *Frontiers in Psychology, 10*, 770. <https://doi.org/10.3389/fpsyg.2019.00770>
- Mars, B., Heron, J., Klonsky, E. D., Moran, P., O'Connor, R. C., Tilling, K., & Gunnell, D. (2019). Predictors of future suicide attempt among adolescents with suicidal thoughts or non-suicidal self-harm: A population-based birth cohort study. *The Lancet Psychiatry, 6*(4), 327–337. [https://doi.org/10.1016/S2215-0366\(19\)30065-7](https://doi.org/10.1016/S2215-0366(19)30065-7)
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*, 227–238.
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development, 85*(1), 6–20.
- Miller, A. B., Esposito-Smythers, C., Weismore, J. T., & Renshaw, K. D. (2013). The relation between child maltreatment and adolescent suicidal behavior: A systematic review and critical examination of the literature. *Clinical Child and Family Psychology Review, 16*(2), 146–172. <https://doi.org/10.1007/s10567-013-0123-1>
- Naeem, F., Ayub, M., Javed, Z., Irfan, M., & Kingdon, D. (2019). Stigma and mental health in Pakistan: A scoping review. *Pakistan Journal of Medical Sciences, 35*(3), 682–687.
- 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. *The Journal of Adolescent Health, 35*(5), 120–129. <https://doi.org/10.1016/j.jadohealth.2004.01.006>

- Naveed, S., Waqas, A., Shah, Z., Ahmad, W., Wasim, M., Rasheed, J., et al. (2020). Trends in bullying and emotional and behavioral difficulties among Pakistani schoolchildren: A cross-sectional survey of seven cities. *Frontiers in Psychiatry, 10*, 976. <https://doi.org/10.3389/fpsyt.2020.00976>
- Nock, M. K., & Favazza, A. R. (2009). Non-suicidal self-injury: Definition and classification. In M. K. Nock (Ed.), *Understanding non-suicidal self-injury: Origins, assessment, and treatment* (pp. 9–18). American Psychological Association. <https://doi.org/10.1037/11875-001>
- Nock, M. K., Hwang, I., Sampson, N., Kessler, R. C., Angermeyer, M., Beautrais, A., Borges, G., Bromet, E., Bruffaerts, R., de Girolamo, G., de Graaf, R., Florescu, S., Gureje, O., Haro, J. M., Hu, C., Huang, Y., Karam, E. G., Kawakami, N., Kovess, V., Levinson, D., Posada-Villa, J., Sagar, R., Tomov, T., Viana, M. C., & Williams, D. R. (2009). Cross-national analysis of the associations among mental disorders and suicidal behavior: Findings from the WHO World Mental Health Surveys. *PLOS Medicine, 6*(5), e1000123. <https://doi.org/10.1371/journal.pmed.1000123>
- Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PLOS Medicine, 9*(11), e1001349.
- Nrugham, L., Holen, A., & Sund, A. M. (2010). Associations between attempted suicide, violent life events, depressive symptoms, and resilience in adolescents and young adults. *European Psychiatry, 25*(3), 131–136. <https://doi.org/10.1016/j.eurpsy.2009.11.003>

- Obegi, J. H. (2019). Rethinking suicidal behavior disorder. *Crisis*, 40(3), 209–219.
<https://doi.org/10.1027/0227-5910/a000564>
- O'Connor, R. C. (2011). Towards an integrated motivational–volitional model of suicidal behaviour. In R. C. O'Connor, S. Platt, & J. Gordon (Eds.), *International handbook of suicide prevention: Research, policy and practice* (pp. 181–198). Wiley-Blackwell.
- Olson, S. L. (1992). Development of conduct problems and peer rejection in preschool children: A social systems analysis. *Journal of Abnormal Psychology*, 101(3), 327–350. <https://doi.org/10.1037/0021-843X.101.3.327>
- Olweus, D. (1978). *Aggression in the schools: Bullies and whipping boys*. Hemisphere.
- Olweus, D. (1993). *Bullying at school: What we know and what we can do*. Blackwell Publishing.
- Olweus, D. (1994). Bullying at school: Long-term outcomes for the victims and an effective school-based intervention program. In L. R. Huesmann (Ed.), *Aggressive behavior: Current perspectives* (pp. 97–130). Plenum Press.
- Olweus, D. (1996). Bullying at school: Knowledge base and an effective intervention program. In C. F. Ferris & T. Grisso (Eds.), *Understanding aggressive behavior in children* (Vol. 794, pp. 265–276). New York Academy of Sciences.
- Patton, G. C., Coffey, C., Sawyer, S. M., Viner, R. M., Haller, D. M., Bose, K., Vos, T., Ferguson, J., & Mathers, C. D. (2009). Global patterns of mortality in young people: A systematic analysis of population health data. *The Lancet*, 374(9693), 881–892.
[https://doi.org/10.1016/S0140-6736\(09\)60741-0](https://doi.org/10.1016/S0140-6736(09)60741-0)

- Paul, E., & Ortin, A. (2019). Psychopathological mechanisms of early neglect and abuse on suicidal ideation and self-harm in middle childhood. *European Child & Adolescent Psychiatry*, 28(10), 1311–1319. <https://doi.org/10.1007/s00787-019-01287-8>
- Pellegrini, A. D., Bartini, M., & Brooks, F. (1999). School bullies, victims, and aggressive victims: Factors relating to group affiliation and victimization in early adolescence. *Journal of Educational Psychology*, 91(2), 216–224. <https://doi.org/10.1037/0022-0663.91.2.216>
- Perry, D. G., Hodges, E. V. E., & Egan, S. K. (2001). Determinants of chronic victimization by peers: A review and a new model of family influence. In J. Juvonen & S. Graham (Eds.), *School-based peer harassment: The plight of the vulnerable and victimized* (pp. 73–104). Guilford Press.
- Pope, A. W., & Bierman, K. L. (1999). Predicting adolescent peer problems and antisocial activities: The relative roles of aggression and dysregulation. *Developmental Psychology*, 35(2), 335–346. <https://doi.org/10.1037/0012-1649.35.2.335>
- Popp, A. M., & Peguero, A. A. (2011). Routine activities and victimization at school: The significance of gender. *Journal of Interpersonal Violence*, 26(12), 2413–2436. <https://doi.org/10.1177/0886260510383034>
- Rees, G., & Lee, J. (2005). *Still running II: Findings from the second national survey of young runaways*. The Children's Society. http://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Still%20running%20%20Findings%20from%20the%20second%20national%20survey%20of%20young%20runaways.pdf

- Rees, G., & Rutherford, C. (2001). *Home run – Families and young runaways*. The Children's Society.
- Rees, G., & Siakeu, J. (2004). *Thrown away: The experiences of children and young people forced to leave home*. The Children's Society.
http://www.childrenssociety.org.uk/sites/default/files/tcs/research_docs/Thrown%20away%20The%20experiences%20of%20children%20forced%20to%20leave%20home.pdf
- Rees, G., Stein, M., Hicks, L., & Gorin, S. (2011). *Adolescent neglect: Research, policy and practice*. Jessica Kingsley Publishers.
- Reitz, E., Dekovic, M., & Meijer, A. M. (2006). Relations between parenting and externalizing and internalizing problem behavior in early adolescence: Child behavior as moderator and predictor. *Journal of Adolescence*, 29(3), 419–436.
<https://doi.org/10.1016/j.adolescence.2005.07.009>
- Rivara, F., & Le Menstrel, S. (2016). *Public report release: Preventing bullying through science, policy, and practice*. National Academies Press.
- Rivers, I., & Smith, P. K. (1994). Types of bullying behavior and their correlates. *Aggressive Behavior*, 20(5), 359–368. [https://doi.org/10.1002/1098-2337\(1994\)20:5<359::AID-AB2480200505>3.0.CO;2-0](https://doi.org/10.1002/1098-2337(1994)20:5<359::AID-AB2480200505>3.0.CO;2-0)
- Rodkin, P. C., & Hodges, E. V. E. (2003). Bullies and victims in the peer ecology: Four questions for psychologists and school professionals. *School Psychology Review*, 32(3), 384–400. <https://doi.org/10.1080/02796015.2003.12086273>

- Rudd, M. D. (2000). The suicidal mode: A cognitive-behavioral model of suicidality. *Suicide and Life-Threatening Behavior*, 30(1), 18–33. <https://doi.org/10.1111/j.1943-278X.2000.tb01009.x>
- Rudd, M. D. (2006). Fluid vulnerability theory: A cognitive approach to understanding the process of acute and chronic risk. In T. E. Ellis (Ed.), *Cognition and suicide: Theory, research, and therapy* (pp. 155–166). American Psychological Association.
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57(3), 316–331. <https://doi.org/10.1111/j.1939-0025.1987.tb03541.x>
- Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21(2), 119–144. <https://doi.org/10.1111/1467-6427.00106>
- Rutter, M. (2006). The promotion of resilience in the face of adversity. In A. Clarke-Stewart & J. Dunn (Eds.), *Families count: Effects on child and adolescent development* (pp. 26–52). Cambridge University Press.
- Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology*, 24(2), 335–344. <https://doi.org/10.1017/S0954579412000028>
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094, 1–12. <https://doi.org/10.1196/annals.1376.002>
- Ryff, C. D., & Singer, B. (2003). Flourishing under fire: Resilience as a prototype of challenged thriving. In C. L. M. Keyes & J. Haidt (Eds.), *Positive psychology and the life well-lived* (pp. 15–36). APA.

- Saddiqui, N. (2021). Family honor and gender roles in Pakistan: A qualitative review. *Journal of South Asian Studies*, 24(1), 57–73.
- Sagone, E., & De Caroli, M. E. (2013). Relationships between resilience, self-efficacy, and thinking styles in Italian middle adolescents. *Procedia – Social and Behavioral Sciences*, 92, 838–845. <https://doi.org/10.1016/j.sbspro.2013.08.736>
- Salmivalli, C., & Isaacs, J. (2005). Prospective relations among victimization, rejection, friendlessness, and children's self- and peer-perceptions. *Child Development*, 76(5), 1161–1171. <https://doi.org/10.1111/j.1467-8624.2005.00838.x>
- Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist*, 60(5), 410–421. <https://doi.org/10.1037/0003-066X.60.5.410>
- Salmivalli, C., & Helteenvuori, T. (2007). Reactive, but not proactive aggression predicts victimization among boys. *Aggressive Behavior*, 33(2), 198–206. <https://doi.org/10.1002/ab.20199>
- Salmivalli, C., Huttunen, A., & Lagerspetz, K. M. J. (1997). Peer networks and bullying in schools. *Scandinavian Journal of Psychology*, 38(4), 305–312. <https://doi.org/10.1111/1467-9450.00041>
- Sampasa-Kanyinga, H., Roumeliotis, P., & Xu, H. (2014). Associations between cyberbullying and school bullying victimization and suicidal ideation, plans, and attempts among Canadian schoolchildren. *PLoS ONE*, 9(7), e102145. <https://doi.org/10.1371/journal.pone.0102145>

- Sampasa-Kanyinga, H., & Willmore, J. (2017). Relationships between bullying victimization, psychological distress, and breakfast skipping among boys and girls. *Appetite*, 89, 41–46. <https://doi.org/10.1016/j.appet.2015.12.010>
- Santrock, J. W. (2021). *Adolescence* (17th ed.). McGraw Hill.
- Sapouna, M., & Wolke, D. (2013). Resilience to bullying victimization: The role of individual, family, and peer characteristics. *Child Abuse & Neglect*, 37(11), 997–1006. <https://doi.org/10.1016/j.chiabu.2013.05.004>
- Schwartz, D., Dodge, K. A., & Coie, J. D. (1993). The emergence of chronic peer victimization in boys' play groups. *Child Development*, 64(5), 1755–1772. <https://doi.org/10.2307/1131541>
- Schwartz, D., Hopmeyer-Gorman, A., Toblin, R. L., & Abou-ezzeddine, T. (2003). Mutual antipathies in the peer group as a moderating factor in the association between community violence exposure and psychosocial maladjustment. In E. V. E. Schwartz & S. A. Dodge (Eds.), *Peer victimization: The influence of school and community violence* (pp. 73–92). Guilford Press.
- Shah, S. M., Saeed, A., & Hassan, M. (2022). Suicidal ideation and its correlates among Pakistani adolescents: The role of cultural and familial factors. *Journal of Adolescent Health*, 70(1), 89–96.
- Shields, A., & Cicchetti, D. (2001). Parental maltreatment and emotion dysregulation as risk factors for bullying and victimization in middle childhood. *Journal of Clinical Child Psychology*, 30(3), 349–363. https://doi.org/10.1207/S15374424JCCP3003_6

- Shucksmith, J., Hendry, L. B., & Glendinning, A. (1995). Models of parenting: Implications for adolescent well-being within different types of family contexts. *Journal of Adolescence*, 18(3), 253–270. <https://doi.org/10.1006/jado.1995.1017>
- Smith, C., & Carlson, B. E. (1997). Stress, coping, and resilience in children and youth. *Social Service Review*, 71(2), 231–256. <https://doi.org/10.1086/604092>
- Smith, C. A., Ireland, T. O., & Thornberry, T. P. (2005). Adolescent maltreatment and its impact on young adult antisocial behavior. *Child Abuse & Neglect*, 29(10), 1099–1119. <https://doi.org/10.1016/j.chiabu.2004.10.002>
- Spatz Widom, C., Czaja, S. J., Bentley, T., & Johnson, M. S. (2012). A prospective investigation of physical health outcomes in abused and neglected children: A 30-year follow-up. *American Journal of Public Health*, 102(6), 1135–1144. <https://doi.org/10.2105/AJPH.2011.300584>
- Spatz Widom, C., Czaja, S. J., Wilson, H. W., Allwood, M., & Chauhan, P. (2012). Do the long-term consequences of neglect differ for children of different races and ethnic backgrounds? *Child Maltreatment*, 17(2), 110–123. <https://doi.org/10.1177/1077559512436391>
- Stein, M., Rees, G., Hicks, L., & Gorin, S. (2009). Neglected adolescents: Literature review (DCSF-RBX-09-04). London: Department of Children, Schools and Families. <http://www.york.ac.uk/inst/spru/research/pdf/Neglected.pdf>
- Steinberg, L. (2014). *Adolescence* (10th ed.). McGraw-Hill Education.

- Straus, M. A., Kinard, E. M., & Williams, L. M. (1995). The Multidimensional Neglectful Behavior Scale: Form A: Adolescent and adult-recall version. Durham, NH: Family Research Laboratory.
- Straus, M. A., & Savage, S. A. (2005). Neglectful behavior by parents in the life history of university students in 17 countries and its relation to violence against dating partners. *Child Maltreatment*, 10(2), 124–135. <https://doi.org/10.1177/1077559505275080>
- Suarez-Soto, E., Pereda, N., & Guilera, G. (2019). Poly-victimization, resilience, and suicidality among adolescents in child and youth-serving systems. *Children and Youth Services Review*, 106, 104500. <https://doi.org/10.1016/j.childyouth.2019.104500>
- Swift, K. J. (1995). An outrage to common decency: Historical perspectives on child neglect. *Child Welfare*, 74(1), 71–91. <https://www.jstor.org/stable/44112985>
- Takizawa, R., Maughan, B., & Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: Evidence from a five-decade longitudinal British birth cohort. *American Journal of Psychiatry*, 171(7), 777–784. <https://doi.org/10.1176/appi.ajp.2014.13101401>
- Thornberry, T. P., Henry, K. L., Ireland, T. O., & Smith, C. A. (2010). The causal impact of childhood-limited maltreatment and adolescent maltreatment on early adult adjustment. *Journal of Adolescent Health*, 46(4), 359–365. <https://doi.org/10.1016/j.jadohealth.2009.10.005>
- Thompson, R., Proctor, L. J., English, D. J., Dubowitz, H., Narasimhan, S., & Everson, M. D. (2012). Suicidal ideation in adolescence: Examining the role of recent adverse

experiences. *Journal of Adolescence*, 35(1), 175–186.

<https://doi.org/10.1016/j.adolescence.2011.05.004>

Ttofi, M. M., Farrington, D. P., Lösel, F., & Loeber, R. (2011). Do the victims of school bullies tend to become depressed later in life? A systematic review and meta-analysis of longitudinal studies. *Journal of Aggression, Conflict, and Peace Research*, 3(2), 63–73. <https://doi.org/10.1108/17596591111132873>

Ttofi, M. M., Farrington, D. P., & Lösel, F. (2012). School bullying as a predictor of violence later in life: A systematic review and meta-analysis of prospective longitudinal studies. *Aggression and Violent Behavior*, 17(5), 405–418. <https://doi.org/10.1016/j.avb.2012.05.002>

Tucker, R. P., O'Connor, R. C., & Wingate, L. R. (2016). An investigation of the relationship between rumination styles, hope, and suicide ideation through the lens of the integrated motivational-volitional model of suicidal behavior. *Archives of Suicide Research*, 20(4), 553–566. <https://doi.org/10.1080/13811118.2016.1207823>

Tunnard, J. (2004). *Parental mental health problems: Messages from research, policy, and practice*. Dartington: Research in Practice.

U.S. Department of Health and Human Services. (2016). *Child maltreatment 2014*. Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>

UNICEF. (2014a). *Hidden in plain sight: A statistical analysis of violence against children*. New York, NY: UNICEF.

- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575–600. <https://doi.org/10.1037/a0018697>
- Vazsonyi, A. T., Hibbert, J. R., & Snider, J. B. (2003). Exotic enterprise no more? Adolescent reports of family and parenting processes from youth in four countries. *Journal of Research on Adolescence*, 13(2), 129–160. <https://doi.org/10.1111/1532-7795.1302002>
- Victor, S. E., & Klonsky, E. D. (2014). Correlates of suicide attempts among self-injurers: A meta-analysis. *Clinical Psychology Review*, 34(4), 282–297. <https://doi.org/10.1016/j.cpr.2014.03.005>
- Wagnild, G. M., & Young, H. M. (1993). Development and psychometric evaluation of the Resilience Scale. *Journal of Nursing Measurement*, 1(2), 165–178. <https://doi.org/10.1891/1061-3749.1.2.165>
- Wald, J., Taylor, S., Asmundson, G. J. G., et al. (2006). *Literature review of concepts: Psychological resiliency*. Defence R&D Canada.
- Wang, J., Iannotti, R. J., & Nansel, T. R. (2009). School bullying among adolescents in the United States: Physical, verbal, relational, and cyber. *Journal of Adolescent Health*, 45(4), 368–375. <https://doi.org/10.1016/j.jadohealth.2009.02.002>
- Wang, C., Blom, L. C., Gonzalez, V., & MacFarlane, H. E. (2022). Parenting styles and adolescent mental health: A meta-analysis. *Journal of Adolescence*, 94(1), 10–25.

- Wight, D., Williamson, L., & Henderson, M. (2006). Parental influences on young people's sexual behavior: A longitudinal analysis. *Journal of Adolescence*, 29(4), 473–494.
<https://doi.org/10.1016/j.adolescence.2005.08.002>
- Williams, S. K., & Kelly, F. D. (2005). Relationships among involvement, attachment, and behavioral problems in adolescence: Examining father's influence. *Journal of Early Adolescence*, 25(2), 168–196. <https://doi.org/10.1177/0272431604274173>
- Wolke, D., & Lereya, S. T. (2015). Long-term effects of bullying. *Archives of Disease in Childhood*, 100(10), 879–885. <https://doi.org/10.1136/archdischild-2014-306667>
- World Health Organization (WHO). (2021). *Suicide*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/suicide>
- Wright, J. C., Giammarino, M., & Parad, H. W. (1986). Social status in small groups: Individual-group similarity and the social misfit. *Journal of Personality and Social Psychology*, 50(3), 523–536. <https://doi.org/10.1037/0022-3514.50.3.523>
- Yanling, C., Ruibo, X., Deqin, T., Wang, X., Ruiting, F., Weijian, L., & Wan, D. (2023). Bidirectional longitudinal relationships between victimization, resilience, and suicidal ideation of adolescents. *Children and Youth Services Review*, 154, 107130.
<https://doi.org/10.1016/j.childyouth.2023.107130>
- Zhang, J. (2005). Conceptualizing a strain theory of suicide (review). *Chinese Mental Health Journal*, 19(11), 778–782.
- Zubair, A., Malik, S., & Mahmood, B. (2020). Gender disparity and cultural constraints in Pakistani families: Implications for mental health. *Journal of Gender Studies*, 29(4), 541–555.

Appendices

Appendix A

INFORMED CONSENT

Respected Participant,

I am a student of MS Psychology enrolled at the International Islamic University Islamabad. These questionnaires are the part of an ongoing research at International Islamic University, Islamabad. Your valuable collaboration is vital in the completion of the attached questionnaires to reflect your perceptions and experiences. Information provided by you will be kept confidential and will be used for research purpose only. This form will take your few precious minutes to complete. You are allowed to withdraw at any stage but I shall be highly obliged if you complete this survey. Thank You!

Participant Sign

Appendix B**DEMOGRAPHIC SHEET**

Gender:

- Male
- Female

Age:

- 16-17 years
- 18-19 years

Grade:

- Intermediate part-1
- Intermediate part-2

Birth-order:

- First born
- Middle born
- Last born

Socio-economic status

- High class
- Middle class
- Low class

Appendix C

Permission from Author for using Multi-dimensional Peer Victimization Scale



Permission to use his tool in research

4 messages

Saba Gull <sabagul1443@gmail.com>
To: stephen.joseph@nottingham.ac.uk

Sat, 8 Jun 2024 at 09:45

Respected sir,
I came to know that you are the Author of Multidimensional Peer Victimization Scale. I want to seek permission to use it in my research project. I am a student of MS Educational psychology at International Islamic University Islamabad. If you need any information regarding my research do ask me. Kindly allow me to use this scale and send me all the details of questionnaire. I assure you that I will not misuse it.

Your's obediently
Miss Sabah Gull

Stephen Joseph <Stephen.Joseph@nottingham.ac.uk>
To: Saba Gull <sabagul1443@gmail.com>

Sat, 8 Jun 2024 at 18:49

Dear Sabah,

You are welcome to use the scale. Please find attached materials. Good luck with your research.

Best wishes,

Stephen

Professor Stephen Joseph

School of Education

University of Nottingham

Nottingham NG8 1BB

NEW BOOK

Think Like a Therapist. Six life-Changing Insights for Leading a Good Life

<https://www.hachette.co.uk/titles/stephen-joseph/think-like-a-therapist/9780349431857/>

Appendix D

Permission from Author for using Multi-dimensional Neglectful Behavior Scale

Cc:
Bcc:
Date: Sat, 8 Jun 2024 21:52:14 +0500
Subject: Re: A letter to get permission to use his tool in research

[Quoted text hidden]

Sabah Gull 330-FSS/MSEP/F21 <sabah.msep330@iiu.edu.pk>
To: linda.williams@wellesley.edu <linda.williams@wellesley.edu>

Sat, 8 Jun 2024 at 22:02

Respected Ma'am,

I came to know that you are the author of Multidimensional Neglectful Behavior Scale(MNBS). I seek permission to use Form A8 of MNBS for my research work. I am a student of MS educational psychology final year at International Islamic University Islamabad. I assure u that I will not misuse it. If you need any information regarding my research work do ask me. Kindly allow me to use it and share all the details of questionnaire.

[Quoted text hidden]

Sabah Gull 330-FSS/MSEP/F21 <sabah.msep330@iiu.edu.pk>
To: linda.williams@wellesley.edu

Mon, 10 Jun 2024 at 13:30

[Quoted text hidden]

Linda Williams <linda.williams@wellesley.edu>
To: Sabah Gull 330-FSS/MSEP/F21 <sabah.msep330@iiu.edu.pk>

Tue, 11 Jun 2024 at 00:17

Thanks for your email. You do not need permission to use this scale. Thanks for contacting me. I have attached papers about the scale.

Best wishes for success in your work,

Appendix E

Multi-dimensional Peer Victimization Scale

	Not at all	Once	More than once
1. Called me names	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Tried to get me into trouble with my friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Took something of mine without permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Made fun of me because of my appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Made fun of me for some reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Punched me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Kicked me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Hurt me physically in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Beat me up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tried to break something of mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Tried to make my friends turn against me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Stole something from me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Refused to talk to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Made other people not talk to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Deliberately damaged some property of mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Swore at me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix F**Multi-dimensional Neglectful Behavior Scale**

These questions are about things that your parents have done or didn't do in the past 12 months. "Parents" refer to the people you are currently living with and who take care of you, even if they are not your own parents.

If you lived with different people at different times in the past year, answer for the people you are now living with.

1) Helped me when I had trouble understanding something.

0) strongly agree 1) Agree 2) Disagree 3) strongly disagree

2) My parents didn't help me to do my best in school.

0) strongly agree 1) Agree 2) Disagree 3) Strongly disagree

3) My parents didn't care if I did things like shoplifting.

0) strongly agree 1) Agree 2) Disagree 3) Strongly disagree

4) My parents didn't care if I got into trouble in school.

0) strongly agree 1) Agree 2) Disagree 3) Strongly disagree

5) My parents helped me when I had problems.

0) strongly agree 1) Agree 2) Disagree 3) Strongly disagree

6) My parents didn't comfort me when I was upset

0) strongly agree 1) Agree 2) Disagree 3) Strongly disagree

7) My parents gave me enough clothes to keep me warm.

0) strongly agree 1) Agree 2) Disagree 3) Strongly disagree

8) My parents didn't keep me clean.

0) Strongly agree 1) Agree 2) Disagree 3) Strongly disagree

Appendix G

The Ego-resilience Scale

The Ego Resilience Scale				
Please read the below statements about yourself and indicate how well it applies to you by circling the answer to the right from 1 (does not apply at all) to 4 (applies very strongly). Let me know how true the following characteristics are as they apply to you generally:				
Characteristics About You	Does not Apply at All		Applies Very Strongly	
1. I am generous with my friends.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
2. I quickly get over and recover from being startled.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
3. I enjoy dealing with new and unusual situations.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
4. I usually succeed in making a favorable impression on people.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
5. I enjoy trying new foods I have never tasted before.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
6. I am regarded as a very energetic person.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
7. I like to take different paths to familiar places.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
8. I am more curious than most people.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
9. Most of the people I meet are likable.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
10. I usually think carefully about something before acting.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
11. I like to do new and different things.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
12. My daily life is full of things that keep me interested.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
13. I would be willing to describe myself as a pretty "strong" personality.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
14. I get over my anger at someone reasonably quickly.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly

Appendix H

The Beck Scale for Suicidal Ideation

Suicidal ideation is defined as the plans and wishes to commit suicide but not making any recent suicide attempt. Each statement group consists of three sentences that describes different intensities of suicidal ideation. Please answer by putting a tick in one of the statement that best describes you.

1. Wish to live
 0. Moderate to strong
 1. weak
 2. None
2. Wish to die
 0. None
 1. Weak
 2. Moderate or strong
3. Reasons for living/dying
 0. For living outweigh for dying
 1. About equal
 2. For dying outweigh for living
4. Desire to make active suicide attempt
 0. None
 1. Weak
 2. Moderate to strong
5. Passive suicidal desire
 0. would take precautions to save life
 1. would leave life/ death to chance
 2. would avoid steps necessary to save or maintain life.
6. Time dimension: Duration of suicide ideation/ wish

- 0. Brief, fleeting periods
- 1. Longer periods
- 2. Continuous or almost continuous

7. Time dimension: Frequency of suicide

- 0. Rare/ Occasional
- 1. Intermittent
- 2. Persistent or continuous

8. Attitude toward ideation/ wish

- 0. Rejecting
- 1. Ambivalent; Indifferent
- 2. Accepting

9. Control over suicide action/ Acting out wish

- 0. Has sense of control
- 1. Unsure of control
- 2. Has no sense of control

10. Deterrents to active attempt (e.g., family, religion, irreversibility)

- 0. would not attempt because of a deterrent
- 1. Some concern about deterrents
- 2. Minimal or no concern about deterrents

11. Reason for contemplated attempt

0. To manipulate the environment, get attention, revenge

1. Combination of 0 and 2.

2. Escape, Surcease, Solve problems

12. Method: Specificity/ Planning of contemplated attempt

0. Not considered

1. Considered but details not worked out

2. Details worked out/ Well formulated

13. Method: Availability/ Opportunity for contemplated attempt

0. Method not available; No opportunity

1. Method would take time/ effort; opportunity not readily available.

2a. Method and opportunity available.

2b. Future opportunity or availability of method anticipated

14. Sense of “capability” to carry out attempt

0. No courage, too weak, afraid, incompetent

1. Unsure of courage, competence

2. Sure of competence, courage

15. Expectancy/ Anticipation Of actual attempt

0. No

1. Uncertain, not sure

2. Yes

16. Actual preparation for contemplated attempt

0. None

1. Partial (e.g., starting to collect pills)

2. Complete (e.g., had pills, loaded guns)

17. Suicide note

0. None

1. Started but not completed; only thought about

2. completed

18. Final acts in anticipation of death (e.g., insurance, will)

- 0. None
- 1. Thought about or made some arrangements
- 2. Made definite plans or completed arrangements

19. Deception/ Concealment of contemplated suicide

- 0. Revealed ideas openly
- 1. Held back on revealing
- 2. Attempted to deceive, conceal, lie