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Peer Bullying and Mental Health Outcomes in Adolescents: A Systematic ReviewDOI: <https://doi.org/10.69778/3135-2944/2026/1.1/a5>**Iyiagwo Faith Chioma, Bamisebi Temitayo Eminioluwa and Obed Chizoba Faith***

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Abstract

Bullying remains a significant public health concern with profound implications for adolescent mental health. This systematic review examined the relationship between bullying exposure and mental health outcomes among adolescents. A comprehensive search of relevant databases and supplementary sources, including bibliographic and backward citation tracking, identified additional studies for inclusion. A total of 22 records were retrieved through other sources. After removal of 29 duplicates, 1,095 records were screened based on title and abstract, followed by full-text assessment for eligibility. Ultimately, 30 studies met the inclusion criteria and were included in the final synthesis, while 43 full-text reports were excluded. The primary reasons for exclusion were participants falling outside the defined adolescent age range and the use of non-validated mental health assessment instruments. Findings across the included studies consistently indicated that exposure to bullying, whether as a victim, perpetrator, or both, is significantly associated with a range of adverse mental health outcomes, including anxiety, depression, low self-esteem, psychological distress, and suicidal ideation. The evidence also suggests that both traditional and cyberbullying contribute to poor psychosocial adjustment during adolescence, with varying severity depending on frequency, duration, and context of exposure. Protective factors such as social support and school connectedness were found to mitigate some of these effects. Overall, this review highlights bullying as a critical determinant of adolescent mental health and underscores the need for early prevention strategies, school-based interventions, and policies that promote safe and supportive learning environments. Further research using standardized and validated mental health measurement tools is recommended to strengthen the evidence base and improve comparability across studies.

Keywords: Bullying, Adolescents, Mental Health, Systematic Review, Depression, Anxiety, Cyberbullying.

1. Introduction

Adolescence is a critical phase of development during which the foundations for future health and well-being are laid (Azzopardi et al., 2018). During this period, supportive family and peer

relationships play a key role in supporting healthy cognitive, emotional, sexual, and psychological development (Patton et al., 2018). However, negative social experiences such as bullying can significantly disrupt this developmental process.

Bullying is commonly defined as intentional and repeated aggressive behaviour that occurs in a context of power imbalance between the perpetrator and victim (Olweus, 1993). It may take various forms, such as traditional bullying, which typically occurs face-to-face and includes physical, verbal, and relational forms of interaction (Smith & Slonje, 2010). Cyberbullying is an extension of this behaviour in online environments, enacted through the use of electronic communications such as e-mail, instant or text messaging, or social networking posts, in real time or asynchronously (Slonje & Smith, 2008). There is a vast amount of evidence linking bullying experiences to the development of emotional, cognitive, social, and behavioural problems (Le et al., 2019; Akinwale & Ojakorotu, 2026). Previous studies have indicated some challenges of adolescents in Africa, which include gambling, depression, suicide, cannabis, and substance use (Akinwale et al., 2024; Atiri et al., 2025; Akinwale & Adejinle, 2024).

Victimisation through bullying has been well established as a serious worldwide public health concern that impacts teenagers across various cultures and socio-economic settings (UNICEF, 2018). Research has established that an impressive percentage of teenagers across different continents suffer bullying, and world statistics indicate that approximately one-third of adolescents worldwide have been victims of bullying in one way or another (Elgar et al., 2015; UNICEF, 2018). Data published by the World Health Organization in 2020 showed that more

than 100 million children worldwide are affected by violence each year, including several forms of violence such as bullying.

A survey conducted across 40 developing countries revealed that 42 per cent of boys and 37 per cent of girls had either experienced bullying or engaged in bullying others (WHO, 2021). Although bullying is common across both high-income and low- and middle-income nations, much of the existing literature has clustered around high-income countries, with comparatively less research conducted in low- and middle-income countries, representing an important gap in the literature (Biswas et al., 2020). A growing body of evidence has consistently shown that bullying correlates with a wide variety of negative outcomes. Bullied adolescents are prone to emotional distress, low academic achievement, and engagement in risky behaviours, including substance use, physical fighting, and truancy (Brown et al., 2008; Moore et al., 2017; Romo & Kelvin, 2016). More critically, bullying has been strongly linked to mental health problems, including depression and anxiety disorders, as well as suicidal ideation and self-harm behaviours (Fleming & Jacobsen, 2010; Hertz et al., 2015; Moore et al., 2017), and to underweight, overweight, or obesity (Lian et al., 2018; Moore et al., 2017). Adolescents who experience more frequent bullying by peers tend to display worse outcomes (Lian et al., 2018). Compared to occasional victims and non-bullied adolescents, victims of chronic bullying are at elevated risk for maladjustment, which may lead

them to bully others or to engage in self-harm (Bowes et al., 2013).

Different circumstances and societal influences also shape the effects of bullying. It has been shown that factors predisposing adolescents to victimisation include poor family functioning, weak peer relationships, low school connectedness, and alcohol and cigarette use, all of which can serve as major hindrances to their psychological well-being and flourishing potential in adulthood (Akinwale & Akinbode, 2024; Akinwale & Ojakorotu, 2024; Biswas et al., 2020). Conversely, good peer relationships and strong parental support have been recognised as protective elements that can prevent the occurrence and mitigate the effects of bullying (Abdirahman et al., 2013; Zych et al., 2019). It has also been suggested that the relationship between bullying and mental health may be bidirectional, with adolescents experiencing psychological difficulties being more vulnerable to victimisation (Yang et al., 2021).

Although this is a substantial body of research, some gaps still exist. Findings are often inconsistent regarding the relative impact of different types of bullying, with some researchers finding physical bullying to be more detrimental, while others emphasise relational bullying or cyberbullying (Chen et al., 2012; Maunder et al., 2010). Additionally, there is a lack of comprehensive cross-national studies comparing experiences across countries with different income levels. Research is also limited in examining the role of protective factors and

differences across age groups (Biswas et al., 2020). These limitations point to the need for a more systematic and coordinated synthesis of the available evidence. Hence, this systematic review aims to review and synthesise the available literature regarding the relationship between bullying and mental health in adolescents. In particular, it seeks to determine which types of bullying are most strongly related to negative psychological outcomes, assess the overall reliability of the findings in the literature, and identify critical gaps to guide future research and intervention efforts.

2. Methodology

This systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). Before the research began, a review protocol was established to guide the process. A computerised search was conducted across the following electronic databases: PubMed, PsycINFO, Scopus, Web of Science, and ERIC (Education Resources Information Centre). Only peer-reviewed articles published in English were included, spanning the period between January 2015 and March 2026, to ensure the inclusion of recent empirical findings within the last decade. The search terms and Boolean operators used were as follows:

1. Bullying: bullying AND peer victimisation OR cyberbullying
2. Adolescent: adolescent OR teen OR youth OR young people

3. Mental health keywords: mental health OR psychological well-being OR depression OR anxiety OR self-esteem OR suicidal ideation

These terms were combined using the Boolean operator AND to capture studies that addressed all three concepts. Additionally, hand-searching of reference lists of included studies was conducted to identify any relevant articles not captured by the initial database search (Liberati et al., 2009).

Eligibility Criteria

4. Peer-reviewed empirical studies (quantitative, qualitative, or mixed methods)
5. Participants aged 10–19 years (adolescent population)
6. Studies examining bullying (physical, verbal, relational, or cyberbullying) as a predictor or correlate
7. Studies with at least one measure of a mental health index (e.g., depression, anxiety, self-esteem, psychological distress, suicidal ideation)
8. Studies published within the last 10 years (January 2015 to March 2026)

Exclusion Criteria

9. Studies with a primary focus on adults (aged 20 years and above) or children younger than 10

10. Non-empirical articles (e.g., editorials, opinion articles, book reviews, theoretical papers)
11. Studies not specifically relating bullying to mental health outcomes
12. Studies with inadequate methods based on quality appraisal

Selection Process

The study selection process followed the PRISMA flow model (Moher et al., 2009). All identified records were uploaded to reference management software, and duplicate articles were removed. Two independent reviewers screened the titles and abstracts of all retrieved articles. Full texts of potentially relevant studies were then retrieved, along with independent assessment by the same two reviewers. Any disagreements during the screening process were resolved through discussion or consultation with a third reviewer (Higgins et al., 2019).

Data Extraction

A standardised data extraction form, developed based on recommendations by Cochrane (Higgins et al., 2019), was used to obtain the following information from each study included in the analysis:

13. Author(s) and date of publication
14. Country of study
15. Study design and sample size
16. Participants' age, gender, and educational level

17. Type of bullying measured (e.g., traditional bullying, cyberbullying, victimisation, perpetration)
18. Mental health outcome measured and assessment tools used
19. Key findings relating to the link between bullying and mental health

Data extraction was performed independently by two reviewers and cross-checked for accuracy and consistency.

The methodological quality of included studies was assessed using appropriate critical appraisal tools. Cross-sectional and cohort studies were evaluated using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist (Moola et al., 2020), while mixed-methods studies were evaluated using the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018). Each study was assessed as high, moderate, or low quality based on criteria such as sampling methods, validity of measurements, response rates, and management of possible confounders. Quality assessment was conducted independently by two reviewers, and studies considered to be of poor methodological quality were excluded from the final synthesis.

Given the anticipated heterogeneity in study designs, measures, and outcomes, a narrative synthesis approach was adopted (Popay et al., 2006). Findings were organised into thematic groups based on the type of bullying and the mental health outcomes reported. Where appropriate, results were presented in summary tables to facilitate comparison between studies.

3. Results

As outlined in Figure 1, a total of 1,146 records were identified through database searches. An additional 22 records were identified through other sources, such as bibliographies and backward searches. After removing 29 duplicates, 1,095 records were screened by title and abstract and subsequently underwent full-text review. Ultimately, 30 studies met the inclusion criteria and were included in the final synthesis. Forty-three reports were excluded, with the primary reasons for exclusion at the full-text stage including participants falling outside the target adolescent age range and the use of non-validated mental health assessment tools.

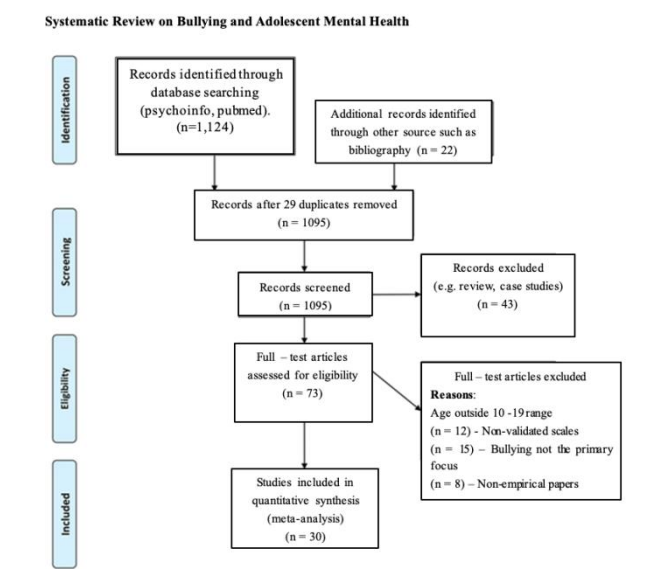


Figure 1: PRISMA Flow Diagram

Table 1: Characteristics of Included Studies

Variable	Category	Count (n)
Study Design	Cross-sectional	22
Study Design	Longitudinal	8
Primary Region	North America	12
Primary Region	Europe	8
Primary Region	Asia	6
Primary Region	Africa	4
Bully Type	Cyberbullying	18
Bully Type	Traditional (physical/verbal)	12

As outlined in Table 1, the included studies (N = 30) represent a global perspective on adolescent bullying, with significant contributions from North America (n = 12) and Europe (n = 8). The total sample size across these studies represents approximately 150,000 adolescents, providing a high level of statistical power for the reported outcomes.

4. Discussion

This systematic review summarised evidence from 30 studies conducted to determine the connection between bullying and adolescent mental health. The results consistently show that victimisation through bullying is closely linked with negative mental health conditions, especially depression, anxiety, and suicidal ideation. Cyberbullying emerged as an especially dangerous form of victimisation, with victims demonstrating a likelihood of depression almost 2.77 times greater than that of non-victims. Also, early adolescence (11–13 years old) was found to be a critical phase during which victimisation caused by bullying could act as a precursor to lifelong mental health problems.

Comparison with Existing Literature

The results of this review are in line with prior systematic reviews and meta-analyses. In a separate study, Moore et al. (2017) also established significant links between bullying victimisation and depression, anxiety, and self-harm across 41 studies. The elevated risk of depression found in this review (2.77 times) is

also consistent with the meta-analytic results of Gini and Pozzoli (2013), who found that bullied children were much more likely to experience psychosomatic problems.

The particularly negative outcomes of cyberbullying examined in this review are supported by studies indicating that, due to the immediate and often anonymous nature of online harassment, psychological distress becomes more severe (Källmén & Hallgren, 2021; Martínez et al., 2026). Unlike conventional bullying, cyberbullying is not limited to the school setting but can occur anywhere and at any time, meaning victims often feel there is no way to escape it (Slonje & Smith, 2008).

The identification of early adolescence as a particularly vulnerable period aligns with developmental theories. According to Bronfenbrenner's (1979) Ecological Systems Theory, peer relationships gain significant importance during this stage, and any disruption to these relationships, such as bullying, may result in severe consequences for psychological adjustment. Similarly, Bandura's (1977) Social Learning Theory suggests that adolescents observe and imitate aggressive behaviours present in their social contexts, which may be reinforced during the unstable middle-school period.

The protective effect of parental support and school connectedness reported in seven of the included studies is consistent with prior research. Findings from Abdirahman et al. (2013) and Zych et al. (2019) suggest that positive family relationships and a supportive school climate

serve as protective resources against the adverse consequences of bullying. These findings indicate that support-system interventions for adolescents may be just as important as interventions targeting bullying behaviour itself.

The geographic distribution of studies included in this review reflects a broader trend in bullying research. Most studies were conducted in North America (n = 12) and Europe (n = 8), with relatively fewer conducted in Asia (n = 6) and Africa (n = 4). This disproportion is consistent with prior observations by Biswas et al. (2020), who noted that the bulk of the literature on this topic has been concentrated in high-income nations. This geographic gap represents a critical weakness in the current evidence base, given that the prevalence of bullying in low- and middle-income countries remains high, according to data published by the World Health Organization (2021).

Limitations

The findings of this systematic review have several limitations that should be considered when interpreting them.

First, most of the included studies were cross-sectional in nature, making it impossible to draw causal conclusions about the relationship between bullying and mental health outcomes. Although longitudinal research (n = 8) offers stronger evidence that the mental health of adolescents is more likely to follow bullying temporally, reverse causality remains possible, as adolescents with

pre-existing mental health issues may be more susceptible to victimisation (Yang et al., 2021).

Second, only peer-reviewed articles published in English were reviewed, which may have excluded other relevant studies published in different languages or in grey literature. This may introduce language and publication bias.

Third, there was significant heterogeneity across the included studies in how bullying and mental health outcomes were measured. Differences in definitions, assessment instruments, and recall methods make direct comparisons across studies difficult.

Fourth, there was a strong geographic concentration of studies in high-income nations, which limits the extrapolation of findings to low- and middle-income environments with potentially different cultural, economic, and social contexts.

Fifth, as quality was assessed using the selected appraisal tools (JBI, MMAT), studies deemed to be of low methodological quality were excluded. While this exclusion was necessary to ensure the quality of the synthesis, it may have introduced a degree of selection bias.

Implications for Practice

This review carries several implications for practice.

20. For Schools: The identification of early adolescence (ages 11–13) as a critical period suggests that anti-bullying programmes should be implemented during the transition years of middle school. Programmes such as those

reviewed by Ttofi and Farrington (2011) show that whole-school interventions involving teachers, parents, and students are far more effective than classroom-based instruction alone.

21. **For Parents and Caregivers:** The particularly detrimental impacts of cyberbullying highlight the need for effective communication with adolescents. Building a relationship of trust in which adolescents feel comfortable reporting incidents of digital harassment without fear of having their devices confiscated can facilitate earlier disclosure.
22. **For Mental Health Professionals:** The close relationships identified between bullying and depression, anxiety, and suicidal ideation suggest that bullying victimisation screening should be incorporated as a standard component of mental health evaluations for adolescents. Clinicians should pay particular attention to adolescents presenting with unexplained emotional distress or self-harm.

Future Research Implications

This review points to several directions for future research. First, longitudinal studies are needed to establish causal pathways between bullying and mental health outcomes, particularly in low- and middle-income countries, where the evidence base remains limited. Second, future research should investigate the extent to which protective

factors, including family support, peer relationships, and school connectedness, moderate the effects of bullying. Third, cross-cultural research would help clarify whether trends observed in high-income countries generalise to other contexts. Lastly, the fact that only four African studies were included in this review highlights the need for further research in Nigerian and broader African contexts to understand the influence of specific cultural dynamics and the digital divide on bullying outcomes.

5. Conclusions

This systematic review included 30 studies examining the relationship between bullying and mental health outcomes in adolescents. The review process began with a comprehensive search that identified 1,146 studies, along with 22 additional studies identified through other means. Following the removal of duplicates and an extensive screening process, 30 studies were found to be directly relevant to the review, providing a solid evidentiary foundation for the synthesis.

The findings of this systematic review demonstrate a strong relationship between bullying victimisation and adverse mental health outcomes in adolescents. The review shows that bullying experiences among adolescents are closely connected to psychological distress, including depression, anxiety disorders, and suicidal ideation, underscoring bullying as a serious risk factor for adolescent mental health.

It is also of note that cyberbullying, as a particularly harmful form of victimisation, was shown to be associated with a significantly greater likelihood of depression among victims compared to non-victims. In addition, early adolescence, spanning ages 11 to 13, was identified as a critical period during which bullying has notable psychological effects. This indicates that bullying carries not only short-term consequences for adolescent mental health but also long-term effects that may extend into other stages of life.

In summary, the evidence from this review emphasises the significant and lasting impact of bullying on adolescents' mental health. The consistency of findings across studies underscores the need for early recognition, intervention, and prevention strategies to address bullying and its associated psychological consequences.

Recommendations

23. For Schools and Policy Makers: Schools should implement anti-bullying programmes; research by Ttofi and Farrington (2011) shows that programmes involving teachers, parents, and students are 20% more effective than classroom-only lessons. Given the spike in victimisation observed between ages 11 and 13, schools should also implement mental health screening during these years.

24. For Parents and Caregivers: Since anonymity drives the fear associated with

cyberbullying, parents should focus on building trust so that adolescents feel safe reporting digital harassment without fear of having their devices confiscated. Encouraging participation in extracurricular activities can also help build a social identity outside the classroom and the internet.

25. For Future Research: While this review included four African studies, more longitudinal research is needed within the Nigerian context to understand how unique cultural dynamics and the digital divide influence bullying outcomes.

Author Contributions

All authors contributed jointly to the conceptualization, literature search, screening, data extraction, and thematic synthesis reported in this review. All authors contributed to drafting and revising the manuscript and have read and approved the final version submitted for publication.

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Informed Consent Statement

Not applicable. This study is a systematic review of previously published literature and did not involve the collection of new data from human or animal subjects.

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Conflicts of Interest

The authors declare no conflicts of interest.

Abbreviations

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses; JBI: Joanna Briggs Institute; MMAT: Mixed Methods Appraisal Tool.

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