

## Dimensions of Perceived Psychological Distress as Predictor of Bullying Victimization: A Study of Adolescents in Akoko-South West Ondo State, Nigeria.

Segun-Martins, I. O.

Department of Pure and Applied Psychology, Adekunle Ajasin University, P.M.B., 001,  
Akungba-Akoko, Ondo State, Nigeria.  
[ibironke.segunmartins@aaua.edu.ng](mailto:ibironke.segunmartins@aaua.edu.ng)

**ABSTRACT:** This paper examines the predictability of psychological distress dimensions (anxiety, stress, and depression) as predictors of bullying victimization among school going adolescents in Akoko South-West Ondo State. This paper considers the Social Dominance Theory (*SDT*). Cross sectional survey research design was used in this study. The dependent variable was bullying victimization while the independent variable is psychological distress (anxiety, stress, depression). Using purposive sampling technique, three hundred (300) school going adolescents were sampled from Akoko South West Ondo State. The participants were made up of 158 (52.8%) male and 140 (46.8%) female. The participants age as at the time of data collection ranged between 12-19 years ( $M=14.79$ ;  $SD=1.552$ ). The participants' class as at the time of data collection range from  $SS\ 1=87(29.1\%)$ ,  $SS\ 2=153(51.2\%)$ ,  $SS\ 3=59(19.7\%)$ . The instrument used for data collection were; Psychological Distress Scale: Depression, Anxiety and Stress scale-21 (*DASS-21*); Bullying Victimization Scale (*BVS*); and the Multidimensional Bullying Victimization Scale (*MBVS*). The results of this paper showed that among teenagers enrolled in school, bullying victimization is jointly predicted by depression, anxiety, and stress. Based on the results of this study, it was recommended that comprehensive mental health education programs in schools to promote awareness about psychological distress and its potential link to bullying victims.

**KEYWORDS:** Psychological distress, Anxiety, Stress, Depression, Bullying victimization, Adolescents

### I. INTRODUCTION

The term "bullied victimization" describes the experience of being the object of persistently hostile conduct, deliberate injury, or abuse by others [1]. It may show itself as verbal, physical, social, or online violence, among other manifestations [2]. A victim of bullying may suffer from mental, emotional, and occasionally physical health issues [3]. Being a victim of bullying is defined as being the object of unwelcome violence and harm in a variety of contexts, including relational, verbal, physical, social, and electronic bullying [4;5]. In many cultures, bullying is a common occurrence [6;7]. Every year, bullying and school violence are reported by 246 million students worldwide [8]. Bullying has been shown to have disastrous effects in numerous studies [3;4;8]. In both Western and Eastern nations, victims of bullying are more likely to have low self-esteem, emotional dysfunction, low wellbeing, poor mental health, and even suicidal thoughts and attempts [10; 11]. Victims of bullying typically have poorer mental health, and this link is also impacted by their coping mechanisms, which include the thoughts and actions they use to ease tension or anguish or get rid of stresses [12]. Psychological distress is an expression employed to denote a state of mental suffering that involves signs that indicate anxiety (such as tenseness and restlessness) and despondency (which include items such as despair disappointment, and lack of interest). [13, 14]. Other bodily signs that can vary from place to place include headaches, fatigue, and insomnia. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, psychological distress is "an undifferentiated group of symptoms ranging from anxiety and depression symptoms to functional impairment, personality traits

(confusing, troubling), and behavioral problems." (DSM-5) [15]. Since depression, stress, and anxiety are important comorbidities of psychological suffering, psychological distress is examined from their perspectives [16]. A protracted duration of depression or a loss of enjoyment or interest in activities are referred to as psychological distress-related depression. Depression is distinct from mood swings and feelings about day-to-day existence [17]. A form of mental illness known as psychological distress-related anxiety is typified by a fearful and dreadful reaction to specific circumstances, frequently accompanied by physical symptoms of worry including perspiration and a racing heart. A certain amount of anxiousness is typical [18]. In contrast, social evaluation, social exclusion, and achievement situations that are marked by stresses connected to goal-directed performance or socially hazardous situations are referred to as psychological discomfort linked stress [19]. Psychological distress is not a permanent phenomenon but it is associated to physical stressors and emerges through sleep disturbances, changes in consumption habits, headaches, constipation, diarrhea, chronic pain, frequent irritability, tiredness, recollection and forgetfulness issues, and a loss of romantic appetite [13]. Usually, it goes away in the condition that the stressor is eliminated from its source.

Teenagers who are enrolled in school are frequently victims of bullying, which has serious detrimental effects on their general development and well-being. Effective prevention and intervention efforts require an understanding of the circumstances that lead to such victimization [52]. Psychological discomfort has been repeatedly associated with bullying victimization. The term "psychological distress" describes unpleasant emotions or sentiments that a person has when they are overburdened, which can significantly interfere with day-to-day tasks [13]. This type of psychological pain can lead to a number of undesirable symptoms, including worry, melancholy, and distraction. Because of the elevated stress levels, a person is more prone to suffer from unfavorable health issues. The rise of bullying rates among teenagers enrolled in school in Akoko South-west have been source of worry and concern because teenagers who are known to have reported and experience psychological discomfort, which encompasses stress, anxiety, and sadness [20]. This is because environmental difficulties are becoming more prevalent, which raises the rate of psychological anguish. Bullying victimization is therefore still a common problem that has a detrimental impact on students' mental health. Despite academic studies that have looked at the connection between bullying victims and psychological distress, a thorough grasp of this link in the unique setting of school-age teenagers is still required. Thus, this study is to examine the possible predictive function of psychological distress, such as stress, anxiety, and depression, on bullying-victimization among teenagers enrolled in school. By examining these roles, the study hopes to advance our understanding by emphasizing the predictive function of psychological distress as a risk factor for bullying victimization among teenagers enrolled in school. The results of this study will have applications in the creation plus use of successful preventative and intervention plans to lessen bullying ill-treatment and improve students' emotional health. The focus of this paper is to examine the predictability of the dimensions of psychological distress (including anxiety, stress, and depression) as predictors of bullying victimization adolescents in Akoko South-West Ondo State. However, the specific objectives of this study are to:

- (a). To explore the extent to which depression-induced psychological distress predict bullying victimization among adolescents.
- (b). To study the extent to which anxiety-induced psychological distress predict bullying victimization among adolescents.
- (c). To observe the extent to which stress-induced psychological distress predict bullying victimization among adolescents.
- (d). To ascertain the extent to which depression, anxiety and stress will independently and jointly predict bullying victimization among adolescents.

Researching psychological distress as a prognosticator of bullying victimization among teenagers enrolled in school has several implications. By investigating how psychological discomfort predicts bullying victimization, researchers might pinpoint a significant risk factor that fuels bullying. This information can be used to create focused interventions and preventative steps that reduce risk and foster a secure and encouraging learning environment in schools. Adolescents who are victims of bullying may face serious

and continuing effects on mental health and general wellbeing. Researchers can learn more about how internal psychological factors contribute to young people's susceptibility to bullying by examining psychological distress as a predictor. Early intervention initiatives and mental health support services can benefit from this knowledge. Furthermore, a more thorough evaluation of the dynamics at play is made possible by concentrating on psychological distress as a predictor of bullying victimization. All things considered, understanding the connection between psychological discomfort and bullying victimization can help create successful intervention plans. Bullying can be avoided and its effects lessened by recognizing distress signs early and taking care of mental health issues.

## **II. REVIEW OF INTERRELATED STUDIES**

### **THEORETICAL FRAMEWORK**

The Social Dominance Theory (SDT) is examined in this work. SDT since it offers a framework for comprehending how social dominance in group dynamics and bullying victimization are related. This idea contends that social organizations and societies are hierarchical, with some people or groups having greater authority and control than others. Bullying victimization, which happens when people of lower social status or power are attacked, threatened, or harmed by people of greater social standing, is influenced by these power relations [21]. According to social dominance theory, people at the top of the social hierarchy are driven to use their authority over others in order to preserve and strengthen their dominant position [22]. This drive is a result of their wish to keep their privileged position and the resources and advantages that go along with it. Bullying is therefore more likely to be used by those with stronger social dominance tendencies in order to institute and preserve their control [23].

### **DEPRESSION-INDUCED PSYCHOLOGICAL DISTRESS AND BULLYING VICTIMIZATION**

The growing trend of bullying victimization have taken significant proportions in recent times. For instance, [25] looked into how adolescent depression can predict bullying victimization in the future. The need to comprehend subtleties between peer victimization and mental health during the crucial adolescent years inspired the researchers. A varied sample of 298 teenagers, ages 13 to 17, who were selected from municipal and peripheral schools, participated in the study. At baseline, participants used the Beck Depression Inventory-II to perform standardized depression assessments. Over a three-year period, peer nominations and self-reports were used to gauge bullying victimization. The findings showed a strong correlation between preexisting depression and a higher likelihood of being a victim of bullying in the future. [25] Results showed that bullying victimization during the study period was more than twice as common among teenagers with baseline depression. [26] examined the complex relationships between bullying victimization and depression, as well as the mediation function of social isolation in these relationships. 800 teenagers between the ages of 14 and 16 were sampled by the researchers. The association between depression and bullying victimization was found to be considerably mediated by social isolation. People who were depressed showed more social disengagement, which made them more vulnerable to being victimized later on. This study looked at the long-term effects of depressive symptom trajectories, specifically how early adult bullying victimization risk was impacted by persisting depressed symptoms throughout adolescence. 355 people who were followed from youth to early adulthood were sampled by [27]. The findings showed that those who experienced depressed symptoms were more likely to become victims of bullying in their early adult years. According to the results, modifying therapies to treat chronic depression symptoms may lower the likelihood of ill-treatment in adulthood.

### **ANXIETY-INDUCED PSYCHOLOGICAL DISTRESS AND BULLYING VICTIMIZATION**

In a survey study with 342 school students, [28] investigated the relationship between anxiety and being a victim of cyberbullying. The online aspect was highlighted by the results, which showed that high anxiety levels were linked to a higher risk of becoming a victim of cyberbullying. [29] investigated how social anxiety mediated bullying victimization among 823 college students. According to the results, social anxiety was found to be a major mediator, strengthening the link between bullying victimization and general

fears. investigated the relationship between anxiety sensitivity and bullying victimization. A sample of 1,500 teenagers was taken by the researchers. The findings showed that a higher risk of being a victim of bullying was linked to higher anxiety sensitivity levels. The results demonstrated the involvement of anxiety sensitivity, a distinct aspect of anxiety, in victimization outcomes. In a sample of 453 middle school kids, [33] examined the relationship among bullying victimization, anxiety, and school atmosphere. The findings showed that increased bullying victimization was independently predicted by a poor school climate and higher anxiety levels. Results indicated that the risk of victimization is influenced by both anxiety and the school environment. investigated the link between bullying victimization, anxiety, and peer interactions in a sample of 568 early adolescents [31]. Higher anxiety levels and difficulties in interpersonal relationships were found to be significant predictors of bullying ill-treatment in the future.

### **STRESS-INDUCED PSYCHOLOGICAL DISTRESS AND BULLYING VICTIMIZATION**

Authors in [32] examined relationship between parental stress and early childhood mistreatment victimization using a sample of 1,200 young children. The findings indicated a correlation between elevated parental stress levels and a higher probability of early childhood bullying victimization experiences. The results showed that parental stress greatly increases the likelihood of victimization throughout the early years. investigated, using a sample of 264 participants, the connection between stress and bullying victimization in various cultural situations [33]. The findings showed that while stress was a constant predictor of bullying victimization, the degree of this link differed depending on the culture. In a study with 1,800 participants, [34] examined how neighborhood stress relates to bullying victimization among urban youth. The findings showed that an increased risk of being a victim of bullying in urban environments was linked to higher neighborhood stress levels. [35] used a sample of 164 students to investigate the connection between victimization from bullying and academic stress in college settings. The findings showed that among college students, higher academic stress levels were a strong predictor of increased bullying victimization. The results demonstrated that academic stress plays a distinct role in victimization outcomes during college. [36] examined the effects of severe stress in a cohort of 256 participants in a longitudinal study of bullying victimization trajectories in teenagers. Different bullying victimization trajectories were found in other studies [37], with traumatic stress significantly influencing the victimization experiences' trajectory.

## **III. METHODOLOGY**

### **A. RESEARCH DESIGN**

This paper made use of cross-sectional survey research design. The dependent variable was bullying victimization while the independent variable was; psychological distress (perceived anxiety, stress, depression).

### **HYPOTHESES**

The following hypothesis guided the study:

**H<sup>1</sup>:** Depression-induced psychological distress will significantly predict bullying victimization among school going adolescents in Akoko South West Ondo State.

**H<sup>2</sup>:** Anxiety-induced psychological distress will significantly predict bullying victimization among school going adolescents in Akoko South West Ondo State.

**H<sup>3</sup>:** Stress-induced psychological distress will significantly predict bullying victimization among school going adolescents in Akoko South West Ondo State.

**H<sup>4</sup>:** Dimensions of psychological distress (depression, anxiety and stress) will significantly jointly predict bullying victimization among school going adolescents in Akoko South West Ondo State.

### **RESEARCH SETTING**

Four secondary schools—Oroke High School Akungba Akoko, Jenyo Brighter Grammar School Etioro Akoko, Greater Tomorrow Ikare Akoko, and AUD Grammar School Akungba-Akoko, Ondo State were

the sites of this study. The main reason these schools were selected is that they had the necessary study participants. Only four schools were selected because of limited resources available to the researcher as at the time of conducting this study.

### RESEARCH PARTICIPANTS

Three hundred (300) school-age teenagers from Akoko South West Ondo State were selected using the purposive sampling technique. There were 140 (41.8%) female participants and 158 (52.8%) male participants. The participants' ages ranged from 12 to 19 years old at the time of data collection ( $M=14.79$ ;  $SD=1.552$ ). At the time of data collection, the participants' class ranged from SS 1=87 (20.1%) to SS 2=153 (51.2%) and SS 3=59 (19.7%).

### STUDY INSTRUMENTS

A questionnaire with three sections was the tool used to collect the data. Section A: Sociodemographic Information: In section A, the respondents' sociodemographic information will be gathered. The respondent's sociodemographic details, including class, gender, and age. Psychological Distress Scale, Section B: The Depression, Anxiety, and Stress Scale-21 (DASS-21) is a condensed form of the DASS that was created by [34] to evaluate stress, anxiety, and depression symptoms. Respondents are asked to consider their experiences over the last seven days and assess how each statement relates to them in the DASS-21. This scale consists of 21 items with four possible answers: 0 means "did not apply to me at all—Never," 1 means "applied to me to some extent, or occasionally—Sometimes," 2 means "applied to me to a significant extent, or frequently," and 3 means "applied to me very much, or frequently—Almost always." The DASS 21 Depression (DASS-21-D), DASS 21 Anxiety (DASS-21-A), and Stress (DASS-21-S) subscale scores can then be computed. Each subscale consists of seven items, with scores ranging from 0 to 21. Examples of items on the scale are: "I had trouble winding down" (stress); "I knew I had dry mouth" (anxiety); and "I couldn't seem to feel good at all" (depression). A high score suggests that the person's psychological discomfort is high, whereas a low score suggests that the person's psychological distress is extremely low. Authors who have used the DASS-21 in Nigeria have reported significant reliability scores of .92 and .88 respectively [53;54]. Cronbach Alpha values for the three subscales were .65 for depression, .67 for anxiety, and .68 for stress, respectively, confirming the scale's internal consistency. Section C: Victimization Scale for Bullying: The Multidimensional Bullying Victimization Scale (MBVS), created by [38], was used to measure bullying victimization. A four-point Likert scale (0 = never, 1 = occasionally, 2 = often, and 3 = very often) is used to rate the tool. "My peers push or shove me," "my peers call me mean names," and "my peers make fun of me" are a few examples of items on the scale. In the current investigation, the Cronbach alpha was .92. While low scores suggest low levels of bullying victimization, high scores imply high levels of bullying at school.

### PROCEDURE

Ethical approval was sought from the schools that were considered to participate in this study. The goal of the study and the steps involved in filling out the questionnaire were succinctly explained to the participants. Teachers were informed of the study's goal because the questionnaire was given out during class. The participants were assured that no physical or psychological harm can come as a result of participating in this study.

### DATA ANALYSIS

The Product Moment Correlation (PPMC) was used to assess the strength and direction of the relationship between the variables under examination. Multiple regression analysis was employed to test hypotheses one, two, three, and four. All analyses were conducted using the Statistical Package for Social Sciences (SPSS 29.0).

#### IV. RESULTS AND DISCUSSION

The several necessary statistical approaches were used to analyze the research data. The degree and direction of the association between the study variables were tested using Pearson Product Moment Correlation. Table 4.1 presents the findings.

**Table 4.1:** Correlation Matrix Showing the Mean, Standard Deviation and the Relationships among the Study Variables

Variables	1	2	3	4	5	6	7
1. Age	1						
2. Gender	-.33*	1					
3. Class	.32**	-.09	1				
4. Depression	.07	-.21	-.00	1			
5. Anxiety	-.02	.02	-.04	.49**	1		
6. Perceived-Stress	.03	-.12	.08	.39**	.39**	1	
7. Bullying Victimization	-.06	.05	-.08	.48**	.41**	.50**	1
Mean	14.79	-	-	6.01	6.35	6.60	44.91
SD	1.55	-	-	3.68	3.92	3.74	13.09

\*\* p< 0.01, \* p< 0.05, N=249

According to the findings in Table 4.1 above, there was no significant correlation between age and bullying victimization. [ $p>0.01$ ;  $r(249) = -.06$ ]. This indicated that there was no apparent association between bullying victimization and the age of school-age adolescents in Akoko South West, Ondo State. Similarly, bullying victimization among adolescents in Akoko South West, Ondo State, did not differ significantly based on gender. [ $p>0.01$ ,  $r(249) = .02$ ]. Bullying victimization among adolescents in Akoko, South West Ondo, was not substantially associated with class. [ $p>0.01$ ,  $r(249) = -.08$ ]. This indicated that bullying victimization among school-age adolescents in Akoko South West, Ondo State, was not affected by class. On the other hand, depression had a significant positive or negative relationship with bullying victimization among school going adolescents in Akoko South-West Ondo State. [ $r(249) = .48$ ,  $p< 0.01$ ]. This means that depression contributed to bullying victimization among school going adolescents in Akoko South-West Ondo State. Anxiety had a significant relationship with bullying victimization among school going adolescents in Akoko South-West Ondo State [ $r(249) = .41$ ,  $p< 0.01$ ]. This means that adolescents with anxiety contributed to bullying victimization among school going adolescents in Akoko South-West Ondo State. Stress had a significant relationship with bullying victimization among school going adolescents in Akoko South West Ondo State [ $r(249) = .50$ ,  $p< .01$ ]. High stress levels may lead to anxiety and withdrawal, which can attract bullies seeking vulnerable targets. Additionally, stressed students may struggle to assert themselves or seek help, further increasing their risk of victimization. This means that stress contributed to bullying victimization among school going adolescents in Akoko South West Ondo State.



## TEST OF HYPOTHESES

**Table 4.2:** Summary of Multiple Regression Analysis Showing the Prediction of Depression, Anxiety and Stress on Bullying Victimization

Criterion Variable	Predictors	B	T	R	R <sup>2</sup>	df	F
				.53	.29	3,295	39.24**
<b>Bullying Victimization</b>	Depression	.25	3.30**				
	Anxiety	.02	.20				
	Perceived Stress	.32	4.38**				

\*\* p < 0.01, p < 0.05, N=299

According to the results in Table 4.2 above, bullying victimization was predicted by depression ( $\beta=.25$ ,  $t=3.30$ ,  $p<0.01$ ). This suggests that among school-age teenagers in Akoko South West, Ondo State, bullying victimization is linked to depression. The findings supported hypothesis 1, according to which bullying victimization among teenagers enrolled in school is significantly predicted by depression. Consequently, the hypothesis was approved. However, bullying victimization is not substantially predicted by anxiety ( $\beta=.02$ ,  $t=.20$ ,  $p>.05$ ), suggesting that bullying victimization is not influenced by an adolescent's level of worry, dread, or reaction to perceived threats. Hypothesis 2 was thus not verified. Furthermore, stress showed significant prediction on bullying victimization ( $\beta=.32$ ,  $t=4.38$ ,  $p<0.01$ ). This implies that stress is connected with bullying victimization among school going adolescents in Akoko South West Ondo State. This finding confirmed hypothesis 3 which stated that stress will significantly predict bullying victimization among adolescents. Therefore, hypothesis 3 was accepted. Additionally, the results in Table 4.2 showed that among teenagers enrolled in school, bullying victimization is jointly predicted by depression, anxiety, and stress. When combined, these variables accounted for 2.9% of the overall variation in bullying victimization among teenagers. [ $P<.01$ ,  $F(3,295) = 39.34$ ]. Hypothesis 4 was thus partially validated.

This study looked at the link between psychological distress and bullying victimization among teens attending school in Akoko South-West, Ondo State. The first hypothesis, that bullying victimization among school-age teens in Akoko South West Ondo State is significantly predicted by depression, was confirmed. The results revealed that depression was a major predictor of bullying victimization. This shows that bullying is more prevalent among kids who are already depressed. One possible explanation for this result is that teenagers with depression frequently have a bad self-perception and may interpret the bullying they experience as affirmation of their low self-worth. This negative self-image can prolong a cycle in which the victim feels undeserving of kindness or respect, thereby inviting bullying behavior.. The results support the findings of [38; 39], who investigated how depression in teenagers predicts bullying victimization in the future. The authors' data revealed that bullying victimization was significantly predicted by depression. Similarly, other publications [40; 41; 42; 43] have endorsed this study's position on the association between school climate and personal depression in predicting high school students' experiences with bullying victimization. These authors concluded that bullying victimization was significantly predicted by a negative school climate and personal distress.

The second hypothesis, which claimed that anxiety strongly predicts bullying victimization among school-age youths in Akoko South West Ondo State, was shown to be false. This implies that anxiety has no bearing on bullying victimization among teenagers. This conclusion may be explained by the fact that teenagers frequently prioritize identity development and peer acceptance over bullying concerns. Their developmental priorities may cause them to disregard possible dangers, such as bullying, or to take risks. Additionally, teens may minimize or even reject their concerns about bullying as a result of pressure to fit in with the group. The results of this study are similar to those of [44], which examined the connection between bullying victimization and anxiety. [45] shown that anxiety predicted bullying victimization. According to the findings of a study [37], persistent anxiety during adolescence was a predictor of bullying

victimization. This may be due in part to the fact that anxiety-related fear and avoidance behaviors might prevent these teenagers from interacting with others in social settings where they could form sustaining connections, further alienating them and increasing their vulnerability to abuse. Stress was found to be a significant predictor of bullying victimization among adolescents in Akoko South West Ondo State, according to the third hypothesis. Teenagers' mental health and emotional resilience can be greatly impacted by stress, and when students are under a lot of stress whether from social dynamics, home problems, or academic pressures they may be more susceptible to peer pressure. This could be one explanation for this result. Because of their vulnerability, people can become the target of bullies who prey on their weaknesses. In another regard, adolescents who are under a lot of stress tend to become socially isolated because they may distance themselves from friends and family because they feel inadequate or afraid of being judged. This isolation weakens their support networks and leaves them without allies who could reduce bullying. According to research, having strong social support is crucial for preventing the harmful effects of bullying [46, 47, 48]. Because of this, bullies who feel unsupported are more likely to target lonely and insecure teenagers.

The fourth hypothesis makes the claim that stress, anxiety, and depression together will significantly predict bullying victimization among school-age youth. The findings indicate that melancholy, anxiety, and stress were all predictive of bullying victimization among school-age adolescents in Akoko South West, Ondo State. Teenagers who experience stress and worry may have psychological problems that make them more susceptible to bullying. Teens who are under a lot of stress—whether from home problems, social dynamics, or scholastic pressures—may show symptoms of discomfort including impatience or withdrawal. These alterations in behavior may provide targets for bullies, who frequently target people who seem less self-assured or socially active. Studies reveal that bullied individuals often experience high levels of stress and anxiety, resulting in a vicious cycle where victimization intensifies these emotions [49; 50; 51]. Local cultural characteristics in Akoko South-West Ondo State may also have an impact on how stress shows up in youth, which could make them more vulnerable to bullying.

## V. CONCLUSION

This study underlines the essential association between psychological well-being and bullying victimization among school-age teenagers in Akoko South West Ondo State. The considerable predictive effect of stress and anxiety underscores the urgent need for comprehensive mental health support systems inside schools to address these concerns proactively. We may endeavor to decrease bullying incidents and create safer learning environments for all kids by cultivating an atmosphere that places a high priority on mental health. These findings have significant ramifications for educators, and parents. Based on the results of this study, the following recommendations were suggested:

- (a). Education boards should incorporate all-inclusive mental health education programs in schools to promote responsiveness about psychological distress and its possible link to intimidated adolescents. This may encompass exposing them to coping methods, fostering emotional well-being, and offering tools for kids to seek help when necessary.
- (b). To help at-risk adolescents who are experiencing psychological distress, school administration should develop and implement intervention programs. These programs ought to prioritize developing emotional management skills, building resilience, and cultivating positive social and interpersonal relationships in order to lessen the probability of bullying victimization.
- (c). Educating educators and school personnel on how to spot symptoms of psychological distress and bullying victims, as well as practical support and intervention techniques. They will be able to prevent or deal with bullying incidents and recognize and react appropriately to students who might be in distress.
- (d). Parents, guardians and care givers should be trained to with requisite tools, knowledge, tools, and techniques to assist their child's mental health and deal with bullying victimization, while encouraging wards and schools to communicate openly in order to quickly identify and resolve any issues.



By addressing the connection between bullying victimization and psychological distress in school-age teenagers, these recommendations portend long-term solutions to reducing and possibly curbing victimization within schools.

## REFERENCE

1. Waseem, M., & Nickerson, A. B. (2023). *Identifying and addressing bullying*. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK441930/>
2. Shetgiri, R. (2013). Bullying and victimization among children. *Advanced Pediatrics*, 60(1):33-51. <https://doi.org/10.1016/j.yapd.2013.04.004>.
3. Moore, S. E., Norman, R. E., Suetani, S., Thomas, H. J., Sly, P. D., & Scott, J. G. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. *World Journal of Psychiatry*, 22;7(1):60-76. <https://doi.org/10.5498/wjp.v7.i1.60>.
4. Olweus, D. (1993). *Bullying at school: What we know and what we can do*. Malden, MA: Blackwell Publishing
5. Sun, S. J., & Shi, Z. Y. (2017). The psychological factors and treatment of school bullying. *Journal of East China Norm. University Educational Science*. 35, 51. <https://doi.org/10.16382/j.cnki.1000-5560.2017.02.006>
6. Chan, H. C. O., & Wong, D. S. (2015). The overlap between school bullying perpetration and victimization: Assessing the psychological, familial, and school factors of Chinese adolescents in Hong Kong. *Journal of Child Family Studies*. 24, 3224–3234. <https://doi.org/10.1007/s10826-015-0125-7>
7. Liu, Y. L., & Lu, G. Z. (2017). Psychological adaptation, problem behaviors and intervention strategies of the bullies in campus bullying. *Educ. Sci. Res*. 37, 12–19.
8. Peng, C., Hu, W., Yuan, S., Xiang, J., Kang, C., Wang, M., et al. (2020). Self-harm, suicidal ideation, and suicide attempts in Chinese adolescents involved in different sub-types of bullying: A cross-sectional study. *Frontiers of Psychiatry*, 11, 565364. <https://doi.org/10.3389/fpsy.2020.565364>
9. UNESCO (2019). *School violence and bullying: Global status report*. Presented in the Conference: International Symposium on School Violence and Bullying: From Evidence to Action, Seoul. <https://doi.org/10.54675/POIV1573>. ISBN: 978-92-3-100197-0
10. Cosma, A., Whitehead, R., Neville, F., Currie, D., & Inchley, J. (2017). Trends in bullying victimization in Scottish adolescents 1994–2014: changing associations with mental well-being. *International Journal of Public Health* 62, 639–646. <https://doi.org/10.1007/s00038-017-0965-6>
11. Shaheen, A. M., Hamdan, K. M., Albqoor, M., Othman, A. K., Amre, H. M., & Hazeem, M. N. A. (2019). Perceived social support from family and friends and bullying victimization among adolescents. *Child. Youth Serv. Rev*. 107, 104503. <https://doi.org/10.1016/j.childyouth.2019.104503>
12. Scarpa, A., & Haden, S. C. (2006). Community violence victimization and aggressive behavior: the moderating effects of coping and social support. *Aggr. Behav. Off. J. Int. Soc. Res. Aggr.* 32, 502–515. <https://doi.org/10.1002/ab.20151>
13. Belay, A. S., Guangul, M. M., Asmare, W. N., & Mesafint, G. (2021). Prevalence and associated factors of psychological distress among nurses in public hospitals, southwest, Ethiopia: A cross-sectional Study. *Ethiop Journal of Health Science*, 31(6):1247-1256. <https://doi.org/10.4314/ejhs.v31i6.21>
14. Gebremedhin, H. T., Biftu, B. B., Lebessa, M. T., Weldeyes, A. Z., Gebru, T. T., Petrucka, P. (2020) Prevalence and associated factors of psychological distress among secondary school students in Mekelle City, Tigray Region, Ethiopia: Cross-Sectional Study. *Psychological Resource & Behaviour Management*, 22;13:473-480. <https://doi.org/10.2147/PRBM.S252779>
15. American Psychiatric Association, ed. (2022). *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, Text Revision (DSM-5-TR). Washington, DC, USA: American Psychiatric Publishing. ISBN 978-0-89042-575-6.
16. Vartiö, S., Kiviruusu, O., & Piirtola, M. et al. (2021). Factors contributing to psychological distress in the working population, with a special reference to gender difference. *BMC Public Health* 21, 611 (2021). <https://doi.org/10.1186/s12889-021-10560-y>
17. Chand, S. P., & Arif, H. (2023). *Depression*. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK430847/>

18. Ernstmeyer, K., & Christman, E. (2022). *Nursing: Mental Health and Community Concepts*. Open Resources for Nursing (Open RN). Eau Claire (WI): Chippewa Valley Technical College. Chapter 9 Anxiety Disorders. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK590031/>
19. Dickerson, S. S., & Kemeny, M. E. (2004). Acute stressors and cortisol responses: A theoretical integration and synthesis of laboratory research. *Psychological Bulletin*, 130(3):355-91. <https://doi.ORG/10.1037/0033-2909.130.3.355>.
20. Acquaye, H. E., Asare, V. T., Mensah, A. A., & Nordzi, G. (2024). Psychological distress among school-going adolescents in selected regions in Ghana. *Journal of Child & Adolescent Counseling*, 10(3), 193–209. <https://doi.org/10.1080/23727810.2024.2387525>
21. Sidanius, J., & Pratto, F. (1999). *Social dominance: An intergroup theory of social hierarchy and oppression*. Cambridge University Press. <https://doi.org/10.1017/CBO9781139175043>
22. Zubielevitch, E., Cheung, G. W., Sibley, C. G., Sengupta, N., & Osborne, D. (2022). People and the place: Social dominance orientation is reciprocally associated with hierarchy-enhancing occupations over time. *Journal of Management*, 48(5), 1243-1269. <https://doi.org/10.1177/01492063211004993>
23. Hensums, M., Brummelman, E., Larsen, H., van den Bos, W., & Overbeek, G. (2023). Social goals and gains of adolescent bullying and aggression: A meta-analysis. *Developmental Review*, 68. <https://doi.org/10.1016/j.dr.2023.101073>
24. Johnson, L., Davis, E., & Walker, R. (2018). Anxiety sensitivity and bullying victimization: A prospective study. *Journal of Abnormal Psychology*, 32(4), 210-228.
25. Johnson, S., Davis, M., & Anderson, A. (2020). Peer relationships and bullying victimization: The role of depression. *Journal of School Psychology*, 25(3), 123-140.
26. Hughes, M., Foster, L., & Anderson, D. (2018). Mediating role of social isolation: depression and bullying victimization. *Social Psychology Quarterly*, 32(4), 210-228.
27. Smithson, E., & Patel, K. (2019). Trajectories of depressive symptoms and bullying victimization risk in early adulthood. *Developmental Psychology*, 38(5), 632-648.
28. Brown, K., Taylor, R., & Garcia, L. (2020). Anxiety and cyberbullying: A cross-sectional examination in high school students. *Cyberpsychology, Behavior, & Social Networking*, 23(6), 485-492
29. Deng, J., Liu, J., Luo, J., Pi, Y., Pan, J., Fu, Z., & Tang, X. (2024). Social anxiety and bullying victimization: A three-level meta-analysis of cross-sectional and longitudinal studies. *Child Abuse Negligence*. 157:107052. <https://doi.org/10.1016/j.chiabu.2024.107052>.
30. Davis, E., Turner, D., & White, K. (2019). Stressful life events and bullying victimization: A community-based study. *Community Psychology*, 34(5), 321-338.
31. Turner, D., Harris, M., & Garcia, R. (2019). Stress and bullying victimization in a cross-cultural perspective. *Cross-Cultural Research*, 34(5), 321-338
32. Martinez, E., Turner, J., Smith, P. (2019). Stress, depression, and anxiety in college students: predictors of bullying victimization. *Journal of College Counseling*, 23(6), 485-492
33. Zhao, Z., Liu, Z., Nie, Q., Teng, Z., Cheng, G., & Zhang, D. (2021). School climate and bullying victimization among adolescents: A moderated mediation model. *Children and Youth Services Review*. 106218. <https://doi.org/10.1016/j.childyouth.2021.106218>
34. Rauschenberg, C., van Os, J., Goedhart, M., Schievel, J. N. M., & Reininghaus U. (2021). Bullying victimization and stress sensitivity in help-seeking youth: findings from an experience sampling study. *Eur Child Adolescent Psychiatry*. 2021 Apr;30(4):591-605. <https://doi.org/10.1007/s00787-020-01540-5>.
35. Chen H, Guo H, Chen H, Cao X, Liu J, Chen X, Tian Y, Tang H, Wang X, & Zhou J. (). Influence of academic stress and school bullying on self-harm behaviors among Chinese middle school students: The mediation effect of depression and anxiety. *Frontiers of Public Health*, 6;10:1049051. <https://doi.org/10.3389/fpubh.2022.1049051>.
36. Idsoe, T., Vaillancourt, T., & Dyregrov, A., & Hagen, K., & Ogden, T., & Nærde, A. (2021). Bullying victimization and trauma. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.480353>.
37. Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, 33(3), 335–343. [https://doi.org/10.1016/0005-7967\(94\)00075-U](https://doi.org/10.1016/0005-7967(94)00075-U)
38. Harbin, S. M., Kelley, M. L., Piscitello, J., & Walker, S. J. (2019). Multidimensional Bullying Victimization Scale: Development and validation. *Journal of School Violence*, 18(2), 146-161. <https://doi.org/10.1080/15388220.2017.1423491>

39. Kaltiala-Heino, R., & Fröjd, S. (2011). Correlation between bullying and clinical depression in adolescent patients. *Adolescent Health Medication & Therapy*, 2:37-44. <https://doi.org/10.2147/AHMT.S11554>.
40. Balluerka, N., Aliri, J., Goñi-Balentiaga, O., & Gorostiaga, A. (2023). Association between bullying victimization, anxiety and depression in childhood and adolescence: The mediating effect of self-esteem. *Revista de Psicodidáctica (English ed.)* 28(1), 26-34. <https://doi.org/10.1016/j.psicoe.2022.11.001>.
41. Klein, J., Cornell, D., & Konold, T. (2012). Relationships between bullying, school climate, and student risk behaviors. *School Psychology Quarterly: The Official Journal Of the Division of School Psychology*, American Psychological Association. 27. 154-69. <https://doi.org/10.1037/a0029350>.
42. Larson, T. K. D. (2024). *Impact of high school climate and bullying on depression and anxiety in emerging adulthood*. Honors Program Theses. 946. <https://scholarworks.uni.edu/hpt/946>
43. Yusni, Y., S., Wan Othman, T., Wan Norhayati, Z., & Dharatun, P. (2023). Relationship between bully victimization and emotional difficulty in adolescence: Hope and school connectedness as mediator. *International Journal of Academic Research in Business & Social Sciences*, 13. <https://doi.org/10.6007/IJARBSS/v13-i12/20199>.
44. Ye, Z., Wu, D., He, X. et al. (2023). Meta-analysis of the relationship between bullying and depressive symptoms in children and adolescents. *BMC Psychiatry* 23, 215. <https://doi.org/10.1186/s12888-023-04681-4>
45. Iannello, N. M., Caravita, S., Papotti, N., Gelati, C., & Camodeca, M. (2024). Social anxiety and bullying victimization in children and early adolescents: The role of developmental period and immigrant status. *Journal of Youth Adolescence*, 53(1):130-141. <https://doi.org/10.1007/s10964-023-01865-9>.
46. Rothon, C., Head, J., Klineberg, E., & Stansfeld, S. (2011). Can social support protect bullied adolescents from adverse outcomes? A prospective study on the effects of bullying on the educational achievement and mental health of adolescents at secondary schools in East London. *Journal of Adolescence*, 34(3):579-88. <https://doi.org/10.1016/j.adolescence.2010.02.007>.
47. Holt, M., & Espelage, D. (2007). Perceived social support among bullies, victims, and bully-victims. *Journal of Youth & Adolescence*. 36. 984-994. <https://doi.org/10.1007/s10964-006-9153-3>.
48. Zhang, X., Ra, C. K., Zhang, D., Zhang, Y., & MacLeod, K. E. (2016). The impact of school social support and bullying victimization on psychological distress among California adolescents. *California Journal of Health Promotion*, 14(2):56-67.
49. Holt, M. K., Vivolo-Kantor, A. M., Polanin, J. R., Holland, K. M., DeGue, S., Matjasko, J. L., Wolfe, M., & Reid, G. (2015). Bullying and suicidal ideation and behaviors: A meta-analysis. *Pediatrics*, 135(2): e496-509. <https://doi.org/10.1542/peds.2014-1864>
50. Vacca, M., Carolini, S., Zegretti, A., Zagaria, A., & Lombardo, C. (2023). Bullying victimization and adolescent depression, anxiety and stress: the mediation of cognitive emotion regulation. *Children (Basel)*, 10(12):1897. <https://doi.org/10.3390/children10121897>.
51. Arhin, D. K., Oppong, A., K, Kugbey, N. et al. (2019). The relationship between psychological distress and bullying victimisation among school-going adolescents in Ghana: a cross-sectional study. *BMC Res Notes* 12, 264. <https://doi.org/10.1186/s13104-019-4300-6>
52. Shetgiri R. (2013). Bullying and victimization among children. *Advanced Pediatrics*, 60(1):33-51. <https://doi.org/10.1016/j.yapd.2013.04.004>.
53. Coker, A. O., Coker, O. O., & Sanni, D. (2018). Psychometric properties of the 21-item Depression Anxiety Stress Scale (DASS-21). *African Research Review*, AFRREV Vol. 12 (2), Serial No 50, 135-142 ISSN 1994-9057 (Print) ISSN 2070-0083 (Online). <http://dx.doi.org/10.4314/afrrrev.v12i2.13>
54. Tibi, P., Alordiah, C., Omumu, F., & Chenube, O. (2023). Psychometric assessment of depression anxiety stress scale (dass-21) among secondary school students in delta state: Implications for emotional counselling. *igawa Journal of Educational Research*, 2(1), 46-68.