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Exploring the Relationship Between Chronic Bullying Victimization, Self Esteem and Emotional Dysregulation among Young Adults

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Abstract: This study investigates the complex relationship between chronic bullying victimization, self-esteem, and emotional dysregulation among young adults in India. Drawing on foundational theories such as attachment theory, cognitive theory, and biosocial models of emotional regulation, the research aims to understand how prolonged exposure to bullying influences internal psychological processes. A sample of 100 individuals aged 18 to 30 was assessed using the Chronic Bullying Victimization Scale – Revised (CBVS-R), Rosenberg Self-Esteem Scale (RSES), and the 18-item Difficulties in Emotion Regulation Scale (DERS-18). Results revealed a significant negative correlation between bullying and self-esteem ($r = -0.32$), a positive correlation between bullying and emotional dysregulation ($r = 0.41$), and a strong negative correlation between self-esteem and emotional dysregulation ($r = -0.56$). These findings suggest that chronic bullying can diminish self-worth and impair emotional regulation capacities, contributing to long-term psychological vulnerability. The study highlights the need for adult-focused bullying interventions and suggests that addressing both cognitive and emotional processes is essential in therapeutic settings. This research adds to the growing evidence that bullying is not merely a childhood issue but a developmental trauma with enduring effects across the lifespan.

Keywords: *Chronic Bullying Victimization, Self-Esteem, Emotional Dysregulation, Adulthood, Trauma, Interpersonal Aggression, Emotion Regulation, Psychological Functioning*

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1. Introduction

Adulthood is often viewed as a period of stability, independence, and personal fulfilment. However, the emotional and psychological repercussions of early life experiences—including chronic bullying victimization—can extend far beyond adolescence, persisting into adulthood and affecting multiple domains of functioning. Bullying, defined as repeated aggressive behaviour intended to harm or dominate another individual, can take various forms, including physical, verbal, social, and increasingly, digital abuse. When exposure to such harmful interactions is chronic, the long-term psychological consequences can be profound, influencing not only how individuals perceive themselves but also how they regulate their emotions and navigate interpersonal relationships.

Bullying has long been associated with childhood and adolescent development, frequently discussed in the context of school environments and peer relationships. However, contemporary research has illuminated the persistent and damaging effects of bullying that extend well into adulthood. Chronic bullying victimization—defined as repeated and enduring exposure to interpersonal aggression—poses serious psychological risks and warrants examination as a multidimensional phenomenon with long-lasting implications. While academic literature has thoroughly documented the psychological consequences of childhood bullying, there remains a significant gap in understanding how prolonged victimization, particularly in adulthood, shapes critical intrapersonal outcomes such as self-esteem and emotional regulation. The present study explores the intricate relationship between chronic bullying victimization, self-esteem, and emotional dysregulation among adults, highlighting the interdependent and potentially cyclical nature of these psychological constructs.

Foundational psychological theories offer useful frameworks for understanding the profound impacts of bullying on adult functioning. Attachment theory, as proposed by Bowlby (1969), suggests that early relational experiences form the foundation for emotional development and future interpersonal interactions. Insecure attachment patterns emerging from early bullying or invalidating environments can leave individuals vulnerable to emotional instability later in life. Furthermore, cognitive theory provides additional insights into the mechanisms through which victimization may influence self-esteem. Beck's (1976) cognitive model emphasizes the role of core beliefs and automatic thoughts in shaping psychological outcomes. Victims of chronic bullying may internalize repeated negative social feedback, resulting in the development of enduring negative self-schemas—such as beliefs of unworthiness, incompetence, or being fundamentally flawed. These schemas, once

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entrenched, may interfere with emotional processing and regulation, especially under conditions of interpersonal stress.

Social learning theory also contributes to our understanding of bullying's psychological effects. Bandura (1977) emphasized modelling and reinforcement, suggesting that persistent exposure to negative social interactions can shape expectations, behaviours, and emotional responses. Adults who are repeatedly subjected to bullying may come to expect rejection or hostility in social settings, reinforcing patterns of withdrawal, hypervigilance, or maladaptive emotional expression. These theoretical perspectives collectively support the hypothesis that chronic bullying may have cumulative effects on self-perception and emotional regulation, potentially perpetuating psychological distress even after the bullying has ceased.

Although bullying in adulthood remains underrecognized, it is neither rare nor benign. Empirical studies have increasingly identified workplace bullying, intimate partner psychological abuse, and social ostracism as significant sources of psychological harm in adult populations. Nielsen et al. (2014) conducted a meta-analytic review highlighting the association between workplace bullying and elevated risks for depression, anxiety, and psychosomatic complaints. Matthiesen and Einarsen (2004) further demonstrated that prolonged exposure to workplace bullying could elicit psychological reactions similar to post-traumatic stress disorder, suggesting that adult bullying is not only harmful but potentially traumatic. Unlike overt childhood bullying, adult bullying often manifests in covert or socially sanctioned forms—such as professional sabotage, exclusion, or verbal undermining—which may complicate detection and resolution. The chronic nature of such interactions may gradually erode a victim's sense of competence, social value, and psychological integrity.

Self-esteem plays a crucial role in mediating the psychological outcomes associated with bullying. Defined as an individual's global evaluation of self-worth, self-esteem is both shaped by and a protective factor against adverse social experiences. Chronic exposure to bullying can erode self-esteem by reinforcing derogatory self-appraisals and diminishing perceived social acceptance. Salmivalli et al. (1999) documented that individuals with sustained bullying exposure often develop lower self-worth and heightened vulnerability to internalizing disorders. Longitudinal evidence further supports this association. Takizawa, Maughan, and Arseneault (2014) found that individuals who experienced frequent bullying during their formative years exhibited lower levels of self-esteem and increased risk for poor mental health well into midlife. These findings align with self-determination theory (Deci &

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Ryan, 2000), which posits that autonomy, competence, and relatedness are essential for psychological well-being. Bullying systematically frustrates these needs, impairing the individual's capacity to form a cohesive and positive self-concept.

Beyond its impact on self-esteem, chronic bullying victimization is also closely linked to emotional dysregulation. Emotional dysregulation refers to difficulties in modulating emotional responses, managing arousal, and engaging in socially adaptive emotional expression. The emotional aftermath of bullying often includes symptoms such as irritability, mood lability, and heightened reactivity, which may persist or intensify over time. According to Linehan's (1993) biosocial theory, emotional dysregulation results from a combination of biological predisposition and invalidating environments. In this context, bullying represents a salient form of environmental invalidation, repeatedly communicating to the victim that their thoughts, feelings, or presence are unacceptable. This invalidation disrupts the development of internal emotional control mechanisms, increasing the likelihood of maladaptive coping strategies such as emotional suppression, impulsivity, or dissociation. Furthermore, emotional dysregulation may function not only as a consequence of bullying but also as a contributing factor to ongoing victimization. Individuals who struggle to regulate emotions may inadvertently reinforce social rejection through their interpersonal responses. Heightened sensitivity to threat or criticism, exaggerated emotional reactions, or withdrawal can all impede effective social functioning, thereby increasing vulnerability to continued exclusion or aggression. This cyclical interaction between emotional dysregulation and bullying suggests a mutually reinforcing dynamic that can entrench psychological difficulties over time.

Taken together, the relationships among chronic bullying victimization, self-esteem, and emotional dysregulation appear to be both complex and interdependent. Repeated exposure to interpersonal harm can compromise self-worth, undermine emotional resilience, and perpetuate maladaptive patterns of interaction, all of which may contribute to long-term psychological distress. Moreover, these factors may co-occur in a feedback loop that sustains or exacerbates negative outcomes in the absence of targeted intervention. Understanding these associations is essential for developing more nuanced therapeutic strategies and preventative frameworks tailored to adults—who may otherwise be overlooked in traditional bullying prevention models.

This study seeks to advance understanding of the psychological mechanisms linking chronic bullying victimization with self-esteem and emotional regulation in adulthood. By integrating theoretical insights with empirical findings, the present research underscores the

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importance of addressing the lingering consequences of bullying and highlights the need for comprehensive interventions that support adult victims not only in managing external circumstances but also in rebuilding internal psychological stability.

1.1 *Aim*

To explore the influence of chronic bullying victimization, self-esteem, and emotional dysregulation among young adults.

1.2 *Objectives*

i. To examine the relationship between chronic bullying victimization and levels of self-esteem.
ii. To examine the relationship between chronic bullying victimization and emotional dysregulation.
iii. To examine the relationship between self-esteem and emotional dysregulation.
iv. To contribute to the growing body of research concerning adult bullying and its psychological consequences through empirical evidence.

1.3 *Hypothesis*

H1: There is a significant relationship between chronic bullying victimization and self-esteem.

H2: There is a significant relationship between chronic bullying victimization and emotional dysregulation.

H3: There is a significant relationship between self-esteem and emotional dysregulation.

2. Review of Literature

İme (2025) aimed to examine how self-compassion and emotional flexibility mediate the relationship between bullying victimization and mental well-being. A cross-sectional design was used with Turkish adolescents, utilizing self-report questionnaires on victimization, emotional flexibility, self-compassion, and well-being. The findings revealed that both self-compassion and emotional flexibility significantly mediated the impact of bullying on mental well-being, suggesting these traits as protective factors. Wang & Wang (2024) investigated the effects of economic stress on bullying victimization among Chinese adolescents through a survey method involving 678 participants. Tools measuring economic stress, self-esteem, and peer relationships were used. Results indicated that economic stress increased bullying experiences indirectly by lowering self-esteem and deteriorating peer

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relationships, highlighting the social mechanisms linking economic conditions and victimization.

Xu et al. (2024) conducted a longitudinal study on Chinese adolescents to explore the role of trauma-related shame and self-compassion in mediating the link between bullying victimization and antisocial behaviour. Participants completed validated self-report measures across time points. Findings showed that bullying was associated with antisocial behaviours through increased trauma-related shame and reduced self-compassion, underlining key emotional mediators. Miller et al. (2024) compared the emotional impact of bullying victimization with other adverse childhood experiences (ACEs) among U.S. adolescents using retrospective self-report data. Emotional distress measures revealed that bullying had a significant independent effect on later distress, even when accounting for other ACEs, emphasizing the long-lasting psychological consequences of peer victimization.

Rus et al. (2024) conducted a quantitative survey of Romanian adolescents to analyze the relationship between high school bullying, emotional regulation, and mental well-being. Using validated psychological and ER scales, findings showed that bullying was strongly associated with reduced flourishing and increased emotional dysregulation, indicating long-term emotional consequences.

3. Methodology

3.1 *Sample*

In this study, the sample was chosen via snowball sampling. The researcher finds possible participants who fit the necessary eligibility requirements using this non-probability sampling technique. These participants then find friends and acquaintances who fit the eligibility requirements and can take part in the study. Participants must be between the ages of 18 to 30 in order to take part in this study. The sample consists of 100 persons who are presently live in different states of India and have completed at least their 10th standard of education. A sample survey was used to get data from the samples. The process of selecting a sample from a population in order to investigate the frequency and correlations of psychological factors is referred to as a sample survey. Google Forms was used to administer the survey.

3.2 *Design*

The study will employ a cross-sectional, correlational research design. This approach is appropriate for examining associations among the key psychological variables—bullying

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victimization, self-esteem, and emotional dysregulation—within a defined population at a single point in time.

3.3 *Measures*

With the participants, the following scales were employed:

Chronic Bullying Victimization Scale – Revised **(CBVS-R):** Chronic bullying victimization will be assessed using the *Chronic Bullying Victimization Scale – Revised* (CBVS-R), a validated self-report instrument developed to capture the frequency and severity of bullying experiences in adult populations. The CBVS-R evaluates a broad spectrum of bullying behaviours, including verbal abuse, social exclusion, intimidation, and psychological manipulation. Respondents indicate how frequently they have experienced these behaviours over a specified time period. The scale has demonstrated strong internal consistency, with Cronbach's alpha coefficients typically exceeding .90, and evidence of construct validity through significant correlations with related measures of trauma and interpersonal stress (Smith et al., 2021).

Rosenberg Self-Esteem Scale: Self-esteem will be measured using the *Rosenberg Self-Esteem Scale* (RSES; Rosenberg, 1965), a 10-item self-report questionnaire designed to assess global self-worth. Participants rate each item on a 4-point Likert scale ranging from "strongly agree" to "strongly disagree." The RSES has demonstrated excellent internal consistency (α = .85–.90 across various populations) and strong construct and criterion-related validity. It is widely recognized as one of the most psychometrically robust tools for assessing self-esteem in both clinical and non-clinical adult samples (Sinclair et al., 2010).

Difficulties in Emotion Regulation Scale: Emotional dysregulation will be assessed using the *Difficulties in Emotion Regulation Scale – 18 item version* (DERS-18; Victor & Klonsky, 2016). This abbreviated version of the original 36-item DERS assesses six key domains of emotion regulation: nonacceptance of emotional responses, difficulties engaging in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. Items are rated on a 5-point Likert scale ranging from "almost never" to "almost always." The DERS-18 has demonstrated high internal consistency (α = .89) and has shown convergent and discriminant validity through associations with measures of emotional distress, impulsivity, and psychological well-being (Hallion et al., 2018). It is considered efficient and appropriate for use in both clinical and research settings involving adult populations.

3.4 *Procedure*

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Following institutional ethical approval, participants will be invited to complete the study via an online survey platform. Upon accessing the study link, participants will be presented with an informed consent form detailing the purpose of the research, confidentiality procedures, voluntary participation, and the right to withdraw at any point without penalty. Upon providing consent, participants will complete a brief demographic questionnaire followed by the CBVS-R, RSES, and DERS-18 instruments in a randomised sequence to control for order effects. Data collection is expected to take approximately 15–20 minutes per participant. All responses will be anonymised and securely stored in compliance with data protection regulations. Upon completion, participants will be provided with debriefing information, including mental health resources and contact information for follow-up support, should participation in the study cause distress.

The data will be analysed using SPSS or equivalent statistical software. Pearson correlation analysis will be used to test the relationships among variables.

4. Results

Statistics, both descriptive and inferential, have been used to analyse the data. Descriptive statistics and inferential statistics make up the two sections of the analysis. The mean and standard deviation of the CBVS-R, Rosenberg and DER scores for the current sample are shown in the table below.

Table 1: *The CBVS-R, Rosenberg and DER scores of the sample's mean and standard deviation are shown.*

Scale	Sample Size	Mean Score	Standard Deviation
CBVS-R	100	4.49	2.37
Rosenberg	100	20.86	5.12
DERS	100	42.76	13.24

Table 1 summarizes the descriptive statistics for the three psychological scales. The CBVS-R (bullying) has a mean of 4.49 (SD=2.37), indicating moderate bullying experiences with notable variability across participants. The Rosenberg Self-Esteem Scale averages 20.86 (SD=5.12), reflecting generally moderate-to-high self-esteem but with wide individual differences. The DERS (emotion dysregulation) shows a mean of 42.76 (SD=13.24), suggesting moderate challenges in emotion regulation, with significant variability—some participants report minimal difficulties while others face severe struggles.

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These results highlight diverse experiences in bullying exposure, self-esteem, and emotional regulation within the sample, with implications for targeted support.

Table 2: *Summary of the correlation coefficient of CBVS-R, Rosenberg and DER.*

Scale	CBVS-R	Rosenberg	DERS
CBVS-R	1.00	-0.32**	0.41**
Rosenberg	-0.32**	1.00	-0.56**
DERS	0.41**	-0.56**	1.00

Table 2 shows the correlations between bullying (CBVS-R), self-esteem (Rosenberg), and emotion regulation (DERS). There is a moderate negative correlation (-0.32) between bullying and self-esteem, meaning higher bullying relates to lower self-esteem. Self-esteem strongly negatively correlates with emotional dysregulation (-0.56), indicating poorer self-esteem links to greater emotion regulation difficulties. Bullying and emotional dysregulation show a positive correlation (0.41), suggesting victims of bullying tend to struggle more with regulating emotions. All correlations are statistically significant ($p < 0.01$), highlighting meaningful relationships between these psychological factors.

5. Discussion

The current study investigated the complex interrelationships between chronic bullying victimization, self-esteem, and emotional dysregulation in a sample of 100 young Indian adults. Our findings offer compelling evidence that the psychological consequences of bullying extend well beyond childhood and adolescence, persisting into adulthood with significant implications for emotional functioning and self-perception. The results not only support our three primary hypotheses but also contribute to a growing body of literature examining the long-term effects of interpersonal victimization across the lifespan.

The observed moderate negative correlation ($r = -0.32$) between chronic bullying victimization and self-esteem provides empirical support for cognitive theories of personality development, particularly Beck's (1976) conceptualization of schema formation. This finding suggests that repeated experiences of bullying may lead to the internalization of negative self-beliefs, creating enduring cognitive frameworks that influence how individuals perceive themselves and interpret social interactions. The mean Rosenberg Self-Esteem score of 20.86

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(SD = 5.12) in our sample, while falling in the moderate-to-high range, nonetheless demonstrates considerable variability, with some participants reporting significantly compromised self-worth. This variability may reflect individual differences in coping resources, duration of bullying experiences, or availability of social support - factors that warrant further investigation in future research.

The findings regarding the association between bullying and emotional dysregulation (r = 0.41) align with Linehan's (1993) biosocial theory of emotional development, which posits that chronic invalidation in interpersonal contexts disrupts the acquisition of adaptive emotion regulation skills. The mean DERS score of 42.76 (SD = 13.24) indicates that many participants in our sample experience notable difficulties across multiple domains of emotional functioning, including impulse control, emotional clarity, and access to effective regulation strategies. These results are particularly significant when considered in light of recent neurobiological research (e.g., Palamarchuk & Vaillancourt, 2022) demonstrating that prolonged bullying exposure can lead to measurable changes in brain structures involved in emotional processing and stress response.

The strong negative correlation between self-esteem and emotional dysregulation (r = -0.56) represents one of the most robust findings of our study and has important theoretical implications. This relationship suggests a potential feedback loop wherein low self-esteem contributes to emotional regulation difficulties, which in turn exacerbate negative self-evaluations. This dynamic may help explain why some individuals who experience bullying develop persistent psychological difficulties while others demonstrate greater resilience. Our results complement recent work by Virlia et al. (2024) and Wang et al. (2024), who similarly identified self-esteem as a critical mediator in the relationship between adverse experiences and emotional outcomes.

When contextualized within the broader literature, our findings both confirm and extend existing knowledge about bullying consequences. The consistency between our adult sample and previous adolescent studies (e.g., Rus et al., 2024; Trompeter et al., 2024) suggests that the harmful effects of bullying may represent a continuous phenomenon rather than being limited to specific developmental periods. However, our study makes unique contributions by focusing on adult manifestations of bullying, which often differ qualitatively from childhood experiences in terms of form (e.g., workplace mobbing, digital harassment) and context (e.g., professional hierarchies, romantic relationships). These adult-specific manifestations may be particularly insidious due to their frequent subtlety and the greater social expectations for autonomous coping in adulthood.

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Theoretical models from multiple psychological perspectives help explain our findings. From an attachment theory framework (Bowlby, 1969), chronic bullying may represent a form of relational trauma that disrupts secure base formation and internal working models, leading to both diminished self-worth and impaired emotional regulation. Social learning theory (Bandura, 1977) would interpret these results as evidence for the powerful role of modeled interpersonal dynamics and reinforcement histories in shaping self-perception and emotional responding. The intersection of these theoretical perspectives provides a rich foundation for understanding how bullying experiences become internalized and perpetuated across time and contexts.

Several limitations of the current study should be acknowledged. The cross-sectional design prevents determination of causal relationships between variables, and the exclusive reliance on self-report measures introduces potential biases related to memory, social desirability, and current mood state. Our snowball sampling method, while practical for reaching a specialized population, may have resulted in a sample that is not fully representative of the broader population of adults with bullying experiences. Additionally, the study did not assess potential moderating variables such as social support, coping styles, or prior mental health history that might influence the observed relationships.

Future research directions suggested by these findings include longitudinal studies tracking bullying survivors across developmental transitions, neurobiological investigations of the lasting effects of victimization, and qualitative explorations of how bullying experiences are subjectively processed and remembered in adulthood. Intervention research is particularly needed to develop and test therapeutic approaches specifically tailored to adults dealing with the sequelae of chronic bullying, potentially incorporating elements from trauma-focused therapies, self-compassion training, and emotion regulation skill-building.

The practical implications of this research are substantial. Clinicians working with adult clients should routinely assess for histories of bullying victimization, particularly when presenting with self-esteem or emotional regulation difficulties. Workplace policies and anti-bullying initiatives need to recognize the serious psychological consequences of adult bullying and provide appropriate support systems. At a broader societal level, these findings argue for continued public education about the long-term impacts of bullying and the importance of early intervention.

The study provides robust evidence that chronic bullying victimization is associated with lasting deficits in self-esteem and emotional regulation capacity in adulthood. The interconnected nature of these psychological variables suggests the need for comprehensive,

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multi-component intervention approaches that address both cognitive and emotional aspects of functioning. By bridging the gap between developmental and adult-focused research on bullying consequences, our findings contribute to a more complete understanding of how interpersonal trauma manifests across the lifespan and underscore the importance of recognizing and addressing bullying as a serious public health concern with potential lifelong repercussions. Future research should build on these findings to develop more nuanced theoretical models and more effective clinical interventions for this vulnerable population.

6. Conclusion

This study makes a significant contribution to our understanding of the enduring psychological consequences of chronic bullying victimization in adulthood. The robust associations found between bullying experiences, diminished self-esteem, and emotional dysregulation highlight bullying as a serious public health concern with potential lifelong repercussions. The findings challenge the common perception of bullying as primarily a childhood issue, demonstrating its continued relevance and impact in adult life.

The results underscore the importance of recognizing and addressing bullying as a complex psychosocial phenomenon that can shape self-concept and emotional functioning well beyond the immediate victimization period. They argue for comprehensive, multi-systemic approaches to bullying prevention and intervention that span educational, organizational, and mental health domains.

While the study has limitations, its findings provide a strong foundation for future research and clinical practice aimed at mitigating the long-term effects of bullying. By bridging the gap between developmental and adult-focused research on bullying consequences, this study advances our understanding of how interpersonal trauma manifests across the lifespan and highlights critical targets for intervention. Ultimately, these results call for greater societal recognition of bullying's far-reaching impacts and the urgent need for evidence-based solutions to support victims at all stages of life.

6.1 *Implications*

The findings of this study carry significant implications for clinical practice, institutional policy, and future psychological research. First, the observed relationships between chronic bullying victimization, low self-esteem, and emotional dysregulation highlight the need for clinicians and mental health professionals to assess bullying histories in adult clients, particularly those presenting with mood instability, identity-related concerns, or affective disorders. Often, such histories are overlooked in adult populations, yet this study

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underscores that bullying can have sustained psychological consequences beyond childhood or adolescence. Therapeutic interventions should thus incorporate both cognitive approaches aimed at restructuring maladaptive self-beliefs, and emotion-focused strategies to strengthen emotional awareness, acceptance, and regulation.

In addition, the results support a strong case for expanding anti-bullying efforts beyond school settings to include college campuses, workplaces, and online environments where subtle, persistent forms of psychological harassment may occur. Institutions should be encouraged to adopt comprehensive prevention and response protocols, not only to protect individuals from ongoing harm but also to recognize the developmental significance of these experiences during emerging adulthood. Moreover, the data suggest that self-esteem plays a potentially mediating role in the emotional impact of bullying. This insight may guide the creation of psychoeducational programs and resilience-building workshops aimed at enhancing self-worth and adaptive coping in youth and young adult populations.

From a research perspective, this study contributes to a growing recognition of bullying as a risk factor in adult psychopathology. It calls for further exploration of the long-term mechanisms by which bullying affects emotional functioning and underscores the value of multidimensional frameworks that address both cognitive and affective domains of mental health.

6.2 *Limitations*

Despite its contributions, the present study is not without limitations. Firstly, its cross-sectional design precludes any definitive conclusions regarding causality between bullying victimization, self-esteem, and emotional dysregulation. While significant correlations were observed, the temporal direction of these relationships cannot be established; it remains unclear whether low self-esteem is a consequence of bullying, a predisposing factor, or both. Longitudinal studies would be necessary to examine these dynamics over time and determine the developmental trajectory of psychological outcomes. Secondly, the study relies exclusively on self-report measures, which are subject to various biases. Participants may underreport or exaggerate their experiences due to social desirability, memory distortions, or difficulties in emotional introspection. Moreover, the instruments used, although validated, may not fully capture culturally specific expressions of emotional regulation or self-worth, especially in diverse or collectivistic contexts where emotional restraint and modesty are more socially endorsed.

Another limitation lies in the sampling method. The use of purposive and snowball sampling, while useful for targeting specific populations, limits the generalizability of the

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findings. Participants were largely self-selected and may share similar educational, social, or psychological backgrounds, potentially introducing sampling bias. Future research would benefit from employing random or stratified sampling methods across a more demographically varied population.

Finally, the study does not account for several potential moderating and mediating variables that could influence the observed relationships. Factors such as family support, peer relationships, coping styles, and prior mental health diagnoses were not controlled for and could either buffer or exacerbate the impact of bullying on psychological outcomes. Including such variables in future models may provide a more nuanced understanding of how and why certain individuals are more vulnerable to the adverse effects of bullying than others.

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