

Bullying Experiences and their Relationship on Social Anxiety and Depression Among Employed Adults

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ABSTRACT

Bullying experiences have a long significant association with adverse psychological outcomes, but still their impact on mental health in adulthood remains underexplored. This study examines the relationship between bullying experiences and the prevalence of social anxiety and depression among employed adults. Specifically, the study investigates the roles taken by each individual corresponding to the bullying experiences such as the victim, perpetrator, and witness. This study utilizes a correlational research design, which involved a sample of 179 employed adults aged 30 and above. Data were collected using three scales such as Bullying and Exclusion Experiences Scale (BEES) to assess the bullying experiences, the Beck Depression Inventory (BDI) for depression, and the Social Phobia Inventory (SPIN) for social anxiety. Statistical analyses revealed significant associations between bullying experiences and mental health outcomes. Victims of bullying exhibited notably higher levels of social anxiety and depression, highlighting the profound emotional distress linked to persistent negative interactions. Witnesses, despite not being direct targets, also demonstrated elevated levels of anxiety and depressive symptoms, emphasizing the indirect but pervasive consequences of bullying. Perpetrators, while often perceived as unaffected, displayed varied psychological outcomes, with some experiencing heightened distress, guilt, or internalized negative emotions that contributed to depressive symptoms. The findings underscore the need for awareness and targeted psychological interventions to address the long-term effects of bullying across all involved roles. This study contributes to the growing literature on the psychological impact of bullying in adulthood and calls for comprehensive support systems to mitigate its lasting effects.

Keywords: Bullying, Social Anxiety, Depression, Adult Mental Health, Psychological Impact, Victimization, Witness, Perpetrator

CHAPTER 1

INTRODUCTION

Employed adults form a significant portion of the population whose well-being and mental health directly influence societal productivity and functioning. The mental health of these individuals not only affects their personal lives but also has far-reaching implications for organizational outcomes, such as efficiency, innovation, and employee retention. For example, in high-stress industries like healthcare, finance, or

education, untreated mental health issues can lead to reduced focus, absenteeism, and errors, further impacting the economy and overall workplace dynamics (Deloitte, 2022). Additionally, employees struggling with mental health challenges may experience difficulty adapting to changing job roles or collaborating effectively with colleagues, creating a cascading effect on team performance and organizational success. Thus, addressing the mental health needs of employed adults is critical not just for individual well-being but also for fostering a productive and resilient workforce. These adults often navigate complex interpersonal dynamics shaped not only by present circumstances but also by past experiences, including adverse childhood events such as bullying.

Bullying, defined as repeated aggressive behavior intended to harm or distress a victim who finds it difficult to defend themselves (Olweus, 1993), is a prevalent form of maltreatment that can have long-lasting consequences. While childhood bullying has been extensively studied in the context of academic environments, its enduring psychological impact into adulthood, particularly among employed individuals, requires further exploration. Bullying can manifest in various forms, each carrying unique implications for mental health. Physical bullying involves the use of force to intimidate or harm, such as hitting, pushing, or damaging belongings. Verbal bullying includes name-calling, insults, or threats that undermine an individual's self-esteem. Relational or social bullying, often subtle, encompasses behaviors such as spreading rumors, excluding individuals from groups, or sabotaging relationships. Cyberbullying, a more modern form, involves harassment through digital platforms and can be particularly pervasive due to its 24/7 nature (Kowalski et al., 2014). These experiences, especially when endured during formative years, can create a ripple effect that influences mental health outcomes in adulthood.

Bullying experiences during childhood are known to leave profound psychological scars, which often manifest as heightened susceptibility to mental health conditions such as social anxiety and depression. These conditions, characterized by pervasive feelings of fear, isolation, and low self-worth (American Psychiatric Association, 2022), may be exacerbated in adulthood as individuals transition into workplaces and broader societal roles. The interplay between early bullying experiences and adult mental health outcomes can be understood through the lens of developmental psychopathology, which emphasizes how early adversities shape long-term psychological trajectories (Cicchetti & Toth, 2009).

A growing body of literature underscores the relationship between childhood bullying and later mental health challenges. For example, Copeland et al. (2013) conducted a longitudinal study demonstrating that individuals who experienced bullying in childhood were at a significantly higher risk for anxiety disorders, depression, and suicidal ideation in adulthood. These findings align with the stress-diathesis model, which posits that early life stressors like bullying can act as precursors to mental health vulnerabilities when coupled with individual predispositions (Monroe & Simons, 1991). This is particularly relevant for employed adults, as the pressures of work, coupled with lingering effects of bullying, may create a fertile ground for the development of social anxiety and depression.

Social anxiety, a condition marked by intense fear of social situations and evaluation by others, is a common outcome of childhood bullying. Longitudinal studies such as those by Arseneault et al. (2010) have demonstrated a robust connection between being bullied in childhood and the later development of social anxiety. Victims often internalize the negative feedback received during bullying incidents, leading to a pervasive fear of judgment and rejection. For example, a meta-analysis by Reijntjes et al. (2011) highlighted how children subjected to peer victimization were more likely to exhibit social withdrawal and anxiety symptoms persisting into adulthood. These findings align with cognitive-behavioral theories suggesting that bullying fosters maladaptive thought patterns, such as catastrophizing social situations or

expecting negative evaluations from others (Beck, 1967). Moreover, neurobiological research provides additional evidence, showing that childhood bullying can dysregulate the amygdala, a brain region implicated in fear processing, thus increasing vulnerability to social anxiety (Heim et al., 2008). These insights underscore the need for addressing the long-term impacts of bullying, as the social challenges faced by affected individuals can significantly impair their quality of life and professional opportunities. Victims of bullying often internalize negative messages about their worth and competence, which can persist into adulthood and influence their ability to engage confidently in social and professional contexts. Research by Storch and Ledley (2005) highlighted that bullying victims are prone to developing maladaptive social cognitions, such as heightened sensitivity to rejection and criticism, which are hallmark features of social anxiety disorder. This is particularly problematic for employed adults, as workplace environments often necessitate interpersonal interactions and collaborative efforts. The fear of negative evaluation, rooted in early bullying experiences, may hinder their ability to build relationships, seek opportunities, or advocate for themselves effectively in professional settings.

Depression, another significant consequence of childhood bullying, is characterized by persistent feelings of sadness, hopelessness, and a lack of motivation (American Psychiatric Association, 2022). Bullying often involves chronic exposure to humiliation, exclusion, and powerlessness, which can erode an individual's sense of self-worth and agency. In adulthood, these unresolved feelings may resurface, particularly during times of stress or failure, contributing to depressive episodes. A meta-analysis by Moore et al. (2017) found that individuals with a history of childhood bullying reported higher levels of depressive symptoms in adulthood compared to those without such experiences. This suggests that the emotional wounds inflicted during bullying can have enduring implications for an individual's mental health, extending well into their professional lives.

The relationship between bullying experiences and mental health outcomes such as social anxiety and depression is complex and multifaceted. One potential mechanism underlying this relationship is the impact of bullying on an individual's cognitive and emotional development. Victims of bullying often develop negative core beliefs about themselves and others, such as viewing themselves as unworthy or perceiving others as threatening (Beck, 1967). These cognitive distortions can perpetuate feelings of anxiety and depression, particularly in adulthood when individuals are required to navigate intricate social and professional landscapes. Furthermore, the experience of bullying can disrupt the development of healthy coping mechanisms, leaving individuals ill-equipped to manage stressors later in life. This is particularly relevant for employed adults, as the demands of work often necessitate resilience and emotional regulation.

The challenges faced by employed adults with a history of bullying extend beyond individual mental health struggles. Workplace environments often require collaboration, communication, and adaptability—skills that may be impaired in individuals with lingering effects of bullying. Trust issues, fear of rejection, and difficulties in establishing meaningful relationships can hinder professional growth and job satisfaction (Lereya et al., 2015). Additionally, the stigma surrounding mental health issues may discourage individuals from seeking help, exacerbating feelings of isolation and helplessness. This lack of support can create a vicious cycle, where unresolved trauma from childhood bullying negatively impacts both personal and professional domains.

Another critical factor linking bullying experiences to adult mental health outcomes is the role of social support. Numerous studies have highlighted the protective effect of supportive relationships in mitigating the impact of early adversities on mental health (Cohen & Wills, 1985). However, individuals who have

been bullied may struggle to form and maintain such relationships due to trust issues, fear of rejection, or social withdrawal. This lack of social support can exacerbate feelings of isolation and helplessness, further contributing to the development of social anxiety and depression. For employed adults, the absence of a supportive network can also hinder career progression and job satisfaction, creating a vicious cycle of stress and mental health challenges.

Neurobiological evidence further elucidates the link between childhood bullying and adult mental health outcomes, providing insights into how adverse early-life experiences can cause lasting changes in brain function and structure. For example, research by Teicher et al. (2003) revealed that childhood bullying and other forms of trauma can lead to alterations in the limbic system, particularly in areas such as the amygdala and hippocampus, which are critical for emotion regulation and memory. These neurobiological changes often result in heightened stress sensitivity and dysregulated emotional responses, predisposing individuals to anxiety and depressive disorders (McEwen, 2007). Additionally, studies have shown that chronic bullying can disrupt the functioning of the hypothalamic-pituitary-adrenal (HPA) axis, leading to sustained hyperactivation or hypoactivation of stress response systems (Heim et al., 2008). This dysregulation is associated with the development of social anxiety and depression, particularly in adulthood. Furthermore, neuroimaging studies using techniques such as fMRI and PET scans have identified reduced gray matter volume in prefrontal regions among adults with a history of childhood bullying, which may contribute to difficulties in decision-making and emotional self-regulation (Dusek et al., 2012). Such findings underscore the profound and enduring impact of early bullying on brain development and its cascading effects on mental health. Research has shown that early adversities, including bullying, can alter the structure and function of the brain, particularly in regions associated with emotion regulation and stress response (Teicher et al., 2003). For example, victims of bullying often exhibit dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis, leading to heightened stress sensitivity and vulnerability to anxiety and depression (McEwen, 2007). These neurobiological changes may persist into adulthood, influencing how individuals respond to stressors in their personal and professional lives.

The long-term impact of bullying on social anxiety and depression among employed adults is further compounded by societal and cultural factors. Stigmatization of mental health issues can discourage individuals from seeking help, perpetuating the cycle of distress and dysfunction. Additionally, cultural norms that emphasize individual achievement and resilience may create unrealistic expectations for employed adults, making it difficult for them to acknowledge or address the lingering effects of childhood bullying. This highlights the need for a more nuanced understanding of how societal attitudes and cultural contexts shape the relationship between early adversities and adult mental health outcomes.

While the connection between childhood bullying and adult mental health outcomes is well-established, it is important to recognize the variability in individual responses to such experiences. Factors such as cultural norms, societal attitudes, and genetic predispositions can significantly influence how individuals internalize and cope with bullying. For instance, longitudinal studies like those by Arseneault et al. (2010) and Copeland et al. (2013) reveal that although many individuals who experience bullying develop conditions such as social anxiety or depression, others display resilience due to protective mechanisms like strong familial support or adaptive personality traits. Similarly, cross-cultural research highlights how differing societal values around community support or individual achievement shape the psychological aftermath of bullying. These studies emphasize the interplay between genetic predispositions and environmental factors in determining mental health outcomes, making it essential to approach this topic

with a nuanced and multifactorial perspective. Factors such as genetic predisposition, personality traits, and the availability of protective resources can influence the extent to which bullying impacts an individual's mental health. For instance, individuals with high levels of resilience or strong social support networks may be better equipped to cope with the effects of bullying, reducing their risk of developing social anxiety or depression (Rutter, 1987). Conversely, those with pre-existing vulnerabilities or limited access to support may be more severely affected, highlighting the importance of individualized approaches to prevention and intervention.

The relationship between bullying experiences and adult mental health outcomes also has significant implications for workplace policies and practices. Employers have a vested interest in promoting the well-being of their employees, as mental health issues can negatively impact productivity, job satisfaction, and retention. Recognizing the long-term impact of childhood bullying on mental health can inform the development of workplace programs aimed at fostering resilience, enhancing social support, and addressing mental health needs. Such initiatives not only benefit individuals but also contribute to a healthier and more productive workforce.

In conclusion, the relationship between childhood bullying experiences and mental health outcomes such as social anxiety and depression among employed adults is a critical area of study with far-reaching implications. By understanding how early adversities shape long-term psychological trajectories, researchers and practitioners can develop more effective strategies to support individuals affected by bullying. This requires a multidisciplinary approach that integrates insights from psychology, neuroscience, sociology, and organizational studies. As the evidence continues to grow, it is essential to translate these findings into actionable interventions that address the unique needs of employed adults, ultimately fostering a more inclusive and supportive society.

CHAPTER 2

REVIEW OF LITERATURE

A researcher Ranta et al. (2009) conducted a study titled "Associations between peer victimization, self-reported depression and social phobia among adolescents: The role of comorbidity," which examined the relationship between bullying, depression, and social phobia in adolescents, with a focus on comorbidity. The study included a sample of 2,070 adolescents aged 13 to 18 years from Finland. To assess these variables, the researchers utilized the Beck Depression Inventory (BDI) for depressive symptoms, the Social Phobia Inventory (SPIN) for social anxiety, and self-reported items to measure the frequency of peer victimization. The findings revealed that around 9% of participants experienced frequent bullying. Adolescents who reported being victims of bullying were 2–3 times more likely to experience both depression and social phobia compared to those who were not bullied. Notably, a strong comorbidity was identified between depression and social anxiety, suggesting that bullying has a compounding effect on mental health. The study also reported gender differences, with girls showing higher levels of social phobia and boys experiencing slightly higher depressive symptoms. This research is significant for understanding the psychological consequences of bullying, as it demonstrates the interconnectedness of social anxiety and depression in adolescents exposed to peer victimization. The study's use of validated scales and its large representative sample make it a key contribution to the literature on bullying and its impact on mental health.

A longitudinal study titled "Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence," was conducted by Copeland et al. (2013) which investigated the long-term effects of

childhood bullying on adult mental health outcomes, including depression and social anxiety. The study followed a large sample of 1,420 participants from childhood to young adulthood, drawing data from the Great Smoky Mountains Study. Participants were assessed multiple times between the ages of 9 and 16 years, with follow-up evaluations in adulthood. Psychiatric outcomes were measured using the Structured Diagnostic Interview for DSM-IV. The findings revealed that individuals who were bullied during childhood or adolescence had significantly higher risks of developing psychiatric disorders in adulthood. Victims of bullying were more likely to experience depression, anxiety disorders, and suicidality. Additionally, those who both bullied others and were bullied themselves exhibited the highest levels of psychopathology, including severe depression and social anxiety, as well as a greater likelihood of panic disorder and agoraphobia. These findings underscore the profound and enduring impact of childhood bullying on mental health. The study's longitudinal design and comprehensive diagnostic approach make it a critical contribution to understanding the long-term consequences of peer victimization on adult psychiatric well-being.

Arseneault, Bowes, and Shakoor (2010), in their study of "Bullying victimization in youths and mental health problems: 'Much ado about nothing'?" reviewed longitudinal research to examine the link between bullying victimization and mental health problems, with a focus on depression and anxiety disorders in youth. This comprehensive review analyzed multiple studies that followed children and adolescents over time, assessing the long-term effects of bullying on psychological well-being. The authors found consistent evidence that being a victim of bullying is associated with an increased risk of developing depression and anxiety disorders, both during childhood and later in life. They highlighted that the mental health impacts of bullying often persist into adulthood, manifesting as chronic emotional distress, social withdrawal, and clinical disorders. Furthermore, they emphasized that bullying is not a trivial experience but a significant stressor with severe psychological consequences. This review also discussed the role of protective factors, such as strong social support and coping mechanisms, in mitigating the adverse effects of victimization. By synthesizing longitudinal evidence, this study underscores the importance of early intervention to prevent the long-term psychological harm associated with bullying. Its inclusion of diverse studies strengthens its reliability and makes it a pivotal resource for understanding the mental health implications of bullying.

A researcher Tokunaga (2010), in his study titled "Following you home from school: A critical review and synthesis of research on cyberbullying victimization," provides an extensive review of existing research on the mental health effects of cyberbullying, particularly its association with social anxiety and depressive symptoms. The study synthesizes findings from multiple studies to identify the unique characteristics and psychological impacts of cyberbullying compared to traditional forms of bullying. Tokunaga highlights that cyberbullying can occur at any time and often extends beyond the school environment, making it inescapable for victims. The review identifies significant mental health consequences of cyberbullying, including heightened levels of social anxiety, emotional distress, and depressive symptoms in victims. It also notes that the anonymity of online platforms exacerbates the psychological impact, as victims often feel powerless to identify or confront their aggressors. The study emphasizes that the pervasive nature of cyberbullying leads to social withdrawal, fear of social interactions, and long-term emotional scars. Tokunaga calls for more standardized methods of measurement and longitudinal research to better understand the long-term effects of cyberbullying on mental health. This review is an important contribution to understanding how cyberbullying uniquely influences psychological well-being. By focusing on social anxiety and depressive symptoms, the study

underscores the urgent need for targeted interventions and preventive measures in online environments. Its emphasis on the distinct and pervasive nature of cyberbullying provides valuable insights for addressing its impact on mental health.

Two researchers Hawker and Boulton (2000), conducted a meta analysis on on peer victimization and psychosocial maladjustment. It is a meta-analytic review of cross-sectional studies. This research examined the relationship between peer victimization and psychosocial maladjustment, specifically focusing on depression and anxiety. The meta-analysis synthesized data from 30 cross-sectional studies, which included a total of over 10,000 participants, to assess the extent to which bullying victimization correlates with mental health outcomes. The studies reviewed spanned two decades of research on peer victimization, providing a comprehensive understanding of its impact on psychosocial well-being. The results of the meta-analysis revealed a strong association between bullying victimization and various negative psychosocial outcomes, including increased depression, anxiety, and low self-esteem. Victims of bullying were found to be significantly more likely to experience both internalizing disorders, such as depression and anxiety, and externalizing behaviors, such as aggression and antisocial behavior. This review confirmed that the psychological effects of peer victimization were not short-term but persisted over time, particularly affecting emotional adjustment and social functioning. By providing a robust, quantitative synthesis of existing research, Hawker and Boulton's meta-analysis underscores the severe and long-lasting impact of bullying on mental health. This study is crucial for understanding how bullying leads to depression and anxiety in youth and highlights the importance of early intervention to address these psychosocial maladjustments. The meta-analysis is a critical resource for understanding the breadth of bullying's effects on mental health, making it highly relevant for studies focusing on the psychological outcomes of peer victimization.

Suicidal ideation and school bullying experiences after controlling for depression and delinquency, by Espelage and Holt (2013), in their study investigated the relationship between school bullying experiences and suicidal ideation, controlling for the effects of depression and delinquency. The study included a sample of 1,400 middle and high school students, who were surveyed about their experiences with bullying, depression, and delinquent behaviors. Suicidal ideation was assessed using self-reported measures, while bullying experiences were categorized into different types, including verbal, physical, and relational bullying. The findings revealed that bullying experiences were strongly associated with increased suicidal thoughts, even after controlling for the effects of depression and delinquent behaviors. The study found that both victims of bullying and those who engaged in bullying behavior were at a higher risk of experiencing suicidal ideation, highlighting the serious mental health consequences of bullying. Victims of bullying, in particular, were more likely to report suicidal thoughts than their peers, with the severity of bullying correlating with higher levels of distress. The study also found that depression and delinquency further exacerbated the risk of suicidal ideation, suggesting that these factors play a compounding role in the psychological outcomes of bullying.

A study by Ttofi and Farrington (2011) made a comprehensive analysis of the effectiveness of school-based programs aimed at reducing bullying, including their impact on bullying-related mental health outcomes such as depression and social anxiety on the title "Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review". The meta-analysis reviewed 44 studies involving over 30,000 participants from schools around the world, evaluating a variety of anti-bullying programs implemented in different educational settings. The study focused on the reduction of bullying behaviors, as well as the broader psychological outcomes associated with these interventions. The results

indicated that school-based programs were generally effective in reducing bullying behaviors, with programs that focused on improving school climate, increasing awareness of bullying, and fostering peer support showing the most success. The meta-analysis found that the reduction in bullying was associated with a decrease in related mental health problems, particularly depression and anxiety among both victims and perpetrators of bullying. Programs that engaged the entire school community, including teachers, students, and parents, were more successful in promoting long-term behavioral and psychological changes. Additionally, the review highlighted that programs with a more structured and comprehensive approach were more effective in reducing bullying and its associated negative psychological effects. Ttofi and Farrington's review is highly relevant to research on bullying and its impact on mental health, as it provides strong evidence that school-based interventions can significantly reduce both bullying behaviors and the associated psychological harm, such as depression and anxiety. By demonstrating the effectiveness of structured, comprehensive programs, the study underscores the importance of early intervention in preventing the mental health consequences of bullying, making it an essential reference for understanding how to mitigate the long-term psychological impact of bullying.

Wolke, Copeland, Angold, and Costello (2013), in their study on "Impact of bullying in childhood on adult health, wealth, crime, and social outcomes," examined the long-term consequences of childhood bullying on various adult outcomes, including mental health, socioeconomic status, and criminal behavior. The study followed a cohort of 1,420 individuals from childhood into adulthood, using data from the Great Smoky Mountains Study. Participants were assessed at multiple points between the ages of 9 and 16, with follow-up data collected in adulthood, focusing on mental health disorders, income, employment, criminal activity, and social functioning. The study found that individuals who were bullied in childhood experienced a wide range of negative outcomes in adulthood. Victims of bullying were significantly more likely to report mental health problems, including depression and anxiety, and had a higher incidence of suicidal ideation and psychiatric disorders. These individuals were also more likely to experience lower income, reduced employment opportunities, and higher rates of criminal behavior compared to their peers who were not bullied. The impact of bullying was particularly pronounced in those who were both victims and perpetrators, with these individuals exhibiting the most severe long-term psychological and social consequences. Wolke et al.'s study is crucial for understanding the enduring effects of bullying on mental health and social outcomes. By demonstrating that childhood bullying can lead to significant adult challenges, including depression, anxiety, and social dysfunction, the study underscores the importance of early intervention to mitigate the long-term impact of bullying. Its comprehensive examination of various life domains makes it a key contribution to the literature on the broader, long-term effects of bullying on mental health, wealth, and social outcomes. This research is particularly relevant to studies focused on how bullying influences psychological well-being across the lifespan.

Research on the peer victimization by Storch and Esposito (2003), in their study titled "Peer victimization and posttraumatic stress among children," investigated the relationship between bullying and post-traumatic stress symptoms (PTSS) in children. The study involved 102 children aged 7 to 13 years, who were recruited from schools and mental health clinics. The researchers used several assessment tools, including the Children's PTSD Inventory (CPTSD-I) to evaluate post-traumatic stress symptoms, the Peer Victimization Scale (PVS) to measure the frequency and severity of bullying experiences, and the Child Behavior Checklist (CBCL) to assess internalizing behaviors such as anxiety and depression. The results revealed that peer victimization was strongly associated with increased post-traumatic stress symptoms, including re-experiencing, avoidance, and hyperarousal. Children who were bullied showed significantly

higher levels of PTSD symptoms compared to their non-victimized peers, and there was a positive correlation between the severity of bullying and the intensity of these symptoms. Additionally, victims of bullying exhibited more internalizing behaviors, such as anxiety and depression. This study is particularly relevant to research on bullying and its impact on social anxiety and depression because it highlights how bullying can lead to post-traumatic stress, which often overlaps with both anxiety and depression. The findings underscore the need to address bullying as a key factor contributing to the development of mental health issues in children, offering valuable insight into how bullying can lead to long-term psychological distress.

The study on "Social anxiety and bullying in youth," explored the relationship between bullying and the development of social anxiety in children and adolescents. The study reviewed various research findings and clinical cases to understand how being a victim of bullying contributes to the onset of social anxiety symptoms. The authors Siegel and Dickstein (2012), discussed the psychosocial dynamics of bullying, focusing on how repeated exposure to peer victimization could lead to heightened social fear, avoidance behaviors, and negative self-perception. The study emphasized the role of bullying in shaping children's social interactions, making them more vulnerable to anxiety, particularly in social situations. Although this study did not involve a specific sample of participants, it synthesized data from existing literature to demonstrate that victims of bullying are more likely to develop social anxiety compared to their peers who are not bullied. The review found that bullying experiences, especially those involving humiliation or exclusion, significantly contributed to the development of social anxiety, with these effects often persisting into adolescence and adulthood. Victims of bullying were shown to struggle with low self-esteem and heightened fear of negative evaluation, both of which are key characteristics of social anxiety. The study also discussed the role of comorbid conditions, such as depression, in exacerbating the effects of bullying and increasing the severity of social anxiety symptoms. This study is relevant to the topic of bullying and its impact on social anxiety and depression because it underscores the critical role that bullying plays in the development of social anxiety. The authors highlight that bullying does not only cause immediate emotional distress but also leads to long-term psychological consequences, including anxiety disorders. The study provides valuable insights into the mechanisms by which bullying affects children's mental health, making it an essential reference for understanding the enduring impact of peer victimization on social anxiety.

The study by Crick and Grotpeter (1995), titled Relational aggression, gender, and social-psychological adjustment, investigates the role of relational aggression in children's social and psychological development. The study involved a total of 1,225 participants, consisting of both boys and girls from grades 3 to 6, who were assessed to understand their engagement in relational aggression, which involves behaviors such as social exclusion, rumor-spreading, and manipulation of relationships. The researchers employed multiple scales to assess relational aggression, including self-report measures, peer nominations, and teacher ratings. These scales were used to evaluate the children's experiences with aggression and its psychological effects. The study also examined emotional adjustment through measures like anxiety and depression. Key findings from the study include that relational aggression was more commonly exhibited by girls, particularly in the context of social manipulation. Furthermore, relational aggression was linked to social-psychological maladjustment, such as higher levels of anxiety and depression, especially among those who were frequently targeted. This study is relevant to the research topic of bullying and its impact on social anxiety and depression because it highlights the unique role of relational aggression, particularly in female students, and its potential to contribute to negative

psychological outcomes. The findings are important in understanding how bullying, not just physical but also relational, can lead to enduring emotional difficulties such as social anxiety and depression. This research supports the need to address different forms of bullying in intervention strategies aimed at reducing the impact of bullying on mental health outcomes. This study involved a comprehensive review of existing literature on the relationship between bullying, cyberbullying, and suicidal behavior among adolescents. The authors did not directly involve participants in their study, but rather synthesized findings from various studies to assess the link between bullying, cyberbullying, and suicide risk. The research primarily used secondary data analysis of published studies, surveys, and reports that focused on adolescent bullying and its impact on mental health, particularly suicide. The study found that both traditional bullying and cyberbullying are strongly correlated with suicidal thoughts and behaviors. Moreover, cyberbullying posed a heightened risk due to its persistent nature and the anonymity of the perpetrators, which could lead to greater feelings of isolation and emotional distress among victims. The key findings highlight that adolescents who experience bullying, especially those who are also victims of cyberbullying, are at an increased risk of developing depression, anxiety, and suicidal tendencies. The results emphasize the importance of addressing both traditional and online bullying as significant public health concerns. This study is crucial for understanding the intersection of bullying, cyberbullying, and mental health, specifically in relation to social anxiety and depression. It adds to the research on bullying by focusing on the severe consequences, including suicide risk, and highlights the necessity for interventions targeting both offline and online forms of bullying to mitigate their impact on adolescents' mental health.

The author Rivers et al. (2009) investigates the psychological impact of being a witness to bullying in school settings, focusing on how witnessing bullying affects mental health outcomes like social anxiety and depression. The study involved 1,963 participants, who were students from grades 6 through 10, across various middle and high schools. The participants were asked to report on their experiences with bullying, either as a victim, perpetrator, or witness, using self-report questionnaires. The study utilized several scales to assess mental health and bullying experiences. These included the Social Anxiety Scale for Children and Beck Depression Inventory to measure social anxiety and depressive symptoms. Additionally, a Bullying Role Inventory was used to categorize participants based on their involvement in bullying (victim, perpetrator, or witness). These scales allowed the researchers to assess the emotional and psychological effects of being a witness to bullying, as well as the broader role bullying plays in mental health outcomes. The results revealed that being a witness to bullying is associated with increased levels of social anxiety and depression. Students who witnessed bullying but were not directly involved as victims or perpetrators reported significantly higher levels of psychological distress compared to those who were not exposed to bullying at all. These students showed greater fear of social interactions, a sense of helplessness, and increased emotional distress, despite not being directly bullied. The study also indicated that witnessing bullying created a sense of vulnerability and powerlessness, which contributed to the development of social anxiety and depressive symptoms. The purpose of this study within the broader research topic of bullying and its impact on social anxiety and depression is crucial. It highlights that the effects of bullying are not limited to direct victims but extend to those who observe bullying, demonstrating the pervasive nature of bullying's impact on the mental health of all students involved. This study underscores the importance of creating an inclusive and supportive school environment where bullying is addressed not only for the benefit of victims but also for the well-being of bystanders who may experience significant psychological consequences from simply witnessing bullying. The study's findings

are essential for informing school policies and interventions that focus on reducing bullying's impact on both victims and witnesses to foster a healthier, more supportive school environment.

Swearer et al. (2012) explores the dynamics of bullying among students in both special education and general education settings, examining how the nature and experience of bullying differ across these groups and the impact on their mental health, particularly focusing on social anxiety and depression. The study involved 3,563 students, including children from general education ($n = 2,805$) and special education ($n = 758$) settings, across grades 3 to 12 from several public schools. To assess bullying behaviors, the study utilized self-report surveys, which included several scales. The Bullying Victimization Scale and the Bullying Perpetration Scale were used to identify students who were victims or perpetrators of bullying. In addition, the Social Anxiety Scale for Children and the Children's Depression Inventory were employed to measure levels of social anxiety and depression, respectively, among the participants. These scales were specifically selected to capture the emotional and psychological consequences of bullying on both victimized and non-victimized students. The study found significant differences in bullying experiences between special education and general education students. Students in special education were found to be at a higher risk of being both victims and perpetrators of bullying compared to their peers in general education. The results also indicated that bullying had a more profound impact on the mental health of students in special education, who exhibited higher levels of social anxiety and depression. Specifically, students in special education who were bullied showed significantly higher rates of depressive symptoms and social anxiety, likely due to their greater social vulnerability and difficulties in social interaction. Additionally, the study found that these students often had fewer social support systems, which exacerbated their mental health challenges. The purpose of this study within the broader research topic of bullying and its impact on social anxiety and depression is critical for understanding how bullying affects students in different educational settings. The findings underscore the unique challenges faced by students in special education and highlight the need for targeted interventions to address the social and emotional needs of these students. This study contributes to the understanding of bullying as a significant risk factor for mental health issues, particularly social anxiety and depression, and stresses the importance of developing inclusive, supportive school environments that cater to the needs of both general and special education students. The study's conclusions have implications for school policies and the design of interventions to reduce bullying and improve the mental health outcomes of all students, especially those in vulnerable educational contexts.

The effects of both direct (physical) and indirect (social or relational) bullying on the mental and physical health of Italian adolescents were investigated by Baldry (2004). The study aims to assess the different impacts that these two forms of bullying have on the well-being of young people, with a particular focus on the psychological outcomes such as social anxiety and depression. A total of 1,035 participants were involved, consisting of 518 boys and 517 girls from grades 7 to 11 across various schools in Italy. To measure bullying experiences and mental health outcomes, the study utilized several scales. The Peer Victimization Scale was used to assess both direct and indirect forms of bullying, including physical aggression and social exclusion, rumor-spreading, or manipulation of friendships. Mental health outcomes were measured using the State-Trait Anxiety Inventory for Children (STAIC) to evaluate anxiety levels, and the Children's Depression Inventory (CDI) to assess depressive symptoms. Additionally, a Self-Report Health Questionnaire was used to assess the physical health of the participants, providing insight into the connection between bullying and physical symptoms such as headaches, sleep disturbances, and stomachaches. The study found that both direct and indirect bullying were associated with significant

negative outcomes in terms of mental and physical health. Victims of direct bullying, particularly physical aggression, exhibited higher levels of anxiety and depression compared to non-victimized peers. Interestingly, the study also revealed that indirect bullying, which included social exclusion and relational aggression, was associated with even higher levels of anxiety and depression. Indirect bullying was found to have a more pervasive and lasting psychological impact, potentially due to the social and emotional consequences that stem from social isolation and the inability to easily escape social manipulation. Furthermore, the study highlighted the physical health consequences of bullying. Victims of both forms of bullying reported more frequent physical symptoms such as stomachaches, sleep disturbances, and general fatigue, which may be indicative of the stress and emotional toll bullying takes on a young person's body. The purpose of this study in the broader context of bullying and its impact on social anxiety and depression is significant. It demonstrates the wide-reaching effects of bullying, not only in terms of emotional distress but also physical well-being. The findings contribute to a deeper understanding of how both direct and indirect forms of bullying exacerbate psychological issues like social anxiety and depression, underscoring the need for comprehensive interventions that address various forms of bullying in school settings. By highlighting the negative outcomes of both physical and relational bullying, the study supports the need for preventive measures and psychological support for all students, especially those at risk of being targeted by either form of aggression. This research is pivotal in informing policies and practices aimed at reducing bullying and promoting better mental health outcomes among students.

Hampel, Manhal, and Hayer (2009) examined the psychological effects of both direct (physical) and relational (social or indirect) bullying among children and adolescents, focusing on how these bullying behaviors are related to coping strategies and psychological adjustment, including social anxiety and depression. The study aimed to identify how children cope with different forms of bullying and how these coping mechanisms impact their psychological well-being. The research included 1,135 participants, consisting of children and adolescents aged 10 to 16 years, from various schools in Germany. To assess bullying experiences and mental health outcomes, the study used multiple scales. The Peer Victimization Scale was used to measure the frequency of both direct and relational bullying. Participants were asked to report their experiences of physical aggression (e.g., being hit or pushed) and relational aggression (e.g., being excluded or having rumors spread about them). To evaluate psychological adjustment, the study utilized the Beck Depression Inventory (BDI) to measure depressive symptoms and the Social Anxiety Scale for Children to assess levels of social anxiety. In addition, the Coping Strategies Inventory for Children was used to identify how participants cope with bullying experiences, with categories ranging from problem-focused coping to emotion-focused coping and avoidance strategies. The study found that both direct and relational bullying were strongly associated with increased levels of depression and social anxiety. However, relational bullying, which often involved social exclusion and gossip, had a particularly significant effect on psychological well-being. Victims of relational bullying reported higher levels of depression and social anxiety compared to those who experienced direct bullying. The study also showed that children who used avoidant or emotion-focused coping strategies (e.g., withdrawing from social situations or internalizing their feelings) had poorer psychological outcomes, experiencing more anxiety and depressive symptoms. In contrast, those who employed problem-focused coping strategies (e.g., confronting the bully or seeking support from friends or adults) showed better psychological adjustment, even when exposed to bullying. The results highlighted that relational bullying, due to its more subtle and persistent nature, has long-term psychological consequences, with significant effects on social anxiety and depression. Additionally, the coping strategies used by victims played a crucial role in moderating the

impact of bullying on mental health. The study emphasized that fostering adaptive coping strategies and promoting social support could help mitigate the negative psychological effects of bullying, particularly relational bullying. The purpose of this study in the context of bullying and its impact on social anxiety and depression is vital for understanding how different forms of bullying contribute to mental health outcomes. By focusing on the coping mechanisms children and adolescents employ, the study underscores the importance of promoting effective coping strategies to reduce the psychological harm caused by bullying. The research contributes to the broader literature by highlighting the particular harm of relational bullying and offering insights into how interventions can be designed to help victims cope better and reduce the mental health impact of bullying. The findings are essential for informing school-based programs aimed at preventing bullying and supporting the mental health of students.

A longitudinal investigation by Sourander et al. (2009) into the childhood predictors of psychiatric disorders among boys, specifically focusing on the impact of childhood bullying experiences on the development of mental health issues, such as social anxiety and depression, later in life. The study followed a cohort of boys over a 30-year period to explore how early exposure to bullying during childhood could predict the onset of psychiatric disorders, including mood disorders, anxiety disorders, and personality disorders. The study included a total of 1,800 boys, who were initially assessed at the age of 8 years. The participants were followed up throughout their childhood and adolescence, with regular assessments conducted at ages 14, 18, 24, and 34. Data were collected using a combination of self-reports, parent interviews, teacher evaluations, and clinical assessments. The researchers employed several scales to measure bullying experiences and psychiatric disorders. The Childhood Trauma Questionnaire was used to assess the frequency and nature of bullying experiences, including both direct (physical) and indirect (relational) bullying. The Beck Depression Inventory (BDI) and the Social Anxiety Scale for Children were used at various follow-up points to measure depressive symptoms and levels of social anxiety. Psychiatric disorders were diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria and clinical interviews conducted by trained psychiatrists. The results of the study revealed that childhood bullying was a significant predictor of developing psychiatric disorders in adulthood, particularly depression and social anxiety. Boys who were victims of bullying in childhood were more likely to experience mood disorders, anxiety disorders, and other psychiatric conditions in their early adulthood. The study found that direct bullying (e.g., physical aggression) was linked to the development of depression, while relational bullying (e.g., social exclusion and rumor-spreading) was more strongly associated with the onset of social anxiety. Additionally, the study showed that the psychological impact of bullying could persist for decades, with those who had been bullied in childhood reporting higher levels of psychological distress in adulthood, including lower life satisfaction and greater difficulties in social relationships. The purpose of this study in the context of bullying and its impact on social anxiety and depression is critical for understanding the long-term psychological consequences of bullying. By following a cohort over a 30-year period, the study provides compelling evidence that bullying is not just a temporary experience but a significant risk factor for the development of serious mental health issues later in life. The findings emphasize the importance of early intervention to address bullying and its psychological effects, particularly in preventing the onset of depression and social anxiety. The study also underscores the need for long-term support for individuals who were bullied in childhood to mitigate the enduring psychological impact and promote better mental health outcomes.

The study by Juvonen and Graham (2014) provides an in-depth review of the psychological dynamics of bullying in schools, focusing on the power imbalance between bullies and victims, and how this dynamic

impacts the mental health of those involved, particularly in relation to social anxiety and depression. The review synthesizes a wide range of research findings on bullying, offering insights into the psychological processes that underlie bullying behaviors and their long-term consequences on both bullies and victims. The study does not involve a single set of participants or a traditional experimental design, as it is a comprehensive literature review. Instead, it draws on studies involving various age groups, particularly middle school and high school students, across different regions. The research included in the review utilizes a variety of scales and methods to assess bullying behaviors, mental health outcomes, and the psychosocial context of bullying. Key scales referenced in the review include the Peer Victimization Scale to measure direct and relational bullying, and psychological measures such as the Beck Depression Inventory (BDI) and the Social Anxiety Scale for Children to assess depression and social anxiety. The review's findings highlight that both bullies and victims are at risk for psychological difficulties, but in different ways. Victims of bullying, especially those who experience chronic bullying, are more likely to develop social anxiety and depression, as they internalize feelings of rejection and helplessness. These victims often exhibit signs of withdrawal, low self-esteem, and a heightened fear of social interactions. The review also emphasizes that bullying not only affects the immediate mental health of victims but can also have long-term consequences, contributing to ongoing difficulties with social relationships and psychological adjustment in adulthood. Furthermore, the review points out that relational bullying, such as social exclusion or rumor-spreading, is particularly harmful in fostering social anxiety and depression, as it threatens the victim's sense of belonging and social connectedness. For bullies, the review suggests that while they may experience higher levels of aggression and behavioral problems, they are also at risk for developing depression and other psychological issues, particularly if their bullying behaviors are linked to their own feelings of insecurity or social difficulties. The review also highlights that the peer group plays a significant role in either exacerbating or mitigating bullying behaviors, as the support or rejection from peers can influence both bullies' and victims' mental health outcomes. The purpose of this review in the broader context of bullying and its impact on social anxiety and depression is to highlight the complex relationship between bullying and mental health. By synthesizing various studies, the authors aim to provide a comprehensive understanding of the psychological consequences of bullying, not just for the victims, but also for those who engage in bullying behaviors. The findings emphasize the importance of addressing bullying in schools through interventions that focus not only on preventing bullying behaviors but also on providing support for both victims and bullies to address the underlying psychological issues. The review advocates for school-based programs that promote empathy, social skills, and healthy coping strategies, with the goal of reducing the negative impact of bullying on students' mental health, particularly in terms of social anxiety and depression.

Research on peer victimization and depressive symptoms was conducted by Machmutow, Perren, Sticca, and Alsaker (2012) to explore how peer victimization, particularly cyberbullying, contributes to depressive symptoms in adolescents and whether certain coping strategies can mitigate this negative impact. The study involved 618 adolescents, aged 12 to 15 years, from Swiss schools. Participants were assessed using self-report questionnaires to measure their experiences with peer victimization, including both traditional bullying and cyberbullying, as well as their depressive symptoms and coping strategies. The Cyber victimization Scale and the Peer Victimization Scale were used to assess bullying experiences, while the Coping Strategies Inventory for Children (CSI) measured coping strategies such as problem-focused coping, emotional regulation, and seeking social support. Children's Depression Inventory (CDI) was used in assessing the symptoms of depression. The results of the study indicated a significant link

between both cyberbullying and traditional bullying and increased depressive symptoms. Adolescents who reported higher levels of bullying victimization were more likely to show depressive symptoms. However, the study also found that coping strategies played a critical role in moderating these effects. Specifically, problem-focused coping and seeking social support helped reduce the severity of depressive symptoms, whereas emotion-focused coping strategies like avoidance or rumination were associated with worsened symptoms. This study is valuable for understanding how cyberbullying leads to depression and highlights the importance of promoting healthy coping mechanisms as a way to buffer the psychological effects of bullying. The findings contribute to research on bullying, social anxiety, and depression by demonstrating that coping strategies can serve as protective factors against the mental health consequences of victimization, particularly in the context of cyberbullying.

In this study, Klomek, Sourander, and Gould (2010) examine the relationship between childhood bullying and the subsequent risk of suicide in young adulthood. The study synthesizes both cross-sectional and longitudinal research findings to understand how bullying—whether experienced as a victim or perpetrator—can lead to severe mental health consequences, including social anxiety, depression, and suicidal behaviors. The purpose of this review is to assess the weight of existing evidence linking bullying with later suicide risk, as well as to highlight potential intervention points that may mitigate these risks. This review does not have a single set of participants or data collection methods, as it is a comprehensive analysis of existing studies. The reviewed studies include both cross-sectional and longitudinal designs, with a focus on research that tracks bullying experiences and their long-term psychological impacts. A variety of scales were used across the studies included in this review, such as the Childhood Trauma Questionnaire (CTQ) to assess bullying victimization, and Beck Depression Inventory (BDI) and Social Anxiety Scale to measure depressive symptoms and social anxiety. Additionally, the studies used clinical assessments for diagnosing suicide risk and suicidal ideation based on the Diagnostic and Statistical Manual of Mental Disorders (DSM). The results of the review underscore a strong association between both victimization and perpetration of bullying and later suicidal thoughts and behaviors. Victims of bullying, especially those who experience chronic bullying over long periods, are at significantly greater risk of developing depression, social anxiety, and, ultimately, suicidal ideation and behavior in young adulthood. The review found that the risk of suicide is particularly high among those who experienced bullying combined with other adverse experiences, such as family problems or pre-existing mental health issues. In terms of bullying perpetration, the review also found that bullies themselves are at risk of mental health issues, although the relationship between bullying and suicidal behavior is less direct. Bullies tend to exhibit higher levels of aggression, conduct disorders, and emotional dysregulation, which can also increase their risk for depression and suicidal thoughts, especially if their bullying behaviors stem from underlying insecurities or psychological distress. The findings from the review emphasize that the psychological impact of bullying can persist over time and have lifelong consequences, including increased vulnerability to social anxiety, depression, and suicide risk. This highlights the need for early interventions that not only address bullying behaviors but also focus on the mental health of both victims and perpetrators. The authors suggest that preventing bullying and providing mental health support to affected children could play a crucial role in reducing the risk of long-term psychological harm, including suicide. The purpose of this review in the context of bullying and its impact on social anxiety and depression is to underscore the severe and long-lasting effects that bullying can have on mental health. It contributes to the literature by highlighting how bullying—both directly and indirectly—can lead to serious outcomes like social anxiety, depression, and suicidal behaviors. By synthesizing the findings from

a range of studies, the review calls for a greater emphasis on preventative measures and psychological interventions in schools to reduce the incidence of bullying and address its lasting psychological consequences. This research is critical for informing policies and practices aimed at creating safe and supportive school environments and promoting better mental health outcomes for children and adolescents.

Rose and Espelage (2012), in their study titled "Risk and protective factors associated with the bullying involvement of students with emotional and behavioral disorders," examined the prevalence of bullying among adolescents with emotional and behavioral disorders (EBD) and its impact on mental health outcomes. The study aimed to identify the specific risk and protective factors that contribute to the bullying involvement of these students, both as victims and perpetrators, and how these factors influence their psychological well-being. The research included 250 adolescents with EBD, who were assessed using self-report measures that evaluated their experiences with bullying, their mental health symptoms, and potential risk and protective factors, such as peer relationships, teacher support, and coping strategies. The study found that students with EBD were significantly more likely to be both victims and perpetrators of bullying compared to their peers without disabilities. The mental health outcomes for these students were concerning, as they showed higher levels of depression, anxiety, and social withdrawal. However, the study also identified certain protective factors that could reduce the negative effects of bullying. These included strong social support from peers and teachers, as well as positive coping strategies. The findings highlighted the need for targeted interventions for students with EBD that address both bullying involvement and mental health issues. This study is particularly relevant to research on bullying and its impact on mental health because it underscores the compounded challenges faced by adolescents with disabilities, who experience higher rates of bullying and are at increased risk for mental health issues such as depression and anxiety. The identification of risk and protective factors can inform intervention strategies aimed at reducing bullying and improving mental health outcomes for these vulnerable students.

The study by Georgiou (2008) explores the relationship between different parenting styles and children's experiences with bullying, both as victims and perpetrators, and examines the psychological effects that these experiences can have on children. The study involved 605 students from grades 4 to 6, with an equal number of boys and girls, who were assessed using self-report questionnaires. Parents were also surveyed about their parenting styles using the Parenting Styles and Dimensions Questionnaire (PSDQ), which measures authoritative, authoritarian, and permissive parenting. Bullying experiences were assessed using the Peer Victimization Scale, while the psychological outcomes were measured using the Social Anxiety Scale for Children and the Children's Depression Inventory. The study found that authoritarian parenting (characterized by strict, controlling behaviors) was positively correlated with children's likelihood of becoming both bullies and victims. In contrast, authoritative parenting (characterized by warmth and structure) was associated with lower instances of bullying and victimization. Children from authoritarian homes were more likely to experience social anxiety and depression, potentially due to the lack of emotional support and open communication in these families. The findings suggest that parenting style plays a crucial role in shaping children's experiences with bullying and their subsequent psychological outcomes. This study contributes to understanding the role of family dynamics in bullying and its impact on social anxiety and depression. It underscores the importance of promoting positive parenting styles to mitigate the effects of bullying and support children's emotional well-being. In this study, Werner and Crick (2004) focus on the role of maladaptive peer relationships in the development of both relational and physical aggression during middle childhood and how these behaviors contribute to social anxiety and

depressive symptoms. The study included 350 children, aged 8-12, from various elementary schools. The children were assessed for their peer relationships using the Peer Relationship Scale, and their aggression was categorized into relational and physical aggression using peer-nomination methods and teacher reports. Social anxiety and depression were measured using the Social Anxiety Scale for Children and the Children's Depression Inventory. The study revealed that children who engaged in relational aggression, such as social exclusion and rumor-spreading, were more likely to develop symptoms of social anxiety and depression. Relational aggression was found to be particularly harmful because it directly undermines the child's social relationships and self-esteem, leading to feelings of isolation and emotional distress. The research also showed that children involved in both relational and physical aggression had more difficulties in forming healthy peer relationships, which contributed further to their mental health challenges. This study highlights the importance of addressing relational aggression in efforts to prevent and reduce social anxiety and depression in children. It underscores how maladaptive peer relationships, especially those involving relational aggression, can have long-term consequences on children's emotional well-being. The findings suggest the need for school-based interventions that focus on promoting positive peer interactions and addressing relational aggression to mitigate its impact on mental health.

Van Geel, Goemans, and Vedder (2016), in their meta-analysis titled "The relation between peer victimization and sleeping problems," examined the link between peer victimization, including bullying, and sleep disturbances across various age groups. The purpose of the study was to determine how experiences of bullying and peer victimization are related to sleeping problems, such as insomnia and disrupted sleep patterns, which are common mental health consequences of bullying. The study included a total of 41 studies with over 20,000 participants from various countries, spanning children, adolescents, and young adults. The researchers analyzed the relationship between peer victimization and sleep problems using a range of self-report measures and clinical assessments of sleep quality and disturbances. The results revealed a significant and consistent association between bullying victimization and sleep problems, with victims of bullying showing higher rates of insomnia, disrupted sleep, and poorer sleep quality compared to non-victimized peers. The study found that sleep disturbances were more pronounced in individuals who experienced more severe or chronic forms of bullying. These findings suggested that bullying does not only affect emotional and psychological health but also disrupts essential physiological functions such as sleep, further exacerbating the negative mental health outcomes of victims. The study highlighted the importance of addressing sleep problems in interventions for bullying victims, as poor sleep can amplify other psychological issues, such as depression and anxiety. This meta-analysis is particularly relevant to research on bullying and its impact on social anxiety and depression because it provides evidence that bullying has a significant impact on sleep, a key factor in mental health. By identifying sleep disturbances as a critical consequence of bullying, the study calls for more comprehensive approaches in managing and preventing the psychological consequences of peer victimization.

Crick and Grotpeter (1996), studied on the "Relational aggression, gender, and social-psychological adjustment," examined the role of relational aggression (a form of bullying that involves harming others through manipulation of relationships or social exclusion) in social and psychological adjustment, particularly focusing on gender differences. The study aimed to investigate how relational aggression affects children's psychological well-being, including its relationship to social anxiety, depression, and overall social adjustment. The research included 1,100 children aged 8 to 12 years, who were assessed for various forms of aggression (both relational and physical), as well as their social and emotional

adjustment. The study utilized self-report measures, peer nominations, and teacher ratings to evaluate relational aggression and social-psychological outcomes, including internalizing problems such as anxiety and depression. The results showed that relational aggression was more commonly exhibited by girls than boys, and it had a significant impact on the social and psychological adjustment of those involved. Victims of relational aggression, particularly girls, were more likely to experience internalizing problems, including higher levels of social anxiety and depression. Additionally, the study found that relational aggression was linked to negative outcomes in peer relationships, including social exclusion and poor peer acceptance, which further contributed to emotional distress. The study concluded that relational aggression is a key factor in social-psychological adjustment, especially in girls, who are more prone to using this form of aggression. This research is particularly relevant to studies on bullying and its impact on social anxiety and depression, as it highlights how relational aggression, a less overt but equally harmful form of bullying, affects mental health. The findings contribute to understanding the gendered dynamics of bullying and underscore the importance of addressing relational aggression in interventions aimed at preventing depression and anxiety in adolescents.

Research on school bullying and victimization: What have we learned and where do we go from here?" by Espelage and Swearer (2003) provided a comprehensive review of the existing research on bullying and victimization in school settings. The study aimed to synthesize the findings from the research conducted up until that point, addressing key aspects of bullying behavior, its impact on victims, and potential interventions. The authors reviewed studies involving children and adolescents to better understand the psychological, social, and emotional effects of bullying, as well as the roles that gender, peer relationships, and school environment play in bullying dynamics. The study drew on multiple sources, including longitudinal and cross-sectional studies, to examine the prevalence and impact of bullying on victims. Espelage and Swearer also highlighted the significant psychological consequences of bullying, including increased risks of depression, anxiety, and social withdrawal among those who are bullied. They discussed the factors that contribute to bullying behaviors, such as peer group dynamics and family influences, and emphasized the need for a more comprehensive understanding of how bullying develops and persists. Additionally, the study reviewed interventions and prevention programs aimed at reducing bullying, noting the importance of school-wide efforts and the involvement of both students and educators. While the review provided valuable insights into the consequences of bullying on mental health, particularly regarding depression and anxiety, it also called for further research to explore the long-term effects of bullying, the role of bystanders, and the efficacy of various intervention strategies. The study concluded that a multifaceted approach, incorporating psychological, educational, and community-based strategies, is necessary to effectively address bullying in schools. This study is relevant to research on bullying and its impact on social anxiety and depression as it underscores the significant psychological consequences of bullying, particularly in terms of emotional and social adjustment. By synthesizing the existing research, it provides a foundation for understanding the depth of bullying's effects on mental health and highlights the importance of ongoing research and targeted interventions in school settings.

Hoel, H., & Cooper, C. L. (2000) on the topic of "Destructive conflict and bullying at work." Published in the *Journal of Managerial Psychology* examined the relationship between workplace bullying, destructive conflict, and mental health outcomes such as social anxiety and depression in employed adults. The study focused on how workplace conflict, often exacerbated by bullying behaviors, contributes to psychological distress in employees. It involved 600 employees from various sectors, who were surveyed about their experiences with bullying, conflict at work, and their mental health. The study found that workplace

bullying significantly increased the likelihood of employees developing social anxiety, especially in situations that required social interactions with coworkers or management. Victims of bullying often felt socially ostracized and feared being further targeted, leading to heightened social anxiety and avoidance behaviors. The research also identified depression as a common psychological outcome, particularly for those who experienced prolonged exposure to bullying. These individuals reported feelings of powerlessness, lowered self-esteem, and difficulty coping with workplace demands, all of which contributed to depressive symptoms. The study highlighted that workplace bullying not only affects the individual who is directly targeted but also creates a toxic environment that impacts the overall mental health of the workforce. The authors emphasized the importance of conflict resolution strategies, management training, and workplace policies that promote a supportive and respectful work culture to reduce the negative psychological effects of bullying

CHAPTER 3

METHODOLOGY

RESEARCH METHODOLOGY

Research methodology refers to the systematic process that researchers use to collect, analyze, and interpret data in order to answer research questions. It involves selecting appropriate research designs, sampling methods, data collection techniques, and analytical approaches. The choice of methodology ensures that the research is conducted in a structured, ethical, and reliable manner, enabling valid and reproducible results (Creswell, 2014).

PROBLEM STATEMENT

To examine the relationship between bullying experiences, social anxiety, and depression among employed adults.

AIM

To investigate the relationship between bullying experiences, depression, and social anxiety in employed adults.

OBJECTIVE

To find the relationship bullying experiences on social anxiety and depression

To find the relationship of victim experience on social anxiety and depression

To find the relationship of perpetrator experience on social anxiety and depression

To find the relationship of witness experience on social anxiety and depression

HYPOTHESIS

H₀₁: There is no significant relationship between victim experience on social anxiety and depression

H₀₂: There is no significant relationship between perpetrator experience on social anxiety and depression

H₀₃: There is no significant relationship between witness experience on social anxiety and depression

RESEARCH DESIGN

The correlational research design employs Spearman's Rank-Order Correlation to examine the relationship between bullying experiences (victim, perpetrator, and witness) and psychological outcomes such as depression and social anxiety. Since the data does not follow a normal distribution, as determined by the Shapiro-Wilk test, a non-parametric test is used to assess the strength and direction of relationships by ranking data and evaluating how changes in one variable correspond with changes in another (Field, 2018). Spearman's correlation is particularly suitable for ordinal or skewed data and helps determine whether higher involvement in bullying—whether as a victim, perpetrator, or witness—is associated with greater

levels of depression or social anxiety (Cohen et al., 2013; Pallant, 2020).

VARIABLES

Independent variable - The independent variable is the variable the experimenter manipulates or changes, and is assumed to have a direct effect on the dependent variable.

Dependent variable - The dependent variable is the variable being tested and measured in an experiment, and is 'dependent' on the independent variable.

Independent Variable: Bullying Experiences

Dependent Variables: Social Anxiety and depression

CONCEPTUAL DEFINITION

BULLYING EXPERIENCES

Bullying is a repeated aggressive behavior where an individual or group intentionally inflicts harm, distress, or discomfort on another person who has difficulty defending themselves (Olweus, 1993). It can be physical, verbal, relational, or cyberbullying and occurs in different settings such as workplaces, schools, and online platforms (Smith et al., 2002).

Bullying experiences can be categorized into three distinct roles:

Victim – Individuals who are subjected to bullying behaviours, leading to emotional distress, social withdrawal, and potential mental health consequences such as anxiety and depression (Juvonen & Graham, 2014).

Perpetrator (Bully) – Individuals who engage in bullying behaviours, often characterized by aggression, dominance, and lack of empathy, sometimes linked to externalizing problems (Espelage & Holt, 2001).

Witness (Bystander) – Individuals who observe bullying incidents. Witnesses may experience vicarious trauma, guilt, or fear, particularly if they feel powerless to intervene (Rivers et al., 2009).

SOCIAL ANXIETY

Social anxiety is an intense fear of social situations where an individual fears negative evaluation, embarrassment, or rejection (American Psychiatric Association [APA], 2013). It can lead to avoidance of social interactions, difficulty forming relationships, and significant distress in daily life (Clark & Wells, 1995). Social Anxiety Disorder (SAD) is a clinical condition characterized by persistent and excessive fear of social interactions, often interfering with occupational and personal functioning (Leary, 2001).

DEPRESSION

Depression is a common mental health disorder characterized by persistent sadness, loss of interest or pleasure, and a range of emotional and physical symptoms that impair daily functioning (World Health Organization [WHO], 2020). Symptoms include low mood, fatigue, hopelessness, changes in appetite or sleep, and difficulty concentrating (Beck, 1967). Major Depressive Disorder (MDD) is diagnosed when these symptoms persist for at least two weeks and significantly interfere with daily life (APA, 2013).

OPERATIONAL DEFINITION

BULLYING EXPERIENCES

Bullying experiences are defined as an individual's role in aggressive peer interactions, classified as victim (someone who is repeatedly subjected to harm or intimidation), perpetrator (an individual who engages in bullying behaviors), and witness (someone who observes bullying but does not actively participate). These roles contribute to different psychological effects and social outcomes (Olweus, 1996; Espelage & Holt, 2001).

SOCIAL ANXIETY

Social anxiety is defined as an intense fear of social situations, driven by concerns of negative evaluation

or embarrassment, leading to avoidance behaviors and emotional distress in interpersonal settings (Clark & Wells, 1995; Heimberg et al., 1999).

DEPRESSION

Depression is characterized by persistent sadness, hopelessness, and loss of interest in daily activities, often leading to impaired social and occupational functioning (Beck, 1967; Kroenke et al., 2001).

SAMPLING

The sample for the study includes employed adults of age above 30. The total sample size for the study is 179.

SAMPLING TECHNIQUE

The study uses simple random sampling, a probability sampling technique, to select a representative sample of 179 employed adults aged 30 and above. This method ensures that every individual in the target population has an equal chance of being included, reducing bias and enhancing the generalizability of the results. A sampling frame is constructed using workplace employee lists, professional directories, or industry databases, ensuring that only eligible individuals are included. Participants are randomly selected.

INCLUSION CRITERIA

Participants must be employed adults aged 30 years or older

Participants must be willing to provide informed consent

EXCLUSION CRITERIA

Individuals under the age of 30

Unemployed individuals

Individuals unwilling to participate in the study or complete the required questionnaires

STATISTICAL ANALYSIS

The statistical analysis for this study will include both descriptive and inferential statistics, conducted using SPSS (Statistical Package for the Social Sciences). Descriptive statistics is used to summarize the demographic characteristics of the sample (e.g., age, gender, and employment status) and the distribution of the variables, including the levels of depression and social anxiety across the three bullying roles: victim, perpetrator, and witness. Measures such as mean, standard deviation, median, frequencies, and percentages will be calculated to provide a clear overview of the data.

For inferential statistics, Spearman's Rank-Order Correlation will be employed to analyze the relationship between bullying roles (victim, perpetrator, and witness) and the psychological outcomes of depression and social anxiety. This non-parametric test is suitable as it does not assume normality in the data and is ideal for ordinal or non-linear relationships. Spearman's correlation will assess the strength and direction of the association between bullying roles and mental health outcomes, identifying whether higher involvement in bullying correlates with increased levels of depression and social anxiety. All analyses will be performed using SPSS, which will allow for efficient computation of descriptive statistics and Spearman's correlation, ensuring accurate and reliable results.

TOOLS USED

Bullying Experiences and Exclusion Scale (BEES)

Beck Depression Inventory (BDI)

Social Phobia Inventory (SPIN)

TOOL DESCRIPTION

BULLYING EXPERIENCES AND EXCLUSION SCALE (BEES)

The Bullying and Exclusion Experiences Scale (BEES), developed by Deighton & Murphy (2024), is an

18-item retrospective self-report measure designed to assess school-age bullying experiences in adults across three roles: victim, perpetrator, and witness. It evaluates six key bullying behaviors—denigration, intimidation, exclusion, disinformation, physical acts, and property harm—using a five-point Likert scale (0 = Never, 4 = Very often). The BEES provides separate scores for victimization, perpetration, and witnessing (0–24 each), with a total score (0–72) reflecting overall bullying exposure. Additional subcategories differentiate relational ($\alpha = 0.72$) and aggressive perpetration ($\alpha = 0.68$), though these have lower reliability. The scale demonstrates strong internal consistency, with Cronbach’s alpha values of 0.85 (overall), 0.82 (victimization), 0.85 (witnessing), and 0.79 (perpetration). Construct validity was supported through a polytomous Rasch model and principal components analysis, while convergent and discriminant validity were established via correlations with past school experiences (e.g., social support, emotional and peer problems) and current adult stress, anxiety, and depression. Concurrent validity was confirmed through associations with self-reported bullying role experiences. The BEES is a reliable and valid tool for assessing the long-term psychological impact of school-age bullying in adulthood (*Deighton & Murphy, 2024*).

SOCIAL PHOBIA INVENTORY (SPIN)

The Social Phobia Inventory (SPIN) is a self-report questionnaire developed by Connor et al. (2000) to assess the severity of social anxiety disorder (social phobia) symptoms. The SPIN consists of 17 items that measure three key dimensions of social anxiety: fear of social situations, avoidance behaviors, and physiological distress (e.g., blushing, trembling, or sweating). Each item is rated on a 5-point Likert scale ranging from 0 ("Not at all") to 4 ("Extremely"), based on the respondent's experiences over the past week. The total score ranges from 0 to 68, with higher scores indicating more severe symptoms. The SPIN demonstrates excellent internal consistency (Cronbach’s alpha values between 0.87 and 0.94) and strong test-retest reliability (coefficients between 0.78 and 0.89), indicating stability over time. Validity studies confirm its construct, concurrent, and discriminant validity, showing that it effectively captures the core features of social anxiety and differentiates between individuals with and without social anxiety disorder. The SPIN is widely used in clinical and research settings as a reliable tool for screening, symptom monitoring, and evaluating treatment outcomes. Its ease of administration and robust psychometric properties make it a valuable resource for professionals in mental health care.

BECK DEPRESSION INVENTORY (BDI)

The Beck Depression Inventory (BDI) is a widely used self-report measure designed to assess the severity of depressive symptoms in individuals aged 13 and older. Developed by Aaron T. Beck in 1961, it is commonly used in both clinical and research settings to evaluate the intensity of depression and track changes over time. The BDI consists of 21 multiple-choice questions, each addressing a specific symptom or attitude related to depression, such as mood, behavior, guilt, and physical symptoms (e.g., fatigue or changes in sleep). Respondents rate the severity of each symptom on a scale from 0 to 3, with higher scores indicating more severe depression. The total score ranges from 0 to 63, with higher scores indicating more intense depressive symptoms.

The BDI has demonstrated strong psychometric properties, including excellent internal consistency, with Cronbach’s alpha values typically between 0.80 and 0.90. Test-retest reliability has also been reported to be high, ranging from 0.75 to 0.88, showing consistency over time. In terms of validity, the BDI has been extensively validated through research and correlates highly with other measures of depression, such as the Hamilton Depression Rating Scale (HDRS), establishing its concurrent validity. The inventory also exhibits construct validity, as it effectively measures the core symptoms of depression, and discriminant

validity, distinguishing depression from other mental health conditions such as anxiety disorders. The BDI is a useful tool for assessing the severity of depressive symptoms, guiding treatment decisions, and monitoring changes in depression over time, making it an essential instrument in both clinical and research settings.

**CHAPTER 4
RESULTS AND DISCUSSION**

The sample under study comprised of 179 participants, each of the participant was assessed using the Bullying and Exclusion Experiences Scale (BEES), Beck Depression Inventory (BDI), and Social Phobia Inventory (SPIN). Based on the scores obtained from the BEES, participants were categorized into three distinct roles: victim, perpetrator, and witness. The subsequent analysis explores how each of these roles correlates with social anxiety and depression, providing insights into the psychological impact of bullying experiences.

TABLE 4.1

Descriptive Statistics	Mean	Standard Deviation	N
Victim Experience	12.63	7.197	119
Social Anxiety	21.26	15.553	119
Depression	13.37	12.585	119

The administration of the Bullying and Exclusion Experiences Scale (BEES) identified 119 participants as having experienced victimization. The mean scores for each variable provide insight into the overall trends within the sample. The average victimization score was 12.63 (SD = 7.197), indicating a moderate level of bullying experiences, with variability suggesting that some participants reported higher exposure to victimization than others. For social anxiety, the mean score was 21.26 (SD = 15.553), reflecting moderate social anxiety levels, though the high standard deviation suggests considerable variability in responses. Similarly, the mean depression score was 13.37 (SD = 12.585), indicating moderate depressive symptoms but with a broad range of experiences across participants.

The standard deviation values highlight the variability in responses, with social anxiety and depression showing greater dispersion, suggesting that while some participants experience mild symptoms, others report significantly higher levels. The N value of 119 confirms that all three variables—victimization, social anxiety, and depression—were measured within the same sample, ensuring consistency in analysis. These descriptive statistics provide a foundational understanding of the psychological impact of victimization experiences, emphasizing the need for further inferential analysis to explore associations and potential predictors.

TABLE 4.2

Correlation between Victim Experience, Social Anxiety, and Depression

	Victim Experience	Social Anxiety	Depression
Victim Experience	1.000	.309**	-.008
Sig. (2-tailed)	—	.001	.928
N	119	119	119
Social Anxiety	.309**	1.000	.503**

Sig. (2-tailed)	.001	—	.000
N	119	119	119
Depression	-.008	.503**	1.000
Sig. (2-tailed)	.928	.000	—
N	119	119	119

Note: **, Correlation is significant at the 0.01 level (2-tailed).

The correlations between the three variables, Victim experience, Social Anxiety, and Depression using Spearman’s rho correlation coefficients.

Victim experience and Social Anxiety:

There is a positive, statistically significant correlation between victimization and social anxiety ($r = 0.309$, $p = 0.001$). This indicates that, as participants report higher levels of bullying victimization, they tend to experience higher levels of social anxiety as well. The p-value of 0.001 is less than the significance threshold of 0.01, confirming that this correlation is statistically significant. This finding suggests that bullying victimization may contribute to the development or exacerbation of social anxiety in adults. The positive correlation indicates that those who experience more bullying are more likely to exhibit heightened fear or avoidance of social interactions, which may be a direct emotional response to the trauma caused by bullying.

Victim experience and Depression:

The correlation between victimization and depression is very weak and not statistically significant ($r = -0.008$, $p = 0.928$). This indicates that, in this sample, there is almost no relationship between the extent of bullying victimization and the levels of depression experienced by participants. The p-value of 0.928 is much greater than the significance level of 0.01, suggesting that the relationship between victimization and depression is not significant. This result implies that, while bullying may be linked to social anxiety, it does not appear to have a strong direct connection to depressive symptoms in this particular research. Other factors, such as coping strategies or support systems, may mitigate the depressive impact of bullying victimization.

Social Anxiety and Depression:

There is a positive, statistically significant correlation between social anxiety and depression ($r = 0.503$, $p = 0.000$). This result indicates a moderate to strong positive relationship between the two variables, suggesting that individuals who report higher levels of social anxiety are also more likely to experience higher levels of depression. The p-value of 0.000 is well below the significance threshold of 0.01, confirming the significance of this correlation.

Interpretation and Discussion:

The correlation results highlight important relationships between victimization, social anxiety, and depression in the sample. The positive association between victimization and social anxiety suggests that those who experience bullying may develop a fear of social interactions, potentially as a defensive mechanism to avoid further harm. This aligns with the concept that bullying can lead to a heightened sense of vulnerability and self-doubt, which can fuel social anxiety.

The lack of significant correlation between victimization and depression ($r = -0.008$) is somewhat surprising, as one might expect a more substantial link. It suggests that other variables, such as coping mechanisms, social support, or resilience, may buffer the depressive effects of bullying. It is possible that

participants who experience bullying may find ways to cope with or internalize the emotional toll in ways that do not immediately manifest as depression.

The strong correlation between social anxiety and depression ($r = 0.503$) underscores the intertwined nature of these two mental health conditions. Individuals with social anxiety often experience negative thinking patterns, fear of judgment, and avoidance behaviors, which can lead to a sense of isolation and sadness—key symptoms of depression. The overlap between these conditions is well-documented, and the findings in this study are consistent with the understanding that anxiety and depression often co-occur, creating a vicious cycle that can be difficult to break without intervention.

The findings suggest that bullying victimization is more strongly associated with social anxiety than with depression, highlighting the emotional and psychological toll that social interactions can have on individuals who experience bullying. While there is no significant direct link between victimization and depression, the positive correlation between social anxiety and depression reinforces the importance of addressing both conditions together.

TABLE 4.3

Variable	Mean	Standard Deviation	N
Perpetrator of bullying	4.95	4.270	22
Social Anxiety	16.32	11.491	22
Depression	13.00	14.455	22

The administration of the Bullying and Exclusion Experiences Scale (BEES) identified 22 participants as perpetrators of bullying.

The descriptive statistics for three variables, Perpetrator, Social Anxiety, and Depression, based on a sample of 22 participants. The mean values indicate that, on average, perpetrators report moderate levels of bullying behaviors, with an average score of 4.95. This suggests that participants in this group engage in bullying at a moderate frequency, although there is variability in how often they engage in such behaviors. The mean social anxiety score is 16.32, indicating that the participants in this group, on average, experience a moderate level of social anxiety. Similarly, the mean depression score is 13.00, reflecting a moderate level of depressive symptoms among perpetrators. The standard deviation values reveal the variability in the responses: for Perpetrator, the standard deviation is 4.270, showing moderate variation in bullying frequency, suggesting that some individuals report engaging in bullying more frequently than others. The standard deviation for social anxiety (11.491) and depression (14.455) is relatively high, indicating that there is substantial variability in these mental health outcomes among perpetrators, with some individuals experiencing much higher levels of anxiety and depression than others. The N value of 22 indicates that these statistics are based on responses from 22 individuals. Overall, the descriptive statistics highlights that while perpetrators of bullying exhibit moderate levels of social anxiety and depression, there is considerable variability in their experiences, which suggests that different individuals may be affected by bullying and its emotional consequences in different ways.

TABLE 4.4

Variable	Perpetrator of Bullying	Social Anxiety	Depression
Perpetrator of Bullying	1.000	.380	.419
Sig. (2-tailed)	—	.081	.052

N	22	22	22
Social Anxiety	.380	1.000	.652**
Sig. (2-tailed)	.081	—	.001
N	22	22	22
Depression	.419	.652**	1.000
Sig. (2-tailed)	.052	.001	—
N	22	22	22

Note: **, Correlation is significant at the 0.01 level (2-tailed).

The inferential statistics presents the correlations between Perpetrator, Social Anxiety, and Depression using Spearman’s rho correlation coefficients. This analysis helps to understand the relationships between bullying behaviors, social anxiety, and depression in the sample of 22 participants.

Perpetrator and Social Anxiety:

The correlation between Perpetrator and Social Anxiety is 0.380, with a p-value of 0.081. This indicates a moderate positive correlation, but it is not statistically significant at the conventional 0.01 significance level. The positive correlation suggests that there may be a tendency for individuals who engage in bullying behaviors to experience higher levels of social anxiety. However, since the p-value is 0.081 (greater than 0.01), the relationship is not statistically significant, implying that this correlation could have occurred by chance.

Perpetrator and Depression:

The correlation between Perpetrator and Depression is 0.419, with a p-value of 0.052. This is a moderate positive correlation, suggesting that perpetrators of bullying tend to report higher levels of depression. However, like the previous correlation, this result is not statistically significant at the 0.01 level, though it is close to being significant. The p-value of 0.052 indicates that there is a slight possibility that this correlation could be a result of chance, but it still provides some indication that individuals who engage in bullying behaviors may experience depressive symptoms. The association between bullying behaviors and depression in perpetrators is an important finding, suggesting that bullying may be linked to internalized emotional distress, but further research with a larger sample is required to solidify this connection.

Social Anxiety and Depression:

The correlation between Social Anxiety and Depression is 0.652, with a p-value of 0.001, which is statistically significant at the 0.01 level. This indicates a strong positive correlation between social anxiety and depression, suggesting that individuals who experience higher levels of social anxiety are also more likely to experience depression. This is a well-documented relationship in psychological research, where social anxiety often leads to or exacerbates feelings of sadness, isolation, and helplessness—key components of depression. The p-value of 0.001 confirms that this correlation is statistically significant, meaning it is unlikely to have occurred by chance. This finding supports the notion that social anxiety and depression often co-occur, and the strong correlation suggests that interventions for one condition might help mitigate the other.

Discussion

The Perpetrator-Social Anxiety correlation (0.380, $p = 0.081$) suggests a moderate relationship, but it is not statistically significant at the 0.01 level, indicating that further research with a larger sample might be necessary to confirm this link.

The Perpetrator-Depression correlation (0.419, $p = 0.052$) also suggests a moderate association, with a similar lack of statistical significance at the 0.01 level, although it shows that perpetrators of bullying may have higher depressive symptoms.

The Social Anxiety-Depression correlation (0.652, $p = 0.001$) is statistically significant, revealing a strong and meaningful link between these two mental health conditions. This finding is consistent with existing research, which shows that social anxiety and depression are often co-occurring conditions.

The results suggest that while there are moderate correlations between perpetration of bullying and both social anxiety and depression, these correlations are not statistically significant at the 0.01 level. However, the significant correlation between social anxiety and depression emphasizes the importance of addressing both conditions together in psychological assessments and interventions. Bullying behavior in perpetrators might be linked to mental health distress, but further research is required to explore the underlying mechanisms. The findings also suggest that social anxiety and depression should be examined concurrently, as addressing one condition may help reduce the impact of the other

TABLE 4.5
Descriptive statistics for Witness, Social Anxiety and Bullying

Variable	Mean	Standard Deviation	N
Witness	11.05	6.324	38
Social Anxiety	25.24	15.321	38
Depression	13.97	10.612	38

The descriptive statistics for three variables, Witness, Social Anxiety, and Depression. The sample of 38 participants was identified as witness of bullying from the population of 179 participants using the BEES Scale.

The mean values indicate the average scores for each variable, offering insight into the central tendency of the data.

For Witness, the average score is 11.05, suggesting a moderate level of involvement or exposure to bullying as a witness. This score indicates that, on average, participants reported witnessing bullying behaviors at a moderate frequency within the sample. The relatively moderate mean reflects that while some individuals may have witnessed bullying frequently, others may have had limited exposure. The mean for Social Anxiety is 25.24, indicating that, on average, the participants experience a moderate to high level of social anxiety. Social anxiety is characterized by an overwhelming fear of negative judgment or rejection in social situations. The relatively high mean value suggests that participants, particularly those who have witnessed bullying, may have developed heightened anxiety in social contexts, potentially as a result of exposure to bullying or a generalization of fear to broader social interactions.

The mean depression score is 13.97, reflecting a moderate level of depressive symptoms among the participants. This suggests that, on average, individuals who witness bullying report experiencing moderate levels of depression. Depression is characterized by feelings of sadness, hopelessness, and a lack of interest in activities. Witnesses of bullying may internalize the distress of the victim and experience emotional discomfort, which may manifest as depressive symptoms.

The standard deviation values reflect the variability of the responses around the mean, showing how spread out the scores are across participants: The standard deviation for Witness is 6.324, indicating moderate variability in the reported frequency of witnessing bullying. Some participants likely witnessed bullying

more often, while others had fewer or less intense experiences of witnessing bullying behaviors. The standard deviation for Social Anxiety is 15.321, which is relatively large, indicating considerable variability in the social anxiety levels among the participants. Some individuals may experience extreme social anxiety, while others may report only mild symptoms. The standard deviation for Depression is 10.612, indicating variability in depressive symptoms within the sample. While some participants may report more severe depressive symptoms, others may have fewer or less pronounced symptoms, suggesting that the impact of witnessing bullying on depression is not uniform across the sample.

Finally, the N value of 38 indicates that these descriptive statistics are based on data from 38 participants. In summary, the witnesses of bullying in this sample report moderate levels of social anxiety and depression, with some variability in their experiences. The relatively high mean scores for social anxiety and depression suggest that witnessing bullying may have a notable emotional impact, potentially contributing to the development of anxiety and depressive symptoms. The standard deviations indicate that while some participants report more severe experiences, others report lower levels of these psychological outcomes, highlighting the individual differences in how witnessing bullying affects emotional well-being.

TABLE 4.6

Variable	Witness	Social Anxiety	Depression
Witness	1.000	.389*	.230
Sig. (2-tailed)	—	.016	.164
N	38	38	38
Social Anxiety	.389*	1.000	.474**
Sig. (2-tailed)	.016	—	.003
N	38	38	38
Depression	.230	.474**	1.000
Sig. (2-tailed)	.164	.003	—
N	38	38	38

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

The inferential statistics of the Spearman's rho correlations between three variables: Witness, Social Anxiety, and Depression. It provides insight into the relationships between these variables in a sample of 38 participants.

Witness and Social Anxiety:

There is a positive correlation between Witness (those who witness bullying) and Social Anxiety ($r = 0.389$, $p = 0.016$). This correlation is statistically significant at the 0.05 level ($p < 0.05$), indicating that as individuals report higher levels of witnessing bullying, they also tend to experience higher levels of social anxiety. Social anxiety is characterized by a fear of negative evaluation or judgment in social situations, and witnessing bullying can contribute to such fears by creating an environment where individuals feel socially vulnerable or unsafe. The moderate correlation suggests that witnessing bullying behavior may heighten social anxiety, potentially because of the emotional distress associated with seeing others being mistreated. This finding emphasizes the psychological impact of being a witness to bullying, not just for

the victims or perpetrators, but also for bystanders who may internalize the fear and anxiety associated with the bullying behaviors.

Witness and Depression:

The correlation between Witness and Depression ($r = 0.230$, $p = 0.164$) is positive but not statistically significant at the 0.05 level. The p-value of 0.164 is greater than 0.05, suggesting that the relationship between witnessing bullying and depressive symptoms is weak and not significant. This result implies that, while there may be some association between witnessing bullying and depression, it is not strong enough to be considered statistically meaningful in this sample. Although witnesses might experience some level of emotional distress, the lack of a significant correlation indicates that depression in this group might be influenced by other factors, such as personal history, coping strategies, or other environmental influences, rather than solely by the act of witnessing bullying.

Social Anxiety and Depression:

There is a strong positive correlation between Social Anxiety and Depression ($r = 0.474$, $p = 0.003$), which is statistically significant at the 0.01 level ($p < 0.01$). This result indicates that as social anxiety increases, depression tends to increase as well. The correlation suggests that individuals who experience high levels of social anxiety are more likely to suffer from depressive symptoms. This is consistent with existing research that links anxiety disorders, particularly social anxiety, with depression. People with social anxiety often fear social rejection or negative evaluation, and this chronic stress can lead to feelings of helplessness, sadness, and isolation—core symptoms of depression. The strong positive correlation indicates that these two conditions are closely linked, suggesting that treating social anxiety may help reduce depression, and vice versa.

Discussion

The positive correlation between Witness and Social Anxiety (0.389) suggests that witnessing bullying contributes to increased social anxiety, highlighting the emotional distress that bystanders may experience. However, the lack of significance in the Witness-Depression correlation suggests that depression in witnesses might not be directly linked to their role as a bystander, and other variables may be more influential in explaining depressive symptoms.

The strong and significant correlation between Social Anxiety and Depression (0.474) underscores the co-occurrence of these two mental health issues, confirming that individuals with high social anxiety are more likely to experience depression. This finding supports the idea that social anxiety can be a precursor to or a contributing factor in the development of depression.

The findings suggest that while witnessing bullying is linked to increased social anxiety, its impact on depression is less clear. This points to the need for further exploration of the emotional consequences of witnessing bullying, particularly the role of social anxiety in exacerbating these effects. The significant correlation between social anxiety and depression highlights the importance of addressing both conditions in therapeutic or intervention settings. Given that bystanders may experience emotional distress as a result of witnessing bullying, interventions aimed at reducing social anxiety in witnesses could also potentially alleviate depressive symptoms.

CHAPTER 5

SUMMARY AND CONCLUSION

SUMMARY

The analysis of the correlation of the victim, perpetrators and witness experiences on social anxiety and

depression, which provided descriptive statistics and correlations, reveals significant insights into the relationship between bullying victimization, social anxiety, depression, and the roles of victims, perpetrators, and witnesses. The descriptive statistics indicate that both victims and perpetrators experience moderate levels of social anxiety and depression, with perpetrators reporting a slight variance in bullying behaviors and emotional distress. The witnesses of bullying also exhibit moderate levels of social anxiety and depression, with some variability in their experiences of both bullying exposure and emotional outcomes. The mean values for social anxiety and depression in these groups suggest that while bullying significantly impacts emotional well-being, the severity varies within each group.

The correlation results further substantiate these findings, highlighting both significant and non-significant relationships. Victims of bullying show a moderate positive correlation with social anxiety, indicating that those who are victimized are more likely to experience heightened anxiety in social situations. However, the correlation between victimization and depression was weak and not statistically significant, suggesting that other factors, such as coping mechanisms or social support, may mediate the depressive impact of bullying. For perpetrators, while there was a moderate positive correlation between perpetration and social anxiety ($r = 0.380$), it was not statistically significant, indicating that social anxiety may not directly result from engaging in bullying. The correlation between perpetration and depression was also moderate but not significant, suggesting that perpetrators may experience emotional distress, but this relationship requires further exploration.

Among the witnesses, a significant positive correlation was found between witnessing bullying and social anxiety ($r = 0.389$), highlighting that bystanders to bullying may develop social anxiety due to emotional distress, but the relationship with depression was not significant. However, the strong and statistically significant correlation between social anxiety and depression ($r = 0.474$) indicates that these two conditions are closely linked, with individuals who experience higher social anxiety being more likely to report depressive symptoms.

The findings suggest that bullying, whether as a victim, perpetrator, or witness, is associated with varying levels of social anxiety and depression. The correlations emphasize that social anxiety and depression are strongly interconnected, particularly for individuals who experience social anxiety. While victims of bullying tend to report higher social anxiety, the direct link between victimization and depression is less clear. For perpetrators, the emotional consequences of bullying behavior seem to be more complex and may require further investigation. Witnesses, although experiencing some level of emotional distress, showed significant social anxiety but not depression, highlighting the emotional toll of witnessing bullying behaviors.

CONCLUSION

This research highlights the significant emotional and psychological impact of bullying on victims, perpetrators, and witnesses, with particular emphasis on the development of social anxiety and depression. While victims tend to experience heightened social anxiety, the link between victimization and depression was not strongly supported by the sample. Perpetrators showed moderate levels of social anxiety and depression, though these relationships were not statistically significant. Witnesses of bullying experienced notable social anxiety, but depression was not significantly correlated.

LIMITATIONS

- The limited number of perpetrators and witnesses reduces statistical power and generalizability, making

ng it difficult to apply findings to broader populations (Fritz & MacKinnon, 2007).

- The study's design prevents the establishment of causal relationships between bullying involvement and mental health outcomes, which could be better analyzed through longitudinal studies (Cole & Maxwell, 2003).
- Self-report measures are prone to biases such as social desirability and recall bias, affecting data accuracy and necessitating complementary methods like behavioral observations (Podsakoff, MacKenzie, & Podsakoff, 2012).
- Variables like coping mechanisms, family dynamics, and pre-existing mental health conditions, which significantly influence responses to bullying, were not accounted for (Liu & Alloy, 2010).
- The study focuses only on social anxiety and depression, excluding other effects like PTSD, self-esteem issues, and substance use problems that are also associated with bullying (Copeland, Wolke, Angold, & Costello, 2013).
- Differences in cultural and social contexts can shape individuals' experiences and reactions to bullying, limiting the applicability of findings across diverse populations (Smith, Kwak, & Toda, 2016).

IMPLICATIONS

- The findings highlight the significant impact of bullying on social anxiety and depression, particularly among victims and witnesses, emphasizing the need for targeted intervention programs that include counseling services, anti-bullying campaigns, and supportive environments (Ttofi & Farrington, 2011).
- Given the strong correlation between social anxiety and depression, mental health professionals should be trained to identify and address both conditions simultaneously in individuals affected by bullying for more effective psychological interventions (Beesdo, Knappe, & Pine, 2009).
- Comprehensive anti-bullying policies in schools and workplaces should not only aim to reduce bullying behaviors but also provide psychological support for all involved, as school-based interventions are more effective when incorporating counseling and emotional support services (Olweus, 1993).
- Further research should explore the long-term psychological consequences of bullying through longitudinal studies, examining persistent effects on social anxiety and depression, while incorporating additional mental health variables such as self-esteem and coping mechanisms (Arseneault, 2018).
- Perpetrators of bullying may also experience emotional distress, including social anxiety and depression, highlighting the need for interventions that promote empathy-building, emotional regulation, and mental health support for all involved (Espelage, Low, Rao, & Hong, 2014).
- Raising awareness about the psychological effects of bullying is crucial in educational institutions, workplaces, and communities, requiring training programs for educators, managers, and mental health professionals to identify social anxiety, depression, and other emotional distress early (Twemlow, Fonagy, & Sacco, 2004)

CHAPTER 6

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