Bullying and its Effects on Mental Health among Students in Secondary Schools in Ontario, Canada

[1*]Ziad Baber Hallgren, [2]Roman Aboultaif Aftab

[1]Student, University of Toronto

[2]Lecturer, University of Toronto

*Email of the corresponding author: ziadhallgren@gmail.com

Abstract

Bullying in secondary schools across Ontario significantly undermines students' mental health, often leading to heightened levels of anxiety, depression, and emotional distress. Victims of bullying may experience social withdrawal, low self-esteem, and academic disengagement, which can have long-term psychological consequences. Addressing this issue requires comprehensive school-based interventions, mental health support systems, and active involvement of educators, parents, and policymakers. The study found that Students in Ontario secondary schools who experience bullying whether physical, verbal, relational, or cyber are significantly more likely to report poor self-rated mental health and elevated psychological distress, with nearly one-quarter of students indicating they have been bullied at school in the past year. Victims of both traditional and cyberbullying face even greater risks, including higher rates of depression, suicidal ideation, and emotional distress, especially among younger adolescents. These findings highlight a clear and troubling link between bullying involvement and adverse mental health outcomes, underscoring the urgent need for comprehensive prevention and support strategies within Ontario's schools. The study concluded that bullying remains a serious concern in Ontario's secondary schools, with clear evidence linking it to negative mental health outcomes such as anxiety, depression, and increased psychological distress among students. The effects are particularly severe for those exposed to multiple forms of bullying, including cyberbullying, with long-term consequences on their emotional and academic development. Therefore, it is essential for schools, families, and policymakers to implement coordinated, evidence-based strategies that prioritize mental health support and foster safe learning environments. The study recommended that secondary schools in Ontario should strengthen their anti-bullying policies by incorporating mental health education, peer support systems, and confidential reporting mechanisms. Additionally, collaboration among educators, parents, and mental health professionals is essential to ensure timely interventions and create supportive environments that protect students from the psychological harm caused by bullying.

Keywords: *Bullying, mental health, students, Canada*

1.1 Background of the Study

Bullying remains one of the most pervasive and damaging social challenges facing adolescents in secondary school environments across the globe (Ozada Nazim & Duyan, 2021). In Canada, particularly in Ontario, this issue has garnered increasing attention due to its widespread nature and long-term psychological impact. Bullying is generally defined as repeated, intentional aggressive behavior characterized by a power imbalance between the perpetrator and the victim. It can manifest in several forms, including physical aggression, verbal harassment, social exclusion, and cyberbullying. With the rise of digital communication platforms, the boundary between in-school bullying and online harassment has become increasingly blurred, creating a complex landscape that secondary schools in Ontario should navigate (Alcock, 2020). The province's multicultural and diverse student population adds further layers of complexity to how bullying manifests and is experienced, making it a pressing public health and educational issue.

Bullying remains a common experience among secondary school students in Ontario. The Ontario Student Drug Use and Health Survey (OSDUHS) and reports from Public Health Ontario indicate that a significant proportion of students report being bullied on school property, online, or both (Stewart, Withers & Poss, 2024). While some progress has been made in reducing the incidence of physical bullying, psychological and cyberbullying appear to be on the rise. Online platforms have enabled more covert forms of harassment that often go undetected by educators and parents (Englander, 2023). This shift has placed new pressure on school systems to adapt their anti-bullying policies to include digital spaces. In Ontario, where internet penetration is high and mobile device usage among adolescents is ubiquitous, the risk of continuous exposure to bullying is greater than ever before, contributing to a heightened sense of vulnerability among affected students.

The psychological ramifications of bullying are profound and long-lasting (Han, Ye & Zhong, 2025). Numerous studies have established a strong correlation between being bullied and the development of mental health conditions such as depression, anxiety disorders, low self-esteem, and suicidal ideation. In the context of Ontario secondary schools, victims of bullying have reported feelings of isolation, helplessness, and fear, which often translate into academic disengagement, behavioral issues, and long-term mental health struggles. Cyberbullying, in particular, tends to be relentless, as students cannot easily escape it even after school hours (Wilbon Sr, 2020). This constant exposure can lead to chronic stress, sleep disturbances, and emotional exhaustion. These outcomes are especially concerning given that adolescence is a critical developmental stage during which mental health issues often begin to manifest, setting the tone for lifelong patterns of well-being or distress (Jeyarani, 2022).

The school environment plays a critical role in either exacerbating or mitigating the effects of bullying (Fauzan & Sulaeman, 2024). When schools fail to foster inclusive, supportive atmospheres, students may be less likely to report bullying or seek help. In Ontario, efforts have been made to improve school culture through anti-bullying initiatives, teacher training, and student-led awareness programs. Nonetheless, systemic issues persist. Peer dynamics are deeply influential during adolescence, and fear of social repercussions often prevents students from intervening or supporting victims (Veenstra, 2025). Additionally, teachers and school administrators may not always recognize the subtler forms of psychological bullying, especially

in multicultural classrooms where expressions of distress may vary across cultural groups. This calls for more culturally responsive training and intervention frameworks that are attuned to the diversity of Ontario's student population.

The long-term impact of bullying extends beyond individual victims to affect broader societal outcomes (Lohmeyer, 2023). Victimized students often carry the emotional scars of bullying into adulthood, manifesting as ongoing mental health conditions, difficulties in forming relationships, and underperformance in professional and academic settings. Studies from Canadian mental health organizations show that individuals who were bullied in school are more likely to engage in substance abuse, develop PTSD-like symptoms, or experience persistent social withdrawal. These effects place an additional burden on Ontario's healthcare and social support systems. Moreover, the economic implications cannot be ignored, as untreated mental health conditions can lead to reduced workforce productivity, increased medical costs, and greater reliance on public assistance programs (Brouwers, 2020). This underscores the urgent need for effective, evidence-based bullying prevention and mental health support strategies within the education system.

Given the persistent prevalence of bullying and its detrimental impact on mental health, there is a critical need for research that examines this phenomenon within the specific sociocultural context of Ontario's secondary schools. Although national studies provide valuable insights, localized research allows for the identification of region-specific trends, risk factors, and intervention opportunities. This study seeks to fill that gap by analyzing how bullying affects the mental health of students in Ontario's diverse educational landscape. It will explore various forms of bullying, assess their psychological consequences, and evaluate the effectiveness of current prevention and support mechanisms within the school system. The findings will inform educators, policymakers, and mental health professionals on how to create safer, more supportive school environments, ultimately contributing to healthier adolescent development and improved academic outcomes across the province.

1.2 Statement of the Problem

Bullying among adolescents in secondary schools has emerged as a persistent threat to mental well-being, with global and national studies consistently pointing to its adverse psychological outcomes. In Ontario, Canada, as in many developed settings, students face a broad spectrum of bullying behaviors—including verbal abuse, social exclusion, cyberbullying, and physical intimidation—that significantly impair their emotional stability and social functioning. The psychological consequences are profound and far-reaching, often resulting in anxiety, depression, low self-esteem, and in severe cases, suicidal ideation or self-harm. For instance, Luo et al. (2022) found that school bullying is strongly linked to anxiety symptoms, suicidal thoughts, and non-suicidal self-injury among adolescents, suggesting that victims face elevated risks of mental disorders regardless of the bullying typology. Similarly, Islam, Khanam, and Kabir (2020) identified a significantly higher likelihood of major depressive disorder and suicidality among students who had experienced traditional or cyberbullying. Despite such compelling evidence, interventions often remain generic and fail to reflect the complex interplay between the forms of bullying and individual mental health vulnerabilities, thereby limiting their effectiveness in the Canadian school context.

Moreover, while anti-bullying campaigns and school-based policies exist across Canada, particularly in Ontario, empirical data on the local prevalence, gender-specific vulnerabilities, and socio-cultural dynamics influencing bullying remain sparse. Research conducted in diverse international settings provides valuable insights but may not fully capture the unique psychosocial and educational environment of Canadian schools. For instance, Ringdal et al. (2021) and Källmén and Hallgren (2021) demonstrated that boys are often more vulnerable to the mental health effects of bullying than girls, while Man, Liu, and Xue (2022) emphasized the protective influence of parental support in mitigating the psychological impact of victimization. However, such differentiated analyses are underexplored in Canada, where contextually grounded findings are essential for guiding effective mental health interventions. Lin et al. (2020) also highlighted that the relationship between bullying and mental health is mediated by factors such as social support, resilience, and self-efficacy, underscoring the need for holistic, evidence-based frameworks in policy and practice. Without localized research to inform these efforts, schools in Ontario may struggle to address the root causes and consequences of bullying, leaving affected students at risk of long-term psychological harm.

2.1 Literature Review

Bokhari, Shoaib, Ijaz, Aftab and Ijaz (2022) conducted cross-sectional study between November 2019 and January 2020 at Sacred Heart Convent School and Ibn e Sina School in Lahore, assessed the impact of bullying on adolescent mental health. A total of 381 students participated, with data compiled and analyzed at CMH Lahore Medical College. The study employed a structured Performa to gauge bullying severity, using the Victimization Scale and the WHO Wellbeing Index for comparison. The Victimization Scale had scores ranging from 0 to 54, yielding a mean score of 8.04 and a standard deviation of 9.12. According to the WHO Wellbeing Index, 42.8% of students scored below 13, indicating poor mental health, while 57.2% scored 13 or higher. However, statistical analysis revealed no significant correlation between victimization and mental well-being ($p = 0.844$). Despite this, the findings align with broader literature suggesting that traditional bullying in Pakistan contributes to reduced happiness and elevated depression levels among adolescents. The study emphasized the urgent need to implement anti-bullying programs in schools and integrate mental health promotion into educational curricula across Pakistan, aiming to foster safer environments and enhance psychological well-being for students.

Man, Liu and Xue (2022) examined the relationship between various forms of bullying and adolescent mental health across 65 countries, using data from the Global School-based Student Health Survey (2003–2015). The sample included 167,286 adolescents aged 12 to 17 years. Employing an ordinary least squares regression model, the study controlled for state-fixed effects, adolescent behaviors, and family characteristics to analyze the impact of bullying frequency and types on mental health outcomes. The findings revealed a global bullying prevalence rate of 32.03%, with African countries reporting the highest rates. Among the forms of bullying, verbal bullying was the most prevalent and had the strongest negative effect on adolescent mental health. The study further identified differences in bullying experiences based on gender, age, and geographical region. Crucially, it highlighted the significant protective role of parental factors in mitigating the mental health impact of bullying. Specifically, parental supervision, connectedness, and bonding were found to buffer the psychological harm experienced by bullied adolescents. These findings underscored the importance of family engagement and targeted interventions in reducing the mental health burden associated with adolescent bullying globally.

Abdelaziz and Abu-Snieneh (2022) investigated prevalence of bullying among undergraduate nursing students, identified the primary perpetrators, and assessed its impact on mental health and academic performance. Using a cross-sectional correlational design, data were collected through electronic questionnaires completed by 180 nursing students. Results showed that nearly half of the respondents had experienced bullying behaviors on a daily or weekly basis during their training. Classmates were most frequently identified as the sources of these negative behaviors. The study revealed that bullying experiences were significantly linked to poor psychological health and heightened levels of perceived stress among students. Additionally, a lower grade point average was found to be a significant predictor of exposure to bullying, indicating that students with academic challenges were more vulnerable. These findings emphasized the urgent need for institutional policies that clearly define the legal and disciplinary consequences of bullying within nursing education. Collaboration between faculty members and clinical service providers is essential to create supportive learning environments and reduce the incidence and harmful effects of bullying on student well-being and academic achievement.

Ringdal, Bjørnsen, Espnes, Bradley Eilertsen and Moksnes (2021) examined this longitudinal study and predictive roles of bullying and perceived social support on adolescent mental health among 351 students aged 15 to 21 from four upper-secondary schools in Norway. Data were collected at two time points: September 2016 and April–June 2017. The researchers employed both random- and fixed-effects regression models to assess how experiences of being bullied and levels of social support influenced mental well-being, anxiety, and depression symptoms. Results from the random-effects model indicated that being bullied was linked to lower mental well-being and higher anxiety and depression symptoms, while social support from family and friends was positively associated with better mental health outcomes. However, the fixed-effects model, considered more robust due to its control for individual differences over time, showed that bullying was significantly associated only with increased anxiety and depression symptoms, not with diminished mental well-being. Additionally, support from friends, but not from family, was associated with improved mental well-being and reduced psychological symptoms. Importantly, neither family nor peer support effectively moderated the harmful mental health effects of bullying. These findings underscored the persistent psychological harm of bullying and highlight the specific importance of peer support in promoting adolescent mental health, while questioning the buffering role of familial support in such contexts.

Källmén and Hallgren (2021) explored recent trends in bullying and mental health problems among adolescents in Stockholm and examined the association between them. Data were collected through questionnaires administered to all 15- and 18-year-old students (school years 9 and 11) in 2014, 2018, and 2020, with a total sample size of 32,722. The questionnaire measured bullying at school, mental health issues, socio-economic status, and school environment. Logistic regression analyses, adjusted for demographic and socio-economic variables, were used to assess the relationship between bullying and mental health. Findings revealed that bullying rates remained relatively stable, with the highest prevalence among girls in year 9 (ranging from 4.9% to 16.9%). However, reports of mental health problems increased over time, particularly among girls in year 11, whose rates rose by 4.6% by 2020. Bullying was strongly associated with poorer mental health outcomes. Students who had been bullied were significantly more likely to report mental health problems, with the odds 2.57 times higher overall. Among boys, mental health issues were four times more prevalent in those who were bullied compared to their non-bullied peers, while for

girls, the increase was 2.4 times. The study concluded that boys may be more vulnerable to the psychological effects of school bullying than girls.

Lin, Wolke, Schneider and Margraf (2020) conducted study applying a path analytic model to investigate how past experiences of bullying—both victimization and perpetration—relate to current mental health among university students, and whether these effects are mediated by social support, resilience, and self-efficacy. The study involved 5,912 Chinese and 1,935 German students. In both countries, higher levels of victimization were linked to lower social support, reduced resilience, and decreased self-efficacy, all of which contributed to poorer mental health outcomes. In China, perpetration was also associated with lower social support and resilience but had no impact on self-efficacy. Conversely, in Germany, students who had bullied others reported higher self-efficacy, which was positively linked to better mental health. The mediation model confirmed that social support, resilience, and self-efficacy partially mediated the effects of victimization on mental health across both countries. However, for perpetration, self-efficacy was the only full mediator in Germany, while in China, both social support and resilience served as partial mediators. These findings highlighted that bullying victimization consistently harms mental health, while perpetration affects mental health differently across cultures. In collectivist China, it contributed to negative outcomes, whereas in individualistic Germany, it may foster a sense of control and psychological benefit, revealing key cultural considerations for anti-bullying interventions.

Turhan (2022) investigated connection between children's experiences of domestic violence, their involvement in bullying behavior, and their risk of peer victimization, with a particular focus on mental health and intervention strategies. The study seeks to understand how witnessing domestic violence may influence a child's behavior in school, particularly in terms of engaging in or falling victim to bullying. It highlighted the possibility that bullying can be both a consequence of and a response to domestic violence exposure. Recognizing this link was essential for developing more effective mental health interventions and support systems for affected children. The study emphasized the need to examine how complex family dynamics and violent home environments contribute to children's psychological distress and behavioral patterns in school settings. By identifying these patterns, professionals can implement targeted interventions to address the emotional and behavioral needs of children who have witnessed domestic violence. The study underscored the importance of an integrated approach that considers the intersection of home and school environments in understanding and addressing child mental health, bullying behavior, and peer victimization, paving the way for more comprehensive support and prevention efforts.

Luo, Zheng, Xiao, Xie, Liu, Zhu and Song (2022) investigated the prevalence of school bullying in China and its relationship with mental health among adolescents. Using multistage stratified cluster random sampling, 15,415 middle and high school students were surveyed. Participants were categorized into four groups: bully/victims (2.72%), bullies (1.38%), victims (10.89%), and uninvolved (85.01%). Multinomial logistic regression models, stratified by gender, were employed to examine associations between bullying involvement and mental health issues. Compared to uninvolved students, those with anxiety symptoms, non-suicidal self-injury, and suicidal ideation were significantly more likely to be involved in bullying—whether as bullies, victims, or both. Gender-specific analyses showed that boys with anxiety and self-injury tendencies were more likely to fall into any of the three bullying-involved categories. Among girls, both bullying others and being bullied were associated with anxiety and suicidal ideation. The findings highlighted that

school bullying remains a significant health concern for Chinese adolescents, with strong links to various mental health challenges. The study underscored the urgent need for targeted intervention programs that address both the psychological and physical health of students involved in bullying, emphasizing the importance of gender-sensitive approaches in tackling the complex dynamics of school bullying and mental health.

Ross, Mathieu, Wardhani, Gullestrup and Kõlves (2021) conducted this Australian study using an exploratory sequential mixed methods design to investigate workplace bullying among construction industry apprentices, its prevalence, and its association with mental health outcomes. The research found that a significant number of apprentices face bullying, exposure to suicidal behavior, and personal suicidal ideation. Multivariate analyses revealed that bullying was strongly linked to heightened psychological distress, particularly among third-year apprentices and those not currently active in an apprenticeship. The findings also indicated that bullying was more likely among apprentices who used substances, reported lower well-being, worked nights away from home, were in the plumbing trade, or worked for larger organizations. These associations highlighted a concerning pattern of mental health vulnerability within this segment of the workforce. The study emphasized the urgent need for targeted mental health support and anti-bullying policies tailored to the construction industry. The insights derived are critical for shaping practical, evidence-based interventions and organizational strategies aimed at protecting apprentices' mental health and improving workplace culture. The research contributed valuable understanding to the broader conversation on occupational health and safety, particularly within trades characterized by high physical demands and traditionally rigid workplace hierarchies.

Islam, Khanam and Kabir (2020) investigated the impact of traditional bullying, cyberbullying, and combined victimization on adolescent mental health, suicidality, and self-harm. The study involved 2,166 high school students aged 12 to 17 years (1,131 boys and 1,035 girls). It aimed to clarify the specific effects of different bullying types on mental disorders such as major depressive disorder, as well as on suicidal ideation, planning, attempts, and self-harming behavior. Using both bivariate and multivariate analyses, the findings revealed that adolescents exposed to any form of bullying—traditional, cyber, or both—faced significantly higher risks of depression, suicidality, and self-harm compared to their non-victimized peers. Those who experienced both traditional and cyberbullying exhibited the most severe mental health outcomes. The study emphasizes the serious public health implications of bullying, particularly in its modern, technology-driven forms. It highlights the importance of early detection of bullying victims to reduce the likelihood of severe mental health consequences. These findings supported the need for targeted interventions in schools and can guide policymakers and educators in allocating resources to combat bullying and promote adolescent mental well-being. The evidence was particularly relevant for developed countries like Australia, where cyberbullying continues to rise alongside traditional forms.

3.1 Research Findings

Data from the 2023 Ontario Student Drug Use and Health Survey (OSDUHS) reveal that bullying remains a widespread concern in secondary schools. Although bullying—both in-person and online—is more prevalent among younger adolescents and decreases with age, a substantial proportion of older students are still affected. Additionally, a Statistics Canada survey showed that among students who experienced bullying at least monthly, 72% reported elevated stress, along with frequent sleep disturbances (73%), headaches (70%), stomach aches (60%), and backaches (56%)—all significantly higher rates than among non-bullied counterparts. The study also

indicated the most common forms of bullying: name-calling (59%), rumors (34%), and social exclusion (32%)—highlighting a broad spectrum of negative experiences in school environments

Ontario students facing bullying are at a markedly increased risk of anxiety, depression and psychological distress. The OSDUHS reported that 38% of students rated their mental health as fair to poor, and 51% exhibited moderate to serious psychological distress; overall stress and poor coping have doubled in about a decade. Academic and clinical studies reinforce that bullying involvement—whether as victim, perpetrator, or both—is associated with elevated mental health service utilization; one international analysis showed 24% of victims, 42% of bullies, and 44% of bully-victims had received mental health support, compared to just 13% of non-involved peers. Moreover, literature consistently links bullying to poor psychosocial outcomes: depression, anxiety, diminished self-esteem, social withdrawal and even suicidal ideation. These findings demonstrated a strong correlation between bullying frequency and severity and declining mental health across Ontario's secondary school population.

4.1 Conclusion

The findings from this study underscored the pervasive and damaging impact of bullying on the mental health of secondary school students in Ontario, Canada. As evidenced by global and regional literature, bullying remains a pressing psychosocial challenge that manifests in various forms—verbal, physical, relational, and cyber—each of which contributes uniquely to emotional distress among adolescents. Victimized students are at a heightened risk of developing depression, anxiety and stress-related disorders, all of which hinder not only their academic engagement but also their social development and general well-being. The study draws attention to the fact that, despite existing anti-bullying policies in Canadian schools, a significant proportion of students continue to face peer aggression, suggesting gaps in policy implementation, stakeholder engagement, and student support services. Moreover, the data reveals that individual responses to bullying are influenced by gender, support systems and the type of bullying experienced, highlighting the necessity for differentiated interventions.

Based on these conclusions, it is evident that Ontario's educational and mental health frameworks should adopt a more comprehensive and data-driven approach to address school-based bullying. Interventions should be sensitive to the specific experiences of different student groups and should integrate mental health education, peer support programs, parental involvement, and targeted counseling services. In addition, the study advocated for the integration of resilience-building strategies within the curriculum and the creation of safe reporting mechanisms that empower students to speak out against bullying without fear of retaliation. Policymakers and educators should collaborate to ensure that bullying prevention is not merely reactive but proactively embedded within school culture. Through aligning intervention efforts with empirical evidence, Ontario can move toward fostering safer, more inclusive school environments that support not just academic achievement, but also the emotional and psychological development of all students.

5.1 Recommendations

The study recommended that secondary schools in Ontario should implement a multi-tiered intervention framework that addresses bullying from prevention to post-incident support. Schools should incorporate structured anti-bullying education into the curriculum, emphasizing empathy, digital responsibility and conflict resolution skills. Training programs for teachers, counselors, and administrative staff should be established to help them identify, report, and respond to bullying

behaviors effectively and sensitively. Furthermore, schools should establish safe, anonymous reporting systems that encourage student disclosure without fear of stigma or retaliation. Mental health services, including access to on-site counselors and periodic psychological assessments, should be expanded to provide timely support to victims and perpetrators alike. Parental involvement should be strengthened through workshops and regular communication, ensuring that families are equipped to reinforce positive behaviors and support their children's mental well-being at home. Additionally, the Ministry of Education should mandate periodic evaluations of school climate and bullying prevalence, using standardized tools to inform data-driven policy adjustments and resource allocation. A collaborative approach involving students, educators, parents, and policymakers is essential to create a sustained, inclusive, and responsive anti-bullying culture across Ontario's secondary schools.

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