



An-Najah National University
Faculty of Graduate Studies

**THE EFFECT OF CORONA VIRUS (COVID-19) ON
MENTAL HEALTH OUTCOMES AMONG PALESTINIAN
CHILDREN VICTIMS OF BULLYING: SOCIAL
SUPPORT AS MEDIATING VARIABLE**

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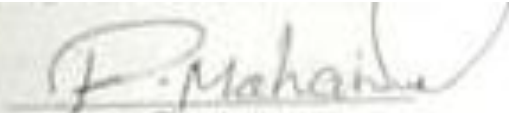


**This Thesis is Submitted in Partial Fulfillment of the Requirements for The Degree of
Master of Clinical Psychology, Faculty of Graduate Studies, An-Najah National
University, Nablus- Palestine.**

2022

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Dedication

This thesis work is dedicated to my family. A special feeling of gratitude to my caring, supporting parents, who have always loved me unconditionally and whose great examples have taught me to work hard for issues that I aspire to achieve.

Acknowledgements

I would like to thank my supervisors Dr. Fayez Mahamid and Dr. Guido Veronese for their guidance and leadership.

Lastly, I would like to express my deepest appreciation to my family especially my parents who generously provided love, support and their belief in me kept my spirits and motivation high during this process.

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ABSTRACT

Introduction: Previous studies showed that COVID-19 has negative effects on mental health by increasing depression and anxiety (Mahamid et al., 2021; Li et al., 2020). Moreover, bullying- according to previous studies- could affect mental health negatively. However, social support could positively affect mental health. Accordingly, this study aimed at examining the effect of COVID-19 on children's mental health among victims of bullying and cyberbullying. Moreover, social support was tested as a mediating variable. The sample of this study consisted of (141) bullied children between the ages (9-13) years old. All of them were Palestinian Arabs living in Israel and from different primary schools. They were chosen by school counselors and class educators.

Results: Data was collected using; Multidimensional Bullying Victimization Scale (MBVS), Adolescents Cyber-Victimization Scale (CYBVICS), the Strengths and Difficulties Questionnaire (SDQ), Questionnaire measuring the effect of COVID-19 on mental health outcomes, the Revised Child Anxiety and Depression Scale (RCADS), and Multidimensional Scale of Perceived Social Support (MSPSS). There was a positive correlation between Fear of COVID-19 and traditional bullying, cyber bullying, depression, and anxiety. Moreover, social support was correlated negatively with traditional bullying and cyber bullying. Also, there were differences in traditional bullying, cyber bullying, depression, and parents' difficulties reported, as a function of parent marital status.

Conclusion: This study was a comprehensive investigation that can be used extendedly on victims of bullying by training teachers and guiding parents to construct an emotional intervention plan to support those children emotionally and socially.

Keywords: Covid19, Mental health, Depression, Anxiety, Bullying, Cyber bullying, Social support.

Chapter One

Theoretical Background

The year 2020 began with a new epidemic that originated in China and outbroke around the world. It has affected our lives, our physical health, our mental health, our economy and more- it is called COVID-19 (Mahamid et al., 2021).

On 31 December 2019, World Health Organization (WHO) learned about a new virus which has been recently called a SARS-CoV-2 (COVID-19) as a result of reports about 'viral pneumonia' in Wuhan in the Republic of China. The most common symptoms of COVID-19 are dry cough, fever, and fatigue as well as Shortness of breath, high temperature, Loss of appetite, and persistent pain or pressure in the chest. Also, there are other symptoms but less common like loss of taste or smell, headache, chills, dizziness, muscle or joint pain, and more. Everyone can be diagnosed with COVID-19 but people aged 60 years and over with underlying medical problems are the most vulnerable for severe illness from COVID-19 who are more likely to become seriously ill or die (World Health Organization [WHO], 2020). Morbidity among children infected by COVID-19 is largely asymptomatic and does not reflect the degree of exposure of children to the virus (National Center for Disease, 2021).

Li et al. (2020) found that COVID-19 does not only affect the body but also the mind. COVID-19 generates negative emotion. They found that the same group before and after the discovery of COVID-19 showed an increase in depression, anxiety, indignation, and sensitivity to social risks with decreasing life satisfaction.

The Covid 19 experiences negative impact on mental health outcomes (Stress, Anxiety, and Depression) and Functional Impairment. Researchers found that those who believe in the existence of COVID-19, have been diagnosed with COVID-19, knowing someone who was diagnosed or died from COVID-19, shows a poorer mental health outcome. They are predicted to have symptoms of depressive and anxiety disorders, as well as a higher level of stress and functional impairment (Gallagher et al., 2020). The Central Bureau of Statistics Israel (2020) published that parent's reporting of their children's emotional state, which worsened due to the corona, rose to 25.8% (Arzi and Sabag, 2020).

According to Dali (2021), during a COVID-19 period, there is an increase in mental distress, an increase in cases of self-harm attempts 1.5 increase compared to 2019. Dali emphasized the findings of the Israeli Ministry of Health in the Mental Health for Children and Adolescents, which according to the Arryan Association, an organization that provides psychological first aid over the phone, reported a 30% increase in adolescent inquiries compared to the year 2019. Internalizations based on difficulties in interpersonal relationships (28%), symptoms of anxiety and crisis following the COVID-19 (20%) and severe mental distress (20%).

1.1 COVID-19 and Mental health

Depression may appear as a depressed mood or more complex way associated with other symptoms. It has different severity; mild, moderate, or severe (Wegner et al., 2020). It is characterized by three hierarchically structured ways: Depressed mood includes sadness, unhappiness, irritability, and a lack of interest or pleasure in previously rewarding or enjoyable activities. Depressive syndromes include disturbance in sleep and appetite, psychomotor agitation or retardation, cognitive symptoms, affective perturbations, tiredness and poor concentration (Palmer et al., 2019). Clinical diagnosis showed a major depressive disorder, in which five or more of the symptoms have been present during the same two-week period with at least loss of interest or depressed mood. The other symptoms include weight loss or gain, insomnia\hypersomnia, psychomotor agitation\retardation, fatigue or loss of energy, and more (Diagnostic and Statistical Manual of Mental Disorder 5 [DSM-5], 2013). The clinical diagnosis included depressed mood and depressive syndromes.

According to Ministry of Health of Israel, depression is a combination of several risk factors such as heredity, early traumas (abuse, neglect or abandonment), separation and loss, post-traumatic stress disorder, previous mental disorder, deterioration in physical condition, chronic pain following injury, accident or illness, old age or widowhood, and adaptive response to change in status or place of residence. Also, it could be a result of interpersonal violence trauma (Vibhakar et al., 2019), and obesity, especially among female (Sutaria et al., 2019). During the COVID-19 pandemic, children had to separate from their parents, especially the health workers, in order to reduce the spread of the virus; it was sudden and mysterious separation. Also, there were children who separated from their grandparents who usually take care of them, specifically because the

COVID-19 poses a danger to them. some of those lost their caregivers cause of the pandemic. It wasn't the only early trauma, there were children who even lost their peers and friends. The Sudden loss that was caused by the pandemic led to deterioration in mental health. Moreover, there are children who suffered from health disease caused by the infection of the virus, some of them have a chronic pain following illness. According to the Clalit Health Service in Israel (2021), more than a quarter of a million children and adolescents up to the age of 18 (Arabs and Jews) were diagnosed with COVID-19, they are considered about a third of all COVID-19 nationals in the country. The percentage of Arab children out of the total number of children diagnosed with COVID-19 is 27.5% (The Israeli Ministry of Health, March 2021). Approximately, 163 were in a severe / moderate condition (mainly due to background illnesses), and 7 of them died.

The Israeli Ministry of education (May 2021) published that online learning is correlated negatively with a school achievement. Also there is a negative correlation between the duration of learning from home and motivation for learning and level of involvement. It leads to lack of self-satisfaction with academics, which could be a risk factor for depression (Grover et al., 2019) .

Liu et al. (2021) found that age played an important role in children and adolescents' depression, primary school students are more vulnerable and prone to suffer from depression (Xie et al., 2020). This can be explained by the fact that children are more engaged in indoor activities with reduced social interactions (Liu et al., 2021).

Schafer et al. (2022) examined the prevalence rates of depressive symptoms between the pre-and peri COVID-19 eras. They found that pre-COVID-19 era rate of depressive symptoms is 8.7%, which ranges from 6.2% to 11.5%. However, the peri-COVID-19 era rate of depressive symptoms was 18.3%, which ranges from 13.5% to 24.3%. Consequently, COVID-19 has a negative effect on mental health due to the fact that people showed more symptoms of depression.

Not only depression can be the result of COVID-19 but also anxiety. Tang et al. (2021) found that COVID-19 is associated with anxiety and depression among quarantined respondents; they showed higher anxious and depressive symptom than those not quarantined.

Anxiety is an anticipation of future threat (DSM-5, 2013), an emotion characterized by feelings of tension, recurring intrusive worried thoughts, and physical changes (American Psychological Association [APA], 2019). It is associated with muscle tension and vigilance in preparation for future danger and caution or avoidant behavior (DSM-5, 2013) .

Anxiety is a reaction to stress in life that can be manifested by severe worries and accompanied by physical reaction. Anxiety has three dimensions: cognitive, identifying cues and interpreting them negatively; behavioral, avoidance of the cause of anxiety; and physiological, stimulation of the sympathetic system (Rothberg et al., 2008). There are different types of anxieties among children; for example, children with Generalized Anxiety Disorder [GAD] get worried about a variety of things. They feel that the worst possible thing could happen, they worry about relationships with their peers, family problems, family member health, their own health, money, or performance in school. However; children with panic disorder fear small things accompanied by strong physical reactions without having reasonable reasons. Due to covid-19, children show worries and fears about relationships with their peers as a result of the social distance; about their performance in school that is affected negatively by the quarantine and online learning; about family problems such as a economy and health which are negatively affected by the pandemic. These worries are similar to the GAD symptoms. Children with Separation Anxiety Disorder get worried about the person they love might abandon them and their parent's safety. They refuse to sleep away from home or to go to school. The quarantine cause of covid-19 gave a legitimacy to the refusale's behaviors. Children with Social Anxiety Disorder fear social and performance situations; they fear meeting or talking to people and in some cases, they find themselves unable to talk. Also, children who suffer from specific phobia fear certain things or situations such as animals, heights, water, darkness and more for at least six months or longer with physical distress (Brennan, 2020; Shaw, 2020).

Schafer et al. (2022) examined the prevalence rates of anxiety symptoms between the pre-and peri COVID-19 eras. They found that pre-COVID-19 era rate of anxiety symptoms is 8.9%, which ranges from 5.5% to 14.4%. and peri-COVID-19 era rate of anxiety symptoms is 22.6%, which range from 18.3% to 27.3%. It shows that COVID-19 has a negative effect on mental health and that people showed more anxiety symptoms.

COVID-19 will probably be the first major global health threat that children have been exposed to. The perspective that the world is not safe, COVID-19 may disrupt children's way of thinking especially with strict measures enforced. In addition to the uncertainty about the virus, the multitude of messages about the omnipresent threat, serious symptoms appear and symptoms similar to another disease appear with the difficulty to distinguish between them. (Haig-Ferguson et al., 2021). It is more difficult for children to understand abstract information. Their cognitive ability to process and understand complex information is limited. (Inhelder & Piaget, 1958). The shutdown of schools, quarantine at home, cancelation of sporting events, and distance learning - all increase the risk of anxiety for adolescents (Qi et al., 2020).

Moghanibashi-Mansourieh (2020) found that the risk of suffering from anxiety increased for people who have at least one family member, relative, or friend with COVID-19 disease.

Liu et al. (2021) found that suicidal ideation, quarreling with parents, insomnia, inattention during online learning and being physically distant from their teachers, anxious and depressed mood were positively associated with depression and anxiety. (Liu et al., 2021, p.5). Qi et al. (2020) found that enough sleep, moderate physical exercise, and regular study duration (participating in distance learning) and participating in daily life activities are associated with decreased risks of anxiety for adolescents during COVID-19.

Matos et al. (2022) researched the impact of the perceived threat of COVID-19 on anxiety, depression, stress, and social safeness, across 21 countries from Europe, North America, Middle East, South America, Oceania and Asia. They found that perceived threat of COVID-19 is correlated with higher scores in depression, anxiety, and stress and associated with lower scores in social safety. Moreover, they found that "self-compassion moderates the relationship between perceived threat of COVID-19 on depression, anxiety, and stress, whereas compassion from others moderates the effects of fears of contracting COVID-19 on social safety" (Matos et al., 2022, p.1).

Panchal et al. (2021) conducted a systematic review about the impact of COVID-19 lockdown on child and adolescent mental health. They found that children show a higher score of depression and anxiety symptoms during the lockdown compared to

rates observed before the lockdown. They also found that COVID-19 lockdown is associated with psychological distress, loneliness, anger, fear, irritability, stress, and boredom.

Children and adolescents reported more anxious and depressive symptoms with high levels of fear and concern regarding the impact of COVID-19 on their lives than pre-COVID-19 pandemic rates. It is worth mentioning that older adolescent age, neurodiversity, female gender, and the presence of chronic physical conditions are associated with worse COVID-19 mental health outcomes (Samji et al., 2021).

1.2 COVID-19, Bullying and Cyberbullying

Bullying is defined as “unwanted, aggressive behavior among school-aged children that involves a real or perceived power imbalance. The behavior is being repeated or having the potential to be repeated over time. Both kids who are bullied and who bully others may have serious and lasting problems” (Stop Bullying An official website of the United States government, May 30, 2019). Bullying can be direct, by openly and physically attacking a victim (Olweus, 1994); or indirect, by causing social isolation and intentional exclusion from a group (Olweus, 1994); Individually or collectively; face to face or online; verbal or written or video or picture or physical- any behavior that can damage the relationship and reputation of the target youth. Also bullying can be carried out by property damage of the target, theft, alteration. (Gladden et al., 2014). Bullying can be between children and adolescents at school, colleagues at workplace, and siblings at home, who act as bullies, victims, and witnesses.

Cyberbullying is commonly defined as “an aggressive intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or her-self” (Smith et al., 2008, p.376). Cyberbullying has increased due to the development of electronic devices such as computers, cell phones, tablets, and iPad and the widespread use of social media (Facebook, Instagram, Snapchat, and Tik Tok) and technology (Peker, 2020).

Cyberbullying can be permanent, persistent, and hard to notice, easy to access, rapid social dissemination, and anonymous, compared with traditional bullying, which make it more complex (Extremera, et al., 2018).

According to Vaillancourt, et al. (2021), who studied the school bullying before and during COVID-19, found that students reported far less rates of bullying involvement during the pandemic than before the pandemic across all forms of bullying (traditional, physical, social, verbal), except for cyberbullying. Also, they found that boys reported less than girls for being bullied, but more than girls by bullying others. They also found that secondary school students reported less than elementary school students on bullying involvement.

1.3 Mental health, Bullying and Cyberbullying

Bullying is stipulated as (criterion A1) in the Diagnostic and Statistical Manual and Mental Disorders [DSM]. This manual is used by psychologists as a main reference for diagnosis (Samara et al., 2017). Bullying is a repetitive and persistent aggressive behavior against people and animals which breach the basic rights of other or major age-appropriate societal norms or rules, including traditional bullying and cyberbullying (DSM, 2013).

Several mental health symptoms are noticed among children who suffer from bullying such as depression, anxiety and stress. According to Copeland et al. (2013), victims of bullying show higher levels of depressive disorders, anxiety disorders, generalized anxiety, panic disorder, and agoraphobia, and suicidality. Also, they found that both bullies and victims of bullying had higher levels of anxiety and depressive disorders. The results are valid for a community sample from eleven counties in North Carolina, among adolescents. In this study I will investigate the effect of bullying on Palestinian children who live in Israel.

According to Palmer et al. (2019), bullying during childhood can predict negative mental health outcomes through adolescence. Several mental health outcomes were diagnosed among children who were exposed to bullying such as depression, anxiety and stress (Arseneault et al., 2010). Jadambaa et al. (2020) conducted a systematic review, meta-analysis and relative risk estimates for bullying victimization and health outcomes. According to 22 longitudinal studies that they investigated, it was found that there is an association between bullying victimization in childhood and later development of anxiety and depressive disorders. The results showed that "bullied children are at a significantly increased risk of later developing anxiety and depressive

disorders compared with children who were not involved in bullying" (Jadambaa et al., 2019, P. 5) .

Also, Karmilasari, Winarni, and Windarwati (2020) who has done a systematic review of 26 articles from different countries to identify the impacts of bullying on the mental health of adolescents. Those articles have been published between 2015-2019 on five databases as Science Direct, Springer Link, PubMed, Clinical Key, and ProQuest. Bullying has negative effects on psychosocial and social health and leads to physical problems. They found that bullied victim could suffer from depression, anxiety, stress, discomfort feeling, suicide ideation, low self-esteem, self-isolation, lack of confidence, social isolation, loneliness, drugs misuse, low school attendance, low academic achievement (Karmilasari et al., 2020). Moreover, they could suffer from low subjective wellbeing, and high emotional and behavioral problems (Arslan et al., 2020) .

As stated by Chu et al. (2019) mental health outcomes can be predictors for both traditional bullying and cyberbullying. Depression and general anxiety are common among traditional bullying and cyberbullying victims. For traditional bullying victimization, stress is a specific predictor. whereas, self-esteem, social anxiety and loneliness were specific predictors for cyberbullying victimization (Chu et al., 2019).

1.4 COVID-19, mental health, bullying and cyberbullying

The sudden withdrawal from school, social and daily activities due to COVID-19 pandemic has put a huge burden on children; separation from their parents or caregivers, loss of a family member, unemployment and financial bankruptcy of parents (de Figueiredo et al., 2021), and domestic violence. The number of police cases opened for violent crimes between spouses increased about 13% during COVID-19 period (Avgar, 2020). These sudden changes increase the risk of developing psychiatric disorders among children in the future- unconditional mental health disorders histories (de Figueiredo et al., 2021).

On another hand the lockdown has a positive effect on children especially who suffer from traditional bullying at school, or who suffer from drug abuse; such children had the opportunity to stay clean and under parental supervision. Also, as a result of the lockdown, the children have to fulfil their time by being creative and learning ‘new’ skills, hobbies, playing indoor games, music, sport, reading or spending quality time

with elders (Chawla et al., 2021). However, during quarantine children started learning from home using online applications thus they avoided having direct contact with children who may bully them, and that will make them feel better. Also, the quarantine makes people spend more time on social media. Cyberbullying as a result increases and bullying victims will suffer more. However, there is a need to mention that children at home can have protection from their parents, siblings, or a caregiver, as a result, the risk of having cyber bullying would be decreased.

Bullying has a negative effect on mental health, especially its effect on depression and anxiety. Also, COVID-19 has a negative effect on mental health such as depression and anxiety. However, how both COVID-19 and bullying together affect mental health. In view of the fact that COVID-19 forced schools to be online, which means that there wasn't face to face meeting for children in school. This situation created a social distance especially for those in primary schools who were less equipped with communication instruments. The same social distance - especially between the victim and the bully- will probably help the victim to experience a less bullying environment which will affect their mental health positively. Basically, it is valid for those who are bullied within the school setting (traditional bullying) and it is not known if it is valid for those who are bullied online. However, children who are bullied online are at home most of the time so they are among their parents and family .

1.5 Mental Health and Social Support

Social support correlates negatively to depression and anxiety symptoms (Osborn et al., 2019). Borowsky et al., (2013) found that the relationship between involvement in bullying and suicidal ideation or attempts mitigated by parent connectedness and perceived caring by friends and other adults. Social support is any help that is received by family members, close friends, neighbors, caregivers, support group and association. School support and parent support are a part of social support. Social support helps to face biological, psychological and social stressors (APA, 2019). "Perceived social support provides particularly strong regulation of negative emotions in social contexts" (Palmer et al., 2019, P.726). Social support is about having a close relationship with others, talking with them, being cared for, or feeling loved .

Hsiu-Chi et al. (2013) mentioned five general categories of social support: *informational support* including knowledge or facts, like advice or feedback on actions; *emotional support* including caring, concern, empathy, and sympathy; *esteem support* including helps to raise skills, abilities, and intrinsic value; *social network* including helps to enhance one's sense of belonging to a specific group with similar interests or situations; *tangible support* including providing physically needed goods and services to recipients.

1.6 Bullying and Social Support

Being a victim of bullying is affected by the experiences with primary caregivers; children who grow up with a negative parenting become powerless, less able to assert their needs and less-confident. However, children who are exposed to positive parenting become more resilient and adaptive with a strong self-esteem (Lereya et al., 2013).

According to previous research, if the child has a supportive caregiver or teacher, the risk of experiencing bullying will decrease (Espelage & Sung Hung, 2019). Higher parental support and the more time spent with parents reduce the involvement in bullying (Wang et al., 2009; Mann et al., 2015). "children with low peer acceptance and children actively rejected by peers were buffered from the risk of peer victimization when they enjoyed a supportive relationship with their teacher" (Elledge et al., 2015, P.699).

Smigelskas et al. (2018) conducted a study that focused on social support and bullying among children aged 11-15 from nine countries; Armenia, Estonia, Israel, Latvia, Lithuania, Moldova, Poland, Russia, and Ukraine. They found that social support, such as parental support, teacher support, and peer support, act as a very strong and comprehensive protective factor. Family support serves as the most potentially protective shield against fighting and bullying, especially when they have a close relation with the parents in the family. Also, teacher support plays a significant role in the phenomenon of bullying but it is important to note that teachers with authoritative methods of enforcing discipline, authoritarian and inflexible methods make a distance between those students and their teachers which reduces trust between them and that exacerbates the phenomenon. In addition, peer support is considered as a protective factor; the risk of the child being a victim of bullying decreases if he/she has friends and

enjoys supportive relationships while promoting social skills and supportive attitudes. However, if those friends show dangerous behavior, such as using a substance, smoking, or getting drunk, the possibility of taking part in bullying increases.

1.7 COVID-19, Mental Health, Bullying and Social Support

Bullying dramatically affects mental health and increases depression, anxiety, and stress. However, social support has a positive effect on mental health. In this research, I will investigate this correlation among Arab Palestinian children lives in Israel who have been bullied.

Tang et al. (2021) found that parent-child discussion about COVID-19 was a protective factor for mental health; the children experienced less depression, anxiety, and stress, which are negatively correlated with psychopathological symptoms. Also, parent-child discussion about COVID-19 is positively correlated with life satisfaction.

Szkody et al. (2021) study the stress-buffering role of social support during COVID-19. They found that the worst psychological health was reported by individuals who were worried about COVID-19. Worrying is one of the symptoms of anxiety disorders. It is associated with depressive symptoms. It makes individuals have a negative world view as a result of reducing mental resources. They came to the conclusion that having social support is correlated to reporting a higher score in psychological health.

Magson et al. (2021) found that the social connection is affected by the COVID-19 and has an effect on mental health. Adolescents show anxiety as a result of not meeting their friends, and adults show anxiety as a result of family members who were infected by COVID-19. Their longitudinal investigation into the effect of COVID-19 virus showed that social disconnection is associated with higher levels of anxiety and depressive symptoms and lower levels of life satisfaction. Adolescents who have a conflict with their parents and who are left alone at home all day showed higher scored reports (Magson et al., 2021). Depression and anxiety increased as a result of loneliness and social isolation (Loades et al., 2020) .

1.8 Arab Palestinian children who live in Israel

There are 1.956 million Palestinian Arabs who live in Israel, they are (21.1%) of all Israeli citizens; Arabs (Muslim, Christian, and Druze), Jews, and other (Israeli central

bureau of statistics, December 2020), and are 27.7% of all Palestinian people. According to Israel central bureau of statistics (2022), the Jews status on the most measures is better than that of the Arabs in Israel; they are better status on quality of employment, security, health, housing and infrastructure, education, civic engagement and governance, personal and social well-being, material standard of living, leisure, culture and community, and at information technologies.

The identity of Palestinian Arabs who live in Israel is a complex of two conflicted components: the native component, they are a citizen of Israel. And the national component, they are a Palestinian people. The conflict between the native and national components are reflected on four main circles which the identity of them is formed and influenced by it: the *local circle*, which indicate the changes on the internal structures of the Arab population, the values and the life patterns. The *national circle*, the status of the Arabs in a Jewish country, their relations with the Jews, and the formal policy that taken towards them. The *regional circle*, the Arabs and Palestinian's cultural and national. The *religious circle*, the influence of the ethnic identity of the Muslim Arabs, Christians, and Druze. The conflict leads to a paradoxical situation of "double periphery". On one hand the Palestinian who live in Israel improve their status and promote their rights equality within Israeli society. On the other hand, they strengthen their ties with their people, Palestinian people and the Arab ones, they support an independent Palestinian country. In both situations, they are in the margins, there are differences between them; politically, economically and socially (Al-Hajj, 2000).

The Israeli psychological-counseling service in the Ministry of Education received inquiries from students and parents; there have been 13,261 inquiries about loneliness and sadness, 9,586 about distress and anxiety, 8,612 about difficulties in the family; 519 about suicide and 19,738 inquiries about children at risk (Arzi & Sabag, 2020).

Bullying is a common phenomenon among Israeli children and adolescents; 69% reported a bullying experience over the year 2017 (Buniel-Nissim, Demri and Rolider, November 2018). Bullying exists both in the physical world (school) and in the virtual one (cyber). Buniel-Nissim et al. (2018) found that the rate of physical bullying at school is significantly higher among children; (83%) among third– fourth grade, (69%) among fifth– seventh grade and (62%) among eighth–ninth grade- regardless of gender. In addition, approximately 48% of children reported bullying in the virtual world-

regardless of age. However; there is a significant difference between boys and girls, where girls reported (52%) bullying in the virtual space while boys reported (40%).

The research hypotheses:

1. Fear of COVID-19 will be related positively with mental health outcomes, bullying and cyberbullying.
2. Bullying and *cyberbullying* will be correlated positively with mental health outcomes .
3. Social support mediating the correlation between fear of COVID-19 and mental health outcomes among Arab Palestinian -Israeli child bullying victims.
4. Social Support will be negatively correlated with mental health problems, bullying and cyberbullying.
5. The current study hypothesizes that fear of covid as predictor variable; the mental health as outcome variable, social support, bullying and cyber bullying as mediating variables. This model will be tested among 141 Palestinian children using structural equation modeling (SEM).

Chapter Two

Methodology

2.1 Participants

Participants (N=141) are (9-13) years old; they all were Arab Palestinian-Israeli children who were victims of bullying- regardless of gender (63 male and 78 female). They are fourth grade children (N= 61), fifth grade (N= 33), and sixth grade (N= 47), from different elementary schools. They were recruited by school counselors in consultation with the class educators. The sample also included children who underwent a boycott, with special education, or had conflicts with peers, each of them having a high risk of being bullied. They have parental and school approval to participate in research .

Exclusion criteria: participants who have psychological treatment or any treatment as a result of bullying were excluded.

2.2 Measures

In this study, the measures that are used are translated into Arabic and reviewed by Arab experts in English language (see appendix 10). It was updated and conducted according to age and culture. The original measures, which are written in English, are valid and some of them used before in another research.

Consent form: parents received a preliminary letter explaining the topic of the study and its purpose, procedures, and risks. They were informed they could withdraw from the study whenever they liked. The participants were aware that they can communicate with the experimenter for questions. This is a consent form with guidelines that must be signed by parents. (Appendix 1)

The Demographic Form: It includes information about participants' gender (male, female), age, school, class, parents' marital status (married, divorced, separated), and whether they are going through or finished psychotherapy (and if it is related to bullying). (Appendix 2)

Multidimensional Bullying Victimization Scale (MBVS) is a bullying victimization scale about adolescents. It includes three subscales of bullying: direct, indirect, and

evaluative. It indicates 24 items; 11 Direct Bullying item, which evaluate experiencing bullying in a personal, direct, and face to-face manner; 6 Indirect Bullying items, which assess experiences of bullying through other people or through other mediums; and 7 Evaluative bullying items, which evaluate experiences of bullying that are judgmental or negatively evaluating a person's traits or attributes (Harbin, 2016). The child needs to rate the items indicating how often each item is true, how often it happened to him/her, by ranging from 0 = "never" to 3 = "very often". (Appendix 3). In this study, the Cronbach's alpha of indicated appropriate internal consistency ($\alpha=0.915$). An example of item is a "Post negative comments on my pictures, comments, or statuses (Facebook, Twitter, Instagram, Tiktok, Snapchat)".

Adolescents Cyber-Victimization Scale (CYBVICS) is a self-report adolescent Cyber-Victimization Scale which measures the adolescent's experience as a victim of cyberbullying in the past 12 months. The participants rate the items from 1 = "never" to 5 = "Many times (more than 10)". It includes 18 items of direct and indirect cyber-victimization. The direct indicates the experiences of being cyber-victimized that involve verbal direct attacks and social-type behaviors. However, the indirect handles the experiences of being victimized including the manipulation of images, false profile of the victim, hacking, identity theft (Buelga et al., 2019). (Appendix 4). In this study, the Cronbach's alpha of indicated appropriate internal consistency ($\alpha=0.896$). An example of item is a "Someone insulted or ridiculed me in social networks or groups like WhatsApp to really hurt me".

The Strengths and Difficulties Questionnaire (SDQ) is a parent report questionnaire including a brief behavioral screening questionnaire of the child's behavior over the last six months or this school year. The participants rate each item as Not True, Somewhat True or Certainly True. It includes 25 items: 11 items about strengths, and 14 items about difficulties. These items divided to 5 scales: Emotional Symptoms (items: 3, 8, 13, 16, 24), Conduct Problems (items: 5, 7, 12, 18, 22), Hyperactivity (items: 2, 10, 15, 21, 25), Peer Problems (items: 6, 11, 14, 19, 23), and Prosocial Behavior (items: 1, 4, 9, 17, 20) (Goodman, 1997). (Appendix 5). In this study, the Cronbach's alpha of indicated appropriate internal consistency ($\alpha=0.771$). An example of item is a "Often complains of headaches, stomach-aches or sickness".

Fear of Covid19 Questionnaire measures the effect of COVID-19 on mental health outcomes is a self-report questionnaire designed to measure the effect of COVID-19 period on mental health outcomes; depression (items 11 to 17), anxiety (items 6 to 11), and stress (items 1 to 5). Each participant needs to indicate how much the statement applied to him/her over the past week, from 0 "never" – 3 "almost always". (Appendix 6). In this study, the Cronbach's alpha of indicated appropriate internal consistency ($\alpha=0.891$). An example of item is a "I am afraid of losing my life to COVID-19" (Mahamid et al, 2021).

The Revised Child Anxiety and Depression Scale (RCADS) is a youth self-report questionnaire. It is include 47 items which divided to 6 subscales: separation anxiety disorder (items: 5, 9, 17, 18, 33, 45, 46), social phobia (items: 4, 7, 8, 12, 20, 30, 32, 38, 43), generalized anxiety disorder (items: 1, 13, 22, 27, 35, 37), panic disorder (items: 3, 14, 24, 26, 28, 34, 36, 39, 41), obsessive compulsive disorder (items: 10, 16, 23, 31, 42, 44), and major depressive disorder (items: 2, 6, 11, 15, 19, 21, 25, 29, 40, 47). The participants need to answer how often each of these things happens to him/her, by rating from 0 "never" to 3 "always" (Mathyssek et al. 2013). (Appendix 7). In this study, the Cronbach's alpha of indicated appropriate internal consistency ($\alpha=0.958$). An example of item is a "I feel worried when I think someone is angry with me".

Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988), There are 12 items that assessed social support; family support (items 3, 4, 8, and 11), friends support (items 6, 7, 9 and 12), and other significant support (items 1, 2, 5 and 10). It is a self-report which the participant needs to indicate how they feel about each item, from 1 (Very Strongly Disagree) – 7 (Very Strongly Agree), the "4" is Neutral. (Appendix 8). In this study, the Cronbach's alpha of indicated appropriate internal consistency ($\alpha=0.948$). An example of item is a "I get the emotional help and support I need from my family".

Extra review questions about bullying which include 8 questions about exposed traditional bullying and cyberbullying, received support, and recognizing bullying victims. It is a yes/no question. (Appendix 9)

2.3 Procedure

The researcher applied to a number of elementary schools, but succeeded in scheduling a meeting with the principals of three elementary schools and elementary education centers.

The researcher met with each of the school's principals and explained to them the purpose of the research, the methodology, and the importance of being a part of this research. Then, she asks for permission to contact the school counselors, the children and their parents.

After the school principals agreed, the researcher met the counselors of each school and explained to them the purpose of the research and the methodology. The researcher asked them to provide the bullying victims' parents with forms which include Information about the study; Consent form, Demographic Form, and a Strengths and Difficulties Questionnaire (SDQ). These electronic forms were sent as a link to parents via the WhatsApp application by the educator of 4th, 5th, and 6th classes. It is important to mention that the same forms were distributed again as paper forms for parents who did not complete the electronic google forms. In addition, the researcher asked educators to send them to the children's parents who underwent a boycott, or have special education, or have conflicts with peers.

Also, the researcher used her personal account on Facebook to reach children from other cities and villages who participate in the study. She also sent to various teachers who teach in different elementary schools through WhatsApp to help her to reach more children by passing on the research forms to their students. It's important to note that the researcher emphasizes that the participants in the research must be a bullying victim.

After she had a parent's agreement, the researcher gave each child a user number in order to match his answers to the data that she received from the parents without writing a personal name. She asked the children to answer the Multidimensional Bullying Victimization Scale (MBVS), Adolescents Cyber-Victimization Scale (CYBVICS), Questionnaire measures the effect of COVID-19 on mental health outcomes, and The Revised Child Anxiety and Depression Scale (RCADS). Then to fill out the multidimensional scale of perceived social support (MSPSS) and to answer some

review questions about bullying. Based on the pilot study children understand the questions and the timing is accurate.

The children continuously answered all the questionnaires together within 30-45 minutes through electronic forms, some of them are filled in at home and some at school. Special adjustments were made to accommodate children who could not complete the questionnaire under standard conditions- especially those who were COVID-19 patients or were isolated or had reading problems.

The researcher analyzed statistically the data after excluding children who have done psychotherapy, parents who filled out the same form several times, and others who partially filled their forms. She collected 200 parental consent and data from 170 children, but she analyzed 141 of them.

Data for this study was collected at the end of the second wave for the COVID-19 period and before the start of the third wave; during the period that adults were receiving vaccines and children were not- that was one week after the students returned to school. The experiment was stopped due to the war which broke out between Israel and Gaza. Children who participated in the research were mentally affected by the war thus the received data would not necessarily be reliable so the researcher preferred not to run the study.

Also, after the end of the war the researcher decided not to run the study again due to the dramatic decrease in COVID-19 cases, knowing that this research investigates the effect of the COVID-19 on mental health.

The research was conducted following guidelines outlined by the An-Najah IRB committee and the Declaration of Helsinki (1964).

2.4 Statistical Plan

The correlational design will be used to examine the effect of COVID-19 on mental health outcomes among children who are victims of bullying. However, social support will be used as a mediating variable.

The study data were analyzed using the IBM SPSS Statistics 20 software. The analysis included range, minimum, maximum, mean, standard deviations (SD), and variance statistic measures.

The analysis of the conclusion was based on Multiple analysis of variance (MANOVA), which determines the effects of independent categorical variables on multiple continuous dependent variables, with reference to demographic participants' factors; gender (male, female), age, grade, and parents' marital status (married, divorced, widow). In addition to performing a Pearson correlation coefficient to measure linear correlation between the variables.

To analyze the conceptual model, structural equation modeling (SEM) was performed using IBM SPSS, where fear of covid-19 as a predictor variable; the mental health as outcome variable, social support, bullying and cyber bullying as mediating variables.

Chapter Three

Results and discussion

In this section, the results of the research will present. Table 1 includes descriptive statistics about the traditional bullying, cyberbullying, depression, anxiety, social support, family support, friend support, significant other support, parent's child difficulties report, and fear of COVID-19 on mental health. Results indicate that participants report low scores on traditional bullying, cyber bullying, depression, anxiety, and fear of COVID-19 on mental health. On the other hand, participants report a high score on social support, family support, friend support, and significant other support. Also, the parents of participants report a low score on the child difficulties questionnaire.

Table 1

Descriptive statistics for research variables (N= 141)

Variable	Mean	S.D	Min	Max	Range	Variance
Bullying	.2417	.33612	.00	2.13	2.13	.113
Cyber- Bullying	1.170 6	.34475	1.00	3.44	2.44	.119
fear of COVID-19	.5420	.57746	.00	2.79	2.79	.333
Depression	.5440	.54055	.00	3.00	3.00	.292
Anxiety	.8582	.72565	.00	3.00	3.00	.527
Social Support (total)	5.206 3	1.74041	1.00	7.00	6.00	3.029
Family Support	5.648 9	1.80153	1.00	7.00	6.00	3.246
Friend Support	4.656 0	1.94053	1.00	7.00	6.00	3.766
Significant Other Support	5.313 8	1.96587	1.00	7.00	6.00	3.865
Parent Report	.6618	.23409	.32	1.52	1.20	.055

Results of the study showed significant differences in gender on traditional bullying, anxiety, social support and fear of COVID-19. Boys reported higher scores than girls regarding bullying. However, boys reported less scoring than girls on anxiety, fear of COVID-19, social support, family support, friend support, and significant other support. It is worth mentioning that both boys and girls have fairly equal reporting of cyber bullying, depression, and parent's child difficulties. (See table 2).

Table 2

Means of variables by gender

Gender		Bullying	Cyber-Bullying	fear of COVID-19	Depression	Anxiety	Social Support	Family Support	Friend Support	Significant Other Support	Parent Report
boys	Mean	.3036	1.2134	.4002	.5222	.7249	4.9444	5.3651	4.4167	5.0516	.6844
	N	63	63	63	63	63	63	63	63	63	63
	SD	.39870	.40002	.50533	.49788	.68140	2.05290	2.15331	2.13789	2.25141	.20724
girls	Mean	.1918	1.1360	.6566	.5615	.9658	5.4177	5.8782	4.8494	5.5256	.6436
	N	78	78	78	78	78	78	78	78	78	78
	SD	.26788	.29077	.60904	.57530	.74650	1.41864	1.43118	1.75548	1.68627	.25357
Total	Mean	.2417	1.1706	.5420	.5440	.8582	5.2063	5.6489	4.6560	5.3138	.6618
	N	141	141	141	141	141	141	141	141	141	141
	SD	.33612	.34475	.57746	.54055	.72565	1.74041	1.80153	1.94053	1.96587	.23409

Results of the study showed significant differences in child's grade on anxiety, depression and fear of COVID-19. Children in the 5th class reported higher scores than the children at 4th grade and 6th grade on anxiety, depression and fear of COVID-19. Children at 4th grade reported a higher score than children at 6th grade on anxiety, but they didn't show a significant difference on depression and fear of COVID-19 on mental health. It is worth mentioning that children at 4th grade and 5th grade have fairly equal reporting of traditional bullying, cyberbullying, social support, family support, friend support, and significant other support, and parent's child difficulties report (see table 3).

Table 3*Means of variables by Class*

Class		Bullying	Cyber- Bullying	fear of COVID-19	Depression	Anxiety	Social Support	Family Support	Friend Support	Significant Other Support	Parent Report
4.00	Mean	.2158	1.1284	.5070	.5049	.8306	5.0861	5.5164	4.5902	5.1516	.6984
	N	61	61	61	61	61	61	61	61	61	61
	Std. Deviation	.29082	.36325	.59214	.57949	.79553	1.85717	1.91804	1.98223	2.08030	.23873
5.00	Mean	.2652	1.2104	.6580	.6121	1.0455	5.5682	6.1288	4.7348	5.8409	.6461
	N	33	33	33	33	33	33	33	33	33	33
	Std. Deviation	.34230	.37827	.52785	.49671	.70498	1.32426	1.21694	1.75884	1.62718	.17780
6.00	Mean	.2589	1.1974	.5061	.5468	.7624	5.1082	5.4840	4.6862	5.1543	.6255
	N	47	47	47	47	47	47	47	47	47	47
	Std. Deviation	.38786	.29301	.59255	.52372	.62915	1.83769	1.95771	2.04266	2.00377	.25915
Total	Mean	.2417	1.1706	.5420	.5440	.8582	5.2063	5.6489	4.6560	5.3138	.6618
	N	141	141	141	141	141	141	141	141	141	141
	Std. Deviation	.33612	.34475	.57746	.54055	.72565	1.74041	1.80153	1.94053	1.96587	.23409

Results of the study showed significant differences in age regarding anxiety. Children at age 10-11 report anxiety more than the children at age 9-10, and both have a higher anxiety reporting than the children aged 11-13. On the other hand, children at each age have fairly equal reporting of traditional bullying, cyberbullying, depression, fear of COVID-19, social support, family support, friend support, and significant other support, and parent's child difficulties report (see table 4).

Table 4

Means of variables by Age

Age		Bullying	Cyber-Bullying	fear of COVID-19	Depression	Anxiety	Social Support	Family Support	Friend Support	Significant Other Support	Parent Report
9-10	Mean	.2329	1.1674	.5587	.5479	.8904	5.0537	5.5582	4.4863	5.1164	.6860
	N	73	73	73	73	73	73	73	73	73	73
	Std. Deviation	.31586	.40809	.59050	.57521	.80470	1.81761	1.83453	1.97462	2.09127	.22761
10-11	Mean	.2970	1.1487	.5415	.5871	.9624	5.6210	5.9919	4.8871	5.9839	.6813
	N	31	31	31	31	31	31	31	31	31	31
	Std. Deviation	.43750	.21773	.63802	.53836	.72993	1.47523	1.68261	1.83353	1.51923	.22850
11-13	Mean	.2128	1.1952	.5097	.5000	.7072	5.1599	5.5405	4.7973	5.1419	.5978
	N	37	37	37	37	37	37	37	37	37	37
	Std. Deviation	.27687	.29763	.50848	.47900	.52323	1.77793	1.84420	1.97979	1.96545	.24548
Total	Mean	.2417	1.1706	.5420	.5440	.8582	5.2063	5.6489	4.6560	5.3138	.6618
	N	141	141	141	141	141	141	141	141	141	141
	Std. Deviation	.33612	.34475	.57746	.54055	.72565	1.74041	1.80153	1.94053	1.96587	.23409

Results of the study showed significant differences in parents' marital status on traditional bullying, cyberbullying, depression, anxiety, social support, family support, friend support, significant other support, parent's child difficulties report, and fear of COVID-19. Children with widowed parents had higher scores than those whose parents are divorced on traditional bullying, cyberbullying, and parent's child difficulties report, and both have a higher score than the child whose parents married. Children whose parents are divorced had higher scores than those with widowed parents on depression and anxiety, and both have higher scores than the children whose parents married. Children with widowed parents had higher scores than those whose parents are married on social support, family support, friend support, significant other support, and fear COVID-19, and both have higher scores than children whose parents divorced. (See table 5).

Table 5*Means of variables by Parents Marital Status*

Parents Marital Status		Bullying	Cyber-Bullying	Fear Of Corona	Depression	Anxiety	Social Support	Family Support	Friend Support	Significant Other Support	Parent Report
married	Mean	.2178	1.1389	.5446	.5070	.8242	5.1960	5.6777	4.6152	5.2949	.6459
	N	128	128	128	128	128	128	128	128	128	128
	Std. Deviation	.30024	.26794	.58264	.51485	.70503	1.72818	1.77863	1.92167	1.96335	.22511
divorced	Mean	.4417	1.3500	.3714	.9200	1.2333	4.9333	5.0500	4.5500	5.2000	.8040
	N	10	10	10	10	10	10	10	10	10	10
	Std. Deviation	.48837	.45289	.37008	.76129	.85418	2.05285	2.25709	2.22923	2.25093	.28687
widowed	Mean	.5972	1.9259	1.0000	.8667	1.0556	6.5556	6.4167	6.7500	6.5000	.8667
	N	3	3	3	3	3	3	3	3	3	3
	Std. Deviation	.82741	1.32559	.84213	.25166	1.08440	.55486	.80364	.00000	.86603	.26026
Total	Mean	.2417	1.1706	.5420	.5440	.8582	5.2063	5.6489	4.6560	5.3138	.6618
	N	141	141	141	141	141	141	141	141	141	141
	Std. Deviation	.33612	.34475	.57746	.54055	.72565	1.74041	1.80153	1.94053	1.96587	.23409

A Pearson product-moment correlation coefficient was computed to assess the relationship between variables, traditional bullying positively correlated with cyber bullying ($r=.619$, $p<.001$), fear of COVID-19 ($r=.269$, $p=.001$), depression ($r=.384$, $p<.001$), anxiety ($r=.360$, $p<.001$), parent marital status ($r=.320$, $p<.001$). In addition, cyber bullying positively correlated to depression ($r=.304$, $p<.001$), anxiety ($r=.217$, $p=.010$), while negatively correlated to social support ($r=-.179$, $p=.033$), significant other support ($r=-.244$, $p=.004$).

Moreover, fear of COVID-19 positively correlated to depression ($r=.345$, $p<.001$), anxiety ($r=.394$, $p<.001$), Social support ($r=.166$, $p=.049$), family support ($r=.176$, $p=.037$), parent marital status ($r=.218$, $p=.009$). Also, depression positively correlated with anxiety ($r=.698$, $p<.001$), parent marital status ($r=.382$, $p<.001$). Furthermore, anxiety positively correlated with social support ($r=.225$, $p=.007$), family support ($r=.194$, $p=.021$), parent marital status ($r=.274$, $p=.001$). Also, social support is strongly and positively correlated to family support ($r=.900$, $p<.001$), friend support ($r=.910$, $p<.001$), and other significant support ($r=.933$, $p<.001$). Finally, family support is strongly and positively correlated to friend support ($r=.708$, $p<.001$), other significant support ($r=.774$, $p<.001$). Also, friend support is strongly and positively correlated to other significant support ($r=.780$, $p<.001$). (See table 6).

Table 6

The correlation between the variables

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Bullying	1	.619**	.269**	.384**	.360**	-.156	-.136	-.144	-.147	.320**
Cyber-Bullying		1	.156	.304**	.217**	-.179*	-.139	-.106	-.244**	.129
fear of COVID-19 on mental health			1	.345**	.394**	.166*	.176*	.153	.129	.218**
Depression				1	.698**	.033	.065	-.015	.042	.382**
Anxiety					1	.225**	.194*	.141	.281**	.274**
Social Support						1	.900**	.910**	.933**	.051
Family Support							1	.708**	.774**	.012
Friend Support								1	.780**	.035
Significant Other Support									1	.090
Parent Report										1

** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

There was a statistically significant interaction effect between gender on the combined dependent variables, $F(9,125)=2.252$, $p=.023$; Wilks' $\Lambda=.860$. (See table 8). In order to examine whether there are significant differences in fear of COVID-19 regarding gender, a MANOVA analysis of variance was conducted. The analysis yielded a significant result, $F(1)=6.996$, $P=.009$ (See table 7). The analysis showed that Boys ($M=0.40$, $SD=0.50$) are less affected than girls ($M=0.66$, $SD= 0.61$) (See table 2).

In addition, in order to examine whether there are significant differences in anxiety regarding gender, a MANOVA analysis of variance was conducted. The analysis yielded a significant result, $F(1)=4.35$, $P=.039$ (See table 7). The analysis showed that boys ($M=0.72$, $SD=0.68$) are less anxious than girls ($M=0.96$, $SD= 0.75$) (See table 2) .

Also, in order to examine whether there are significant differences in social support regarding gender, a MANOVA analysis of variance was conducted. The analysis yielded a significant result, $F(1)=3.936$, $P=.049$ (See table 7). The analysis showed that boys ($M=4.94$, $SD=2.05$) are less supported than girls ($M=5.41$, $SD=1.42$). (See table 2). Moreover, in order to examine whether there are significant differences in cyberbullying due to parental marital status, a MANOVA analysis of variance was conducted. The analysis yielded a significant result, $F(2)=10.87$, $P<0.001$ (See table 7). Post hoc table shows that there is a significant difference in mean scores regarding Cyberbullying between married parent status and divorced parent status ($p=.049$), and between married parent status and widower parent status ($p <.001$), and between divorced parent status and widower parent status ($p =.008$) (See table 8). Children with widower parents ($M=1.92$, $SD=1.32$) had higher scores than those whose parents are divorced ($M=1.35,SD=0.45$) regarding cyber bullying, and both have higher scores than those whose parents married ($M=1.14$, $SD=0.27$). (See table 2) .

In order to examine whether there are significant differences in traditional bullying due to parental marital status, a MANOVA analysis of variance was conducted. The analysis showed significant differences, $F(2)=4.46$, $P=.013$ (See table 7). Post hoc Table shows that there are significant differences in mean scores regarding bullying between married parent status and divorced parent status ($p=.040$), However, there is no significant differences between married parent status and widower parent status ($p =n.s.$), nor between divorced parent status and widower parent status ($p =n.s.$) (See table 8). Children with widower parents ($M=0.60$, $SD=0.83$) received higher scores than those

whose parents are divorced ($M=0.44$, $SD=0.49$) regarding bullying, and both have a higher score than those whose parents are married ($M=0.22$, $SD=0.30$) (See table 2).

In order to examine whether there are differences in depression due to parental marital status, a MANOVA analysis of variance was conducted. The analysis showed significant differences, $F(2)=4.14$, $P=.018$ (See table 7). Post hoc table shows that there are significant differences regarding mean scores for depression between married parent status and divorced parent status ($p=.019$), however, there are no significant differences in scores between married parent status and widower parent status ($p =n.s.$), nor between divorced parent status and widower parent status ($p =n.s.$) (See table 8). Children whose parents are divorced ($M=0.92$ $SD=0.76$) had higher depression report scores than those with widower parents ($M=0.87$, $SD=0.25$). In both cases there were more than a child whose parents were married ($M=0.50$, $SD=0.51$) (See table 2) .

Furthermore, in order to examine whether there are significant differences in scores regarding parent's difficulties due to parental marital status, a MANOVA analysis of variance was conducted. The analysis had a significant difference in scores, $F(2)=3.23$, $P=.042$ (See table 7) Post hoc table showed that there are significant differences in the mean scores for parent's difficulties report between married parent status and divorced parent status ($p=.038$), but not between married parent status and widower parent status ($p=n.s.$), nor between divorced parent status and widower parent status ($p =n.s.$) (See table 8). Children with widower parent ($M=0.86$, $SD=0.26$) received higher scores than those whose parents are divorced ($M=0.80$, $SD=0.29$) on parent's child difficulties report, and both have a higher score than the children whose parents are married ($M=0.64$, $SD=0.22$) (See table 2).

Table 7*Tests of Between-Subjects Effects*

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	
Gender	Bullying	.331	1	.331	3.134	.079	
	Cyberbullying	.164	1	.164	1.592	.209	
	Fear Of COVID-19	2.238	1	2.238	6.966	.009	
	Depression	.089	1	.089	.314	.576	
	Anxiety	2.192	1	2.192	4.350	.039	
	Social Support	11.577	1	11.577	3.936	.049	
	Family Support	11.053	1	11.053	3.464	.065	
	Friend Support	10.732	1	10.732	2.902	.091	
	Significant Other Support	13.009	1	13.009	3.498	.064	
	Parent Report	.037	1	.037	.703	.403	
Age	Bullying	.414	2	.207	1.959	.145	
	Cyberbullying	.294	2	.147	1.426	.244	
	Fear Of COVID-19	.046	2	.023	.071	.931	
	Depression	.692	2	.346	1.219	.299	
	Anxiety	.959	2	.480	.952	.389	
	Social Support	11.886	2	5.943	2.021	.137	
	Family Support	5.829	2	2.915	.914	.404	
	Friend Support	12.855	2	6.427	1.738	.180	
	Significant Other Support	20.564	2	10.282	2.765	.067	
	Parent Report	.143	2	.072	1.362	.260	
Class	Bullying	.400	2	.200	1.894	.155	
	Cyberbullying	.649	2	.325	3.153	.046	
	Fear Of COVID-19	.544	2	.272	.847	.431	
	Depression	.901	2	.451	1.588	.208	
	Anxiety	1.120	2	.560	1.112	.332	
	Social Support	7.058	2	3.529	1.200	.304	
	Family Support	8.301	2	4.151	1.301	.276	
	Friend Support	6.192	2	3.096	.837	.435	
	Significant Other Support	9.372	2	4.686	1.260	.287	
	Parent Report	.038	2	.019	.359	.699	
Parents	Bullying	.943	2	.471	4.463	.013	
	Cyberbullying	2.238	2	1.119	10.871	.000	
Marital Status	Fear Of COVID-19	1.086	2	.543	1.690	.188	
	Depression	2.349	2	1.175	4.140	.018	
	Anxiety	2.479	2	1.239	2.460	.089	
	Social Support	8.352	2	4.176	1.420	.245	
	Family Support	5.887	2	2.943	.923	.400	
	Friend Support	15.755	2	7.877	2.130	.123	
	Significant Other Support	7.416	2	3.708	.997	.372	
	Parent Report	.341	2	.170	3.235	.042	
	Error	Bullying	14.051	133	.106		
		Cyberbullying	13.691	133	.103		
Fear Of COVID-19		42.723	133	.321			
Depression		37.738	133	.284			
Anxiety		67.004	133	.504			
Social Support		391.181	133	2.941			
Family Support		424.351	133	3.191			
Friend Support		491.861	133	3.698			
Significant Other Support		494.600	133	3.719			
Parent Report		7.005	133	.053			
Corrected total	Bullying	15.817	140				
	Cyberbullying	16.640	140				
	Fear Of Covid-19	46.684	140				
	Depression	40.907	140				
	Anxiety	73.719	140				
	Social Support	424.064	140				
	Family Support	454.372	140				
	Friend Support	527.192	140				
	Significant Other Support	541.051	140				
	Parent Report	7.672	140				

Table 8*Post Hoc Table - Multiple Comparisons*

LSD							
Dependent Variable	(I) ParentsMaritalStatus	(J) ParentsMaritalStatus	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
Bullying	married	Divorced	-.2239*	.10812	.040	-.4377	-.0101
		Widowed	-.3794	.19234	.051	-.7598	.0009
	divorced	Married	.2239*	.10812	.040	.0101	.4377
		Widowed	-.1556	.21677	.474	-.5842	.2731
	widowed	Married	.3794	.19234	.051	-.0009	.7598
		Divorced	.1556	.21677	.474	-.2731	.5842
Cyber Bullying	married	Divorced	-.2111*	.10635	.049	-.4214	-.0008
		Widowed	-.7870*	.18918	.000	-	-.4130
	divorced	Married	.2111*	.10635	.049	.0008	.4214
		Widowed	-.5759*	.21322	.008	-.9975	-.1543
	widowed	Married	.7870*	.18918	.000	.4130	1.1611
		Divorced	.5759*	.21322	.008	.1543	.9975
Depression	married	Divorced	-.4130*	.17457	.019	-.7581	-.0678
		Widowed	-.3596	.31053	.249	-.9736	.2544
	divorced	Married	.4130*	.17457	.019	.0678	.7581
		Widowed	.0533	.34998	.879	-.6387	.7453
	widowed	Married	.3596	.31053	.249	-.2544	.9736
		Divorced	-.0533	.34998	.879	-.7453	.6387
Parent's Report	married	Divorced	-.1581*	.07558	.038	-.3075	-.0086
		Widowed	-.2207	.13444	.103	-.4866	.0451
	divorced	Married	.1581*	.07558	.038	.0086	.3075
		Widowed	-.0627	.15152	.680	-.3623	.2369
	widowed	Married	.2207	.13444	.103	-.0451	.4866
		Divorced	.0627	.15152	.680	-.2369	.3623

Based on observed means.

The error term is Mean Square (Error) = .053.

*. The mean difference is significant at the .05 level.

The Conceptualized model (Fig. 1) and structural equation modeling (Fig. 2) indicate fear of COVID-19 as a predictor; traditional bullying, cyberbullying, and social support as a mediating variable; depression and anxiety as an outcome variable. It shows that fear of COVID-19 correlated positively with traditional bullying, cyberbullying, depression, and anxiety. Also, social support correlated negatively with traditional bullying and cyberbullying.

Figure 1

Conceptualized model of fear of COVID-19 on depression and anxiety, and the mediating role of social support, bullying and cyberbullying

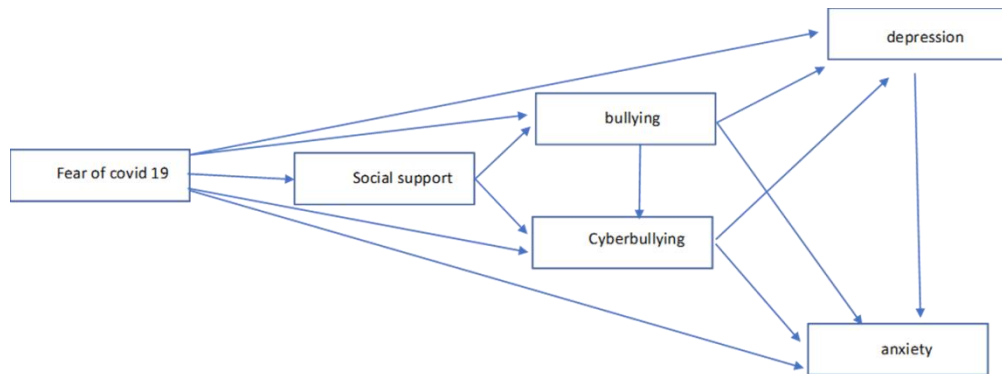
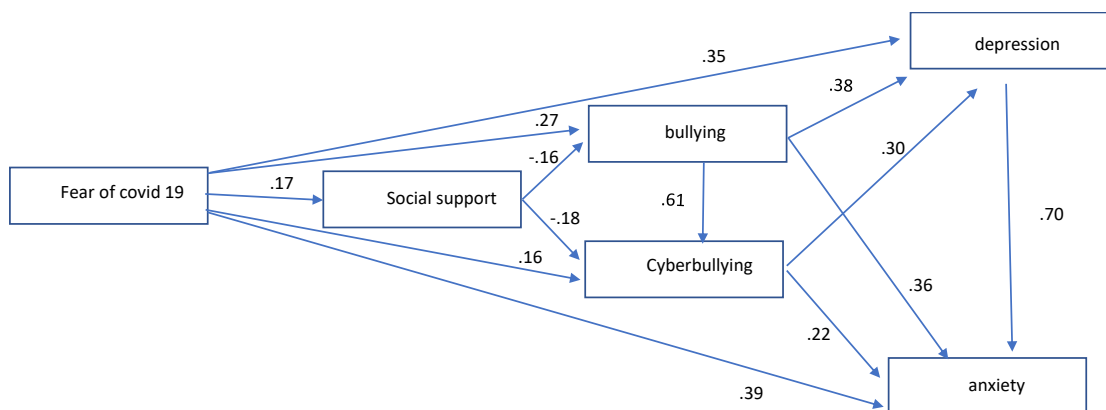


Figure 2

Structural equation modeling of fear of COVID-19 on depression and anxiety, and the mediating role of social support, bullying and cyberbullying



Chapter Four

Discussion

This study was designed to examine the effect of COVID-19 on children's mental health, especially among Arab Palestinian victims of bullying and cyber bullying who live in Israeli, while social support was used as a mediating variable .

The results showed that bullying and cyber bullying positively correlated to mental health outcomes, depression and anxiety. The results of this study are inconsistent with previous studies, where bullying during childhood is shown to predict negative mental health outcomes through adolescence (Palmer et al., 2019; Arseneault et al., 2010). "Bullied children are at a significantly increased risk of later developing anxiety and depressive disorders compared with children not involved in bullying" (Jadambaa et al., 2019, P. 5). This result can be explained by the fact that " Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm" (Gladden et al., 2014, p. 7). This causes harm or distress to their mental health. Especially that bullying is "unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. Such behavior is repeated or has the potential to be repeated, over time "(Stop Bullying An official website of the United States government, May 30, 2019)." Also "Bully victim relationships will involve short-term negative conflicts in which participants use strategies such as aggression, giving in, or withdrawing to resolve the conflict" (Barton, 2006. p.3). As a result of unwanted repeated aggressive behavior, the bullying victim goes through with improper coping and inappropriate contact with others, where children can show depressive and anxious symptoms.

The result shows that COVID-19 affects mental health, based on the results of a mental health questionnaire which includes the fear, anxiety and depression caused by COVID-19. Also, it's positively correlated to mental health outcomes, which include anxiety and depression symptoms. This result can be supported by systematic review study which found that during COVID-19, a high score on depression, anxiety, post-traumatic stress disorder, stress, and psychological distress, were reported in China, United State of America, Turkey, Spain, Italy, denmark, Iran, and Nepal (Xiong et al., 2020). It's related to the fact that COVID-19 pandemic has put a huge burden on children as a result of sudden withdrawal from school, withdrawal from social life, withdrawal from

daily activities, separation from their parents or caregivers, loss of a family member, unemployment and financial bankruptcy of parents (de Figueiredo et al., 2021), and Domestic violence (Avgar, 2020). These sudden changes increase the risk of developing psychiatric disorders in children in the future and unconditional mental health disorders histories (de Figueiredo et al., 2021). Also, According to Arzi and Sabag (2020) children may experience emotional distress and anxiety due to experiencing the existential threat that they are exposed to as a result of being aware of the mortality reports, parental distress and the way their parents respond to the stressors. Fear, stress and anxiety are contagious and pass from parents to children (Kapetanovic et al., 2021). As shown by Aram's study (2021), parents who are in quarantine show less expressions of love to their children on quarantine days than normal routine days. It can be related to spending long time together with increased attention, which makes it a habit and reduces the parents' need for showing affectionate behaviors. It is worth mentioning that Covid-19 limited our activities and social interactions, children are more limited in indoor activities and the reduction of social interactions which make them more vulnerable and prone to suffer from depression (Liu et al., 2021; Xie et al., 2020).

In addition, the study result shows that the negative effect of COVID-19 on mental health outcomes can be linked to the fact that COVID-19 is probably the first major global health threat that children have ever been exposed to. Thus, the perspective that the world is safe is refuted. Having such a limited cognitive ability to process and understand complex information (Inhelder & Piaget, 1958) makes children at risk of having an anxiety symptoms.

In accordance with a previous study showing that bullying victim could suffer from depression, anxiety, stress, discomfort feeling, suicide idea, low self-esteem, self-isolation, lack of confidence, social isolation, loneliness, drugs misuse, low school attendance, low academic achievement (Karmilasari et al., 2020). This study found that children's, who are victims of bullying report low scores at traditional bullying and cyber bullying. Also, they suffer less from mental health which is affected by COVID-19, depression and anxiety, and their parents report a low score on the child difficulties questionnaire. These results can be explained due to the fact that the bullied victims of children will not meet with those who bullied them at school because of quarantine and social distance with their peers. Moreover, they are at home, having protection from their parents, siblings, or a caregiver, which will decrease the risk of cyber bullying.

Also, as a result to the lockdown, children have to fulfill their time by being creative and learned 'new' skills, hobbies, playing indoor games, music, sport, reading or spending quality time with elders (Chawla et al., 2021). Consequently, that makes them more familiar with themselves, their strengths, releasing negative emotions, and finding new friends. It leads them to suffer from less anxious and depressive symptoms. But it is important to mention that the lockdown cause of COVID-19 affects the mental health negatively, where children show higher scores in depression and anxiety, psychological distress, loneliness, anger, fear, irritability, stress, and boredom (Panchal et al.,2021). This is inconsistent with a previous study of Tang and his collaborator who found that quarantined respondents show a higher anxious and depressive symptom than those who not quarantined.

In addition, the results show that these children who report low scores at bullying, cyber bullying, and mental health outcomes, report high scores at social support, including family support, friend support and other support. this is a negative correlation between social support and cyber bullying, can be explained by that "perceived social support provides particularly strong regulation of negative emotions in social contexts" (Palmer et al., 2019, P. 726). With the quarantine of COVID-19, children spend more time with their family and they will have more parental supervision, the parent will be involved in what their children are going through, especially on the internet and Apps, the children will be more protected from cyber bullying. Also, being at home with parents, having a discussion about COVID-19 were protective factors of mental health, the children experienced less depression, anxiety, and stress, and that negatively correlated with psychopathological symptoms. Also, it was found that parent-child discussion about COVID-19 positively correlated with life satisfaction (Tang et al., 2021).

The fact of parent-child discussion about COVID-19 (Tang et al., 2021) can be linked to other result which found that there are differences in fear of COVID-19 on mental health and anxiety as a function of gender, which showed that boys are less affected than girls. This finding can be explained by another result indicating that boys are less socially supported than girls. It's consistent with a previous study which shows that children and adolescents reported more anxious and depressive symptoms with high levels of fear and concern regarding the impact of COVID-19 on their lives than pre-COVID-19 pandemic rates. Moreover, older adolescent age, neurodiversity, female

gender, and the presence of chronic physical conditions are associated with worse COVID-19 mental health outcomes (Samji et al., 2021).

There are significant differences in cyber bullying and traditional bullying. Due to parent marital status, a child with a widowed parent had higher scores than a child whose parents are divorced on cyber bullying and traditional bullying, also both have higher scores than children whose parents are married. Children with widower parents or divorced parents have a higher risk of growing up with negative parenting behavior or overprotective parenting or socially adverse environment. These parenting behaviors are significantly correlated with traditional and Cyber bullying victimization (Lereya et al., 2013). It is worthy mentioning that children whose parents have an unstable relationship, divorced, or have a single parent report a higher score of mental health problems than children whose parents have a stable relationship- or non-divorced (Hannighofer et al., 2017). This study supports the results which show that children with a widower parent or whose parents are divorced received higher scores on depression and parent's child difficulties than those whose parents married.

Limitations

Firstly, the participants were recruited by school counselors in consultation with the class educators. The sample included children who are bullying victims, cyberbullying victims, underwent a boycott, or with special education, or have conflicts with peers. There is no pre-test to figure out that the participants have been bullied. Secondly, the procedures obstructed due to the beginning of the war between Israel and Gaza which affects the mental health of the children that participate in the research and thus the data they receive are not necessarily reliable. Consequently, the researcher preferred not to run the study and to delete the data that have coincided with the war. Thirdly, the research data is based on translated scales, which aren't tested before in the context of Palestine.

Chapter Five

Conclusion

This study supports previous studies that have examined the correlation between the effect of bullying and COVID-19 on mental health. This study is a comprehensive and continuous investigation that shows the negative psychological effects of COVID-19 on the mental health outcomes among bullied and cyber bullied victims and the difficulties that they go through which are described by the parents while social support mediates this correlation. This study is a basis for extended work on victims of bullying. The Ministry of Education and schools must train teachers and provide guidance for parents about how to construct an emotional intervention plan for those children in order to support them emotionally and socially. The study is valid for development of interventions in the unique context of Palestine, by the mental health, counseling, social workers, and education professionals.

References

- [1] Al-Haj, M. (2000). Identity and orientation among the Arabs in Israel: A situation of dual periphery. *The Jewish-Arab Divide in Israel: A Reader. Jerusalem: The Israel Institute for Democracy (in Hebrew)*. American Psychological Association (2019). *Anxiety*. <https://www.apa.org/topics/anxiety/>
- [2] American Psychiatric Association. (2013). Anxiety. *Diagnostic and statistical manual of mental disorders* (5th ed.). 189.
- [3] Aram, D. (2021). *Parental love in the Corona days*. A laboratory for early childhood research at the School of Education at Tel Aviv University.
- [4] Arzi, T, & Sabag, Y. (2020). *Increasing the risk situations of children and adolescents facing the corona crisis*. MYERS-JDC-BROOKDALE. May.
- [5] Arseneault, L., Bowes, L., & Shakoor, S. (2010). Bullying victimization in youths and mental health problems: ‘Much ado about nothing’?. *Psychological medicine*, 40(5), 717-729.
- [6] Arslan, G., Allen, K. A., & Tanhan, A. (2020). School bullying, mental health, and wellbeing in adolescents: mediating impact of positive psychological orientations. *Child Indicators Research*, 1-20.
- [7] Avgar, D. (2020). *Concentration of data in preparation for the Day for the Struggle against Violence against Women*, Information and Research Center, Knesset, Israel. https://fs.knesset.gov.il/globaldocs/MMM/4f565077-e22c-eb11-811a-00155d0af32a/2_4f565077-e22c-eb11-811a-00155d0af32a_11_16437.pdf
- [8] Ayalon, A. (2011). *A worrying increase: younger children in depression*. YNET Web. <https://www.ynet.co.il/articles/0,7340,L-4084147,00.html>
- [9] Barton, E. A. (2006). *Bully prevention: Tips and strategies for school leaders and classroom teachers*. Corwin Press.
- [10] Bergman, A. (2021). *What is ODD? Symptoms, diagnosis and treatment of behavioral disorders*. Tel Aviv University, Tamir Institute. <https://www.tipulpsychology.co.il/therapy/children/odd.html>

- [11] Borowsky, I. W., Taliaferro, L. A., & McMorris, B. J. (2013). Suicidal thinking and behavior among youth involved in verbal and social bullying: Risk and protective factors. *Journal of adolescent health*, 53(1), S4-S12.
- [12] Brennan, D. (2020). Anxiety in Children: Symptoms to Look For. WebMD. <https://www.webmd.com/children/signs-anxiety-children>
- [13] Buelga, S., Martínez-Ferrer, B., Cava, M. J., & Ortega-Barón, J. (2019). Psychometric properties of the CYBVICS cyber-victimization scale and its relationship with psychosocial variables. *Social Sciences*, 8(1), 13 .[https:// doi.org/10.3390/socsci8010013](https://doi.org/10.3390/socsci8010013)
- [14] Buniel-Nissim, M., Demri, D., & Rolider, A. (2018). *Dimensions of bullying in adolescents*. 19, 81-103.
- [15] Casarella, J. (2021). *Depression in children*. [https:// www.webmd. com/depression/guide/depression-children](https://www.webmd.com/depression/guide/depression-children)
- [16] Chawla, N., Sharma, P., & Sagar, R. (2021). Psychological impact of COVID-19 on children and adolescents: is there a silver lining?. *The Indian Journal of Pediatrics*, 88(1), 91-91.
- [17] Chu, X. W., Fan, C. Y., Lian, S. L., & Zhou, Z. K. (2019). Does bullying victimization really influence adolescents' psychosocial problems? A three-wave longitudinal study in China. *Journal of Affective Disorders*, 24, 603–610. <https://doi.org/10.1016/j.jad.2018.12.103>
- [18] Copeland, W. E., Wolke, D., Angold, A., & Costello, E. J. (2013). Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence. *JAMA Psychiatry*, 70(4):419-426.
- [19] Costello, E. J., Egger, H. L., & Angold, A. (2005). The developmental epidemiology of anxiety disorders: Phenomenology, prevalence, and comorbidity. *Child and Adolescent Psychiatric Clinics of North America*, 14, 631–648.
- [20] Cyberbullying Tactics. A federal government website managed by the U.S. Department of Health and Human Services. 200 Independence Avenue, S.W.

- Washington, D.C. 20201. <https://www.stopbullying.gov/cyberbullying/cyberbullying-tactics>
- [21] Dali, N. (2021). *The emotional effects of the corona on children and youth*. Office of the Chief Scientist, Ministry of Education. 31 January.
- [22] Dalsgaard, S., Thorsteinsson, E., Trabjerg, B. B., Schullehner, J., Plana-Ripoll, O., Brikell, I., ... & Pedersen, C. B. (2020). Incidence rates and cumulative incidences of the full spectrum of diagnosed mental disorders in childhood and adolescence. *JAMA psychiatry*, 77(2), 155-164.
- [23] De Figueiredo, C. S., Sandre, P. C., Portugal, L. C. L., Mázala-de-Oliveira, T., da Silva Chagas, L., Raony, Í., ... & Bomfim, P. O. S. (2021). COVID-19 pandemic impact on children and adolescents' mental health: biological, environmental, and social factors. *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 106, 110171.
- [24] Declaration, H. (1964). Adopted by the 18th World Medical Assembly ,Helsinki, Finland, June 1964. Amended by the 29th World Medical Assembly Tokyo, Japan, October, 197.
- [25] American Psychiatric Association. (2013). Depression. *Diagnostic and statistical manual of mental disorders* (5th ed.). 155-168
- [26] World Health Organization (2020). *Depression*. https://www.who.int/health-topics/depression#tab=tab_1
- [27] Elledge, L. C., Elledge, A. R., Newgent, R. A., & Cavell, T. A. (2015). Social Risk and Peer Victimization in Elementary School Children: The Protective Role of Teacher-Student Relationships. *Journal of Abnormal Child Psychology* volume 44, 691–703.
- [28] Espelage, D., & Sung Hong, J. (2019). *Children Who Bully or Are Bullied*. The Oxford Handbook of Clinical Child and Adolescent Psychology Edited by Thomas H. Ollendick, Susan W. White, and Bradley A. White .

- [29] Extremera, N., Quintana-Orts, C., Mérida-López, S., & Rey, L. (2018). *Cyberbullying Victimization, Self-Esteem and Suicidal Ideation in Adolescence: Does Emotional Intelligence Play a Buffering Role?* <https://doi.org/10.3389/fpsyg.2018.00367>
- [30] Gavish, R., Levinsky, Y., Dizitzer, Y., Bilavsky, E., Livni, G., Pirogovsky, A., ... & Krause, I. (2021). The COVID-19 pandemic dramatically reduced admissions of children with and without chronic conditions to general paediatric wards. *Acta Paediatrica*.
- [31] Gallagher, M. W., Zvolensky, M. J., Long, L. J., Rogers, A. H., & Garey, L. (2020). The impact of Covid-19 experiences and associated stress on anxiety, depression, and functional impairment in American adults. *Cognitive Therapy and Research*, 44(6), 1043-1051.
- [32] Gladden, R. M., Vivolo-Kantor, A. M., Hamburger, M. E., & Lumpkin, C. D. (2014). Bullying surveillance among youths: Uniform definitions for public health and recommended data elements, version 1.0.
- [33] Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of child psychology and psychiatry*, 38(5), 581-586.
- [34] Grover, S., Raju V, V., Sharma, A., & Shah, R. (2019). Depression in children and adolescents: A review of Indian studies. *Indian journal of psychological medicine*, 41(3), 216-227.
- [35] Haig-Ferguson, A., Cooper, K., Cartwright, E., Loades, M. E., & Daniels, J. (2021). Practitioner review: health anxiety in children and young people in the context of the COVID-19 pandemic. *Behavioural and cognitive psychotherapy*, 49(2), 129-143.
- [36] Hannighofer, J., Foran, H., Hahlweg, K., & Zimmermann, T. (2017). Impact of relationship status and quality (family type) on the mental health of mothers and their children: A 10-year longitudinal study. *Frontiers in psychiatry*, 8, 266 .

- [37] Harbin, S. M. (2016). *The Multidimensional Bullying Victimization Scale: Development and Validation*. LSU Doctoral Dissertations. 4470. https://digitalcommons.lsu.edu/gradschool_dissertations/4470
- [38] Hsiu-Chia, K.o., Li-Ling W., & Yi-Ting X.u. (2013). *Understanding the Different Types of Social Support Offered by Audience to A-List Diary-Like and Informative Bloggers*. *Cyberpsychol Behav Soc Netw*. 2013 Mar; 16(3): 194–199 .
- [39] Inhelder, B., & Piaget, J. (1958). *The growth of logical thinking: from childhood to adolescence: an essay on the construction of formal operational structure*. The International Library of Psychology.
- [40] Israel central bureau of statistics (2022). *Gaps between Jews and Arabs in Well-being Indicators in Israel*.
- [41] Jadambaa, A., Thomas, H. J., Scott , J. G., Graves, N., Brain, D., & Pacella, R. (2020). The contribution of bullying victimisation to the burden of anxiety and depressive disorders in Australia. *Epidemiology and Psychiatric Sciences* 29, 54, 1–23 .
- [42] Karmilasari, F. D., Winarni, I., & Windarwati, H. D. (2020). The Susceptibility to Mental Health Problems in the Future as a Serious Effect of Bullying on Adolescent: A Systematic Review. *International Journal of Science and Society*, 2(3), 295-311.
- [43] Kapetanovic, S., Gurdal, S., Ander, B., & Sorbring, E. (2020). "Reported Changes in Adolescent Psychosocial Functioning during the COVID-19 Outbreak. *Adolescents* 1, 1, 10-20. <https://doi.org/10.3390/adolescents1010002>
- [44] Kiel, E. J., & Kalomiris, A. E. (2019). Emotional Development and Anxiety. Handbook of emotional of development. *Springer Nature Switzerland AG (2019)*. 665-694 .
- [45] Lereya, S.T., Samara, M., Wolke, D. (2013). Parenting behavior and the risk of becoming a victim and a bully/victim: A meta-analysis study. *Child Abuse & Neglect (December 2013)*, 37(12), 1091-1108. <https://doi.org/10.1016/j.chiabu.2013.03.001>

- [46] Li, S., Wang, Y., Xue, J., Zhao, N., & Zhu, T. (2020). The impact of COVID-19 epidemic declaration on psychological consequences: a study on active Weibo users. *International journal of environmental research and public health*, 17(6), 2032.
- [47] Liu, Y., Yue, S., Hu, X., Zhu, J., Wu, Z., Wang, J., & Wu, Y. (2021). Associations between feelings/behaviors during COVID-19 pandemic lockdown and depression/anxiety after lockdown in a sample of Chinese children and adolescents. *Journal of Affective Disorders*, 284, 98-103.
- [48] Loades, M. E., Chatburn, E., Higson-Sweeney, N., Reynolds, S., Shafran, R., Brigden, A., ... & Crawley, E. (2020). Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *Journal of the American Academy of Child & Adolescent Psychiatry*.
- [49] Mahamid, F. A., Veronese, G., & Bdier, D., (2021). Fear of coronavirus (COVID-19) and mental health outcomes in Palestine: The mediating role of social support. *Current Psychology*, 1-10.
- [50] Major depressive disorder, ICD-10-CM Diagnosis Code F32.9. <https://www.icd10data.com/ICD10CM/Codes/F01-F99/F30-F39/F32-/F32.9>
- [51] Mann, M. J., Kristjansson, A. L., Sigfusdottir, I. D., & Smith, M. L. (2015). The role of community, family, peer, and school factors in group bullying: implications for school-based intervention. *Journal of school health*, 85(7), 477-486.
- [52] Mathyssek, C. M., Olino, T. M., Hartman, C. A., Ormel, J., Verhulst, F. C., & Van Oort, F. V. (2013). Does the Revised Child Anxiety and Depression Scale (RCADS) measure anxiety symptoms consistently across adolescence? The TRAILS study. *International journal of methods in psychiatric research*, 22(1), 27-35.
- [53] Matos, M., McEwan, K., Kanovský, M., Halamová, J., Steindl, S. R., Ferreira, N., ... & Gilbert, P. (2022). Compassion protects mental health and social safeness during the COVID-19 pandemic across 21 countries. *Mindfulness*, 1-18.

- [54] Moghanibashi-Mansourieh, A. (2020). Assessing the anxiety level of Iranian general population during COVID-19 outbreak. *Asian journal of psychiatry*, 51, 102076.
- [55] Magson, N. R., Freeman, J., Rapee, R. M., Richardson, C. E., Oar, E. L., & Fardouly, J. (2021). Risk and Protective Factors for Prospective Changes in Adolescent Mental Health during the COVID-19 Pandemic. *Journal of Youth and Adolescence (2021) 50: 44-57*. <https://doi.org/10.1007/s10964-020-01332-9>
- [56] Osborn, T. L., Ventura-Conerly, K. E., Wasil, A. R., Schleider, J. L., & Weisz, J. R. (2020). Depression and anxiety symptoms, social support, and demographic factors among Kenyan high school students. *Journal of Child and Family Studies*, 29(5), 1432-1443.
- [57] Olweus, D. (1994). Bullying at school: basic facts and effects of a school based intervention program. *Journal of child psychology and psychiatry*, 35(7), 1171-1190.
- [58] Palmer, A. R., Lakhan-Pal, S., & Cicchetti, D. 2019. Emotional Development and Depression. Handbook of emotional of development. *Springer Nature Switzerland AG (2019)*. 695-748.
- [59] Panchal, U., Salazar de Pablo, G., Franco, M., Moreno, C., Parellada, M., Arango, C., & Fusar-Poli, P. (2021). The impact of COVID-19 lockdown on child and adolescent mental health: systematic review. *European child & adolescent psychiatry*, 1-27.
- [60] Peker, H. (2020). The effect of cyberbullying and traditional bullying on English language learners' national and oriented identities. *Bartın Üniversitesi Eğitim Fakültesi Dergisi*, 9(1), 185-199.
- [61] Qi, H., Liu, R., Chen, X., Yuan, X. F., Li, Y. Q., Huang, H. H., ... & Wang, G. (2020). Prevalence of anxiety and associated factors for Chinese adolescents during the COVID-19 outbreak. *Psychiatry and Clinical Neurosciences*.

- [62] Rothberg, B., Shen, G., & Salzman, G. (2008). anxiety in children and adolescents. *Reviews, Medicine, Geha Mental Health Center*, 147, 628-633. Hebrew.
- [63] Salzman, G., Birmacher, B., & Brent, D. (2006). Depression in children and adolescents. *Reviews, Medicine, Geha Mental Health Center* , 145, 286 - 291. Hebrew.
- [64] Samara, M., Burbidge, V., El Asam, A., Foody, M., Smith, P.K., & Morsi, H., (2017). Bullying and Cyberbullying: Their Legal Status and Use in Psychological Assessment. *Int. J. Environ. Res. Public Health* 2017, 14(12), 1449; <https://doi.org/10.3390/ijerph14121449>
- [65] Samji, H., Wu, J., Ladak, A., Vossen, C., Stewart, E., Dove, N., ... & Snell, G. (2021). Mental health impacts of the COVID-19 pandemic on children and youth—a systematic review. *Child and adolescent mental health*.
- [66] Schafer, K. M., Lieberman, A., Sever, A. C., & Joiner, T. (2022). Prevalence rates of anxiety, depressive, and eating pathology symptoms between the pre-and peri-COVID-19 eras: a meta-analysis. *Journal of affective disorders*, 298, 364-372.
- [67] Shaw, G. (2020). Anxiety Disorders in Children. Medically Reviewed by Smitha Bhandari, MD on September 13, 2020. WebMD. <https://www.webmd.com/children/guide/anxiety-disorders-in-children#1>
- [68] Smith, P. K., Mahdavi, J., Carvalho, M., Fisher, S., Russell, S., & Tippett, N. (2008). Cyberbullying: its nature and impact in secondary school pupils. *J. Child Psychol. Psychiatry* 49, 376–385. doi: 10.1111/j.1469-7610.2007.01846.x
- [69] Sutaria, S., Devakumar, D., Yasuda, S. S., Das, S., & Saxena, S. (2019). Is obesity associated with depression in children? Systematic review and meta-analysis. *Archives of disease in childhood*, 104(1), 64-74.
- [70] Szkody, E., Stearns, M., Stanhope, L., & McKinney, C. (2021). Stress-buffering role of social support during COVID-19. *Family process*, 60(3), 1002-1015.

- [71] Tang, F., Liang, J., Zhang, H., Kelifa, M. M., He, Q., & Wang, P. (2021). COVID-19 related depression and anxiety among quarantined respondents. *Psychology & health*, 36(2), 164-178.
- [72] Tang, S., Xiang, M., Cheung, T., & Xiang, Y. T. (2021). Mental health and its correlates among children and adolescents during COVID-19 school closure: The importance of parent-child discussion. *Journal of affective disorders*, 279, 353-360.
- [73] The Ministry of Health website. *Depression during life*. https://www.health.gov.il/Subjects/mental_health/LifeSituations/Pages/depression.aspx
- [74] The National Center for Disease (2021). *The serological survey for the invention of antibodies against COVID-19 in children*. the Israeli Ministry of Health, January 2020 - March 2021. https://www.gov.il/BlobFolder/reports/icdc-402/he/files_publications_units_ICDC_ICDC_402.pdf
- [75] Vaillancourt, T., Brittain, H., Krygsman, A., Farrell, A. H., Landon, S., & Pepler, D. (2021). School bullying before and during COVID-19: Results from a population-based randomized design. *Aggressive behavior*, 47(5), 557-569.
- [76] Vibhakar, V., Allen, L. R., Gee, B., & Meiser-Stedman, R. (2019). A systematic review and meta-analysis on the prevalence of depression in children and adolescents after exposure to trauma. *Journal of affective disorders*, 255, 77-89.
- [77] Wang, J., Iannotti, R. J., & Nansel, T. R. (2009). School bullying among adolescents in the United States: Physical, verbal, relational, and cyber. *Journal of Adolescent health*, 45(4), 368-375.
- [78] Wegner, M., Amatriain-Fernández, S., Kaulitzky, A., Murillo-Rodriguez, E., Machado, S., & Budde, H. (2020). Systematic review of meta-analyses: Exercise effects on depression in children and adolescents. *Frontiers in psychiatry*, 11, 81.
- [79] What Is Bullying. An official website of the United States government. May 30, 2019. <https://www.stopbullying.gov/bullying/what-is-bullying>

- [80] What is Cyberbullying. A federal government website managed by the U.S. Department of Health and Human Services. 200 Independence Avenue, S.W. Washington, D.C. 2021. <https://www.stopbullying.gov/cyberbullying/what-is-it>
- [81] Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M., Gill, H., Phan, L., ... & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of affective disorders*.
- [82] Xie, X., Xue, Q., Zhou, Y., Zhu, K., Liu, Q., Zhang, J., & Song, R. (2020). Mental health status among children in home confinement during the COVID-19 disease 2019 outbreak in Hubei Province, China. *JAMA pediatrics*, 174(9), 898-900.
- [83] Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The multidimensional scale of perceived social support. *Journal of personality assessment*, 52(1), 30-41.

Appendix
Appendix 1
Consent form

I, the undersigned:

Last name _____ First name _____

a parent of

last name of the son \ daughter _____

first name of the son \ daughter _____

School _____ Class _____

ID number _____

A. I hereby declare that I agree to my son\ daughter participate in the study as set forth in this document.

B. I hereby declare that the study was explained by the researcher Shahd Mansour:

1. That the study was approved for being conducted by the Department's Ethics Committee For Psychology at Al Najah University.

2. That the study was conducted on the topic: The study examines the interpersonal effects on various tasks

3. I am looking to stop my son \ daughter participation in the experiment at any time.

4. That confidentiality regarding my son \ daughter personal identity is guaranteed in scientific publications.

5. Because of any research related problem, I can contact Shahd Mansour For further consultation.

C. I declare that I have been given detailed information about the study and in particular the following related information: for the purposes of the study, the methods, the expected duration, the common inherent risks and the inconvenience that may arise.

D. I hereby declare that I have voluntarily given my consent and that I have understood all of the foregoing.

Parent's Name

signature

date

God. Statement by the Investigator

The above consent was obtained by this after I explained to the research participant all the above and made sure that all the explanations were understood by him / her.

Name of investigator explaining

signature

date

Appendix 2

DEMOGRAPHIC FORM

Please complete the following information. We will maintain the confidentiality of this information. None of the personal information you provide will be associated with your survey responses. Put X.

User number (ask the researcher):

City: _____ (north\ center\ south)

Gender : male female

Age :

Class: 4 \ 5 \ 6 grade

School: _____

Parent's marital status : married divorced widow

Psychotherapy (have or done): yes no

Appendix 3

Multidimensional Bullying Victimization Scale (MBVS)

Sometimes kids get bullied by their classmates and friends. Please indicate which of the answers describes how often these things have happened to you.

Traditional bullying				
My Peers :	Never	Sometimes	Often	Very Often
1. Call me mean names	0	1	2	3
2. Push or shove me	0	1	2	3
3. Curse at me	0	1	2	3
4. Make fun of me	0	1	2	3
5. Make fun of me for my grades	0	1	2	3
6. Tease me	0	1	2	3
7. Punch or hit me	0	1	2	3
8. Bump into me on purpose	0	1	2	3
9. Call me stupid	0	1	2	3
10. Yell at me	0	1	2	3
11. Make fun of my appearance	0	1	2	3
12. Throw objects at me	0	1	2	3
13. Ignore me	0	1	2	3
14. Make fun of my size	0	1	2	3
15. Make negative comments about my clothing	0	1	2	3
16. Spread rumors about me	0	1	2	3
17. Take, hide, or knock my things down	0	1	2	3
18. Make fun of my physical features (for example, my eyes, or my nose)	0	1	2	3
19. Make fun of my weight	0	1	2	3
20. Leave me out or exclude me	0	1	2	3
21. Make fun of me for being smart	0	1	2	3

Cyberbullying

My peers:	Never	Sometimes	Often	Very Often
22. Post negative comments on my pictures, comments, or statuses (Facebook, Twitter, Instagram, Tiktok, Snapchat)	0	1	2	3
23. Spread rumors about me in text messages	0	1	2	3
24. Send sexual pictures to me (SnapChats, Facebook)	0	1	2	3
25. Ignore my texts	0	1	2	3
26. Call me repeatedly	0	1	2	3
27. Post or send embarrassing pictures or comments about me (Facebook, SnapChat, Instagram, Twitter)	0	1	2	3
28. Post my private messages	0	1	2	3
29. Threaten or harass me on the phone	0	1	2	3
30. Send mean messages over the internet	0	1	2	3
31. Send mean SnapChats to me	0	1	2	3
32. Send me threatening or mean emails	0	1	2	3
33. Gang up on me in chatrooms	0	1	2	3
34. Post mean statuses about me without tagging me	0	1	2	3
35. Harass me in chatrooms	0	1	2	3
36. Screenshot my pictures or texts and send them to be mean	0	1	2	3
37. "Rate" my appearance on the internet	0	1	2	3
38. Call me and make three-way calls without my knowledge	0	1	2	3
39. Post embarrassing videos of me (SnapChat, YouTube, Facebook)	0	1	2	3
40. Screenshot SnapChats that I send and	0	1	2	3

post them on the internet				
41. Send me anonymous, mean messages on the internet (Tumblr, Facebook)	0	1	2	3
42. Say or ask me sexual things in chatrooms	0	1	2	3
43. Send mean or threatening text messages to me	0	1	2	3

Appendix 4

Adolescents Cyber-Victimization Scale (CYBVICS)

Below, you will see some behaviors that some boys and girls might do to intimidate or really bother you (not as a joke), through the cellphone, Internet, social networks, tablets, or WhatsApp in the past year.

	never	once or twice	few times (between 3 and 5)	several times (between 6 and 10)	many times (more than 10)
1. Someone insulted or ridiculed me in social networks or groups like WhatsApp to really hurt me.	1	2	3	4	5
2. Someone called my cellphone and hung up to bother or frighten me.	1	2	3	4	5
3. Someone used threats to make me do things on the Internet or smartphone that I did not want to do (like recording myself on video, giving money, doing bad things).	1	2	3	4	5
4. Someone told my secrets or revealed personal things about me in social networks or groups (WhatsApp, snapchat . . .).	1	2	3	4	5
5. To make fun of me, someone made or manipulated videos or photos of me and uploaded or distributed them on social networks or by smartphone	1	2	3	4	5
6. Someone logged into my profile or accounts and I could not avoid it.	1	2	3	4	5
7. Someone pretended to be me saying or doing bad things on the Internet.	1	2	3	4	5

8. Someone purposely created a webpage, a forum, or a group just to make fun of me and criticize me in front of everyone.	1	2	3	4	5
9. Someone put my cellphone number on the Internet and said bad or false things about me so that people would call me and get me into trouble.	1	2	3	4	5
10. Someone took my smartphone and used it to send photos, videos, or mean messages to others to get me into trouble with them.	1	2	3	4	5
11. Someone criticized me or made fun of comments, photos, or videos I uploaded to social networks or groups like WhatsApp.	1	2	3	4	5
12. Someone created a false profile on the Internet with my personal data in order to impersonate me saying or doing bad things.	1	2	3	4	5
13. Someone ignored and did not answer messages or things I shared in groups or social networks, just to make me feel bad.	1	2	3	4	5
14. Someone provoked me in social networks or groups by insulting or taunting me to make me angry and cause a big argument.	1	2	3	4	5
15. Someone eliminated or blocked me from groups to leave me without any friends.	1	2	3	4	5
16. Someone stole my photos, videos, or private conversations and uploaded	1	2	3	4	5

them or sent them to others.

17. Someone changed my password to 1 2 3 4 5
social networks so that I could not
access them.

18. Someone sent me taunting 1 2 3 4 5
messages to bother and annoy me.

Appendix 5

The Strengths and Difficulties Questionnaire (SDQ)

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Childs Name _____

Date of Birth _____

male / female

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings			
Restless, overactive. cannot stay still for long			
Often complains of headaches, stomach-aches or sickness			
Shares readily with other children (treats, toys, pencils etc)			
Often has temper tantrums or hot tempers			
Rather solitary, tends to play alone			
Generally obedient, usually does what adults request			
Many worries, often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, down-hearted or tearful			
Generally liked by other children			
Easily distracted, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often lies or cheats			
Picked on or bullied by other children			

Often volunteers to help others (parents, teachers,
other children)

Thinks things out before acting

Steals from home, school or elsewhere

Gets on better with adults than with other children

Many fears, easily scared

Sees tasks through to the end. good attention span

Signature _____

Date _____

Parent /Teacher / Other

Thanks you very much for your help

Appendix 6

Fear of covid

Questionnaire which Measure of the effect of COVID-19 on mental health outcome

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all - NEVER

1 Applied to me to some degree, or some of the time - SOMETIMES

2 Applied to me to a considerable degree, or a good part of time - OFTEN

3 Applied to me very much, or most of the time - ALMOST ALWAYS

I am very afraid of COVID-19	0	1	2	3	S
I feel discomfort when I think about Corona	0	1	2	3	S
I am afraid of losing my life to COVID-19	0	1	2	3	S
My heart beats fast when I think about contracting COVID-19	0	1	2	3	S
My hands get sweaty when I think about COVID-19 virus	0	1	2	3	S
I am worried about catching the COVID-19	0	1	2	3	A
I worry that basic hygiene (for example, washing hands) is not sufficient to protect me from the virus	0	1	2	3	A
I am worried about the virus being passed on to me by others because they do not use adequate protection methods to prevent them from getting the virus.	0	1	2	3	A
I am having difficulty concentrating because I keep thinking about the virus	0	1	2	3	A
My thinking is dominated by a set of thoughts and mental images about the virus that I cannot control	0	1	2	3	A
I had bad dreams about the virus	0	1	2	3	A
I feel very depressed and sad about the COVID-19	0	1	2	3	D
I feel a loss of interest in everything that was previously enjoying me cause of COVID-19	0	1	2	3	D
I lost / gained a lot of weight cause of COVID-19	0	1	2	3	D
I feel constant fatigue	0	1	2	3	D
I have sleep problems	0	1	2	3	D

Appendix 7

The Revised Child Anxiety and Depression scale (RCADS)

		Never	Sometimes	Often	Always
1	worry about things	0	1	2	3
2	I feel sad or empty	0	1	2	3
3	When I have a problem, I get a funny feeling in my stomach	0	1	2	3
4	I worry when I think I have done poorly at something	0	1	2	3
5	I would feel afraid of being on my own at home	0	1	2	3
6	Nothing is much fun anymore	0	1	2	3
7	I feel scared when I have to take a test	0	1	2	3
8	I feel worried when I think someone is angry with me	0	1	2	3
9	I worry about being away from my parents	0	1	2	3
10	I get bothered by bad or silly thoughts or pictures in my mind	0	1	2	3
11	I have trouble sleeping	0	1	2	3
12	I worry that I will do badly at my school work	0	1	2	3
13	I worry that something awful will happen to someone in my family	0	1	2	3
14	I suddenly feel as if I can't breathe when there is no reason for this	0	1	2	3
15	I have problems with my appetite	0	1	2	3
16	I have to keep checking that I have done things right (like the switch is off, or the door is locked)	0	1	2	3
17	I feel scared if I have to sleep on my own	0	1	2	3

8	I have trouble going to school in the mornings because I feel nervous or afraid	0	1	2	3
19	I have no energy for things	0	1	2	3
20	I worry I might look foolish	0	1	2	3
21	I am tired a lot	0	1	2	3
22	I worry that bad things will happen to me	0	1	2	3
23	I can't seem to get bad or silly thoughts out of my head	0	1	2	3
24	When I have a problem, my heart beats really fast	0	1	2	3
25	I cannot think clearly	0	1	2	3
26	I suddenly start to tremble or shake when there is no reason for this	0	1	2	3
27	I worry that something bad will happen to me	0	1	2	3
28	When I have a problem, I feel shaky	0	1	2	3
29	I feel worthless	0	1	2	3
30	I worry about making mistakes	0	1	2	3
31	I have to think of special thoughts (like numbers or words) to stop bad things from happening	0	1	2	3
32	I worry what other people think of me	0	1	2	3
33	I am afraid of being in crowded places (like shopping centers, the movies, buses, busy playgrounds)	0	1	2	3
34	All of a sudden, I feel really scared for no reason at all	0	1	2	3
35	I worry about what is going to happen	0	1	2	3

36	I suddenly become dizzy or faint when there is no reason for this	0	1	2	3
37	I think about death	0	1	2	3
38	I feel afraid if I have to talk in front of my class	0	1	2	3
39	My heart suddenly starts to beat too quickly for no reason	0	1	2	3
40	I feel like I don't want to move.	0	1	2	3
41	I worry that I will suddenly get a scared feeling when there is nothing to be afraid of	0	1	2	3
42	I have to do some things over and over again (like washing my hands, cleaning or putting things in a certain order)	0	1	2	3
43	I feel afraid that I will make a fool of myself in front of people	0	1	2	3
44	I have to do some things in just the right way to stop bad things	0	1	2	3
45	I worry when I go to bed at night	0	1	2	3
46	I would feel scared if I had to stay away from home overnight	0	1	2	3
47	I feel restless	0	1	2	3

Appendix 8

Multidimensional Scale of Perceived Social Support (MSPSS)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement .

		Very Strongly Disagree	if you Strongly Disagree	if you Mildly Disagree	if you are Neutral	if you Mildly Agree	if you Strongly Agree	if you Very Strongly Agree
1	There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
3	My family really tries to help me.	1	2	3	4	5	6	7
4	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7
5	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7

6	My friends really try to help me.	1	2	3	4	5	6	7
7	I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8	I can talk about my problems with my family.	1	2	3	4	5	6	7
9	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11	My family is willing to help me make decisions.	1	2	3	4	5	6	7
12	I can talk about my problems with my friends.	1	2	3	4	5	6	7

Appendix 9

Extra review questions about bullying

We are interested in what you go through. Read each of the following texts and then circle.

Have you ever been exposed to traditional bullying? Yes / No

Have you ever been exposed to cyberbullying? Yes / No

Are you still being bullied? Yes / No

Are you still exposed to cyberbullying? Yes / No

If you answered yes on each of pervious questions,

Have you told someone (friend / family / teacher) that you are being bullied? Yes / No

Have you received support from someone to help you to stop the bullying? Yes / No

Did you use a strategy to stop the bullying? Yes / No

Do you know someone (your friend / brother) who is being bullied? Yes / No

Appendix 10

Reflection

Date: 16/3/2021

The translated questionnaires and scales were updated in order to get the revised versions. This topic was conducted according to the age and culture.

Such as

Multidimensional Bullying Victimization Scale (MBVS)

Adolescents Cyber-Victimization Scale (CYBVICS)

Multidimensional Scale of Perceived Social Support (MPSS)

The Strengths and Difficulties Questionnaire (SDQ)

Questionnaire measures the effect of COVID-19 on mental health

Taken as a whole, the questionnaires were translated excellently by Shahd Mansour.

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جامعة النجاح الوطنية

كلية الدراسات العليا

اثر جائحة الكورونا على مخرجات الصحة النفسية لدى الاطفال
الفلسطينيين ضحايا التمر: الدعم الاجتماعي كمتغير وسيط

إعداد

شهد منصور

إشراف

د. فايز محاميد

د. جويدو فيرونيز

قدمت هذه الأطروحة استكمالاً لمتطلبات درجة الماجستير في علم النفس الاكلينيكي، من كلية الدراسات العليا،
في جامعة النجاح الوطنية، نابلس - فلسطين

اثر جائحة الكورونا على مخرجات الصحة النفسية لدى الاطفال الفلسطينيين ضحايا

التمر: الدعم الاجتماعي كمتغير وسيط

اعداد

شهد منصور

إشراف

د. فايز محاميد

د. جويدو فيرونيز

الملخص

المقدمة: جائحة الكورونا تعتبر فترة محورية حيث ادت لتغيرات جوهرية في حياة الفرد على اصعدة مختلفة. تهدف هذه الدراسة إلى فحص تأثير جائحة الكورونا على الصحة النفسية للأطفال ضحايا التمر والتمر عبر الإنترنت. علاوة على ذلك، تم اختبار الدعم الاجتماعي كمتغير وسيط. مجمع الدراسة: تتمثل عينة الدراسة في 141 طفلاً تعرض للتمر تتراوح أعمارهم بين (9-13) سنة. جميعهم عرب فلسطينيون يعيشون في إسرائيل ومن مدارس ابتدائية مختلفة. تم اختيارهم من قبل مستشارة المدرسة ومربية الصف. تم استخدام ادوات قياس متعددة للحصول على المعطيات ومنها مقياس التمر متعدد الأبعاد (MBVS)، مقياس التمر الإلكتروني للمراهقين (CYBVICS)، استبيان نقاط القوة والصعوبات لدى الاطفال (SDQ)، استبيان يقيس تأثير جائحة الكورونا على مخرجات الصحة النفسية، مقياس القلق والاكتئاب لدى الأطفال (RCADS)، ومقياس الدعم الاجتماعي متعدد الابعاد (MSPSS).

النتائج: اظهرت الدراسة ارتباط إيجابي بين الخوف من جائحة الكورونا، التمر، التمر عبر الإنترنت، الاكتئاب والقلق. علاوة على ذلك، اظهرت الدراسة ارتباط سلبي بين الدعم الاجتماعي، التمر والتمر عبر الإنترنت. أيضاً، اظهرت الدراسة اختلافات في التمر، التمر عبر الإنترنت والاكتئاب كدالة للحالة الزوجية للوالدين.

الخاتمة: هذه الدراسة هي بحث اولي يخدم بناء خطة تدخل عاطفي واجتماعي لدعم ضحايا التمر،
تدريب المعلمين وتوجيه الاهل للحد من هذه الظاهرة.

الكلمات المفتاحية: جائحة كورونا، الصحة النفسية، الاكتئاب، القلق، التمر، التمر عبر الإنترنت، الدعم الاجتماعي.