

Original Article

EVALUATION OF FAMILY STRUCTURE AND PARENTAL LOSS AND PEER BULLYING AS RISK FACTORS FOR CHILDHOOD DEPRESSION: A SCHOOL-BASED DESCRIPTIVE-CROSS-SECTIONAL STUDY

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ABSTRACT:

Depressive symptoms after parental loss are a natural phenomenon, tagged with loss of support, financial constraints and disruptive routine. The loss of parent may be further enhanced in cases of painful divorces. At the same time bullying is considered as a major psychological trauma for growing children. This study was conducted to evaluate depression in school children following parental loss resulting in change in family structure and also with the history of peer bullying. This descriptive cross-sectional study was conducted in school going children. A total of 1000 children were evaluated aged between 5 to 15 years. Out of these 42 children had a history of parental loss within last two years while 12 had lost their parents more than two years ago. Depression was reported in 61 students and showed significant association with loss of parent, both by death or divorce. Bullying also showed significant association with depression. In conclusion, children having history of parent loss and bullying showed significant association of depression. Therefore, mental health support for these both group of children should be considered even if they do not show apparent signs of depression.

Keywords: Depression in children, Parental loss, Peer bullying

INTRODUCTION

Depression in school-aged children and adolescents is a growing public health concern. Among the most consistently identified psychosocial risk factors are parental loss (particularly death of a parent) and peer bullying. Both exposures are independently associated with increased risk of depressive symptoms and clinical depressive disorders, and emerging evidence suggests that combined exposure may confer multiplicative risk. Children who experience the death of a parent are at elevated risk of developing depression. Large-scale cohort and registry-based studies show that parental loss in childhood is associated with subsequent major depressive disorder, as well as other psychiatric outcomes (1,2). The risk is influenced by age at loss, sex, and family psychiatric history. Bereaved children often show higher depressive symptom trajectories that may persist into adolescence and early adulthood (3). Bullying victimization is a robust predictor of depression in childhood and adolescence. Meta-analyses consistently show that bullied youth have higher rates of depressive symptoms, with longitudinal data supporting a dose-response relationship (4,5). Both traditional bullying and cyberbullying predict increased depression, with effects persisting into adulthood in some cohorts (6). There is growing evidence that parental bereavement and bullying interact to exacerbate risk. Some recent studies suggest bereaved children may be more vulnerable to peer victimization, and the combined effect of both exposures results in higher depression risk than either alone (7). Several mechanisms have been proposed to explain the link between parental loss, bullying, and depression:

1. Attachment disruption and caregiver stress.
2. Neurobiological dysregulation (HPA-axis, inflammation).
3. Negative cognitive schemas and maladaptive social processing.
4. Social isolation and reduced peer/family support.
5. Cumulative stress and socioeconomic strain.

The impact of loss and bullying varies depending on developmental stage, sex, socioeconomic status, and cultural context. Girls in adolescence often show higher rates of depression following both exposures. Early childhood exposure may predict chronic trajectories, while adolescence marks a sensitive period for onset (8). Parental loss is typically documented through caregiver reports or administrative data, while bullying is usually self-reported. Multi-informant approaches improve validity. Outcomes are measured with structured diagnostic interviews or

validated scales (e.g., CDI, PHQ-A). Longitudinal studies provide stronger causal inference, but many studies remain cross-sectional (9). Here are summary of studies showing potential causes of depression in children.

Study	Sample	Exposure	Main Findings
Li et al. 2022 (1)	Population registry (N>1M)	Parental death	Higher risk of major depression in bereaved children
Melhem et al. 2008 (3)	Community cohort	Parental death	Increased depressive symptoms, persisting into adolescence
Ye et al. 2023 (4)	Meta-analysis	Bullying	Victimization strongly associated with depression
Tong et al. 2024 (5)	Longitudinal studies (meta-analysis)	Bullying victimization	Predicts later depressive symptoms
Boelen et al. 2021 (10)	CBT Grief-Help	Bereaved children/adolescents	Reduced prolonged grief & depression
Fraguas et al. 2020 (11)	Anti-bullying programs	School populations	Reduced bullying, improved MH outcomes

All the reported studies have shown parental loss and bullying as significant factors causing depression. However, there was limited literature from Pakistan. Thus, this study was designed to evaluate parental loss and bullying as factors causing depression in school children.

METHODS:

This was a descriptive cross-sectional study conducted on school children of rural and urban schools of Tando Muhammad Khan district. A total of 1000 students were included, and a predesigned questionnaire was distributed to get information. Assistant teachers helped gather responses from the children. The questionnaire was adopted from Patient Health Questionnaire – 9 (PHQ-9) Modified PHQ-A, was used for data collection. It has nine questions and scored from 0-3 for four responses including not at all to nearly everyday respectively. The responses were summed up at the end to make a score of the depression. The score was categorized as given below:

0–4: Minimal or none

5–9: Mild

10–14: Moderate

15–19: Moderately severe

20–27: Severe

Statistical analyses

The data was analysed by using Statistical Package for Social Sciences (SPSS software version 22.0). Descriptive statistics are presented as number and percentage. Chi-square test was used for analysis of categorical variables and a p-value <0.05 was considered statistically significant.

RESULTS:

A total of 1000 students were included in this study, median age of the participants was 9 years (\pm SD= 2.82, range 5 - 15). There were 517 (51.7%) males and 483 (48.3%) female students. 946 students living with two parent household, while 11 students lived with single parent following divorce. A total of 38 students were living with single parent after death of one parent and 5 students lived with extended household after death of both parents. A total of 53 students had a history of bullying out of which 13 lived in two parent household. Majority of students had 1-2 hours screen time with smart phone while 158 students reported no time with screen. A total of 43 students reported no participation in extracurricular activities. No depression was reported in 939 (93.9%) students, pattern of mild to severe depression is presented in Figure 1. The rate depression was significantly associated with history of bullying regardless of their household pattern (0-value <0.001). Those showed severe depression 50% (n= 3) had history of bullying. Among family pattern the rate moderately severe and severe depression was reported in students with single parent where the high rate was seen in those death of one parent. The rate of depression among single parent family was not associated with screen time. While depression score was significantly associated with no participation in extracurricular activities. Where 66% of severe depression score students denied taking part in extracurricular activities (p-value <0.001).

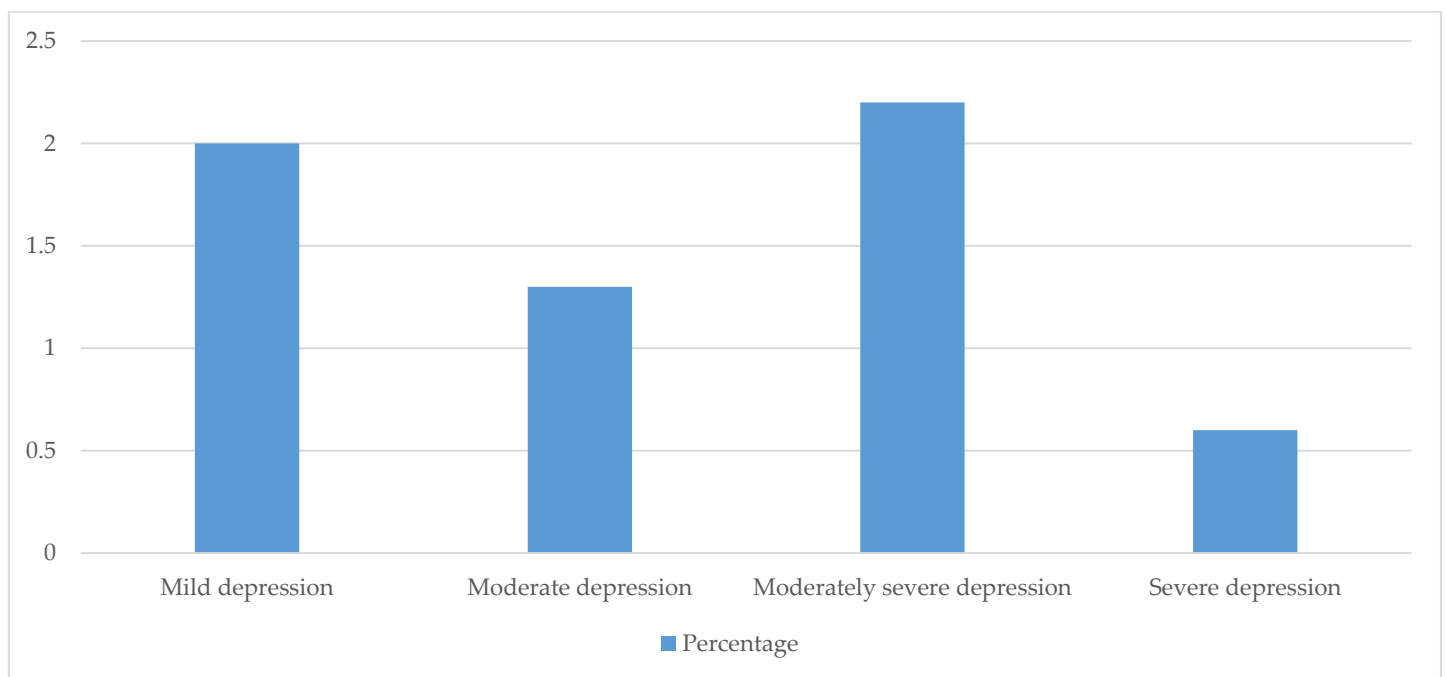


Figure 1. Pattern of severity of depression in school children

DISCUSSION

The present study investigated depression among school-going children aged 5–15 years, with particular focus on family structure, bullying, screen time, and extracurricular participation. The median age was 9 years and the sample was nearly gender-balanced. Overall, 6.1% of children reported varying degrees of depression, consistent with global estimates of childhood depression ranging between 2% and 8% in community-based samples (2,3). A key finding was the significant association between bullying and depression, irrespective of household pattern. Half of the students with severe depression reported a history of bullying, highlighting the substantial psychological burden of peer victimisation. This is consistent with large meta-analyses, which confirmed that bullying victimization is strongly associated with subsequent depressive symptoms and clinical depression, often in a dose–response manner (1). Importantly, our findings reinforce that the negative mental health impact of bullying transcends family background, underscoring the critical role of peer interactions in child well-being. Family structure also emerged as a relevant factor. While the majority of children resided in two-parent households, students from single-parent families following the death of a parent had higher rates of moderate to severe depression compared to peers in intact families. This aligns with prior longitudinal studies demonstrating that parental bereavement increases the risk of depression, anxiety, and other psychiatric disorders in childhood and adolescence (6–8). The heightened risk may reflect disruption in attachment, reduced social support, and increased caregiver stress after bereavement (7). Notably, single-parent families due to divorce showed lower depression prevalence than those due to parental death, suggesting the permanence and emotional weight of death may exert a more profound psychological toll (5).

Interestingly, depression scores were not significantly associated with screen time. This contrasts with some studies linking excessive screen use to poor mental health outcomes in children (11–13). However, our sample reported relatively modest screen exposure (1–2 hours daily), a level that is within the range often considered non-problematic (5). These findings suggest that moderate screen time may not independently predict depression in this age group, though its interaction with other psychosocial stressors warrants further investigation.

By contrast, non-participation in extracurricular activities was significantly associated with depression. Two-thirds of students with severe depression reported no engagement in extracurricular activities, indicating the protective role of structured, prosocial engagement. Prior literature supports that extracurricular involvement fosters resilience, social connectedness, and emotional regulation, thereby reducing depression risk (4–6). Our findings highlight the importance of encouraging children’s participation in such activities as a preventive strategy.

Taken together, this study emphasizes that bullying victimization and parental loss are major psychosocial determinants of childhood depression, while extracurricular participation appears to offer a protective buffer. These findings have important implications for schools and policymakers. Anti-bullying interventions should be prioritized as universal prevention strategies, while targeted psychological support should be made available for bereaved children. Additionally, efforts to increase opportunities for extracurricular engagement may help promote resilience in vulnerable populations. This study had some limitations. The cross-sectional design prevents causal inference, and depression was assessed using screening rather than diagnostic interviews, which may underestimate subclinical presentations. The small number of children in single-parent families limited statistical power for subgroup analysis.

Nonetheless, the findings contribute valuable insights into the intersection of family structure, peer victimization, and child well-being in our context.

CONCLUSION

Our study demonstrates that depression in school children is strongly associated with bullying and parental loss, with extracurricular participation offering potential protection. Early identification and school-based preventive programs are critical to mitigating these risks and promoting mental health among children.

Conflict of Interest

Authors declare no conflict of interest.

Ethical consideration

The study was approved by local research ethics committee.

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