EÖTVÖS LORÁND UNIVERSITY

FACULTY OF EDUCATION AND PSYCHOLOGY

Doctoral Dissertation Summary

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Adolescent Bullying, Attachment Styles, and Trauma: A Multi-Method Study of Psychometric Evaluation, Developmental Pathways, and Counselling Outcomes

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Doctoral candidate's list of publications

Publications related to the dissertation topic:

Study	Publication	Status	Impact Factor
1.	**Mahmood, S**., Siraji, M. A., Naher, R., Arató, N., & Kaló, Z. (2023). Psychometric validation of revised Olweus Bully/Victim Questionnaire (OBVQ-R) among adolescents in Bangladesh. *Asian journal of psychiatry*, *83*, 103514. 10.1016/j.ajp.2023.103514	Published	13, Q1
2	**Mahmood, S**., Lakatos K., Arato, N., & Kalo, Z. (2025). Psychometric Validation of Attachment Style Classification Questionnaire-Bangla (ASCQ-B) among Secondary School Students of Bangladesh: A Classical Test Theory Approach. *Acta Psychologic, 259, 105262* 10.1016/j.actpsy.2025.105262	Published	2.1, Q1
3	**Mahmood S**, L. K., Kalo Z. (2025). Bullying-Induced Trauma Symptomatology among Adolescents: The Mediating Role of Attachment Styles. *Preventive Medicine Report*. 10.1016/j.pmedr.2025.103034	Published	2.5, Q1
4	**Mahmood, S**., & Kalo, Z. (2024). "Virtual counseling was a lifeline"-Lived experiences of adolescent cyberbullying victims during the COVID-19 pandemic: An IPA study. *Acta Psychologica*, *251*, 104637. 10.1016/j.actpsy.2024.104637	Published	2.1, Q1
5	**Mahmood, S**. (forthcoming). Bangladesh. In J.S. Hong, R. Thornberg, V.J. Llorent, & Ziqiang Han (Eds.), Bullying of children and adolescents: A global perspective. Edward Elgar Publisher.	Accepted	Scopus Index Book chapter

Other publications and Conference papers

- Mahmood, S., Hanna Egli, & Kalo Zsuzsa (2023). The post-traumatic growth of Ukraine war survivors: An interpretative phenomenological analysis. The 9th Qualitative Research in Mental Health.
- Mahmood S., Kalo. Z. (2024). Breaking the Cycle: EMDR-IGTP in Mitigating Intergenerational Trauma Among Ukrainian War Survivors. National Conference on Psychiatry. Bangladesh.
- Naher., R & Mahmood., S. (2019). Adaptation of Ethics Position Questionnaire (EPQ) for asssessing Ethical Ideologies of Bangladeshi Professionals. Bangladesh Psychological Studies, 29, 77–90.
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- Mahmood., S & Ferdous., S. (2014). The effect of Psychosocial Support on Sexually Abused Children with Disability. ICEB Journal, India. Vol. 1, No. 1, 13-25.

Introduction

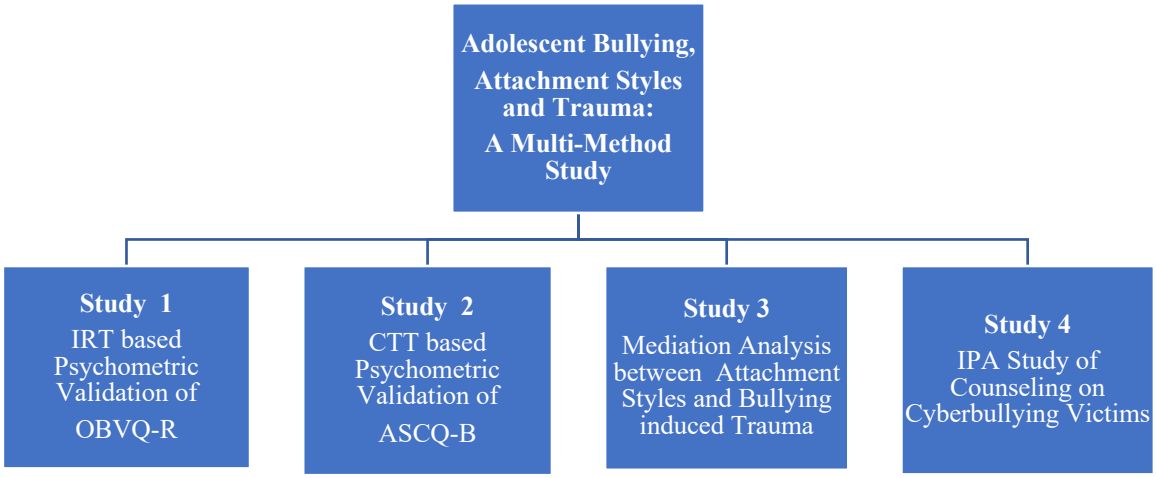
Bullying has long been addressed as a significant global concern, with systematic studies being conducted in Scandinavia in 1970 (Olweus, 1978). In the 1990s-2010s, the field developed, correlating bullying to long-term injury. Public health professionals now call bullying a common "adverse childhood experience" with widespread prevalence (Clayton, 2023). These findings led to the development of anti-bullying laws and preventive courses in North America and Europe. UNESCO in 2019 reported that over 30% of teenagers worldwide suffer bullying, with comparable figures in South Asia. According to UNESCO Bangladesh (Shivananda, 2022), 44.4% of school children were bullied. Bullying in schools and online is evident (Islam et al., 2020; Mahmood & Islam, 2017), but culturally adapted, theory-driven research is scarce.

Cultural dynamics further complicate school bullying in Bangladesh. Collective ideals, hierarchical norms, and authoritarianism often inhibit bullying reporting. Respect for authority, fear and shame prevent teenagers from reporting abuse in many Bangladeshi schools, and instructors may normalize bullying or lack the skills to respond (Rahman et al., 2023; Service, 2022). Gender-based bullying reinforces patriarchal standards, with boys bullying physically and girls relationally. Social and religious disparities are frequently used in peer harassment, especially in metropolitan, multi-ethnic schools. Due to stigma and mistrust of authorities, educators indicate that bullying often goes undetected (Rahman, 2023). Gender norms reinforce patriarchal roles through bullying (Service, 2022). The proposed anti-bullying policy covers caste, tribe, religion, and area insults as bullying, underlining the socio-religious components of peer harassment. In metropolitan schools with diverse student populations, religious and socioeconomic differences can be exploited in peer harassment. Bangladeshi schools frequently lack comprehensive anti-bullying policies, unlike Western institutions (Rahman, 2023). Localized, context-sensitive diagnostic and intervention procedures are needed to address these cultural differences.

However, adolescent bullying has expanded due to the COVID-19 pandemic's cyberbullying. Despite the global concern about digital harassment, research on cyberbullying among Bangladeshi teenagers, especially mental health therapy during the epidemic, is scarce. Clinical trials have shown that bullying-related trauma in adolescents impairs brain processes linked to emotional regulation and stress, and psychological therapies can improve neurological recovery and resilience (Perry, 2006). A key gap is the insufficient qualitative

research on the effectiveness of these treatments in South Asian contexts. Additionally, most research evaluate bullying, attachment, and trauma separately. Based on different theories like Attachment Theory (Bowlby, 1969; Ainsworth, 1979), Trauma Theory (Herman, 2015); van der Kolk (Van der Kolk, 2014), Social Learning Theory (Bandura, 2001), and Ecological Systems Theory (Bronfenbrenner, 2000), this dissertation addressed these gaps and aimed to explore how personal psychological processes, especially attachment styles, affect the experience and effects of bullying. The dissertation includes four interrelated empirical studies that span psychometric validation, structural modelling, and qualitative inquiry. These are: (1) the adaptation and validation of the Olweus Bully/Victim Questionnaire-Revised (OBVQ-R) in Bangla, (2) the validation of the Attachment Style Classification Questionnaire (ASCQ) in Bangla, (3) a structural equation model exploring how attachment mediates the relationship between bullying and trauma, and (4) an Interpretative Phenomenological Analysis (IPA) of adolescents' experiences with virtual counselling following cyberbullying.

Figure 1: Overview of Dissertation Studies



Study 1: Psychometric validation of Revised Olweus Bully/Victim Questionnaire (OBVQ-R) among adolescents in Bangladesh

Bullying involves repeated harmful behaviours where a power imbalance exists between victims and perpetrators (Gaete et al., 2021). It is mostly found in schools and includes direct (physical, verbal, relational) and indirect (e.g., spreading rumours) forms (Louise Arseneault, 2018; L. Arseneault, 2018; Espelage & Swearer, 2004). Cyberbullying is a growing concern, often overlapping with traditional forms (Smith et al., 2019). Both boys and girls experience bullying, though prevalence varies by country and is influenced by sociocultural factors (Swearer & Hymel, 2015).

Adolescent mental health is severely impacted by bullying, which increases the risks of depression, anxiety, PTSD, substance abuse, and academic problems (Kumpulainen et al., 2001). To address this, reliable tools like the Revised Olweus Bully Victim Questionnaire (OBVQ-R) have been developed and internationally validated (Dan Olweus & Susan P Limber, 2010). However, OBVQ-R has not yet been validated in Bangladesh, where bullying prevalence is notably high (Ahmed et al., 2021). This study aimed to translate the OBVQ-R into Bangla and validate it among Bangladeshi adolescents, assessing its reliability, structure, and concurrent validity with anxiety, disruptive behaviour, and trauma symptoms.

The results indicated that the Bangla OBVQ-R had strong psychometric properties. Descriptive statistics showed violations of normality, with high skewness and kurtosis for both Victimization and Perpetration subscales. Item-total correlations ranged from 0.52 to 0.72 and 0.49 to 0.77, respectively. IRT analysis supported unidimensionality (CFI/TLI = 0.98) and suggested to the removal of five poorly performing items (12a, 13, 31, 32, 33). The revised models (Victimization: 8 items; Perpetration: 7 items) demonstrated high item discrimination and reliability (Victimization: $\alpha = 0.84$; Perpetration: $\alpha = 0.86$). TICs showed strong information at higher trait levels, though left-skewed. Table 2 summarized the model fits of the two fitted models. Model 1 showed excellent structural validity (CFI = 0.99; RMSEA = 0.03), whereas Model 2 did not fit well. Concurrent validity was supported by significant positive correlations with anxiety, disruptive behaviour, and trauma symptoms, which confirmed the scale's sensitivity to related psychological constructs (Table 3). The Bangla OBVQ-R is a valid and reliable tool for assessing bullying among Bangladeshi adolescents and supports previous findings of a two-factor victimization/perpetration model. The scale's positive correlations with mental health symptoms support its clinical relevance. This tool can facilitate research on

bullying and intervention programs for bullying in Bangladesh. *Table 1* summarises the revised models' item discrimination, difficulty, and fit statistics.

Table 1 Item discrimination (a), Item difficulty thresholds (b1-b4), item fits statistics (Outfit, infit, S-χ2, RMSEA) of the revised fitted model

	a	b1	b2	b3	b4	Outfit (zscore)	Infit (zscore)	S-χ^2	df	RMSEA	p
Victimization											
OBQ05	3.13	1.26	1.57	1.76	2.54	-0.33	0.37	45.53	23	0.04	0.00
OBQ06	2.29	0.62	1.56	2.38	3.51	-2.43	-0.06	98.77	22	0.07	0.00
OBQ07	3.99	0.81	1.38	1.82	2.39	-0.66	-0.64	29.65	22	0.02	0.13
OBQ08	2.53	0.52	1.41	1.91	2.48	-2.23	0.22	88.62	26	0.07	0.00
OBQ09	3.03	0.93	1.69	2.02	2.59	-0.75	0.28	33.98	23	0.03	0.07
OBQ10	3.71	0.98	1.32	1.93	2.27	-0.51	-0.17	53.02	22	0.05	0.00
OBQ11	2.55	0.46	1.56	2.56	3.28	-2.62	-0.17	77.57	15	0.07	0.00
OBQ12	3.93	0.81	1.34	1.50	2.40	-0.37	-0.93	67.71	22	0.06	0.00
Perpetration											
OBQ25	2.58	0.99	1.68	1.98	2.95	-1.20	-0.75	34.44	19	0.04	0.02
OBQ26	4.32	0.42	1.50	1.86	2.36	-1.86	-0.88	31.35	12	0.05	0.00
OBQ27	4.41	0.87	1.63	2.03	2.62	-2.09	-0.23	21.40	14	0.03	0.09
OBQ28	3.22	0.43	1.82	1.94	2.46	-1.62	0.91	18.00	8	0.05	0.02
OBQ29	4.46	1.25	1.57	1.83	2.09	-1.54	-0.48	30.41	17	0.04	0.02
OBQ30	3.07	0.79	1.86	2.28	2.47	-0.86	-0.15	20.94	14	0.03	0.10
OBQ32a	1.75	1.42	1.70	3.54	4.35	-0.21	0.76	45.88	11	0.07	0.00

Table 2 Model Fit of Bangla OBVQ-R

	Chi-square	df	CFI	TLI	RMSEA	RMSEA 90% CI		SRMR	McDonald's Omega (Total scale)
						Lower	Upper		
Model 1: Correlated Model	142.22**	89	0.99	0.99	0.03	0.02	0.04	0.06	0.83
Model 2: Uncorrelated Model	2375.85**	90	0.53	0.45	0.21	0.20	0.22	0.25	0.82

**p<.001

Table 3 Concurrent Validity of Bangla OBVQ-R

	Perpetration	BAIY	BDBIY	CRIES		
				Intrusion	Avoidance	Arousal
Perpetration	-	.44**	.45**	.30**	.30**	.33**
Victimization	.35**	.48**	.50**	.35**	.38**	.36**

Note. **p < .001

Study 2: Psychometric Validation of Attachment Style Classification Questionnaire-Bangla (ASCQ-B) among Secondary School Students of Bangladesh: A Classical Test Theory Approach

Humans are social creatures who thrive by creating emotional bonds with others as an intrinsic survival strategy from birth to death (Johnson, 2019). Humans form emotional bonds that are essential for survival, described by attachment styles: secure, anxious-ambivalent, and avoidant (Ainsworth, 1979); (Bowlby, 1988). Secure attachment fosters trust, while anxious and avoidant styles reflect insecurity due to inconsistent or inadequate caregiving, often linked to psychopathology and behavioural problems (Cassidy, 2003). It is vital to highlight that attachment styles are not permanent traits, but rather adaptive strategies developed in response to the child's environment (Fonagy et al., 2018). Notably, research on attachment among Bangladeshi adolescents remains limited, with only a few studies available, primarily focusing on validation (Mahmood et al., 2025), indicating a significant step toward understanding attachment patterns in this population. Recent studies highlight insecure attachment's role in mediating bullying's impact on trauma symptoms (Mahmood et al., 2025), emphasizing the need to assess attachment for intervention development. This study focuses on the Attachment Style Classification Questionnaire for Latency-Age Children (ASCQ), which evaluates secure, anxious, and avoidant attachment styles among children and has been validated internationally (Finzi et al., 1996, 2000). Despite its global use, ASCQ lacks validation in Bangla, which limits its clinical and research applications in Bangladesh.

Establish structural and concurrent validity, hypothesizing positive correlations between anxious/avoidant attachment and anxiety (H1), disruptive behaviour (H2), and trauma symptoms (H3).

We carried out extensive cross-sectional surveys to effectively gather data from 801 students in grades 6 to 8 across ten public schools that focus on Bangla language-based education. Among 801 participants (Mage = 12.95; SDAge = 0.99), 409 were males (MAge = 12.94; SDAge = 0.99), and 392 were females (MAge = 12.96; SDAge = 1.00, EFA sample = 400, CFA sample = 401). A significant portion of participants belong to lower (49%) and middle (31%) social class families. Instruments included the Bangla-translated Attachment Style Classification Questionnaire (ASCQ-B), assessing anxious and avoidant attachment styles on a 5-point scale; the Beck Youth Inventory (BYI) Bangla version, focusing on Anxiety and Disruptive Behavior subscales (20 items each, 4-point scale); and the Bangla version of the 13-item Children's Revised Impact of Events Scale (CRIES-13) to measure trauma symptoms. The ASCQ was translated in accordance with the International Test Commission (ITC) guidelines using forward–backwards translation and cultural adaptation. Ethical approval and school permissions were obtained prior to data collection, and informed consent was secured from students and parents.

Exploratory factor analysis (EFA) of the Bangla ASCQ indicated a two-factor structure (Anxious and Avoidant) supported by Bartlett's test, KMO = 0.80, and parallel analysis (Table 4). One cross-loading item (Item 02) was excluded, resulting in a clean two-factor solution with nine items, later refined to seven (Anxious = 3, Avoidant = 4) after confirmatory factor analysis (CFA, n = 401) to improve fit (CFI = 0.999, TLI = 0.997, RMSEA = 0.081) (Table 5). Both factors showed moderate intercorrelation (r = 0.43) and significant positive correlations with anxiety, disruptive behaviour, and trauma symptoms, confirming concurrent validity (Table 6). Table 7 presents that measurement invariance across gender was established, and internal consistency was high (McDonald's ω = 0.91 for Anxious, 0.96 for Avoidant). Test-retest reliability was strong (ICC = 0.79-0.81). Related scales (BAI-Y, BDBI-Y, CRIES-13) also demonstrated excellent reliability (Table 8).

Table 4 Factor loadings of the two-factor solution obtained from the exploratory factor analysis

Item	Anxious[1]	Avoidant[1]
Item 01: Sometimes I feel afraid when other kids no longer want to be my friend.	**0.780**	-0.03
Item 03: I sometimes feel that others don't want to be good friends with me as much as I do with them.	**0.798**	0.18
Item 04: I'm sometimes afraid that no one really loves me.	**0.711**	0.20
Item 05: Children sometimes avoid me when I want to be good friends with them.	**0.959**	-0.27
Item06: I feel uncomfortable if others get too friendly or too close to me	0.17	**0.811**

Item 07: It's hard for me to trust others completely.	0.06	**0.878**
Item 08: I feel uncomfortable and get annoyed when someone tries to get too close to me	-0.09	**0.885**
Item 09: I feel uncomfortable making new friends	-0.09	**0.960**
Item 10: It's hard for me to really trust others, even if they're good friends of mine	-0.06	**0.979**
% of Variance Explained	30%	47%
McDonald's ω_t	0.89	0.96

1: factor loadings >0.3 are in Bold.

Table 5 Fit indices for the fitted CFA model

Models	χ^2	df	CFI	TLI	RMSEA (90% CI)	SRMR
Two-factor model with nine items	217.784	26	.993	.991	.13 (.119-.113)	.08
Two-factor model with seven items	46.154	13	.998	.997	.08 (.05-.010)	.05

*p<0.001; df=degrees of freedom; CFI= Comparative Fit Index; TLI=Tucker-Lewis Index; RMSEA=root mean square error of approximation; SRMR=standardized root mean square residual.

Table 6 Correlation of Bangla BAI-Y, BDBI-Y, and CRIES with the two factors (Anxious and Avoidant) of Bangla ASCQ (n = 401)

	Anxious	Avoidant
Predicted positive correlations		
BAI-Y	.71*	**.72***
BDBI-Y	.69*	**.73***
CRIES		
Intrusion	.36*	**.48***
Arousal	.35*	**.46***
Avoidance	.35*	**.46***

Note. In each row, the largest correlations are shown in bold.; *p < .001.

Table 7 Measurement Invariance analysis across gender (CFA sample; n=401; 200 males vs. 201 females)

Models	χ^2	df	CFI	TLI	RMSEA (90% CI)	SRMR	Chi-Square Difference	Df[1]	p
Configural	99.2	26*	0.996	0.994	0.06 (.03-.9)	0.05	-	-	-
Metric	80.264	31*	0.996	0.994	0.06 (.03-.9)	0.05	6.228a	5	0.285
Scalar	86.746	36*	0.997	0.996	0.05 (.02-.08)	0.05	3.237b	5	0.663

Models	χ^2	df	CFI	TLI	RMSEA (90% CI)	SRMR	Chi-Square Difference	Df[1]	p
Residual	88.024	43*	0.997	0.997	0.04 (0-0.06)	0.05	7.652c	7	0.364

*p<0.001; df=degrees of freedom; CFI= Comparative Fit Index; TLI=Tucker-Lewis Index; RMSEA=root mean square error of approximation; SRMR=standardized root mean square residual; a = Metric vs Configural; b = Scalar vs Metric; c = Residual vs Scalar; df1 = df of model comparison. RMSEA values .05- .08 are considered acceptable.

Table 8 McDonald's omega and test-retest reliability of the ASCQ-B and its factors

McDonald's omega and test-retest reliability of the ASCQ-B and its factors

ASCQ	McDonald's Omega N=801	Test-retest reliability N=50
ASCQ-B	.97	.89
Factor 1(Anxious)	.91	.79
Factor 2(Avoidant)	.96	.81

Study 3: Bullying-Induced Trauma Symptomatology among Adolescents in Bangladesh: The Mediating Role of Attachment Styles

Adolescence is a critical period for emotional development, during which bullying can have lasting psychological effects, including anxiety, depression, and trauma (Lissitsa & Kagan, 2024; Nielsen et al., 2015). While some adolescents are resilient, others develop post-traumatic symptoms, suggesting underlying mediating factors (Lin et al., 2022). Attachment style, grounded in Bowlby's theory (1988), is one such factor influencing emotional regulation and coping. Secure attachment supports resilience, while insecure styles (anxious, avoidant) increase vulnerability to bullying-related trauma (Johnson, 2019; Mikulincer & Shaver, 2010).

Bullying during adolescence may disrupt attachment systems, with victims often displaying anxious attachment and perpetrators showing avoidant patterns (Kõiv, 2012). Securely attached adolescents tend to seek support and cope adaptively, whereas insecure attachment is linked to persistent emotional and social difficulties (Brown & Elliott, 2016). However, research integrating bullying, attachment, and trauma remains limited, especially in non-Western contexts like Bangladesh, where cultural norms influence these dynamics (Sharma et al., 2020). Bullying, including cyberbullying, is rising in Bangladesh and is linked to psychological distress (Mahmood & Islam, 2017; Mallik & Radwan, 2020). Despite early

efforts to validate attachment measures (Mahmood & Islam, 2017), little is known about how attachment mediates the impact of bullying on trauma symptoms. This study addresses this gap, examining whether attachment styles mediate the relationship between bullying and trauma symptomatology among Bangladeshi adolescents. We hypothesized: (H1) bullying impacts attachment; (H2) bullying predicts trauma symptoms; (H3) attachment predicts trauma; and (H4) attachment mediates the bullying–trauma relationship.

The sample (N = 615) had a mean age of 15.12 years (SD = 0.8), with 309 females (M = 15.15) and 306 males (M = 15.09). Most participants came from lower (40.84%) and middle (39.65%) socioeconomic backgrounds. Discriminant validity was assessed using the Fornell-Larcker criterion (Table 9). The results of Convergent validity (Table 10) showed that factor loadings ranged from 0.628 to 0.967, composite reliability (CR) ranged from 0.914 to 0.968, and AVE values exceeded the 0.50 threshold, except for the OBVQ-R overall. However, its subscales (Victim, Perpetrator) were acceptable.

Table 9 Discriminant validity analysis of the attachment, bullying, and trauma constructs

	Bullying	Victimization	Perpetration	Attachment	Secure	Anxious	Avoidant	Trauma
Bullying	0.61[1]							
Victimization	0.75**	0.79[1]						
Perpetration	0.80**	0.20**	0.78[1]					
Attachment	0.22**	-0.004**	0.32**	0.75[1]				
Secure	0.21**	0.01**	0.30**	0.99**	0.94[1]			
Anxious	0.26**	-0.054**	0.44**	0.76**	0.69**	0.93[1]		
Avoidant	0.02**	0.04**	-0.03**	0.68**	0.71**	0.07**	0.88[1]	
Trauma	0.24**	0.09**	0.27**	0.71**	0.70**	0.56**	0.43**	0.72[1]

Note: *p < 0.05, **p < 0.001.
[1]Values on the diagonal represent the square root of the average variance extracted.

Table 10 Convergent validity analysis of the attachment, bullying, and trauma constructs among adolescents in Bangladesh (2022)

Latent Variables	Item	Factor Loading	Average Variance Extracted	Composite Reliability
Attachment			0.56	0.96
Secure			0.88	0.97

	Secure Item 02	0.97		
	Secure Item 03	0.97		
	Secure Item 04	0.95		
	Secure Item 05	0.93		
	Secure Item 01	0.88		
Anxious			0.86	0.97
	Anxious Item 05	0.95		
	Anxious Item 01	0.95		
	Anxious Item 03	0.93		
	Anxious Item 02	0.92		
	Anxious Item 04	0.88		
Avoidant			0.77	0.96
	Avoidant Item 01	0.90		
	Avoidant Item 03	0.90		
	Avoidant Item 05	0.90		
	Avoidant Item 04	0.89		
	Avoidant Item 02	0.77		
Bullying			0.37	0.91
Victimization			0.62	0.94
	Victimization Item 01	0.86		
	Victimization Item 06	0.84		
	Victimization Item 10	0.83		
	Victimization Item 05	0.82		
	Victimization Item 03	0.80		
	Victimization Item 08	0.79		
	Victimization Item 02	0.78		
	Victimization Item 09	0.75		
	Victimization Item 04	0.73		
	Victimization Item 07	0.64		
Perpetration			0.61	0.94
	Perpetration Item 08	0.88		
	Perpetration Item 10	0.87		
	Perpetration Item 05	0.86		
	Perpetration Item 03	0.86		
	Perpetration Item 06	0.82		
	Perpetration Item 01	0.73		
	Perpetration Item 04	0.73		
	Perpetration Item 02	0.72		
	Perpetration Item 07	0.67		
	Perpetration Item 09	0.65		
Trauma			0.52	0.93
	Trauma Item 13	0.84		
	Trauma Item 09	0.84		
	Trauma Item 08	0.78		
	Trauma Item 04	0.78		
	Trauma Item 01	0.75		

Trauma Item 02	0.74
Trauma Item 03	0.72
Trauma Item 05	0.67
Trauma Item 11	0.66
Trauma Item 07	0.66
Trauma Item 12	0.65
Trauma Item 10	0.64
Trauma Item 06	0.62

PLS-SEM analysis showed that bullying (OBVQ-R) significantly predicted attachment styles ($Radj^2 = 0.045$) and trauma symptoms ($Radj^2 = 0.499$). Victim and Perpetrator factors had high explanatory power ($Radj^2 = 0.554$ and 0.643, respectively). Attachment style strongly predicted trauma ($\beta = 0.686$, $p < 0.001$), and bullying had both direct ($\beta = 0.094$, $p < 0.05$) and indirect effects on trauma symptoms via attachment ($\beta = 0.15$, $t = 5.88$, $p < 0.001$).

According to Hair (Hair et al., 2011; Hair et al., 2019), the value of Q2 for a particular endogenous construct must be greater than zero to demonstrate predictive accuracy. The Q2 coefficient values ranging from 0 to 0.25 to 0.5 indicated small, medium, and significant predictive accuracy. The predictive accuracy of bullying on attachment style Q2 = 0.026, bullying on trauma symptomatology is Q2 = 0.065, while the attachment style (ASCQ) on Trauma symptomatology is Q2 = 0.259. The indirect effect of bullying on trauma symptomatology is $\beta = 0.153$, $p < .001$ (15.3 % explained variance), towards secure factor is $\beta = 0.214$, $p < .001$ (21.4 % explained variance), towards avoidant factoris $\beta = 0.148$, $p < .001$ (14.8 % explained variance) and towards anxious factor is $\beta = 0.165$, $p < .001$ (16,5 % explained variance). Furthermore, the overall model demonstrated a good fit (SRMR = 0.07), and Table 11 shows that all direct and indirect effects are significant, so the hypotheses are supported.

Table 11 Hypothesis Testing results show significant direct and indirect paths between Attachment, Bullying, and Trauma

Path	Effect type	Estimate (β)	t-value	p-value	Result
Attachment → Trauma	Direct	0.71	28.39	< 0.001	Accepted
Bullying →Attachment	Direct	0.22	6.16	< 0.001	Accepted
Bullying → Trauma	Direct	0.26	7.54	< 0.001	Accepted
Bullying →Attachment→Trauma	Indirect	0.15	5.88	< 0.001	Accepted

This study evaluated how attachment patterns mediate bullying and trauma symptoms in teenagers. Attachment partially mediates this connection, since bullying directly predicts trauma but attachment patterns affect internalization. In particular, anxious and avoidant attachment patterns were connected to more severe trauma symptoms, while secure attachment buffered psychological distress.

The overlap between secure attachment and bullying perpetration may be attributed to reverse-coded items or social dominance in peer dynamics. This suggests that victim and offender attachment styles are complex and warrant further investigation.

According to attachment theory, bullying disrupts emotional stability. Victims formed uneasy connection and perpetrators avoided, increasing trauma vulnerability. A mediation study found a substantial indirect link between bullying and trauma through attachment (β = 0.153, $p < .001$). However, the direct path remained considerable, demonstrating that coping abilities, support systems, and environmental stresses all contribute. Overall, this study bridges bullying research with attachment theory and underscores the need for multifaceted, culturally informed interventions to promote adolescent resilience and mental well-being.

Study 4: Lived Experiences of Cyberbullying Victims Receiving Counselling During the COVID-19 Pandemic

Finally, the fourth study answered the fourth research question using Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of adolescents who received counselling intervention during the COVID-19 epidemic after experiencing cyberbullying.

Cyberbullying has emerged as a significant global concern, particularly affecting adolescents due to its anonymous nature, constant accessibility, and wide social reach. Behaviours such as online harassment, impersonation, and social exclusion can lead to serious emotional and psychological consequences, including anxiety, depression, and suicidal ideation (Kwan & Skoric, 2013; Makri-Botsari & Karagianni, 2014). In Bangladesh, incidents of cyberbullying increased notably during the COVID-19 pandemic, with prolonged school closures and increased use of platforms like WhatsApp, TikTok, and Messenger contributing to adolescents' heightened exposure (Kee et al., 2022; Rahman et al., 2021). These experiences often disrupt academic performance and mental health (Faryadi, 2011). Cognitive-behavioural and person-centred therapeutic approaches have been shown to help victims build resilience,

improve emotional regulation, and restore self-esteem (Lee & Shin, 2017); (Lydecker, 2022). This study is grounded in Bronfenbrenner's Social-Ecological Model and Bandura's Social Learning Theory, offering a multi-level understanding of how individual, relational, and systemic factors interact in the context of cyberbullying (Espelage & Swearer, 2004); (Yarberry & Sims, 2021). While most Asian studies have adopted quantitative methods, this dissertation used a qualitative lens to explore the lived experiences of adolescent victims and evaluate the effectiveness of counselling support (Palinkas, 2014).

This study addresses that gap by using Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of Bangladeshi adolescents who were victims of cyberbullying and received counselling during the pandemic. The research focuses on: How adolescents understand their cyberbullying experiences during COVID-19 and how counselling during this time influenced their self-perception and recovery.

This study employed Interpretative Phenomenological Analysis (IPA), a qualitative approach grounded in phenomenology, hermeneutics, and idiography, aimed at exploring how individuals make sense of their lived experiences (Smith & Nizza, 2022). Ten adolescents (7 females, 3 males) from various regions in Bangladesh were selected through purposive sampling, all of whom had experienced cyberbullying and received at least five counselling sessions during the COVID-19 pandemic. Participants, aged 12–17, were screened using the validated Bangla versions of the Olweus Bullying Victim Questionnaire and the Beck Youth Inventory (Mahmood et al., 2023). Ethical approval was obtained (Ref no. 2021/325), and face-to-face semi-structured interviews were conducted from July to September 2021. Each session lasted 45–90 minutes, was audio-recorded with consent, and explored participants' perceptions of cyberbullying, counselling experiences, and impacts on their sense of self. Interviews were conducted by trainee psychologists under supervision, ensuring emotional support and referrals if needed.

The study followed the Interpretative Phenomenological Analysis (IPA) method using ATLAS.ti software to explore adolescents' lived experiences of cyberbullying and counselling during the COVID-19 pandemic. Data, originally in Bangla, were translated and transcribed verbatim, and analyzed idiographically before cross-case themes were developed. Exploratory coding focused on descriptive, linguistic, and conceptual elements, with rigorous interrater checks ensuring credibility. Five personal experiential themes emerged: (1) Intensified Emotional Turmoil, including anxiety, depression, and isolation; (2) Navigating Hurdles in

Seeking Support, highlighting barriers like stigma, access, and trust; (3) Counselling as Crucial Support, where virtual sessions helped build trust and resilience; (4) Evolving Self-Perception, reflecting cognitive and emotional growth through reframed identities and reflective coping strategies; and (5) Sustained Development and Growth, where participants committed to ongoing self-care, mindfulness, and supporting peers. Credibility, dependability, confirmability, and transferability were ensured through triangulation, detailed procedures, and reflexivity. Themes and sub-themes are detailed in the following Table 12:

Table 12. Personal experiential themes and sub-themes

Personal Experiential Themes	Subthemes	Excerpt transcript
Intensified Emotional Turmoil from Cyberbullying	Amplified Anxiety and Overwhelm	*"I stopped checking my messages because every ... I couldn't focus on my .. anything else." (P3)*
	Feelings of Aggression and Frustration	*"Being online all the time just gave bullies more opportunities, I lost my temper and misbehave with my family members for being bullied." (P8)*
	Struggles with Depression and Hopelessness	*"Some days, it felt like there's a dark cloud ..... (..) iI can't get rid of. When all I hear about myself online .. it's difficult to see the bright side." (P1).*
	Longing for Connection and Support	*"I felt so alone. The pandemic meant I couldn't see my friends in person, and I wish someone would really listen to what I'm going through " (P5)*
Navigating Internal and External Hurdles in Seeking Support	Unaware of available mental health services	"*Though my school had available online counselling service but I was unaware of it."(P8)*
	Privacy and Confidentiality Concerns	*"I have trust issues and bullying experience made it...I was not comfortable with my very personal ..person in an online platform." (P2)*
	Stigma	*"I was feeling shame that I have to seek mental health services."(P8)*
	Perceived Inaccessibility or Ineffectiveness of Services	*"I always thought it would be too expensive or that I'd be waiting forever to talk to someone. So, I just never bothered to even try."(P7)*

	Need for flexibility in Seeking Support	*" I needed therapy to fit into my busy life, but the times .... just never worked for me. I wanted to feel like it was my ch...rearrange everything for." (P4)*
Counselling as a crucial support system	Building Trust Amid Vulnerability	*It was a relief to have someone to talk to who didn't judge me and just listened."(P7)*
	Virtual Counselling as a lifeline	*Virtual counseling was a lifeline that I wouldn't have had otherwise, but sometimes it was hard to open up without being face-to-face." (P4)*
An Evolving Sense of Self-Perception	Reframed Self-Identity	*"My thought ....through counselling, understanding that they did not define me as a person." (P5)*
	Processed the trauma	*"Working through my trauma in counseling made me feel lighter like I don't carry it alone anymore." (P5).*
	Building Inner Strenth and Resilience	*"I am much stronger now. I know how to handle it if it happens again, and I won't let it control my life."(P6)*
	Embraced Reflective Practices	*"Regular journaling of my emotions is one of the new coping strategies for self-awareness."(P2)*
Sense of Sustained Development and Personal Growth	Self-Commitment to Continued Growth	*"I will continue to follow-up sessions for sustainable development in the long term." (P5).*
	Continue meditation and other exercises	*"I will continue practice meditation exercise, self-empathy exercise, ... I can handle the situation assertively if further occurs." (P2)*
	Empowering Others through Shared Experience	*"I want to help others who are going through the same thing. I tell my friends to seek help if they need it."(P8)*

This dissertation explored the lived experiences of adolescent cyberbullying victims who received counselling during the COVID-19 pandemic, using Interpretative Phenomenological Analysis (IPA) (Pietkiewicz & Smith, 2014). The findings highlighted both shared and gender-specific responses regarding the emotional impacts of cyberbullying and the

therapeutic process. Five main themes with eighteen subthemes offered a deep understanding of how adolescents experienced cyberbullying, engaged with counselling, and redefined their sense of self.

Theme 1: Intensified Emotional Turmoil from Cyberbullying, revealing the psychological toll on participants. Male adolescents exhibited fear and aggression, while females reported depression, loneliness, and anxiety. These findings align with previous research (Goebert et al., 2011; Yeasmin et al., 2020), demonstrating the pandemic's exacerbating effect on adolescent mental health. These responses supported the Social-Ecological Model (Harper, 2022), which emphasizes the layered influences on adolescent well-being.

Theme 2: Internal and External Hurdles in Seeking Support identified gender-specific barriers. Males struggled with stigma, limited access, and technical difficulties, whereas females voiced concerns about privacy and the flexibility of virtual sessions. These findings align with prior research (Zhou et al., 2013) and emphasize the importance of accessible, confidential, and adaptable mental health services.

Theme 3: Counselling as a Crucial Support System, illustrating the therapeutic role of counselling in emotional recovery. Females valued empathy and trust in counsellors, while males appreciated goal-setting. Counselling provided a safe space to process distress and begin healing, echoing previous work on the benefits of mental health support (Papatraianou et al., 2014).

Theme 4: An Evolving Sense of Self-Perception emphasized cognitive and emotional transformations, including overcoming self-blame and reframing experiences of bullying. These modifications promoted resilience and aligned with cognitive-behavioural strategies that enhance self-concept and coping (Pabian, 2019).

Theme 5: Sustained Development and Personal Growth reflected the long-term impact of counselling, linking it with humanistic theories. Participants reported lasting improvements in behaviour, self-confidence, and emotional regulation, suggesting that integrative counselling approaches can foster positive identity transformation.

DISCUSSION

Through four empirical studies, this dissertation examined bullying, attachment, trauma symptoms, and counselling experiences among Bangladeshi adolescents. The findings provided theoretical, methodological, and practical insights, particularly in culturally validating psychological tools and enhancing the understanding of adolescent mental health within the South Asian context.

Studies 1 and 2 translated and validated the Bangla versions of the OBVQ-R and ASCQ-B, addressed Research Questions 1 and 2. Both tools demonstrated strong psychometric properties (e.g., Cronbach's $\alpha > .80$; McDonald's $\omega > .90$). Factor analyses confirmed a two-factor structure for each victimization/perpetration (OBVQ-R) and anxious/avoidant (ASCQ-B). Items that were culturally misaligned were removed to enhance the validity. The results confirmed that these tools are reliable and structurally sound for use with Bangladeshi adolescents.

Addressing Research Question 3, the third study utilized PLS-SEM to test a mediation model, showing that insecure attachment styles significantly mediated the relationship between bullying and trauma symptoms ($\beta = 0.153$, $p < .001$). Adolescents with anxious attachment were more likely to exhibit intensified trauma symptoms, including emotional dysregulation, intrusive thoughts, and hyperarousal. This supports theoretical frameworks indicating that anxious individuals often internalize interpersonal risks and struggle with stress management.

Using IPA, this study addressed Research Question 4 by exploring adolescents' lived experiences with cyberbullying and virtual counselling during COVID-19. Counselling was seen as beneficial for emotional healing, promoting coping skills, empowerment, and self-worth. However, barriers such as privacy concerns and technical limitations were noted, highlighting areas for improvement in virtual mental health care.

Findings across all studies address Research Question 5 by emphasizing the importance of culturally adapted tools and interventions. Validated assessments can inform school-based mental health programs, clinical practices, and policy in the South Asian context. The dissertation contributes to global mental health equity by providing culturally relevant tools and evidence-based strategies for adolescent care in collectivist and resource-constrained contexts.

In terms of practical implications, this dissertation represents the first known validation of the Revised Olweus Bully/Victim Questionnaire (D. Olweus & S. P. Limber, 2010) and the Attachment Style Classification Questionnaire (Finzi et al., 1996, 2000) for Bangla-speaking adolescents, marking a significant advancement in culturally contextualized psychological assessment (Van de Vijver & Tanzer, 2004). By adapting and validating these tools, the research ensures their relevance and accuracy within a collectivist cultural setting, thereby addressing the longstanding gap in culturally appropriate measures in South Asia (Kagitcibasi, 2013). The findings also demonstrate the practical utility of attachment-informed therapy in addressing trauma symptoms among bullying victims, consistent with established research linking insecure attachment to heightened emotional dysregulation and psychopathology (Fraley et al., 2006; Mikulincer & Shaver, 2012). Furthermore, the study highlighted virtual counselling as an effective and accessible solution during public health emergencies, such as the COVID-19 pandemic, particularly in low-resource contexts (Wind et al., 2020). These insights contribute to the development of trauma-informed school policies and mental health strategies in South Asia, providing a replicable model for culturally responsive interventions in similar settings (Cicchetti & Cohen, 2006; Fazel et al., 2014).

Despite the valuable contributions of this dissertation, it has numerous drawbacks. The cross-sectional design limits causal inferences between bullying, attachment, and trauma consequences. Future longitudinal research is needed to analyze bullying's long-term impacts and attachment types' changing roles. Since adolescents from rural or marginalized populations were underrepresented, convenience selection from urban schools limits the findings' generalizability. Inclusive and culturally thorough outcomes require larger, nationally representative samples. In Study 2, the avoidant attachment subscale showed strong internal consistency ($\alpha = 0.96$), suggesting item redundancy rather than dependability. Revisions should increase subscale content diversity to better depict avoidant attachment's complexity. While the study focused on attachment as a mediator, social support, coping methods, and resilience characteristics were not examined. Future models should incorporate these variables to elucidate the association between bullying and trauma better. Given Bangladesh's mental health and victimization stigma, self-report tools may add response bias to the studies. To boost validity, future studies should include qualitative interviews, observational data, or parent and teacher comments. Finally, while virtual counselling proved helpful during the pandemic, technology limitations, privacy concerns, and uneven access must be addressed. Optimizing

digital mental health services in low-resource and culturally diverse contexts requires more study.

The dissertation emphasizes Bangladesh's critical need for culturally relevant mental health tools and therapies. It experimentally validates the OBVQ-R and ASCQ-B and shows how attachment types affect bullying victims' trauma outcomes. Online counselling is effective for emergencies, such as COVID-19. This research gives educators, therapists, and policymakers relevant and effective trauma-informed and attachment-based frameworks to promote adolescent psychological well-being.

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