

Bullying and the detrimental role of un-forgiveness in adolescents' wellbeing

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Abstract

Background: Many studies have shown that victimisation by bullies is linked with psychopathology. Research has also demonstrated that forgiveness is associated with the mental health of victims of bullying.

Method: Our objective was to explore the multiple components of forgiveness (i.e., benevolence, decreased avoidance of the perpetrator and diminished desire for revenge) as mediators of the negative mental health effects of bullying in Italian adolescents. Our hypothesis was that those who forgive their bullies would show lower levels of depression, state anger, and behaviour problems than those who did not forgive. Participants were 319 students ages 14 to 22 from two schools in Southern Italy who completed five self-report questionnaires measuring levels of victimisation, forgiveness, depression, anger, and total behaviour problems.

Results: The results varied according to the components of forgiveness: although benevolence toward the victim was not a significant correlate of outcome, harbouring a desire for revenge and avoiding the perpetrator emerged as very maladaptive. **Conclusions:** Our study indicates that is it important for those working with adolescents to help victims of bullying overcome the negative mental health effects of the victimisation by letting go of un-forgiveness.

Keywords: Forgiveness, bullying, depression, adolescents, resentment.

Resumen

Acoso escolar y el papel perjudicial del no-perdón en el bienestar de los adolescentes. **Antecedentes:** el vínculo entre la victimización por matones y la psicopatología ha sido bien establecido. En muchos estudios el perdón ha sido asociado con una mejor salud mental para víctimas de acoso. **Método:** nuestro objetivo era explorar los múltiples componentes del perdón (es decir, la benevolencia, la disminución de la evitación del perpetrador y el deseo disminuido de venganza) como mediadores de los efectos negativos de la intimidación sobre la salud mental de los adolescentes italianos. Nuestra hipótesis era que quienes perdonan a sus matones muestran menores niveles de depresión, irastado y más problemas de comportamiento. Los participantes fueron 319 estudiantes, de edades entre 14 y 22, de dos escuelas del sur de Italia que completaron cinco cuestionarios de auto-informe midiendo los niveles de victimización, perdón, depresión, ira y problemas de comportamiento. **Resultados:** mientras que la benevolencia hacia la víctima no se relacionó significativamente con el resultado, albergar un deseo de venganza y evitar la víctima emergieron como muy maladaptativos. **Conclusiones:** nuestro estudio indica que es importante que quienes trabajan con adolescentes ayuden a las víctimas de acoso a superar los negativos efectos sobre la salud mental de la victimización por dejar ir el no-perdón.

Palabras clave: perdón, acoso, depresión, adolescentes, resentimiento.

Bullying is a form of aggression frequently seen among children and adolescents worldwide. Bullying can have negative social and cognitive consequences that greatly affect child and adolescent development (Turner, Finkelhor, Shattuck, Hamby, & Mitchell, 2015). These negative effects can be serious and may last into adulthood. Bullying involves repeated acts of aggression in which a person tries to cause physical or psychological harm and that also creates an imbalance in power where one person holds more power over another and uses that to their advantage. These acts may be physical (e.g., punching), verbal (e.g., threats),

and relational (e.g., gossip) (Vanden Hoek, 2014). Relational aggression is a form of indirect bullying concerned with the manipulation of relationships e.g., gossiping about another student can influence how others view that student. All forms of bullying have substantial effects on children's health as well as their social, emotional, cognitive, and behavioural development (Turner et al., 2015).

Being the victim of bullying can negatively impact a child's social, emotional, cognitive, and behavioural development (Vanden Hoek, 2014). Specifically, victims of bullies showed higher rates of depression and higher rates (60%) of suicidal ideation than a control group (12%) (Espelage & Holt, 2013). In addition to the immediate symptoms, a recent Norwegian longitudinal study (Sigurdson, Undheim, Wallander, Lydersen, & Sund, 2015) revealed links between childhood bullying victimisation and mental health problems in adulthood. These researchers initially collected data from about 2400 thirteen-year-old Norwegians,

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evaluating their experiences with bullying, and then collected follow-up data 14 years later when the participants were 27 years old. Those who had been bullied reported statistically significant higher levels of attention problems, depression, depressive symptoms, generalised anxiety and social anxiety, as well as an increased risk of psychiatric hospitalisation, than the control group (Sigurdson et al., 2015).

Although studies overwhelmingly show that the victims of bullying are more likely to experience mental health issues than children not involved in bully-victim exchanges, the victims are not the only ones to suffer. Children identified as bullies are more likely to have mental health problems than those who are not bullies. In a study of 6-17 year olds, children with a diagnosis of depression or anxiety were 3.31 times more likely to be identified as a bully by their parents (Benedict, Gjelsvik, & Vivier, 2015).

Forgiveness can be defined as: '(a) the reduction in vengeful and angry thoughts, feelings, and motives that may be accompanied by (b) an increase in some form of positive thoughts, feelings, and motives towards the offending person' (Wade, Hoyt, Kidwell, & Worthington, 2014, p. 154). In proposing a definition of forgiveness specific to close relationships, McCullough, Worthington and Rachal (1997), also delineate a positive motivational change toward conciliation and goodwill together with a decrease in two forms of negative motivation – to avoid the offending party and to retaliate against him/her. Gerlsma and Lugtmeyer (2016) evidenced that adolescents' interpersonal reactions to victimisation in terms of revenge/avoidance/forgiveness, depend also on offence type: victims of criminal offenses (e.g. physical violence and theft) reported less forgiving motivations than victims of noncriminal offenses (e.g. bullying and ostracism). Avoidance, rather than revenge, was instead the typical response to sexual violence (Gerlsma & Lugtmeyer, 2016).

The positive mental health benefits of forgiveness have been well documented; forgiveness has been shown to have positive psychological and physical benefits for those who choose to forgive (Pareek, Mathur, & Mangnani, 2016). In van Oyen Witvliet, Ludwig and Vander Laan' study (2001), unforgiving thoughts after participants recalled hurtful memories were accompanied by negative emotions, and significantly high physiological effects, which all persisted over time. This indicates that unforgiving thoughts had a lasting physiological effect. Conversely, forgiving thoughts appeared to evoke fewer intense stress responses and more perceived control (van Oyen Witvliet et al., 2001). Based on the literature, forgiveness is widely believed to not only be good for one's physical health, but also good for one's mental health. Forgiveness has been conceptualised as a way for victims to 'acknowledge the full impact of wrongfulness of a transgression and overcome resultant emotional hurt' (Egan & Todorov, 2009, p. 205). In contrast, studies have shown that having an unforgiving attitude can lead to negative emotions such as resentment, fear, anxiety, hatred, and anger (Berry, Worthington, Parrott, O'Connor, & Wade, 2001). Most studies have focussed on the positive role of forgiveness for the psycho-physical health of victims, but it is important to note that even the offender may benefit from the process of forgiveness, by giving him/her the opportunity to re-establish trust and hope in the relationship, making it more likely that 'the offender will assume an attitude of responsibility for the well-being of the victim in the future' (Ahmed & Braithwaite, 2006, p. 351).

Although the relationship between bullying, forgiveness, and psychopathology in adolescents remains largely understudied, a handful of researchers have investigated this relation. In a 2015 study (Watson, Rapee, & Todorov) adolescents read bullying scenarios, then received advice to either respond to the scenario with forgiveness, avoidance, or revenge. The advice to forgive the bully led to diminished anger, which suggests that forgiveness can be a coping method that helps victimised youths manage aggression and anger. Similarly, another study showed evidence of forgiveness as a useful coping strategy for adolescents who had been bullied or otherwise hurt by a peer (Flanagan, Hoek, Ranter, & Reich, 2012). Forgiveness emerged as a positive correlate of conflict resolution, advice, support-seeking strategies and self esteem. However, forgiveness was negatively correlated with revenge-seeking behaviours and social anxiety.

Forgiveness has been shown to act as a mediator between bullying and mental health. Rensburg and Raubenheimer (2015) surveyed 355 adolescents to measure the mediating influence of forgiveness on the impact of bullying on internalising and externalising problems. The study indicated that forgiveness acted as a mediator between bullying and psychopathology. Both victims and perpetrators of bullying displayed high levels of both internalising and externalising psychopathology. Lower levels of psychopathology were found among victimised adolescents who were able to forgive themselves whereas higher levels of psychopathology were found among bullying adolescents who were unable to forgive others.

Despite the fact that most studies have indicated a positive relationship between forgiveness of bullies and mental health, Walters and Kim-Spoon (2014) found that the benevolence dimension of forgiveness might actually increase the negative effects of peer victimisation on the internalising symptomatology of adolescents instead of serving as a protective factor. Nevertheless, they highlight that the results do not allow for the conclusion that forgiveness can be generally detrimental. They interpret their results by hypothesising that adolescents in their study might have been either excusing or condoning rather than really forgiving the bully.

The present study extends research of the relationship between bullying, forgiveness, and mental health to an Italian sample. We hypothesised that forgiveness would mediate the negative mental health effects of bullying, decreasing anger and symptoms of depression in adolescent pupils, both in general and specifically for victims of bullying. With regard to the specific components of forgiveness, we hypothesised that benevolence would be a positive mediator whereas the desire for revenge and avoiding the victim would have negative effects on outcome.

Method

Participants

A total of 319 students, ages 14-22 (*M*_{age} = 17.05 years; almost all were 14-19 years old), were recruited from two high schools. 153 (47.8%) of participants were males whereas 163 (50.9%) were females. The majority of the participants (*n* = 281, 88%) were Italians with a small percentage identifying as non-Italian (*n* = 32, 10%). 268 participants (84%) live with both parents whereas 40 participants (12.5%) live with just one parent. The remaining 6 participants reported other living situations.

Instruments

State-Trait Anger Expression Inventory-2 Child and Adolescent (STAXI-2 C/A)

The STAXI-2 C/A (Brunner & Spielberger, 1995; Lonigro, Schneider, Laghi, Baiocco, Pallini, & Brunner, 2015) is a 35 item self-report measure designed to reveal anger in children and adolescents (9-18 years old). This test is designed to measure both state and trait anger, as well as anger expression and anger control. There are five scales: State Anger, Trait Anger, Anger Expression-Out, Anger Expression-In, and Anger Control. In our Italian data, the reliability coefficient of each scale is as follows: State Anger $\alpha = .83$, Trait Anger $\alpha = .75$, Anger Expression-Out $\alpha = .70$, Anger Expression-In (one item was dropped because it compromised the internal consistency) $\alpha = .70$, and Anger Control $\alpha = .74$.

Transgression-Related Interpersonal Motivations Inventory (TRIM-18)

The TRIM-18 (McCullough, Rachal, Sandage, Worthington, Wade Brown, & Hight, 1998) is composed of three subscales with a total of 18 items, each rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The subscales are Avoidance Motivations, Revenge Motivations and Benevolence Motivations. In the original American sample, all scales were found to have high internal consistency ($\alpha \geq .85$), moderate test-retest stability (e.g., 8-week test-retest $rs \approx .50$), as well as evidence of construct validity. Reliability coefficients (Cronbach's alpha) from the current sample were consistent with these very satisfactory levels: avoidance motivations scale $\alpha = .86$, revenge motivations $\alpha = .85$, and benevolence motivations $\alpha = .89$.

Strengths and Difficulties Questionnaire (SDQ)

The SDQ (Goodman, Meltzer, & Bailey, 1998) is a behavioural questionnaire containing twenty-five items that evaluate positive and negative character attributes. The items are divided into the following five scales: emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems, and prosocial behaviour. When looking at the SDQ data for the present study, the Cronbach's alpha coefficient after removing one problematic item was .76. For the purposes of this study, we generated a total difficulties score by combining scales one through four, as described in the original study in which the instrument was first reported (Goodman, Meltzer, & Bailey, 1998).

Children's Depression Inventory (CDI)

The CDI is a 27-item, self-rated, symptom-oriented scale, which measures the severity of depressive symptoms in children aged 7-17 (Kovacs, 1992). The items are broken into 5 groups (Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, and Negative Self Esteem) and children indicate their level of agreement with statements by indicating 0-2. Our Cronbach's alpha score after removing one item was .71. In order to maintain parsimony, we chose to analyse one overall CDI scale instead of examining each subscale separately.

Florence Bullying/Victimisation Scale (FBVS)

The FBVS (Palladino, Nocentini, & Menesini, 2015) contains two scales, one for perpetration of bullying and another for victimisation. Each scale consists of 14 questions answered on a 1-5 Likert scale designed to assess how often the described

behaviour has been performed in the past few months. Answers range from 1= 'Never' to 5= 'Several times a week'. The questions within each scale are then divided into 3 groups: physical behaviours, verbal behaviours and indirect-relational behaviours. We omitted the perpetration scale in our study, analysing only the victimisation scale. Palladino, Nocentini, and Menesini (2015) reported Cronbach's alphas ranging from .73 - .92 in their original study. Our analysis revealed a Cronbach's alpha of .85, which was consistent with prior research.

Procedure

We obtained permission from the headmaster and the institutional school committee. In compliance with Italian law, the consent procedures depend on whether the student was of legal age. Accordingly, informed consent was obtained from parents of underage students, who took the necessary forms home to be signed by the parents and returned to the school by the students. Students of majority legal age received the consent forms at the same time as the parent consent forms were distributed. Pupils were assured that participation was optional, that their responses would remain anonymous, and gave informed consent. The consent rate was 73%.

The two participating schools were located in a town in southern Italy with a population of approximately 25,000. Official statistics for the town indicate mean income well below the national average, and high rates of unemployment (students with both parents unemployed .9%; national mean .5%). Past school statistics indicate that only a minority of the graduates of the two schools are likely to continue their education beyond high school (23.9% enrol in college; national mean 50.5%). According to the registration forms completed by the parents at the time of their children's school registration, the most frequent response when asked about jobs was manual labourer or factory worker for fathers ($n = 130, 40.6\%$), housewife for mothers ($n = 160, 50\%$).

Our interviews with the headmaster (principal), who serves both schools, and the school psychologist, indicate concern about absenteeism, family conflict, child neglect and alcohol abuse. A number of cases of teenage pregnancy have been reported. Behaviour problems such as bullying, fighting and property damage are reported to be common, including bullying by boys as well as girls. Academic, intellectual and emotional difficulties are often brought to the attention of the school psychologist.

Data analysis

Analytic strategy. We tested the hypotheses using a theory-driven, hierarchical stepwise multiple-regression strategy. We computed the multiple regressions three times, using as criteria the depression scores, state anger and total behaviour problems, respectively. The zero-order correlations between the variables used in the multiple-regression analyses appear in Table 1.

Table 2 contains a summary of the multiple-regression results. The first three steps consisted of the participants' gender and victimisation scores and, subsequently, the interaction of gender and victimisation. We entered these three variables essentially as control variables that we expected to correlate with outcome, based on extensive previous literature (see above): Gender and Victimisation. In the interest of readability, we do not report the results of follow-up analyses of the findings for these control variables.

Table 1
Zero-order correlations between variables included in the main multiple regression

Variable	1	2	3	4	5	6	7
1. Benevolence	–	–.37***	–.35***	–.02	.02	.03	–.05
2. Avoidance	–.48**	–	.40***	.16**	.02	.05	.24**
3. Revenge	–.38***	.44***	–	.16**	.13*	.17*	.27**
4. Victimisation	.01	.13	.17	–	.38***	.34***	.36***
5. Depression	–.10	.11	–.10	.21*	–	.49***	.51***
6. State anger	–.08	.05	.07	.20*	.36**	–	.43***
7. Behaviour problems	–.14	.25*	.18	.29**	.50***	.41***	–

Note: Correlations for the full sample ($n = 309$) appear above the diagonal. Correlations for participants with victimisation scores above the mean ($n = 104$) appear below the diagonal.
* $p < .05$ (two tailed); ** $p < .01$; *** $p < .001$

Table 2
Multiple regression summary: prediction of depression, state anger and total behaviour problems

Step	Predictor Variable	Depression	State anger	Behaviour problems
1	Participant Sex <i>R</i> ² change	–.268/–.4.55*** .07***	–.075/–1.239 .01	–.163/–2.686** .03**
2	Victimisation <i>R</i> ² change	.371/6.79*** .14***	.387/6.94*** .15***	.344/6.034*** .04***
3	Benevolence Avoidance Revenge <i>R</i> ² change	.072/1.163 .013/0.207 .044/0.710 .00	.069/1.117 –.060/–.943 .131/2.026* .02*	.074/1.189 .114/1.760 .163/2.510*** .04***
4	Sex × Victimisation <i>R</i> ² change	–.2.752/–4.284*** .06***	–1.641/–2.548* .02*	–2.618/–4.127*** .05***
5	Benevolence × Victimisation Avoidance × Victimisation Revenge × Victimisation Total <i>R</i> ²	–1.484/–1.975*** –.996/–1.178 –2.879/–3.807*** .33	1.116/1.442 –1.312/–1.495 .652/.810 .21	–.812/.418 .211/.833 –1.730/–1.990* .26
	<i>F</i> (9,259) final step	14.24***	8.03***	9.88***

* $p < .05$; ** $p < .01$; *** $p < .001$
Note: Standardised β values appear before the diagonal; *t* values follow

The remaining two steps yielded the data necessary to test the hypotheses. We entered the three forgiveness scale scores as Step 4. Step 5 consisted of the interactions of forgiveness and victimisation. In secondary analyses, we replaced Step 4 with interactions of gender and the three dimensions of forgiveness in order to avoid compromising statistical power by including too many interaction terms in the same equation. One of these three interactive effects was significant. Follow-up analysis revealed that the correlation between Avoidance and Total Behaviour Problems was non-significant for boys ($r_{148} = .15$) but significant for girls ($r_{146} = .33$; $p < .001$).

Main effects of gender and victimisation. As shown in Table 2, there were significant ($p < .05$) gender effects for two of the three variables: Boys had higher average depression and behaviour-problem scores than girls. There was no significant main gender effect for state anger. Although we assumed based on previous studies that girls would have higher average depression scores, the opposite emerged, whereas the gender difference in behaviour problems was consistent with most previous research results.

Victimisation scores were significant ($p < .05$) predictors of all three outcome measures, as we expected, with victimisation emerging as a predictor of all three aspects of maladjustment, again consistent with previous research.

Interaction of gender and victimisation. As expected, this interactive effect was significant for all three criterion variables. Female participants with high victimisation scores had higher average scores for depression, state anger and behaviour problems than either male victimised participants or non-victimised participants of either gender.

Main effects of forgiveness. The main effects differed considerably across the three outcome measures. None of the three forgiveness variables were significant predictors of the depression scores. State anger scores, however, were significantly predicted by Revenge but not by Benevolence or Avoidance. Although Benevolence was not a significant predictor of total behaviour-problem scores, both Avoidance and Revenge were significant ($p < .05$) predictors of these variables, as detailed in Table 2, in the expected direction.

Interactions of forgiveness and victimisation. These interaction effects provide the data needed to evaluate our hypothesis directly. There were a number of consistent findings, differing according to both the criterion variable and component of forgiveness.

There were significant interactive effects of two of the interaction terms, Benevolence \times Victimisation and of Revenge \times Victimisation in the equations predicting depression but the interactive effect of Avoidance and Victimisation was non-significant. In contrast, none of the interaction effects between the forgiveness variables and state anger were significant. Follow-up analysis indicated that, among participants scoring below the mean for victimisation, the correlation between forgiveness and depression was .14, compared to a correlation of -.10 for those with higher victimisation scores. Although a significant interactive effect was generated, neither of these correlations are statistically significant. With regard to revenge, there was a significant correlation, in the expected direction, between Revenge and Depression for students reporting low victimisation scores, $R_{180} = .18$; $p < .05$. The corresponding correlation for participants with high victimisation scores, was .10, not significant statistically.

In the equation predicting total behaviour problems, the interactive effect of Revenge and Total Victimisation was significant ($p < .05$), as shown in Table 2, but there were no significant interactive effects for either Benevolence \times Victimisation or Avoidance \times Victimisation. The correlation between revenge and total behaviour problems was much higher for participants above the mean for victimisation ($r_{96} = .29$; $p < .01$) than among participants below the mean for victimisation ($r_{181} = .18$; $p < .05$).

Interactions of gender and forgiveness. None of the two-way interactive effects were significant, nor were any of the three-way interactive effects of Gender \times Victimisation \times Forgiveness.

Discussion

We sought to examine forgiveness as a mediator of the negative effects of victimisation by bullies in Italian adolescents. The results provided partial support for the hypotheses. There was support for the benefits of a decrease in the negative motivations toward revenge and avoidance of the bully, which, as discussed earlier, are often considered part of the process of forgiving. Letting go of un-forgiveness seems clearly to be beneficial for adolescents' psychological wellbeing. In contrast, we found no significant mental-health benefits for increased benevolence.

Benevolence Unsynchronised with Reduction in Avoidance and the Thirst for Revenge

As introduced earlier, prevailing conceptualisations of forgiveness include both an increase in positive disposition toward the person being forgiven and a decrease in negative emotions and motivations. One possibility is that the positive and negative aspects of forgiveness may not always co-occur, as is suggested by the modest correlations reported in Table 1. It is possible that the reduction in negative motivations and feelings occur earlier in the process of forgiving for some individuals, who later muster the will to become more actively benevolent. This could only be confirmed in a longitudinal study. It is also possible that some individuals decide to move forward in the situation by refraining from active desires for revenge and from showing their avoidance of the individual involved, without ever actually experiencing

increased goodwill and benevolence. This falls short of the notions of forgiveness that have been shown beneficial in many studies, but may nonetheless be somewhat adaptive, especially in contexts where the level of conflict is very high, such as in the schools involved in the present study.

The true Meaning of Forgiveness

One possible reason why benevolence did not emerge as adaptive in our data may be that, in this particular peer culture, adolescents believe that forgiving bullies means excusing, justifying or condoning the bullying. The peer culture in which the victimisation occurred may be one that does not support the true meaning of forgiveness. As noted by Enright (2014), laypersons may misunderstand what forgiveness is, equating it with forgetting, condoning, excusing, and even with reconciliation. If such misunderstandings occur, this can lead to confusion and, more dangerously, to hasty forgiveness. Thus adolescents could place blame on themselves, increasing the risk for negative psychological ramifications, but not actually forgive (Walters & Kim-Spoon, 2014). In fact, although forgiveness should be defined as the process of overcoming emotional hurt and still acknowledging that the transgressor has wronged the victim, it may not always be communicated in this way to adolescents (Van Dyke & Elias, 2007).

If normative beliefs that legitimise aggression and the importance of a tough self-presentation prevail, becoming benevolent might lead to scorn, and forgiveness might be misread as weakness. There are several reasons to suspect that our sample is such a culture. Normative beliefs legitimising aggression may mitigate against forgiveness, in contexts where aggression is considered acceptable. Normative beliefs have been shown to influence aggressive behaviour by Italian adolescents (Mancini, Fruggeri, & Panari, 2008) as well as their North American counterparts (e.g., Ellis, Chung-Hall, & Dumas, 2013). Such beliefs may be particularly prevalent in a disadvantaged community such as the one in which this study was conducted. The results of our study indicate that it is important for those working with adolescents, including teachers, guidance counsellors, and other school staff, to help victims of bullying overcome the negative mental health effects of the victimisation, by teaching them to let go of un-forgiveness and promoting the true meaning of forgiveness.

Limitations and Future Research

A limitation to our study is that the data were all self-report measures. Self-reports may be the best measure possible of internalised feelings of forgiveness but perhaps not of the overt behaviours linked with them. Self-reports may be optimal measures of internalised forms of maladjustment, such as depression and anxiety, but may not accurately measure externalising problems.

It is also important not to generalise the conclusions drawn to the entire country of Italy. Indeed, our sample comes from one of the most disadvantaged parts of the country. In future studies on these issues, researchers might consider sampling from disadvantaged areas of different countries. Finally, researchers interested in exploring these issues further should consider incorporating measures of normative beliefs about aggression and forgiveness in their respective samples.

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