

Beyond Bullying: Religious Coping and Community Support as Moderators of Depression in Indonesian *Pesantren* Students

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Abstract

Bullying is associated with depressive symptoms among adolescents, but less is known about factors that may moderate this relationship in Indonesian *pesantren*. This study investigated whether religious coping and *pesantren* community support moderate the association between bullying and depressive symptoms among Indonesian students. A cross-sectional quantitative design was employed with 1,472 students in Yogyakarta and Central Java. Participants completed modified Indonesian versions of the School Bullying Victimization Scale, Brief RCOPE, Multidimensional Scale of Perceived Social Support, and Beck Depression Inventory-II. Data were analyzed using Structural Equation Modeling (SEM) with interaction terms to test direct effects and moderation effects simultaneously. Bullying was positively associated with depression ($\beta = 0.43$; $p < 0.001$). Positive religious coping negatively moderated this relationship ($\beta = -0.14$; $p < 0.01$), while negative religious coping positively moderated it ($\beta = 0.19$; $p < 0.001$). Community support emerged as the strongest moderator among the variables examined ($\beta = -0.21$; $p < 0.001$). A significant three-way interaction revealed that high positive religious coping combined with high community support was associated with a non-significant bullying-depression association ($\beta = 0.11$; $p = 0.12$), whereas high negative religious coping combined with low support was associated with the strongest positive association ($\beta = 0.71$; $p < 0.001$). The model explained 42.3% of the variance in depression with good model fit (CFI = 0.96; RMSEA = 0.04). Religious coping and community support moderate the bullying-depression association in ways that may have practical implications. Findings underscore the need for culturally contextualized programs strengthening adaptive religious meaning-making and community cohesion in *pesantren*.

INTRODUCTION

Bullying victimization is consistently associated with depressive symptoms among adolescents. In Indonesian *pesantren* (Islamic boarding schools), where students live in communal dormitories under continuous peer monitoring, bullying may pose a particular risk for depression. Unlike day schools, *pesantren* students have limited escape from daily social interactions, which may amplify the psychological impact of bullying. National data indicate that approximately 41% of Indonesian students experience bullying (Munira et al., 2023), yet little is known about how bullying relates to depression specifically within the *pesantren* context, where unique religious and social dynamics may shape students' psychological responses.

Verbal and social forms of bullying have been identified as significant predictors of depressive symptoms in adolescents (Thomas et al., 2016; J. Yang et al., 2026). Longitudinal evidence confirms that persistent peer victimization is associated with internalized disorders

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such as depression, with cumulative effects (Giuliani et al., 2025; Rossi et al., 2009). In the *pesantren* environment, where social hierarchy and peer conformity are often emphasized, victims of ridicule, gossip, or social exclusion may experience heightened shame and helplessness. However, existing studies in Indonesia have focused primarily on prevalence rates and associative factors such as gender and friendship quality (Alap et al., 2025; Afriani & Denisa, 2021), without systematically examining psychological mechanisms that may buffer or exacerbate the bullying-depression link.

Religious coping has been proposed as a potential buffer against psychological distress. Positive religious coping such as seeking spiritual support through prayer (*salat*, *doa*), surrender to God (*tawakkal*), and patience (*sabr*) is associated with lower depression and anxiety (Febrinasari et al., 2023; Kadiyono et al., 2025). Conversely, negative religious coping, perceiving stress as divine punishment or doubting God's compassion, is associated with worse mental health outcomes (Warren et al., 2015; Sanjana et al., 2025). Despite this evidence, most studies have treated religious coping as a direct predictor of mental health rather than as a moderator of the bullying-depression relationship. Whether positive religious coping is associated with a weaker, and negative religious coping with a stronger, association between bullying and depression in *pesantren* students remains untested.

Beyond individual coping strategies, the communal nature of *pesantren* provides a unique social environment where peer and authority figures (*kyai*, *ustadz*) are physically present and accessible. Studies in congregational settings have shown that support from fellow members is associated with fewer psychological distress symptoms and higher life satisfaction (Acevedo et al., 2022; Elzamzamy, 2025). In *pesantren*, shared religious practices such as congregational prayers, *dhikr*, and *ngaji* may foster collective identity and social cohesion (Gorbai, 2024; Bahna, 2022). However, research has not systematically examined whether perceived community support moderates the bullying-depression relationship. Furthermore, the relative contribution of different support sources (peers vs. teacher or *ustadz/kyai*) remains unexplored in the *pesantren* context.

A critical theoretical question concerns the potential interaction between religious coping and community support. It is plausible that religious coping and community support may not operate independently but could influence each other's effects. A student who reports higher positive religious coping may also be more likely to seek and benefit from community support, as communal rituals may reinforce adaptive religious appraisals. Conversely, a student who reports negative religious coping may be particularly vulnerable when community support is low, as spiritual struggles may go unaddressed. To our knowledge, no previous study has tested this three-way interaction (bullying x religious coping x community support) in the *pesantren* setting. Examining this potential synergy is important for developing targeted strategies that leverage both individual and communal resources.

The *pesantren* environment offers a relevant setting to examine these moderating mechanisms. Students live in dormitories, participate in daily congregational prayers, and are embedded in a hierarchical social structure led by *kyai* and *ustadz*. These communal religious practices may foster collective identity and social cohesion, potentially serving as resources that could modify how students interpret and cope with bullying. At the same time, the closed and hierarchical nature of *pesantren* may also influence the impact of bullying if victims perceive that reporting is futile or that suffering is divinely ordained. Thus, the *pesantren* context provides an opportunity to test whether religious coping and community support moderate the bullying-depression association, and whether their interaction may be associated with protective or exacerbating patterns.

To address these gaps, this study examined whether religious coping and *pesantren* community support moderate the relationship between bullying victimization and depressive symptoms among Indonesian *pesantren* students. Specifically, we tested: (1) the

direct association between bullying and depression (H1); (2) the moderating role of positive and negative religious coping (H2); (3) the moderating role of community support (H3); and (4) the three-way interaction between bullying, religious coping, and community support (H4). Using a cross-sectional quantitative design with students from Yogyakarta and Central Java, this study aims to provide empirical evidence on how these factors may be associated with each other within the *pesantren* socio-spiritual context. Findings are expected to inform culturally grounded strategies for supporting *pesantren* students' mental health.

METHODS

Design

The proposed conceptual framework was tested using Structural Equation Modeling (SEM) implemented through the SEM module in Jamovi version 2.3. SEM was selected because it enables the simultaneous evaluation of the measurement model and the structural model while accounting for measurement error, making it an appropriate analytical approach for examining complex relationships among multiple constructs (Hair et al., 2022). The structural model was specified to examine the direct effect of bullying victimization on depressive symptoms, as well as the moderating roles of positive religious coping, negative religious coping, and community support. The moderation hypotheses were tested by incorporating interaction terms into the structural model to determine whether the relationship between bullying victimization and depressive symptoms varied across different levels of religious coping and community support (Wurm & Reitan, 2025).

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Participants

The participants in this study were students enrolled in *pesantren* in the Special Region of Yogyakarta and Central Java, Indonesia. The target population comprised adolescents aged 12–21 years who had been enrolled in either modern (*khalaf*) or traditional (*salaf*) *pesantren* for at least one academic year. A multistage cluster random sampling technique was employed to obtain a representative sample from both modern and traditional *pesantren*, an approach that is recommended for educational research involving geographically dispersed populations (Christman, 2006).

Initially, 1,500 students were invited to participate in the study. A total of 1,485 questionnaires were returned, corresponding to a response rate of 99.0%. Following data screening, 13 questionnaires were excluded because of incomplete responses or response patterns that did not satisfy the predetermined data quality criteria. Consequently, the final analytic sample consisted of 1,472 students, including 715 males (48.6%) and 757 females (51.4%), with ages ranging from 12 to 21 years ($M = 16.40$, $SD = 2.10$).

The final sample size exceeded the minimum recommendation for estimating complex structural equation models and was considered adequate for obtaining stable parameter estimates and testing moderation (Hair et al., 2019; Meade & Bauer, 2007).

Table 1. Demographic Characteristics of Respondents (N = 1,472)

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	715	48.6
	Female	757	51.4
	Total	1,472	100
Age	12-14 years	412	28.0
	15-17 years	679	46.1
	18-21 years	381	25.9
	Total	1,472	100
Length of Stay in <i>Pesantren</i>	1-2 years	420	28.5
	3-4 years	608	41.3
	>5 years	444	30.2
	Total	1,472	100
<i>Pesantren</i> Typology	Modern (<i>Khalaf</i>)	816	55.4
	Traditional (<i>Salaf</i>)	656	44.6
	Total	1,472	100

Instruments

All instruments were adapted from established scales. Modifications included (a) translating items into Indonesian using forward-backward translation, (b) adjusting wording to reflect the *pesantren* context (e.g., replacing "school" with "*pesantren*" or "dormitory"), and (c) simplifying response options for clarity. A pilot test was conducted with 100 students outside the main sample to assess validity and reliability.

Bullying victimization

The School Bullying Victimization Scale [Teleb & Alshahrani \(2025\)](#) was modified into a 15-item measure (five items each for physical, verbal, and social bullying). Items were rated on a 5-point Likert scale (1 = never to 5 = several times a week), with higher scores indicating more frequent victimization. Confirmatory factor analysis (CFA) confirmed the three-factor structure (CFI = 0.92, RMSEA = 0.06). The scale demonstrated good reliability (Cronbach's α = 0.89).

Religious coping

The Brief RCOPE Pargament et al (2011) was used to measure positive (7 items) and negative (7 items) religious coping. Items were rated on a 4-point Likert scale (1 = never to 4 = very often). CFA confirmed the two-factor structure (CFI = 0.95, RMSEA = 0.05). Reliability was high for both positive (α = 0.90) and negative (α = 0.88) dimensions.

Community support

Perceived social support was measured using a modified version of the Multidimensional Scale of Perceived Social Support [Sun & Guo \(2024\)](#). The scale consists of 12 items across three dimensions: family, friends, and *pesantren* figures (e.g., teacher or *ustadz/kyai*, dormitory administrators). Items were rated on a 7-point Likert scale (1 = strongly disagree to 7 = strongly agree). CFA confirmed the three-factor structure (CFI = 0.94, RMSEA = 0.05). Cronbach's α ranged from 0.87 to 0.92 across dimensions.

Depressive symptoms. The Beck Depression Inventory-II developed by Beck et al ([Dozois, 2009](#)) was used as a 21-item unidimensional measure of depressive symptom severity. Each item consists of four statements (scored 0 to 3) reflecting increasing symptom intensity,

with total scores ranging from 0 to 63. CFA confirmed the unidimensional structure (CFI = 0.91, RMSEA = 0.06). The scale demonstrated excellent reliability ($\alpha = 0.94$).

Procedure

Prior to data collection, ethical approval was obtained from the Research Center, Institute for Research and Community Service (LPPM), Universitas PGRI Yogyakarta (Ethical Approval No. 037/Puslit-UPY/II/2026). Permission to conduct the study was subsequently obtained from the administrators of the *pesantren* in Central Java and the Special Region of Yogyakarta.

Data were collected by trained research assistants following standardized research procedures. Before participating, all students received a clear explanation of the study objectives, the voluntary nature of participation, the confidentiality of their responses, and their right to withdraw from the study at any time without any academic consequences. Written informed consent was obtained from all participants prior to questionnaire administration. For participants who were under 18 years of age, consent was also obtained in accordance with the ethical procedures approved by the institutional review board.

The questionnaires were administered in classroom settings during scheduled sessions under the supervision of the research team. Participants completed the questionnaires anonymously, and no personally identifiable information was collected. Upon completion, all questionnaires were reviewed for completeness before being coded and entered into the database. Data were subsequently screened for incomplete responses and response quality prior to statistical analysis. Throughout the study, participants' privacy and confidentiality were strictly protected in accordance with the ethical requirements specified in the approval certificate.

Data Analysis

The data analysis in this study was conducted using Jamovi version 2.3, using its SEM module (based on the lavaan package in R) to fit a covariance-based SEM (CB-SEM) with maximum likelihood (ML) estimation. Before the main analysis, assumption tests were conducted, including normality tests (Shapiro-Wilk), linearity, multicollinearity (VIF), and outlier detection using boxplots, to ensure that the data met the requirements for parametric analysis. Given the minimal proportion of missing data (<1% of responses across study variables in the final sample of 1,472, after exclusion of the 13 incomplete/patterned questionnaires described above), cases with missing values were handled using listwise deletion. Data analysis was carried out in two stages.

The first stage is Confirmatory Factor Analysis (CFA) to test the validity and reliability of the measurement instrument by evaluating factor loading (≥ 0.50), construct reliability (CR ≥ 0.70), average variance extracted (AVE ≥ 0.50), and discriminant validity by comparing the square root of AVE with the correlation between constructs. The second stage is structural model analysis to test the research hypotheses, including the direct relationship between bullying and depression (H1), the moderating effects of positive and negative religious coping (H2), the moderating effect of community support (H3), and the three-way interaction among bullying, religious coping, and community support (H4).

Consistent with the Design section, independent variables and moderators were not mean-centered before computing product terms; multicollinearity arising from the inclusion of product terms was instead evaluated using VIF and tolerance values (reported below). For H4, a three-way product term (bullying $\times$ religious coping $\times$ community support) was added to the structural model, and the six moderator-combination estimates reported in Table 4 were obtained from simple slope analyses in which religious coping and community support were each classified as high or low at ± 1 SD from the mean, following standard procedures for

probing three-way interactions. The simple slope test was performed to visualize interaction patterns at different moderator levels (low, medium, high) for both the two-way and three-way models. The fit of the model was evaluated using goodness-of-fit indices, including CMIN/df < 3, CFI > 0.90, TLI > 0.90, RMSEA < 0.08, and SRMR < 0.05. The significance level is set at $\alpha = 0.05$. All analysis outputs are presented as tables and structural path drawings for easy interpretation.

RESULTS

Sample Characteristics and Missing Data Handling

The final analytic sample comprised 1,472 students after excluding 13 questionnaires from the 1,485 returned due to incomplete responses ($n = 9$) or patterned answering ($n = 4$). Of the final sample, 715 (48.6%) were male and 757 (51.4%) females. Participant ages ranged from 12 to 21 years ($M = 16.4$, $SD = 2.1$). Students had resided in *pesantren* for an average of 3.2 years ($SD = 1.8$), with 28.5% staying 1–2 years, 41.3% staying 3–4 years, and 30.2% staying more than 5 years. Modern (*khalaf*) *pesantren* accounted for 55.4% of the sample ($n = 816$), and traditional (*salaf*) for 44.6% ($n = 656$). Missing data were minimal across all study variables, with less than 1% of responses missing. Table 1 presents the demographic characteristics.

Before testing the structural model, a confirmatory factor analysis (CFA) was conducted to assess the overall measurement model comprising all latent constructs: bullying victimization (three dimensions), positive religious coping, negative religious coping, community support (three dimensions), and depression. The overall measurement model demonstrated good fit: $\chi^2/df = 2.34$, CFI = 0.94, TLI = 0.93, RMSEA = 0.05, SRMR = 0.04. All factor loadings were significant ($p < 0.01$), construct reliability (CR) exceeded 0.70 for all constructs, and average variance extracted (AVE) exceeded 0.50, supporting convergent validity. Discriminant validity was supported, as the square root of AVE for each construct exceeded its correlations with other constructs. The final analytic sample ($N = 1,472$) was retained for all subsequent analyses, including the measurement model evaluation, structural model estimation, moderation analysis, and three-way interaction analysis.

Multicollinearity Assessment

Multicollinearity was assessed using Variance Inflation Factor (VIF) and tolerance values. All VIF values ranged from 1.24 to 1.87 (below the threshold of 10), and tolerance values ranged from 0.53 to 0.81 (above the threshold of 0.10), indicating no multicollinearity concerns. Given the large sample size ($N = 1,472$), univariate normality was assessed via skewness and kurtosis; all variables showed skewness < |2| and kurtosis < |7|, which is acceptable for Structural Equation Modeling.

Evaluation of the measurement model using Confirmatory Factor Analysis (CFA) indicates that all instruments exhibit adequate validity and reliability. The results of the CFA for the Bullying Victimization Scale confirmed a three-dimensional structure (physical, verbal, social) with factor loadings ranging from 0.62 to 0.88 ($p < 0.01$). The Construct Reliability (CR) value for each dimension ranges from 0.85 to 0.89, exceeding the minimum limit of 0.70. The Average Variance Extracted (AVE) is in the range of 0.52 to 0.58, meeting the $\geq$ criterion of 0.50. CFA confirmed the factor structures of all instruments. For the Brief RCOPE, factor loadings ranged from 0.61 to 0.91 ($p < 0.01$), with CR = 0.88–0.92 and AVE = 0.54–0.61. The modified MSPSS showed factor loadings of 0.70–0.93, CRs of 0.87–0.94, and AVEs of 0.55–0.63. The BDI-II demonstrated a unidimensional structure with factor loadings of 0.58–0.86, CR = 0.95, and AVE = 0.52. Discriminant validity was supported, as the square root of AVE for each construct (0.72–0.79) exceeded the inter-construct correlations ($r = 0.18$ –0.54).

Table 2. Correlation Matrix Among Research Variables

Variable	1	2	3	4	5	6
1. Bullying	1.00					
2. Positive Religious Coping	-0.18**	1.00				
3. Negative Religious Coping	0.32**	-0.41**	1.00			
4. Community Support	-0.27**	0.54**	-0.33**	1.00		
5. Depression	0.48**	-0.39**	0.52**	-0.44**	1.00	
6. Age	0.04	0.06	0.03	0.05	0.07	1.00
Mean (M)	42.7	22.4	12.3	58.6	14.6	16.4
SD	8.3	3.6	3.1	7.9	5.8	2.1

Note: * $p < 0.01$. Correlations involving age were not statistically significant ($p > 0.05$).

The Direct Relationship of Bullying and Depression

The first hypothesis proposed that bullying exposure would be positively associated with depressive symptoms. Structural Equation Modeling (SEM) results supported this hypothesis. Bullying was positively associated with depression ($\beta = 0.43$, $SE = 0.04$, 95% CI [0.35; 0.51], $p < 0.001$). This direct model explained 18.5% of the variance in depressive symptoms ($R^2 = 0.185$). When analyzed by bullying dimension, verbal bullying had the strongest association with depression ($\beta = 0.31$, 95% CI [0.24; 0.38], $p < 0.001$), followed by social bullying ($\beta = 0.24$, 95% CI [0.17; 0.31], $p < 0.001$) and physical bullying ($\beta = 0.18$, 95% CI [0.11; 0.25], $p < 0.01$).

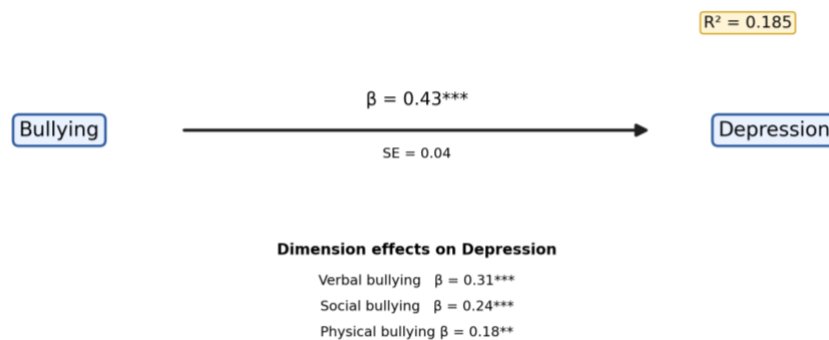


Figure 1. Structural Models of Bullying and Depression Relationships

Moderating Role of Religious Coping

The second hypothesis proposed that religious coping would moderate the bullying-depression relationship, with positive religious coping associated with a weaker association and negative religious coping associated with a stronger association.

Positive Religious Coping

Positive religious coping significantly moderated the bullying-depression relationship ($\beta = -0.14$, $SE = 0.03$, 95% CI [-0.20; -0.08], $p < 0.01$). Simple slope analysis revealed that among students with high positive religious coping (+1 SD), the bullying-depression association was weaker ($\beta = 0.28$, 95% CI [0.18; 0.38], $p < 0.01$), whereas among students with low positive religious coping (-1 SD), the association was stronger ($\beta = 0.51$, 95% CI [0.41; 0.61], $p < 0.001$).

Negative Religious Coping

Negative religious coping also significantly moderated the bullying-depression relationship, but in the opposite direction ($\beta = 0.19$, $SE = 0.04$, 95% CI [0.11; 0.27], $p < 0.001$). Simple slope analysis showed that among students with high negative religious coping (+1 SD), the bullying-depression association was stronger ($\beta = 0.58$, 95% CI [0.48; 0.68], $p < 0.001$).

whereas among students with low negative religious coping (-1 SD), the association was weaker ($\beta = 0.32$, 95% CI [0.22; 0.42], $p < 0.01$).

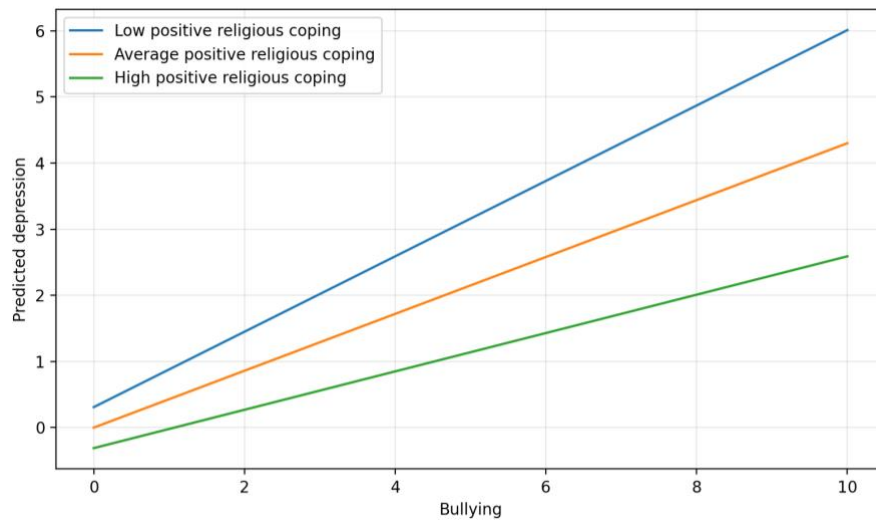


Figure 2. The Effect of Positive Religious Coping Moderation on Bullying-Depression Relationships

Table 3. Structural Equation Modeling Results for Religious Coping Moderation Models

Model	β	SE	95% CI	p
<i>Model 1: Positive Religious Coping</i>				
Bullying $\rightarrow$ Depression	0.43	0.04	[0.35; 0.51]	<0.001
Positive Coping $\rightarrow$ Depression	-0.31	0.03	[-0.37; -0.25]	<0.001
Bullying $\times$ Positive Coping	-0.14	0.03	[-0.20; -0.08]	<0.01
<i>Model 2: Negative Religious Coping</i>				
Bullying $\rightarrow$ Depression	0.41	0.04	[0.33; 0.49]	<0.001
Negative Coping $\rightarrow$ Depression	0.38	0.03	[0.32; 0.44]	<0.001
Bullying $\times$ Negative Coping	0.19	0.04	[0.11; 0.27]	<0.001

Moderating Role of Community Support

The third hypothesis proposed that perceived community support would moderate the bullying-depression relationship, with higher support weakening the association. Results supported this hypothesis. Community support significantly moderated the bullying-depression relationship ($\beta = -0.21$, SE = 0.03, 95% CI [-0.27; -0.15], $p < 0.001$). Simple slope analysis revealed that among students with high community support (+1 SD), the bullying-depression association was weaker ($\beta = 0.24$, 95% CI [0.14; 0.34], $p < 0.01$), whereas among students with low community support (-1 SD), the association was stronger ($\beta = 0.57$, 95% CI [0.47; 0.67], $p < 0.001$).

When analyzed by support dimension, support from pesantren figures (ustadz/kyai) had the strongest moderation effect ($\beta = -0.18$, 95% CI [-0.25; -0.11], $p < 0.001$), followed by peer support ($\beta = -0.15$, 95% CI [-0.22; -0.08], $p < 0.01$) and family support ($\beta = -0.11$, 95% CI [-0.18; -0.04], $p < 0.05$).

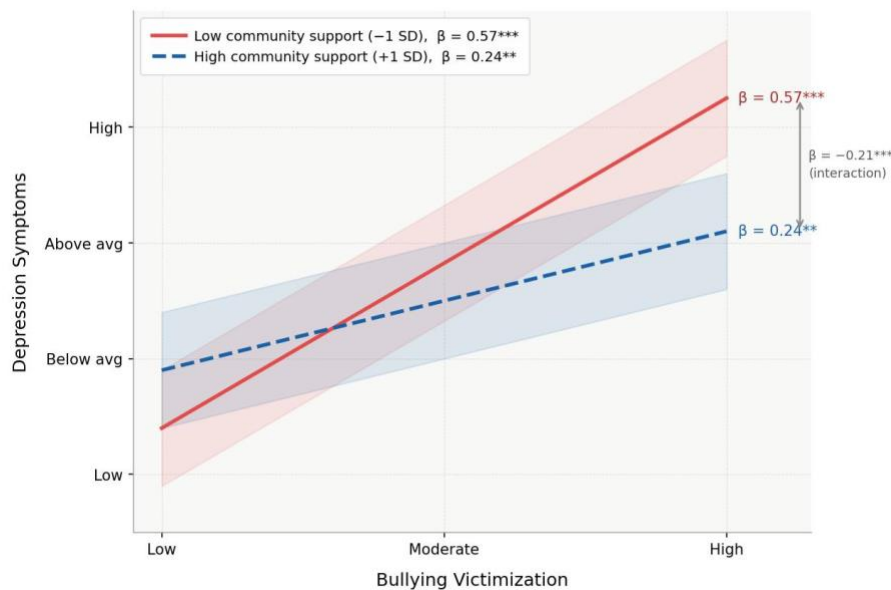


Figure 3. Moderating Effect of Community Support on the Bullying Depression Relationship

Three-Way Interaction (Bullying × Religious Coping × Community Support)

The fourth hypothesis proposed that religious coping and community support would interact to moderate the bullying-depression relationship. The three-way interaction effect was significant ($\beta = -0.09$, $SE = 0.03$, 95% CI $[-0.15; -0.03]$, $p < 0.05$).

Table 4. Three-Way Interaction Effects (Moderator Combinations)

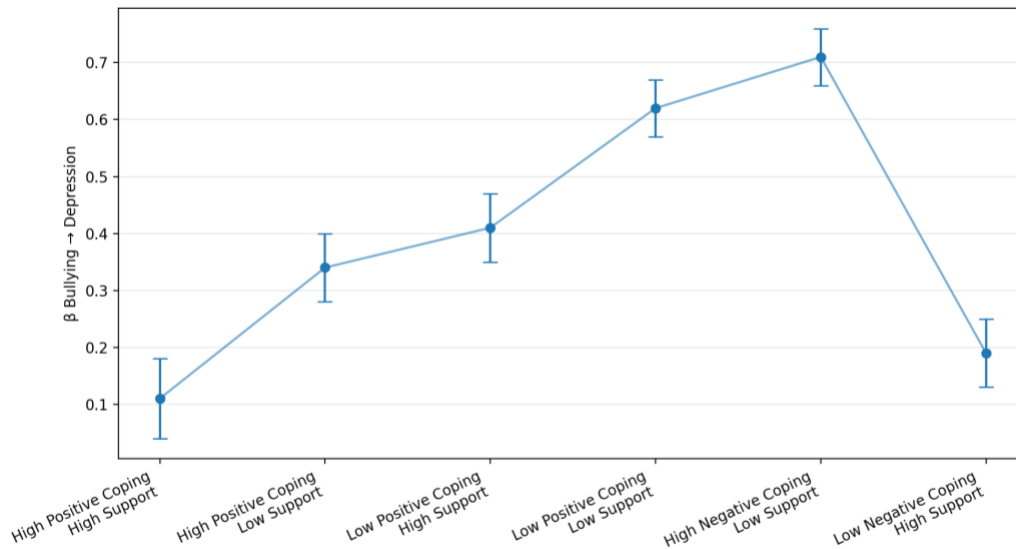
Moderator Combination	β Bullying-Depression	SE	p	95% CI
High Positive Coping + High Support	0.11	0.07	0.12	$[-0.03; 0.25]$
High Positive Coping + Low Support	0.34	0.06	<0.001	$[0.22; 0.46]$
Low Positive Coping + High Support	0.41	0.06	<0.001	$[0.29; 0.53]$
Low Positive Coping + Low Support	0.62	0.05	<0.001	$[0.52; 0.72]$
High Negative Coping + Low Support	0.71	0.05	<0.001	$[0.61; 0.81]$
Low Negative Coping + High Support	0.19	0.06	<0.01	$[0.07; 0.31]$

The combination of high positive religious coping and high community support was associated with a non-statistically significant bullying-depression association ($\beta = 0.11$, 95% CI $[-0.03; 0.25]$, $p = 0.12$). This suggests that these two factors together were associated with a weaker relationship between bullying and depression. In contrast, the combination of low positive religious coping and low community support was associated with a stronger association ($\beta = 0.62$, $p < 0.001$). The strongest positive association was observed among students with high levels of negative religious coping and low levels of community support ($\beta = 0.71$, $p < 0.001$).

Summary of Structural Models and Model Fit

A complete structural model that integrates the direct and moderation paths showed a good model fit. The value of $CMIN/df = 2.28$ (< 3.0) indicates a parsimonious model. The Comparative Fit Index (CFI) = 0.96 and the Tucker-Lewis Index (TLI) = 0.95 exceeded the recommended limit of > 0.90 . The Root Mean Square Error of Approximation (RMSEA) = 0.04 (90% CI $[0.03; 0.05]$) is below the 0.08 limit, and the Standardized Root Mean Square Residual (SRMR) = 0.04 also meets the < 0.05 criterion. The final model explained 42.3% of the variance in depressive symptoms ($R^2 = 0.423$), compared with 18.5% ($R^2 = 0.185$) for the direct-effect-only model containing bullying as the sole predictor ($\Delta R^2 = 0.238$). Because this comparison combines the main effects of religious coping and community support with the two-way and

three-way interaction terms, it should not be interpreted as reflecting the contribution of the interaction (moderation) effects alone; the interaction terms themselves accounted for a smaller, statistically significant increment in R^2 beyond the main-effects model, as reported above for each moderation model. This indicates that religious coping and community support, both as main effects and through their moderating interactions, substantially improve the model's ability to predict depression in pesantren students.



Note: ns = non-significant ($p > 0.05$)
Figure 4. Three-Way Interaction Diagram

Table 5. Structural Model Fit Indices

Index	Value	Cut-off Criteria	Conclusion
CMIN/df	2.28	< 3.00	Good Fit
CFI	0.96	> 0.90	Good Fit
TLI	0.95	> 0.90	Good Fit
RMSEA	0.04	< 0.08	Good Fit
SRMR	0.04	< 0.05	Good Fit
R^2 (Depression)	0.423	-	-

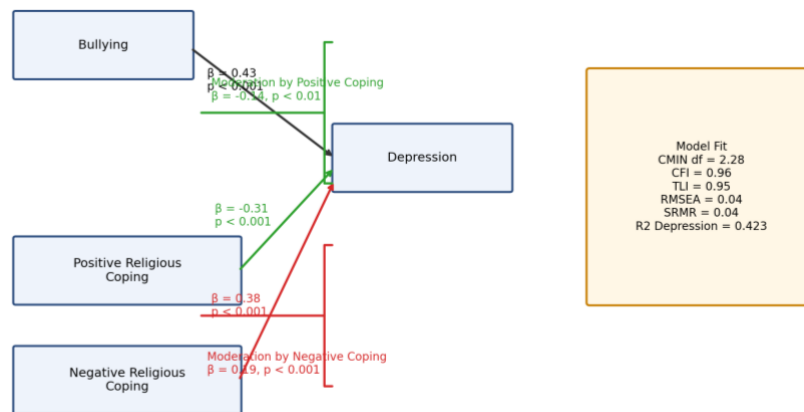
DISCUSSION

This study examined whether religious coping and pesantren community support moderate the association between bullying victimization and depressive symptoms among Indonesian pesantren students. The findings offer three main insights: first, bullying was associated with depression in this population, particularly verbal and social forms; second, positive and negative religious coping showed opposing moderation patterns; and third, community support was associated with a weaker bullying-depression association, and appeared to interact with religious coping in ways that may weaken or strengthen this association.

Consistent with studies in non-pesantren settings, students who reported more frequent bullying also reported higher levels of depressive symptoms (Thomas et al., 2016; J. Yang et al., 2026). Longitudinal evidence has suggested that persistent peer victimization leads to internalized disorders such as depression, with effects that are cumulative (Giuliani et al., 2025; Rossi et al., 2009). In the pesantren environment, where social hierarchy and peer conformity may be emphasized, victims of ridicule, gossip, or social exclusion may experience heightened shame and helplessness.

Notably, in the present study, verbal and social forms of bullying showed stronger associations with depression than physical bullying. This pattern may reflect the unique social ecology of *pesantren*, where students live in close quarters, social hierarchy is emphasized, and peer acceptance is central to daily life. For students in communal dormitories, ridicule, gossip, or social exclusion may threaten their sense of belonging more directly than physical aggression. Previous research in Indonesia has focused primarily on prevalence rates and associative factors such as gender and friendship quality (Alap et al., 2025; Afriani & Denisa, 2021), without examining psychological mechanisms that may buffer or exacerbate the bullying-depression link. The present study extends this literature by identifying factors that may modify this relationship.

Bullying in *pesantren* itself has been identified as a concern that interferes with a safe and supportive learning environment (Muñoz et al., 2026). These adverse effects may be exacerbated by factors such as low self-esteem and self-mastery (Balluerka et al., 2023; Girón & Doty, 2023). Therefore, these findings suggest the need for targeted mental health efforts in the *pesantren* environment, including bullying prevention programs and strengthening social support systems, to mitigate potential long-term psychological consequences on students (Jantzer et al., 2022; Muñoz et al., 2026).



Note: $p < 0.001$; $p < 0.01$; $p < 0.05$. The number in parentheses is the loading factor.

Figure 5. Complete Structural Model with Moderation Effect

This study found that religious coping was not uniformly associated with protective or risk patterns. Positive religious coping, seeking spiritual support through prayer, *tawakkul* (surrender to God), and *sabr* (patience), was associated with a weaker bullying-depression association. Conversely, negative religious coping, perceiving bullying as divine punishment or doubting God's compassion, was associated with a stronger association. These findings align with previous research showing that higher levels of religiosity and spirituality are correlated with lower rates of depression and anxiety among Indonesian students, suggesting that proximity to religious values may serve as a resource (Febrinasari et al., 2023). Positive religious coping, such as seeking spiritual support through prayer or *tawakkal* to God, consistently predicts better mental health outcomes (Caporossi et al., 2018).

For students who frame adversity as a test from God or an opportunity for spiritual growth, religious coping may help reframe bullying as meaningful rather than solely threatening. This buffering effect has been observed in caregivers of schizophrenic patients in Indonesia, where religious coping was associated with mitigation of the impact of relational deprivation and identity loss that triggers depression (Triana & Sudjatmiko, 2021). If a similar effect occurs in *pesantren* students, then routine religious practices such as congregational

prayers, dhikr, and reciting may not only become routines but also adaptive coping strategies that actively build mental resilience.

However, for students who interpret bullying as divine punishment, religious coping may exacerbate feelings of shame, helplessness, and self-blame. experts have noted that there may be a less adaptive side to religious coping (Triana & Sudjarmiko, 2021). Negative religious coping, such as perceiving stress as God's punishment or doubting His compassion, has been associated with worse students' mental health when they are under high stress (Kadiyono et al., 2025). This dual pattern has been observed in other contexts (Warren et al., 2015; Sanjana et al., 2025) but this study extends it to the *pesantren* setting.

The mechanism of Islamic religious coping includes a series of faith-based practices such as *tawakkul* (surrender to God), *sabr* (patience), *salat* (ritual prayer), *du'a'* (supplication), *dhikr* (remembering God), *raja'* (hope), and *'afw* (forgiveness) (Shaik, 2026). Islamic religious coping may operate on two levels at once: the affective level, by stabilizing emotional fluctuations, and the cognitive level, by reconstructing the meaning of traumatic or stressful events. In practice, this implies that strengthening students' religious coping should involve not only teaching rituals but also guiding students' interpretations of suffering in relation to their faith.

An experimental study in Malaysia proved that Islamic-based interventions significantly lowered anxiety levels in female participants and depression in male participants compared to the control group, providing strong causality evidence about the effectiveness of this approach (Saged et al., 2022). In the context of the COVID-19 pandemic in the United Arab Emirates, positive religious coping was inversely related to depressive symptoms, even after controlling for a history of previous psychological disorders (J. Thomas & Barbato, 2020). In Pakistan, Islamic religious coping and Islamic identity were negatively correlated with perceived stress and positively correlated with mental well-being (Haneef Khan et al., 2012). In the context of parenting in Indonesia, religious coping was able to reduce the effects of relational deprivation on depression in caregivers of schizophrenic patients (Triana & Sudjarmiko, 2021).

Religious coping helps individuals reframe stress as an opportunity for self-development, a process that is foundational for long-term resilience (Sanjana et al., 2025). In a mixed-method study of Syrian and Palestinian refugees in Jordan, religious coping was the main source of strength that allowed refugees to survive and even grow in the midst of being forced to leave their homeland (Skalisky et al., 2022). The ability to interpret suffering as part of a divine plan or test of faith provides a cognitive framework that facilitates acceptance and reduces despair.

Not all forms of religious coping are beneficial; negative religious coping such as perceiving suffering as God's punishment or doubting His compassion is actually associated with higher levels of stress and lower well-being (Warren et al., 2015). Negative religious coping can increase the risk of mental disorders, including depression and anxiety (Sanjana et al., 2025). Furthermore, the concept of spiritual bypass in the context of American Muslims, i.e., the tendency to use spiritual practices to avoid solving fundamental psychological problems, has been documented.

Thus, understanding this dualism is crucial for designing targeted mental health strategies that not only promote adaptive coping but also actively address maladaptive beliefs to mitigate the negative impact of bullying on students (Merrill et al., 2009; Pham-Ngoc et al., 2026).

Perceived support from the *pesantren* community emerged as the strongest moderator among the variables examined in this study. Students who felt supported by peers, *ustadz*, or *kyai* showed a weaker association between bullying and depression. Among the three support sources, support from *pesantren* authority figures (*ustadz/kyai*) showed the strongest moderation effect. This may reflect the hierarchical structure of *pesantren*, where authority figures carry moral and spiritual weight. When students perceive that these figures care about

their well-being, it may counter feelings of isolation and helplessness that often accompany bullying victimization.

The physiological effects of rituals on in-group cohesion highlight the emotional and behavioral synchrony that can emerge during communal practices. This synchrony may foster feelings of mutual similarity, trust, and overlap between self and others, which are vital to creating a supportive community. For instance, rituals can reinforce social norms and cultural knowledge, enhancing group behaviors and cohesion (Bahna, 2022). Similarly, rituals may enact a collective consciousness, reinforcing moral norms and establishing social cohesion (Eksioglu, 2024).

Rituals are integral to shaping and reinforcing cultural identity. They serve as a language through which cultural values, traditions, and social norms are communicated, solidifying the intergenerational transmission of cultural identity. Participation in religious rituals may nurture a sense of belonging, thereby strengthening cultural values (Juan, 2023). Additionally, the role of Maitreya Buddhism in multicultural settings exemplifies how religious practices can extend beyond personal spirituality to address broader societal needs (Fauzi, 2024).

Rituals also play a role in community resilience, particularly in the wake of crises. Rituals may help communities adapt and respond to disasters by reinforcing social bonds and fostering mutual support networks (Jackline, 2025). This assertion is supported by Rasool, who found significant correlations between religious norms and social cohesion, suggesting that shared ritual practices may stabilize communities during challenging times (Rasool & Taqaddausi, 2024).

The blending of cultural practices within religious traditions often enhances inclusivity, facilitating social bonds among diverse groups. The Perang Topat tradition symbolizes religious inclusivity and mutual respect and promotes social bonds in a multicultural context (Saharuddin, 2024). Moreover, rituals associated with mourning have been shown to help process communal grief and foster solidarity among group members (Asatsa et al., 2025).

Durkheim's insights into the sociology of emotions underscore the vital role of rituals in reinforcing societal cohesion. Durkheim believed that emotions are crucial for celebrating societal cohesion and producing collective sentiments that engender solidarity and integration (Benvenga, 2024). This idea is supported by research illustrating how rituals serve as conduits for reinforcing community identity and social cohesion (Atasoge, 2025).

Studies on congregational mental health found that support from fellow congregation members was significantly associated with fewer symptoms of psychological distress, anxiety, and anger, as well as higher life satisfaction and optimism (Acevedo et al., 2022). Involvement in shared religious practices and rituals can improve mental well-being by fostering a sense of belonging and collective identity, which directly reduces feelings of isolation and hopelessness (Elzamzamy, 2025).

Group activities that focus on religious spirituality such as collective prayer and communal reflection help individuals view their spirituality as a tangible resource for mental health protection (Gorbai, 2024). Positive religious coping mechanisms, such as entrusting suffering to God and receiving emotional support from religious communities, play a significant role in addressing mental health issues (Stege & Godinez, 2022). In the post-disaster context of a study on wildfires in Alberta, Canada, community members identified spiritual resources such as faith, hope, and a strong sense of belonging as key factors in the community recovery process (Lalani et al., 2021). Integrating spiritual and religious aspects into mental health care can improve therapeutic outcomes for religious patients by utilizing the protective factors inherent in religious beliefs and community support (Hefti, 2009).

These findings are consistent with research showing that Islamic boarding schools have mechanisms that buffer against external negative influences through their focus on religious moderation, community resilience, social capital, and comprehensive support services

(Athoillah et al., 2024; Asrohah, 2011). Furthermore, Islamic boarding schools provide essential educational and social services, including moral and ethical development, that help build strong community bonds and promote positive social behavior (Sauri et al., 2018; A. Yusuf et al., 2022; Prasojo et al., 2025). Thus, strengthening the support of the pesantren community, especially from pesantren leaders and peers, may be a key strategy in moderating the negative impact of bullying on student depression.

The most notable finding is the three-way interaction between bullying, positive religious coping, and community support. Students who reported both high positive religious coping and high community support showed a non-significant association between bullying and depression. In contrast, students with low positive religious coping and low community support showed a strong positive association. An even stronger association was observed among students with high negative religious coping and low community support.

These patterns suggest that positive religious coping and community support may operate synergistically. A student who uses positive religious coping may be more likely to seek and benefit from community support, and vice versa. Conversely, negative religious coping may be especially harmful when community support is absent, as spiritual struggles go unaddressed. These findings align with research showing that both positive religious coping and individual community support contribute to better mental health outcomes (Athoillah et al., 2024; Yin et al., 2017), and their interactions may synergistically moderate the adverse effects of bullying (Y. Wu et al., 2020; Wu et al., 2025).

Holloway-Friesen (2023) asserted that the interaction between positive religious coping and sense of belonging has predicted significant variants in anxiety and depression, while Yin et al (2017) found that peer support has a direct negative effect on depression in adolescents. Further, research shows that a combination of positive coping strategies and social support effectively mitigates the adverse effects of bullying (Worsley et al., 2019). Thus, these results underscore the importance of a holistic approach that simultaneously strengthens adaptive religious coping and community support networks to potentially reduce the risk of depression in students who experience bullying.

Implications

The practical implications of this study provide a clear direction for the development of pesantren-based mental health interventions. First, bullying prevention programs need to be designed with sensitivity to non-physical forms of bullying that have been neglected in conventional anti-bullying policies. Second, students' mental formation cannot stop at the teaching of religious rituals; it must extend to the development of positive religious coping through guidance in meaning interpretation that helps students understand the test of life as part of a meaningful divine plan. Third, strengthening community ties, especially by optimizing the role of pesantren leaders as sources of psychological and spiritual support, must be a priority in pesantren management. Fourth, the most effective interventions are those that simultaneously strengthen positive religious coping and community cohesion, given the synergistic effects of both in neutralizing the impact of bullying. Programs such as religious resilience training that integrate group discussions on the meaning of life tests, individual mentoring by ustadz, and strengthening peer support networks can be contextual and sustainable intervention models.

Limitations and Future Directions

This study has several limitations. First, the cross-sectional design captures relationships at a single time point, precluding causal inferences about the direction or evolution of the observed moderation effects. Longitudinal studies are needed to examine how the protective roles of religious coping and community support change over time. Second, the use of self-report questionnaires may introduce response bias, particularly for sensitive topics such

as bullying victimization and depressive symptoms, where social desirability may influence answers. Third, the sample was drawn exclusively from pesantren in Yogyakarta and Central Java. Although this provided adequate statistical power, the findings may not fully generalize to pesantren in other Indonesian regions with different religious traditions and social dynamics. Fourth, this study did not adjust standard errors for the nested/clustered sampling design, in which students were sampled within pesantren. Because observations within the same pesantren may be more similar to one another than to observations from other pesantren, ignoring this clustering can lead to underestimated standard errors and overly optimistic significance levels. Future studies should address this using multilevel (hierarchical) SEM or cluster-robust standard errors with pesantren as the clustering unit. Future research could employ longitudinal designs to establish temporal precedence and replicate these findings across diverse pesantren contexts. Multi-informant approaches (e.g., combining student reports with teacher or peer reports) could also reduce potential response bias.

CONCLUSION

This study provides empirical evidence that experiences of bullying, especially in verbal and social forms, are significantly associated with increased depressive symptoms in Islamic boarding school students, but the relationship is complexly moderated by religious coping and community support. Positive religious coping was shown to weaken the impact of bullying on depression while negative religious coping reinforced it, indicating that students' subjective interpretations of religious experiences determine whether religious practices are a source of resilience or vulnerability. The support of the pesantren community, especially from authoritative figures such as ustadz and kyai, emerged as the most powerful moderator, significantly reducing the strength of the bullying-depression relationship. The most significant theoretical contribution is the discovery of a three-way interaction effect in which the combination of high positive religious coping and high community support is able to completely neutralize the impact of bullying on depression, while the combination of negative religious coping and low community support results in extreme vulnerability. These findings demonstrate that pesantren represent a socio-spiritual environment in which communal religious practices and integrated social support networks form a collective shield, so mental health interventions in pesantren settings need to simultaneously strengthen positive religious coping and community cohesion to optimize the protective effect against the psychological impact of bullying.

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