

Article

Will I Like Myself If You Hurt Me? Experiences of Violence and Adolescents' Self-Esteem

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Citation: Jankowiak, B.; Jaskulska, S.; Sanz-Barbero, B.; Waszyńska, K.; Claire, K.D.; Bowes, N.; Silva, E.; Neves, S.; Albaladejo-Blázquez, N.; Pyżalski, J.; et al. Will I Like Myself If You Hurt Me? Experiences of Violence and Adolescents' Self-Esteem. *Sustainability* **2021**, *13*, 11620. <https://doi.org/10.3390/su132111620>

Academic Editors: María del Mar Molero Jurado and Carlos Salavera

Received: 17 August 2021
Accepted: 17 October 2021
Published: 21 October 2021

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Abstract: Self-esteem seems to be a crucial factor in adolescents' psychological well-being. Our study aimed to identify the likelihood of high/medium/low adolescents' self-esteem in personal experiences of abuse and/or violence (abuse by an adult in childhood, bullying and cyberbullying, and dating violence victimization), different socioeconomic characteristics, perceived social support, and ability to resolve social problems. The study participants were 1451 students from secondary schools (age 13–16) in Spain, Italy, Romania, Portugal, Poland and the UK. We calculated relative risk ratios using multinomial regression models to understand how socioeconomic characteristics, personal experiences of abuse and/or violence, perceived social support, ability to resolve social problems were associated with a self-esteem level. Having no experience of being a victim of physical and sexual abuse in childhood and not being a victim of bullying and cyberbullying is connected with the likelihood of high self-esteem regarding having low self-esteem. Taking as reference those who have never been in a dating relationship, the probability of medium and high self-esteem, decreases when teens are in a romantic or dating relationship and they are victims of intimate partner violence, but the negative effect is explained when other violent variables are included in the model. Being a boy, begin a younger teenager, mother's paid work, high problem-solving skills and perceptions of social support is in relation with the prospect for higher self-esteem. Promoting adolescent self-esteem means preventing all forms of violence perpetrated by significant others, as well as increasing the ability of youth to seek social support and develop problem-solving skills.

Keywords: self-esteem; abuse in childhood; bullying; cyberbullying; dating violence; adolescents

1. Introduction

Self-esteem is a psychological construct described and defined as a person's positive or negative attitude toward himself or herself [1], a positive or negative self-experience [2], or a response to oneself that can take a variety of forms according to different periods and circumstances [3]. Scientific research on adolescents' self-esteem has suggested its positive influence in well-being conditions, particularly in high happiness and life satisfaction and low psychopathology evidence [4]. High self-esteem translates into a greater number of

initiatives taken and satisfaction with life [5,6] and boosts self-rated health [7]. On the contrary, low self-esteem entails poorer health [8]. Self-esteem determines most the state of happiness, and it is an important contributor to mental health in adolescence. Based on clinical observations and research, low self-esteem is linked with self-damaging behaviors, the risk of depression, anxiety, and eating disorders [9–12]. Moreover, it may also increase the likelihood of risky behavior among young people and adversely impact their development [13]. Children with low self-esteem tend to be less accepted by the same age group [14]. Additionally, low self-esteem is typically associated with increased levels of sadness and may lead to suicidal behavior to a larger extent [15].

Adolescence is a remarkable time for self-esteem development [16], where adolescents experience individual and social challenges regarding their own representations of self. Coping with deep, intense physical, psychological, and social changes, youth shape their uniqueness in relation with others, with self-image playing an important role in the process of identity construction. They focus on self-image, both physical and psychological. During adolescence, awareness of and care for one's image are usually high; therefore, it is a particularly interesting period in life to study one's self-esteem [1]. Adolescents' self-esteem is impacted by experience from the past and expectations about the future and seems to affect boys and girls differently, including in the average results of self-assessment [10]. For adolescent boys, self-esteem has a continuous upward trend, while for girls it may improve or deteriorate depending more on personality characteristics [17].

Positive youth development model defines high self-esteem as one of the individual strengths [18]. Following this model, there is a dynamic relationship between various individual and contextual factors. Thus, individual factors (e.g., self-esteem, social skills, solving problems) and contextual factors (e.g., both protective and risk factors experienced in multiple ecological contexts: family, school, community, peer) are mutually reinforcing [18]. The experience of violence is a risk factor that jeopardizes youth development [18] and also weakens self-esteem [19]. The level of self-esteem is strongly influenced by violent experiences in childhood. According to WHO violence against children includes all forms of violence against people under 18 years old. Violence mainly involves child maltreatment (i.e., physical, sexual and emotional abuse, and neglect) at the hands of parents and other authority figures. Boys and girls are at equal risk of physical and emotional abuse and neglect, and girls are at greater risk of sexual abuse, define as involving a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to or different forms of violence [20].

According to Benson et al. [18], supportive relationships with parents are extremely important for the positive development of adolescents, and, as the research shows, parenting styles affect self-esteem development [21,22]. Parents who are supportive and establish good relations with their children promote a more positive self-esteem [23]. The attachment relationship with parents is an important factor in protecting well-being [24,25]. Adolescents who develop a secure attachment relationship with their parents report greater satisfaction with life, stronger self-esteem and satisfying romantic relationships [26–30]. On the other hand, experiences of abuse and neglect in the family favor the formation of negative self-esteem, because this kind of experience may significantly affect self-image and self-perception [19].

Prosocial peer attachment and sociability which are important developmental assets concern the area of relations with peers, which is very important for young people [18]. Also, as shown by research, self-esteem is associated with respect from or acceptance by peer groups [31]. Self-esteem may indicate a person's level of status and acceptance in his or her social group [32]. Hence, negative peer experiences such as group rejection or peer violence can lower adolescents' self-esteem, as confirmed by the results of the research conducted according to which peer rejection is associated with lower global self-esteem [33]. Indeed, not only peer victimization could have long lasting negative effects on self-esteem [34,35], as low self-esteem could also be a risk factor for children becoming victims of violence [34]. Studies on bullying and cyberbullying, understood

as a serious form of peer violence that is regular and intentional, involves an imbalance of power, and includes the involvement of a perpetrator and a victim [36], support such hypotheses [37].

Adolescence is a period in which most youth engage, for the first time, in intimate relations [38] which means starting dating and building a reciprocal romantic relationship with a partner [39,40]. When dating violence—defined as a behavior that occurs in the context of an intimate relationship, can be manifested in various forms: physical, emotional, and sexual, and can be driven by manipulation, use of power, or control [41]—occurred the consequences are dramatic. It threatens self-perception [42,43] and disturbing self-esteem [44]. If people with more positive evaluations of their intimate relationships report higher levels of self-esteem, negative evaluations tend to correspond to lower levels of self-esteem [45].

Social support has been linked to positive self-esteem [46,47]. Supportive relationships enhance developmental strengths and provide a buffer against risk [48]. Perceived social support and self-esteem are important factors when a relation between childhood maltreatment and well-being is observed [47]. As adolescents' self-esteem is related to their personal competencies, training in social problem-solving strategies may improve self-esteem [49].

The positive youth development model was the basis of the project Lights4Violence, which gave us the opportunity to identify how socioeconomic characteristics; personal experiences of violence in childhood, among peers, and in an intimate relationship; personal and environmental resources; and competencies are associated with adolescent self-esteem. The project Lights4Violence was a longitudinal quasi-experimental educational intervention conducted with European adolescents between ages 13 and 16 and focused on promoting adolescents' capabilities to improve their intimate relationships with their peers [50].

Because self-esteem appears to be a crucial factor in adolescents' psychological well-being [51,52] and—according to the model of positive youth development—an important individual force [18], this study aimed:

- to identify the likelihood of high/medium/low self-esteem in adolescents with different sociodemographic characteristics (students' age, sex, and parents' employment);
- to identify the likelihood of high/medium/low self-esteem in adolescents with personal experiences of violence (dating violence, bullying/cyberbullying, physical and sexual abuse in childhood);
- to identify the likelihood of high/medium/low self-esteem in adolescents with a different perception of social support and social problem-solving skills.

2. Materials and Methods

2.1. Design

The study has a cross-sectional design. Data were gathered from adolescents at the baseline stage of their engagement in the Lights4Violence project [50]. The data were collected using an online questionnaire including demographic variables, socioeconomic variables, experience of violence, the Student Social Support Scale [53], the Social Problem-Solving Inventory-Revised Scale [54], the Rosenberg Self-Esteem Scale [1], and other scales defined by the project Lights4Violence. The data were gathered in 12 schools between October 2018 and February 2019. The program content was presented, and the opportunity to participate was offered to the school headmasters. Participation was offered to all the students of the classes selected. Participation was 98.78%.

2.2. Ethical Considerations

Data were collected by project partners based at universities in various countries, and all the information gathered by the project partners and beneficiaries was confidential. Participation was voluntary. Each partner was required to obtain the permission of his or her own ethics committees and a signed informed consent document from the school, headmasters, parents, and students. Participants created a unique participant code for themselves at the first data collection point. In cases in which a student reported hav-

ing been abused by an adult, each country used its own protocol to inform the school. Due to the anonymity of the questionnaire, it was impossible to identify the victims. However, it was possible to inform the school about the number of student reports of abuse. Each school was responsible for following the respective protocol to intervene.

The Lights4Violence project protocol was approved by the ethics committee of the University of Alicante, University Institute of Maia, Universitatea de Medicina si Farmacie Grigore T. Popa, and Adam Mickiewicz University. Waivers were obtained from the Libera Universita Maria SS. Assunta of Rome and the Cardiff Metropolitan University. It was also registered in [ClinicalTrials.gov](https://clinicaltrials.gov) (accessed on 13 October 2021) by the coordinator ([Clinicaltrials.gov](https://clinicaltrials.gov): NCT03411564. Unique protocol ID: 776905. Date registered: 18 January 2018).

2.3. Participants

We recruited 1555 participants between 13 and 16 years old from secondary schools in Alicante, Spain (130 girls and 125 boys); Rome, Italy (206 girls and 79 boys); Iasi, Romania (214 girls and 129 boys); Matosinhos, Portugal (125 girls and 134 boys); Poznan, Poland (135 girls and 55 boys); and Cardiff, UK (112 girls and 92 boys). The sample was performed within the framework of a quasi-experimental intervention: a secondary education programme to promote positive relationships among adolescents [50]. The involved schools were selected (non-probabilistic sampling) according authors' settings in order to guarantee institutional collaboration in this intervention.

Once we eliminated missing values, the analyzed sample included 1451 questionnaires (879 girls and 572 boys). A statistical power analysis was performed for sample size estimation, based on data from a previously published random-effects meta-analysis of 23 studies about school-based interventions to prevent violence and negative attitudes in teen dating relationships [55].

2.4. Measures

2.4.1. Dependent Variables

In this study, the predicted variable was subjective self-esteem, collected by the Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale is a 10-item scale that measures global self-worth by assessing both positive and negative feelings about the self (e.g., "On the whole, I am satisfied with myself"; "I wish I could have more respect for myself"). The scale is believed to be unidimensional. All items are answered using a four-point Likert scale format ranging from strongly agree to strongly disagree [1]. We classify self-esteem as low (<25 points), medium (26–29 points), and high (30–40 points) [56]. In our study, The Rosenberg Self-Esteem Scale showed satisfactory internal consistency (Cronbach's alpha) ranged 0.82.

2.4.2. Independent Variables

In this study, we considered a predictor variable related to experiences of abuse and/or violence by an adult in childhood before 15 years old, bullying and cyberbullying, and dating violence victimization.

- Two questions with dichotomous answers (yes/no) were included: "Before you were 15 years old, did any adult—that is, someone 18 years or older—physically hurt you in any way (for example, slapped, kicked, pushed, grabbed, or shoved you)?" "Before you were 15 years old, did someone 18 years or older force you to participate in any form of sexual activity when you did not want to?"
- Bullying and cyberbullying scales were adapted from the Lodz Electronic Aggression Questionnaire (LEAQ). The tool measures bullying and cyberbullying, understood as a serious form of peer violence that is regular and intentional, involves an imbalance of power, and includes the involvement of a perpetrator and a victim, also in the context of current or former romantic partners. The four questions referred to the last three months, and the scale includes Likert answers (never–three times or more) [36].

- Those who had been in a dating relationship were asked: “Has anyone whom you have ever been on a date with physically hurt you in any way (for example, slapped, kicked, pushed, grabbed, or shoved you)?”; “Has the person whom you have been on a date with ever attempted to force or forced you to take part in any form of sexual activity when you did not want it?”; “Has the person whom you have been on a date with ever tried to control your daily activities, for example, who you could talk with, where you could go, how to dress, check your mobile phone, etc.?”; “Has the person whom you have been on a date with ever threatened you or made you feel threatened in any way?” The exposure to dating experiences was measured by a variable created for the data analysis with the following categories: has never been in a partner relationship; has been in a relationship but never experienced violence; has been in a relationship and has experienced violence.

2.4.3. Covariates

The following covariates were also used for this study:

- Sociodemographic characteristics: students’ age, sex, and parents’ employment. The answers were collected through a multiple-choice format. The employment variable was classified as “paid work” and “unpaid work” (homemaker, unemployed, retired and unable to work because of a disability, student, died).
- The Child and Adolescent Social Support Scale is a 60-item, multidimensional scale that measures the social support perceived by students from parents, teachers, classmates, friends, and “other people at school” (e.g., principal, counselor), with a range of 12–72 for each area. It includes 12 items in each subscale with six Likert-type response categories that range from never to always. A higher score indicates greater social support. Students rate each behavior on two dimensions: availability (six-point rating scale) and frequency (three-point rating scale) [53]. For this study, we only analyzed the results of the frequency dimension because the trend of both dimensions related to dependent variables and co-variables was similar. In our study, The Child and Adolescent Social Support Scale showed satisfactory internal consistency (Cronbach’s alpha) ranged 0.96.
- The Social Problem-Solving Inventory-Revised Scale abbreviated version is a brief scale of 25 items that indicates the ability to resolve social problems. Items are answered on a five-point Likert-type scale, from “this is not true” to “extremely true”. Items are distributed in five sub-scales (five items in each subscale) that evaluate functional and dysfunctional aspects of the ability to problem solve. The functional dimension is evaluated through two sub-scales: positive problem orientation and rational problem resolution. The dysfunctional dimension is evaluated through the sub-scales negative problem orientation, avoidance style, and impulsivity/carelessness style. These five dimensions allow to obtain a total score that corresponds to a general estimation of the ability to solve problems, in addition to the average scores in each dimension [54]. Only the summary result was used in this work. In our study The Social Problem-Solving Inventory-Revised Scale showed satisfactory internal consistency (Cronbach’s alpha) ranged 0.84.

All the models were adjusted by country (Poland, Portugal, Spain, Italy, Romania, and the UK).

2.4.4. Statistical Analyses

A description of the total sample, and in the sample stratified by sex, was carried out for each of the variables included in the study. For quantitative covariates, we described the mean and the standard distribution. In order to understand which variables were associated with low/medium/high self-esteem, we calculated relative risk ratios (RRR) using multinomial regression models. Statistical significance was considered to be a p -value <0.05 . Stata 14.0 was used.

3. Results

The mean value for self-esteem is 27.9 (SD: 5.69, Max: 40, Min: 10), for girls: 27.32 (SD: 5.84, Max: 40, Min: 10), and for boys: 28.94 (SD: 5.22, Max: 40, Min: 13). Table 1 describes the sample characteristics stratified by low (score < 25), medium (score 26–29), or high level (score 30–40) of self-esteem. Statistical significance was calculated using chi square for categorical variables and ANOVA test for continuous variables.

Table 1. Description of the sample (n = 1451).

	Low Self-Esteem (n = 520)	Medium Self-Esteem (n = 407)	High Self-Esteem (n = 524)	p Value
	%	%	%	
Sex				
Girls	38.7	28.7	32.7	0.002
Boys	31.5	27.1	41.4	
Age				
≤13 years	30.3	25.1	44.6	<0.001
14–15 years	36.9	27.7	35.4	
>15 years	43.5	32.2	24.3	
Mother's employment				
No paid work (homemaker, unemployed, pensioner, student)	40.7	29.1	30.3	0.014
Paid work/freelance	33.6	27.8	38.6	
Father's employment				
No paid work (homemaker, unemployed, pensioner, student)	47.2	22.8	29.9	0.019
Paid work/freelance	34.7	28.2	37.2	
Has suffered physical and/or sexual abuse before age 15 by an adult				
Yes	47.9	29.7	21.5	<0.001
No	33.0	27.3	39.6	
Victim of bullying/cyberbullying				
Yes	45.3	28.5	26.2	<0.001
No	31.0	27.5	41.5	
Physical dating violence				
Never dated	32.7	29.1	38.2	0.039
Yes	44.6	32.5	22.9	
No	37.8	26.7	35.6	
Sexual dating violence				
Never dated	32.7	29.1	38.2	<0.001
Yes	56.0	28.6	15.4	
No	36.5	27.0	36.5	
Control dating violence				
Never dated	32.7	29.1	38.2	0.203
Yes	41.2	27.0	31.8	
No	37.6	27.2	35.2	
Fear				
Never dated	32.7	29.1	38.2	<0.001
Yes	60.8	21.6	17.6	
No	36.5	27.7	35.9	
Dating violence (physical/sexual/control/fear)				
Never dated	32.9	29.5	37.6	0.007
Yes	44.4	28.0	27.6	
No	35.7	26.8	37.5	
	Mean (SD)	Mean (SD)	Mean (SD)	
Perceived social support	237.86 (49.6)	249.77 (44.4)	269.20 (47.9)	<0.001
Social problem-solving	52.30 (11.03)	57.60 (10.6)	67.84 (12.04)	<0.001

Table 2 shows the multinomial regression crude model taking as a reference low self-esteem. The gender and age divergences in self-esteem levels proved to be statistically significant. Being a boy (RRR [CI 95%]: 1.56 [1.22, 2.002]) is connected with the likelihood of higher self-esteem, while being an older teenager decreased the likelihood of higher self-esteem (RRR [CI 95%]: 0.38 [0.27, 0.539]) (Table 2). The mother's paid job (RRR [CI 95%]: 1.54 [1.15, 2.065]) is correlated with high self-esteem level, while the father's paid job is in the relation with the likelihood of medium self-esteem (RRR [CI 95%]: 1.68 [1.06, 2.68]) and high self-esteem (RRR [CI 9.5%]: 1.69 [1.10, 2.594]).

Table 2. Multinomial regression for low self-esteem (crude model).

	Medium Self-Esteem Score 26–29				High Self-Esteem Score 30–40			
	RRR	CI 95%	<i>p</i> Value	RRR	CI 95%	<i>p</i> Value		
Sex (Unexposed group: "girls")								
Boys	1.16	0.89	1.52	0.275	1.56	1.22	2.002	<0.001
Age (Unexposed group: ">13")								
14–15 years	0.91	0.67	1.24	0.549	0.65	0.49	0.863	0.00
>15 years	0.90	0.63	1.28	0.547	0.38	0.27	0.539	0.00
Mother's employment (Unexposed group: "no paid work")								
Paid work/freelance	1.16	0.86	1.56	0.342	1.54	1.15	2.065	0.00
Father's employment (Unexposed group: "no paid work")								
Paid work/freelance	1.68	1.06	2.68	0.029	1.69	1.10	2.594	0.02
Physical and sexual abuse in childhood (Unexposed group: "yes")								
No	1.36	1.01	1.84	0.044	2.73	1.98	3.77	0.000
Victim of bullying/cyberbullying (Unexposed group: "yes")								
No	1.41	1.08	1.83	0.010	2.32	1.79	2.994	0.00
Physical dating violence (Unexposed group: "I have never been in a dating relationship")								
Yes	0.82	0.48	1.41	0.470	0.44	0.24	0.79	0.006
No	0.79	0.60	1.04	0.097	0.81	0.62	1.04	0.100
Sexual dating violence (Unexposed group: "I have never been in a dating relationship")								
Yes	0.57	0.34	0.96	0.035	0.24	0.13	0.44	0.000
No	0.83	0.63	1.10	0.191	0.86	0.66	1.11	0.239
Control dating violence (Unexposed group: "I have never been in a dating relationship")								
Yes	0.74	0.49	1.10	0.130	0.66	0.45	0.96	0.031
No	0.81	0.61	1.08	0.155	0.80	0.62	1.05	0.106
Fear dating violence (Unexposed group: "I have never been in a dating relationship")								
Yes	0.40	0.22	0.73	0.003	0.25	0.13	0.47	0.000
No	0.85	0.65	1.12	0.251	0.84	0.65	1.09	0.193
Dating violence (physical/sexual/control/fear) (Unexposed group: "I have never been in a dating relationship")								
Yes	0.70	0.50	1.00	0.052	0.55	0.39	0.77	0.001
No	0.84	0.63	1.13	0.247	0.92	0.70	1.21	0.564
Social problem-solving	1.04	1.03	1.06	0.000	1.13	1.11	1.14	0.000
Perceived social support	1.01	1.01	1.01	0.000	1.01	1.01	1.02	0.000

When teens have not experienced physical or sexual abuse in childhood (RRR [CI 95%]: 2.73 [1.98, 3.77]) and have not been a victim of bullying and cyberbullying (RRR [CI 95%]: 2.32 [1.79, 2.994]) they tend to possess high self-esteem (Table 2). Having no experience of being a victim of physical or sexual abuse in childhood (RRR [CI 95%]: 1.36 [1.01, 1.84]) as well as not being a victim of bullying and cyberbullying (RRR [CI 95%]: 1.41 [1.08, 1.83]) is connected to the likelihood of medium self-esteem (Table 2), compared with low self-esteem.

Taking as a reference those who have never been in a dating relationship, odds of medium (RRR [CI 95%]: 0.70 [0.50, 1.00]) and high self-esteem (RRR [CI 95%]: 0.55 [0.39, 0.77]) decrease when teens are in a romantic or dating relationship and they are victims of intimate partner violence. Increased problem-solving skills (RRR [CI 95%]: 1.13 [1.11, 1.14]) and perceptions of social support (RRR [CI 95%]: 1.01 [1.01, 1.02]) is in relation with probability of high self-esteem as well as medium self-esteem (Table 2), compared with low self-esteem.

Tables 3–5 show the results of the multivariable multinomial regression. In Table 3, Model 1 is adjusted by sociodemographic variables. In Table 4 Model 2 is adjusted by experience of violence. In Table 5 Model 3 is adjusted by problem solving and social support.

In the model adjusted by sociodemographic variables (Model 1), it is shown that both being a boy (RRR [CI 95%]: 1.57 [1.19, 2.06]) and having a mother who has a paid work (RRR [CI 95%]: 1.54 [1.09, 2.18]) is associated with opportunity to have higher self-esteem, compared with having low self-esteem, while father's paid work (RRR [CI 95%]: 1.68 [1.02, 2.78]) increased the likelihood of medium self-esteem. Being an older teenager decreased the likelihood of higher self-esteem (RRR [CI 95%]: 0.33 [0.18, 0.62]).

Taking into account the variables related to the experience of violence in Model 2 (Table 4) does not explain the relationship between sociodemographic characteristics and self-esteem, the effect of which still persists. Moreover, both having no experience of being a victim of physical or sexual abuse in childhood (RRR [CI 95%]: 2.33 [1.61, 3.36]) and not being a victim of bullying and cyberbullying (RRR [CI 95%]: 1.83 [1.37, 2.45]) is in relation with high self-esteem, compared with low self-esteem.

Including the Social Problem-Solving Inventory-Revised Scale and the Child and Adolescent Social Support Scale in Model 3 (Table 5) shows that the relation between physical and sexual abuse in childhood and bullying/cyberbullying and high self-esteem is only slightly explained. Furthermore, as problem-solving skills and perceptions of social support increase, so does the prospect for medium and high self-esteem.

Table 3. Multinomial regression for low self-esteem (sociodemographic characteristics).

Model 1 * Sociodemographic Characteristics									
	Medium Self-Esteem Score 26–29				High Self-Esteem Score 30–40				
	RRR	CI 95%		p Value	RRR	CI 95%		p Value	
Sex									
(Unexposed group: "girls")									
Boys	1.14	0.85	1.53	0.369	1.57	1.19	2.06	<0.001	
Age (Unexposed group: ">13")									
14–15 years	0.94	0.58	1.52	0.793	0.69	0.44	1.08	0.106	
>15 years	0.73	0.39	1.38	0.333	0.33	0.18	0.62	<0.001	
Mother's employment (Unexposed group: "no paid work")									
Paid work/freelance	1.02	0.72	1.45	0.914	1.54	1.09	2.18	0.014	
Father's employment (Unexposed group: "no paid work")									
Paid work/freelance	1.68	1.02	2.78	0.042	1.51	0.95	2.41	0.08	

* adjusted by country.

Table 4. Multinomial regression for low self-esteem (experience of violence).

Model 2 * Experience of Violence								
	Medium Self-Esteem Score 26–29			High Self-Esteem Score 30–40				
	PR	CI 95%	p Value	PR	CI 95%	p Value		
Sex (Unexposed group: “girls”)								
Boys	1.20	0.89	1.62	0.226	1.71	1.28	2.27	<0.001
Age (Unexposed group: “>13”)								
14–15 years	0.95	0.58	1.54	0.821	0.72	0.45	1.14	0.157
>15 years	0.79	0.42	1.51	0.478	0.41	0.22	0.77	0.005
Mother’s employment (Unexposed group: “no paid work”)								
Paid work/freelance	1.01	0.71	1.43	0.976	1.54	1.08	2.20	0.017
Father’s employment (Unexposed group: “no paid work”)								
Paid work/freelance	1.73	1.04	2.88	0.036	1.47	0.91	2.36	0.113
Victim of bullying/cyberbullying (Unexposed group: “yes”)								
No	1.25	0.93	1.68	0.131	1.83	1.37	2.45	<0.001
Dating violence (physical/sexual/control/fear) (Unexposed group: “I have never been in a dating relationship”)								
I have been in a dating relationship, and I have been victim of IPV.	0.81	0.54	1.20	0.291	0.85	0.57	1.25	0.407
I have been in a dating relationship, but I have not been victim of IPV.	0.85	0.62	1.17	0.325	0.84	0.62	1.14	0.264
Physical and sexual abuse in childhood (Unexposed group: “yes”)								
No	1.20	0.85	1.69	0.292	2.33	1.61	3.36	<0.001

IPV: interpersonal partner violence. * adjusted by country.

Table 5. Multinomial regression for low self-esteem (problem solving and social support).

Model 3 * Problem Solving and Social Support								
	Medium Self-Esteem Score 26–29			High Self-Esteem Score 30–40				
	RRR	CI 95%	p Value	RRR	CI 95%	p Value		
Sex (Unexposed group: “girls”)								
Boys	1.23	0.91	1.67	0.183	1.97	1.42	2.73	<0.001
Age (Unexposed group: “>13”)								
14–15 years	1.02	0.62	1.67	0.939	0.86	0.51	1.44	0.567
>15 years	0.95	0.49	1.83	0.873	0.59	0.29	1.22	0.158
Mother’s employment (Unexposed group: “no paid work”)								
Paid work/freelance	1.02	0.71	1.47	0.915	1.72	1.14	2.58	0.009
Father’s employment (Unexposed group: “no paid work”)								
Paid work/freelance	1.70	1.01	2.85	0.046	1.24	0.72	2.12	0.434
Victim of bullying/cyberbullying (Unexposed group: “yes”)								
No	1.15	0.85	1.56	0.37	1.47	1.05	2.07	0.026

Table 5. Cont.

	Model 3 * Problem Solving and Social Support							
	Medium Self-Esteem Score 26–29			High Self-Esteem Score 30–40				
	RRR	CI 95%	<i>p</i> Value	RRR	CI 95%	<i>p</i> Value		
Dating violence (physical/sexual/control/fear) (Unexposed group: “I have never been in a dating relationship”)								
I have been in a dating relationship, and I have been victim of IPV.	0.90	0.60	1.35	0.604	1.19	0.76	1.87	0.452
I have been in a dating relationship, but I have not been victim of IPV.	0.84	0.60	1.16	0.287	0.76	0.54	1.09	0.139
Physical and sexual abuse in childhood (Unexposed group: “yes”)								
No	1.07	0.75	1.53	0.706	1.68	1.10	2.58	0.016
Social problem-solving	1.04	1.03	1.05	<0.001	1.12	1.11	1.14	<0.001
Perceived social support	1.00	1.00	1.01	0.036	1.01	1.01	1.01	<0.001

IPV: interpersonal partner violence. * adjusted by country.

4. Discussion

In the positive youth development model, it is assumed that self-esteem as a personal resource interacts with other factors, both individual and contextual, shaping health and resilience. In this study, we identified which factors are associated with low/medium/high self-esteem. The likelihood of high self-esteem is related more with situation, when teens have not experienced sexual or physical abuse in childhood and are not victims of bullying/cyberbullying, than those, who had it. Moreover, higher self-esteem is more likely among boys and adolescents whose parents are employed, have higher problem-solving skills, and perceive higher social support. On the other hand, the likelihood of high self-esteem declines among older teens as well as among those who have experienced dating violence.

Our study indicated that self-esteem is lower among girls. Previous studies have suggested that being a boy is associated with higher self-esteem levels [57]. Self-esteem is influenced by gender roles [58]. Research in many countries shows that boys achieve higher self-esteem scores during adolescence than girls. Many features associated with the traditional male role are consistent with high self-esteem. Boys are expected to develop high self-confidence. Showing high self-esteem by girls is assessed negatively as exceeding the gender role [59]. Earlier studies have also shown that girls tend to underestimate themselves, so it is necessary to provide girls with greater support, whereas boys overestimate themselves [60]. Furthermore, girls are more compelled than boys to pursue a certain pattern of beauty, which puts them in continuous confrontation with their self-image [61].

Although some studies found that self-esteem is not affected by the advance of age [51,62], in our research self-esteem decreased with age. It is worth mentioning that many teens in our project were in early adolescence. This stage is characterized by rapid physical changes, significant cognitive maturation, and increased sensitivity to peer approval [63]. Middle adolescence is likely to mark a point of increased depressed mood and depressive syndromes [64], with emotional stabilization taking place after the age of 16. Our research shows that experiencing social support and the ability to solve social problems may eliminate the negative effect of age in adolescents.

The results suggest a link between parental employment status and adolescent self-esteem. Mother’s paid work especially increases the likelihood of higher self-esteem. Previous research also has shown that there is a link between parents’ employment status and their children’s health and self-esteem. Parental long-term unemployment has been negatively associated with adolescents’ subjective health [65,66]. Thus, the experiences of a family member are important in shaping the concept of oneself and overall adjustment.

Our research indicates that paid maternal employment may be an important contextual factor in building adolescent self-esteem, the effects of which remain even when problem-solving skills and social support are included in the model.

As has been previously observed [19,67–71], the likelihood of high self-esteem increases when teens have not experienced sexual or physical abuse in childhood and are not victims of bullying/cyberbullying. In this study, the effect of these experiences on self-esteem remains even after problem-solving skills and social support are included in the model (although the influence of these factors is slightly smaller in Model 3 than in Model 2). Although support [46,47] and social competencies [49] are of great importance for adolescents' mental health and self-esteem, our research reveals the substantial impact of being subjected to physical/sexual violence and bullying/cyberbullying. Actually, people who have not experienced such types of victimization have higher self-esteem levels, regardless of their perceived support and problem-solving skills. Though research supports the efficacy of positive youth development as an approach for changing developmental odds [18], our results show, that in order to help young people who have experienced childhood violence and bullying/cyberbullying, positive strategies based on strengthening resources (e.g., social support and social skills) may not be sufficient and risk reduction strategies will also be necessary. As Benson et al. [18] writes in relation to adolescents from higher-risk groups „It is likely that reducing risks and promoting assets can be complimentary strategies for enhancing positive developmental outcomes”.

The negative impact of experiencing childhood violence on self-esteem and mental health is well described in the literature. As a result of trauma, children may lose the sense of security and integrity. Moreover, the misperception of reality, influenced by cognitive mechanisms, could reinforce the feelings of harm and incompleteness and increase re-experiencing difficult emotions. This influences the perceived self-image and self-esteem [72,73]. If the perpetrators are parents, such experiences can have a significant impact on the bond between them and the child. Attachment theory helps how to understand the role of the parent-child relationship and its consequences for the child's self-concept [74,75]. Children who have experienced parental violence are characterized by an insecure attachment style. The strategies that the physically abused and neglected children adapted for relations with parents also marked their interactions outside the family, shaped them and their way of treating themselves and others [76]. Our research confirms that experiencing sexual/physical abuse in childhood could be related with difficulties in building positive self-esteem during adolescence. Building a positive self-image seems to be linked to not having experienced peer violence. According to the positive youth development model, safe peer group interaction fosters building personal resources (such as the self-esteem) [18]. The reasons why the absence of peer abuse experience is so important to self-esteem may be explained also through the sociometer theory. According to this theory, the degree of inclusion or exclusion impacts the level of self-esteem [77]. Self-esteem reflects the state of being accepted or not (e.g., by schoolmates, a peer group, or an intimate partner). The perceived perception of being included or excluded strongly influences self-esteem, particularly during adolescence [77].

Our results also show that compared to people who have never been in a dating relationship, the likelihood of medium and high self-esteem decreases when teens are in a romantic or dating relationship and are exposed to intimate partner violence (Table 2), but the negative effect is explained when other violent variables are included in the model (Table 4, Model 2). People who have experienced sexual abuse on dates, as well as those who were afraid of their dating partner, are less likely to achieve average and high self-esteem than non-dating teens. Young people who have experienced physical abuse and those whose daily activities were controlled by their intimate dating partner are less likely to achieve high self-esteem than teenagers who have never dated. Our research is consistent with other research indicating the negative impact of dating violence on teenagers' self-esteem [42,43,68,78]. According to the positive development model, the sense of supportive relationships, characterizing themselves by warmth, closeness, good communication, se-

cure attachment, and responsiveness support the possibility of growth and happiness [18]. Such conditions are not met by a violent relationship. It is not a supportive relationship, on the contrary, it has a negative impact on the development of a young person, including self-esteem level.

Self-esteem acts as a monitor, searching for cues to determine whether the individual is being accepted or rejected in a relationship [77]. Experiencing abusive behaviors in dating relationships is used to evaluate yourself as a partner [78]. Moreover, when referring to the attachment theory, it is worth emphasizing that the quality of the romantic relationship in adolescence may also be related to the quality of the bond with parents in childhood. As the results of studies show, aggression in adolescent romantic relationships may have roots in non-secure attachment [79], so it is worth assessing in the context of broader patterns of behavior via the attachment system. Therefore, it can be assumed that in our study, when other variables related to violence were added to the model, e.g., experiencing violence in childhood, the negative effect of dating violence was explained.

Also, previous research has shown that individuals with high self-esteem may also seek and receive more social support, which may facilitate more adaptive coping behaviors and overall adjustment [46,57]. Individuals with low self-esteem may experience having no comfort in themselves and their capabilities and be more challenged regarding the ability to identify coping resources and to use them for intended purposes [52]. A lack of self-confidence can also make it difficult to use effective problem-solving methods [49]. According to the positive young development model, social support and social skills such as solving social problems are important developmental assets [18]. Our research results indicate that people with higher problem-solving skills and perceived social support have greater likelihood of medium and high self-esteem. The findings of this study support the validity of the use of preventive strategies aimed at shaping social skills, such as problem-solving and seeking social support to strengthen adolescents' self-esteem.

In interpreting our results, it is necessary to consider some limitations. The sampling procedure does not allow us to generalize the study results to the population of each country. It was calculated to have enough statistical power to analyze the results as a whole. It should also be mentioned that some information related to sociodemographic characteristics was missing, because the adolescents declined to provide that information. The information lost was related to parents' education level, because they did not know this information about them, so a high percentage of the answers were marked as "don't know". The perception of having been exposed to dating violence could be different depending on the cultural context of the students. To address this, our models were adjusted by country, but there may be residual confusion.

5. Conclusions

Adolescents who have not been exposed to sexual or physical abuse in childhood or have not been bullied or cyberbullied reveal high levels of self-esteem when compared with those who were victims. Considering this relation, the negative and pervasive effects of victimization on one's self-perception development are undoubtedly demonstrated. In addition, the likelihood of high self-esteem increases when adolescents are boys, young adolescents, perceive high social support, and have high problem-solving skills. Considering the main results of the study, it is reasonable to deduce that promoting adolescents' self-esteem implies preventing and combating all forms of violence perpetrated by significant others, along with increasing their ability to seek social support and develop problem-solving skills. Special support should be given to girls because they have lower self-esteem than boys. As sexual or physical abuse in childhood and bullying or cyberbullying reduce the chances of higher self-esteem levels in adolescence, even when social support is relatively high and problem-solving skills are achieved, all efforts to protect children from victimization are required. However for adolescent victims of childhood violence, resource-enhancing strategies must be complemented with those that reduce the risk.

Author Contributions: Conceptualization, B.J., S.J. and K.W.; methodology, B.J., S.J., C.V.-C. and B.S.-B.; software, B.S.-B.; validation, B.J., S.J. and B.S.-B.; formal analysis, B.S.-B.; investigation, B.J., S.J., C.V.-C. and B.S.-B.; resources, B.S.-B.; data curation, B.S.-B.; writing—original draft preparation, B.J., S.J., K.W., B.S.-B., K.D.C., N.B., E.S., S.N., N.A.-B., J.P., I.C.-R. and C.V.-C.; visualization, B.J. and B.S.-B., supervision, C.V.-C.; project administration, C.V.-C.; funding acquisition, B.J. and S.J. All authors made substantial contributions to the different versions of the study. All authors gave the final approval of the version to be published and took public responsibility for appropriate portions of the content. All authors agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors have read and agreed to the published version of the manuscript.

Funding: This paper was funded by the European Union’s Rights, Equality and Citizenship Programme (2014–2020), under grant agreement No. 776905.

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki, and approved by the ethics committee of the University of Alicante, University Institute of Maia, Universitatea de Medicina si Farmacie Grigore T. Popa, and Adam Mickiewicz University. Waivers were obtained from the Libera Universita Maria SS. Assunta of Rome and the Cardiff Metropolitan University. It was also registered in [ClinicalTrials.gov](https://clinicaltrials.gov) by the coordinator ([Clinicaltrials.gov](https://clinicaltrials.gov): NCT03411564. Unique protocol ID: 776905. Date registered: 18 January 2018).

Informed Consent Statement: Ethics approvals/waivers covered the individual schools where interventions were performed. Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author.

Acknowledgments: We would like to thank students and teachers as well as the researchers from all the nations and institutions involved in the project.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Rosenberg, M. *Society and the Adolescent Self-Image*; Princeton University Press: New York, NY, USA, 1965.
- Rosenberg, M. Self-concept from middle childhood through adolescence. In *Psychological Perspectives on the Self*; Suls, J., Greenwald, A.G., Eds.; Lawrence Erlbaum: Hillsdale, MI, USA, 1986; pp. 107–135.
- Gregg, A. Optimally conceptualizing implicit self-esteem: Comment. *Psychol. Inq.* **2003**, *14*, 35–38.
- Duffy, R.D.; Douglass, R.P.; Autin, K.L.; Allan, B.A. Examining predictors and outcomes of a career calling among undergraduate students. *J. Vocat. Behav.* **2014**, *8*, 309–318. [[CrossRef](#)]
- Diener, E.; Diener, M. Cross-cultural correlates of life satisfaction and self-esteem. *J. Personal. Soc. Psychol.* **1995**, *68*, 653–663. [[CrossRef](#)]
- Biro, F.M.; Striegel-Moore, R.H.; Franko, D.L.; Padgett, J.; Bean, J.A. Self-esteem in adolescent females. *J. Adolesc. Health* **2006**, *39*, 501–507. [[CrossRef](#)] [[PubMed](#)]
- Glendinning, A. Family life, health and lifestyles in rural areas: The role of self-esteem. *Health Educ.* **1998**, *2*, 59–68. [[CrossRef](#)]
- Nirkko, O.; Lauroma, H.J.; Siltanen, P.; Tuominen, H.; Vanhala, K. Psychological risk factors related to coronary heart disease: Prospective studies among policemen in Helsinki. *Acta Med. Scand.—Suppl.* **1982**, *660*, 137–146. [[CrossRef](#)]
- Butler, A.C.; Hokanson, J.E.; Flynn, H.A. A comparison of self-esteem lability and low trait self-esteem as vulnerability factors for depression. *J. Personal. Soc. Psychol.* **1994**, *66*, 166–177. [[CrossRef](#)]
- Button, E.J.; Sonuga-Barke, E.J.; Davies, J.; Thompson, M. A prospective study of self-esteem in the prediction of eating problems in adolescent schoolgirls: Questionnaire findings. *Br. J. Clin. Psychol.* **1996**, *35*, 193–203. [[CrossRef](#)]
- Dumont, M.; Provost, M.A. Resilience in adolescents: Protective role of social support, coping strategies, self-esteem, and social activities on experience of stress and depression. *J. Youth Adolesc.* **1999**, *28*, 343–363. [[CrossRef](#)]
- Izgit, F.; Akyuz, G.; Dogan, O.; Kugu, N. Social phobia among university students and its relation to self-esteem and body image. *Can. J. Psychiatry* **2004**, *49*, 630–634. [[CrossRef](#)]
- Kavas, A.B. Self-esteem and health-risk behaviors among Turkish late adolescents. *Adolescence* **2009**, *44*, 187–198.
- Donders, W.; Verschueren, K. Self-esteem and peer acceptance: A longitudinal study among primary-school children. *Kind En Adolesc.* **2004**, *25*, 74–90.
- Ganz, D.; Braquehais, M.D.; Sher, L. Secondary prevention of suicide. *PLoS Med.* **2010**, *7*, e1000271. [[CrossRef](#)] [[PubMed](#)]
- Robins, R.W.; Trzesniewski, K.H.; Tracy, J.L.; Gosling, S.D.; Potter, J. Global self-esteem across the life span. *Psychol. Aging* **2002**, *17*, 423–434. [[CrossRef](#)] [[PubMed](#)]

17. Block, J.; Robins, R.W. A longitudinal study of consistency and change in self-esteem from early adolescence to early adulthood. *Child Dev.* **1993**, *64*, 909–923. [[CrossRef](#)]
18. Benson, P.; Scales, P.; Hamilton, S.; Sesma, A. Positive youth development: Theory, research, and applications. In *Handbook of Child Psychology*; Damon, W., Ed.; Wiley: New York, NY, USA, 2007; pp. 894–941.
19. Karakuş, Ö. Relation between childhood abuse and self-esteem in adolescence. *J. Hum. Sci.* **2012**, *9*, 753–763.
20. World Health Organization. *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*; World Health Organization: Geneva, Switzerland, 2006.
21. Bulanda, R.E.; Majumdar, D. Perceived parent–child relations and adolescent self-esteem. *J. Child Fam. Stud.* **2009**, *18*, 203–212. [[CrossRef](#)]
22. Hunter, S.B.; Barber, B.K.; Stolz, H.E. Extending knowledge of parents’ role in adolescent development: The mediating effect of self-esteem. *J. Child Fam. Stud.* **2015**, *24*, 2474–2484. [[CrossRef](#)]
23. Shaffer, D.R.; Kipp, K. *Developmental Psychology: Childhood and Adolescence*; Wadsworth Publishing: Belmont, MA, USA, 2009.
24. Bowlby, J. Attachment and loss: Retrospect and Prospect. *Am. J. Orthopsychiatry* **1982**, *52*, 664–678. [[CrossRef](#)]
25. Mónaco, E.; Schoeps, K.; Montoya-Castilla, I. Attachment Styles and Well-Being in Adolescents: How Does Emotional Development Affect This Relationship? *Int. J. Environ. Res. Public Health* **2019**, *16*, 2554. [[CrossRef](#)]
26. Yu, M.V.B.; Deutsch, N.; Futch Ehrlich, V.V.; Arbeit, M.M.; Johnson, H.H.; Melton, T.N. It’s like all of his attention is on you: A mixed methods examination of attachment, supportive nonparental youth–adult relationships, and self-esteem during adolescence. *J. Community Psychol.* **2019**, *47*, 414–434. [[CrossRef](#)]
27. Acun-Kapikiran, N.; Körükcü, Ö.; Kapikiran, S. The Relation of Parental Attitudes to Life Satisfaction and Depression in Early Adolescents: The Mediating Role of Self-esteem. *Educ. Sci. Theory Pract.* **2014**, *14*, 1246–1253. [[CrossRef](#)]
28. Jiang, X.X.; Huebner, E.E.; Hills, K.J. Parent attachment and early adolescents’ life satisfaction: The mediating role of hope. *Psychol. Sch.* **2013**, *50*, 340–352. [[CrossRef](#)]
29. Tan, J.S.; Hessel, E.T.; Loeb, E.L.; Schad, M.M.; Allen, J.P.; Chango, J.M. Long-Term Predictions from Early Adolescent Attachment State of Mind to Romantic Relationship Behaviors. *J. Res. Adolesc.* **2016**, *26*, 1022–1035. [[CrossRef](#)]
30. Miga, E.M.; Hare, A.; Allen, J.P.; Manning, N. The relation of insecure attachment states of mind and romantic attachment styles to adolescent aggression in romantic relationships. *Attach. Hum. Dev.* **2010**, *12*, 463–481. [[CrossRef](#)]
31. Wang, P.W.; Yang, P.C.; Yeh, Y.C.; Lin, H.C.; Ko, C.H.; Liu, T.L.; Yen, C.-F. Self-esteem in adolescent aggression perpetrators, victims and perpetrator-victims, and the moderating effects of depression and family support. *Kaohsiung J. Med. Sci.* **2013**, *29*, 221–228. [[CrossRef](#)] [[PubMed](#)]
32. Leary, M.R.; Tambor, E.S.; Terdal, S.K.; Downs, D.L. Self-esteem as an interpersonal monitor: The sociometer hypothesis. *J. Pers. Soc. Psychol.* **1995**, *68*, 518–530. [[CrossRef](#)]
33. Danneel, S.; Colpin, H.; Goossens, L.; Engels, M.; Van Leeuwen, K.; Van Den Noortgate, W.; Verschuere, K. Emotional school engagement and global self-esteem in adolescents: Genetic susceptibility to peer acceptance and rejection. *Merrill-Palmer Q.* **2019**, *65*, 158–182. [[CrossRef](#)]
34. Van Geel, M.; Goemans, A.; Zwaanswijk, W.; Gini, G.; Vedder, P. Does peer victimization predict low self-esteem, or does low self-esteem predict peer victimization? Meta-analyses on longitudinal studies. *Dev. Rev.* **2018**, *49*, 31–40. [[CrossRef](#)]
35. Pollastri, A.R.; Cardemil, E.V.; O’Donnell, E.H. Self-esteem in pure bullies and bully/victims: A longitudinal analysis. *J. Interpers. Violence* **2010**, *25*, 1489–1502. [[CrossRef](#)] [[PubMed](#)]
36. Pyżalski, J. From cyberbullying to electronic aggression: Typology of the phenomenon. *Emot. Behav. Diffic.* **2012**, *17*, 305–317. [[CrossRef](#)]
37. Hymel, S.; Swearer, S.M. Four decades of research on school bullying: An introduction. *Am. Psychol.* **2015**, *70*, 293–299. [[CrossRef](#)]
38. Smetana, J.G.; Campione-Barr, N.; Metzger, A. Adolescent development in interpersonal and societal contexts. *Annu. Rev. Psychol.* **2006**, *57*, 255–284. [[CrossRef](#)] [[PubMed](#)]
39. Giordano, P.C.; Manning, W.D.; Longmore, M.A. Adolescent romantic relationships: An emerging portrait of their nature and developmental significance. In *Romance and Sex in Adolescence and Emerging Adulthood: Risks and Opportunities*; Booth, A., Crouter, A.C., Eds.; Lawrence Erlbaum Associates: Mahwah, NJ, USA, 2006.
40. Collins, W.A. More than Myth: The Developmental Significance of Romantic Relationships during Adolescence. *J. Res. Adolesc.* **2003**, *13*, 9. [[CrossRef](#)]
41. Beatriz, E.D.; Lincoln, A.K.; Alder, J.; Daley, N.; Simmons, F.; Ibeh, K.; Figueroa, C.; Molnar, B.E. Evaluation of a Teen Dating Violence Prevention Intervention among Urban Middle-School Youth Using Youth Participatory Action Research: Lessons Learned from Start Strong Boston. *J. Fam. Violence* **2018**, *33*, 563–578. [[CrossRef](#)]
42. Liu, W.; Yu, B.; Ma, Y. Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults. *Public Health Nurs.* **2014**, *31*, 441–443. [[CrossRef](#)]
43. Rill, L.; Baiocchi, E.; Hopper, M.; Denker, K.; Olson, L.N. Exploration of the relationship between self-esteem, commitment, and verbal aggressiveness in romantic dating relationships. *Commun. Rep.* **2009**, *22*, 102–113. [[CrossRef](#)]
44. Diaz-Aguado, M.J.; Martinez, R. Types of adolescent male dating violence against women, self-esteem, and justification of dominance and aggression. *J. Interpers. Violence* **2015**, *30*, 2636–2658. [[CrossRef](#)]
45. Neff, K.D.; Beretvas, S.N. The role of self-compassion in romantic relationships. *Self Identity* **2013**, *12*, 78–98. [[CrossRef](#)]

46. Duru, E.; Balkis, M.; Turkdoğan, T. Relational violence, social support, self-esteem, depression and anxiety: A moderated mediation model. *J. Child Fam. Stud.* **2019**, *28*, 2404–2414. [[CrossRef](#)]
47. Li, B.; Pan, Y.; Liu, G.; Chen, W.; Lu, J.; Li, X. Perceived social support and self-esteem mediate the relationship between childhood maltreatment and psychosocial flourishing in Chinese undergraduate students. *Child. Youth Serv. Rev.* **2020**, *117*, 105303. [[CrossRef](#)]
48. Rhodes, J.E.; Roffman, J.G. Nonparental adults as developmental assets in the lives of youth. In *Developmental Assets and Asset-Building Communities: Implications for Research, Policy, and Practice*; Lerner, R.M., Benson, P.L., Eds.; Kluwer Academic: Boston, MA, USA, 2003.
49. Abadi, A.A.H.K.; Omidian, M. Effectiveness of social problem solving strategies training on self-esteem in second grades of guidance schools female students. *Psychol. Res.* **2017**, *19*, 70–85.
50. Vives-Cases, C.; Davó-Blanes, M.C.; Ferrer-Cascales, R.; Sanz-Barbero, B.; Albaladejo-Blázquez, N.; Sánchez-San Segundo, M.; Carausu, E.M. Lights4Violence: A quasi-experimental educational intervention in six European countries to promote positive relationships among adolescents. *BMC Public Health* **2019**, *19*, 389. [[CrossRef](#)]
51. Moksnes, U.K.; Espnes, G.A. Self-esteem and emotional health in adolescents: Gender and age as potential moderators. *Scand. J. Psychol.* **2012**, *53*, 483–489. [[CrossRef](#)]
52. Moksnes, U.K.; Espnes, G.A. Self-esteem and life satisfaction in adolescents: Gender and age as potential moderators. *Qual. Life Res.* **2013**, *22*, 2921–2928. [[CrossRef](#)]
53. Kerres Malecki, C.; Kilpatrick Demary, M. Measuring perceived social support: Development of the child and adolescent social support scale (CASSS). *Psychol. Sch.* **2002**, *39*, 1–18. [[CrossRef](#)]
54. D’Zurilla, T.J.; Maydeu Olivares, A.; Kant, G.L. Age and gender differences in social problem solving in college students, middle age and elderly adults. *Personal. Individ. Differ.* **1998**, *25*, 241–252. [[CrossRef](#)]
55. De La Rue, L.; Polanin, J.R.; Espelage, D.L.; Pigott, T.D. A meta-analysis of school-based interventions aimed to prevent or reduce violence in teen dating relationships. *Rev. Educ. Res.* **2017**, *87*, 7–34. [[CrossRef](#)]
56. García, J.A.; Olmos, F.C.Y.; Matheu, M.L.; Carreño, T.P. Self-esteem levels vs global scores on the Rosenberg self-esteem scale. *Heliyon* **2019**, *5*, e01378. [[CrossRef](#)] [[PubMed](#)]
57. Freire, T.; Ferreira, G. Do I need to be positive to be happy? Considering the role of self-esteem, life satisfaction, and psychological distress in Portuguese adolescents’ subjective happiness. *Psychol. Rep.* **2020**, *123*, 1064–1082. [[CrossRef](#)] [[PubMed](#)]
58. Brunet, J.; Sabiston, C.M.; Dorsch, K.D.; McCreary, D.R. Exploring a model linking social physique anxiety, drive for muscularity, drive for thinness and self-esteem among adolescent boys and girls. *Body Image* **2010**, *7*, 137–142.
59. Frost, J.; McKelvie, S. Self-esteem and body satisfaction in male and female elementary school, high school, and university students. *Sex Roles* **2004**, *51*, 45–54.
60. Salmivalli, C.; Kaukiainen, A.; Kaistaniemi, L.; Lagerspetz, K.M.J. Self-evaluated self-esteem, peer-evaluated self-esteem, and defensive egotism as predictors of adolescents’ participation in bullying situations. *Personal. Soc. Psychol. Bull.* **1999**, *25*, 1268–1278. [[CrossRef](#)]
61. Smolak, L.; Murnen, S.K. Drive for leanness: Assessment and relationship to gender, gender role and objectification. *Body Image* **2008**, *5*, 251–260. [[CrossRef](#)]
62. Hogan, R.; Roberts, B.W. A socioanalytic model of maturity. *J. Career Assess.* **2004**, *12*, 207–217. [[CrossRef](#)]
63. Newman, B.M.; Newman, P.R. *Development through Life: A Psychosocial Approach*; Brooks/Cole Publishing Company: Pacific Grove, CA, USA, 1987.
64. Compas, B.E.; Hinden, B.R.; Gerhardt, C.A. Adolescent development: Pathways and processes of risk and resilience. *Annu. Rev. Psychol.* **1995**, *46*, 265–293. [[CrossRef](#)]
65. Sleskova, M.; Salonna, F.; Geckova, A.M.; Nagyova, I.; Stewart, R.E.; van Dijk, J.P.; Groothoff, J.W. Does parental unemployment affect adolescents’ health? *J. Adolesc. Health* **2006**, *38*, 527–535. [[CrossRef](#)]
66. Bacikova-Sleskova, M.; Benka, J.; Orosova, O. Parental employment status and adolescents’ health: The role of financial situation, parent-adolescent relationship and adolescents’ resilience. *Psychol. Health* **2015**, *30*, 400–422. [[CrossRef](#)]
67. Stein, J.A.; Leslie, M.B.; Nyamathi, A. Relative contributions of parent substance use and childhood maltreatment to chronic homelessness, depression, and substance abuse problems among homeless women: Mediating roles of self-esteem and abuse in adulthood. *Child Abuse Negl.* **2002**, *26*, 1011–1027. [[CrossRef](#)]
68. Turner, H.A.; Finkelhor, D.; Ormro, R. The effects of adolescent victimization on self-concept and depressive symptoms. *Child Maltreatment* **2010**, *15*, 76–90.
69. Ritter, J.; Stewart, M.; Bernet, C.; Coe, M.; Brown, S.A. Effects of childhood exposure to family alcoholism and family violence on adolescent substance use, conduct problems, and self-esteem. *J. Trauma. Stress* **2002**, *15*, 113–122. [[CrossRef](#)]
70. Zamfir, M.B.; Turliuc, M.N. Cyberbullying in adolescence: Using cross-lagged panel to examine the relations of cyberbullying with depression, anxiety and self-esteem among adolescents. *Rev. Psihol.* **2020**, *66*, 85–95.
71. Choi, B.; Park, S. Bullying perpetration, victimization, and low self-esteem: Examining their relationship over time. *J. Youth Adolesc.* **2021**, *50*, 739–752. [[CrossRef](#)] [[PubMed](#)]
72. Hansen, D.; Sedlar, G.; Warner-Rogers, J. Child physical abuse. In *Assessment of Family Violence: A Clinical and Legal Sourcebook*, 2nd ed.; Ammerman, R.T., Hersen, M., Eds.; John Wiley & Sons, Inc.: New York, NY, USA, 1999; pp. 127–156.

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73. Haugaard, J.; Reppucci, N. *The Sexual Abuse of Children: A Comprehensive Guide to Current Knowledge and Intervention Strategies*; Longman: San Francisco, CA, USA; London, UK, 1988.
 74. Bowlby, J. *A Secure Base: Parent-Child Attachment and Healthy Human Development*; Basic Books: New York, NY, USA, 1988.
 75. Jamil, S.; Ayaz Habib, H.; Lodhia, L. Attachment Styles and Self-Esteem among Adolescents. *Res. J. Soc. Sci. Econ. Rev.* **2020**, *1*, 11–21.
 76. Finzi, R.; Ram, A.; Har-Even, D. Attachment Styles and Aggression in Physically Abused and Neglected Children. *J. Youth Adolesc.* **2001**, *30*, 769–786. [[CrossRef](#)]
 77. Leary, M.R.; Haupt, A.L.; Strausser, K.S.; Chokel, J.T. Calibrating the sociometer: The relationship between interpersonal appraisals and the state self-esteem. *J. Pers. Soc. Psychol.* **1998**, *74*, 1290–1299. [[CrossRef](#)]
 78. Hancock, K.; Keast, H.; Ellis, W. The impact of cyber dating abuse on self-esteem: The mediating role of emotional distress. *Cyberpsychol. J. Psychosoc. Res. Cyberspace* **2017**, *11*, 2. [[CrossRef](#)]
 79. Stover, C.S.; Choi, M.J.; Mayes, L.C. The Moderating Role of Attachment on the Association between Childhood Maltreatment and Adolescent Dating Violence. *Child Youth Serv. Rev.* **2018**, *94*, 679–688. [[CrossRef](#)]