

## Reverse Bullying as a Defense Mechanism : Analysis of the Cognitive-Behavioral Cycle in the Transformation from Victim to Bully

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### Abstract

*This article aims to analyze the phenomenon of reverse bullying as a complex and maladaptive psychological defense mechanism, whereby an adolescent who was previously a victim of abuse becomes a perpetrator of bullying toward others. The analysis focuses on elucidating the role of this mechanism in expressing repressed anger and feelings of shame, as well as in attempting to regain a sense of lost control. The process of transformation is interpreted through mechanisms such as displaced aggression and compensation. The analysis is further consolidated by deconstructing the cognitive-behavioral cycle through which hostile attribution bias develops in the adolescent, enabling the justification of aggressive behavior. Verbal aggressive behavior is reinforced by the immediate sensation of power and illusory status, which necessitates an integrated cognitive-behavioral therapeutic approach centered on modifying core beliefs related to power and aggression.*

**Keywords:** *Bullying, Reverse Bullying, Defense Mechanisms, Victim, Cognitive-Behavioral Cycle, Transformation Mechanism.*

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### Introduction

Bullying in both school and social contexts constitutes a complex psychological-behavioral phenomenon, typically characterized by an imbalance of power between two parties and the bully's persistent intent to harm others. However, recent developments in the clinical field have highlighted the emergence of a new form of bullying, referred to as \*reverse bullying\*, in which an individual who was originally a victim transitions into engaging in bullying behaviors themselves, either directly or through various digital or social channels. This transition cannot be regarded merely as the adoption of aggressive behavior; rather, it is conceptualized as a complex defense mechanism arising from cognitive-behavioral interactions rooted in early experiences of victimization and the distorted cognitive responses and self-other representations they generate.

Psychological literature has attempted to explain this transformation through several models, most notably social learning theory, which posits that children or adolescents may reproduce the aggressor's behavior as a result of observational learning or imitation, accompanied by indirect social reinforcement of power and dominance. Nevertheless, this explanation appears limited when examining the internal dynamics of former victims, as it raises questions about how feelings of helplessness, threat, and insecurity are transformed into counter-patterns marked by aggression and control (Bandura, 1977).

From a cognitive-behavioral perspective, studies indicate that victims of bullying gradually develop maladaptive cognitive schemas centered on perceiving the world as a dangerous place, others as threatening, and the self as weak or incapable of self-protection. According to the cognitive-behavioral cycle model, these schemas may lead to the emergence of defensive automatic thoughts, whereby the victim comes to believe that preemptive or retaliatory aggression is a means of protecting oneself from future harm. Consequently, the new bullying behavior becomes a way to alleviate feelings of helplessness, assert control, and restore lost psychological balance (Young, Klosko, & Weishaar, 2003).

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Longitudinal behavioral studies, such as those conducted by Schwartz (1998) and Haynie et al. (2001), have shown that a subgroup of bullying victims—particularly those exposed to chronic humiliation or repeated aggression—develop what is known as the \*bully–victim model\*, in which the roles of victim and bully overlap. In this model, individuals engage in aggressive behavior especially when they feel threatened or anticipate harm, even in the absence of objective indicators.

In a large epidemiological study involving more than 2,000 adolescents, Haynie et al. (2001) found that the bully–victim group exhibited the highest levels of aggression compared to other groups (victims only or bullies only). The results indicated that this group experiences chronic humiliation and negative school relationships, while simultaneously displaying higher levels of violent behavior, particularly when social situations are interpreted as hostile, even when they are ambiguous or neutral.

Research by Espelage and Swearer (2003) further demonstrates that this pattern is associated with higher levels of cognitive distortion, difficulties in emotion regulation, and a history of strained family relationships characterized by control or punitive practices (Espelage & Swearer, 2003).

Clinical evidence also suggests that victims who become bullies are often not primarily motivated by the desire to harm others, but rather by the need to protect themselves from harm, rendering reverse bullying closer to a form of aggressive defense. Some clinical models propose that this transformation is linked to deficits in cognitive coping skills, heightened sensitivity to perceived insult, and misinterpretation of others' social intentions, as illustrated in Dodge's social information processing model (Dodge, 1991).

In light of the above, the research problem emerges from the divergence in theoretical explanations regarding why some victims transition into bullies, while others maintain the victim role without adopting aggressive behavior. Is this transformation related to the level of cognitive distortion resulting from experiences of victimization? Is it associated with deficits in emotion regulation skills? Or is it solely a product of social learning, as traditional models suggest? Moreover, how do these factors interact within the victim's cognitive–behavioral cycle to produce aggressive defensive behavior? Additional questions arise concerning mediating factors such as family support, school climate, and emotional stability, which may either inhibit or reinforce the likelihood of this transformation (Olweus, 1993).

The central research problem thus lies in understanding the mechanisms underlying the transition from victim to bully from a cognitive–behavioral perspective, and in identifying the role of maladaptive cognitive schemas and acquired defense mechanisms in shaping the reverse bullying model. This leads to a series of precise scientific questions:

- \* What are the dominant cognitive distortions among individuals who shift from the role of victim to that of bully?
- \* How do early experiences of victimization contribute to the formation of cognitive schemas that later give rise to aggressive defense?
- \* What psychological and social factors account for the divergence in victims' trajectories between remaining in the victim role and transitioning into bullying behavior?

### Operational Definitions

**Bullying:** Olweus (1993) defines bullying as a repeated aggressive behavior that involves inflicting physical, verbal, or social harm on an individual who is less powerful. It is characterized by a clear imbalance of power, the repetition of the behavior over time, and an implicit intention to dominate or cause harm.

**Reverse Bullying:** Reverse bullying refers to aggressive behavior exhibited by an individual who was previously a victim of bullying and subsequently reproduces aggressive conduct toward others in an attempt to regain control or protect the self. This behavior emerges as a result of distorted defensive beliefs shaped by prior experiences of victimization.

**Victim:** According to Beck (2020), a victim is an individual who is exposed to a harmful event or aggressive behavior that results in psychological, physical, or social damage, leading to a loss of perceived safety and control. Such exposure produces enduring cognitive, emotional, and behavioral changes that persist beyond the occurrence of the event.

**Defense Mechanism:** A defense mechanism is an unconscious psychological process that functions to protect the ego and reduce psychological distress.

**Reverse Bullying as a Defense Mechanism:** Reverse bullying is considered a complex psychosocial phenomenon indicating the transformation of an adolescent who was formerly a victim of bullying into a perpetrator of bullying behaviors toward others. The aggressive response that emerges following prior exposure to harm is classified as a maladaptive defense mechanism.

Reverse bullying is particularly examined through the following conceptual frameworks:

**Compensation:** The former victim seeks to compensate for feelings of inferiority or weakness experienced during victimization by exerting power over others. Harm inflicted on others becomes a means of asserting the self and reclaiming a lost sense of power (Olweus, 1993).

**Displaced Aggression:** Rather than directing anger toward the original source of harm (such as the initial bullies or a system that failed to provide protection), anger and aggression are redirected toward safer or weaker targets, typically peers who do not pose a real threat (Bandura, 1973).

**Behavioral Modeling:** Behavioral modeling is a social learning mechanism through which individuals acquire new behaviors by observing and imitating others, either consciously or unconsciously. This process is grounded in the idea that humans learn from their social environment by observing models—such as parents, peers, or figures of authority—and subsequently internalizing, practicing, and reinforcing observed behaviors. In this context, the victim adopts the bully's behavior, learning that power and control are achieved through intimidation and domination, thereby perpetuating the cycle of aggression (Bandura, 1973).

### *Consequences of Reverse Bullying*

Reverse bullying entails complex psychological, social, and cognitive consequences that originate in the adolescent's initial traumatic experience as a victim and are further intensified after the transition to aggressive behavior. Psychologically, the adolescent remains trapped in an unresolved cycle of pain, fear, and anger, as the bullying behavior does not resolve the original trauma but rather serves as a defensive façade concealing underlying vulnerability. The literature indicates that this behavioral pattern increases the likelihood of developing chronic emotional difficulties, such as elevated levels of aggression, impaired anger regulation, and a heightened risk of conduct disorder or aggressive personality traits if left untreated (Beck, 2020).

From a social perspective, reverse bullying does not enhance the adolescent's social status as might be presumed; instead, it fosters prolonged social isolation. Supportive peer relationships tend to diminish, leaving behind relationships based on fear or temporary self-interest. Over time, the adolescent becomes unable to form trust-based or secure interpersonal bonds, reinforcing feelings of loneliness and weakening social skills. Studies suggest that adolescents who engage in bullying—whether they were former victims or not—later experience lower social satisfaction and poorer relationship quality in adulthood (Espelage & Swearer, 2011; Rigby, 2003).

At the moral and cognitive levels, reverse bullying reinforces a hazardous cognitive pattern marked by a gradual decline in empathy. The adolescent begins to justify aggressive actions and perceives harming others as a legitimate entitlement to compensate for past victimization. According to the hostile attribution bias theory, prior experiences of victimization increase the adolescent's tendency to interpret others' behaviors as threatening, thereby heightening the likelihood of aggression as a defensive response (Dodge & Pettit,

2003). Over time, distorted core beliefs may develop regarding power, such as the belief that power equates to controlling others, that the world is inherently hostile, or that survival is only possible through aggression. If these beliefs are not cognitively restructured, they continue to fuel aggressive behavior.

New victims subjected to reverse bullying experience the well-documented consequences of bullying, including anxiety, depression, diminished self-esteem, and academic decline, as well as an increased risk of suicidal ideation in severe cases. Research by Olweus (1993) and Swearer and Hymel (2015) confirms that repeated exposure to bullying leads to long-term outcomes such as social anxiety disorders, heightened sensitivity to criticism, and avoidance of social interactions. Socially, victims develop a persistent sense of insecurity and a negative perception of the social world as hostile and threatening, which may adversely affect their social and emotional development for decades.

Addressing reverse bullying requires a multilevel therapeutic intervention. It is insufficient to focus solely on stopping aggressive behavior; rather, the original trauma that motivated the adolescent to adopt this pattern must be addressed. Effective treatment involves restructuring core beliefs related to safety, control, and power; strengthening emotion regulation skills; fostering empathy; and teaching non-aggressive alternatives for coping with perceived threat or anger. Cognitive-behavioral therapy literature emphasizes that lasting change necessitates reformulating the cognitive system that links power to aggression and replacing it with healthier concepts grounded in self-confidence and assertive, non-aggressive behavior (Beck, 2020).

**The Cognitive–Behavioral Cycle of Transformation :** The transition from victim to reverse bully occurs through a three-stage interactive cycle linking emotions, cognitions, and behavior:

#### *The Cognitive Stage*

This stage involves the following processes:

- 1. Feelings of Loss and Helplessness:** The adolescent experiences the trauma of victimization accompanied by profound feelings of shame, lack of protection, and helplessness in confronting the original bullies.
- 2. Hostile Attribution Bias:** The adolescent develops a pessimistic and hostile worldview, tending to interpret ambiguous or neutral behaviors of others as intentional acts aimed at harm or humiliation. This hostile bias serves as a catalyst for anger.
- 3. Generation of a Strategic Motive:** A strong motivation emerges to restore lost control. Internal cognition shifts from “I am weak and am being harmed” to “I must be strong so that no one dares to harm me again.” This belief constitutes the cognitive rationale underlying reverse bullying.

#### *The Emotional Stage*

**Displaced Anger:** The adolescent is unable to express anger toward the original bullies, often due to fear of retaliation, and therefore redirects this anger toward a new, weaker target. This displacement provides immediate relief from internal distress.

**Numbing of Shame:** Bullying others becomes a temporary means of alleviating shame associated with being a victim. Exercising power over others diverts internal attention away from perceived weakness and creates an illusory sense of strength.

### **C. The Behavioral Stage and Reinforcement**

**1. Initiation of Reverse Bullying:** The adolescent begins to engage in bullying behaviors—verbal, physical, or social—directed at specific peers perceived as safer and weaker targets.

**2. Immediate Positive Reinforcement: The new behavior is reinforced through immediate rewards:**

**Restoration of Control:** The adolescent experiences a sense of power by intimidating or dominating another individual.

**Illusory Social Status:** Fear or recognition from peers may temporarily enhance perceived social standing.

**3. Consolidation of the Cycle:** The sense of control and power reinforces the original cognitive belief that aggression is the only effective solution, thereby ensuring the repetition of bullying behavior. Aggressive conduct becomes entrenched as a primary defense mechanism (Dodge, 1993).

**4. Analysis of the Most Effective Therapeutic Programs for Disrupting the Cognitive–Behavioral Cycle**

Addressing reverse bullying requires a comprehensive therapeutic approach that focuses on processing the original victimization experience, correcting hostile cognitive biases, and developing adaptive coping skills. The most effective interventions integrate cognitive, behavioral, and emotional components.

**1. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** TF-CBT is particularly effective because it addresses the root cause of reverse bullying—namely, the trauma of victimization and the associated sense of helplessness experienced by the adolescent. Its application includes:

**Trauma Processing:** TF-CBT enables the adolescent to narrate and process the traumatic experience within a safe therapeutic environment, thereby reducing anger and shame linked to victim status.

**Cognitive Restructuring:** This constitutes the critical phase for breaking the cycle. Hostile attribution biases are challenged and modified, and the adolescent learns to identify and correct automatic thoughts such as “Everyone wants to harm me” or “The only way to gain respect is to dominate others.”

**Anger Management:** Specific skills for managing anger and distress—such as relaxation techniques and thought-stopping—are taught, reducing the need to discharge anger through displaced bullying.

**Restoration of Control:** A sense of control is rebuilt through the acquisition of assertive skills rather than aggressive behaviors, providing adaptive alternatives for reclaiming lost power.

**1. Social Skills and Problem-Solving Training (SPS):** This form of intervention targets skill deficits that may lead adolescents to rely on violence as a mode of interaction. It is implemented through the following mechanisms:

**2. Enhancement of Empathy:** Role-playing exercises are used to encourage bullying adolescents to view situations from the victim’s perspective, thereby weakening moral disengagement that permits harm to others.

**3. Interpersonal Problem-Solving Skills:** Adolescents are taught step-by-step strategies for resolving conflicts peacefully and non-aggressively, reducing reliance on bullying as a default response to frustration (Dodge, 1993).

**4. Assertiveness Training:** Adolescents learn how to defend their rights and express needs and anger in a firm yet respectful manner, rather than resorting to aggression or bullying to achieve goals or ward off perceived threats.

In conclusion, breaking the cycle of reverse bullying requires a strategy fundamentally grounded in: addressing deep psychological wounds through TF-CBT, equipping adolescents with behavioral tools for navigating social interactions through social problem-solving training, and ultimately transforming a maladaptive defense mechanism—reverse bullying—into healthy and adaptive coping strategies.

*Cognitive Reframing in Reverse Bullying: Transforming Meaning and Motivation*

Cognitive reframing is a core and highly effective technique within cognitive-behavioral therapy (CBT) and its trauma-focused applications. It is essential for breaking the cognitive-behavioral cycle of reverse bullying. This technique aims to change the meaning the adolescent attributes to their behaviors and past experiences, allowing the development of healthier adaptive strategies.

In therapeutic work with individuals who engage in reverse bullying, cognitive reframing serves as the foundation for profound changes in how they understand themselves and others. These individuals are often former victims of bullying, which leads them to develop distorted core beliefs and aggressive defensive behaviors that seem to them the only means of survival or regaining a sense of safety. Therefore, cognitive reframing is not limited to modifying a fleeting thought but involves deconstructing an entire cognitive system that has developed over years and reconstructing it in a more realistic and adaptive manner (Beck, 2020).

*Levels of Cognitive Reframing**Level 1: Understanding the Cognitive Roots of Reverse Bullying*

Many aggressive behaviors in reverse bullies originate from core beliefs formed during early experiences of pain, failure, or rejection. These beliefs typically share the following characteristics:

**Global:** They apply to all situations without exception.

**Absolute:** They are expressed in categorical terms, e.g., always/never.

**Threat-Oriented:** They associate the world with constant danger.

Due to the accumulation of such experiences, the individual adopts a cognitive lens that prevents them from perceiving non-aggressive alternatives, making preemptive or aggressive action appear protective.

*Level 2: Reframing as a Tool to Deconstruct Distortions*

The goal of reframing is to transform the meaning the individual assigns to their experience. It does not merely aim to convince the adolescent that they are wrong but works to:

1. Test the evidence supporting and contradicting the core belief.
2. Broaden interpretations to include multiple possibilities rather than a single deterministic outcome.
3. Reorganize the relationship between past and present, so that past experiences do not dictate present behavior.
4. Replace aggressive power with internal strength grounded in resilience, empathy, and awareness.

**Level 3: Examples of Beliefs and Their Reframing**

**Belief:** “I am weak and must bully to regain control.”

**Distortion:** Equates weakness with vulnerability and power with domination.

**Reframed:** “I am strong because I survived, and I can demonstrate strength by building safe relationships and using my personal skills, not by harming others.”

**Therapeutic Goal:** Redefine strength as resilience and conscious decision-making, not aggression. The adolescent begins to recognize that aggression is not true power but an uncontrolled, painful reaction.

**Belief:** “People are always evil and will hurt me, so I must attack first.”

**Distortion:** Represents the hostile attribution bias common among former victims.

**Reframed:** “Some people may be harmful, but not everyone. I can distinguish between safe and threatening situations and set healthy boundaries without aggression.”

**Therapeutic Outcome:** Reduces excessive fight responses and fosters a sense of safety based on realistic evaluation of situations.

**Belief:** “Bullying is the only way to earn respect.”

**Distortion:** Confuses fear with respect, a common misperception in violent or chaotic environments.

**Reframed:** “Fear is not respect. True respect comes from competence, clarity, and self-defense without harming others. I earn respect through confidence in myself and my skills, not through intimidation.”

**Therapeutic Outcome:** Encourages assertive, non-aggressive behavior that protects dignity and enhances social standing without causing harm.

#### *Level 4: Outcomes of Reframed Core Beliefs*

When core beliefs are transformed, the individual naturally begins to develop:

1. Calmer emotional responses
2. Less threatening social behaviors
3. Better impulse control
4. More mature and assertive communication

Additionally, this process strengthens the therapeutic alliance, as the individual experiences the ability to reconstruct their narrative and personal experience, promoting long-term emotional recovery.

#### *Stages of Applying Cognitive Reframing in Reverse Bullying*

Cognitive reframing in cases of reverse bullying is applied in two primary stages: reframing the victim experience and then reframing the aggressive behavior as a bully.

##### *A. Reframing the Victim Experience: From Shame to Survival*

The goal is to address the shame associated with being a victim, which is a powerful driver of compensatory aggression. This is implemented through the following steps:

- 1. Identifying Shame:** The adolescent is guided to express thoughts that elicit shame (e.g., “I am a failure,” “I am weak”).
- 2. Reattribution:** Emphasize that the responsibility for bullying lies with the original perpetrator, not the victim. The adolescent was not inherently weak; they were harmed by someone who chose to be abusive.

**3. Reframing as Survival:** Transform the narrative from “I am a humiliated victim” to “I am a survivor who overcame a difficult period.” This shifts the core meaning of the internal story and reduces the need for aggressive compensation.

#### *B. Reframing Aggressive Behavior: From Power to Helplessness*

The objective is to demonstrate that reverse bullying does not reflect true power but is a continuation of previously experienced helplessness. According to Padesky & Greenberger (1995):

**1. Challenging the Perceived Utility:** The therapist asks the adolescent, “When you bully someone, does the pain you felt as a victim disappear?” The usual answer is no or only briefly. This illustrates that reverse bullying is an ineffective solution.

**2. Behavioral Reframing:** Reverse bullying is reframed as an automatic, understandable response to prior anger, but in reality, it reflects a lack of new anger-management skills rather than genuine strength.

**3. Linking Bullying to Loss:** The adolescent is guided to see that aggressive behavior causes the loss of friendships, support, and authentic social status. This intervention shifts the adolescent’s concept of power, showing that real power lies in the ability to choose forgiveness or assertiveness, not in harming others.

#### *Supportive Techniques for Reframing*

To consolidate reframing, it should be integrated with additional cognitive-behavioral tools:

**Coping Cards:** Cards with newly framed thoughts are created for the adolescent to read when anger arises.

**Example:** “I don’t need to hurt others. Bullying shows my weakness, not my strength. I can pause, breathe, and act assertively.”

**Thinking Outside the Box:** Teach the adolescent to view thoughts as thoughts, not absolute facts. This reduces the influence of hostile attribution bias, allowing them to say: “This is an old, fear-driven thought. I do not have to follow it.”

**Developing an Alternative Narrative:** Encourage the adolescent to write a new life story that does not rely on being a victim or a bully, but instead focuses on being assertive and socially successful.

Cognitive reframing does not directly solve the behavioral issue but removes the internal rationale for reverse bullying, making it unnecessary and unattractive for adolescents seeking control or power.

#### *Cognitive Distortions in Individuals Who Transition from Victim to Bully*

Contemporary literature indicates that the shift from victim to bully is not a superficial behavioral change but a complex psychological process associated with the formation of cognitive distortions that profoundly influence how the individual interprets others’ intentions and social interactions.

**Hostile Attribution Bias:** Individuals tend to interpret ambiguous or neutral behaviors as intentional harm even in the absence of objective evidence. Crick & Dodge (1994) highlight that children exposed to chronic aggression or social exclusion process social cues through an aggressive lens, distorting their assessment of situations and directing them toward aggressive responses rather than cooperative or negotiation strategies.

**Overgeneralization:** The individual may believe that all social figures resemble past abusers, projecting painful experiences onto future situations without discrimination.

**Black-and-White Thinking:** Others are classified in absolute terms—as potential enemies or temporary allies—heighening sensitivity to perceived threats. Dodge et al. (1990) observed these cognitive patterns in

children who later became bullies, noting that prior helplessness fosters beliefs that power is the only protection and that attacking is better than defending.

**Distorted Self-Image:** Former victims who become bullies often exhibit low self-esteem, which they compensate for through aggressive behavior aimed at reconstructing self-worth and control. Hymel & Swearer (2015) describe this as a reverse psychological defense mechanism, wherein internal pain is transformed into external aggression.

Although these distortions emerge as defensive responses to regain control, they result in the victim reproducing the same violence they once suffered, perpetuating a cycle of harm through the bully–victim model.

#### *Contribution of Early Victimization Experiences to Cognitive Schemas and Subsequent Aggressive Defense*

Early experiences of victimization, particularly chronic or humiliating abuse combined with inadequate support, form the foundation of cognitive schemas that guide the individual's interpretation of and interaction with the world. Young's (1999) cognitive schema theory asserts that early negative experiences produce maladaptive core schemas, deep-rooted cognitive-emotional patterns that frame perceptions of self, others, and the environment.

For bullying victims, these schemas often center on insecurity, threat, loss of control, and expectation of harm. The social world, through these schemas, becomes a dangerous place, with others seen as potential sources of rejection or injury. Shields & Cicchetti (2001) found that children exposed to early maltreatment develop heightened physiological arousal and hyperactive sympathetic nervous system responses to ordinary social situations, predisposing them to defensive reactions. Repeated victimization integrates these defensive responses into the individual's enduring cognitive structure.

Over time, the victim develops aggressive defense, a behavioral pattern used to avoid re-experiencing prior pain. Ttofi & Farrington (2011) note that victims who feel unprotected often adopt aggressive strategies as the only means to prevent becoming victims again. This shift is reinforced when family or school environments fail to provide protection, making aggression appear as an adaptive solution, even if ultimately ineffective.

Neuroscientific studies show that early victimization reorganizes brain circuits responsible for emotion and threat processing (McCrorry et al., 2012), predisposing individuals to anticipate harm and prefer aggression as a default response. Consequently, cognitive schemas derived from early abuse form the foundation that directs later aggressive behavior.

#### *Psychological and Social Factors Explaining Divergent Pathways: Remaining a Victim vs. Becoming a Bully*

Not all bullying victims follow the same trajectory; some remain victims while others become aggressors. This divergence results from a complex interplay of internal psychological factors and external social contexts.

**Psychological Factors:** Emotional regulation, psychological resilience, and social competence are critical in preventing the development of aggressive behavior. Victims capable of controlling anger, interpreting social cues flexibly, and adopting healthy coping strategies are less likely to become bullies. Conversely, victims with high impulsivity or poor self-monitoring tend to respond to perceived threats with aggression. Hemphill et al. (2014) identify weak emotional regulation as a strong predictor of behavioral transition from victim to bully.

**Social Factors:** Psychological resilience is supported by internal resources (social skills) and external support (family connections). Victims with these resources typically navigate abuse without reproducing it, whereas those lacking support resort to aggression as a survival mechanism. The social environment is a key determinant: supportive parents, clear anti-bullying school policies, and cooperative peers reduce the

likelihood of developing a bully–victim profile. Conversely, children in families with physical punishment, conflict, or chaos, or surrounded by aggressive peers, are more prone to become bullies (Sourander et al., 2007).

**Socialization Models:** Exposure to aggressive role models in family or peer contexts legitimizes aggression as an acceptable means of gaining respect or avoiding harm. Lack of institutional protection or justice reinforces the perception that self-protection requires personal aggression. Therefore, divergent pathways reflect a complex interaction between personality traits, emotional history, and surrounding social systems.

## Conclusion

Reverse bullying represents a tragic defensive response, reflecting the transformation of painful experiences into destructive behaviors through an entrenched cognitive–behavioral cycle. Successful intervention requires a comprehensive strategy that addresses the deep psychological wounds, reframes core beliefs regarding power and control, and equips the adolescent with healthy social coping skills. The ultimate goal is to facilitate the transition from the role of victim to that of a resilient survivor who demonstrates assertiveness, rather than perpetuating the cycle as a reverse bully.

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