



BULLYING AND ITS PSYCHOLOGICAL EFFECTS

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Bullying is a persistent social and interpersonal problem that can affect emotional well-being, self-esteem, and the sense of safety of individuals. The present study attempts to study public awareness and perceptions regarding bullying and its psychological effects. A descriptive survey design was used with 100 respondents from the general public of Mangalore City. Data were collected through a 22-item Google Form and summarized using Microsoft Excel using percentages, tables, pie charts, and bar graphs. Respondents were predominantly young adults, females, and undergraduate students. Verbal bullying was commonly identified, while depression, low self-esteem, shame or humiliation, fear, and anger/frustration were reported as perceived emotional consequences. Most respondents considered seeking support important, believed therapy could be valuable, and supported greater education about psychological effects. At the same time, many expressed concerns about institutional reporting environments and awareness of anti-bullying policies. The findings indicate a perceived need for prevention, education, confidential reporting, psychological support, and coordinated involvement of families, institutions, workplaces, and communities.

Keywords: bullying, psychological effects, public awareness, depression, self-esteem, well-being, Mangalore

1. INTRODUCTION

Bullying refers to harmful behaviour that may involve aggression, repetition, and an imbalance of power between individuals. It can occur in direct forms, such as verbal or physical behaviour, as well as through social/relational and online forms. The psychological consequences associated with bullying may influence emotional well-being, self-esteem, social relationships, and perceptions of safety.

Previous literature has examined bullying, peer victimization, cyberbullying, psychosocial maladjustment, and prevention programmes. Olweus (1993) described bullying within the school context, while Kowalski, Limber, and Agatston (2012) and Patchin and Hinduja (2012) addressed cyberbullying and its prevention. Hawker and Boulton (2000) reviewed research linking peer victimization with psychosocial maladjustment, while Ttofi and Farrington (2011) examined school-based prevention programmes.

The present study focuses on public awareness and perceptions of bullying and its psychological effects among respondents from Mangalore City, including their understanding of bullying, perceived or reported experiences, emotional effects, settings and perpetrators, and views on support, institutional safety, education, therapy, and prevention.

2. OBJECTIVES

The study aimed to: (1) collect personal information from respondents; (2) understand public views and knowledge regarding bullying and its psychological effects; (3) identify perceived causes associated with increasing bullying; and (4) identify measures considered useful for controlling bullying.

3. METHODOLOGY

Research design. A descriptive survey design was adopted to understand public awareness and perceptions regarding bullying and its psychological effects.

Participants and setting. The universe comprised the general public of Mangalore City across ages and genders. A total of 100 responses were included.

Data collection. Data were collected through a Google Form containing 22 questions covering demographics, understanding and experience of bullying, forms and settings, emotional effects, bystander responses, support-seeking, institutional safety, education, therapy, policy awareness, social media, parenting, and community prevalence.

Data analysis. Responses were manually coded in Microsoft Excel. Open-ended responses were grouped into categories and converted into percentages. Findings were presented using tables, pie charts, and bar graphs. No inferential statistical tests were reported in the source project.

Limitations. Findings cannot be generalized to the entire population. Results may vary across places and populations; response bias may affect objectivity; and some respondents did not answer every question.

4. RESULTS

The sample consisted of 100 respondents. The largest age group was 19–22 years (53%), followed by 15–18 years (18%), 23–26 years (16%), and 27–30 years (13%). Females represented 81%, males 16%, and 3% did not disclose gender. Undergraduate students constituted 61%, followed by high school (18%), postgraduate (12%), and pre-university (9%). Residence was urban (59%), semi-urban (33%), and rural (8%).

Table 1. Selected demographic characteristics

Variable	Category	n (%)
Age	15–18	18 (18%)
	19–22	53 (53%)
	23–26	16 (16%)
	27–30	13 (13%)
Gender	Female	81 (81%)
	Male	16 (16%)
	Undisclosed	3 (3%)
Education	High school	18 (18%)
	Pre-university	9 (9%)
	Undergraduate	61 (61%)
	Postgraduate	12 (12%)
Residence	Urban	59 (59%)
	Semi-urban	33 (33%)
	Rural	8 (8%)

Regarding the meaning of bullying, 39% emphasized intentional harm or aggression, 20% identified power imbalance, 12% emphasized repetitive behaviour, and 18% focused on victim distress. Forty-four percent reported having experienced bullying, while 56% reported no personal experience. Among reported types, verbal bullying was most frequently indicated (32%), followed by physical bullying (17%) and cyberbullying (1%).

5. KEY FINDINGS

The perceived emotional consequences of bullying were diverse. Depression was the most frequently selected emotional impact (30%), followed by low self-esteem (21%), shame or humiliation (17%), anger/frustration (11%), and fear (9%). Respondents identified authority figures (24%), peers (15%), siblings (14%), and workplace colleagues (13%) among possible perpetrators.

Respondents recognized physical (29%), verbal (24%), cyber (18%), and social/relational (15%) forms of bullying. The settings identified included schools/colleges (28%), online environments (20%), neighbourhoods/society (16%), workplaces (15%), and homes (11%).

Ninety-four percent considered seeking support important, 84% believed therapy could be valuable, and 93% believed more education about psychological effects was needed. However, 53% felt institutions did not provide a safe environment for reporting or addressing bullying. Awareness of anti-bullying policies was divided: 51% aware and 49% not aware.

Half of respondents agreed or strongly agreed that social media can contribute to awareness of bullying; 35% were neutral and 15% disagreed or strongly disagreed. Ninety percent believed flawed parenting contributes to bullying, and 90% regarded bullying as a common societal issue. For community prevalence on a 1–5 scale, 46% selected 3, 26% selected 4, 13% selected 2, 11% selected 5, and 4% selected 1.

Table 2. Selected study findings

Indicator	Finding
Personal experience	44% yes; 56% no
Most reported type experienced	Verbal (32%)
Most reported emotional impact	Depression (30%)
Identified perpetrator category	Authority figures (24%)
Most identified setting	School/college (28%)
Seeking support	94% considered important
Therapy	84% considered valuable
Need for education	93% agreed
Institutional safety	53% reported an unsafe reporting/addressing environment
Policy awareness	51% aware; 49% not aware
Societal issue	90% agreed

6. DISCUSSION

The descriptive findings show that respondents recognized bullying as a multidimensional problem with emotional and social consequences. The prominence of depression and low self-esteem among perceived emotional effects is consistent with the study's focus on psychological well-being. These responses represent participants' perceptions and should not be interpreted as clinical diagnoses or evidence of causal relationships.

Bullying was perceived across educational settings, online spaces, workplaces, neighbourhoods, and homes. This supports prevention strategies extending beyond a single institution or age group. Concerns about institutional safety also indicate the perceived importance of accessible and confidential mechanisms for reporting and responding to bullying.

7. IMPLICATIONS

The findings have implications for educational institutions, workplaces, families, and community organizations. Prevention efforts may benefit from clear definitions of bullying, consistent response procedures, awareness programmes, and opportunities to seek support without fear of retaliation or stigma.

Educational programmes can address verbal, physical, social/relational, and cyber forms of bullying. Training for teachers, supervisors, and other responsible adults may strengthen early identification and appropriate responses. Bystander education can focus on safe ways of seeking help and supporting affected individuals.

Psychological support is another important component. Respondents' strong support for counselling or therapy indicates perceived value in accessible psychological assistance. Support systems may include counselling, peer support, resilience and coping programmes, and referral pathways where additional professional help is required, with attention to confidentiality.

The findings also highlight families and communities. Since 90% perceived parenting as contributing to bullying, parent-focused education may address communication, supervision, empathy, conflict resolution, and respectful behaviour. Community awareness can emphasize that bullying is not restricted to schools and can occur in different interpersonal and digital contexts.

8. RECOMMENDATIONS

The study recommends: (1) clear and consistently implemented anti-bullying policies; (2) educational programmes for students, teachers, parents, employees, and other relevant groups; (3) safe, confidential reporting mechanisms; (4) counselling and psychological support; (5) peer-support systems; (6) training for teachers and workplace supervisors; (7) bystander education; (8) promotion of empathy, respect, communication, and non-violent conflict resolution; (9) family and community involvement; (10) cyberbullying and digital-safety strategies; (11) systematic monitoring of bullying patterns; and (12) resilience and healthy coping support.

9. CONCLUSION

The present study provides a descriptive overview of public awareness and perceptions regarding bullying and its psychological effects among 100 respondents from Mangalore City. Verbal bullying was prominent, while depression, low self-esteem, shame or humiliation, fear, and anger/frustration were identified as emotional effects. Respondents recognized bullying across educational, online, workplace, neighbourhood, and home settings.

Most respondents considered support-seeking important, valued therapy, and believed additional education was needed. At the same time, concerns were expressed about institutional safety and awareness of anti-bullying policies. The findings support a multifaceted approach involving prevention, education, confidential reporting, psychological support, family participation, and community awareness. Because this was a descriptive survey with a limited sample, findings should be interpreted as perceptions within this sample rather than generalized population estimates or evidence of causal effects.

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