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FROM SHADOWS TO SPOTLIGHT: THE HIDDEN MENTAL HEALTH COSTS OF BULLYING IN HIGHER EDUCATION

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KEYWORDS

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ABSTRACT

The motivation of this research is to examine the effect of multiple types of bullying on the mental health of students in public universities in Punjab, Pakistan. The researchers used quantitative research method & positivism philosophy. The current research sample consisted of 300 students from two well-known public universities, namely Thal University Bhakkar and the University of Sargodha. To test the study's hypothesis, the researchers used SPSS software. The findings of the current study indicated that there is a significant and negative effect of physical bullying on the mental health of the respondents. Moreover, current research indicates that social bullying has a significant and negative effect on respondents' mental health. Results indicated that there is a significant and negative effect of cyberbullying on the mental health of the respondents. These findings put forth a critical point: the universities should take up anti-bullying measures and provide support for mental health to mitigate the effects. From this research, some insights come out as to how the policymakers, educators and mental health professionals could promote student welfare & reduce bullying incidences in academic settings.

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INTRODUCTION

The bullying is a broad social concept that refers to a person's purposeful and persistent hurtfulness towards another, based on a fundamental power imbalance (Salleh, Annuar, Razli, Malik, Ibrahim, Ismail & Jusoh, 2024). It can also take various forms, such as verbal, physical, or psychological, and can occur in both physical and digital settings. Physical bullying manifests itself in visible pushing, hitting, and other forms of the physical violence, whereas social bullying operates invisibly through

exclusion, rumor-mongering and any other means of manipulating the social relationships. Another relatively new breed of this antisocial behavior is cyberbullying, in which activities at digital level are executed in cyberspace, using social media tools, messaging apps, and other online resources to conduct such acts as harassment, threats, or impersonation (Moreno & Jurado, 2024). The bullying's physical health effects, both short-term and long-term, are well documented. Obviously, there are visible injuries like bruises and cuts, but more serious cases can result in chronic pain or permanent physical disabilities (García, Aguayo, Granado, Vergara & Cruz, 2020). However, we cannot solely attribute long-term physical effects to bullying due to their complex nature. The pre-existing health conditions, family dynamics, and broader societal effects all play a role in this web of the causality (García et al., 2020).

Bullying has profound and long-term impact on person's psychological state. People often attribute conditions like low self-esteem, high anxiety levels, chronic depression, & severe social withdrawal to bullying (Pacífico, Silva, Piola, Bacil, Campos, Fontana & Campos, 2024). The most concerning type of bullying is verbal bullying, which occurs when the person hurts their victim by calling them names, making fun of them, or attempting to describe them using offensive language (Chen, Liang, Chen, Huang & Chi, 2023). Bullying, although seemingly declining as one grows older, is quite a common form of violence amongst school-going and adolescent-ended children (Hikmat, Yosep, Hernawaty & Mardhiyah, 2024). It continues to pose the problem not only to the smooth running of the classroom but also to students' mental health, since it ends up undermining their ability to reach their full potential academically and integrate socially. In this connection, numerous studies have reportedly shown that both the sharply focused intervention measures and broadly based support systems can effectively deal with these types of issues (Juqu & Matebese, 2024). The bullying in an educational setting is complex and multi-faceted. Hierarchically structured academic systems and environments that encourage competition further nurture bullying behaviors, thereby contributing to psychological distress among the students and faculty alike (Benítez, Corredor, Montero, Moraño & Armada, 2024).

A strong desire arises to put in place vital policies, proactive interventions, and support mechanisms to further inclusive learning and working environments that are psychologically safe. The literature has demonstrated significance of bullying in psychology, yet its impact on mental health remains unclear (Nguyen, Shah, Muzamil, Ikhile, Ayangunna & Kau, 2023). Available studies recognize or focus on the negative impacts of bullying on the self-esteem, emotional stability, and interpersonal relationships but fall short of the more nuanced research required to understand how psychological distress has its roots in each of these bullying types (Palermiti, Bartolo, Musso, Servidio & Costabile, 2022). Precisely, present research aspires to explore how each bullying type influences the victims' mental health in this retrospective study (Armitage, 2021). The interventions are designed by the principal, including educational programs and policy-related interventions aimed at reducing the impact of bullying by enhancing resilience in vulnerable populations (Armitage, 2021). It is crucial for educators, policymakers, and mental health practitioners to comprehend the various levels at which bullying can impact individuals (Abregú et al., 2024). It supports evidence-based strategies for building supportive environments and increasing psychological resiliencies in order to cultivate

inclusive communities where people can thrive in absence of various forms of harm such acts cause (García et al., 2020).

LITERATURE REVIEW

The bullying, including physical aggression, social abuse, and cyberbullying, significantly impacts mental health in all the populations (Agustiningsih, Yusuf & Ahsan, 2024). The different factors of bullying are bound to have specific impacts on the victim's feelings of psychological disturbances, social relationships, & quality of life (Kritsotakis, Papanikolaou & Philalithis, 2015). This literature review will discuss the effects of physical, social, and cyberbullying upon mental health, drawing on some findings evident in recent studies (Madsen, Damsgaard, Petersen, Qualter & Holstein, 2024). Existing literature has not distinguished between these bullying types as contributors to differential mental health outcomes, and thus the current study sets out to fill this lacuna. Most cases of physical bullying involve direct aggression over hitting, pushing, or other forms of physical assault, resulting in immediate harm (García et al., 2020). However, beyond this physical injury, this bullying could have dire and long-lasting psychological effects. Indeed, the physical bullying has been associated with higher levels of the anxiety, depression, and post-traumatic stress symptoms among the victims (Chirwa, Chanda, Nakazwe, Kabembo, Mwale & Nkole, 2024). Few researchers report these forms of abuse, despite their fundamental impact on the victim's emotional well-being and life quality. Thus, the emotional toll could mean reduced self-esteem, social withdrawal, and problems forming trusting relationships.

Such victims of physical bullying may feel increased fear and hypervigilance, hence affecting their sense of safety and security within school and community settings, according to report, longitudinal research has comprehensively established that the effects of physical bullying may persist until the victims reach adulthood, potentially deviating their mental health trajectories and increasing their risk of ongoing emotional problems (Yin et al., 2024). Physical, social, and cyber forms of bullying impact mental health in fundamentally distinct ways. Social bullying, also known as relational or covert bullying, involves deploying social relationship to harm others over actions like exclusion, rumors, or peer exclusion (Tsomokos & Slavich, 2024). Unlike physical bullying, this bullying type primarily causes psychological and emotional harm (Madsen et al., 2024). Normally, victims claim to feel isolated and repulsive, and there is a decreased sense of belonging among them. Bullying in higher education is a pervasive issue that often remains in shadows, overshadowed by the academic and social challenges that students face. The relational aggression intrinsic within social bullying may be one of more insidious ways through which individuals develop higher levels of anxiety and depression, even as compared to forms of bullying that involve overt physical pressure and violence (Agustiningsih et al., 2024).

Indeed, it has been ultimately suggested that the emotional impact of social bullying can be worse than that of physical bullying because it erodes that on which victims can draw support from others (Cretu & Morandau, 2024). This will lead to long-term impairment in formation of trusting relation and impaired functioning well into adulthood (Li, 2020). Cyberbullying is a modern version of the aggression, and it goes through digital platforms like social media, email, text messages (Salsabila & Sumarwan, 2024). Compared to outmoded forms of bullying, cyberbullying runs 24/7, growing

the identity of helplessness and isolation feelings in victims (António et al., 2024). And anonymity provided by online platforms often puts a premium on the cruelty and frequency of cyberbullying incidents. It is quite common for victims of cyberbullying to report high levels of anxiety, depression, and other forms of emotional stress in these cases (Malik & Dadure, 2024). Digital harassment is public and pervasive; it exacerbates feelings of humiliation and shame. This can lead to important, serious psychological implications, such as suicidal ideation or even self-harm (Agustiningsih et al., 2024). In this regard, the longitudinal studies highlight the fact that cyberbullying effects can last for the years, primarily influencing the victims' mental health & well-being long after the incident (Miriam et al., 2021).

Comparative studies assessing the impacts of physical, social, and cyberbullying on mental health indicate some subtleties in the differences (Hardiyanto et al., 2024). In contrast to physical bullying, which may directly cause both physical harm and immediate psychological traumatization, both social and cyberbullying are more often aimed at social identity and self-esteem of their victims, with much more far-reaching and harmful emotional repercussions (Ademiluyi et al., 2022).Factors such as gender, age, and individual differences in resilience tend to modulate how victims react to bullying. For example, while females may be much more susceptible to emotional distress caused by social and cyberbullying, males are likely to exhibit the externalizing behaviors following physical bullying. Physical, social, and cyberbullying all contribute differently to mental health, but they all have a connection (Phan et al., 2022). Therefore, to ensure effectiveness, educators, policymakers, and mental health professionals who play roles in policy formulation and creation of intervention strategies for victim support must acknowledge their differences (Shoib et al., 2022). In this regard, it will reduce the harmful effects on targeted populations and allow them to develop the resilience against such odds. Future studies should therefore focus on complications caused by various forms of bullying and their interaction effects on the mental health in different scenarios and populations (Malik & Dadure, 2024).

RESEARCH METHODOLOGY

This study has applied a quantitative design that is appropriate for analyzing the interrelations of the variables and drawing conclusions. The research philosophy is based on positivism paradigm, which entails the use of objective data collection and measurement to ensure that research findings are credible and accurate in nature. For the purpose of data collection, the study participants are selected or sampled from among the public universities in Punjab, Pakistan. For the research study, the researchers selected two public universities, Thal University and Sargodha University, to ensure a representative sample. The researcher selected these institutions to obtain representative sample of university staff. The study's sample size was 300, which is appropriate for statistical analysis. To ensure that every member of population has an equal chance of inclusion in the sample, the study utilized probability sampling methods. This approach enhances the transferability of the results and reduces potential for sample selection bias. The type of probability sampling We did not elaborate on type of probability sampling we used, but common techniques include simple random sampling, stratified random sampling, and cluster sampling. In this paradigm, probability sampling enables collection of data that is not only random but valid. Data collection tool used in this research was a survey questionnaire.

This approach is ideal for collecting data from a large number of respondents within a short time frame. The survey was developed to assess We developed the survey to evaluate various forms of bullying, including physical, social, and cyberbullying, and their impact on the mental health. We conducted the survey among employees at staff level, basing the data collection on the experiences and perspectives of those most susceptible to workplace bullying. ire into several parts. The first part of the survey focused on basic demographic data, including age, gender, position, and years of work. Following sections included items assessing physical, social, and cyberbullying consequences, and mental health consequences. Survey employed a five-point Likert scale to measure the extent of agreement or disagreement with statements made, thus enabling the quantification of opinions and experiences of respondents. We used various statistical tests to analyze the collected data. The researcher used descriptive statistics to analyze the respondents' demographic data and bullying incidence. We used analytical tools like the regression analysis to explore the relationship between bullying and mental health. We conducted the analysis using the statistical software to bolster the credibility of results.

RESULTS OF STUDY

The results of current study have been produced in order to highlight main outcomes of research. The reliability coefficients show that Cronbach's Alpha for the four items is 0.832, indicating that scale has good internal consistency. The item-total correlations after removing items with low factor loadings are as follows: Physical bullying, social bullying, and cyberbullying are all greater than 0.75, showing a high level of agreement with overall scale that ensured internal consistency among the measures. the

Table 1 Reliability Statistics

Cronbach's Alpha	N of Items
.832	4

Table 2 Item-Total Statistics

	SM ID	SV ID	CI TC	CA ID
Physical Bullying	8.5518	8.396	.814	.711
Social Bullying	8.3761	8.645	.757	.741
Cyber Bullying	8.7655	8.565	.820	.708
Mental health	7.1030	7.408	.893	.808

Factor Analysis

Table 3 presents results of Kaiser-Meyer-Olkin (KMO) measure and Bartlett's Test of Sphericity. The KMO value of 0.759 indicates a middling level of sampling adequacy, suggesting that the data is suitable for factor analysis. Bartlett's Test of Sphericity yields an approximate chi-square value of 228.232 with 6 degrees of freedom and a significance level of 0.000, indicating that # correlations between variables are significantly different from zero, further supporting the suitability of the data for factor analysis.

Table 3 KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.759
Bartlett's Test of Sphericity	Approx. Chi-Square	228.232
	df	6
	Sig.	.000

Correlations Analysis

Table 4 presents Pearson correlation coefficients among physical bullying, social bullying, cyber bullying, and mental health. All forms of bullying (physical, social, & cyber) are correlated with each other at the 0.01 level, with strongest correlations amid physical and cyber bullying (.785) and social and cyber bullying (.781). Mental health is positively correlated with all forms of bullying, with strongest correlation with cyber bullying (.275) at the 0.01 level, followed by physical bullying (.337) & social bullying (.196) at 0.05 level, show that higher instances of bullying are associated with poorer mental health.

Table 4 Correlations Analysis

		[1]	[2]	[3]	[4]
Physical Bullying [1]	Pearson Correlation	1	.735**	.785**	.337**
	Sig. (2-tailed)		.000	.000	.000
	N	110	110	110	110
Social Bullying [2]	Pearson Correlation	.735**	1	.781**	.196*
	Sig. (2-tailed)	.000		.000	.040
	N	110	110	110	110
Cyber Bullying [3]	Pearson Correlation	.785**	.781**	1	.275**
	Sig. (2-tailed)	.000	.000		.004
	N	110	110	110	110
Mental health [4]	Pearson Correlation	.337**	.196*	.275**	1
	Sig. (2-tailed)	.000	.040	.004	
	N	110	110	110	110

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

Regression Analysis

It presents summary of a regression model predicting the impact of cyber bullying, social bullying, and physical bullying on a certain outcome. The model has a correlation coefficient (R) of 0.752, indicating a strong positive relationship between predictors and outcome. R-Square value is 0.624, meaning that approximately 62.4% of the variance in the outcome is explained by the model. The Adjusted R Square, slightly lower at 0.599, adjusts for the number of predictors in the model. The standard error of estimate is 0.76285, indicating the average distance that the observed values fall from regression line.

Table 5 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of Estimate
1	.752a	.624	.599	.76285

a. Predictors: (Constant), Cyber Bullying, Social Bullying, Physical Bullying

The ANOVA table reveals that this regression model, that includes predictors such as cyberbullying, social bullying, and physical bullying, explains a significant portion of variance in the dependent variable, mental health. The model's F-value is 4.984, together with a corresponding significance level, the p-value, of.003; therefore, it proves that all the predictors combined have a statistically significant effect on mental health. The regression sum of squares is 8.701, and the residual sum of squares is 61.686, with df 3 and 106 corresponding. Finally, the total sum of the squares is 70.387, with a df of 109.

Table 6 ANOVA

Model		SM	Df	MS	F	Sig.
1	Regression	8.701	3	2.900	4.984	.003b
	Residual	61.686	106	.582		
	Total	70.387	109			

a. Dependent Variable: Mental health

b. Predictors: (Constant), Cyber Bullying, Social Bullying, Physical Bullying

Table 7 presents the coefficients from a regression analysis where the dependent variable is mental health. The unstandardized coefficients (B) show that the intercept is 3.413, with physical bullying (B = 0.214, p = 0.019), social bullying (B = 0.194, p = 0.027), and cyberbullying (B = 0.268, p = 0.039) all positively associated with the mental health issues. The standardized coefficients (Beta) indicate the relative impact of each type of bullying, with physical bullying (Beta = 0.369), social bullying (Beta = 0.364), and cyberbullying (Beta = 0.214) all significantly contributing to mental health outcomes.

Table 7 Coefficients a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.413	.157		21.701	.000
	Physical Bullying	.214	.090	.369	2.384	.019
	Social Bullying	.194	.088	.364	2.071	.027
	Cyber Bullying	.268	.070	.214	2.678	.039

Dependent Variable: Mental health

DISCUSSION & CONCLUSION

According to current research, all types of bullying behaviors have significant negative effect. The previous research has pointed out that there is clear connection between bullying and poor mental health. Beijersbergen et al. (2017) found that victims were at increased risk of showing most kinds of mental health problems, like depression, anxiety, and psychosomatic symptoms. This study supports these findings by showing that a variety of forms of bullying contribute to these negative outcomes, with physical and social bullying having mainly pronounced effects. In another effort to validate this general idea, Wang, Nansel, and Iannotti (2011) found that traditional bullying forms, such as physical & social types, along with cyberbullying, were major predictors of mental health problems

among adolescents; this also shows correspondence with findings of current research. It is possible that higher beta value for physical and social bullying indicates that these forms of bullying have more immediate/direct effects on their victims' mental health. Physical bullying entails direct harm or threat, while social bullying consists of relational aggression, which involves exclusion and rumor -spreading, thus robbing individual's esteem and making them feel unsafe, therefore heightening anxiety and depression.

The relatively low beta value for cyberbullying, while still significant in itself, could be indicative of more abnormal and pervasive nature of online harassment. As Patchin and Hinduja (2010) say, cyberbullying can be relentless, unremitting, and inescapable, but there are differences in effects depending on context and presence online. These findings make it very clear that addressing any form of bullying in interventions aimed at improving mental health outcomes is critical. It becomes imperative that schools and policymakers implement comprehensive anti-bullying programs with regard to interventions, not only against physical & social bullying but with general incorporation of strategies against cyberbullying. Such effective interventions might include education on the impact of bullying, support systems for the victims, and promotion of a positive school climate that sets a zero-tolerance policy against all forms of aggression. Thus, this would, therefore, imply that physical, social, and cyberbullying are all strong predicators of the poor mental health. Table 4.7 provides evidence for multimodal approaches to bullying prevention that address complex nature of bullying and its diverse manifestations and effects on individuals. This study thus adds to the existing body of research on the issue, which will help to unravel how the various types of bullying are contributing to mental health problems and underline targeted interventions to temper the most appalling effects.

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