



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

International Journal of Recent Scientific Research
Vol. 13, Issue, 12 (A), pp. 2770-2774, December, 2022

**International Journal of
Recent Scientific
Research**

DOI: 10.24327/IJRSR

Research Article

IMPACT OF BULLYING ON ADOLESCENTS' MENTAL HEALTH: A REVIEW OF LITERATURE

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DOI: <http://dx.doi.org/10.24327/ijrsr.2022.1312.0568>

ARTICLE INFO

Article History:

Received 28th October, 2022

Received in revised form 25th November, 2022

Accepted 14th December, 2022

Published online 28th December, 2022

Keywords:

Mental Health, Bullying, Adolescent, Depression, Anxiety, Suicidal ideation.

ABSTRACT

As per WHO "Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community". There has been considerable discussion about the connection between bullying and mental health problems. Bullying is an activity of repeated aggressive behavior with the main intention to hurt the opponent, physically, emotionally, or mentally. It can cause trauma in children and young adults and follow them throughout their entire lives, frequently resulting in mental discomfort and sadness and, in the worst cases, even suicide. Researchers found that being a bully victim has detrimental effects on one's mental and physical health. This paper's objective was to review the research to determine how bullying affects adolescents' mental health. The researcher used the technique of content analysis, and a detailed review of the literature of national and international studies was carried out for arriving at the findings. This review paper will help us to understand bullying and its impact on mental health and seek the attention of everyone towards eradication. Results showed that the impact of bullying on mental health i.e., it can lead to various mental health problems like social anxiety, depression, PTSD, and suicidal ideation. We can prevent bullying through anti-bullying interventions.

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INTRODUCTION

It has been widely noted that an overwhelming number of adolescents suffer emotional and mental health problems. In recent decades, there has been a rise in the rate of clinical identification and treatment of psychiatric disorders as well as the quantity of self-reported symptoms of mental health issues in adolescents (Bor *et al.*, 2014; Collishaw, 2015). Around 10-20 percent of young individuals experience mental health issues globally (WHO, 2018). Mental health issues early in life are a serious concern that could have negative effects on adolescents' well-being. Additionally, there are shreds of evidence linking adolescent mental health issues to subpar academic performance and unfavorable labor market outcomes (Esch *et al.*, 2014; Veldman *et al.*, 2015). The mental health of adolescents can be affected by various psychosocial issues that can lead to deteriorating mental health among adolescents. One among them is violence in school. Violence among students at school is an ever-growing problem. It is a known fact that bullying, which some authors refer to as peer victimization, is pervasive in educational settings (Boulton & Underwood, 1992; Olweus, 1996; Whitney & Smith, 1993). School bullying among adolescents is problematic behavior, it does not only affect the psychological well-being of both the

victims and perpetrators but also the school achievement and prosocial skills of adolescents. (Wang, *et al* 2009). One of the ancient and widely used definitions of bullying is when "a student is exposed, repeatedly and over time, to negative actions on the part of one or more other students" (Olweus, 1996, p. 265). Bullying conduct can be identified by a power differential, repetition, and the bully's desire to do harm to the victim. Bullying has 4 major elements like (i) power imbalance i.e., physical, social, emotional, intellectual, or economic. (ii) repeated action (iii) actions are deliberate i.e., to hurt or threaten the targeted victim (iv) unpleasant demonstration of emotions (Olweus, 1993). Bullying is intentional and deliberate behavior that occurs repeatedly and causes harm to someone else. Bullying can be verbal, physical, psychological, social, or cyberbullying (APA, 2004). Bullying can happen face-to-face, or online. It can be an individual activity, or it involves a group of people, who have greater power over victims. The mental health of young people is a subject of growing concern. Being labeled as a bully is substantially correlated with having a mental health issue. (Benedict, *et al* 2014).

Recent studies have begun looking at how bullying affects children's life and whether it might be detrimental to their mental health. Children who have been bullied display symptoms of psychological discomfort, such as anxiety, worry,

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or nightmares. Bullied children display distressing symptoms including despair and anxiety. (Hawker & Boulton, 2000). Bullied children and adolescents exhibit indicators of distress and adjustment issues. (Arseneault, *et al* 2009). The stage at the time of bullying may be significant in regard to concurrent and later psychiatric symptoms, as children who are bullied in their early adolescents appear to be especially at risk of developing psychiatric symptoms in later years (Kumpulainen & Räsänen, 2000). The frequency and intensity of aggressive confrontations may increase during adolescence. Early adolescence has been described as a time when adolescents are particularly susceptible to bullying, and that bullying at that age is severe and frequent (Rigby, 1999). Bullying has not been the subject of many studies, and little is known about its connection to mental health issues. Research has tried to highlight the impact of bullying on only one or two psychological aspects of the mental health of adolescents. In this review paper, the researcher is trying to understand the various psychological aspects of bullying on the mental health of adolescents. Trying to fill this gap, this study looks.

MATERIALS AND METHODS

This study was descriptive in nature. The existing literature was specifically reviewed to address the question, “What has been the Impact of Bullying on Adolescents’ Mental Health?”. This study utilizes the inclusion and exclusion criteria for the literature search. The search terms include Mental health, stress, anxiety, depression, post-traumatic stress disorder (PTSD), and suicidal ideation. A total of 27 articles were retrieved. 18 research articles were excluded as they did not match the study purpose. A careful review of these 18 studies depicted no relevant material on mental health. Therefore only 11 remaining articles were included in this literature study. The studies included in this study were included from the time period of 1998 to 2021.

LITERATURE REVIEW

Summary of Studies on Bullying and its Impact on Mental Health

Studies on bullying have shown that it has a negative impact on the mental health of children. A study was conducted by (Kumpulainen *et al*, 1998) on the children of Finland who were in the first grade. The objective of this study was to assess how bullying can have a psychological impact on children. Tools used for the measurement were Rutter A2 Scale, Rutter B2 Scale, and Children’s Depression Inventory. Bullying was found to affect more boys than girls. Bully victims had higher scores for externalizing behavior and hyperactivity, and they also admitted to having interpersonal issues and feelings of inefficiency. Victims expressed anhedonia and had the highest scores for internalizing behavior and psychosomatic symptoms. (Siegel *et al*, 2009) investigated how peer victimization and social anxiety in adolescents interact in both directions. Participants of the study were 228 adolescents (58% girls) from a sizable suburban public high school in Southern Florida. The Social Anxiety Scale for Adolescents was used to gauge adolescents’ social anxiety levels SAS-A; La Greca and Lopez 1998. The Revised Peer Experiences Questionnaire was used to evaluate adolescents’ experiences of overt, relational, and reputational peer victimization. (Reyes and Prinstein 2004; Prinstein *et al*. 2001) were used for the measurement of variables. The findings of the study showed Adolescents’ social anxiety was significantly correlated with peer victimization,

and relationship victimization contributed to extra specific variation. Additionally, peer victimization was a factor in predicting and contributing to social anxiety the most significant findings were reported for relational victimization in terms of anxiety over time. One more study was conducted by (Storch *et al*, 2005) with the objective of a prospective study to understand peer victimization and social anxiety in adolescents. An urban parochial high school’s ninth-grade students (n = 213) were invited to take part in the study. Tools used for the measurement were the Social Experience Questionnaire—Self Report Form to gauge adolescents’ experiences of peer victimization (SEQ-S [Crick and Grotpeter, 1996]). According to the findings, relational victimization predicted social phobia symptoms but not general social anxiety or avoidance one year later. (Heino *et al*, 2010) conducted a study “to determine whether being bullied at school predicts depression and whether being depressed predicts bullying during middle adolescence”. The sample comprises two Finnish cities, a total of 2,070 (15-year-old girls and boys) were surveyed in their ninth grade and then followed up for two years. Scales used for the measurement were a 13-item brief Beck Depression Inventory. The findings showed that both being a bullied person and a victim of a bullied person predicted eventual depression. (Khamis *et al*, 2015) investigated the prevalence of bullying at schools in the Greater Beirut Area and the extent to which differences in children’s sociodemographic, family, and school environment, and coping strategies could account for variation in academic achievement, PTSD, and emotional and behavioral disorders. Overall sample Participants were n= 665(boys and girls) with a mean age of (13.8). Students were divided into categories according to their involvement in bullying using the Revised Olweus Bully/Victim Questionnaire (OBVQ) (Olweus, 1996). According to the study, both bullies and victims are susceptible to adjustment problems, such as hyperactivity, emotional symptoms, conduct issues, and peer issues. Bullied adolescents are more likely to experience depression and suicidal thoughts. (Pranjic and Bajraktarevic 2010) studied to investigate the effects of vulnerability factors on depression and suicide ideation among subjects aged seventeen who were involved in school bullying. To examine the relationship between involvement in school bullying and depressive symptoms and suicide ideation among victims, bully victims, and those who were not involved. There were 290 third-grade secondary school pupils in Tuzla, Bosnia, who were 17 years old and represented 15 different secondary school classes. For the measurement tools used were Self-report bullying questionnaires, the Beck depression, and suicide ideation scale, and state-trait anxiety scales were used to collect data on the participants’ anxiety states and traits. Results of the study showed that bullied adolescents are more likely to experience depression and suicidal thoughts. A recently conducted study by (Eyuboglu *et al*, 2021) to estimate the prevalence of traditional school bullying and cyberbullying and reciprocal associations between bullying involvement and mental health problems. 6202 middle and high school students (aged 11 to 18, M= 14.4 1.9 years, and 54% boys) made up the study’s sample. A self-report questionnaire was used to measure bullying involvement, self-harm behavior, anxiety, depression, and psychosocial challenges. Results of the study showed Participation in bullying—whether as a perpetrator, victim, or both—was linked to self-harming behavior, sadness, anxiety, and psychosocial challenges.

Impact of bullying on Mental Health

The present study contributes crucial knowledge to our comprehension of the potential mechanisms through which bullying may affect adolescents' mental health. The results of different papers showed that bullying has a negative impact on mental health. Victim students often face more problems than bully students. Results show that victims exhibit internalizing symptoms such as low self-esteem, immaturity, and loneliness, as well as poor communication and problem-solving abilities. Victims also had psychosomatic symptoms (KUMPULAINEN, *et al* 1998). The concurrent association between social anxiety and peer victimization was validated in a 2009 study by Siegel *et al*. Additionally, the study found that social anxiety both predicts and is predicted by peer discrimination across time. Depression was predicted by both being a bully and being bullied. Adolescents who suffer from depression may lose their confidence and social abilities, making them targets of bullying from their peers (Heino *et al*, 2010). Suicide is the third leading cause of mortality in children and adolescents around the world (WHO, 2021).

Any form of bullying is linked to suicidal thoughts and actions (Holt, *et al* 2014, Kim and Leventhal, 2008). The drastic effect of repeated bullying is committing suicide (Hinduja and Patchin, 2010). According to a Yale University study ("Bullying and Suicide," n.d.), bully victims had a 2-9 times greater propensity to attempt suicide than non-victims. Bullying also affects the bystanders who witness bullying or observe bullying may feel anxious about being the next target or guilty for not intervening in stop-bullying. When bystanders are habitual to observe frequent bullying, they have less empathy for the victim students (Singh and Singh, 2021). As we can see, bullying has now become a very big problem all over the world. Bullying should not be underestimated because it may harm adolescents in different ways, everyone should be aware of this, take it seriously and try to sensitize children towards bullying and its drastic impact on him/her or others.

Suggestions for eradication, prevention, and intervention

In the above-cited literature there is enough concrete evidence that bullying has a serious impact on the mental health of adolescents. To minimize the impact of bullying there are some preventive measures through which we can avoid adolescents' mental health from deteriorating. Those adolescents who are bully and bullying victims should be identified and have a psychiatrist's consultation (Kumpulainen *et al*, 1998.). Adolescents with social anxiety may benefit from regular assessments of their peer victimization experiences and instruction on how to effectively deal with bad peer experiences and channel them in a positive direction, such as through sport, yoga, and exercise (Siegel *et al*, 2009). One strategy for combating school-wide bullying should be to consider aggression prevention programs at the schools (Storch *et al*, 2005).

CONCLUSION

Most bullying takes place in schools and during adolescent age. Bullying may be attributed to different racial, ethnic, and familial backgrounds in schools. Although bullying is a difficult task to be stopped. It's a never-ending process. The impact can be reduced to a greater extent. To successfully avoid the emergence of psychological issues including depression, social anxiety, and suicide ideation, antibullying programs in primary schools must be taken into account. To

reduce the likelihood that a child may involve in bullying in the future, many policies or therapies may be taken into consideration. These include working with bullied children therapeutically to increase their awareness of the negative effects of their antisocial behavior and helping victimized children build self-protective assertiveness skills. It may be necessary to grasp social norms and raise collective accountability by working directly with the youths. This research revealed numerous impacts of bullying on the mental health of adolescents and also suggested some preventive measures. By knowing the root cause of the problem, we can minimize the impact of the above-mentioned mental health problems caused by bullying and can prevent the occurrence of bullying problems eventually which will lead to good mental health for adolescents.

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