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Lifetime Exposure to Digital Victimization and Depressive Symptoms in Adolescents in Chile: The Mediating Role of Self-Esteem

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Abstract

Digital victimization has been increasingly linked to adverse mental health outcomes during adolescence; however, less is known about its association with depressive symptoms when accounting for other forms of peer victimization and underlying psychological mechanisms. This study examined the relationship between lifetime digital victimization and depressive symptoms in a nationally representative sample of Chilean adolescents (N = 11,439) and tested the mediating role of self-esteem. Lifetime exposure to digital victimization, emotional bullying, and harassment were assessed using dichotomous indicators. Depressive symptoms were measured with the Birleson Depression Self-Rating Scale, and self-esteem with the Rosenberg Self-Esteem Scale. Overall, 27.2% of Chilean adolescents reported lifetime digital victimization. The proposed model showed an adequate fit to the data (CFI = 0.992; TLI = 0.942; RMSEA = 0.065; SRMR = 0.012). Lifetime exposure to digital victimization was directly associated with higher depressive symptoms and lower self-esteem, and self-esteem significantly mediated this association after controlling for age and in-person peer victimization. These findings highlight the importance of self-esteem as a key mechanism linking digital victimization and depressive symptoms in adolescents.

Keywords: adolescent; Chile; depression; digital victimization; self-esteem

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1. Introduction

Adolescent mental health has emerged as a priority in public health and research due to the increase in problems and difficulties in accessing timely professional assistance [1–3]. In this context, the problems faced by adolescents have diversified as a result of the digitalization of everyday life, which has transformed various forms of socialization among this population [4]. An emerging phenomenon in this regard is digital victimization [5] as situations of intentional interpersonal aggression suffered by children and adolescents through digital mechanisms. These include harassment, threats, humiliation, or bullying by peers or other individuals, including adults [6,7]. In this sense, these forms of violence are included within the conceptual framework of developmental victimology, which considers exposure to violence during childhood and adolescence as a cumulative process that

occurs across various contexts over time [5,7,8]. Following this perspective, the pattern of cumulative violence [7] tends to result in significant harm to mental health [5].

The present research adheres to this theory, since an important aspect to consider is the multiple forms of victimization; that is, online victimization can act in parallel to other forms of face-to-face victimization, such as harassment or bullying [7,9,10]. Moreover, these forms of victimization, beyond the interest they generate in terms of their frequency and duration, have gained relevance by being conceptualized as experiences that serve as "turning points" throughout the life course [11,12]. In this sense, not only is a cumulative approach pertinent, but it is also important to consider the mere occurrence of such events as adverse experiences. In this sense, some studies suggest that digital victimization has been associated with poorer psychological adjustment and an increase in depressive symptoms in children [13] and adolescents [14], highlighting the need to understand the mechanisms underlying these experiences of emotional distress [13].

Additionally, another relevant aspect of this study is related to the pandemic period. Evidence during and after the pandemic showed increases in depressive and anxious symptoms among adolescents, associated with isolation, disruption of routines, and loss of in-person support [3,15–17]. At the same time, various studies have documented an increase in both the amount and intensity of digital interactions during this period, which may have increased exposure to online risk experiences, including conflicts and aggression, as well as intensified their associated effects on mental health [18]. In Chile, the available evidence has emphasized the magnitude of digital victimization, although using concepts that fall within this category, such as cyber victimization or cyberbullying. For example, a systematic review found that 11.4% of adolescents have been victims of cyberbullying [19]. Another study in Chile reported that 14.3% of students indicated having experienced cyber victimization in the past month, from a sample of 34,959 [20]. Although these forms of violence are mostly analyzed in terms of frequency and duration, they can be included within the broader concept of digital victimization. In addition, the links between these forms of victimization and depressive symptoms among Chilean adolescents and youth have also been studied [21], with findings showing that 48.7% of young people reported a moderate level of cyberbullying, and 22.6% exhibited symptoms of major depression in a sample of 3818 participants.

1.1. The Role of Self-Esteem

Although, as noted, digital victimization experiences are consistently associated with depressive symptoms [13,14,21], various studies suggest that this relationship can be explained, at least in part, by intermediate variables such as self-esteem [22,23]. In particular, the mediating role of self-esteem has been observed in the association between cybervictimization and depression [23] and, more broadly, between peer victimization and internalizing symptoms in adolescents [24].

In this context, self-esteem can be understood as the overall evaluation of personal worth that a person makes of themselves [25]. Moreover, specifically regarding adolescence, it is important to emphasize that this is a crucial stage of development, characterized by multiple factors that influence the development of self-esteem. In fact, there is research that highlights the role of online interactions in its development [26,27]. A theoretical framework that seeks to explain this is the sociometer theory, which focuses on emphasizing that high self-esteem centers on the perception of being valued by others, while low self-esteem generates doubts about one's personal worth [28]. This theory emphasizes that self-esteem responds to social experiences of acceptance or rejection, affecting social beliefs and motivations, considering the sense of belonging sought by individuals [29,30]. Self-esteem is presented as an indicator of relational value and social acceptance [28]. In this

sense, self-esteem during adolescence is especially unstable, given that social belonging is central [30]. It is particularly susceptible to experiences involving interaction with others and social groups, in terms of belonging, connection, and social comparison [31], particularly affecting the well-being of adolescents, since it is during this stage that they begin to explore their identity and develop self-perception, a process influenced by social comparisons that occur in digital contexts [32]. Particularly, with regard to this research, when violence occurs in digital environments, it can be repetitive, difficult to regulate, and socially visible, which could bring harmful effects on self-esteem and interpersonal acceptance [33].

Some recent studies support the idea that self-esteem is directly linked to depressive symptoms during adolescent development, and that its decline can become a risk factor for mental health [34]. In the specific context of victimization, evidence shows that self-esteem can act as a mediating mechanism between bullying experiences and internalizing symptoms [35], although less is known about how these experiences operate in digital settings. Additionally, studies and meta-analyses that investigate both traditional and digital victimization simultaneously reveal that they often occur together.

Experiencing both types is associated with more severe psychological issues compared to experiencing just one [10], although most studies assess these variables cross-sectionally and rely on non-probabilistic samples.

1.2. The Present Study

Based on the above, this study is grounded in the following reasons: (1) a frequent limitation observed in the available evidence is the development of research with non-representative samples, which restricts the ability to generalize the results; (2) furthermore, other studies suggest that more research is needed on violence in digital environments, especially in low and middle income countries [33], as is the case of Chile, a developing country; (3) additionally, victimization in digital environments requires further exploration [36], particularly through analytical approaches that simultaneously consider these phenomena and examine the interaction between in-person and digital victimization [7]; (4) in Chile, there is still room to consolidate evidence that integrates (a) the overlap between online and face-to-face experiences and (b) specific psychological mechanisms that could play an intermediary or protective role, such as self-esteem [20,21].

Based on the foregoing, the following research question was defined: In what way is exposure to digital victimization experiences associated with depressive symptoms in adolescents in Chile, and does self-esteem play a mediating role in this relationship? The following hypothesis was proposed:

H1: *Self-esteem will mediate the relationship between lifetime exposure to digital victimization experiences and depressive symptoms, even when controlling variables such as age and other forms of in-person peer victimization.*

2. Materials and Methods

2.1. Participants

This study analyzed secondary data from the National Polyvictimization Survey [37]. The target population for the study was all school-enrolled adolescents registered between the seventh grade of basic education and the third grade of secondary education in the Ministry of Education of Chile's enrollment and school directory during 2023, considering both rural and urban areas. The sample selection process was stratified and probabilistic, in three stages, considering (1) educational institutions, (2) grade levels, and (3) students enrolled within each grade. The sampling error was ± 0.8 percentage points, with a maximum

variance and 95% confidence. Sample weighting was performed using post-stratification adjustments based on sex, age, administrative dependency of the educational institution, and region. For the present research, only participants who validly answered the questions about digital victimization were considered; however, sample sizes vary slightly across sociodemographic variables due to missing responses, resulting in a final sample of 11,439 adolescents. The sample was comprised of adolescents with an average age of 14.23 years (SD = 1.53), of whom 49% identified as male, 49.3% as female, and 1.7% as another gender. Regarding migration status, 90.3% of participants were non-migrants, while 9.7% identified as migrants (see Table 1).

Table 1. Description of the participants' characteristics.

	n	**%**
Gender		
Male	5600	49
Female	5637	49.3
Other	196	1.7
Age		
12	1824	15.9
13	2382	20.8
14	2198	19.2
15	2204	19.3
16	2128	18.6
17	596	5.3
18	107	0.9
Immigration status		
Not a migrant	10,308	90.3
Migrant	1091	9.7

Note. Differences in sample sizes across variables are due to missing responses to some sociodemographic questions. Percentages are calculated based on valid responses. (*n* total = 11,439).

2.2. Measures

- ***Sociodemographic Characteristics Questionnaire***: A questionnaire was developed to gather specific characteristics of the study sample members. Participants were asked about the following: (1) gender; (2) age; (3) migrant status; (4) administrative dependency of the participant's educational institution; (5) geographic area of residence; (6) self-identification with an indigenous group; (7) permanent condition or disability status.
- ***Juvenile Victimization Questionnaire*** (JVQ; [38]): The version of the Juvenile Victimization Questionnaire (JVQ) used in the Chilean context was applied [39]. For the present study, only the question on lifetime exposure to digital victimization experiences was used (e.g., Have you ever, in your life, had someone use the Internet to bother you, harass you, spread malicious rumors, or share videos or images of you?). This was in addition to lifetime exposure to emotional peer aggression and harassment experiences (e.g., "Have you ever, in your life, felt scared or upset because a group of children or adolescents insulted you, said unpleasant things, did not want to hang out with you, or ignored you?", "Have you ever, in your life, had a child or adolescent bother you and/or force you to do something you didn't want to do?"). These questions had two possible answers: 0 = no, 1 = yes, indicating whether any of the victimization situations had been experienced. Digital victimization was assessed using dichotomous items referring to lifetime exposure. The JVQ has been used in various studies with Chilean samples, demonstrating adequate psychometric proper-

ties [40–42]. Given the dichotomous nature of the victimization indicators used in this study, internal consistency indices were not computed.

- ***Birleson Depression Scale Birleson*** [43]: This instrument measures the severity level of symptoms associated with depression and is composed of 18 items, with each item being assigned values from 0 (Never), 1 (Sometimes), and 2 (Always). This scale was adapted for the Chilean population by Álvarez et al. [44], demonstrating adequate psychometric properties. Some items on the scale include: "I enjoy what I do as much as I used to," "I am as interested in things as I was before". The Birleson Scale evaluates recent depressive symptoms. Additionally, the Birleson Depression Scale has shown adequate internal consistency in Chilean adolescent samples, with previous studies reporting Cronbach's alpha coefficients above 0.80 [45,46]. In the present study, the scale demonstrated good internal consistency ($\alpha = 0.87$; $\omega = 0.87$).
- **Rosenberg Self-Esteem Scale** [47]: To measure self-esteem, the unidimensional form of the Rosenberg Self-Esteem Scale was used. This scale was validated by Rojas-Barahona et al. [48], whose results indicated that it meets the criteria for validity and reliability to assess self-esteem in Chile. Although a two-factor structure has been reported in some studies, the scale has also been widely used as a unidimensional measure, showing adequate psychometric properties [49,50]. This questionnaire consists of 10 items (e.g., "On the whole, I am satisfied with myself" or "I feel do not have much to be proud of"), and scores can range from 10 points (low self-esteem) to 40 points (high self-esteem). Negatively worded items were reverse-coded prior to score computation. Item scores were averaged to compute the self-esteem score, with higher values indicating higher self-esteem. This scale assesses global self-evaluation without a specific time frame. Furthermore, this scale measures the feelings of satisfaction each individual has about themselves. In this study, the scale had a good internal consistency ($\alpha = 0.84$; $\omega = 0.85$).

2.3. Procedure

The present research used secondary data from the National Polyvictimization Survey [37]. The instruments were used from March to August 2023. The questionnaire creation, ethical guidelines adherence, and distribution were conducted with the Ministry of Education, Undersecretariat, and Child Advocacy Office through coordination by a Department of Prevention and Social Reintegration (DGT) working group. Adolescent participants were reached via schools and classrooms, with parental consent and student assent obtained through educational institutions. The instruments were administered in classrooms by a trained surveyor, without the teacher present. Adolescents completed the questionnaires quietly and returned them to the professional responsible, taking approximately 50 min. The methods and ethical standards for selecting samples and conducting the study were scrutinized. Following the institution's guidelines that carried out the research, it is crucial to highlight that this study adhered to all the principles outlined in the Declaration of Helsinki concerning research with human participants and received approval from an ethics committee associated with the pertinent government bodies. Additionally, because the questionnaires explored personal experiences that might lead to emotional distress among participants, an emotional support protocol was established for those in need. In this regard, an email address was made available for young individuals to confidentially reach out to victim support services for violent crimes offered by the Undersecretariat for Crime Prevention, aiming to provide psychological assistance or a platform for participants to discuss any issues affecting them.

2.4. Statistical Analysis

To examine the characteristics of the sample, descriptive univariate analyses were conducted on the main sociodemographic variables of interest. Additionally, Cronbach's alpha reliability was analyzed for the instruments considered. Missing data were handled using full information maximum likelihood (FIML) estimation in combination with the robust maximum likelihood estimator (MLR) for the analysis. This approach uses all available information from incomplete cases under the missing at random (MAR) assumption, thereby minimizing bias and preserving statistical power in large samples. To assess indicators of depressive symptoms, the average score from the Birleson [43] scale was utilized to derive a comprehensive score. Elevated scores signified a higher severity of symptoms. Skewness values were examined, with the requirement that they remain under 2, and kurtosis values under 7, which would suggest a distribution approximating normality [51]. Consequently, the variables in this study were deemed to follow a normal distribution, as the indicators were within the predetermined limits. To explore the mediational model of self-esteem on the relationship between lifetime exposure to digital victimization experiences and depressive symptoms, including controlling for the effects of age and other similar types of victimization, a path analysis with observable variables was used. A methodological component of the model is the statistical control of covariates. The variable age was controlled for because, during adolescence, digital autonomy and exposure to technology-mediated interactions increase, and because depression levels and sensitivity to social evaluation tend to vary throughout adolescent development [31]. Secondly, conceptually similar forms of in-person victimization (lifetime exposure to emotional peer aggression and harassment experiences) were controlled for: (a) lifetime exposure to digital victimization experiences frequently with in-person victimization, so not accounting for them could overestimate the effect attributable to the digital context; (b) experiencing multiple instances of victimization is linked to more severe psychological issues, so accounting for this factor helps to isolate the unique impact of the digital environment [7]. Based on the above, all victimization variables were considered dichotomized as in other similar studies [11,12]. In order to perform the main analysis, initial assumptions of regression models were assessed, focusing on normality, linearity, homoscedasticity, multicollinearity, and independence. For instance, residual scatterplots were utilized to detect outliers and influential data points. Furthermore, to confirm the independence of residuals—indicating that measurement errors of variables are not correlated—the Durbin–Watson statistic was checked to ensure it fell between 1.5 and 2.5 [52]. Regarding multicollinearity, tolerance and the variance inflation factor were the two aspects considered. Each variable was added one at a time to observe changes in the model. The proposed mediation model was evaluated using fit indices that included the relative chi-square (χ^2/df), the comparative fit index (CFI), the Tucker–Lewis index (TLI), the root mean square error of approximation (RMSEA), and the standardized root mean square residual (SRMR). A good fit was considered when the values of CFI and TLI were $\geq$0.90, along with an acceptable RMSEA $\leq$ 0.08 and an acceptable SRMR $\leq$ 0.8 [53]. The significance level was set at $p < 0.05$. All statistical analyses were carried out using RStudio software (version 4.5.0).

3. Results

Table 2 presents descriptive statistics for lifetime exposure to different forms of victimization in the sample. Overall, 27.2% of participants reported having experienced digital victimization at some point in their lives, while 72.8% indicated no such exposure. With respect to emotional peer aggression, 40.4% of adolescents reported lifetime exposure, compared to 59.6% who did not report these experiences. Finally, 23.5% of participants

reported lifetime exposure to harassment, whereas 76.5% indicated no lifetime exposure to this form of victimization.

Table 2. Lifetime exposure to victimization experiences in the sample.

Victimization	*n*	Participants (%)
Lifetime exposure to digital victimization (n = 11,439)		
Yes	3116	27.2%
No	8323	72.8%
Lifetime exposure to emotional peer aggression (n = 11,369)		
Yes	4590	40.4%
No	6779	59.6%
Lifetime exposure to harassment (n = 11,405)		
Yes	2677	23.5%
No	8728	76.5%

Note. Sample sizes vary across victimization variables due to item-level missing responses. Percentages are calculated based on valid responses for each item.

As shown in Table 3, descriptively, adolescents reporting lifetime digital victimization showed higher levels of depressive symptoms and lower self-esteem compared to those without such exposure, across both boys and girls. Consistent with previous research, females exhibited higher depressive symptom scores and lower self-esteem than males. These results are presented for sample characterization purposes only.

Table 3. Depressive symptoms and self-esteem by gender and lifetime exposure to digital victimization.

	Gender			
	Male		**Female**	
	Lifetime Exposure to Digital Victimization			
	Yes M (SD)	**No M (SD)**	**Yes M (SD)**	**No M (SD)**
Depressive symptoms	1.74 (0.33)	1.56 (0.30)	2.03 (0.34)	1.81 (0.34)
Self-esteem	3.31 (0.80)	3.61 (0.73)	2.96 (0.84)	3.30 (0.80)

Note. Values represent mean (standard deviation). Results are presented for descriptive purposes only and are intended to characterize the study sample. No inferential comparisons or subgroup-specific models were conducted.

Additionally, Pearson correlation analyses showed that age was not significantly associated with depressive symptoms (r = 0.016, p = 0.089) and was only very weakly positively associated with self-esteem (r = 0.057, $p < 0.001$).

In the present study, a model of direct and indirect effects was examined linking age, lifetime exposure to digital victimization, lifetime exposure to emotional peer aggression, lifetime exposure to harassment, self-esteem, and depressive symptoms. Although the main focus of the analysis was lifetime exposure to digital victimization experiences, other forms of victimization were included as statistical control variables in order to compare their relative effects on depressive symptoms, mediated by self-esteem. As shown in Table 4 and Figure 1, the results demonstrated that age, as a control variable, was significantly associated with lifetime exposure to digital victimization ($\beta = 0.03$, $p \leq 0.001$), lifetime exposure to emotional peer aggression, ($\beta = 0.02$, $p \leq 0.001$), lifetime exposure to harassment ($\beta = -0.03$, $p \leq 0.001$). Digital victimization was significantly related to lower self-esteem ($\beta = -0.10$, $p \leq 0.001$) and a higher level of depressive symptoms

($\beta = 0.11$, $p \leq 0.001$). Likewise, lifetime exposure to emotional peer aggression (control) was negatively associated with self-esteem ($\beta = -0.19$, $p \leq 0.01$) and positively with depressive symptoms ($\beta = 0.12$, $p \leq 0.001$). Lifetime exposure to harassment also showed negative effects on self-esteem ($\beta = -0.11$, $p \leq 0.001$) and positive effects on depressive symptoms ($\beta = 0.04$, $p \leq 0.001$).

Table 4. Direct and indirect effects of forms of victimization, self-esteem, and depressive symptoms.

	B	*Desv. Error*	*p-Value*
Direct Effects			
Age → Lifetime exposure to digital victimization	0.03	0.00	≤0.001
Age → Lifetime exposure to emotional peer aggression	0.02	0.00	≤0.001
Age → Lifetime exposure to harassment	−0.03	0.00	≤0.001
Lifetime exposure to digital victimization → Self-esteem	−0.10	0.01	≤0.001
Lifetime exposure to digital victimization → Depressive symptoms	0.11	0.00	≤0.001
Lifetime exposure to emotional peer aggression (control) → Self-esteem	−0.19	0.01	≤0.01
Lifetime exposure to emotional peer aggression (control) → Depressive symptoms	0.12	0.00	≤0.001
Lifetime exposure to harassment (control) → Self-esteem	−0.11	0.01	≤0.001
Lifetime exposure to harassment (control) → Depressive symptoms	0.04	0.00	≤0.001
Self-esteem → Depressive symptoms	−0.62	0.00	≤0.001
Total indirect effects			
Lifetime exposure to digital victimization → Self-esteem → Depressive symptoms	0.06	0.00	≤0.001
Lifetime exposure to emotional peer aggression (control) → Self-esteem → Depressive symptoms	0.09	0.00	≤0.001
Lifetime exposure to harassment (control) → Self-esteem → Depressive symptoms	0.06	0.00	≤0.001

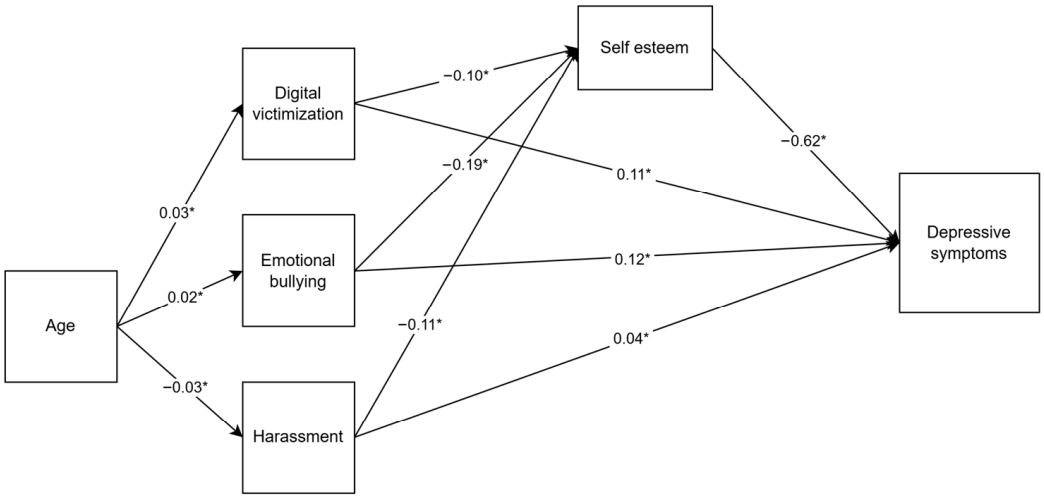


Figure 1. Path model of the mediating role of self-esteem between digital victimization and depressive symptoms, considering control variables. For clarity and graphical simplicity, abbreviated labels are used in the figure. Specifically, digital victimization, emotional bullying, and harassment refer to lifetime exposure to each respective form of victimization, as assessed in the study. Note. * Indicates $p < 0.05$.

Finally, self-esteem was negatively associated with depressive symptoms, demonstrating a protective effect ($\beta = -0.62$, $p \leq 0.001$). In addition, significant indirect effects were identified that highlight the mediating role of self-esteem in the relationship between the different forms of victimization and depressive symptoms. Put simply, this suggests that those who experience these types of aggression tend to feel worse about themselves, and that low self-esteem is, in turn, linked to higher levels of depressive symptoms. In this sense, lifetime exposure to digital victimization appears to have an impact comparable to that of other forms of in-person victimization.

The model showed an adequate fit to the data according to the global goodness-of-fit indices. In particular, the Comparative Fit Index (CFI) was 0.992, and the Tucker–Lewis

Index (TLI) reached a value of 0.942, both above the recommended threshold of 0.90 to indicate a good fit. Likewise, the root mean square error of approximation (RMSEA) was 0.065, which falls within the acceptable range (<0.08). Lastly, the standardized root mean square residual (SRMR) was 0.012, which indicates an optimal fit by being below the threshold of 0.08. Taken together, these indicators suggest that the specified model adequately represents the observed data and can be considered a reliable model.

Finally, as a robustness check, the model was re-estimated, including gender as a covariate predicting self-esteem and depressive symptoms. Although the inclusion of gender did not alter the direction or statistical significance of the estimated direct and indirect effects, a slight reduction in overall model fit was observed.

4. Discussion

The prevalence of lifetime digital victimization observed in the present study is higher than estimates reported in Chilean studies focusing on shorter reference periods [19,20], which have assessed cyber victimization or cyberbullying as related forms of digital victimization. These differences are likely explained by methodological factors, particularly the time frame used to assess victimization. Lifetime measures capture cumulative exposure across childhood and adolescence, whereas short-term reference periods tend to yield lower prevalence estimates. Together, these findings suggest that prevalence estimates vary substantially depending on the measurement approach and time frame.

Secondly, purely descriptive analyses were conducted on some sociodemographic variables together with the central variables of the research. In both adolescents who identified as male and those who identified as female, depressive symptoms were higher, and self-esteem was lower among those who reported having been exposed to digital victimization in their lives. Therefore, having been exposed to digital victimization could lead to greater depressive symptoms compared to those who have not experienced it, and similarly, to lower self-esteem. Although our preliminary analyses were merely descriptive, they are nonetheless consistent with studies that warn of greater harm to mental health in people exposed to similar forms of victimization [20,54]. Moreover, the gender differences are also consistent with preliminary studies on depressive symptomatology [55], although they contrast with those that have evaluated the moderating role of gender in interaction with cybervictimization and depressive symptomatology [56].

However, our results were not intended to test gender-specific pathways or interaction effects. Rather, they serve to characterize the study sample and provide contextual support for the main mediation model, which focused on the indirect role of self-esteem in the association between lifetime digital victimization and depressive symptoms. Future research adopting multigroup or moderated mediation approaches would be better suited to formally examine whether these associations differ by gender.

Finally, the study's findings support the hypothesized model, digital victimization was associated with higher levels of depressive symptoms, and a significant indirect effect was also observed via self-esteem. These results are consistent with recent evidence documenting robust associations between digital victimization and depressive symptoms in adolescents, as well as calls to clarify the mechanisms that explain how exposure to online aggression translates into internalizing distress [14]. In the Chilean context, the results align with evidence that has documented associations between experiences of digital violence and mental health [20,21]. For example, it has been observed that different forms of digital aggression (including online sexual harassment) are associated with higher levels of depressive symptoms, even when considering cumulative exposure to other types of victimization, which reinforces the idea of an intensifying risk burden in polyvictimization scenarios [57]. Likewise, studies among Chilean adolescents and youth have highlighted

the role of intermediate psychosocial variables (e.g., loneliness, family conditions), which is consistent with findings of an indirect effect via self-esteem [58,59].

A plausible explanation for these findings is that digital victimization can undermine self-esteem, similar to other forms of in-person victimization, by increasing signals of rejection, humiliation, or social disapproval, which are critical points in the formation of self-esteem and can condition vulnerability to depressive symptoms [25]. Furthermore, due to the specific characteristics of the online environment, these aggressions can be public, persistent, and rapidly spread, amplifying social scrutiny, threats to status and identity, and the sense of belonging [60]. Consequently, self-esteem may deteriorate both in the person's overall self-assessment and in their perception of social acceptability, fostering negative beliefs and rumination associated with depressive symptoms [23,61]. An important aspect of the results is that the control variables (emotional bullying and harassment) were also associated with lower self-esteem, greater symptoms of depression, and indirect effects on self-esteem. This result aligns with other studies that had already found this association, although with non-representative samples [21,58]. Therefore, our results, by integrating various forms of victimization simultaneously, amplify and reinforce the importance of considering polyvictimization approaches, which conceptualize exposure to violence as cumulative and multifaceted, with consequences that tend to intensify when the aggressions occur across multiple settings [6–8].

Another aspect worth highlighting is that emotional bullying was included in the model as a controlled factor. Nevertheless, the results indicate that this form of peer victimization is the one most strongly associated with lower self-esteem and shows a stronger association with depressive symptoms than digital victimization. One possible explanation is that emotional bullying directly targets core aspects of adolescents' self-concept, social belonging, and perceived relational value, which are central to self-esteem development during this developmental stage [28]. In contrast, some studies suggest that traditional forms of bullying may be more prevalent than digital victimization [62]. The literature more consistently indicates that emotional and relational forms of victimization are particularly harmful due to their interpersonal and identity-related nature, showing robust associations with both lower self-esteem and higher levels of depressive symptoms [63].

Finally, the analysis requires a mention of age, which was included as a control variable. The results showed significant associations between age and various forms of victimization, which is consistent with evidence that digital exposure and the risk of victimization vary throughout adolescence [61]. In earlier stages, greater sensitivity to rejection and still-developing coping resources may increase vulnerability. In later stages, increased autonomy and time spent online expand opportunities for interaction and, consequently, for conflict and negative experiences on platforms [64].

4.1. Strengths and Limitations

This study has several strengths that are worth mentioning. First of all, it addresses central methodological concerns in the victimization literature. Although the design does not allow for causal inferences, the direction of the proposed model is consistent with recent findings showing that digital victimization subsequently predicts increases in internalizing symptoms. In this context, the contribution of this study lies in its development using a probabilistic and representative sample in the Chilean context, as well as providing statistical controls that make it possible to differentiate the effects of digital victimization from other forms of violence among adolescents.

Despite the strengths mentioned above, this research is not without limitations. The cross-sectional nature of the design limits the possibility of attributing causality to the variables studied. In particular, the victimization indicators used in this study

(digital victimization, emotional bullying, and harassment) were assessed as lifetime experiences, whereas self-esteem and depressive symptoms reflect current psychological states. This temporal asymmetry implies that the mediation tested should be interpreted as a statistical and explanatory framework rather than as evidence of a developmental or causal process unfolding over time. Additionally, the indicators of victimization (digital victimization, emotional bullying, and harassment) were assessed using dichotomous lifetime measures. These indicators do not capture important dimensions of victimization experiences, such as frequency, severity, duration, or contextual characteristics. Furthermore, age was treated as a covariate rather than as a developmental moderator; therefore, potential differences across early, middle, and late adolescence could not be examined. Similarly, although gender differences are well documented in adolescent mental health, gender was not examined using gender-specific or multigroup models. While additional robustness analyses, including gender as a covariate, did not alter the pattern of the main effects, this approach may not fully capture potential gender-specific pathways. Future research should therefore consider multigroup or moderated mediation designs to more comprehensively examine gender-related differences in the associations among victimization, self-esteem, and depressive symptoms.

Finally, all measures were based on self-report data, which may be subject to recall bias and social desirability effects. However, the use of validated instruments and a large, nationally representative sample partially mitigates these concerns.

4.2. Practice Implications

These findings indicate that prevention and intervention strategies should consider the simultaneous forms of victimization. This means that school programs, for instance, should incorporate both online and face-to-face elements, such as coexistence protocols, socio-emotional skills, and reporting pathways, to avoid fragmented interventions that fail to address the cumulative nature of risk. In this regard, these findings could serve as a foundation for future school-based initiatives that incorporate digital interactions, peer relationship skills, and mental health promotion. Such programs could be introduced within educational environments or through community-driven efforts, particularly in regions where adolescents are highly engaged with digital media.

Moreover, the importance of self-esteem as a mediator should not be overlooked. Our research highlights the significance of incorporating it as a protection factor into intervention strategies used by psychosocial professionals. Although further research is needed, interventions that explicitly address self-esteem as a protective factor could be considered, particularly in group-based educational settings. Educating the adult educational community about the importance of self-esteem as a protective mechanism should likewise be considered by professionals in the field.

4.3. Future Research Recommendations

Other research could complement the findings presented here by incorporating the frequency of victimization, the context (public/private), persistence, anonymity, type of platform, and relationship with the aggressor. In addition, it would be appropriate to include other sociodemographic variables related to victimization experiences, such as gender and socioeconomic level. Moreover, the use of moderated mediation analyses or multigroup models distinguishing between gender, early, middle, and late adolescence would allow the identification of stage-specific mechanisms, which could inform the design of interventions more closely tailored to the specific needs of each group. Finally, the literature has focused heavily on depressive symptoms associated with these experiences, so it may be useful to broaden the perspective to include other possible mental health effects resulting from experiencing digital victimization.

5. Conclusions

The findings of this study provide evidence that digital victimization is significantly associated with higher depressive symptoms among Chilean adolescents, even after controlling for other forms of in-person victimization and age. The results support the mediating role of self-esteem, suggesting that experiences of aggression in digital environments can affect self-worth and the perception of social acceptability, which, in turn, increases vulnerability to depressive symptoms. Likewise, the associations observed with age reinforce the importance of considering developmental processes as dynamic, in which digital exposure and coping resources vary over time. In this sense, the findings highlight the relevance of comprehensive approaches that take into account both the online and face-to-face victimization and the underlying psychological mechanisms, providing important insights for future research and the design of preventive strategies aimed at adolescent mental health.

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References

1. World Health Organization. World Mental Health Report: Transforming Mental Health for All. Available online: https://www.who.int/publications/i/item/9789240049338 (accessed on 30 May 2025).
2. World Health Organization. Mental Health of Adolescents. Available online: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health (accessed on 30 May 2025).
3. Racine, N.; McArthur, B.A.; Cooke, J.E.; Eirich, R.; Zhu, J.; Madigan, S. Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatr.* **2021**, *175*, 1142–1150. [CrossRef]
4. Guerra-Bustamante, J.; Yuste-Tosina, R.; López-Ramos, V.M.; Mendo-Lázaro, S. Efecto modelador de la competencia emocional en los perfiles de ciberacoso. *An. Psicol.* **2021**, *37*, 202–209. [CrossRef]
5. Finkelhor, D.; Ormrod, R.K.; Turner, H.A. Poly-victimization: A neglected component in child victimization. *Child Abus. Negl.* **2007**, *31*, 7–26. [CrossRef] [PubMed]
6. Finkelhor, D.; Turner, H.A.; Hamby, S. Let's prevent peer victimization, not just bullying. *Child Abus. Negl.* **2012**, *36*, 271–274. [CrossRef] [PubMed]
7. Hamby, S.; Blount, Z.; Smith, A.; Jones, L.; Mitchell, K.; Taylor, E. Digital poly-victimization: The increasing importance of online crime and harassment to the burden of victimization. *J. Trauma Dissociation* **2018**, *19*, 382–398. [CrossRef]
8. Haahr-Pedersen, I.; Perera, C.; Hyland, P.; Vallières, F.; Murphy, D.; Hansen, M.; Spitz, P.; Hansen, P.; Cloitre, M. Females have more complex patterns of childhood adversity: Implications for mental, social, and emotional outcomes in adulthood. *Eur. J. Psychotraumatol.* **2020**, *11*, 1708618. [CrossRef]
9. Dahlqvist, H.; Svensson, Å.; Gillander Gådin, K. Co-occurrence of online and offline bullying and sexual harassment among youth in Sweden: Implications for studies on victimization and health a short communication. *Int. J. Circumpolar Health* **2022**, *81*, 2130362. [CrossRef]

10. Li, C.; Wang, P.; Martin-Moratinos, M.; Bella-Fernández, M.; Blasco-Fontecilla, H. Traditional bullying and cyberbullying in the digital age and its associated mental health problems in children and adolescents: A meta-analysis. *Eur. Child Adolesc. Psychiatry* **2024**, *33*, 2895–2909. [CrossRef]
11. Lee, K.S.; Wolke, D.; Bärnighausen, T.; Ouermi, L.; Bountogo, M.; Harling, G. Sexual victimisation, peer victimisation, and mental health outcomes among adolescents in Burkina Faso: A prospective cohort study. *Lancet Psychiatry* **2024**, *11*, 134–142. [CrossRef]
12. Emmerich, O.L.M.; Wagner, B.; Heinrichs, N.; van Noort, B.M. Lifetime victimization experiences, depressiveness, suicidality, and feelings of loneliness in youth in care. *Child Abus. Negl.* **2024**, *154*, 106870. [CrossRef]
13. Song, K.; Zhou, F.-J.; Niu, G.-F.; Fan, C.-Y.; Zhou, Z.-K. The Association between Cyberbullying Victimization and Depression among Children: A Moderated Mediation Model. *Behav. Sci.* **2024**, *14*, 414. [CrossRef] [PubMed]
14. Tran, H.G.N.; Thai, T.T.; Dang, N.T.T.; Vo, D.K.; Duong, M.H.T. Cyber-Victimization and Its Effect on Depression in Adolescents: A Systematic Review and Meta-Analysis. *Trauma Violence Abus.* **2023**, *24*, 1124–1139. [CrossRef]
15. Loades, M.E.; Chatburn, E.; Higson-Sweeney, N.; Reynolds, S.; Shafran, R.; Brigden, A.; Linney, C.; McManus, M.N.; Borwick, C.; Crawley, E. Rapid Systematic Review: The Impact of Social Isolation and Loneliness on the Mental Health of Children and Adolescents in the Context of COVID-19. *J. Am. Acad. Child Adolesc. Psychiatry* **2020**, *59*, 1218–1239.e1213. [CrossRef] [PubMed]
16. Moya-Vergara, R.; Portilla-Saavedra, D.; Castillo-Morales, K.; Espinoza-Tapia, R.; Sandoval Pastén, S. Prevalence and Risk Factors Associated with Mental Health in Adolescents from Northern Chile in the Context of the COVID-19 Pandemic. *J. Clin. Med.* **2023**, *12*, 269. [CrossRef]
17. Castillo-Morales, K.; Espinoza-Tapia, R.; Portilla-Saavedra, D.; Moya-Vergara, R. Distress and Positive Experiences Among Adolescents in Northern Chile in the Context of the COVID-19 Pandemic: A Qualitative Study. *Societies* **2025**, *15*, 10. [CrossRef]
18. Marciano, L.; Ostroumova, M.; Schulz, P.J.; Camerini, A.L. Digital Media Use and Adolescents' Mental Health During the Covid-19 Pandemic: A Systematic Review and Meta-Analysis. *Front. Public Health* **2021**, *9*, 793868. [CrossRef]
19. Pardo-González, E.; Souza, S.B. Ciberacoso en Chile: Evidencias y rutas para futuras investigaciones a partir de una revisión sistemática. *Estud. Pedagóg.* **2022**, *48*, 335–353. [CrossRef]
20. Jensen, M.; Yañez, C.; Rojas, J.; López, V.; González, L.; Urbina, C.; San Juan, M.; Squicciarini, A.M.; Sánchez, P. Cybervictimization in Chilean Schools: An Intersectional Multilevel Study. *Front. Educ.* **2022**, *7*, 780193. [CrossRef]
21. Rojas López, F.; Bravo, C.; Miranda, R.; Varela, J.; Pacheco, E. Implicancias del ciberacoso en el desarrollo de sintomatología depresiva mayor en jóvenes entre 15 y 29 años en Chile. *Rev. Médica Chile* **2024**, *152*, 435–443. [CrossRef]
22. Wu, J.; Shao, Y.; Zang, W. Perceived social support and self-esteem predict cyberbullying among rural left-behind adolescents. *Sci. Rep.* **2025**, *15*, 24676. [CrossRef]
23. Ho Ma, T.T.Q.; Gu Ph, D.C. Cyberbullying victimization and depression: Self-esteem as a mediator and approach coping strategies as moderators. *J. Am. Coll. Health* **2023**, *71*, 94–101. [CrossRef] [PubMed]
24. Mullan, V.M.R.; Golm, D.; Juhl, J.; Sajid, S.; Brandt, V. The relationship between peer victimisation, self-esteem, and internalizing symptoms in adolescents: A systematic review and meta-analysis. *PLoS ONE* **2023**, *18*, e0282224. [CrossRef]
25. Orth, U.; Robins, R.W. Is high self-esteem beneficial? Revisiting a classic question. *Am. Psychol.* **2022**, *77*, 5–17. [CrossRef] [PubMed]
26. Campodónico, N. Revisión sistemática sobre la influencia de las redes sociales en la autoestima de los adolescentes. *Psicol. Unemi* **2024**, *8*, 73–87. [CrossRef]
27. Reitz, A.K.; Motti-Stefanidi, F.; Asendorpf, J.B. Me, us, and them: Testing sociometer theory in a socially diverse real-life context. *J. Personal. Soc. Psychol.* **2016**, *110*, 908–920. [CrossRef]
28. Leary, M. Sociometer theory and the pursuit of relational value: Getting to the root of self-esteem. *Eur. Rev. Soc. Psychol.* **2005**, *16*, 75–111. [CrossRef]
29. Anthony, D.B.; Holmes, J.G.; Wood, J.V. Social acceptance and self-esteem: Tuning the sociometer to interpersonal value. *J. Pers. Soc. Psychol.* **2007**, *92*, 1024–1039. [CrossRef]
30. Baumeister, R.F.; Leary, M.R. The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychol. Bull.* **1995**, *117*, 497–529. [CrossRef]
31. Desjarlais, M. Subtle momentary effects of social media experiences: An experience sampling study of posting and social comparisons on connectedness and self-esteem. *J. Comput.-Mediat. Commun.* **2024**, *29*, zmae004. [CrossRef]
32. Irmer, A.; Schmiedek, F. Associations between youth's daily social media use and well-being are mediated by upward comparisons. *Commun. Psychol.* **2023**, *1*, 12. [CrossRef]
33. Zhu, C.; Huang, S.; Evans, R.; Zhang, W. Cyberbullying Among Adolescents and Children: A Comprehensive Review of the Global Situation, Risk Factors, and Preventive Measures. *Front. Public Health* **2021**, *9*, 634909. [CrossRef]
34. Wiertsema, M.; Kretschmer, T.; Vrijen, C.; Hartman, C.; van der Ploeg, R. Prospective associations between peer victimization in adolescence and parental stress and self-efficacy: Self-esteem and internalizing problems as pathways. *Int. J. Behav. Dev.* **2025**, *49*, 560–570. [CrossRef]

35. Li, J.; Wu, Y.; Yao, M.; Hesketh, T. Bullying victimization and adolescent mental health: The mediating roles of parent-child relationship and self-esteem. *BMC Psychol.* **2025**, *13*, 1390. [CrossRef] [PubMed]
36. Gottschalk, F. Cyberbullying: An Overview of Research and Policy in OECD Countries. In *OECD Education Working Papers*; No. 270; OECD Publishing: Paris, France, 2022. [CrossRef]
37. Subsecretaría de Prevención del Delito. *Principales Resultados 2da Encuesta Nacional de Polivictimización*; Subsecretaría de Prevención del Delito: Santiago, Chile, 2024.
38. Hamby, S.; Finkelhor, D.; Ormrod, R.; Turner, H. *The Juvenile Victimization Questionnaire (JVQ): Administration and Scoring Manual: Crimes Against Children Research Center*; University of New Hampshire: Durham, NH, USA, 2005.
39. Pinto-Cortez, C.; Pereda, N.; Álvarez-Lister, M.S. Child Victimization and Poly-Victimization in a Community Sample of Adolescents in Northern Chile. *J. Aggress. Maltreatment Trauma* **2018**, *27*, 983–1002. [CrossRef]
40. Pinto-Cortez, C.; Gutiérrez-Echegoyen, P.; Henríquez, D. Child Victimization and Polyvictimization Among Young Adults in Northern Chile. *J. Interpers. Violence* **2021**, *36*, 2008–2030. [CrossRef]
41. Pinto-Cortez, C.; Marín-Gutiérrez, M.; Melis-Rivera, C.; Contreras-Taibo, L.; Moya-Vergara, R. Victimization, polyvictimization, and depression symptoms among immigrants and native children and youth in Chile. *Child Adolesc. Psychiatry Ment. Health* **2024**, *18*, 72. [CrossRef]
42. Portilla-Saavedra, D.; Pinto-Cortez, C.; Guerra, C.; Cárdenas, F.P. Victimization by Caregivers: Prevalence and Risk Factors in Chilean Children and Adolescents. *Child Adolesc. Psychiatry Ment. Health* **2022**, *16*, 74. [CrossRef]
43. Birleson, P. The validity of depressive disorder in childhood and the development of a self-rating scale: A research report. *J. Child Psychol. Psychiatry* **1981**, *22*, 73–88. [CrossRef]
44. Álvarez, E.; Guajardo, H.; Messen, R. Estudio Exploratorio sobre una Escala de Auto evaluación para la Depresión en Niños y Adolescentes. *Rev. Chil. Pediatr.* **1986**, *57*, 21–25. [CrossRef]
45. Vázquez-Pizaña, E.; Fonseca-Chon, I.; Padilla-Villarreal, J.R.; Pérez-Hernández, M.L.; Gómez-Rivera, N. Diagnóstico de depresión con la Escala de Birleson en adolescentes con intento de suicidio y sanos. *Bol. Clín. Hosp. Infant. Estado Sonora* **2005**, *22*, 107–118.
46. Marín Gutiérrez, M.; Ávalos-Tejeda, M.; Palominos, D.; Valle-Kendall, R.; Pinto Cortez, C. Propiedades Psicométricas de la Escala de Autoevaluación de la Depresión–Revisada (EAED–R). *Rev. Iberoam. Diagn. Eval. Psicol.* **2024**, *71*, 99. [CrossRef]
47. Rosenberg, M. *Society and the Adolescent Self-Image*; Princeton University Press: Princeton, NJ, USA, 1965; Volume 11.
48. Rojas-Barahona, C.A.; Zegers P, B.; Förster M, C.E. La escala de autoestima de Rosenberg: Validación para Chile en una muestra de jóvenes adultos, adultos y adultos mayores. *Rev. Médica Chile* **2009**, *137*, 791–800. [CrossRef]
49. Urzúa, A.; Ferrer, R.; Olivares, E.; Rojas, J.; Ramírez, R. El efecto de la discriminación racial y étnica sobre la autoestima individual y colectiva según el fenotipo auto-reportado en migrantes colombianos en Chile. *Ter. Psicol.* **2019**, *37*, 225–240. [CrossRef]
50. Zurita-Ortega, F.; Castro-Sánchez, M.; Rodríguez-Fernández, S.; Cofré-Boladós, C.; Chacón-Cuberos, R.; Martínez-Martínez, A.; Muros-Molina, J.J. Actividad física, obesidad y autoestima en escolares chilenos: Análisis mediante ecuaciones estructurales. *Rev. Médica Chile* **2017**, *145*, 299–308. [CrossRef]
51. Hu, L.-t.; Bentler, P.M. Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Struct. Equ. Model.* **1999**, *6*, 1–55. [CrossRef]
52. Vilà Baños, R.; Torrado-Fonseca, M.; Reguant Alvarez, M. Anàlisi de regressió lineal múltiple amb SPSS: Un exemple pràctic. *REIRE Rev. d'Innovació Recer. Educ.* **2019**, *12*, 1–10. [CrossRef]
53. Schreiber, J.B. Update to core reporting practices in structural equation modeling. *Res. Soc. Adm. Pharm.* **2017**, *13*, 634–643. [CrossRef]
54. Hamm, M.P.; Newton, A.S.; Chisholm, A.; Shulhan, J.; Milne, A.; Sundar, P.; Ennis, H.; Scott, S.D.; Hartling, L. Prevalence and Effect of Cyberbullying on Children and Young People: A Scoping Review of Social Media Studies. *JAMA Pediatr.* **2015**, *169*, 770–777. [CrossRef]
55. Twenge, J.M.; Nolen-Hoeksema, S. Age, gender, race, socioeconomic status, and birth cohort differences on the children's depression inventory: A meta-analysis. *J. Abnorm. Psychol.* **2002**, *111*, 578–588. [CrossRef]
56. Almenayes, J. The Relationship between Cyberbullying Victimization and Depression: The Moderating Effects of Gender and Age. *Soc. Netw.* **2017**, *06*, 215–223. [CrossRef]
57. Guerra, C.; Pinto-Cortez, C.; Toro, E.; Efthymiadou, E.; Quayle, E. Online sexual harassment and depression in Chilean adolescents: Variations based on gender and age of the offenders. *Child Abus. Negl.* **2021**, *120*, 105219. [CrossRef] [PubMed]
58. Rodriguez-Rivas, M.E.; Varela, J.J.; González, C.; Chuecas, M.J. The role of family support and conflict in cyberbullying and subjective well-being among Chilean adolescents during the COVID-19 period. *Heliyon* **2022**, *8*, e09243. [CrossRef] [PubMed]
59. Varela, J.J.; Hernández, C.; Miranda, R.; Barlett, C.P.; Rodríguez-Rivas, M.E. Victims of Cyberbullying: Feeling Loneliness and Depression among Youth and Adult Chileans during the Pandemic. *Int. J. Environ. Res. Public Health* **2022**, *19*, 5886. [CrossRef] [PubMed]
60. Sticca, F.; Perren, S. Is cyberbullying worse than traditional bullying? Examining the differential roles of medium, publicity, and anonymity for the perceived severity of bullying. *J. Youth Adolesc.* **2013**, *42*, 739–750. [CrossRef]

61. Schunk, F.; Zeh, F.; Trommsdorff, G. Cybervictimization and well-being among adolescents during the COVID-19 pandemic: The mediating roles of emotional self-efficacy and emotion regulation. *Comput. Hum. Behav.* **2022**, *126*, 107035. [CrossRef]
62. Modecki, K.L.; Minchin, J.; Harbaugh, A.G.; Guerra, N.G.; Runions, K.C. Bullying Prevalence Across Contexts: A Meta-analysis Measuring Cyber and Traditional Bullying. *J. Adolesc. Health* **2014**, *55*, 602–611. [CrossRef]
63. Hawker, D.S.J.; Boulton, M.J. Twenty Years' Research on Peer Victimization and Psychosocial Maladjustment: A Meta-analytic Review of Cross-sectional Studies. *J. Child Psychol. Psychiatry* **2000**, *41*, 441–455. [CrossRef]
64. Rudolph, K.D. Puberty as a developmental context of risk for psychopathology. In *Handbook of Developmental Psychopathology*, 3rd ed.; Springer Science + Business Media: New York, NY, USA, 2014; pp. 331–354.

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