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## EFFECTS OF BULLYING ON THE PSYCHOLOGICAL AND MENTAL WELLBEING OF ADOLESCENTS IN SELECTED SECONDARY SCHOOLS IN IBADAN, NIGERIA.

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### ABSTRACT

*Bullying is a complex and stressful experience that significantly impacts the psychological and mental well-being of adolescents. While its effects were often overlooked, recent attention from researchers, mental health professionals, social workers, and policymakers has focused on understanding how bullying influences adolescent mental health. This study used a descriptive survey design with a correlation approach to examine the impact of bullying on the psychological and mental well-being of adolescents. A sample of 280 students from four secondary schools in Ibadan Metropolis (two public, two private) was selected using simple random sampling. Data collection utilized a mix of standardized and self-developed instruments, focusing on bullying experiences and both short- and long-term psychological effects. Statistical analysis, including frequency counts and percentages for demographic data, and Pearson Product Moment Correlation (PPMC) for testing hypotheses at a 0.05 alpha level, was employed. The study revealed that all six short-term psychological variables—*anxiety and fear* ( $r = .114$ ), *anger and rage* ( $r = .377$ ), *humiliation and shame* ( $r = .308$ ), *sadness and loneliness* ( $r = .499$ ), *self-harm/harm to others* ( $r = .159$ ), and *school avoidance/absenteeism* ( $r = .184$ )—showed significant correlations with bullying. Long-term effects such as *erosion of self-esteem and confidence* ( $r = .368$ ), *post-traumatic stress disorder* ( $r = .716$ ), *anxiety and depression* ( $r = .278$ ), *self-destruction* ( $r = .420$ ), *schizophrenia* ( $r = .270$ ), *substance abuse* ( $r = .255$ ), and *agoraphobia* ( $r = .299$ ) also had significant relationships with bullying among victims in these schools. The findings indicate a significant correlation between bullying and the mental well-being of adolescents, with  $r(298) = .372, p < 0.05$ . Additionally, psychological effects ( $r = .290, p < 0.05$ ) were significantly related to mental well-being. The study concludes that bullying has both short-term and long-term adverse effects on the psychological and mental well-being of adolescents in selected secondary schools in Ibadan. It suggests that parents, teachers, school administrators, counselors, and social workers should be vigilant in identifying these effects to mitigate their impact on the mental health of adolescents.*

**Key Words:** *Adolescents, Bullying, Psychological, Mental Wellbeing*

### INTRODUCTION

Bullying is a significant issue that affects children, adolescents, and parents, creating an environment of stress and adversity. Schools, which are meant to foster learning and personal growth, are often where bullying occurs, impacting adolescents' self-image, relationships, and sense of independence. Bullying, as defined by Jacobs (2013), involves intentional harm through physical confrontation or electronic intimidation (such as on social media) over a period, with victims often unable to defend themselves. Broadly, bullying is the repetitive misuse of power in relationships through verbal, physical, or social behavior intended to cause harm. Adolescents are particularly vulnerable to peer pressure, which can lead to bullying behaviors like making fun of others, online taunting, or exclusion from activities. Bullying is a severe form of negative peer pressure, which can severely damage a teenager's self-esteem and potentially cause long-term emotional harm. Studies show that bullying can lead to serious behavioral disorders, requiring professional counseling and, in severe cases, medication.

Different types of bullying are more common at various stages. Making fun of others is a frequent form of bullying, while physical and cyberbullying peak in middle school but decrease with age. In contrast, verbal and relational bullying are more common among older students. Verbal and





psychological bullying, like spreading rumors and social exclusion, are widespread in secondary schools. Physical bullying, such as hitting or destroying belongings, is also common, leading to serious consequences like dropouts and suicides (Rivara & Le Menestrel, 2016). Victims of bullying often experience anxiety, depression, and eating disorders, and are more likely to drop out of school (Juvonen & Graham, 2014; McDougall & Vaillancourt, 2015)

Bullying's impact on adolescent well-being is profound. In Nigeria, bullying has been on the rise, affecting adolescents' ability to focus on schoolwork and develop essential skills. School bullying causes considerable distress, hindering many children from reaching their full potential. Bullying isn't just a problem between a bully and a victim; it's a group phenomenon that occurs within a broader social context, influenced by relationships with peers, families, teachers, and societal factors. Even those who witness bullying, known as bystanders, are at risk for negative outcomes (Rivers, Poteat, Noret, & Ashurst, 2009).

Adolescents can be victims, perpetrators, or bystanders in bullying situations. Sometimes a child might be bullied at school but bully siblings at home. While bullying clearly causes problems for victims (McDougall & Vaillancourt, 2015), those who bully are also at risk for anxiety, depression, social withdrawal, and delinquency (Bender & Lösel, 2014), and they may struggle academically and face a higher risk of antisocial personality disorder as adults (Copeland et al., 2013).

In recent years, the rate of bullying among adolescents in secondary schools has increased dramatically, reaching unprecedented levels. School administrators are struggling to deal with the rising number of bullying cases, particularly since it is often the more vulnerable students who become victims. Limited research in this area indicates that bullying is significantly influenced by peer group pressure. Despite the efforts by secondary schools to manage students through specific rules and regulations, bullying persists at an alarming rate. This suggests that these rules may not be effective in controlling bullying behavior, leading to a failure to curb it effectively. Unfortunately, the impact of bullying can be long-lasting, potentially extending into adulthood, depending on a person's role in the bullying context. Although many studies have examined bullying among students, none have focused specifically on the psychological and mental well-being of adolescents in Ibadan. This study aims to address this gap by exploring the effects of bullying on the psychological and mental health of adolescents in selected secondary schools in Ibadan. The primary goal of this research is to investigate the impact of bullying on the psychological and mental well-being of adolescents in select secondary schools in Ibadan Metropolis. This study has two key objectives:

- i. To investigate the short-term effects of bullying on the psychological and mental well-being of adolescent victims in selected secondary schools in Ibadan.
- ii. To examine the long-term effects of bullying on the psychological and mental well-being of adolescent victims in selected secondary schools in Ibadan.

## LITERATURE REVIEW

Chrysanthou et al. (2019) used the Understanding Society dataset from 2009–13 to investigate the effects of two mental health outcomes (emotional symptoms and hyperactivity/inattention) and nine categories of adolescent bullying (verbal, physical, indirect) on life satisfaction. They found that bullying significantly reduces life satisfaction and increases emotional symptoms and hyperactivity/inattention. These effects are more pronounced with non-domestic bullying. Domestic sibling bullying, on the other hand, has a minimal effect on life satisfaction. The study revealed that lower family income leads to increased hyperactivity and inattention, also reducing life satisfaction. The research, which used dynamic ordered correlated random effects models, demonstrated that bullying exacerbates emotional and hyperactive symptoms and negatively impacts life satisfaction. Moreover, it found that adolescent males generally report higher life satisfaction, while females are more prone to emotional disorders. Family engagement seems to improve life satisfaction and reduce mental health symptoms in adolescents.

Uswah Bokhari et al. (2022) examined the impact of bullying on teenagers' mental health through a cross-sectional study conducted at Lahore's Ibn e Sina School and Sacred Heart Convent School. Data were analyzed using the WHO Well-Being Index and the Victimization Scale, with 381 participants from each school. The victimisation scale ranged from 0 to 54, with a mean score of 8.04. The results indicated that 42.8% of the students had a score below 13 on the WHO Well-Being Index, suggesting a negative impact on mental health, while 57.2% scored 13 or higher. A significant association between bullying and negative mental health outcomes was identified, pointing to the need for anti-bullying initiatives and health promotion in Pakistani school curricula.

Umara Rauf et al. (2022) found that bullying among children and adolescents has become a significant social issue with severe risks to mental health. The study explored the impact of bullying on the mental health and overall well-being of adolescents in Sialkot, Pakistan. It also looked at gender and age group differences. The research involved 400 children and adolescents from various schools and colleges, aged 8 to 18, and assessed their quality of life, mental health, and bullying behavior. The study revealed that bullying behavior was significantly and negatively associated with mental health issues and quality of life, with notable gender and age group differences. This suggests that targeted preventive measures are needed to improve mental and emotional health in this demographic.

Goldwebber et al. (2013) examined the impact of school bullying on high school students' positive psychological orientations, mental health issues, and subjective well-being. The study included 456 teenagers from two public high schools in a Turkish city, aged between 13 and 19. The findings showed that victims and perpetrators had lower positive psychological orientations, poorer well-being, and more emotional and behavioral issues compared to those not involved in bullying. It also found that positive psychological orientations mediated the relationship between school bullying and mental health issues, indicating their importance in creating effective intervention strategies to reduce bullying in schools.

Nazim and Nasheem (2015) examined the link between bullying and various mental health issues in 2,048 Estonian students in grades 5 through 9. The study used the 1-item Beck Hopelessness Scale and the WHO-5 Well-Being Index. The findings showed that students who bullied or were bullied had higher odds of experiencing significant distress, with different patterns of involvement for boys and girls. The research also highlighted that prolonged cyberbullying was associated with the lowest levels of mental health for both genders, suggesting that cyberbullying requires special attention.

Okoie et al. (2015) investigated the effects of bullying on school-age children's psychosocial adjustment in Nigeria, focusing on schools in Lagos State's Education District II. The study used a sample of 270 respondents, employing the Impact of Bullying on Psychosocial Adjustment Questionnaire (IBPSAQ). The research showed that bullying significantly impacted students' anxiety and social isolation, although it did not have a significant effect on students' weapon ownership or school absenteeism. The study recommended collaboration between families and schools to instill moral values, offering counseling services, and implementing disciplinary measures to reduce bullying.

Cosma et al. (2017) highlighted that child bullying is a serious issue with specific risk factors. Victims are at risk for emotional and physical problems in the future, while bullies also face long-term negative outcomes. The large Health Behaviour in School-Aged Children study from 2006 indicated that the prevalence of bullying varies widely, with rates ranging from 8.6% to 45.2% among boys and from 4.8% to 35.8% among girls, depending on the country. The damaging effects of bullying are immediate and long-lasting, affecting children's psychological and physical well-being. Pediatricians are in a unique position to identify and address bullying during healthcare visits, suggesting the need for broader anti-bullying efforts and community engagement.

Nwufor and Nwoke (2019) analyzed the changing relationship between bullying victimization and mental well-being over two decades in a representative sample of Scottish school children. In a

cross-sectional study of 42,312 teenagers aged 11, 13, and 15, the association between bullying victimization and mental health was assessed using logistic and linear regressions. The results showed that, from 1994 to 2014, bullying victimization rates increased in Scotland across all age and gender groups, except for 13-year-old boys and 15-year-old girls. Female victims of bullying reported lower self-esteem and higher psychological distress compared to their non-bullied peers, while this trend was not as pronounced among boys. These findings suggest that the negative impact of bullying on mental well-being has grown over time, particularly among Scottish adolescent girls, potentially contributing to the decline in their mental health indicators.

Okoie et al (2015) investigated the moderating effect of cyberbullying on the psychological well-being of teenagers in Benin, Edo State, Nigeria. Using a descriptive survey design, the study sampled 300 teenage students from 15 randomly selected secondary schools. Four instruments were used to measure general self-efficacy, self-concept clarity, self-esteem, and cyberbullying prevalence. Statistical analysis included Pearson Product Moment Correlation and multiple regression. The results showed that cyberbullying had a significant impact on self-efficacy, self-esteem, and self-concept in school-going adolescents. The study concluded that cyberbullying negatively affects the psychological well-being of teenagers, emphasizing the need for moral training and effective disciplinary measures to address the issue.

Modin et al. (2017) provided an overview of cyberbullying, examining its effects on the psychological health of young people in Nigeria. The study highlighted that cyberbullying, a result of increased information and communication technology (ICT) use, is linked to various psychological issues, including substance abuse, depression, anxiety, and academic failure. The authors noted that the growing prevalence of cyberbullying has significant negative effects on young people's mental health. They recommended individual interventions for both victims and bullies, suggesting that resolving conflicts and reducing negative outcomes could help combat the problem.

Owusu et al, (2017) explored the prevalence and nature of bullying behavior among secondary school students in Nigeria. The study examined factors associated with bullying and its psychological consequences. A sample of 750 secondary school students from five schools in Ile-Ife, Osun State, Nigeria, was surveyed. The Bullying Behavior Questionnaire (BBQ) revealed a prevalence of 67.2%, with 88.1% experiencing bullying and 33.1% being bullies. Relational bullying was the most common form, and factors like watching violent films and past experiences of bullying were associated with it. Bullying was found to cause fear and depression among students.

Udeme Asibon et al. (2021) conducted a study on the impact of bullying on the mental health of secondary school students in Calabar, Nigeria. Using a cross-sectional design, 292 senior secondary students were selected from six schools. The study employed the Multidimensional Peer Victimization Scale and the General Screening for Child and Youth Mental Health Surveys to assess the presence of bullying and mental health status. The results indicated a high prevalence of bullying, with 54.8% of respondents admitting to bullying others, and 62.3% witnessing bullying. Various forms of bullying were observed, with physical and verbal victimization being common. The study found a positive correlation between bullying and various mental health domains, suggesting that bullying has a significant impact on mental health and requires effective intervention.

Douglas Vanderbilt and Marilyn Augustyn (2020) emphasized that child bullying is a critical issue associated with various risk factors. Victims are susceptible to long-term emotional and physical problems, while bullies also face negative consequences. The Health Behaviour in School-Aged Children study from 2006 indicated a high prevalence of bullying worldwide, with a range of 8.6% to 45.2% among boys and 4.8% to 35.8% among girls. The impact of bullying is substantial, with damaging effects on psychological and physical health. Pediatricians have a unique opportunity

to identify and address bullying during healthcare visits, highlighting the need for anti-bullying campaigns and broader community engagement.

**METHODOLOGY**

The study employed a descriptive survey research design of correlation type to gather information from respondents without altering the environment, aiming to describe the characteristics of bullying's effects on the psychological and mental wellbeing of adolescents in selected secondary schools in Ibadan. The population consisted of adolescents from four chosen schools, two government and two private, in Ibadan North Local Government. Using a simple random sampling technique, 300 adolescents were selected, and 280 questionnaires were retrieved for data analysis. The research instrument, a standardized questionnaire divided into 5 scales, addressed demographic information and various aspects of bullying's effects. The validity of the instrument was ensured through face and content validity methods, while reliability was assessed using the Cronbach Alpha method, yielding coefficients indicating strong internal consistency. Data was collected through questionnaire administration by the researcher and two assistants, and data analysis involved descriptive statistics for demographic information and Pearson Product Moment Correlation for testing hypotheses at the 0.05 alpha level.

**RESULTS**

**Research Question 1:** What is the relationship between the short-term psychological variables (anxiety & fear, anger & rage, humiliation & shame, sadness & loneliness, self harm/harm to others, school avoidance & absenteeism) and bullying among adolescents in selected secondary schools in Ibadan?

Table 1: Summary of correlation matrix showing the relationship between the study variables

	1	2	3	4	5	6	7	Mean $\bar{x}$	SD
Bullying	1.000							87.80	13.73
Anxiety & fear	.114**	1.000						87.88	13.75
Anger & range	.377**	.103**	1.000					61.28	27.57
Humiliation & shame	.308**	.141**	.135**	1.000				91.95	137.63
Sadness & loneliness	.499**	.155**	.186**	.839**	1.000			67.54	9.02
Self-harm/harm to others	.159**	.101**	.122**	.342**	.286**	1.000		97.42	105.79
School avoidance & absenteeism	.184**	.140**	.122**	.113**	.118**	.125**	1.000	73.87	72.97

\*\*Correlation is significant at (2-tailed)

Table 1 presents the inter-correlational matrix between the independent variables, which consist of short-term psychological factors like anxiety & fear, anger & rage, humiliation & shame, sadness & loneliness, self-harm/harm to others, school avoidance & absenteeism, parental factors, and social media influence, and the dependent variable, bullying among adolescents in selected secondary schools in Ibadan Metropolis. The analysis shows that all eight short-term psychological variables are positively correlated with bullying in these schools. Anxiety & fear ( $r = .114, p < 0.05$ ), anger & rage ( $r = .377, p < 0.05$ ), humiliation & shame ( $r = .308, p < 0.05$ ), sadness & loneliness ( $r = .499, p < 0.05$ ), self-harm/harm to others ( $r = .159, p < 0.05$ ), and school avoidance & absenteeism ( $r = .184, p < 0.05$ ) all had significant relationships with bullying. This indicates that these short-term psychological factors play a significant role in leading to bullying among victims in the selected secondary schools in Ibadan Metropolis.

**Research Question 2:** What is the relationship between the long term psychological variables (erosion of bullying & confidence, post-traumatic stress disorder, anxiety & depression, self-destruction, schizophrenia, substance abuse, agoraphobia) and bullying among adolescents in selected secondary schools in Ibadan?

Table 2: Summary of correlation matrix showing the relationship between the study variables

Variables	Mean $\bar{x}$	SD	1	2	3	4	5	6	7
Bullying	62.92	15.27	1.000						
Erosion of self esteem & confidence	87.88	13.75	.368**	1.000					
Post-traumatic stress disorder	61.28	27.57	.716**	.203**	1.000				
Anxiety & depression	91.95	37.638	.278	.095	.168	1.000			
Self-destruction	67.54	9.02	.420	.274	.416	.104	1.000		
Schizophrenia	97.42	51.790	.270**	.106	.195	.049	.073	1.000	
Substance abuse	73.87	72.975	.255**	.095	.212	.035	.162**	.051	1.000
Agoraphobia	37.47	9.89	.299	.348	.356	.257	.261	.293	1.000

Table 2 shows the inter-correlational matrix detailing the relationship between various independent factors—such as erosion of self-esteem & confidence, post-traumatic stress disorder (PTSD), anxiety & depression, self-destruction, schizophrenia, substance abuse, and agoraphobia—and the dependent factor, which is bullying among victims in selected secondary schools in Ibadan. The analysis found significant correlations between bullying and all of these independent factors. Erosion of self-esteem & confidence ( $r = .368, p < 0.05$ ), PTSD ( $r = .716, p < 0.05$ ), anxiety & depression ( $r = .278, p < 0.05$ ), self-destruction ( $r = .420, p < 0.05$ ), schizophrenia ( $r = .270, p < 0.05$ ), substance abuse ( $r = .255, p < 0.05$ ), and agoraphobia ( $r = .299, p < 0.05$ ) all showed significant relationships with bullying among victims in these schools. This suggests that these factors play a significant role in bullying incidents in the selected secondary schools in Ibadan.

## DISCUSSION

Swearer & Hymel (2015) reviewed the factors contributing to bullying and victimization, including those within the individual, family, peer group, school, and community. Recognizing the fluid nature of bullying, they expanded on this model to discuss the consequences of bullying

involvement for both bullies and victims. The authors proposed a social-ecological, diathesis–stress model to understand how bullying and victimization connect to psychosocial challenges. They positioned bullying as a stressful life event for all involved, serving as a catalyst for the diathesis–stress link, thereby impacting mental health. A 2020 study in the *Journal of School Violence* examined data from over 13,000 U.S. middle and high school students, finding that bullying was associated with increased absenteeism. Victims of bullying were significantly more likely to miss at least 10% of school days. Similarly, a 2019 study in the *Journal of Early Adolescence* among 3,561 middle school students revealed that higher rates of peer victimization correlated with lower school attendance and engagement.

Evans et al (2014) conducted a 3-year longitudinal study examining the two-way relationship between bullying and anger. The study found that bullying predicted increased anger over time, while greater anger led to more bullying, highlighting the cyclical nature of these behaviors. Sourander et al. (2009) discovered that bullies often humiliate their victims to gain status among peers, leading to high levels of humiliation for victims, which worsened their mental health issues. Ahmed & Braithwaite (2014) noted that bullying perpetrators often deal with high levels of external shame, and aggression towards others helps them cope with those feelings.

Swearer & Hymel (2015) suggested that effective bullying prevention should consider individual characteristics, history of bullying, risk and protective factors, and the context in which bullying occurs to foster healthier social relationships. Moore et al. (2017) conducted a large-scale meta-analysis that confirmed significant links between bullying victimization and internalizing issues such as depression, anxiety, and suicidal ideation. Stapinski et al. (2014) demonstrated that bullying victimization in early high school years predicted worse mental health outcomes later on, with more severe bullying correlating with more significant long-term mental health problems. The *International Journal of Bullying Prevention* published a 2016 literature review indicating a connection between bullying and substance use, suggesting that victims might turn to substances as a coping mechanism, while substance users could be at greater risk of being bullied. A 2020 meta-analysis of 37 studies found a significant relationship between bullying and PTSD, with moderate to severe bullying being a key predictor of developing PTSD.

### Conclusion

It is clear that bullying and its psychological effects significantly impact the mental well-being of adolescents in secondary schools in Ibadan. The findings indicate that bullying has a moderate impact on the mental health of adolescents, leading to adverse outcomes for those attending these schools. The study also found that short-term psychological factors such as anxiety and fear, anger and rage, humiliation and shame, sadness and loneliness, self-harm or harm to others, and school avoidance or absenteeism are strongly associated with bullying among adolescents in selected secondary schools in Ibadan Metropolis. Additionally, long-term psychological variables like erosion of self-esteem and confidence, post-traumatic stress disorder, anxiety and depression, self-destruction, schizophrenia, substance abuse, and agoraphobia also play a significant role in bullying.

### Implication for social work practice

Social workers should take steps to address the psychological effects of bullying, aiming to reduce the negative impact on the mental well-being of adolescents in secondary schools.

- ✓ Social workers should advocate that policymakers should make policies that will clarify the concept of bullying and put measures in place to sensitize students about its various forms.
- ✓ Social workers should organize programmes for students in Educational institutions, particularly secondary schools on how to address bullying, focusing on improving their self-esteem.

- ✓ Social workers should increase their involvement in schools to provide counseling, prevention services, anti-bullying campaigns, empowerment workshops, and support groups for bullying victims to alleviate stress and anxiety and promote positive psychological functioning.
- ✓ Social workers should liaise with the government at all levels to establish platforms where learners, parents, and community members can work together to foster positive changes in communities with high rates of violence, reducing environmental stressors and enhancing support and communication.
- ✓ Social workers are to help schools' management to strengthen school-based bullying prevention and intervention programs and ensure their longevity.

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