



ORIGINAL ARTICLE

## Effects of bullying on the mental health of adolescents.

Uswah Bokhari<sup>1</sup>, Uswah Shoaib<sup>2</sup>, Farhat Ijaz<sup>3</sup>, Rana Khurram Aftab<sup>4</sup>, Musarrat Ijaz<sup>5</sup>

**Article Citation:** Bokhari U, Shoaib U, Ijaz F, Aftab RK, Ijaz M. Effects of bullying on the mental health of adolescents. Professional Med J 2022; 29(7):1073-1077. <https://doi.org/10.29309/TPMJ/2022.29.07.5792>

**ABSTRACT... Objective:** To evaluate the effects of bullying on the mental effect of adolescents. **Study Design:** Cross Sectional study. **Setting:** Sacred Heart Convent School and Ibn e Sina School in Lahore. The data was compiled and analyzed at CMH Lahore Medical College. **Period:** November 2019-January 2020. **Material & Methods:** Three hundred and eighty one participants were selected from both schools and the severity of bullying was analyzed by using a Performa. The scores were calculated and compared with Victimization scale and WHO wellbeing index respectively. **Results:** The Victimization scale had a score range from 54 to 0. The mean was 8.04 with a Std. Deviation of 9.12. For the WHO well Being Index, 42.8% of total students scored less than 13, indicating negative impacts on mental health. 57.2% of students scored 13 or more. The correlation between Victimization Scale and WHO positive Wellbeing Index had a p-value of 0.844 which is insignificant, showing no correlation between the two variables. **Conclusion:** In Pakistan, traditional bullying is common and is clearly related with lower general happiness and higher depression. There is a need to incorporate the promotion of anti-bullying programs and promote positive health as an integral part of the curriculums of Pakistani Schools.

**Key words:** Adolescents, Bullying, Mental Health, Victimization.

### INTRODUCTION

Bullying has been defined as a desire to hurt or harm another person, a power imbalance, an unjust use of power, evident enjoyment by the aggressor and generally a sense of being oppressed on the part of the victim.<sup>1</sup> Bullying not only has severe negative effects on the victims involved, but also has serious implications on much broader levels, including family life, education and health.<sup>2</sup>

There has been a lot of research on bullying but not as much in Pakistan. It is only during the past few years that bullying was identified as a real problem effecting the mental health of students. Unfortunately, it still is not being taken seriously and anti-bullying programs need to be promoted to counter this problem as soon as possible otherwise aggressive behavior in bullies and low self-esteem in victims would become a permeant part of their personalities.<sup>3</sup>

Literature present on the relationship between bullying victimization and positive psychological conditions is sparse. A few studies have been conducted to examine the impacts of bullying on life satisfaction, with results indicating negative correlation between Levels of satisfaction with life and bullying.<sup>4,5</sup> A qualitative study was also done to examine how bullying impacts quality of life of children and how these victims would envision a day in which their quality of life would be better. The results of this qualitative study stated that the bullied felt helpless, lonely and excluded. These children expressed a need for bullying to be recognized while demanding assistance from the school staff to stop the bullying, and to be included by their peers.<sup>6</sup> There are a few studies that focus on psychosocial strengths of victims of bullying. One article by Hilliard et al compared positive characters of bullies, victims, and a normative population. The results indicated that bully-victims showed deficits in positive constructs, and not the victim only.<sup>7</sup>

1. Final Year MBBS Students, CMH LMC & IOD (NUMS), Lahore, Pakistan.

2. Final Year MBBS Students, CMH LMC & IOD (NUMS), Lahore, Pakistan.

3. MBBS, M.Phil, Associate Professor Physiology, CMH LMC & IOD (NUMS), Lahore.

4. MBBS, M.Phil, Ph.D Scholar, Additional Medical Superintendent, Punjab Institute of Cardiology, Lahore.

5. Ph.D, Department of Pharmacy, The Islamia University of Bahawalpur, Pakistan.

**Correspondence Address:**

Dr. Uswah Bokhari  
CMH LMC & IOD (NUMS), Lahore, Pakistan.  
uswahbokhari@gmail.com

**Article received on:** 25/07/2020

**Accepted for publication:** 21/05/2022

Since most studies address the positive psychological constructs of a victim as a deficit model focusing on the extent to which the construct was lacking in victims, this study aims to find out the extent to which positive construct is present in victims.

The objective of this study was to find out the correlation between the extent of bullying and the strength of positive mental wellbeing of the victims and to increase awareness regarding consequences of bullying on positive mental well-being of adolescents.

## MATERIAL & METHODS

After approval from ethical committee (456/ERC/CMH LMC) of CMH Lahore medical college, participants selected were enrolled in grades 6 to 10 in academic year 2019-2020 from 2 schools of Lahore; Sacred Heart Convent School (SHCS) and Ibn e Sina. The sample size of 381 was calculated by using the Rao Software with a 95% confidence interval and 5% margin error.

The survey consisted of three parts. 1. Demographic profile. 2. Victimization Scale by CDC<sup>8</sup>; this scale was used to collect data for bullying. It measures frequency of self-reported victimization during the week prior to the survey in middle school children. The scores are additive, and the scale ranges from 0 to 60 points. High values indicate higher frequency of being the victim of aggressive acts. 3. WHO (Five) Well-Being Index (WHO-5).<sup>9</sup> This scale collected data for mental well-being. This scale is a self-reported measure of current mental well-being. It comprises of five items to which respondents rate how well the items apply to themselves on a five point Likert scale ranging from '0' to '5'. The

total ranged from 0 to 25, is multiplied by 4 to give the final score, with 0 representing the worst imaginable well-being and 100 representing the best imaginable well-being. A score below 13 indicates poor well-being.

All data was analyzed using SPSS software (version 26; IBM). Results are presented in frequency and percentages. Mean and standard deviation was obtained for quantitative variables: Victimization Scale, Well-Being Index and age. Chi-square test was used for comparison of categorical variables. P value < 0.05 was statistically significant.

## RESULTS

A sample size of 381 students, 40.2% male and 59.8% female, was selected from two schools in Lahore; The table I summarizes the statistics of demographic profile.

The Victimization scale had a score range from 54 to 0. The mean was 8.04 with a Std. Deviation of 9.12. Within the count of victimization scale the highest percentage (15.4%) of students reported zero cases of bullying (Table-II). The details of range of victimization score is shown by Figure-1.

For the WHO well Being Index, 42.8% of total students scored less than 13, indicating negative impacts on mental health. 57.2% of students scored 13 or more.

The correlation between Victimization Scale and WHO positive Wellbeing Index had a p-value of 0.844. It is noted that most of the students report a WHO Wellbeing Index less than 13 for cases with Victimization Score of 26 or more.

	Age			Gender		religion			School Grade					School	
	10-11	11-12	12-13	Male	Female	Islam	Chris-tianity	other	6	7	8	9	10	Ibne sina College	Sacred Heart Convent
Frequency	20	247	99	153	228	370	9	1	96	142	81	48	14	272	109
Percentage (%)	5.2	64.8	26.0	40.2	59.8	97.4	2.4	0.3	25.2	37.3	21.3	12.6	3.7	71.4	28.6

**Table-I. Demographic characteristics of participants**

On correlating individual questions in the Victimization scale to the overall WHO well-being index score, the p-value was significant (<0.05) for only one variable; a student pushed or shoved me. (Table-III) On further analysis it was derived that the more times a student went through this type of bullying, the higher was a chance of having a WHO wellbeing index below 13, indicating negative mental wellbeing. 53.8% of students pushed or shoved 6 times a week score less than 13 on the WHO well-being index, while 80% of those who experienced this 5 times scored less than 13 on the WHO wellbeing index.

Victimization Scale	Score	Percentage of Students
Lowest score	0	15.4 %
Highest score	54	0.3 %
Mean Score	8.04	-
Std. Deviation	9.12	-

Table-II. Victimization scale

		WHO Scale		P-Value
		13 or Less	Greater Than 13	
A student pushed or shoved me.	0 times	47.6%	52.4%	0.046
	1 time	33.3%	66.7%	
	2 times	26.7%	73.3%	
	3 times	42.9%	57.1%	
	4 times*	57.1%	42.9%	
	5 times*	80.0%	20.0%	
	6 times or more	53.8%	46.2%	

Table-III. Correlation of victimization scale to WHO Score

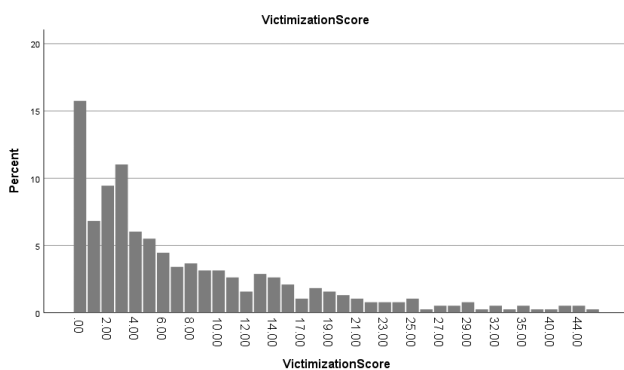


Figure-1. Victimization scores and their percentage among students.

**DISCUSSION**

This cross-sectional study examined the association between traditional bullying and its co-relation with the positive mental health of adolescents. The results showed that correlation between Victimization Scale and WHO positive Wellbeing Index had a p-value of 0.844 which is insignificant, showing no correlation between the two variables. However, most of the students with Victimization Score of 26 or more had a WHO Wellbeing Index less than 13, which requires further research to explore the relationship between different rates of victimization to mental well-being. There is possibility of lower rates of victimization having a greater impact on positive mental health as compared to higher victimization and vice versa. This is important as a huge database of existing literature highlight the adverse effects of bullying on mental well-being. Previous researches suggest that bullying is directly linked to negative self-image, an increased risk of depression, suicide ideation and below normative academic performance. Results of a longitudinal study exploring the effect of victimization on health of fifth, seventh and tenth grade with varying histories of victimization showed negative impacts on the psychobiological health of these students. The adverse impacts were highest on those bullied in the past and present i.e. high frequency of being bullied, followed by children with present-only experiences, children with past-only experiences, and children with no experiences respectively.<sup>3</sup> Higher rates of bullying may lead to serious negative impacts on the mental health of these individuals. This was also explored in a previous research which stated that suicidal intention increased while belief-in-others decreased. However, a few constructs of mental wellbeing varied with varying frequencies of victimization. These constructs included belief-in-self, engaged living, and depression.<sup>10</sup> Therefore, further research is required to establish the relationship between different frequencies of victimization to mental well-being.

The research also identified that physical bullying i.e. pushing and shoving is a common form of bullying with the most impact in causing poor mental well-being. The reasons for this could be

many as pushing may lead to poor self-esteem, negative emotions, lowered self-confidence etc. Further research is needed to be explore the causes of this significant finding in future.

There are also a significant number of students who tended to be encouraged to fight. It needs to be further evaluated to see if these children are fighting as retaliation to bullies or being taken advantage of due to vulnerable nature and provoked by their bully friends. Existing literature suggest that victims of bullying display less self-control than normative youth and an impaired ability to correctly interpret others' perspectives and behaviors. This lack of empathetic traits may be important in determining their aggressive behavior.<sup>11,12,13</sup> Furthermore, our research only focused on the victims of bullying not the bully-victims (those who bully and are bullied) themselves which according to the previous researches show that bully-victims are the most vulnerable to psychobiological symptoms associated with bullying.<sup>14</sup> One research showed that compared with bullies and bully victims, victims did not show deficits in positive psychological constructs.<sup>7</sup> Such cases often go unnoticed and existing literature found shed little light on this matter. Therefore, more research should be done on this matter.

This study adds to previous researches in several ways. Existing literature on the topic of bullying and how it negatively affects the victims revealing that it leads to negative self-image, an increased risk of depression, suicide ideation and below normative academic performance.<sup>1</sup> According to a research by Tofi and Farrington (2012), anti-bullying programs led to an average decrease in bullying by 20 to 23 percent and in victimization by 17 to 20 percent.<sup>14</sup> A positive school environment is necessary not only for better academic achievement but also psychological health.<sup>15</sup> A study established the importance of physical education in preventing bullying behavior.<sup>16</sup> Another study examined quality-of-life impacts of bullying on children as well as how these children envision a day in which their quality of life was high. The results of this qualitative study stated that the bullied felt helpless, lonely and excluded.

These children expressed a need for bullying to be recognized while demanding assistance from the school staff to stop the bullying, and to be included by their peers.<sup>6</sup> Another study found that peer and teacher support system help in moderating the quality of life of victims.<sup>4</sup> Bullying not only has severe negative effects on the people involved, but also has serious implications on much broader levels, including family life, education and health. It is important for those bullied to share their experience and seek help, while those bullying should be discouraged and counseled.<sup>4</sup> According to study by Bradshaw et al, internalizing behaviors have a strong association with depression and suicidal ideation.<sup>17</sup> This can be prevented by introducing programs in schools that work on the development of mental health; improvement in interpersonal relationships, social skills, behavior issues, aggression control.

## CONCLUSION

In Pakistan, traditional bullying is common and is clearly related with lower general happiness and higher depression. Different forms of traditional bullying co-occur and are connected to a heightened risk of mental ill-being. Therefore, it is important to recognize the adverse effects of bullying. Unfortunately, administrative faculty in the educational institutions of Pakistan pay little attention to this serious problem, and there is a need to incorporate the promotion of anti-bullying programs and promote positive health as an integral part of the curriculums of Pakistani Schools. Anti-bullying programs not only help reduce bullying and victimization but also are a gateway to less crimes and more civilized individuals being raised.





**Copyright© 21 May, 2022.**

## REFERENCES

1. Rigby K. **A meta-evaluation of methods and approaches to reducing bullying in pre-schools and early primary school in Australia.** Canberra: Commonwealth Attorney Generals Department. 2005. DOI:10.1037/e669792010-001.
2. **Patricia McDougall & Tracy Vaillancourt. Long-term adult outcomes of peer victimization in childhood and adolescence: Pathways to adjustment and maladjustment.** Am Psychol. 2015; 70(4):300-310. doi: 10.1037/a0039174.

3. Bogart LM, Elliott MN, Klein DJ, Tortolero SR, Mrug S, Peskin MF, et al. **Peer victimization in fifth grade and health in tenth grade.** *Pediatrics* March 2014; 133(3):440-447. DOI: <https://doi.org/10.1542/peds.2013-3510>.
4. Flaspohler PD, Elfstrom JL, Vanderzee KL, Sink HE, & Birchmeier Z. **Stand by me: The effects of peer and teacher support in mitigating the impact of bullying on quality of life.** *Psychology in the Schools.* 2009; 46:636-649. doi:10.1002/pits.20404.
5. Moore PM, Huebner ES & Hills KJ. **Electronic bullying and victimization and life satisfaction in middle school students.** *Social Indicators Research.* 2012; 107:429-447. doi:10.1007/s11205-011-9856-z.
6. Kvarme LG, Helseth S, Sæteren B & Natvig GK. **School children's experience of being bullied—and how they envisage their dream day.** *Scandinavian Journal of Caring Sciences.* 2010; 24:791-798. doi:10.1111/j.1471-6712.2010.00777-x.
7. Hilliard LJ, Bowers EP, Greenman KN, Hershberg RM, Geldhof GJ, Glickman, et al. **Beyond the deficit model: Bullying and trajectories of character virtues in adolescence.** *Journal of Youth and Adolescence.* 2014; 43:991-1003. doi:10.1007/s10964-014-0094-y.
8. Orpinas, P. **Skills training and social influences for violence prevention in middle schools: A curriculum evaluation (Doctoral dissertation, University of Texas-Houston, School of Public Health).** *Dissertation Abstracts International* 1993; 94-01778.
9. Bech P, Olsen LR, Kjoller M, Rasmussen NK. **Measuring well-being rather than the absence of distress symptoms: A comparison of the SF-36 Mental Health subscale and the WHO-Five Well-Being Scale.** *Int J Methods Psychiatr Res.* 2003; 12(2):85-91. doi:10.1002/mpr.145.
10. Fullchange A, & Furlong MJ. **An exploration of effects of bullying victimization from a complete mental health perspective.** *SAGE Open* 2016 6:1. Doi: <https://doi.org/10.1177/2158244015623593>.
11. Garner PW, & Hinton TS. **Emotional display rules and emotion self-regulation: Associations with bullying and victimization in community-based after school programs.** *Journal of Community & Applied Social Psychology.* 2010; 20:480-496. doi:10.1002/casp.1057.
12. Haynie DL, Nansel T, Eitel P, Crump AD, Saylor K, Yu K et al. **Bullies, victims, and bully/victims: Distinct groups of at-risk youth.** *The Journal of Early Adolescence* 2001; 21(1): 29-49. doi:10.1177/0272431601021001002.
13. Kokkinos CM & Kipritsi E. **The relationship between bullying, victimization, trait emotional intelligence, self-efficacy and empathy among preadolescents.** *Social Psychology of Education.* 2015; 15:41-58. doi:10.1007/s11218-011-9168-9.
14. Christina Salmivalli & Elisa Poskiparta. **Making bullying prevention a priority in finnish schools: The KiVa Antibullying Program.** *New Dir Youth Dev, Spring* 2012. 2012; (133):41-53. doi:10.1002/yd.20006.
15. Zhang H & Zhou H & Cao R. **Bullying victimization among left-behind children in rural China: Prevalence and associated risk factors.** *Journal of Interpersonal Violence.* 2019. doi: <https://doi.org/10.1177/0886260519843287>.
16. Barbero JAJ, Loaisa AJ, Cutre DG, Carrillo VJB, Zaragoza LL & Hernández JAR. **Physical education and school bullying: A systematic review, Physical Education and Sport Pedagogy.** 2020; 25(1):79-100. DOI: 10.1080/17408989.2019.1688775.
17. Bradshaw, CP, Waasdorp TE, & Johnson SL. **Overlapping verbal, relational, physical, and electronic forms of bullying in adolescence: Influence of school context.** *Journal of Clinical Child & Adolescent Psychology.* 2005; 44:494-508. doi:10.1080/15374416.2014.893516.

### AUTHORSHIP AND CONTRIBUTION DECLARATION

No.	Author(s) Full Name	Contribution to the paper	Author(s) Signature
1	Uswah Bokhari	Literature search, study design and concept, questionnaire design, Data collection, drafting. (1+2)	
2	Uswah Shoaib		
3	Farhat Ijaz	Data analysis, data interpretation, drafting and critical revision. (3+4)	
4	Rana Khurram Aftab		
5	Musarrat Ijaz	Drafting, Revision and final approval.	