BULLYING IN UNIVERSITIES: EFFECTS ON MENTAL HEALTH AND ACADEMIC PERFORMANCE OF THE STUDENTS IN PUNJAB, PAKISTAN

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ABSTRACT

The current study was carried out with the objective of analyzing the relationship between bullying behavior and the mental health and academic performance of university students. The data was collected from students of 3 top universities in the province of Punjab that are geographically listed as south, north, and central Punjab universities. In particular, the Arid Agriculture University Rawalpindi is in the north of Punjab, the University of the Punjab in Lahore is in the middle, and the Bahauddin Zakariya University in Multan is in the south. In this regard, the Finger et al. (2008) bullying scale was used to assess the prevalence of bullying, consisting of three subclasses classified as physical, verbal and social bullying, also the Ayas & Horzum (2010) cyber bullying scale was used to measure the prevalence of cyber bullying. The Brady-Amoon and Fuertes (2011) academic performance scale was used to assess the academic performance of the students, and the Mental Health Inventory (M.H.I.) by the Department of Health and Aging, Canberra scale was used to analyze mental health status among the respondents. The adapted scale was shared with the students and data collected through survey and Screening method was applied to randomly selected respondents from each university and after screening there were 403 bullied respondents. Results were obtained while using regression analysis by using SPSS and Smart PLS SEM software. Major findings showed that bullying behavior had a negative and significant effect on the mental health and academic performance of the students.

Keywords: Bullying behavior, physical bullying, verbal bullying, social bullying, cyber bullying, mental health, academic performance

INTRODUCTION

Bullying is the means to control and is well-defined as hostile conduct or intended threats by others that are repeated and include a real or perceived power imbalance between the victim and the bully. Social exclusion (e.g., you never interact with us, you are not welcomed, etc.) and rumor spreading are examples of external bullying (Rettew & Pawlowski, 2016). Children can be both perpetrators and victims of aggressive as well as antisocial behavior. A subgroup of victims who also engage in bullying behavior can be recently, there has been a great deal of interest in online bullying, which may be broadly described as any type of bullying conducted through technological means, such as cell devices or the internet (Krešić Ćorić & Kaštelan, 2020). One-third of children report experiencing bullying at some point in their lives, while 10–14% of children endure chronic bullying lasting longer than six months. The prevalence of bullying varies according to location and definition. Approximately 30% of teenagers are bullied at college at some point, and between 5% and 10% are distressed often (Menesini & Salmivalli, 2017). Both boys and girls were vulnerable to name-calling, taunting, and intentional rejection. Schoolboys are more likely than girls to face threats and be physically abused. There is an indication that the occurrence of bullying declines with age (Arnarsson & Bjarnason, 2018).

In circumstances where people have little influence over the group, they are a member of bullying happens. This occurs in classrooms and at households with relatives, and it has been equated to being "caged". To establish a social hierarchy or network, bullies exert their influence over every youngster (Miranda, Oriol, Amutio, & Ortúzar, 2019). Bullies frequently target people who exhibit an emotional response (e.g., weeping, fleeing, angry) and have no or few supporters to defend them. As
witnesses or even accomplices (bully/victims), bullies may persuade others to join in bullying (laugh, tease, hit, spread rumors). Environments that promote higher density and hierarchy in classrooms (in egalitarian conditions), at home, or even across nations have been shown to enhance bullying and victimization stability over time (Saarento, Garandeau, & Salmivalli, 2015).

Few prospective studies have investigated the correlation between bullying and the victim's psychological health. According to a study, Australian secondary school pupils in grade 8 (age 13) who were bullied were more likely to suffer from depression and anxiety the following school year (Kozasa, Oji, Kiyota, Sawa, & Kim, 2017). Researchers found that children who were bullied were more likely to have psychosomatic and psychosocial difficulties than those who were not tormented; conversely, children with depressive and anxiety symptoms were more likely to be bullied (Ngo et al., 2021).

Academic achievement in adolescents is rarely linked to bullying, but a number of studies have examined the probable consequences of bullying. There have been few studies undertaken with younger pupils (Palomares-Ruiz, García-Perales, Cebrían-Martínez, & Martín-García, 2021). Research in the United States has linked bullying in primary schools to poor academic performance. Relational bullying was found to have the second most significant correlation with academic success when it came to relational bullying, while direct bullying had no effect (Thomas, 2016). The short interval between the bullying measure and the academic success measure impeded the study. Other studies have not focused specifically on bullying but have shown an association between "peer rejection" and academic success. A prospective study indicated that among the youngest generation, those who were rejected by their peers the most performed poorly on tests (Furnham, 2021).

Despite the fact that Pakistani university students are plagued by mental health difficulties, these issues are rarely addressed. Previous studies show that Pakistani university students have a high rate of mental health problems (Huang, Nigatu, Smail-Crevier, Zhang, & Wang, 2018). The "Student Problem Checklist" (SPCL), which contains questions about anxiety proneness, lack of self-regulation, loss of confidence, and a perception of being dysfunctional, evaluated the mental health issues of 1850 Pakistani university students in Lahore (Tsilmak, Okhrimenko, Barko, Protsenko, & Herashchenko, 2020). According to the SPCL, 31 percent of respondents experienced "severe" and 17 percent "extremely severe" degrees of issues administered the SPCL to 1,662 university students in Lahore and discovered that 24% reported "severe" and 13% reported "extremely severe" levels of issues (Lipson, Zhou, Wagner III, Beck, & Eisenberg, 2016). Although the authors claim that "extremely severe" indicates a need for clinical intervention, it is impossible to compare this statistic to the findings of student questionnaires in other countries due to the custom nature of the scale utilized. The health and educational outcomes of students are negatively impacted by bullying. Therefore, the current paper investigates the relationship between bullying and its association with mental health and academic performance among university students in Punjab, Pakistan (Lin, Wolke, Schneider, & Margraf, 2020).

Objectives of the Study
1. To assess the prevalence of physical, verbal, social and cyber bullying among university students.
2. To see the adverse effect of bullying behavior among university students.
3. To analyze the relationship of bullying behavior on mental health and academic performance of the university students.

REVIEW OF LITERATURE
Academic Performance and Bullying
Al-Raqqad (2017) utilise a descriptive technique to investigate the influence of school bullying on student achievement as reported by teachers in Amman, Jordan's west. Their findings show that bullying has a negative influence on performance, with bullying in schools accounting for 19 percent of changes in victims' academic achievement and 3.8 percent of changes in bullies' performance. Rusteholz, Mediavilla, and Pires (2021) investigate the effects of traditional bullying on the academic achievement of 9,300 middle school pupils from the United States' 50 states and the District of Columbia. Three bivariate regression models are developed by comparing math scores and self-esteem levels in victims and non-victims while adjusting for a number of associated factors. The
findings show that a female student who is bullied has worse self-esteem and grades, and that this decrease increases with age and coincides with an increase in the frequency of bullying.

Keriko et al. (2016) explored the extent to which social perspectives are reflected in student perceptions of bullying across a sample of university students studying in England, Greece, and Norway. A total of 469 students responded to a question mark asking them to rate the strength of their agreement with 30 statements about bullying at college. Twelve of these declarations aimed to adopt a particular socio-educational approach. There was a general consensus among respondents from all three countries that bullying in universities was a major problem and that universities were not dealing sufficiently with bullying. The responses also indicate that many respondents reported opinions compatible with the socio-educational approach. The differences among students within individual countries and between countries partly reflect polarized views on how best to tackle bullying.

Ahmad, Kalim, and Kaleem (2017) investigate the occurrence and disclosure of workplace bullying behaviors in non-Western countries, despite the long history of workplace bullying and psychological harm investigations are associated with it in the Western context. The purpose of this article is to initiate a research dialogue among educators in Pakistan by reporting empirical research on incidents, forms, and ideas of bullying in the workplace. The study was conducted among a sample of academics as part of a cross-sectional survey in a large province of Pakistan. However, a study shows that in the Pakistani context, harassment in the workplace is common among educators, and up to half of them regularly face tasks such as overwork, weakening of abilities, non-recognition of work participation, and obstruction of work-related issues.

Hypothesis: There is a significant negative effect of bullying on Academic Performance

Bullying and Mental Health

Bullying may have significant and lasting negative effects on both our mental health and our entire well-being. Certain individuals may experience feelings of rejection, isolation, loneliness, and poor self-esteem as a direct consequence of being abused. These feelings may also be accompanied by worry and depression. In extreme cases, it may even develop into a more serious condition treatment for chronic stress disorder or post-traumatic stress disorder. According to the findings of several types of study, bullying may have long-term repercussions such as an increase in interpersonal aggression, drug misuse, sexual violence, poor social functioning, and poor performance. Even being a bystander to bullying may have a negative impact on a person's health (Rauf, Shahid, Sarwar, & Asif, 2022).

Demir, Kilinc, and Dogan (2012) explained that workplace bullying is an occupational threat in the health sector. Allied healthcare professionals are part of the industry, but they are the subject of research. The objective of this study was to study the incidence of bullying and its consequences in a context related to health. Data were collected from 166 health professionals working in a large Australian health organization (response rate = 76%). Logistical and commercial analyzes have been carried out. About a quarter (24%) of those surveyed said they had been victims of bullying in the workplace. During the investigation of bullying incidents, low levels of supervisor support and high negative effectiveness were associated with bullying. In addition to the results, conditions, type of work, and age, bullying influenced the level of depression and psychological distress.

Baldry (2004) study aimed to determine whether direct or indirect bullying and victimization in the classroom affects the mental and physical health of Italian boys and girls. The effects of bullying and abuse are assessed in light of the relative buffering effect of a positive relationship with one or both parents. Several regression analyzes have shown that having a daughter is a significant risk factor for symptoms of insomnia. Abstinence from indirect bullying is the strongest predictor of somatic ailments and anxiety/depression independent of direct victimization, with significant predictions of somatic illness, anxiety, and depression. Directly targeting, threatening, or berating others by name does not predict poor mental and emotional health in young people, while indirect bullying (spreading rumors or not intentionally speaking to someone) is a significant distraction. Adolescents experience fewer negative effects of bullying because of positive relationships with one or both parents.

Hypothesis: There is a significant negative effect of bullying on mental health

METHODS

The quantitative research design was used in the conducting of this study. The data was collected from students of 3 top universities in the province of Punjab that are geographically listed as south,
north, and central Punjab universities. Arid Agriculture University Rawalpindi is located in north Punjab, University of Punjab, Lahore is located in central Punjab, and Bahauddin Zakariya University, Multan is located in south Punjab. The rationale behind the selection of universities among 3 different localities of the Punjab province was to see the bullying phenomenon in each geographic location of the Punjab province and to ensure the maximum representativeness of students from each locale across Punjab. In this regard, the Finger et al. (2008) bullying scale was used to assess the prevalence of bullying, consisting of three subclasses classified as physical, verbal and social bullying, also the Ayas & Horzum (2010) cyber bullying scale was used to measure the prevalence of cyber bullying. The Brady-Amoon and Fuertes (2011) academic performance scale was used to assess the academic performance of the students, and the Mental Health Inventory (M.H.I.) by the Department of Health and Aging, Canberra scale was used to analyze mental health status among the respondents. The scale was adapted keeping in mind the cultural normative patterns of Pakistani society. The adapted scale was shared with the students and data collected through survey and Screening method was applied to randomly selected respondents from each university and after screening there were 403 bullied respondents. After obtaining a response from the respondent, the data were input and analyzed using SPSS and Smart PLS SEM Software. Descriptive analysis was used to forecast the frequency and percentage of the socio-demographic features of the respondents. Also, regression and correlation analysis were used to assess the inferential responses of the respondents.

RESULTS

Table No. 1 Descriptive Statistics

| Variables                      | Categories | Frequency | Valid percentage |
|--------------------------------|------------|-----------|------------------|
| Gender of the Respondents      | Male       | 178       | 44.16            |
|                                 | Female     | 225       | 55.83            |
| Age of the respondents         | 18-24      | 303       | 75.18            |
|                                 | 24-30      | 96        | 23.82            |
|                                 | Above 30   | 4         | 1                |
| Name of the University         | Arid University | 112   | 27.80            |
|                                 | Punjab University | 153 | 37.96            |
|                                 | BZU        | 138       | 34.24            |
| Locality                       | Rural      | 161       | 40.00            |
|                                 | Urban      | 242       | 60.00            |
| Family System                  | Joint      | 222       | 55.08            |
|                                 | Nuclear    | 181       | 44.92            |

The above table showed data regarding the socio-demographic characteristics of the respondents' i.e. university students who were studying in the universities. In this regard, data showed that 55.83% of the participants who had participated in this study were female. Regarding the age of the respondents, 75.18% of the data was given by 18-24 years age group respondents. Data revealed that most of the respondents are from Punjab University 37.96%. More than half the respondents (60%) belong to an urban background. Regarding the response about family systems, 55.08% respondents were living in a joint family system and the other were living in a nuclear family system.

Prevalence of physical, verbal, social and cyber bullying among university students.

Table No. 2 Prevalence of Bullying types

| Variable         | Demographic | Mean  | F-test | p-value | Comment |
|------------------|-------------|-------|--------|---------|---------|
| Physical Bullying| Gender      |       |        |         |         |
|                  | Male        | 3.5872| 4.9182 | .000    | Supported |
|                  | Female      | 3.9106|        |         |         |
| Verbal Bullying  | Male        | 3.1529| 3.9816 | .002    | Supported |
|                  | Female      | 3.7791|        |         |         |
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| Form of Bullying | Gender | University | Mean 1 | Mean 2 | p-value | Supported |
|-----------------|--------|------------|--------|--------|---------|-----------|
| Social Bullying | Male   | BZU        | 4.0641 | 5.9648 | 0.000   | Supported |
|                 | Female | PU         | 4.5281 | 3.2224 |         |           |
|                 |        | ARID       | 3.6702 | 3.2971 |         |           |
| Cyber Bullying  | Male   | BZU        | 3.2281 | 4.0924 | 0.001   | Supported |
|                 | Female | PU         | 3.9618 | 3.1108 |         |           |
|                 |        | ARID       | 3.6702 | 3.2971 |         |           |
| Physical Bullying | Male | BZU | 3.9937 | 4.9123 | 0.032 | Supported |
|                 | Female | PU | 4.2975 |         |        |           |
|                 |        | ARID | 3.6702 |         |        |           |
| Verbal Bullying | Male   | BZU | 3.9623 | 4.9674 | 0.002 | Supported |
|                 | Female | PU | 4.5981 |         |        |           |
|                 |        | ARID | 3.6702 |         |        |           |
| Social Bullying | Male   | BZU | 4.0641 | 5.9648 | 0.000 | Supported |
|                 | Female | PU | 4.5281 |         |        |           |
|                 |        | ARID | 3.6702 |         |        |           |
| Cyber Bullying  | Male   | BZU | 3.3376 | 3.7192 | 0.000 | Supported |
|                 | Female | PU | 3.7266 |         |        |           |
|                 |        | ARID | 3.6702 |         |        |           |
| Physical Bullying | Male | BZU | 3.9937 | 4.9123 | 0.032 | Supported |
|                 | Female | PU | 4.2975 |         |        |           |
|                 |        | ARID | 3.6702 |         |        |           |

The data shown in the table above reveals that gender has a significant impact on all forms of bullying that respondents have experienced, at a level of significance of 5%. According to the data shown in the table, the greatest mean values for female victims of social bullying are 4.8721, while the highest mean values for male victims of physical bullying are 3.5872. It indicates that male students are more likely to be abused physically, whereas female students are more likely to be mistreated socially. The table further suggested that students are more likely to face bullying behaviour in Punjab University as the highest mean value in case of verbal bullying behaviour is 4.59 and has a significant link with targets’ university at a 5% level of significance. At the 5% level of significance, the data demonstrates that there is a significant association between the living area and background of the respondents. The highest mean value is from urban area student 4.0124 concluded that mostly students from urban areas are facing more bullying.

### Table No. 3 Reliability Analysis

| Dimension       | Cronbach's Alpha | Composite Reliability | Average Variance Extracted (AVE) |
|-----------------|------------------|-----------------------|-------------------------------|
| Academic        | 0.814            | 0.825                 | 0.87                          | 0.574 |
| Bullying Behavior | 0.899          | 0.926                 | 0.909                         | 0.531 |
| Mental Health   | 0.919            | 0.936                 | 0.925                         | 0.567 |

In PLS-SEM analysis, the outer model’s reliability is determined using reliability and validity as the two most important metrics (Roldán Salgueiro, Ringle, 2016). The development of a connection between the internal and exterior models was made possible by the discovery of valid data. There are three ways to assess validity: (1) convergent validity (AVE) for measures connected with individual models; (2) discriminant validity (Fornell-Larcker); and (3) discriminant validity (HTMT) for measures related to individual models(Richter, Cepeda-Carrion, Roldán Salgueiro, & Ringle, 2016). Based on the information in the table and Fig. 1, it can be said that CR and AVE have good internal consistency and reliability.
A hetero trait mono trait correlation ratio was proposed by Henseler, Ringle, and Sarstedt (2015) for establishing discriminant validity based on the multitrait-multimethod matrix. In addition, it describes how the procedure's performance was enhanced by Monte Carlo simulation analysis. Close HTMT readings to zero indicate an absence of discriminant validity. When used as a criterion, the HTMT must be compared to a predetermined threshold. If the HTMT value is higher than this number, it means that the discriminant validity isn't there. Certain authors propose for a 0.85 threshold (Kline, 2011). So, the above table shows that no value is higher than 0.90, which shows that the scale is valid.

Table No. 5 Correlations Matrix

|                  | Bullying Behavior | Mental Health | Academic Performance |
|------------------|------------------|---------------|----------------------|
| Bullying Behavior| Pearson Correlation | 1              | .524**               | .401**               |
|                  | Sig. (2-tailed)  | .000          | .000                 |                      |
|                  | N                | 403           | 403                  | 403                  |
| Mental Health    | Pearson Correlation | .524**        | 1                    | .476**               |
|                  | Sig. (2-tailed)  | .000          | .000                 |                      |
|                  | N                | 403           | 403                  | 403                  |
| Academic Performance | Pearson Correlation | .401**        | .476**               | 1                   |
|                  | Sig. (2-tailed)  | .000          | .000                 |                      |
|                  | N                | 403           | 403                  | 403                  |

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

The findings of the aforementioned correlation table showed data regarding the correlation analysis between the variables of the study model. Data showed that the predictor variable of the study (i.e., bullying behavior) had a close relationship with the outcome variables of the study (i.e., mental health and academic performance).


| Table No. 6 Regression Analysis |
|--------------------------------|
| **Original Sample (O).** | **Sample Mean (M).** | **Standard Deviation (STDEV).** | **T Statistics (|O/STDEV|).** | **P Values.** |
| Bullying Behavior -> Academic Performance | -0.527 | 0.531 | 0.073 | -7.205 | 0 |
| Bullying Behavior -> Mental Health | -0.873 | 0.878 | 0.025 | -35.271 | 0 |

**Fig.2: Structural Equation Model**

The findings of the aforementioned table and fig.2 showed data regarding the regression analysis of the study model. Data showed that the predictor variable of the study (i.e., bullying behavior) had a significant effect on the outcome variables of the study (i.e., mental health and academic performance). As above, the table showed that bullying behavior has a significant effect on the mental health and academic performance of the students. However, the relationship between the variables is shown to be negative.

**DISCUSSION**

Our study results showed that bullying behaviour has a significant effect on the mental health of students. It negatively influenced the mental health of the students. However, the latest evidence also showed that psychological cyberbullying was the most impactful factor in mental health for both boys and girls, somewhat corroborating earlier findings (Eyuboglu et al., 2021). This is not unexpected, given that students spend considerable time on social media, which can have profound psychological impacts such as depression and anxiety. Consistent with prior studies, psychological or relational bullying was the second most significantly associated with mental health for both students and teacher bullying (Najam & Kashif, 2018). In addition, children who experienced psychological bullying from their instructors had increased somatization, indicating that victims of teachers’ bullying may be neurologically impaired (Datta, Cornell, & Huang, 2017). According to the study’s control factors, social support was related to improved mental health, particularly among females, which is consistent with prior studies on social support and mental health. Consistent with earlier studies, social support can help minimize the negative mental health repercussions of bullying victimization (Ho, Chen, & Yen, 2022).

Moreover, regarding the effect of bullying behaviour on the academic performance of students, our study results showed that bullying behaviour has a significant effect on the academic performance of students. It negatively influenced the academic performance of the students. However,
previous studies also indicated that bullying affects academic performance among students. The majority of students say that bullying hinders their ability to learn since their psychological state may be disruptive, hence affecting their study habits and conduct (Njoroge & Nyabuto, 2014). The victims of bullying have been reduced to four pitiful states: lack of confidence, worry, anxiety, and passivity. All of these factors have a bearing on successful learning because they influence student engagement and participation in classroom activities. Teachers use the following strategies to prevent and address bullying: establishing classroom rules, counselling pupils, enforcing rules, and engaging in extensive socialization. Rules are vital to students, but their application is equally crucial. Therefore, providing rewards and punishments associated with bullying activities could be a strategy to reduce bullying (Couvillon & Ilieva, 2011).

CONCLUSION
In many countries across the globe, bullying victimization is a major problem for students, parents, and academic administrators. Verbal (threats, insults), physical (hitting, shoving), social and cyber forms of bullying exist. Generally, victims of bullying have trouble defending themselves, indicating a physical or emotional imbalance of power. Bullying victims are subjected to frequent, negative peer interactions over a prolonged period of time, which can be damaging to their mental health. In this regard, the current study was carried out with the objective of analyzing the relationship between bullying behaviour and the mental health and academic performance of university students. Keeping in view the results of our study, it has been concluded that bullying is a serious social phenomenon and it has had diverse and significant effects on the mental health and academic performance of university students. The university should take serious measures to reduce the severity of the bullying phenomenon.

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