

Bullying and its Impact on the Mental health of Elementary School Children

التنمر وتأثيره على الصحة النفسية لأطفال المدارس الابتدائية

Keltoum Guir *	University of Kasdi Merbah, Ouargla, Faculty of Humanities and Social Sciences. (Algeria)	Email : Kaltoumguir@gmail.com
Naima Mouhoubi	University of Kasdi Merbah, Ouargla, Faculty of Humanities and Social Sciences. (Algeria)	Mouhoubinaima901@gmail.com

Abstract:

Bullying is a major problem in all areas of life and one of the greatest challenges in education. Cases of bullying and victimization have been observed among children worldwide, and exposure to bullying is linked to poor mental health. The current study aimed to assess bullying and its impact on the mental health of elementary school children by posing the following question: Does school bullying affect the mental health of elementary school students? To answer this question, the study adopted a clinical approach. The research was conducted at the Basma Mental Health Clinic. The sample was purposively selected and referred by the school. Data were collected using case formulation, the Peer Relations Questionnaire (PRQ), growth hormone testing, and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The study results, closely linked to the occurrence of school bullying, indicated that physical, psychological, and social abuse were the most common types of victimization among students in the case (S) group. Approximately 30% of students were involved in bullying and suffered from anxiety disorders, disruptive behavior disorders, and academic failure. Several common factors, including growth hormone deficiency in the case (S) group and low family income, contributed to the relationship between bullying behavior and psychological disorders in school settings. The study recommends that mental health specialists, school health specialists, and social workers implement a psychoeducational program in schools to equip children with social skills, correct negative beliefs and misconceptions, and raise awareness of the harmful effects of bullying.

Keywords: School bullying – Mental health.

* Corresponding author: Keltoum Guir

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

An introduction:

1. Problem Statement:

Bullying occurs frequently in today's culture and is especially prevalent in schools, becoming a global school issue. It is considered a coercive behavior, involving repeated attempts by a perpetrator to harm or threaten a specific individual (Volk, A., Dane, A., et al., (2014)).

Olweus was the first to systematically study school bullying, defining it as repeated and prolonged mistreatment of a student or group of students by an individual or group, including some forms of negative actions (Bernard, J.R., et al., (2018)). Bullying is defined as deliberate, repeated, harmful behaviors among peers and has emerged as a serious public health issue for children, causing social isolation, aggression, harassment, and verbal abuse, which lead to significant distress for victims (Olweus D., et al. (2003)).

According to a United Nations report, nearly 2.46 billion children and young people experience violence and bullying in schools annually, making school bullying a widespread social concern (Tsomokos DI, Slavich GM (2024)).

School bullying affects not only social adaptation but also children's physical and mental health and on psychological, cognitive, and behavioral development and constitutes a major public health concern (Bitsko RH, Claussen AH, Lichstein J, et al., (2022)).

Victims may develop anxiety, depression, substance abuse, suicidal thoughts, and impaired academic performance, which complicates personal life, peer interactions, and family relationships, and can lead to extreme behaviors (Moore SE, Norman RE, Suetani S., et al., (2017)).

According to Armitage (2021), the effects of school bullying are categorized into three types: educational consequences during childhood, health consequences during childhood, and all consequences during adulthood. Short-term educational consequences involve academic performance, motivation, self-esteem, educational aspirations, and exam anxiety. Short-term health consequences include internal problems such as depression, panic, low self-esteem, and external behavioral problems like substance use, violence, antisocial behavior, and self-harm. Accumulated evidence shows strong links between bullying victims and mental health problems, including paranoia, PTSD symptoms, suicidal ideation, suicide attempts, anxiety, and depression (Xu YM, Pu SS, Li Y., et al. (2022)). Adolescents exposed to bullying are more prone to anxiety disorders, including social phobia.

A study by Liu et al. assessed the relationship between classroom-level bullying and exposure to external bullying. Bullying was more strongly associated with

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

external bullying in relatively safe environments, indicating that students in low-bullying classrooms were less likely to experience external bullying problems compared to high-bullying classrooms. Additionally, bullying experiences among close peers may increase the link between exposure and aggressive behavior compared to bullying by non-close peers (Liu X., Pan B., Chen L., et al., (2021)).

Epidemiological studies show that approximately 10–30% of bullies worldwide are also victims of school bullying (Schoeler T., Duncan L., Cecil CM., et al. (2018)). A cross-sectional study in 28 Western countries reported that about 41% of students experienced school bullying, and an international study of 151,184 students in 40 low- and middle-income countries found that 28.7% reported experiencing bullying at least once, with the highest rates among students aged 11–13 (Han Z., Fu M., Liu C., et al., (2018)).

This study aims to help researchers assess the effects of school bullying on children's mental health and understand the complex pre- and post-exposure impacts. This is crucial for guiding interventions and developing effective preventive measures to reduce school bullying and its consequences on mental health. Reviewing the latest research on school bullying and its negative effects is essential to identify current knowledge gaps and provide insights for effective evaluation and mitigation strategies.

1.1. Research Questions:

-Does school bullying affect the mental health of elementary school children?

1.2. Hypothesis:

-School bullying affects the mental health of elementary school children.

1.3. Objectives:

Identify the impact of school bullying on mental health among elementary school children.

1.4. Significance:

- **Scientific Significance:** Provides extensive knowledge on the theoretical foundations of school bullying.
- **Practical Significance:** Offers practical strategies and results to reduce school bullying and improve mental health in the study sample.

1.5. Study Boundaries:

- **Population:** Elementary School children (students).
- **Location:** Basma Mental Health Clinic, Ouargla.
- **Time Frame:** Conducted on October 10, 2025.

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

1.6. Operational Definitions:

- **Mental Health:** A relatively stable emotional and cognitive state in which an individual is psychologically and socially well-adjusted, free from mental illness, and able to maintain coherent thought, emotion, behavior, personality balance, and social adaptability (Zahran, H. (1997)).
- **School Bullying:** First defined by Olweus as deliberate, repeated aggressive behavior involving a power imbalance between participants, reflecting poor peer relationships. It includes intentional physical or psychological harm and long-term negative behaviors toward specific students (Zhang W., Whang Y., Ju Y., et al. (2001)).

2. Theoretical Background:

- According to the Merriam-Webster dictionary, the word “bully” was first used in 1548, meaning an arrogant or irritating person (Volk, A.A., Dane, A.V., et al. (2014)).
- Klein’s psychoanalytic perspective suggests bullying exists within a child from early life, as the child experiences anxiety and depression related to caregivers, potentially leading to self-destructive behavior (Al-Hijazi, (2000)).

Bullying is thus defined as deliberate, targeted behavior causing harm to another person in a power-imbalanced environment, which may be physical, verbal, or through other means. Bullying can be **direct** (physical or verbal) or **indirect** (through a third party), involving exclusion, mockery, or other negative acts.

2.1. Classification of School Bullying:

- **Lin (2017):** Six types: relational, verbal, physical, gender-based, retaliatory, and cyberbullying. Relational bullying manipulates relationships, isolates socially, or spreads rumors. Gender-based bullying involves harmful acts related to sex. Retaliatory bullying emerges as a response to prolonged bullying. Cyberbullying occurs online and may be more harmful and long-lasting.

2.2. Negative Effects of School Bullying on Mental Health:

The negative effects on mental health are long-term, lasting into adulthood, and include substance abuse, anxiety, depression, and victims are more likely to engage in criminal activity, and increased suicide risk (Woo J., Chang SM., Hong JP., et al. (2019)).

3. Field Procedures for the Study:

3.1. Research Methodology:

The study is based on the case study approach using the clinical method

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

. Case Formulation:

The case (S) is an 11-year-old boy from the Wilaya of Ouargla, who is the fourth child among four boys, followed by a girl and a boy. His educational achievement was above average in the first and second years, but in the third year, there was a significant decline in academic performance, resulting in repeating the third year. The mother's educational level is secondary school, and she is a housewife. The father has a university education but is unemployed due to a back injury. The family lives in a nuclear household, and the parents are first-degree relatives. The family's economic status is low.

The mother-child relationship is characterized by security, according to the mother, whereas the father-child relationship is irregular. The child's relationship with siblings is poor, especially with his sister, who provokes him with offensive language, increasing his agitation. He usually gets along with and often plays with his younger brother, aged three.

The reason the family sought assessment for case (S) was psychological consultation regarding observations of their child's behavior, noted also by the teacher and school principal. The mother reported being informed that her son exhibited emotional instability, irritability, anger, tension, impulsivity, and reckless aggressive behavior, particularly toward younger children. She expressed concern that her child was rejected by peers at school and experienced bullying or was exploited to create problems in school, causing her psychological distress and frustration, especially given his undesirable behaviors and her inability to help him achieve cognitive maturity. The mother was deeply affected by her son's situation, describing it as a burden that increased her anxiety and stress due to difficulties managing his behavior in class and school, and coping with his cognitive decline.

3.2. Physical Examination:

Before conducting the physical examination and assessing body structure, the specialist observed that case (S) appeared developmentally delayed compared to standard child norms, seeming closer to a 5-year-old. The specialist asked the mother for an explanation and whether he had undergone medical assessments during his growth, and whether he had congenital diseases, gastric ulcers, colon infections, or thyroid disorders. These inquiries were prompted by observed psychological tension, anxiety, mood swings, childlike behavior, emaciation, short stature, and dental deformities. The mother reported ongoing medical follow-up since age three due to noticeable growth delays compared to peers and siblings. Various tests were conducted, including thyroid evaluation, confirming growth hormone deficiency

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

(GH), which requires ongoing medical treatment through injections. However, due to high costs and the family's low income, treatment was discontinued.

3.3. Family History:

No history of psychological disorders, mental illness, or developmental delays was reported for either parent.

3.4. Mental Examination:

The child shows difficulty concentrating, impulsivity, and unclear speech for some consonants. Case (S) demonstrated intact perception.

3.5. Problem List:

- Feelings of anger, distress, and tension
- Dissatisfaction with life
- Aggression toward others
- Weak cognitive abilities

3.6. Thoughts:

Negative self-perception: "I am incapable," "I am not like my peers," "They are better than me," "I cannot be like my friends." Thoughts about others: "They are stronger than me," "They despise me," "They call me stupid."

3.7. Behaviors:

Aggression, impulsivity, avoidance of peer interaction, escaping problems, and a tendency toward clownish behavior.

3.8. Recent Incidents:

In class, peers formed a football team; when he tried to join, he was rejected and referred to play with first-grade students. Even the teacher refused to include him due to his weak physique. The mother noted that bullying caused feelings of depression, hopelessness, poor communication skills, and impatience.

3.9. Diagnosis according to DSM-5:

Case (S) was diagnosed with conduct disorder, attention deficit, and hyperactivity, as a result of being bullied.

3.10. Axis:

Neurodevelopmental disorders and psychological problems.

4. Working Hypothesis:

Case (S) suffers from conduct disorder, attention deficit, social withdrawal, depressive symptoms, and acquired aggressive behavior.

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

4.1. Beliefs:

The child developed distorted cognitive schemas about self-image, others, and the future.

4.2. Predisposing Factors:

Health issues include growth hormone deficiency affecting body growth, muscle mass, dental deformities, and low family income.

4.3. Triggering Situations:

Social environment at school and home with siblings.

4.4. Origins of the Problem:

Previous experiences, family's lack of awareness regarding the importance of early physical and psychological care, and lack of activation of school health and social specialists in early grades.

4.5. Psychological Report:

The report includes case history, medical and mental diagnoses, psychological assessments, diagnostic tools, medical tests, school reports, and identifies negative cognitive schemas about self, others, and the future due to predisposing and triggering factors such as bullying. The report includes prognosis and recommendations for psychological intervention.

5. Treatment Plan:

- **Therapeutic Goals:** Based on session content and the child's, family's, and school staff's program.

- **Interventions:** Following problem assessment (school bullying), treatment education is provided to family and school staff about the importance and nature of therapy:

- Cognitive restructuring: modifying beliefs about self, others, and future, linked to childhood experiences.
- Complementary therapy: pharmacological treatment to stimulate growth hormone and dental correction.
- Behavioral therapy: relaxation training, self-assertion, and social support from family and school.
- Follow-up on potential obstacles: difficulty distinguishing thoughts and emotions, and weak exercise or technique management skills.

6. Interpretation of Study Results:

Evaluation showed high levels of school bullying affecting mental health before and after intervention. The child developed negative beliefs about self, others,

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

and future, including low self-esteem, poor body image, perceived cognitive inadequacy, helplessness, and social rejection. DSM-5 assessment revealed anxiety, depressive symptoms, social isolation, and conduct disorder. Contributing factors included GH deficiency, dental deformities, and low family income.

7. Bullying Assessment (pre- and post-intervention):

- Verbal bullying (insults): 80% → 20%
- Provocation and body shaming: 90% → 30%
- Verbal threats: 50% → 20%
- Rumor spreading: 60% → 10%
- Physical bullying (kicking): 60% → 10%
- Hitting: 50% → 10%
- Property damage: 80% → 30%
- Sexual bullying (attempted assault): 40% → 5%

These results align with prior studies (Isolan et al., 2013; Acquah et al., 2016) showing that bullied children are at higher risk of anxiety, stress, social isolation, and negative mental health outcomes.

8. Summary:

School bullying is aggressive behavior between uneven power dynamics, causing psychological or physical harm to victims, with severe consequences for mental health, academic performance, and long-term development. Bullies are at increased risk of suicidal thoughts, aggression, emotional disorders, and substance abuse, while witnessing bullying may cause secondary trauma. Bullying remains a significant global threat to children's mental health despite preventive measures.

9. Suggections:

- 1) Support further research on school bullying and mental health across academic stages.
- 2) Encourage development of effective interventions suitable for local contexts.
- 3) Promote supportive school environments to reduce bullying.
- 4) Review classroom policies and social support standards to minimize bullying incidents.

-References list:

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

1. Acquah, E., Topalli, P., Wilson, M., Junttila, N., & Niemi, P.M. (2016) "**Adolescent loneliness and social anxiety as predictors of bullying victimization**". International Journal of Adolescence and Youth, 21(3), 320-331.
2. Al-Khatib, Jamal Muhammad. (2009). **Introduction to teaching students with special needs**, Amman: Jordan, Dar Al-Fikr for Publishing and Distribution.
3. Armitage, R. (2021) "**Bullying in children: Impact on child health**", BMJ Paediatrics Open, 5, e000939.
4. Bernard, J.R. (2018) "**Depression: A review of its definition**", MOJ Addict Med Ther, 5(1)/ 6-7.
5. Bitsko, R.H., Claussen, A.H., Lichstein, J., et al. (2022) "**Mental health surveillance among children**", United States: 2013-2019, MMWR Suppl, 71/ 1-42.
6. -Brunstein Klomek, A., Sourander, A., & Gould, M.(2018) "**The association of suicide and bullying in childhood to young adulthood: A review of cross-sectional and longitudinal research findings**", Canadian Journal of Psychiatry.
7. -Han, Z., Fu, M., Liu, C., et al. (2018) "**Bullying and suicidality in urban Chinese youth: The role of teacher-student relationships**", Cyberpsychology, Behavior, and Social Networking, 21/ 287-293.
8. -Hijazi, Fetyani, Abu Al-Makarem. (2000) "**The effectiveness of a guidance program in reducing aggressive behavior among primary school students**", Master's thesis, Cairo.
9. -Hu, B. (2021). "**Is bullying victimization in childhood associated with mental health in old age?**", Journal of Gerontology B: Psychological Sciences and Social Sciences, 76/ 161-172.
10. -Huang, L., & Zhao, D. (2018), "**School bullying in middle school: Current status, impacts and coping strategies**", Modern Education Management, 102, 1-6.
11. -Isolan, L., Salum, G., Osowski, A., Zottis, G., & Manfro, G.. (2013). "**Victims and bully-victims but not bullies are groups associated with anxiety symptomatology among Brazilian children**".
12. -Lin, J. (2017). "**An analysis of the types, formation of bullying on campus and the coping strategies**". Journal of Educational Science of Hunan Normal University, 1, 1-6.
13. -Liu, X., Pan, B., Chen, L., , T., , & Zhang, W. (2021). "**Healthy context paradox in the association between bullying victimization and externalizing problems**": The mediating role of hostile attribution bias. Acta Psychologica Sinica, 53(2), 170.
14. -Moore, S., Norman, R., Suetani, S., et al. (2017)"**Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis**", World Journal of Psychiatry, 7/ 60-76.
15. -Olweus, D. (2003) "**A profile of bullying at school**". Educational Leadership, 60/ 12-7.
16. -Renda, J., Vassallo, S., & Edwards, B. (2011) "**Bullying in early adolescence and its association with anti-social behaviour, criminality and violence 6 and 10 years later**", Criminal Behaviour and Mental Health, 21/117-127.
17. -Richard, J., Grande-Gosende, A., Fletcher, É., Temcheff, C., Ivoska, W., & Derevensky, J.. (2020) " **Externalizing problems and mental health symptoms mediate the relationship between bullying victimization and addictive behaviors**",International Journal of Mental Health and Addiction, 18, 1081-1096.

Title of Article: Bullying and its impact on the mental health of elementary school children	Author1: Keltoum Guir Author2: Naima Mouhoubi	Volume: 31 / Issue : 02 (27) / 2025	Pages: 385 - 394
---	--	---	-------------------------

18. Schoeler, T., Duncan, L., Cecil, C.M., et al. (2018) **"Quasi-experimental evidence on short- and long-term consequences of bullying victimization: A meta-analysis"**, Psychological Bulletin, 144/ 1229-1246.
19. Sharpe, H., Fink, E., Duffy, F., et al. (2022) **"Changes in peer and sibling victimization in early adolescence: Longitudinal associations with multiple indices of mental health in a prospective birth cohort study "**, European Child & Adolescent Psychiatry, 31/ 737-746.
20. Swearer, S., Espelage, D., Vaillancourt, T., et al. (2010) **"What can be done about school bullying? Linking research to educational practice"**, Educational Researcher, 39/38-47.
21. -Tsomokos, D., & Slavich, G. (2024) **"Bullying fosters interpersonal distrust and degrades adolescent mental health as predicted by Social Safety Theory"**, Nature Mental Health, 2, 328-36.
22. Ttofi, M., Farrington, D., Lösel, F., et al. (2011) **"The predictive efficiency of school bullying versus later offending"**: A systematic/meta-analytic review of longitudinal studies. Criminal Behaviour and Mental Health, 21/ 80-89.
23. Volk, A., Dane, A., & Marini, Z.. (2014) **"What is bullying? Theoretical redefinition"**. Developmental Review, 34(4)/ 327-343.
24. Woo, J., Chang, S., Hong, J., et al. (2019) **"The association of childhood experience of peer bullying with DSM-IV psychiatric disorders and suicidality in adults"**: Results from a nationwide survey in Korea. Journal of Korean Medical Science, 34, e295.
25. Xu,, Pu, , Li, Y., et al. (2022) **"Possible avoidant personality disorder magnifies the association between bullying victimization and depressive symptoms among Chinese university freshmen"**, Frontiers in Psychiatry, 13, 822185.
26. Zahran, Hamed Abdul Salam. (1997). **Mental health and psychotherapy**, Cairo :Alam Al-Kutub.
27. Zhang, W., Whang, Y. , et al. (2001) **"Types of bullying behavior and its correlates"**, Psychological Development and Education, 12/1-7.