

Linking Peer Relational Aggression Victimization to Internalizing Symptoms during Adolescence: A Narrative Review of Mediating and Moderating Mechanisms

Chia-Hsien Lu

Department of Educational Psychology and Counseling, National Taiwan Normal University, Taiwan

ARTICLE INFO

Keywords:
*Adolescent,
Internalizing Symptoms,
Mental Health,
Relational Aggression
Victimization*

ABSTRACT

Some studies indicated that relational aggression victimization may impact adolescents' internalizing symptoms; however, no related research has been done to demonstrate theoretical perspectives and the mediating or moderating mechanisms of relational aggression victimization's impact on internalizing symptoms during adolescence. Therefore, this paper conducted a narrative review and proposed a framework to understanding the mediating and moderating mechanisms of the relationship between relational aggression victimization and internalizing symptoms during adolescence. In conclusion, three mediating mechanisms have been found: (1) Negative Self-evaluation System, (2) Adverse Interpersonal Situation, and (3) Poor Quality of Friendships, and may be moderated by gender, emotional support, and rumination. Due to some questions and issues in this research field had not been answered well, we suggested some implications for future research in the end of the paper.

1. Introduction

With the advancement of adolescents' cognitive and social capacities, their relational aggression behaviors evolve in complexity. They may employ indirect tactics such as ostracization, gossiping, or the dissemination of rumors to inflict harm on others (Karriker-Jaffe et al., 2008), transitioning away from the more direct forms of aggression prevalent in childhood. A growing body of research indicate that peer relational aggression victimization (RAV) during adolescence exerts a particularly salient influence on internalizing symptoms. However, a comprehensive review synthesizing theoretical perspectives and underlying mediating and moderating mechanisms in the relationship between RAV and internalizing symptoms remains absent. Consequently, this study has two primary objectives: (1) To develop a preliminary framework encompassing organized dimensions, mediating pathways, and moderating factors that characterize the relationship between RAV and internalizing symptoms during adolescence; (2) To propose potential directions and recommendations for future research endeavors. We offered an opportunity to advance the understanding of the processes through which RAV impacts adolescents' mental health.

* Corresponding author's E-mail address: 81301010e@ntnu.edu.tw, <https://orcid.org/0009-0009-7811-6832>

Cite this article as:

Lu, C-H. (2025). Linking Peer Relational Aggression Victimization to Internalizing Symptoms during Adolescence: A Narrative Review of Mediating and Moderating Mechanisms. *European Journal of Behavioral Sciences*, 8(3): 8-19. <https://doi.org/10.33422/ejbs.v8i3.1611>

© The Author(s). 2025 **Open Access**. This article is distributed under the terms of the [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and redistribution in any medium, provided that the original author(s) and source are credited.



1.1. The Concept of Relational Aggression Victimization

Over the past four decades, a substantial body of research has consistently demonstrated the detrimental effects of peer victimization on internalizing symptoms (Reijntjes et al., 2010). More recently, alongside the well-established focus on overt peer victimization, RAV has emerged as a prominent issue in educational and developmental psychology (Putallaz et al., 2008). Relational aggression is defined as the active manipulation or sabotage of others' interpersonal relationships, or the threat thereof, with the intent to cause harm (Swit & Slater, 2021). This form of aggression can manifest through various behaviors, including gossiping, damaging reputations, or even disseminating rumors under the guise of helpful advice (Putallaz et al., 2008), and the experience of being targeted by such behaviors is termed RAV. As adolescents undergo significant biological maturation and cognitive development, the forms of relational aggression they encounter may become increasingly sophisticated. Consequently, from a developmental perspective, a more nuanced understanding of the mechanisms through which RAV impacts internalizing symptoms during this critical developmental period is essential for informing more effective and developmentally appropriate interventions and school-based practices.

1.2. The Current Review

As previously noted, prior research has established a significant association between RAV and internalizing symptoms during adolescence (Putallaz et al., 2008; Reijntjes et al., 2010). However, the underlying mechanisms, including mediating pathways and moderating effects, have not been comprehensively integrated and elucidated. While several meta-analyses and review articles have sought to expound upon and enhanced the associations between RAV and internalizing symptoms in adolescence (e.g., Casper & Card, 2017; Marshall et al., 2015), few studies have adopted a multi-theoretical perspective to construct a comprehensive framework that elucidates how and under what conditions relational aggression impacts adolescents' internalizing symptoms, supported by evidence of mediating and moderating factors. Thus, this narrative review aimed to synthesize existing research on adolescents' RAV and internalizing symptoms and, furthermore, to integrate relevant theoretical perspectives to propose a preliminary conceptual framework.

2. Methods

As mentioned above, this study aimed to elucidate the mechanisms through which RAV exerts its influence on internalizing symptoms during adolescence. Thus, a narrative review was conducted. This involved a search for and integration of research findings that were pertinent to our target population and research focus. While acknowledging the nature of this study as a narrative review, we prioritized research transparency by explicitly outlining the study selection processes. Initially, a comprehensive literature search was performed across several prominent databases, including PubMed and PsycINFO. Informed by preliminary evidence suggesting a strong association between RAV and the manifestation of depression and anxiety, our search strategies employed a combination of keywords, specifically "peer relational aggression victimization" and "internalizing symptoms," along with permutations incorporating "depression" and/or "anxiety." Studies which were qualitative research, meta-analyses, and review articles that did not provide direct empirical evidence on the relationship between RAV and internalizing symptoms were excluded. Furthermore, non-peer-reviewed dissertations and research reports were not considered for inclusion in this paper.

3. Results

Following the aforementioned search and screening process, this review identified RAV as being primarily associated with symptoms of depression and anxiety (encompassing both generalized and social anxiety). The subsequent sections delineated the specific impacts of RAV across these distinct domains. Studies included in this narrative review were presented in Table 1.

Table 1. Studies included in the narrative review

Author	Year	Symptoms Construct	Mediators and Moderators
Bosacki et al.	2007	Depression, Social Anxiety	Self-esteem (Mediator)
Calhoun et al.	2014	Depression	None
Desjardins & Leadbeater	2011	Depression	Parents' and Peers' Emotional Support (Moderator)
Donato et al.	2022	Anxiety, Depression, Anger	Parents' Sense of Coherence (Moderator)
Leadbeater et al.	2014	Anxiety, Depression	None
Long et al.	2020	Anxiety, Depression	Popularity Status Insecurity (Mediator)
Mathieson et al.	2014	Depression	Rumination (Mediator and Moderator)
Siegel et al.	2009	Social Anxiety	None
Thompson & Leadbeater	2013	Anxiety, Depression, Separation Anxiety	Fathers' and Friends' Emotional Support (Moderator)
Nariswari & Muttaqin	2023	Depression	Self-Criticism (Mediator)
McField et al.	2023	Depression	None
Wang et al.	2024	Social Anxiety, Suicidal ideation	Loneliness (Mediator)

3.1. The Dimensions of RAV's impact on Internalizing Symptoms

3.1.1 Depression

A substantial body of research indicated a predictive relationship between RAV during adolescence and subsequent depressive symptoms. For instance, Calhoun et al. (2014) reported a moderate positive correlation ($r = .31$) between RAV and depressive symptoms in adolescents aged 12 to 16. Similarly, McField et al. (2023) observed a low-to-moderate positive correlation ($r = .29$) between RAV and depression among adolescents aged 10 to 15. These findings consistently demonstrate that adolescents experiencing higher levels of RAV are more prone to exhibiting depressive symptoms. Furthermore, several longitudinal studies have highlighted the enduring impact of RAV. For example, RAV has been shown to predict depressive symptoms years later in adolescents aged 12 to 19 (Desjardins & Leadbeater, 2011; Leadbeater et al., 2014). Notably, a positive correlation ($r = .45$) between RAV and suicidal ideation during adolescence has also been documented (Kawabata et al., 2012), a potential association that may be mediated by the heightened intensity of depressive symptoms experienced by adolescents who are frequently subjected to RAV. Specifically, adolescents who endure frequent and severe RAV may experience exacerbated depression, consequently elevating their risk of suicidal ideation.

While a limited number of studies, such as that by Long et al. (2012), reported no direct correlation between peer-nominated RAV and depression, these investigations identified significant mediating factors in this relationship (as detailed in the subsequent section). These findings underscore the importance of further exploring the underlying mechanisms linking RAV and depressive symptoms.

3.1.2 Anxiety

Prior research has extensively examined the influence of RAV on social anxiety. Social anxiety is conceptualized as the experience of unease, tension, or fear in the presence of others (Karasewich & Kuhlmeier, 2020). Existing studies have consistently demonstrated a positive correlation between adolescent RAV and social anxiety. For example, a study involving a large sample of 7,430 adolescents aged 13 to 18 reported a low positive correlation ($r = .14$) between RAV and social anxiety (Bosacki et al., 2008). Similarly, longitudinal investigations have also revealed that RAV experienced by adolescents can predict social anxiety even within a relatively short timeframe of half a semester (Siegel et al., 2009). In essence, adolescents who experience higher levels of RAV are more likely to exhibit heightened social anxiety. Furthermore, some studies have indicated an association between RAV and other forms of anxiety. For instance, two studies have shown that RAV could predict internalizing problems, which encompass generalized anxiety symptoms (Donato et al., 2022; Thompson & Leadbeater, 2013). Longitudinal evidence further supports these results, demonstrating that RAV predicts subsequent generalized anxiety (Leadbeater et al., 2014). However, the degree to which RAV is associated with other anxiety subtypes remains relatively underexplored, and this issue has received limited in-depth discussion in the literature.

In summary, the majority of existing research concerning the impact of RAV on internalizing symptoms has predominantly focused on depression and anxiety as primary indicators for evaluating this relationship. Comparatively fewer studies have investigated the influence of RAV on other internalizing symptoms; nevertheless, one study indicated an association between RAV and anger tendencies during adolescence (Donato et al., 2022). However, this study assessed anger tendencies by aggregating anger scores with those of other internalizing symptoms (e.g., depression and anxiety) and calculating their means, thereby obscuring the specific role of anger in the findings. Similar issues exist for other internalizing symptoms, such as separation anxiety (Thompson & Leadbeater, 2013). Therefore, through an exploration of the underlying mechanisms of RAV and internalizing symptoms in this review, we propose additional internalizing symptom indicators that warrant further investigation in future research, as detailed in the subsequent sections.

3.2. The Mediation Mechanism from RAV to Internalizing Symptoms

This paper integrated several mediating factors that provide evidence for the underlying mechanisms through which RAV influences internalizing symptoms during adolescence. These factors were synthesized into a cohesive framework, taking into account their distinct characteristics and unique contributions to the relationship between RAV and these symptoms.

3.2.1 Mechanism 1: Negative Self-Evaluation System

The first proposed mechanism pertains to the self-evaluation system, whereby RAV may disrupt the development of positive self-perceptions and self-worth, thereby contributing to internalizing symptoms. For instance, Bosacki et al. (2007) found that self-esteem mediates the relationship between adolescent RAV and both social anxiety and depression. Specifically, adolescents who experience RAV are more likely to exhibit lower self-esteem, which subsequently exacerbates social anxiety and depressive symptoms. This mechanism has been further supported by other empirical studies. For example, adolescents who experience RAV tend to engage in excessive self-criticism when confronted with negative life events (Nariswari & Muttaqin, 2023), and this intense self-critical process results in elevated levels of depressive symptoms.

Lower self-esteem has been identified as a predisposing factor for self-criticism during adolescence, as it can bias an individual's cognitive tendency toward negative self-evaluation, thus increasing vulnerability to self-criticism (Gittins & Hunt, 2020). According to Gilbert's cognitive-evolutionary model of self-criticism, hostile environments (such as relational aggression that we focused in the paper) may engender feelings of hatred, disgust, and contempt toward oneself (Gilbert, 2014; Zaccari et al., 2024), further fostering a propensity for self-criticism. From this perspective, we posited that adolescents' experience of RAV may lead to low self-esteem and negative self-criticism (conceptualized as a negative self-evaluation system), which in turn contributes to the development of internalizing symptoms such as depression and anxiety.

3.2.2 Mechanism 2: Adverse Interpersonal Situation

The second proposed mechanism is the adverse interpersonal situation. This perspective aligns with the interpersonal theory of depression (Klerman et al., 1984), which posits that sustained exposure to stressful interpersonal interactions is a significant factor in the onset and maintenance of depression (Desjardins & Leadbeater, 2011). Specifically, RAV may cultivate a detrimental and hostile interpersonal environment or interactional context, whether experienced directly or merely perceived by the victims. For example, research has indicated that RAV during adolescence can impede the development of social skills by limiting opportunities to acquire positive social strategies due to the negative interpersonal milieu. This, in turn, can lead to increased internalizing symptoms as victimized adolescents may progressively engage in social withdrawal (Prinstein et al., 2005; Troop-Gordon & Ladd, 2005). From this viewpoint, social withdrawal may also serve as a crucial factor in elucidating the pathway from RAV to internalizing symptoms (Ding & Zhang, 2022). Additional empirical studies have further corroborated this mechanism. For instance, one study (Long et al., 2020) found that adolescents experiencing higher levels of RAV were more likely to report feelings of insecurity regarding their social status, and this persistent preoccupation with being disliked contributed to both depression and anxiety.

3.2.3 Mechanism 3: Poor Quality of Friendships

The third mechanism pertains to friendship dynamics, specifically focusing on how RAV impedes the development of positive friendship qualities, ultimately leading to internalizing symptoms. In contrast to Mechanism 2, which centered on broader interpersonal status, this process emphasizes the crucial role of close friendships. For example, You and Bellmore (2011) observed that adolescents who experience relational victimization were more likely to perceive their friendships as lacking intimacy and characterized by conflict, which in turn contributed to elevated levels of internalizing problems. The central tenet of this process lies in the notion that friendship quality serves as a critical predictor of adolescents' psychological adjustment. Relational aggression frequently originates from individuals in close proximity to the victim, such as friends. Consequently, the impact of aggression experienced within otherwise positive friendships on internalizing problems is particularly salient. Supporting this mechanism, Wang et al. (2024) found that loneliness mediates the relationship between relational victimization and social anxiety. This suggests that adolescents subjected to RAV are more likely to experience feelings of loneliness and struggle to derive intimacy from their relationships, thereby exacerbating their social anxiety symptoms.

From a theoretical perspective, this mechanism can be explained by the social information processing model (Crick & Dodge, 1994; Siegel et al., 2009), which posits that individuals' social behaviors are shaped by how they interpret and respond to social cues. Adolescents who are repeatedly exposed to RAV may develop hostile attribution biases, interpreting peers' ambiguous or even neutral behaviors as threatening. These cognitive distortions hinder the

formation of trusting and supportive friendships, further reinforcing feelings of alienation and intensifying internalizing symptoms.

3.3. The Moderation Mechanism from RAV to Internalizing Problems

Similarly, this study integrated several moderating factors that can provide a more nuanced explanation of the impact of RAV on internalizing symptoms during adolescence.

3.3.1 Gender

The moderating role of gender in the relationship between RAV and internalizing symptoms during adolescence remains equivocal. While some studies suggested comparable levels of RAV experienced by both boys and girls (Hong & Espelage, 2012), others have reported a higher frequency of victimization among girls (Paquette et al., 1999). Moreover, certain research indicated that the impact of RAV on social anxiety (Erath et al., 2007) and depression (Paul & Cillessen, 2003) may be more pronounced in boys, whereas other investigations have found no significant gender differences in these associations (Mathieson et al., 2014). Given these inconsistent findings, this paper offered recommendations for future research in the subsequent section.

3.3.2 Emotional Support

Prior research has identified emotional support as a potential protective factor in the relationship between RAV and internalizing symptoms during adolescence, although inconsistent findings have also been reported. Firstly, concerning parental emotional support, paternal emotional support may buffer the negative association between RAV and depression, whereas maternal support appears to exacerbate this negative association (Desjardins & Leadbeater, 2011). This discrepancy can be attributed to the differing forms or characteristics of emotional support provided by each parent. Specifically, mothers often offer emotion-focused or emotion-centered support, which may be less constructive and potentially amplify depressive symptoms. Conversely, fathers tend to provide problem-focused or problem-centered emotional support, which may broaden adolescents' problem-solving skills and help mitigate the adverse effects of victimization. One study also underscored the protective effect of paternal emotional support in buffering the negative association between RAV and internalizing symptoms, particularly for adolescent boys (Thompson and Leadbeater, 2013).

Concerning peers' emotional support, research suggested it may intensify the negative association between RAV and depression (Desjardins & Leadbeater, 2011). However, another study found that emotional support from close friends may serve as a protective factor against the negative effects of RAV on internalizing symptoms, but specifically for adolescent boys (Thompson & Leadbeater, 2013). These findings indicate that the influence of emotional support varies depending on its source—fathers, mothers, general peers, and close friends.

3.3.3 Rumination

Rumination may serve as a significant moderating factor in the relationship between RAV and internalizing symptoms. Rumination can be broadly defined as a form of perseverative cognition characterized by a focus on negative content, typically past and present, leading to emotional distress (Sansone & Sansone, 2012). Mathieson et al. (2014) found that the effects of RAV on internalizing symptoms are more pronounced when adolescents frequently employ rumination as a primary strategy for coping with mental distress. This finding suggests a potential interaction effect between RAV and rumination. Specifically, when relational aggression originates from close friends, the victim may experience a loss of access to crucial social support for alleviating personal distress, leaving rumination as their predominant means

of coping with the victimization. From this perspective, RAV from close friends can act as a conditioning factor for rumination, potentially positioning rumination as a mediator in the relationship between RAV and internalizing symptoms. This perspective aligns with the third mediating mechanism, poor quality of friendships, discussed previously. For example, Mathieson et al. (2014) indicated that rumination mediates the relationship between RAV and internalizing symptoms during adolescence. In summary, these findings underscore the necessity for further research to elucidate the precise role of rumination in this context.

3.4. The Framework of Mechanisms from RAV to Internalizing Symptoms

Thus, in this section, this study synthesized a mediating and moderating mechanisms framework underlying the association between RAV and internalizing symptoms during adolescence and integrated them into Figure 1. RAV is conceptualized as a precursor to internalizing symptoms within this framework, with a focus on the mediating and moderating factors' role in this relationship. The mediating mechanisms were categorized based on the characteristics and implications discussed above and were defined as follows: (1) Negative Self-Evaluation System: Encompasses reduced self-esteem and heightened self-criticism. (2) Adverse Interpersonal Situation: Includes weakened social skills, disrupted peer status, and increased insecurity. (3) Poor Quality of friendships: Comprises reduced intimacy, loneliness, and increased rumination. These mediating factors collectively illustrate the pathways through which RAV impacts adolescents' internalizing symptoms.

The moderating factors, as discussed above, were positioned at three distinct points and pathways within the framework: (1) RAV itself, (2) the pathway from RAV to mediating factors, and (3) the pathway from mediating factors to internalizing symptoms. For instance, variations in victimization frequency may differ by gender (RAV itself; Paquette et al., 1999). Furthermore, the interaction between victimization by close friends and rumination may exert specific effects on internalizing symptoms (Mathieson et al., 2014). These moderating effects are integrated into the framework to elucidate the complexity of relational dynamics during adolescence. In the subsequent section, this study offers implications for future research based on this framework.

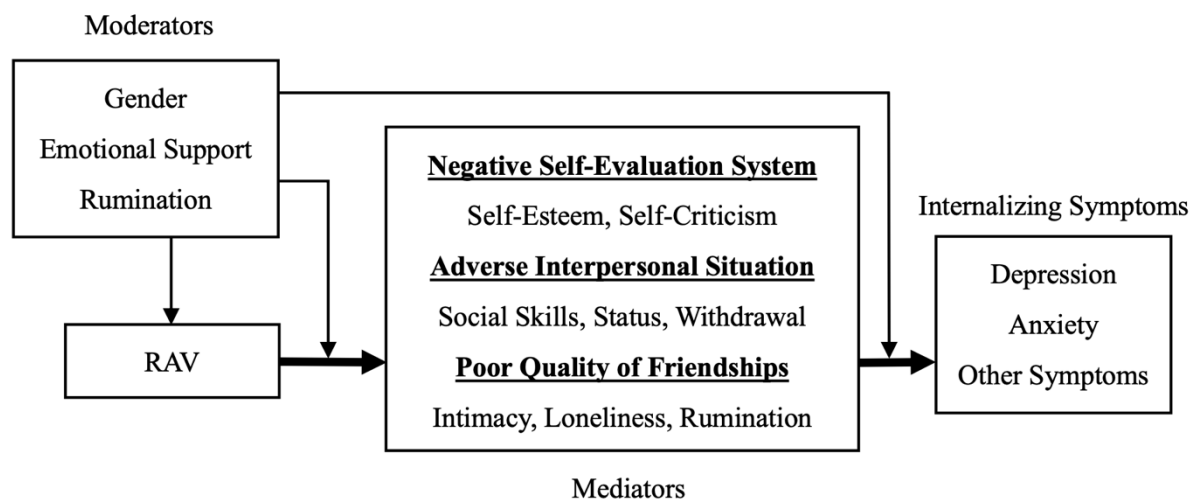


Figure 1. The framework of peer relational aggression victimization's impact on internalizing symptoms in the mediating and moderating perspective

4. Implications for Future Research and Limitations of This Review

4.1. Implications for Future Research

To begin with, the preceding discussion of mediating mechanisms revealed a notable gap in prior research concerning the mediating role of cognitive, behavioral or emotional factors in the relationships between RAV and internalizing symptoms during adolescence. Future research should further explore this domain to enhance our understanding of specific processes and their contributions to the association between RAV and internalizing symptoms. We have introduced one potential mechanism from the perspective of social information processing bias in the mechanism 3: Poor Quality of Friendships, which may mediate the relationship between RAV and social anxiety or other internalizing symptoms (Siegel et al., 2009). Specifically, relational victimization could lead adolescents to develop a bias in processing social information, causing them to interpret ambiguous social cues as threatening or negative. This bias, in turn, may exacerbate social anxiety as they exhibit a persistent fear of negative evaluations from others. However, this theoretical link remains unsubstantiated, and further empirical investigations are necessary to verify this claim.

Furthermore, gender may moderate the relationship between RAV and internalizing symptoms during adolescence; however, the specific direction of this moderation remains ambiguous. Future research should first aim to gather more robust evidence to ascertain whether definitive gender differences exist in the frequency of peer relational aggression victimization (RAV). If such differences are confirmed, subsequent studies should investigate their origins, exploring whether they stem from environmental gender disparities (e.g., a potential inclination for boys to utilize physical aggression, resulting in lower frequencies of relational victimization within this group) or from variations in perceptual sensitivity (e.g., whether boys and girls perceive the same level of relational aggression differently as victimization experiences). If adolescent boys and girls differ in the degree—or even the nature—of their RAV experiences (e.g., variations in aggressive behaviors or patterns), the impact of RAV on internalizing symptoms may be more intricate than a simplistic linear relationship. Therefore, future studies should employ research designs that account for these potential gender-related nuances to achieve a more comprehensive understanding of this gender issue.

Moreover, although this study presented each mechanism at a singular and parallel level in Figure 1, it is plausible to infer that these mechanisms may exhibit interrelations or sequential patterns. For instance, low-quality friendships and adverse interpersonal environments may share some degree of interconnectedness. Currently, the majority of research investigating mediating mechanisms has focused on cross-sectional studies examining a single mediator. Future studies should aim to develop sequential mediation models or employ cross-lagged panel analyses to more accurately capture the temporal dynamics and interdependencies among mediators, thereby enhancing the robustness of related theories and the applicability of these frameworks.

Similarly, current studies have predominantly focused on examining the simple moderating effects of specific moderators in the relationship between RAV and internalizing symptoms during adolescence. However, the depth and granularity of such studies' interpretation and discussion remain limited and leave some unanswered questions. Specifically, researchers rarely highlighted how certain moderators might influence internalizing symptoms differently under specific RAV conditions and mediating mechanisms. For instance, the discussion on emotional support as a moderator in this paper lacks a process-oriented exploration, making it challenging to fully ascertain the specific aspects through which the moderating effects are exerted. The author inferred that the inconsistent research findings regarding the moderating role of emotional support may be attributed to these methodological limitations. Future research could build upon the framework illustrated in this study (Figure 1) by employing

moderated mediation models or mediated moderation models. These analysis methods would allow for a clearer understanding of the interplay among different mechanisms and provide more nuanced and realistic insights into the dynamics underlying RAV and internalizing symptoms.

4.2. Limitations

This narrative review aimed to provide a preliminary exploration of the mechanisms linking RAV to internalizing symptoms among adolescents. However, it is important to acknowledge several limitations inherent in its narrative nature. The selection of literature primarily relied on the authors' professional judgment (the author's professional backgrounds are educational psychology, which mainly focuses on mental health and internalizing problems in school), which may introduce selection bias. Nevertheless, narrative review remains valuable for the initial integration of existing knowledge and for identifying potential directions for future research. To more rigorously and comprehensively examine this issue, future studies may consider conducting systematic review to provide more robust empirical evidence.

5. Conclusion

In conclusion, the author of this paper has proposed an integrated framework to understand the mechanisms through which RAV impacts internalizing symptoms during adolescence. Within this framework, several mediating and moderating mechanisms identified in prior research have been synthesized and discussed. To summarize, we posit that RAV influences adolescents' internalizing symptoms (particularly depression and social anxiety) via three primary mediating mechanisms: (1) Negative Self-Evaluation System, (2) Adverse Interpersonal Situation, and (3) Poor Quality of Friendships. Furthermore, gender, emotional support, and rumination may exert moderating influences on the relationship between RAV and internalizing symptoms. Future research should aim to investigate these mechanisms with greater precision, employing diverse research designs and building upon the framework presented herein, thereby contributing to a more comprehensive understanding of RAV's impact on adolescents' mental health.

References

- Bosacki, S., Dane, A., Marini, Z., & YLC-CURA. (2007). Peer relationships and internalizing problems in adolescents: Mediating role of self-esteem. *Emotional and Behavioural Difficulties*, 12(4), 261–282. <https://doi.org/10.1080/13632750701664293>
- Calhoun, C. D., Helms, S.W., Heilbron, N., Rudolph, K. D., Hastings, P. D., & Prinstein M. J. (2014). Relational victimization, friendship, and adolescents' hypothalamic–pituitary–adrenal axis responses to an in vivo social stressor. *Development and Psychopathology*, 26(3), 605–618. <https://doi.org/10.1017/S0954579414000261>
- 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>
- Crick, N. R., & Dodge, K. A. (1994). A review and reformulation of social information-processing mechanisms in children's social adjustment. *Psychological Bulletin*, 115(1), 74–101. <https://doi.org/10.1037/0033-2909.115.1.74>
- Desjardins, T. L., & Leadbeater, B. J. (2011). Relational Victimization and Depressive Symptoms in Adolescence: Moderating Effects of Mother, Father, and Peer Emotional

- Support. *Journal of Youth and Adolescence*, 40, 531–544. <https://doi.org/10.1007/s10964-010-9562-1>
- Ding, N., & Zhang, X. (2022). Bullying victimization and quality of life among Chinese adolescents: An integrative analysis of internet addiction and social withdrawal. *International Journal of Environmental Research and Public Health*, 19(24), Article 16973. <https://doi.org/10.3390/ijerph192416973>
- Donato, S., Barni, D., Ferraris, A., Iafrate, R., de Silva, A. D., Gao, M., Miller-Graff, L. E., & Cummings, E. M. (2022). Adolescent's victimization and internalizing problems: The protective role of parental sense of coherence. *Journal of Child and Family Studies*, 32, 1371–1381. <https://doi.org/10.1007/s10826-022-02264-7>
- Erath, S. A., Flanagan, K. S., & Bierman, K. L. (2007). Social anxiety and peer relations in early adolescence: Behavioral and cognitive factors. *Journal of Abnormal Child Psychology*, 35(3), 405–416. <https://doi.org/10.1007/s10802-007-9099-2>
- Gilbert, P. (2014). The origins and nature of compassion focused therapy. *British Journal of Clinical Psychology*, 53(1), 6–41. <https://doi.org/10.1111/bjc.12043>
- Gittins, C. B., & Hunt, C. (2020). Self-criticism and self-esteem in early adolescence: Do they predict depression?. *PLoS One*, 15(12), Article e0244182. <https://doi.org/10.1371/journal.pone.0244182>
- Hong, J. S., & Espelage, D. L. (2012). A review of research on bullying and peer victimization in school: An ecological system analysis. *Aggression and Violent Behavior*, 17(4), 311–322. <https://doi.org/10.1016/j.avb.2012.03.003>
- Karasewich, T. A., & Kuhlmeier, V. A. (2020). Trait social anxiety as a conditional adaptation: A developmental and evolutionary framework. *Developmental Review*, 55, Article 100886. <https://doi.org/10.1016/j.dr.2019.100886>
- Karriker-Jaffe, K. J., Foshee, V. A., Ennett, S. T., Suchindran, C. (2008). The development of aggression during adolescence: Sex differences in trajectories of physical and social aggression among youth in rural areas. *Journal of Abnormal Child Psychology*, 36(8), 1227–1236. <https://doi.org/10.1007/s10802-008-9245-5>
- Kawabata, Y., Tseng, W. L., & Gau, S. S. (2012). Symptoms of attention-deficit/hyperactivity disorder and social and school adjustment: The moderating roles of age and parenting. *Journal of Abnormal Child Psychology*, 40(2), 177–188. <https://doi.org/10.1007/s10802-011-9556-9>
- Klerman, G. L., Weissman, M. M., Rounsaville, B. J., & Chevron, E. (1984). *Interpersonal psychotherapy of depression*. Basic Books.
- Leadbeater, B. J., Thompson, K., & Sukhawathanakul, P. (2014). It gets better or does it? Peer victimization and internalizing problems in the transition to young adulthood. *Development and Psychopathology*, 26(3), 675–688. <https://doi.org/10.1017/S0954579414000315>
- Long, Y., Zhou, H., & Li, Y. (2020). Relational victimization and internalizing problems: Moderation of popularity and mediation of popularity status insecurity. *Journal of Youth and Adolescence*, 49, 724–734. <https://doi.org/10.1007/s10964-019-01177-x>
- Marshall, N. A., Arnold, D. H., Rolon-Arroyo, B., & Griffith, S. F. (2015). The association between relational aggression and internalizing symptoms: A review and meta-analysis.

- Journal of Social and Clinical Psychology*, 34(2), 135–160.
<https://doi.org/10.1521/jscp.2015.34.2.135>
- Mathieson, L. C., Klimes-Dougan, B., & Crick, N. R. (2014). Dwelling on it may make it worse: The links between relational victimization, relational aggression, rumination and depressive symptoms in adolescents. *Development and Psychopathology*, 26, 735–747.
<https://doi.org/10.1017/S0954579414000352>
- Reijntjes, A., Kamphuis, J. H., Prinzie, P., & Telch, M. J. (2010). Peer victimization and internalizing problems in children: A meta-analysis of longitudinal studies. *Child Abuse & Neglect*, 34(4), 244–252. <https://doi.org/10.1016/j.chiabu.2009.07.009>
- Sansone, R. A., & Sansone, L. A. (2012). Rumination: Relationships with physical health. *Innovations in clinical neuroscience*, 9(2), 29–34.
- Siegel, R. S., Greca, A. M. L., & Harrison, H. M. (2009). Peer victimization and social anxiety in adolescents: Prospective and reciprocal relationships. *Journal of Youth and Adolescence*, 38, 1096–1109. <https://doi.org/10.1007/s10964-009-9392-1>
- Swit, C. S., & Slater, N. M. (2021). Relational aggression during early childhood: A systematic review. *Aggression and Violent Behavior*, 58, Article 101556.
<https://doi.org/10.1016/j.avb.2021.101556>
- Thompson, R. S. Y., & Leadbeater, B. J. (2013). Peer victimization and internalizing symptoms from adolescence into young adulthood: Building strength through emotional support. *Journal of Research on Adolescence*, 23(2), 290–303. <https://doi.org/10.1111/j.1532-7795.2012.00827.x>
- Troop-Gordon, W., & Ladd, G. W. (2005). Trajectories of peer victimization and perceptions of the self and schoolmates: Precursors to internalizing and externalizing problems. *Child Development*, 76(5), 1072–1091. <https://doi.org/10.1111/j.1467-8624.2005.00898.x>
- Nariswari, A. A., & Muttaqin, D. (2023). Relational aggression victimization and depression: Testing self-compassion and self-criticism as moderator and mediator. *Humaniora*, 14(1), 59–68. <https://doi.org/10.21512/humaniora.v14i1.8318>
- McField, A. A., Lawrence, T. I., & Okoli, I. C. (2023). Examining the relationships between cyberbullying, relational victimization, and family support on depressive symptoms and substance use among adolescents. *Clinical Child Psychology and Psychiatry*, 28(1), 224–236. <https://doi.org/10.1177/13591045221110126>
- Paquette, J. A., & Underwood, M. K. (1999). Gender differences in young adolescents' experiences of peer victimization: Social and physical aggression. *Merrill–Palmer Quarterly*, 45, 242–266.
- Paul, J. J., & Cillessen, A. H. N. (2003). Dynamics of peer victimization in early adolescence: Results from a four-year longitudinal study. *Journal of Applied School Psychology*, 19(2), 25–43. https://doi.org/10.1300/J008v19n02_03
- Prinstein, M. J., Borelli, J. L., Cheah, C. S., Simon, V. A., & Aikins, J. W. (2005). Adolescent girls' interpersonal vulnerability to depressive symptoms: A longitudinal examination of reassurance-seeking and peer relationships. *Journal of Abnormal Psychology*, 114(4), 676–688. <https://doi.org/10.1037/0021-843X.114.4.676>
- Putallaz, M., Grimes, C. L., Foster, K. J., Kupersmidt, J. B., Coie, J. D., & Dearing, K. (2007). Overt and relational aggression and victimization: Multiple perspectives within the school

- setting. *Journal of School Psychology*, 45(5), 523–547.
<https://doi.org/10.1016/j.jsp.2007.05.003>
- Wang, Z., Wang, L., Jiang, S., & Zhang, S. (2024). Examining the pathways between overt and relational victimization, loneliness, phobic anxiety, and suicidal ideation. *Children and Youth Services Review*, 162, Article 107699.
- You, J. & Bellmore, A. (2011). Relational peer victimization and psychosocial adjustment: The mediating role of best friendship qualities. *Personal Relationships*, 19(2), 340–353.
<https://doi.org/10.1111/j.1475-6811.2011.01365.x>
- Zaccari, Y., Mancini, F., & Rogier, G. State of the art of the literature on definitions of self-criticism: a meta-review. *Frontiers in Psychiatry*, 15, Article 1239696.
<https://doi.org/10.3389/fpsyt.2024.1239696>