



The Psychological Effects of Bullying Behavior on Mental Health Status among Adolescents

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ABSTRACT

Background: bullying is associated with negative consequences such as depression, anxiety, self-harm behavior, and other psychosocial problems. While establishing the prevalence of traditional bullying and cyberbullying and the associated effects on mental health.

Objectives: the study aims to determine the psychological effects of bullying behavior on mental health status among adolescents at secondary schools.

Methodology: cross-sectional community-based study 304 students participated from two schools in Saudi Arabia, different sets of questionnaires including the Demographic Questionnaire, the Revised Olweus Bully/Victim Questionnaire (R- OBVQ), and Depression Anxiety Stress Scales-21 (DASS-21).

Results: The findings suggest that bullying conduct has different psychological consequences on depression and stress, compared to anxiety. Additionally, it implies that sociodemographic factors may have an impact on the victim's mental health and bullying frequency.

Conclusion: According to the research, female students were bullied more often than male pupils. When compared to Saudi pupils, there is a higher prevalence of bullying among non-Saudi students.

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Keywords: Psychological Effects, Bullying Behavior, Mental Health Status, Adolescents, Secondary School.

INTRODUCTION

Bullying among teenagers who attend school is seen as a global health issue and is connected with deteriorating growing up (van Geel et al., 2021). According to studies, abuse and harassment among kids have an impact on mental health, physical health, and academic performance throughout the short- and long term. Primary and secondary schools around the world experience bullying (Juan et al.,

2018). Bullying can take many different forms, involving jokes, physical verbal abuse, and social isolation. Bullying in schools is the repeating of negative habits where there is a division in authority among the parties. According to research on the emotional effects of abuse, it is linked to indicators of mental illness such as self-harming behaviors suicidal

ideation, sadness, as well as nervousness (Hagquist et al., 2019; Thomas et al., 2016).

When harassment is not stopped, it will continue into adolescence and result in serious mental health issues. In many nations, the prevalence of teenage psychiatric issues is rising, as reported by Hagquist et al. (2019). The goal of the research conducted by Hagquist et al. (2019) was to identify patterns regarding the emotional health of adolescents between the ages of 11 and 15. The study's findings revealed that the emotional impacts of bullying led to associated psychological problems like worry, insomnia, and lack of ability to concentrate. The results of the research also showed a connection between the rising incidence of behavioral disorders among adolescents around the world and the emotional impacts of bullying (Thomas et al., 2016). According to earlier research, the incidence of bullying emotional consequences has a greater and longer-lasting harmful impact on one's physical well-being. Gini et al.'s (2018) systematic review study found that people who experience bullying during their adolescent years are more likely to experience psychological health issues. Headaches, discomfort, and palpitations are some of the health issues that victims of bullying experience over time (Gini et al., 2018).

The act of bullying is viewed as a terrible event that can happen in a person's life, particularly among school-aged adolescents. Bullying causes mental health effects including symptoms of post-traumatic stress disorder (PTSD), according to a large body of research (Matson & Weir, 2020). As they are linked to either primary or secondary exposure to stressful events, including assaults and aggression, PTSD symptoms in teenagers are considered mental health disorders. As a result of their mental well-being being compromised, harassment has psychological effects on them such as PTSD symptoms, depression, and anxiety (Matson & Weir, 2020). Bullying, an awful occurrence that alters lives, has a significant influence on over 33.3% of teenagers in schools

around the globe. Abuse and assault with weapons (PV) in schools have received little attention in the Arab world (Sivaraman et al., 2019). This study found that the incidence rate varied widely by country, from 20.9% in the United Arab Emirates to 44.2% in Jordan. Similar percentages (31%) were found among a nationally representative sample of Egyptian youths (Celedonia et al., 2013). In keeping with a new nationwide survey of teenagers, bullying and PV at schools were recently reported to occur 25.0% and 20.8% of the time, respectively, in the Kingdom of Saudi Arabia (KSA) (AlBuhairan et al., 2015). According to a study conducted in Jazan, Saudi Arabia, by Elmahdy et al. (2022), victimization due to bullying affects both boys (17.78%) and girls (17.57%) equally. The majority of the focus in the primary literature has been on prevalence rates.

AIMS OF THE STUDY

The purpose of the present research is to determine the psychological impacts of bullying behavior on adolescents' mental health status in secondary schools.

Research Questions

1. What are the psychological effects of bullying behavior on mental health status in terms of (depression, anxiety, and stress) among adolescents at secondary schools?
2. Are there statistical differences between the sociodemographic characteristics and the psychological effects of bullying behavior on mental health status among adolescents at secondary schools?

METHODOLOGY

Design and Setting:

A descriptive cross-sectional hospital survey was carried out at two chosen secondary schools in Jeddah, Saudi Arabia. Al-Arab International Schools and Dar Jana International Schools were among the study's locations. Around 3,500 students from various grade levels attend Dar Jana International Schools, which has up to 170 classrooms, 600 male students

and 45 female students in grades 9 through 12, and 200 teachers of both sexes. Around 160 male and female students in grades 9 through 12 attend Al-Arab International Schools, along with over 1000 pupils in a variety of grade levels, up to 50 classrooms, and about 60 teachers who are both male and female.

Study Population:

Students in grades 9 through 12 who were chosen from the two secondary schools participated in the study. The study's participants must be enrolled in their respective grades and schools. Participants had to be between the ages of 15 and 18 for the study. Considering bullying behaviors are prevalent in younger secondary school students, particularly those between the ages of 15 and 18, the researcher decided to include students in grade 9 in their study (Coelho et al., 2016). All elementary school children were disqualified by the researcher. Additionally, all kids who were using psychotropic drugs were not allowed to participate.

Sampling:

A convenience sampling method was used and The study's target population is 1,000 students from the two schools. Additionally, the researcher had access to each possible participant who met the inclusion requirements of this sampling strategy. The study used the sample size determination table developed by Glenn and Israel (Israel, 2019) to choose the proper sample size. The researcher used the chart to determine the sample size for the study, which was 304 students. The margin of error is 5%, while the confidence level is 95%. Size of the Sample for 5% and 10% Levels of Precision at 95% Confidence and 0.05.

Data Collection Methods:

Before starting the data-gathering procedure, the investigator had to have ethical approval and authorization from the right officials. Given that school-aged youngsters made up the study's subjects, the researcher trained research assistants. All participants have received an online survey.

- A poll about demographics on those who answered was gathered through the questionnaire, including their gender, country of origin, educational level, and number of years spent in school.
- EthicaThe R-OBVQ, or the Revised Olweus Bully/Victim Questionnaire is a standardized tool developed by Dan Olweus in 1996. There are 39 items total in the survey used to collect information that evaluates five characteristics of bullying in schools (Olweus, 1996) created a survey that asked kids about their feelings and perspectives about bullying in schools, as well as regarding its frequency, forms, duration, and submission. Data on attitudes are gathered using a Likert scale.
- The DASS-21 (Depression Anxiety Stress Scales-21) The Depression Anxiety Stress Scale (DASS) was created by Lovibond and Lovibond in 1995. to assess The three sub-categories of emotional distress depression, anxiety, and stress (Lovibond, 1996, 4824). Included are all 21 items on the scale, each measuring seven separate domains. Ratings were given on a Likert scale with a range of 0 to 3, with 3 representing the highest level of applicability.

Data Analysis:

the data were analyzed using the statistical program SPSS 27. To ensure the data's consistency and integrity, they were first cleansed. This 52 entailed locating and managing outliers and missing values. Then, to enable effective analysis, categorical variables were encoded with numerical codes or labels.

Ethical Considerations:

The FCMS Institutional Review Board examined the study. The study then requested MOH permission. The researcher then got the go-ahead from the colleges where the study was carried out. Parents of potential participants were contacted for their permission before data collection. The study's participants and their parents were made aware that their participation was entirely voluntary and that they could opt out at any time without having to justify it. For the sole purpose of research, all replies were handled secretly and anonymously.

RESULTS

Table (1): Students characteristics (N = 304)

The majority of Students in the study were female (88.2%) most of them were in grades 9 and 10 (34.2%) and 85.5% had studied for more than three years in school and the nationality of them were predominantly non-

| | Variable | Frequency | Percentage (%) |
|--------------------------------|--------------------------|------------|----------------|
| Gender | Female | 268 | 88.2 |
| | Male | 36 | 11.8 |
| Grader | Grade 9 | 104 | 34.2 |
| | Grade 10 | 104 | 34.2 |
| | Grade 11 | 87 | 28.6 |
| | Grade 12 | 9 | 3.0 |
| Years of studyin school | < 1 year | 20 | 6.6 |
| | > 3 years | 260 | 85.5 |
| | 1 -3 years | 24 | 7.9 |
| Nationality | Saudi Arabian | 69 | 22.7 |
| | Non-Saudi Arabian | 235 | 77.3 |

Saudi Arabian (77.3%) as Table 1.

Table (2): Depression Anxiety Stress Scales (N = 304)

| Statement | Never | Sometimes | Often | AlmostAlways | Mean | SD |
|--|-------|-----------|-------|--------------|------|------|
| I found it hard to wind down | 59 | 122 | 70 | 53 | 2.4 | 0.99 |
| I was aware of dryness of my mouth | 133 | 96 | 45 | 30 | 1.9 | 0.99 |
| I couldn't seem to experience any positive feeling at all | 88 | 147 | 48 | 21 | 2 | 0.85 |
| I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of) | 124 | 97 | 50 | 33 | 2 | 1 |
| I found it difficult to work up the initiative to do things | 71 | 91 | 83 | 59 | 2.4 | 1.05 |
| I tended to over-react to situations | 69 | 101 | 64 | 70 | 2.4 | 1.08 |
| I experienced trembling (eg, in the hands) | 105 | 103 | 46 | 50 | 2.1 | 1.07 |
| I felt that I was using a lot of nervous energy | 59 | 106 | 75 | 64 | 2.5 | 1.03 |
| I was worried about situations in which I might panic and make a fool of myself | 58 | 89 | 69 | 88 | 2.6 | 1.1 |
| I felt that I had nothing to look forward to | 127 | 90 | 55 | 32 | 2 | 1.01 |
| I found myself getting agitated | 72 | 118 | 58 | 56 | 2.3 | 1.03 |
| I found it difficult to relax | 73 | 127 | 57 | 47 | 2.3 | 0.99 |
| I felt down-hearted and blue | 101 | 108 | 53 | 42 | 2.1 | 1.02 |
| I was intolerant of anything that kept me from getting on with what I was doing | 108 | 111 | 53 | 32 | 2 | 0.98 |
| I felt I was close to panic | 92 | 107 | 58 | 47 | 2.2 | 1.04 |
| I was unable to become enthusiastic about anything | 143 | 40 | 28 | 93 | 0.97 | 0.06 |
| I felt I wasn't worth much as a person | 148 | 37 | 51 | 68 | 1.13 | 0.06 |
| I felt that I was rather touchy | 159 | 30 | 39 | 76 | 1.06 | 0.06 |

| | | | | | | |
|--|-----|----|----|----|------|------|
| I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat) | 128 | 44 | 48 | 84 | 1.1 | 0.06 |
| I felt scared without any good reason | 117 | 43 | 50 | 94 | 1.09 | 0.06 |
| I felt that life was meaningless | 149 | 41 | 39 | 75 | 1.06 | 0.06 |

According to an analysis of questionnaire scores, the item with the highest Depression Anxiety Stress levels (2.6 SD 1.1) was the (I was worried about situations in which I might panic and make a fool of myself) and the lowest Depression Anxiety Stress levels was the (0.97 SD 0.06) was the (I was unable to become enthusiastic about anything). Overall, the questionnaire scores of the patients ranged from 0.97-2.6, with an average score of 1.78. indicating a moderate level of Depression and Anxiety Stress among students as Table 2.

Table (3): ANOVA on the psychological effects of bullying behavior on mental health status in terms of (depression, anxiety, and stress).

| Source of variation | Sum of squares | df | Mean square | F-ratio | p-value |
|-----------------------|----------------|----|-------------|---------|---------|
| Between Groups | 0.751 | 1 | 0.751 | 1.362 | 0.026 |
| Depression | 0.851 | 1 | 0.851 | 0.831 | 0.033 |
| Anxiety | 0.523 | 1 | 0.523 | 1.832 | 0.839 |
| Stress | 0.982 | 1 | 0.982 | 1.382 | 0.014 |

The ANOVA results indicate that there are significant differences in the psychological effects of bullying behavior on mental health status, particularly in terms of depression (0.033) and stress (0.014). However, no significant difference was found with Anxiety (0.839) as Table 3.

Table (4): Socio-demographic and psychological effects of bullying behavior on mental health status

| Items | | N = 304 | P value |
|---------------------------------|--------------------------|---------|---------|
| Gender | Female | 268 | 0.031 |
| | Male | 36 | |
| Grade | Grade 9 | 104 | 0.045 |
| | Grade 10 | 104 | |
| | Grade 11 | 87 | |
| | Grade 12 | 9 | |
| Years of study in school | < 1 year | 20 | |
| | > 3 years | 260 | |
| | 1 -3 years | 24 | |
| Nationality | Saudi Arabian | 69 | 0.002 |
| | Non-Saudi Arabian | 235 | |

Comparing questionnaire scores based on student's characteristics:

There is a statistically significant between the psychological impacts of bullying behavior on mental health status and the female gender (p-value = 0.031), Grade 9 (p-value 0.045) and Non-Saudi (p-value 0.002) as Table 4.

DISCUSSION:

The children's dealings with bullying showed that while just a few of them had been bullied in school over the previous few months to varying degrees, the majority of them had not. According to the respondents, 43 (14.1%) of them had encountered bullying once or twice, 10 (3.3%) had done so twice or three times every month, 11 (3.6%) once a week, and 13 (4.3%) multiple times per week. Bullying behaviors that were noted included calling them insulting names, making fun of them, and engaging in nasty teasing. In general, the current study found that only 25.3% of the children had been the target of bullying in their particular schools over the previous few months. These results are similar to those of cross-regional comparison studies conducted by Biswas et al. (2020) and Elgar et al. (2015) that sought to determine the incidence of bullying among adolescents and found that only 31% and 30% of adolescents, respectively, reported being the target of bullying. Only 9.1% of teenagers, according to Rothon et al. (2011), had experienced harassment in the preceding school year. It is impossible to ignore bullying behaviors among adolescents, with verbal bullying having the highest occurrence rates. Man et al. (2022) additionally stated that verbal abuse was the most common form of bullying among those who responded by implementing forms of name-calling, which is consistent with the findings of current research on the bullying forms determined among the students, i.e. asking mean names, having someone make fun of, or being teased in a hurtful way. According to Thomas et al. (2016), calling names (30.6%), spreading rumors (17.9%), social isolation (14.3%), and making physical threats (10.7%) were all common kinds of bullying among adolescents. These four types of bullying all operate independently to raise psychological discomfort levels and lower emotional health.

There's a statistically significant variation in the psychological impact of aggression on the emotional

status among young people at secondary schools, according to the current study's ANOVA analysis of the psychological effects of bullying behavior on mental health status in terms of depression, anxiety, and stress (between groups, f -ratio = 1.362, $P=0.026$). The results of the ANOVA analysis generally showed that there were substantial variations in the psychological impacts of bullying behavior on mental health status, notably in terms of depression and stress. According to the current study, anxiety is unaffected by bullying, which is a problem behavior among school-aged adolescents. Bullying is seen as a serious mental health issue with detrimental effects. Bullying has been linked to mental health issues in adolescents who have experienced it. Bullying-related psychological issues, such as depression, are quite likely to affect adolescents (Eyuboglu et al., 2021). According to the study, bullying frequency has an impact on school-aged students' stress and depression levels. These results are consistent with those by Thomas et al. (2016) who found that bullying frequently causes adolescents to experience severe depression. The negative effects of bullying are a severe problem and show how important it is to deal with and develop strategies to avoid bullying among school-aged teenagers. Other studies conducted in different parts of the world have brought attention to the increased risk of mental health issues caused by bullying among schoolchildren (Biebl et al., 2011; Copeland et al., 2013).

The association with the participants' sociodemographic traits and the psychological impacts of bullying on their psychological well-being revealed a correlation between gender and the impact of bullying behavior on the respondents' mental health status. The majority of participants in the current study were female students, and they reported (92.6%) that bullying behaviors had a greater negative impact on them than on male participants (significance level = 0.031). Hagquist et al. (2019) reported that girls had more psychological

issues than boys, which is consistent with these findings. This suggests that school-bullied adolescents are more likely than other teenagers to experience mental health issues not bullied. Kim et al. (2019) found that bullying behavior had significant negative impacts on female adolescents, including depressive symptoms, in comparison to male adolescents. They also found that bullying activity had a higher frequency of negative effects on female students' emotional well-being than male students. In the study by Bannink et al. (2014), traditional bullying victimization among boys did not significantly correlate with mental health issues, suggesting a significant link between gender and victimization. The consequences of typical assault on mental health were specific to women.

According to Baier et al. (2019), relational bullying experienced by students of both genders from classmates and teachers significantly contributes to poor mental health among the victims. Sexual bullying, however, has higher psychological impacts on females than boys in school. Boys and girls encounter different sorts of bullying, which may be related to disparities in the effects of bullying on mental health status. When compared to boys, girls endure greater name-calling bullying, which has a significant negative impact on their mental health. AlBuhairan et al. (2017) stated that male adolescents were more frequently susceptible to bullying than female adolescents, which is in contrast to the current study's findings indicating female pupils experience high rates of bullying. In contrast to the current study, Elmahdy et al.'s research in Jazan, Saudi Arabia, found that bullying victimization was more common among boys (17.78%) than among girls (17.57%).

The psychological consequences of bullying behavior on mental health status were linked to student grades in the current study (significance level of 0.045). Ethnicity was connected with the psychological effects of bullying behavior on mental wellness status, as evidenced by the fact that non-Saudi Arabians were more bullied and experienced

more mental health issues than Saudi Arabians (significance level = 0.002). Students were subjected to verbal bullying in the manner of racial and nationality abuse, according to Man et al. (2022).

CONCLUSIONS:

According to the results of the current study, bullying conduct has significantly different psychological impacts on sadness and stress but not anxiety. The sociodemographic factors have been linked to bullying frequency and effects on the psychological well-being of victims. To give an example, female teenagers were more likely than male pupils to be bullied and affected by bullying behaviors, and non-Saudi Arabians experienced more mental health issues than Saudi Arabians.

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