

RESEARCH ARTICLE OPEN ACCESS

Can Peer Victimization Invalidate the Positive Effect of Emotional Intelligence on Adolescents' Health-Related Quality of Life?

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Received: 24 April 2025 | **Revised:** 10 January 2026 | **Accepted:** 1 February 2026

Keywords: adolescent | bullying | emotional intelligence | health-related quality of life | victimization

ABSTRACT

Background: Emotional intelligence (EI) is a key factor in adolescents' health-related quality of life (HRQoL). Previous research has shown that higher EI is associated with better HRQoL outcomes. However, its protective role may be weakened by adverse experiences such as peer victimization. This study examined whether forms of peer victimization moderate the relationship between EI and specific HRQoL dimensions.

Methods: A total of 1427 Spanish adolescents completed a survey-based assessment, including validated measures of victimization (APRI-Bullying), HRQoL (KIDSCREEN-52), and EI (TMMS-24). Moderation effects were tested using multivariate linear regression and the PROCESS macro in SPSS.

Results: Verbal victimization moderated the associations between all EI dimensions and the "Social Support and Peers" HRQoL dimension. Social victimization moderated the relationships of "Attention" and "Clarity" with this dimension, whereas physical violence moderated the association between "Repair" and this dimension. No moderating effects were found for Psychological Well-being.

Implications for School Health Policy, Practice, and Equity: School-based EI programs may enhance adolescents' coping with peer victimization and help protect HRQoL in victimized adolescents.

Conclusions: The positive association between EI and the HRQoL dimension related to perceived social support could disappear in adolescents exposed to moderate or high levels of peer victimization.

1 | Introduction

Emotional intelligence is increasingly conceptualized as a skill set or a malleable and trainable ability [1–3] that leads a person to "perceive and control emotions in oneself and in others, and to use these skills to manage one's thoughts and actions" [4]. It has been identified as one of the most important personal resources for better coping with adverse social experiences

[5, 6]. In this way, by helping to manage emotions effectively, emotional intelligence can influence physical, mental, and social health, as well as successful interpersonal relationships [7–9]. Based on this, researchers have documented that psychological abilities such as emotional intelligence could positively affect health-related quality of life (HRQoL) [10, 11], a multidimensional construct that is usually used to refer to an individual's physical, mental, and social functioning [12]. That is, the more

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emotional intelligence a person has, the better their quality of life will be. However, it is still unclear whether there are other factors that may disrupt the association of emotional intelligence with HRQoL. In fact, some authors propose theories suggesting that exposure to extreme adverse social situations may lead to a depletion of personal tools for coping with distress, relationships, or other negative events [13–15]. Peer victimization stands out as one of the most devastating negative social experiences. In adolescence, it includes physical (e.g., hitting, pushing, pinching), verbal (e.g., name-calling, threats), and social (social exclusion, rumor spreading) forms [16], each with distinct psychosocial consequences [17, 18]. These subtypes frequently co-occur, and their cumulative effects increase risk for poorer psychosocial outcomes [19]. Previous research has indicated that verbal and social victimization are particularly harmful to psychosocial functioning, whereas physical victimization is often associated with negative impacts on physical and mental health [18, 20]. Peer victimization is identified as a major public health problem, as it has become the most prevalent type of victimization during school years [21], especially in adolescence [22]. A recent study conducted in 13 European and Asian countries revealed that almost 30% of adolescents had been victimized by their peers [23]. In particular, one of the latest studies carried out on a Spanish population has shown that more than 80% of the participating adolescents were involved in peer victimization, either as victims or bullies [24]. These findings indicate that, despite all efforts put into preventing peer victimization, it remains to be a major societal problem. Several studies proposed that stressful social events such as peer victimization can lead to a deterioration in HRQoL, especially in the adolescent population [25–27].

Thus, there are knowledge gaps about the extent to which emotional intelligence can influence specific dimensions of HRQoL, and whether its association can be nullified or depleted by stressful adverse situations such as peer victimization.

The present study aims to elucidate the association between psychological and social support-related domains of HRQoL and emotional intelligence among adolescents exposed to different forms of peer victimization (physical, verbal, and social). Consequently, the moderating effect of peer victimization on the association between emotional intelligence and specific HRQoL dimensions was examined.

2 | Material and Methods

2.1 | Participants

A retrospective cross-sectional study was conducted, including all students (12–16 years old) from all secondary schools ($K = 6$) in a city with a great ethnic variety located in southeastern Spain ($n = 1476$).

2.2 | Procedure

Prior to the fieldwork, the approval to carry out this research project was obtained from the city council's Department of Education. This department communicated the information to the principal of each participating secondary school, who then

informed the major teachers of each class accordingly. The research commission held multiple meetings with the secondary schools' principals to agree on the protocol to be followed, as well as to plan the logistics and data collection methods. Written consent was obtained from parents via Parents' Associations in all participating schools before adolescents joined the study. One thousand four hundred and twenty-eight of the total adolescents who were part of the analyzed population agreed to participate in the study and obtained written consent. From the remaining teenagers, 87 did not complete the entire survey, resulting in 1343 adolescents finally constituting the effective participation rate (91%).

Information was collected during the last 30 days of the school year from self-completed questionnaires handed out by major teachers during class time. To ensure proper administration of the questionnaire, qualified staff of the research commission supervised data collection. Adolescents were given 45 min to complete the questionnaire. All questionnaires were answered anonymously.

The present study was approved by [Anonymized]. The study was performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments.

2.3 | Instrumentation

Sociodemographic variables were collected by means of a questionnaire designed ad hoc. Those variables consisted of gender, age, family structure (nuclear, mononuclear, or no parents at home), and parental educational attainment. Based on the method proposed by the Spanish Society of Epidemiology [28], information about social class in terms of parents' employment was also included. For both parental educational attainment and social class, the highest positions of both parents were taken as a reference.

Peer victimization was measured using the Spanish-adapted version of the validated Adolescent Peer Relation Instrument-Bullying (APRI), created by Parada [29, 30]. This scale includes 18 items and measures three different dimensions of peer victimization:

-Physical (six items).

For example, "I was pushed or shoved," "I was hit or kicked hard."

-Verbal (six items).

For example, "I was called names I didn't like," "Things were said about my looks I didn't like."

-Social (six items).

For example, "I was left out of activities, games on purpose," "A student got their friends to turn against me."

Each item is rated on a four-point Likert scale (0 = never/seldom, 1 = frequently, 2 = very often, 3 = constantly), which provides

information about how often the adolescent has been a victim of peer victimization during the last academic year (9 months). The score for each dimension was calculated as the sum of the respective items and was normalized to a scale from 0 to 100 points to ease interpretation. The higher the score on each subscale, the stronger the victimization suffered by the teenager. The internal consistency Cronbach's α coefficients were 0.854, 0.843, and 0.876 for "physical victimization," "social victimization," and "verbal victimization," respectively.

Adolescents were considered as victims of each form of victimization if they reported having suffered "frequently" at least one of the behaviors indicated in the APRI scale during the last academic year.

HRQoL was measured by analyzing two out of 10 dimensions of the Spanish-adapted version of the validated KIDSCREEN-52 questionnaire [31]: Psychological Well-being (six items) and Social Support and Peers (six items). Each item was rated on a five-point Likert scale which provides a comprehensive indication of feelings of well-being over the previous week (1 = never, 2 = seldom, 3 = sometimes, 4 = often, or 5 = always). Scores were calculated independently for each dimension as *T*-values of the Rasch scores corresponding to the sum of the response options, following the KIDSCREEN manual [32]. The higher the score on each dimension, the higher the quality of life related to that dimension. The reliability of the two KIDSCREEN-52 domains ranged between a Cronbach's α of 0.848 for "Psychological Well-being" and 0.809 for "Social Support and Peers" in the current sample.

Emotional intelligence was assessed using the Spanish-adapted version of the validated Trait Meta-Mood Scale-24 (TMMS-24) [33–35], which is a reduced version based on Mayer and Salovey's TMMS-48 [36]. This scale consists of 24 items divided into three subscales, each measuring distinct aspects of an individual's beliefs about their emotional intelligence: I. "Attention" (the extent to which an individual tends to observe and reflect about their feelings or moods; eight items), II. "Clarity" (the comprehension of one's emotional states; eight items), and III. "Repair" (a person's beliefs about their ability to moderate their feelings; eight items). Each item was rated on a five-point Likert scale, which indicated the degree of agreement with the statements in the questionnaire, ranging from "1 = completely disagree" to "5 = completely agree." The score for each subscale was calculated as the sum of the respective items, ranging from 8 to 40 points for each subscale. The internal consistency for this sample in each domain was 0.918, 0.894, and 0.887 (Cronbach's α) for Attention, Clarity, and Repair, respectively.

2.4 | Data Analysis

The adolescents' sociodemographic factors were analyzed using descriptive analysis by calculating frequencies and percentages.

A number of multivariate linear regression analyses [37] were conducted to study the association between peer victimization and emotional intelligence on adolescents' HRQoL. The moderating role of peer victimization in the association between emotional intelligence and adolescents' HRQoL was analyzed using

the Hayes PROCESS tool [38]. Post hoc analyses were performed using the Johnson-Neyman technique with Hayes PROCESS [39] to study the moderating effects and to determine in which regions of the range of the moderator variable (peer victimization) the conditional effects of emotional intelligence on HRQoL were statistically significant and nonsignificant.

Each of the emotional intelligence scales was taken as an independent variable. Conversely, "Psychological Well-being" and "Social Support and Peers" were taken as dependent variables. Each form of peer victimization (physical, verbal, social) was individually inputted as the moderating variable. All students were included in the regression analyses, regardless of their level of victimization. Specifically, the models incorporated both students who reported experiencing victimization (at any frequency) and those who indicated "never/seldom" on all items, thus ensuring that the associations between emotional intelligence and HRQoL were estimated across the entire sample. Gender and age were also introduced as covariates.

$$\text{HRQoL}_i = \beta_0 + \beta_1 \text{Emotional Intelligence}_i + \beta_2 \text{Victimization}_i + \beta_3 (\text{Emotional Intelligence}_i \times \text{Victimization}_i) + \beta_4 \text{Gender}_i + \beta_5 \text{Age}_i + \epsilon_i$$

- HRQoL_i = Health-Related Quality of Life score for individual *i*.
- $\text{Emotional Intelligence}_i$ = Emotional Intelligence score for individual *i*.
- Victimization_i = Victimization score for individual *i*,
- $(\text{Emotional Intelligence}_i \times \text{Victimization}_i)$ = interaction term assessing moderation.
- Gender_i = gender of individual *i*,
- Age_i = age of individual *i*,
- β_0 = intercept.
- $\beta_1, \beta_2, \beta_3$ = regression coefficients,
- ϵ_i = error term.

All continuous predictors (emotional intelligence subscales, peer victimization scores, and age) were mean-centered prior to the analyses to facilitate interpretation of the regression coefficients and reduce multicollinearity in the moderation models. Analyses were performed by calculating the adjusted β coefficient at a 95% confidence interval (CI).

The statistical analysis was performed using the Statistical Package for the Social Sciences version 24.0; $p < 0.05$ was considered to be statistically significant for all the contrasts carried out.

3 | Results

3.1 | Demographic Characteristics, Adolescents' Exposure to Peer Victimization, and Emotional Intelligence

Demographic characteristics, emotional intelligence values, and adolescents' exposure to peer victimization are shown in Table 1.

TABLE 1 | Demographic variables, emotional intelligence, and prevalence of peer victimization among adolescents ($n = 1343$).

	<i>n</i>	(%)
Gender		
Female	635	47.3
Male	708	52.7
Age range (years)		
[12.0–13.9]	490	36.5
[14.0–15.9]	653	48.6
[16.0–18.9]	200	14.9
Type of family		
Nuclear	1150	85.6
Mononuclear	179	13.3
No parents at home	14	1.1
Social class ^a		
I–II	271	20.2
III	130	9.7
IV–V	835	62.2
VI	107	7.9
Parental educational attainment		
No education/primary education	435	32.4
Secondary education	629	46.8
Higher education	279	20.8
Victimization ^b		
Physical victimization	128	9.5
Social victimization	214	15.9
Verbal victimization	240	17.9
Any form of victimization	334	24.9
Component of “emotional intelligence” ^c		
Attention, mean (SD)	25.0 (8.3)	
Clarity, mean (SD)	24.9 (7.8)	
Repair, mean (SD)	27.1 (8.1)	

Abbreviations: APRI = Adolescent Peer Relation Instrument-Bullying; SD = standard deviation.

^aSocial class: I. Higher managerial; II. Intermediate managerial; III. Supervisory and junior managerial; IV. Skilled manual occupations; V. Unskilled manual occupations; VI. Unemployed/pensioner/retiree.

^bAdolescents were regarded as victims of each form of victimization if they reported having suffered “frequently” at least one of the behaviors indicated in the APRI scale during the last academic year.

^cEmotional intelligence subscales: Acceptance, Clarity, and Repair.

3.2 | The Role of Peer Victimization as a Moderator of the Positive Association of Emotional Intelligence on Psychological and Social Support-Related Domains of HRQoL

Results in Tables 2–4 show how HRQoL levels in all the dimensions analyzed become significantly higher with increasing amounts of the “Attention,” “Clarity,” and “Repair” subscales of emotional intelligence. This occurred especially for the two

HRQoL domains analyzed and its relation with “Repair” when adjusted by the three types of victimization ($\beta = 0.33$; $p < 0.001$) (Tables 2–4).

Results in Tables 2–4 also show that peer victimization in all its forms was negatively associated with “Psychological Well-being,” being stronger especially with social victimization. The relation was more robust when adjusted by the “Attention” domain ($\beta = -0.20$; 95% CI $-0.24, -0.15$) (Table 4). The associations between “Social Support and Peers” and the three types of victimization were also significant. The strongest relations were found with physical victimization when adjusted by “Attention” ($\beta = -0.22$; CI $-0.28, -0.16$) (Table 2), and with social victimization when adjusted by “Attention” and “Clarity” ($\beta = -0.22$; CI $-0.27, -0.17$) (Table 4).

When the interaction between “emotional intelligence” and “peer victimization” was studied, results showed that peer victimization moderated the positive association of emotional intelligence with the “Social Support and Peers” dimension of HRQoL. The association of the three emotional intelligence subscales with the “Social Support and Peers” dimension was moderated by verbal victimization, obtaining the strongest moderating power in the case of “Clarity” ($\beta = -0.007$; $p = 0.03$) (Table 3). The association of “Attention” ($\beta = -0.005$; $p = 0.047$) and “Clarity” ($\beta = -0.007$; $p = 0.044$) with this HRQoL dimension was also moderated by social victimization (Table 4). Regarding physical victimization, only its interaction with the “Repair” domain was found to be statistically significant ($\beta = -0.007$; $p = 0.025$). However, all these relations report only an additional 0.4% of variance in adolescents’ perception of Social Support and Peers ($\Delta R^2 = 0.004$).

The Johnson-Neyman technique indicated that, at a 95% confidence level, the positive effect of “Repair” on “Social Support and Peers” was no longer significant when physical victimization scored lower than 24 points (equivalent to the 97th percentile in our study sample) (Figure 1). The positive association between “Attention,” “Repair,” and “Clarity” with “Social Support and Peers” was significant only when verbal victimization was lower than 17 (95th percentile), 27 (96th percentile), and 22 points (96th percentile), respectively (Figure 1). Similarly, the positive effect of “Attention” and “Clarity” on “Social Support and Peers” was no longer significant when social victimization scored higher than 17 (95th percentile) and 22 points (96th percentile), respectively (Figure 1).

No moderating effect of peer victimization was found between the three emotional intelligence dimensions and adolescents’ Psychological Well-being.

4 | Discussion

Studies on emotional intelligence have become increasingly interesting in recent research. However, only a few studies have so far explored emotional intelligence in the context of peer victimization and its effect on adolescents’ HRQoL.

As mentioned in other studies [10, 11], this investigation also supports the theory that higher levels of emotional intelligence,

TABLE 2 | Associations between HRQoL psychological and social support-related domains with emotional intelligence subscales among adolescents exposed to physical victimization.

	Psychological Well-being β (95% CI)	Social Support and Peers β (95% CI)
Attention ^a	0.09 (0.02, 0.15)*	0.20 (0.13, 0.26)**
Physical victimization ^a	-0.19 (-0.24, -0.13)**	-0.22 (-0.28, -0.16)**
Interaction		
Attention*physical victimization ^a	0.0004 (-0.005, 0.006)	-0.005 (-0.011, 0.0004)
Clarity ^a	0.25 (0.18, 0.31)**	0.31 (0.24, 0.38)**
Physical victimization ^a	-0.17 (-0.23, -0.11)*	-0.20 (-0.27, -0.14)**
Interaction		
Clarity*physical victimization ^a	0.001 (-0.005, 0.007)	-0.003 (-0.010, 0.004)
Repair ^a	0.33 (0.27, 0.39)**	0.33 (0.26, 0.39)**
Physical victimization ^a	-0.18 (-0.23, -0.12)**	-0.21 (-0.28, -0.15)**
Interaction		
Repair*physical victimization ^a	-0.001 (-0.006, 0.005)	-0.007 (-0.013, -0.001)*
R^2 ^b		0.118
ΔR^2 ^c		0.004
F Snedecor		31.08**

Note: Model fit statistics (R^2 , ΔR^2 , and F values) are reported only for models in which the interaction term was statistically significant. * $p < 0.05$; ** $p < 0.001$.

Abbreviation: 95% CI = 95% confidence interval.

^aAdjusted by gender and age.

^bConstrained model without interaction term.

^cComplete model with interaction term.

in any of the three dimensions studied, are associated with better psychosocial HRQoL. The novel contribution of this study is the finding that very high levels of peer victimization can nullify the positive association that emotional intelligence has with the quality-of-life dimension related to perceived social support. Nevertheless, this moderating influence appears to be weak in explaining the “black-box” model of the perceived social support since it only represents an additional 0.4% of variance. However, no moderating effect of peer victimization was found in the relationship between emotional intelligence and psychological well-being.

It is also noteworthy that the moderating effect of peer victimization on the relationship between emotional intelligence and perceived social support depends on the type of victimization. From certain levels of verbal victimization onwards, the positive effect that all the emotional intelligence competencies (“Attention,” “Clarity,” and “Repair”) have on perceived social support fades. However, social victimization only mitigates and cancels, above a certain intensity, the beneficial effect of two of the three components of emotional intelligence (“Attention” and “Clarity”). Meanwhile, physical victimization nullifies the positive effect that emotional intelligence has on perceived social support only in its “Repair” domain. It has also been noted in other studies that various forms of bullying can result in distinct consequences on the HRQoL among adolescents. Although some investigations have indicated that physical bullying manifests as the most harmful form, social victimization has been found to be most strongly negatively associated with adolescents’ psychological wellbeing and HRQoL [20].

Therefore, these results could support theories proposed by previous research: peer victimization may lead to a depletion of personal resources for dealing with adverse events [13–15]. In this case, it would result in a decrease in the positive association that emotional intelligence has on the “Social Support and Peers” dimension of HRQoL, leading to a heavier weight of the negative association that peer victimization has on adolescents’ quality of life [25, 40]. In other words, situations of extreme peer victimization could create such an overwhelming emotional burden that makes it difficult to perceive social support, even if adolescents possess emotional intelligence skills. However, except for extreme levels of victimization, this study shows that emotional intelligence can act as a protective factor, allowing adolescents to maintain a positive perception of their social support network despite facing difficulties in their relationships with peers. This research also suggests that emotional intelligence is positively associated with adolescents’ psychological well-being, regardless of the peer victimization they may experience. Emotional intelligence may remain a protective factor for psychological well-being because, even amid peer victimization, emotional regulation and coping skills may help adolescents manage their own emotions and deal with stress. This may enable them to maintain a basic level of psychological well-being, even if their perception of social support is impaired. Probably, these findings are in line with other studies that suggest that the extent to which adolescents who are victims are psychologically affected depends on their personal resources at their disposal [41].

In sum, given that this and other studies show that emotional intelligence is a key aspect of psychological well-being and

TABLE 3 | Associations between HRQoL psychological and social support-related domains with emotional intelligence subscales among adolescents exposed to verbal victimization.

	Psychological Well-being β (95% CI)	Social Support and Peers β (95% CI)
Attention ^a	0.09 (0.03, 0.16)*	0.20 (0.14, 0.27)**
Verbal victimization ^a	-0.19 (-0.23, -0.14)**	-0.21 (-0.25, -0.16)**
Interaction		
Attention*verbal victimization ^a	0.002 (-0.002, 0.007)	-0.006 (-0.011, -0.001)*
R^2 ^b		0.091
ΔR^2 ^c		0.004
<i>F</i> Snedecor		23.18**
Clarity ^a	0.24 (0.18, 0.31)**	0.31 (0.24, 0.38)**
Verbal victimization ^a	-0.17 (-0.22, -0.13)**	-0.21 (-0.26, -0.15)**
Interaction		
Clarity*verbal victimization ^a	-0.0007 (-0.006, 0.004)	-0.007 (-0.012, -0.0007)*
R^2		0.122
ΔR^2		0.004
<i>F</i> Snedecor		32.31**
Repair ^a	0.33 (0.27, 0.39)**	0.33 (0.26, 0.39)**
Verbal victimization ^a	-0.18 (-0.21, -0.14)**	-0.20 (-0.25, -0.15)**
Interaction		
Repair*verbal victimization ^a	-0.001 (-0.006, 0.003)	-0.006 (-0.011, -0.0004)*
R^2		0.134
ΔR^2		0.003
<i>F</i> Snedecor		35.91**

Note: Model fit statistics (R^2 , ΔR^2 , and *F* values) are reported only for models in which the interaction term was statistically significant. * $p < 0.05$; ** $p < 0.001$.

Abbreviation: 95% CI = 95% confidence interval.

^aAdjusted by gender and age.

^bConstrained model without interaction term.

^cComplete model with interaction term.

quality social relationships and, additionally, has been shown to act as a protective factor against peer victimization [42, 43], these findings have interesting practical implications as it paves the way for implementing school programs dedicated to encouraging the development of emotional intelligence to help youth to better manage their feelings and emotions.

4.1 | Implications for School Health Policy, Practice, and Equity

The present study highlights the need for implementing programs aimed at strengthening emotional intelligence in secondary schools, to improve the adolescents' ability to better cope with adverse life situations like peer victimization and prevent a deterioration in victimized adolescents' HRQoL. Moreover, beyond reinforcing emotional intelligence, our findings suggest that reducing peer victimization in all its forms is crucial to protecting adolescents' health and sustaining the positive association that emotional intelligence has with HRQoL. Victimization prevention and early intervention should be a priority. In practical terms, schools should be ideal settings for developing

programs that combine reinforcing emotional intelligence and bullying prevention, such as promoting inclusive classroom climates, developing clear protocols for reporting and responding to victimization incidents, and strengthening peer-support systems. Equally important is providing educational staff with training to recognize incidents of victimization and to intervene effectively. By integrating these strategies, schools can create safer environments where adolescents' emotional skills are more likely to translate into better psychosocial health and quality of life.

4.2 | Strengths and Limitations

This study has several limitations. First, the use of self-reports as a data collection method makes the existence of recall bias possible, although it is unlikely given that the recall period was limited to the previous 9 months. Another limitation is the cross-sectional design of the study, which makes it difficult to establish causal inferences about the associations between the studied variables. Future prospective research is necessary to obtain causal associations between the studied elements. Another limitation relates to the response scale of the APRI questionnaire. The categories

TABLE 4 | Associations between HRQoL psychological and social support-related domains with emotional intelligence subscales among adolescents exposed to social victimization.

	Psychological Well-being β (95% CI)	Social Support and Peers β (95% CI)
Attention ^a	0.10 (0.04, 0.16)*	0.21 (0.14, 0.28)**
Social victimization ^a	−0.20 (−0.24, −0.15)**	−0.22 (−0.27, −0.17)**
Interaction		
Attention*social victimization ^a	0.001 (−0.004, 0.006)	−0.005 (−0.011, −0.0001)*
R^2 ^b		0.099
ΔR^2 ^c		0.003
F Snedecor		25.28**
Clarity ^a	0.25 (0.18, 0.31)**	0.31 (0.24, 0.38)**
Social victimization ^a	−0.18 (−0.23, −0.14)**	−0.22 (−0.27, 0.17)**
Interaction		
Clarity*social victimization ^a	0.000 (−0.005, 0.006)	−0.007 (−0.013, −0.0004)*
R^2		0.129
ΔR^2		0.003
F Snedecor		34.27**
Repair ^a	0.33 (0.27, 0.39)**	0.33 (0.26, 0.39)**
Social victimization ^a	−0.18 (−0.23, −0.14)**	−0.21 (−0.26, −0.17)**
Interaction		
Repair*social victimization ^a	0.0002 (−0.005, 0.005)	−0.005 (−0.011, 0.0005)

Note: Model fit statistics (R^2 , ΔR^2 , and F values) are reported only for models in which the interaction term was statistically significant. * $p < 0.05$; ** $p < 0.001$.

Abbreviation: 95% CI = 95% confidence interval.

^aAdjusted by gender and age.

^bConstrained model without interaction term.

^cComplete model with interaction term.

“frequently,” “very often,” and “constantly” may not be clearly differentiated by all respondents, and the lack of an option reflecting “occasional” experiences could lead to underrepresentation of students who experience peer victimization at a moderate level. On the other hand, cyberbullying was not analyzed. This is an increasingly common type of peer victimization in the recent years. The record of other victimization cases may have been lost and thus underestimated, which may explain the lower prevalence of peer victimization in our research compared with others [24, 44]. However, most of its manifestations are implicitly included in the dimensions corresponding to verbal and social victimization. It could be relevant for future investigations to consider studying possible relations between emotional intelligence, cyberbullying, and psychosocial HRQoL’s domains. Although the study sample was heterogeneous, given that the majority of the studied population was Spanish, cultural considerations mean that extrapolating these results to other countries should be done with caution.

However, notwithstanding these limitations, it is important to highlight the contribution of the present work in terms of better understanding the role of emotional intelligence in victims’ psychosocial HRQoL. This matter is important due to the lack of research focused on this population and topic. Interesting

strengths of this study also include the large sample size and the significant participation rate (91%). Finally, the use of validated and extensively used questionnaires gives our study a higher quality.

5 | Conclusions

The results of the present research suggest that emotional intelligence is positively associated with adolescents’ psychological well-being, regardless of the peer victimization they may experience, and with their perception of social support, with the exception of very high levels of peer victimization, in which this positive relationship can be nullified.

These findings expand the knowledge of the existing literature about the role of emotional intelligence in psychosocial quality of life and highlight the importance of victimization in buffering the beneficial effect of emotional intelligence on perceived social support. Thus, given that peer victimization is difficult to eradicate, programs to strengthen personal resources, in this case, emotional intelligence, should be implemented in secondary schools to improve the ability to better cope with adverse life situations and prevent a deterioration in victimized adolescents’ HRQoL.

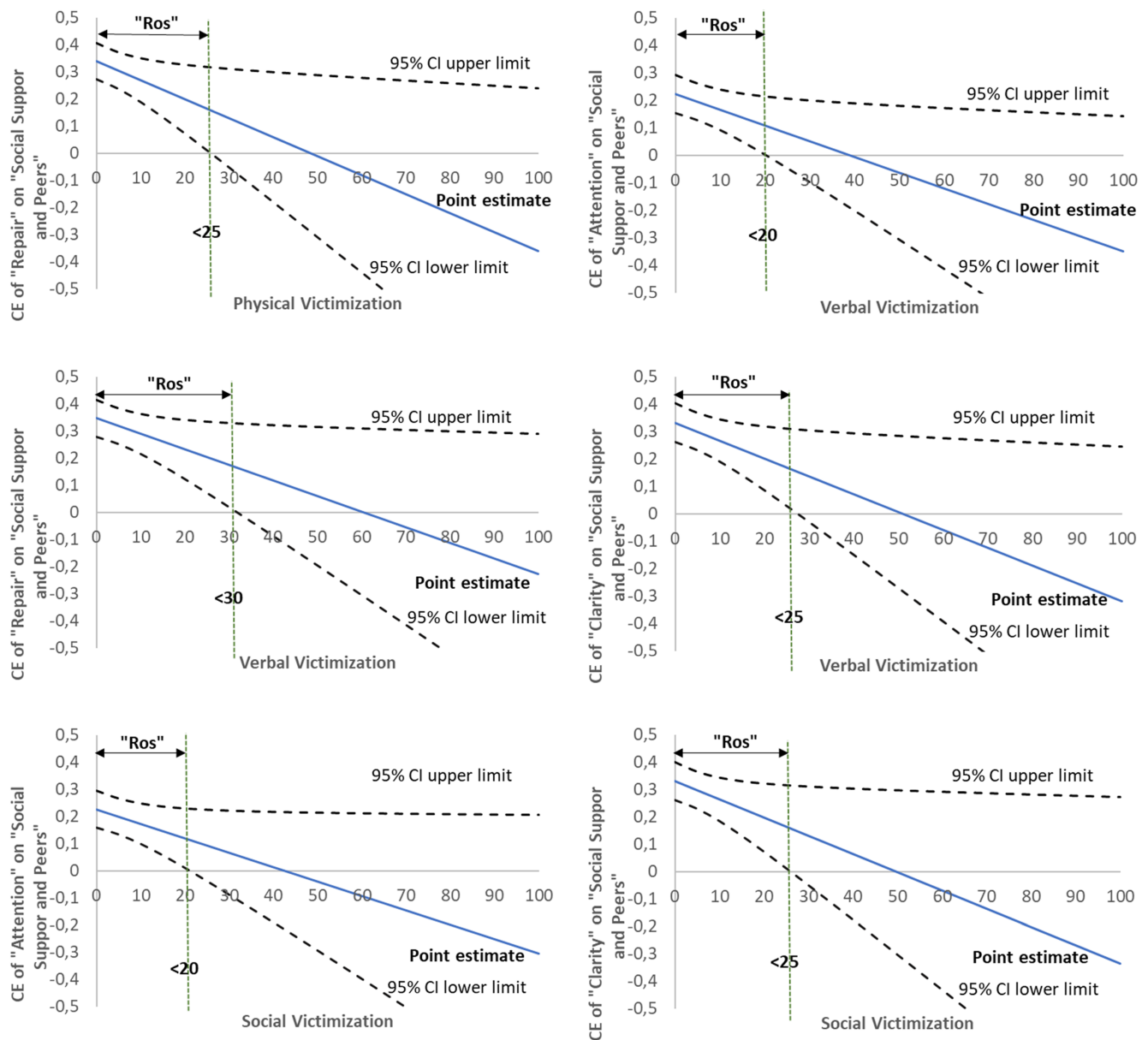


FIGURE 1 | Conditional effect of peer victimization on the relationship between emotional intelligence (EI) and perceived social support health-related quality of life (HRQoL). Analyses were conducted with mean-centered predictor variables; however, for interpretability, victimization scales are displayed in the 0–100 metric. The dashed vertical lines represent the points where the relationship between EI and HRQoL was directly related and significant ($p < 0.05$) and, for interpretability, were back-transformed from centered units to the 0–100 scale. CE = conditional effect; “RoS” = region of significance.

Acknowledgments

The authors would like to thank the Department of Health and Secondary Schools from the city of Torre Pacheco, which participated in this study. Thanks to Lourdes Sánchez Fernández for having collaborated in the revision of English grammar.

Funding

The authors have nothing to report.

Ethics Statement

The present study was approved by the Research Ethics Committee of Murcia's University (ID3610/2021).

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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