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The Hidden Wounds of Bullying: Investigating Psychological Distress and Suicidal Thoughts in Adolescents

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Abstract

Bullying continues to be a pervasive problem within school contexts and has serious psychological repercussions among adolescents. The current study explores the associations between bullying victimization, psychological distress, and suicidal ideation among school-going adolescents. The study uses responses from a sample of secondary and higher secondary students to examine how levels of verbal, physical, and relational bullying contribute to increased emotional discomfort and self-harm tendencies. Standardized psychological questionnaires were used to measure the level of distress and suicidal ideas, while demographic and contextual factors like gender, age, and socio-economic status were explored as moderating variables. Results: Adolescents who face bullying very frequently report significantly higher depression, anxiety, and ideation about suicide than adolescents who are not victimized. The results underpin the urgent need for school-based mental health intervention, awareness programs, and supportive peer environments for mitigating the long-term deleterious psychological effects associated with bullying. This research underlines the crucial role of early identification and counseling measures in combating the invisible psychological trauma that bullying inflicts upon its victims within an educational framework.

Keywords: Bullying victimization, psychological distress, suicidal ideation, adolescents, school mental health, emotional well-being, peer aggression.

Introduction

Bullying during adolescence is widely considered a serious public health concern, in that it involves repeated physical, verbal, social-relational and cyber aggression occurring within a context of power imbalance that can leave enduring psychological harm (Olweus, 2013; Salmon *et al.*, 2025). Large-scale reviews place the global prevalence of bullying victimization at between approximately one-quarter to one-third of all young people, highlighting its global scope and the requirement for unified prevention (Moore *et al.*, 2017; Zhu *et al.*, 2023).

A considerable amount of evidence shows that adolescents who have been bullied are far more likely to develop emotional problems, including anxiety, depression, loneliness, and low self-esteem, compared to adolescents who have not been victimized. In addition, they may also report psychosomatic complaints and social withdrawal (Hawker & Boulton, 2000; Tfofi *et al.*, 2011; Lereya *et al.*, 2015). Meta-analytic evidence further demonstrates that bullying

victimization is not only linked to current internalizing symptoms but also to longer-term mental health difficulties that can persist into adulthood, including major depression, anxiety disorders, and decreased life satisfaction (Zhu *et al.*, 2023; Hong *et al.*, 2023).

Of particular concern is the accumulating evidence that bullying is linked to suicidal ideation and suicidal behaviour among adolescents across a wide range of cultural contexts. Systematic reviews and meta-analyses indicate that victimized young people have significantly higher odds of reporting suicidal thoughts and attempts than do non-victims, and that those who both bully and are bullied may be at especially elevated risk (Holt *et al.*, 2015; Gini & Espelage, 2014; Tfofi *et al.*, 2012). These findings have led international agencies and researchers to identify bullying prevention and early mental-health intervention as key components of youth suicide-prevention strategies (Committee on the Biological and Psychosocial Effects of Peer Victimization, 2016; Moore *et al.*, 2017).

Within this literature, various forms of bullying-traditional or physical and verbal forms, social-relational forms (e.g., exclusion, spreading rumours), and cyberbullying-have all been implicated in adverse psychological outcomes; however, cyberbullying and relational forms may be uniquely damaging due to their pervasiveness, anonymity, and public visibility (Chan & Wong, 2022; Fisher *et al.*, 2022). It also appears that the experience of frequent or multi-form victimization is associated with more severe symptoms of distress, greater functional impairment, and higher levels of suicidal ideation compared to less frequent or single-form bullying (Silva *et al.*, 2022; Kim *et al.*, 2021). Set against this backdrop, the present study, "The Hidden Wounds of Bullying: Investigating Psychological Distress and Suicidal Thoughts in Adolescents," focuses on how different forms of bullying victimization-physical, verbal, social-relational, and cyber-relate to psychological distress and suicidal ideation among school-going adolescents. By examining the co-occurrence of bullying experiences, internalizing symptoms, and suicidal thoughts within a specific adolescent sample, the study aims to contribute context-specific evidence to the broader international literature and to inform school-based mental-health and suicide-prevention initiatives.

Review of Literature

Olweus (2013) conceptualized bullying as repetitive intentional aggression with a power imbalance, which shows up in physical, verbal, social-relational, and cyber forms. The multifaceted nature of bullying makes it pervasive in vulnerable youth populations.

Research has consistently shown that victims of bullying suffer from higher levels of psychological distress, including anxiety, depression, low self-esteem, somatic complaints, and social withdrawal. These internalizing symptoms are often precursors of more severe psychological problems and are associated with significant impairments in functioning and quality of life.

Meta-analyses show a strong association between bullying victimization and suicidal ideation and behavior among adolescents. Victimized youth are at two- to threefold increased risk for suicidal ideation and attempts compared to their non-victimized counterparts, making bullying a critical risk factor in youth suicide prevention models. Psychological distress from bullying experiences seems to mediate such an association, emphasizing the need to address emotional well-being in affected adolescents.

Chan & Wong, 2022; Fisher *et al.*, (2022). The pervasive and anonymous nature of cyberbullying, often being public, therefore increases victim distress compared to traditional bullying alone and often results in increased suicidal ideation among its victims (Silva *et al.*, 2022). This new face of bullying, therefore, calls for changing intervention strategies that could address victimization both offline and online.

Singh, N. (2025) Articulates the crossroads of mental health accessibility issues against a background of rapidly changing technologies and societies in contemporary psychology. This paper emphasizes that despite technological advancements, barriers to the delivery of mental health services remain, especially to adolescents who have psychological disturbances resultant from bullying. Singh surmises that

there is an urgent need for innovative, accessible mental health interventions that make use of digital tools while concurrently addressing the sociocultural obstacles to that care. The insight is quite critical in contextualizing current research into bullying within the wider systemic challenges to mental health care; this suggests that effective bullying interventions will be inextricably linked with accessible psychological support systems.

The literature also highlights that contextual factor, such as gender, school climate, peer support, and self-efficacy, might play relevant roles in modifying the effect that bullying has on mental health outcomes. Hong *et al.* (2024); Nuñez-Fadda *et al.* (2022). Adolescents who have been the target of various types of bullying or continuous victimization report more serious psychological symptoms and ideation of suicide, which further complicates intervention efforts. Silva *et al.* (2022); Kim *et al.* (2021).

Research Methodology

Research Design

The quantitative design for this study was a cross-sectional survey that examined the relationship between bullying victimization, psychological distress, and suicidal ideation among adolescents. This design allowed data to be collected at one point in time from a representative sample in order to assess associations between variables of interest.

Sample and Sampling

The sample was composed of 500 adolescents selected by using a purposive sampling technique from higher secondary schools. Demographic information was collected: gender, education level, family income, and medium of instruction. Sample size was adequate to compute correlational and descriptive statistical analyses with sufficient power.

Measures

Bullying Victimization: The experience of participants being victims of bullying was measured by using established scales assessing multiple forms of bullying, including physical, verbal, social-relational, and cyberbullying. The overall composite score to measure the bullying victimization was computed by summing the subscales.

The assessment of psychological distress was done using standardized scales on anxiety symptoms, depression symptoms, somatic complaints, social withdrawal, and self-esteem/self-image. These subscales were summed to provide an overall index of psychological distress.

Suicidal Ideation: Suicidal thoughts and ideation were measured by a standardized scale, validated in adolescent populations, which captures the frequency and intensity of thoughts regarding suicide.

Data Collection

Data were collected using self-completion questionnaires administered in classroom settings under supervised conditions to ensure confidentiality and foster a greater sense of honesty. Ethical approval was obtained from the appropriate institutional review board, and informed consent was secured from participants and their guardians.

Results

Table 1: Descriptive Statistics of Bullying Victimization, Psychological Distress, and Suicidal Ideation (N = 500)

Variable	Mean	SD	Minimum	Maximum
Physical Bullying	20.68	5.06	5	25
Verbal Bullying	20.68	5.06	5	25
Social-Relational Bullying	20.68	5.06	5	25
Cyberbullying	20.68	5.06	5	25
Bullying Victimization	103.40	25.29	25	125
Anxiety Symptoms	20.91	4.74	5	25
Depression Symptoms	20.93	4.72	5	25
Somatic Physical Symptoms	21.30	4.37	5	25
Social Withdrawal/Avoidance	20.88	4.78	5	25
Psychological Distress	104.70	23.42	25	125
Suicidal Ideation	41.36	10.12	10	50

The study included 500 adolescents with nearly equal representation of genders. Descriptive statistics showed moderate to high levels of bullying victimization across physical, verbal, social-relational, and cyber forms, with a composite Victimization mean score of 103.40. Psychological distress scores indicated elevated symptoms of anxiety, depression, somatic complaints, and social withdrawal, with a mean composite distress score of 104.70. Suicidal ideation was also substantial, with a mean score of 41.36.

Table 2: Correlations between bullying victimization, psychological distress, and suicidal ideation

Variables	Psychological Distress	Suicidal Ideation
Bullying Victimization	1.00	0.99
Psychological Distress	—	0.99
Suicidal Ideation	—	—

Correlation analyses showed extremely strong positive relationships between bullying victimization and psychological distress, as well as between psychological distress and suicidal ideation (Table 2). The correlation coefficient between Psychological Distress and Suicidal Ideation was, $r = 0.99$ and $r = 0.99$, illustrating a near-perfect positive association. All bullying subtypes were highly correlated with the composite bullying victimization score ($r \approx 1.00$), showing these forms contribute collectively to victimization experience.

Discussion

These findings strongly support the hypotheses that higher bullying victimization is associated with greater psychological distress and that distress is strongly associated with suicidal ideation among adolescents. High mean scores across bullying subtypes reflect widespread exposure in the sample, consistent with global prevalence estimates (Olweus, 2013; Zhu *et al.*, 2023). The high levels of psychological distress, represented by anxiety, depression, somatic symptoms, and social withdrawal, are consistent with prior work on links between victimization and internalizing disorders and emotional dysregulation among children and adolescents (Hawker & Boulton, 2000; Lereya *et al.*, 2015).

The near-perfect correlation of psychological distress with suicidal ideation underlines the critical mental health burden borne by victimized adolescents. This suggests that psychological distress mediates the pathway from bullying to suicidal thoughts, highlighting potential targets for intervention aimed at reducing emotional suffering and suicide risk. Equivalently high correlations from all bullying forms and their composite score suggest that adolescents often experience multiple types of victimization simultaneously,

potentially compounding psychological harm (Silva *et al.*, 2022). The results emphasize the need for comprehensive assessments of bullying in schools, addressing physical, verbal, social-relational, and cyber components. Clinicians and educators should remain aware of the signs of distress and suicidality among adolescents reporting bullying to facilitate timely mental health support. Some school-based interventions focus on bullying reduction and building emotional resilience, which may greatly help in minimizing psychological distress and suicidal ideation among adolescents. The limitations include the cross-sectional design, which restricts causal inference, and reliance on self-report, which may introduce biases. Yet, these findings constitute critical evidence for the strong associations in the bullying-to-suicidality pathway among adolescents. Overall, the study contributes to the mounting body of literature on the severe and multi-faceted psychological effects of bullying, indicating an imperative need for prevention and support strategies in adolescent populations.

Conclusion

These findings further underscore the severe psychological toll of bullying victimization by showing that higher levels of bullying are strongly associated with increased psychological distress and heightened suicidal ideation. The near-perfect correlation between psychological distress and suicidal thoughts underlines the grave mental health burden borne by victimized youth and echoes the perspective that psychological distress is a crucial mediator in the pathway from bullying to suicidality. This further agrees with previous empirical evidence indicating that victims of bullying are at a considerably higher risk for suicide-related outcomes compared to non-victimized peers (Alavi *et al.*, 2017; Han, 2025).

The data also showed that different types of bullying, such as physical, verbal, social-relational, and cyberbullying, tend to co-occur and jointly heighten adolescents' distress. These findings support the importance of comprehensive assessments for bullying and multifaceted intervention strategies that address multiple forms of victimization to minimize mental health harm.

As bullying continues to impose severe and long-lasting effects on the mental health of adolescents, there is great need to emphasize the timely identification of bullying victimization and psychological distress in schools. This must be accompanied by accessible mental health support and suicide prevention programs. Such efforts are important for mitigating the "hidden wounds" of bullying, promoting adolescents' well-being and safety.

Although the cross-sectional design of this study limits the inference of causality, the strong associations found reinforce the urgent need for longitudinal research and culturally responsive interventions targeting bullying and its psychological aftermath.

An effective response to bullying victimization involves holistic approaches that will help reduce psychological distress and suicidal ideation among adolescents, leading to better mental health outcomes and safer schools.

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