

Psychological Trauma among Students Who Are Victims of Bullying

الصدمة النفسية عند تلاميذ ضحايا التنمر

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Abstract:

The present study aimed to determine the relationship between psychological trauma and exposure to bullying among middle school students in a secondary school in Saïda Province. The sample consisted of 320 students (male and female). A descriptive research design was adopted, and data were collected using the Davidson Post-Traumatic Stress Disorder Scale, in its adapted version by Thabet Abdelaziz (2005), as well as the Bullying Victimization Scale developed by Massaad Abu Al-Diyar (2011). The findings revealed a strong and statistically significant correlation between bullying exposure and post-traumatic stress disorder, both at the overall level and across their respective dimensions. In addition, statistically significant gender differences were identified, with females showing greater vulnerability to trauma symptoms compared to males, particularly in re-experiencing and hyperarousal. However, no significant differences were observed in the avoidance dimension. These results suggest that exposure to bullying constitutes a potentially traumatic experience and represents a significant risk factor negatively affecting the psychological and physical well-being of victims.

Keywords: Psychological trauma; bullying victims; student.

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ملخص :

هدفت هذه الدراسة إلى تحديد طبيعة العلاقة بين الصدمة النفسية والتعرض للتنمر لدى تلاميذ التعليم المتوسط بإحدى الثانويات بولاية سعيدة. وقد تكونت عينة الدراسة من 320 تلميذاً وتلميذة. واعتمدت الدراسة على المنهج الوصفي، حيث جمعت البيانات باستخدام مقياس دافيدسون لاضطراب ما بعد الصدمة في نسخته المكيفة من طرف ثابت عبد العزيز (2005)، بالإضافة إلى مقياس ضحايا التنمر الذي أعده مسعد أبو الديار (2011). أظهرت النتائج وجود علاقة ارتباطية قوية ودالة إحصائية بين التعرض للتنمر واضطراب ما بعد الصدمة، سواء على المستوى الكلي أو على مستوى الأبعاد الفرعية لكل منهما. كما كشفت النتائج عن وجود فروق دالة إحصائية تُعزى لمُتغير الجنس، حيث أظهرت الإناث قابلية أكبر للتأثر بأعراض الصدمة مقارنة بالذكور، خاصة في بعدي إعادة المعيشة والاستئثار المفرطة، في حين لم تُسجل فروق دالة في بعد التجنب. وتشير هذه النتائج إلى أن التعرض للتنمر يُعدّ خبرة صادمة محتملة، ويمثل عامل خطر مهمًا يؤثر سلبًا في الصحة النفسية والجسدية لدى الضحايا.

الكلمات المفتاحية : الصدمة النفسية؛ ضحايا التنمر؛ التلميذ.

1- Introduction:

Bullying is a pervasive behavioral phenomenon that has attracted growing attention in recent decades due to its profound psychological and social consequences for individuals and communities. It involves deliberate and repeated acts of aggression in which a more powerful or dominant individual inflicts harm on a less powerful counterpart, thereby establishing an unequal dynamic of power or influence. While aggressive behaviors have long been present in human societies, bullying is distinguished by its sustained targeting of specific victims, resulting in long-term consequences that extend beyond immediate harm to affect mental health, social functioning, and even future academic and professional trajectories.

Educational settings often provide fertile ground for the emergence of bullying, particularly during late childhood and adolescence, when some students may seek to assert dominance over their peers. Empirical studies across diverse cultural and national contexts have reported alarming prevalence rates, with global estimates indicating that nearly half of school-aged children experience some form of bullying during their educational journey. The impact of bullying extends beyond academic performance, often manifesting as emotional and behavioral disturbances that, if unaddressed, may intensify over time (Smith & López-Castro, 2017).

Psychological research has examined bullying through multiple lenses. While some studies focus on the personality traits and underlying motivations of the perpetrator, others emphasize the profound psychological and social consequences endured by victims. In this context, the concept of “exposure to bullying behavior” has gained increasing prominence, denoting the victim’s repeated experience of physical, psychological, social, verbal, or even sexual harm within specific environments, most commonly the school setting. Persistent exposure to such behaviors is frequently conceptualized as a psychologically traumatic experience, given its association with heightened fear, insecurity, and reduced self-esteem—symptoms that often mirror those observed in post-traumatic stress disorder (PTSD).

Scholars have offered varying definitions of exposure to bullying behavior. Olweus (1993), widely regarded as a foundational figure in school bullying research, described it as “deliberate negative actions carried out by one or more students to harm another student repeatedly over a period of time, whether through words, physical contact, inappropriate gestures, or social exclusion.” Abu Ghazal (2009), in contrast, characterized bullying as “a repeated aggressive behavior stemming from a power imbalance between the bully and the victim, manifesting in physical, verbal, or emotional harm.” Similarly, Thlajia (2021) defined bullying as an intentional act aimed at inflicting physical, verbal, psychological, or sexual harm, perpetrated by a stronger, dominant individual against a weaker counterpart who is unlikely to defend themselves or retaliate, and who frequently refrains from reporting the incident to adults—a factor central to the dynamics of bullying.

Building on the preceding discussion, exposure to bullying can be operationally defined as a pattern of deliberate and repeated aggressive behaviors directed at a student by peers, characterized by a pronounced imbalance of power, and manifested in multiple forms.

Physical bullying: involves intentional acts that rely on physical force to inflict harm, such as hitting, kicking, pushing, or damaging personal belongings, with consequences often observable through bruises, wounds, or other injuries.

Verbal bullying: encompasses repeated verbal acts, gestures, or offensive signals that cause psychological or emotional distress, including mocking, name-calling, threats, rumor-spreading, or insults, often resulting in reduced self-esteem, heightened anxiety and depression, or social withdrawal.

Racial bullying: targets individuals based on racial characteristics, skin color, or ethnic origin, and may include derogatory language, racist jokes, social exclusion, or treatment as inferior relative to peers, frequently producing feelings of loneliness, isolation, and fear. Finally.

sexual bullying: refers to any unwanted sexual behavior—verbal (e.g., sexually suggestive comments), non-verbal (e.g., gestures), or physical (e.g., sexual assault)—as well as the dissemination of sexual rumors, leading to shame, anxiety, fear, and difficulties in establishing healthy social relationships. In the present study, all these dimensions are assessed according to the indicators specified in the Bullying Victim Scale developed by Massad Abu Al-Diyar (2011).

While a substantial body of research has examined the antecedents and motivations underlying bullying behavior, growing scholarly attention has shifted toward understanding its profound psychological effects, particularly among vulnerable populations such as children and adolescents. Although there is broad consensus that certain forms of bullying can produce significant psychological and social harm, a central research challenge lies in determining whether the frequency and severity of such experiences may constitute clinically relevant traumatic events—capable of eliciting psychological disturbances comparable to those described in the diagnostic criteria for post-traumatic stress disorder (PTSD). This issue is particularly salient given that trauma is not defined solely by the objective characteristics of the event, but also by the individual's subjective experience and the extent of emotional and cognitive impact it produces.

In this context, a critical question emerges regarding the conceptualization of exposure to bullying within the clinical framework of psychological trauma, especially in relation to standard definitions of traumatic events in diagnostic manuals. PTSD is traditionally understood as a condition arising after exposure to life-threatening or severely violent events, whether directly experienced or witnessed. Early conceptualizations of the disorder were largely associated with combat-related contexts, linked to terms such as “shell shock” and “battle fatigue.” Subsequent research, however, has established that PTSD is not exclusive to military populations; it can also manifest among civilians, including children and adolescents, following traumatic experiences such as domestic violence, sexual assault, accidents, natural disasters, or even school-based bullying.

The Vietnam War represented a pivotal moment in the scientific recognition of post-traumatic stress disorder (PTSD), as returning soldiers exhibited a constellation of symptoms, including nightmares, panic attacks, sleep disturbances, and persistent rumination on traumatic experiences. PTSD was formally recognized as a distinct diagnostic category within anxiety disorders in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III, 1980). In the DSM-IV (1994), it was conceptualized as a response to acute stress, with clinical criteria more precisely delineated. The DSM-5 further refined the diagnosis, structuring it around four core symptom clusters: intrusive re-experiencing (Intrusion), avoidance, hyperarousal and reactivity, and negative alterations in cognition and mood (Murad Ali Issa Saad, 2022, p. 19).

Empirical research suggests that the severity of traumatic responses varies significantly among individuals. The development of PTSD is not determined solely by the objective characteristics of the traumatic event but is also shaped by personal psychological factors, the availability of social support, and previous exposure to stressors.

In line with the present study's use of the Post-Traumatic Stress Disorder (PTSD) scale, psychological trauma was operationally defined as a constellation of psychological and emotional symptoms arising from exposure to a violent or threatening event, reflected in behavioral, cognitive, and emotional responses. This conceptualization allows for a structured assessment of trauma across three primary dimensions.

Re-experiencing the traumatic event: refers to the involuntary recurrence of the traumatic experience in conscious awareness, expressed through intrusive memories, nightmares, or sudden mental images, often accompanied by intense emotional responses such as fear or severe distress. This dimension is assessed using items that measure the frequency of intrusive imagery or the sensation of reliving the event as if it were happening again.

Avoidance of the traumatic experience: encompasses efforts by the individual to evade reminders of the traumatic event, whether by refraining from talking or thinking about it, or by withdrawing from associated situations, people, or places. Behavioral manifestations include emotional numbing, social withdrawal, and isolation, which are captured through specific items on the PTSD scale.

Hyperarousal: is characterized by persistent physiological and emotional activation following the traumatic event, including symptoms such as sleep disturbances, irritability, hypervigilance, exaggerated startle responses, and difficulties in concentration. This pattern reflects a sustained sense of threat, leaving the individual in a state of heightened alertness and increased reactivity, even after the traumatic experience has passed.

By integrating these dimensions, the study establishes a clear framework for examining the psychological impact of exposure to bullying, allowing for the assessment of bullying-related trauma in a manner consistent with established clinical criteria for PTSD.

Although PTSD research has traditionally concentrated on disasters, wars, and severe violence, recent studies have increasingly underscored the potential for school bullying to produce traumatic effects, particularly when it is systematic, repeated, and entails substantial physical or psychological harm. Students who experience persistent bullying are at elevated risk of developing PTSD-like symptoms, including sudden fear episodes, social withdrawal, nightmares, intrusive recollections, and difficulties with concentration.

Research by William Yule (2001) on trauma in children and adolescents revealed that the prevalence of trauma is substantially higher among those exposed to physical or sexual violence compared to victims of natural disasters or accidents. Key risk factors include limited social support, feelings of helplessness or loss of control, bereavement, and prior exposure to traumatic experiences. The repercussions of such trauma are far-reaching, encompassing impaired academic and social performance, challenges in interpersonal relationships, and an increased likelihood of developing comorbid conditions such as depression, anxiety, substance use disorders, and personality disorders.

Emerging literature further indicates that repeated and prolonged adverse experiences, particularly those embedded within close social relationships, can elicit traumatic effects similar to those observed in classical PTSD—a phenomenon referred to as Relational Trauma. This understanding has important implications for both prevention and intervention, highlighting the necessity of trauma-informed strategies that address not only the immediate consequences of bullying but also its duration, intensity, and long-term developmental impact (Idsoe et al., 2021).

Accordingly, exposure to bullying can be conceptualized as a form of relational trauma, given its interactive nature and reliance on patterns of domination, humiliation, and social exclusion that disrupt the victim's psychological equilibrium and undermine their sense of safety and belonging. The impact of bullying is exacerbated when it is recurrent and prolonged, placing the victim in a sustained state of psychological threat that closely mirrors dynamics observed in cases of domestic violence or chronic neglect.

Furthermore, bullying—particularly in its racial, sexual, and degrading verbal forms—intersects with the concept of Moral Injury, defined as the psychological harm resulting from a profound violation of an individual's moral values and principles. In such instances, victims are confronted not only with threats to their psychological well-being but also with assaults on their human dignity, thereby intensifying the psychological impact and increasing the risk of developing post-traumatic stress symptoms (Litz et al., 2009).

Examining school bullying through the dual lenses of relational and moral trauma provides a comprehensive understanding of its nature and consequences. It supports the proposition that repeated exposure to bullying behaviors, by virtue of their severity and persistence, may constitute a clinically relevant traumatic event, justifying its classification as an adverse childhood experience with enduring implications for mental health.

Empirical studies have also demonstrated that the relationship between bullying dimensions—physical, verbal, racial, and sexual—and trauma-related symptoms—re-experiencing, avoidance, and hyperarousal—is both strong and complex. For example, Idsoe (2012), in a national survey of students, found that repeated exposure to bullying was significantly associated with PTSD symptomatology, particularly among female students, who reported higher rates of negative symptoms compared to males, including elevated levels of re-experiencing, avoidance, and hyperarousal.

Similarly, Ossa (2019) reported that nearly half of students who had experienced severe bullying exhibited symptom levels indicative of a potential diagnosis of post-traumatic stress disorder (PTSD). The study further revealed that PTSD symptom scores were significantly higher among bullied students compared to their non-bullied peers, with no statistically significant differences observed between clinical PTSD patients and students subjected to severe bullying.

In a related line of research, Bowes (2021), as part of the Avon Longitudinal Study of Parents and Children (ALSPAC) - one of the largest longitudinal studies tracking child development in the United Kingdom since the 1990s - found that children exposed to prolonged and chronic bullying, whether overt (direct and observable forms such as physical or verbal bullying) or relational (indirect strategies involving exclusion, neglect, or manipulation of social relationships), exhibited substantially higher levels of general psychological difficulties during adolescence. This study provided the first robust evidence that adolescent exposure to bullying constitutes a significant risk factor not only for the onset of depression but also for declines in overall well-being that may persist into adulthood. These findings highlight the necessity of addressing mental health from a multidimensional perspective to fully capture the long-term burden of bullying and its effects on psychological adjustment.

Furthermore, the model of Race-based Traumatic Stress has shed light on the impact of racial bullying. Empirical evidence indicates that subtle racial assaults, or microaggressions, are associated with elevated levels of anxiety, depression, and PTSD symptoms, even after accounting for prior traumatic experiences (Carter, 2016).

Regarding sexual bullying, Gruber and Fineran (2008) demonstrated that such experiences are associated with both short- and long-term psychological and physical difficulties, including sleep disturbances, social withdrawal, and feelings of humiliation. Additional research has indicated that these manifestations may develop into Moral Injury, characterized as a profound violation of the victim's moral values and sense of dignity, thereby amplifying the traumatic impact of the experience. Collectively, this evidence underscores that bullying—particularly in its racial and sexual forms—extends beyond mere aggressive behavior; it can constitute a repetitive Relational Trauma with the potential to evolve into a moral injury. This perspective supports an expansion of traditional trauma theory to incorporate recurrent relational and social experiences within the school environment, providing a robust foundation for examining the extent to which bullying may generate psychological effects comparable to, or approaching, those of post-traumatic stress disorder.

From this vantage point, investigating bullying among middle school students moves beyond the mere documentation of school violence behaviors to explore whether such exposure constitutes a clinically significant traumatic experience. This line of inquiry is particularly pertinent given evidence linking relational

traumas during childhood and adolescence to elevated rates of emotional and cognitive disorders later in life, most notably PTSD. Accordingly, the present study aims to examine the relationship between exposure to various forms of bullying—physical, verbal, racial, and sexual—and the severity of trauma-related symptoms among adolescents. This approach seeks to determine whether bullying can be considered a traumatic event with enduring consequences for the mental health of this population.

Based on this rationale, the present study aims to test the hypothesis that a strong and statistically significant relationship exists between the level of exposure to bullying and PTSD symptomatology, and that bullying extends across multiple trauma dimensions rather than being confined to a single symptom cluster. In doing so, the study seeks to inform the development of effective prevention and intervention strategies. The significance of this contribution is further underscored by the scarcity of research conducted in Arab and local contexts, where most prior studies have either examined variables in isolation or explored the general relationship between trauma and bullying without explicitly linking PTSD symptomatology to bullying victimization. By addressing this gap, the current research endeavors to expand understanding of the psychological consequences of bullying and their implications, thereby providing a foundation for interventions aimed at enhancing students' social skills and self-assertiveness.

Methodologically, the study will investigate the association between overall PTSD scores and its dimensions—re-experiencing, avoidance, and hyperarousal—as measured by a standardized PTSD scale, and total bullying scores along with its sub-dimensions, as assessed by the Bullying Victimization Scale. Additionally, gender differences will be examined to identify potential variations between male and female students in both exposure to bullying and trauma-related symptoms. Beyond correlation analyses, the study will assess the overall levels of trauma symptoms among middle school students in the target sample and identify the most prevalent forms of bullying experienced during this developmental stage.

2- Methodology:

2-1-Procedures and Participants:

This study employed a descriptive correlational design, deemed most appropriate for examining the nature of the relationship between two psychological constructs: exposure to bullying across its various dimensions and trauma-related symptoms among students. Such a design is particularly suitable for investigating phenomena as they naturally occur and for analyzing the associations between variables without manipulating them.

The study population comprised 1500 middle school students (both male and female) enrolled in two educational institutions under the Directorate of Education of Saïda Province. This population was selected due to the distinctive characteristics of early adolescence—a developmental stage characterized by heightened emotional sensitivity and rapid psychological and social changes—which renders students particularly susceptible to the adverse effects of aggressive behaviors within the school environment.

A purposive sample of 320 students was subsequently drawn. Initially, research instruments were administered to the entire sample to identify students who had experienced bullying based on their scores on the Bullying Exposure Scale. Following this, the level of psychological trauma and its dimensions was assessed among the identified victims. The sampling procedure was designed to ensure representation across genders and various age groups within the middle school stage, thereby ensuring diversity in terms of cases, as well as school and social contexts.

2-2-Measures:

- Bullying Victimization Scale: The study employed the Victims of Bullying subscale, which constitutes the second section of the Bullying Scale originally developed by Masad Abu al-Diyar (2011). This instrument was selected as a reliable and valid measure for assessing students' exposure to various forms of bullying, including physical, verbal, racial, and sexual bullying. The subscale comprises 28 positively worded items and is primarily designed to evaluate the frequency with which students experience bullying behaviors within the school environment.

In this regard, Omar Jaaijaa (2017) utilized the same scale in an exploratory study investigating the prevalence of bullying victimization among fourth-year middle school students in the Hamam al-Dhalaa district, M'sila Province. The

scale's validity and reliability were confirmed through multiple procedures: it was reviewed by a panel of seven experts to assess item clarity and content accuracy; internal validity was evaluated using the square root of the reliability coefficient; and reliability was further examined using Cronbach's alpha on a sample of 75 students. Additionally, the split-half method was applied by calculating the correlation coefficient between the two halves of the scale, yielding a corrected correlation of (0.87), indicative of a high level of internal consistency and reliability.

- Post-Traumatic Stress Disorder (PTSD) Scale: The study utilized the PTSD scale developed by Keane et al. (1994) to assess indicators of post-traumatic stress disorder among students identified as victims of bullying. The instrument encompasses three core dimensions: re-experiencing traumatic events, avoidance, and hyperarousal. It has been adapted for the target age group following the Arabic translation and cultural adaptation conducted by Thabet Abdelaziz and colleagues (2005), which was informed by relevant theoretical frameworks and prior empirical studies.

The scale was originally constructed based on the DSM-IV (1994) diagnostic criteria, with the objective of identifying individuals exhibiting PTSD symptoms. Psychometric evaluations have demonstrated high levels of validity and reliability, with a test-retest reliability coefficient of 0.96 and an internal consistency (Cronbach's alpha) of 0.90. The instrument comprises 17 items distributed across the three dimensions: re-experiencing (5 items), avoidance (7 items), and hyperarousal (5 items) (Nabti, 2020, p. 104).

Statistical Analysis: Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including means and standard deviations, were computed to characterize the variables of bullying victimization and PTSD symptomatology. Pearson's correlation coefficient was applied to examine the associations between these variables. Additionally, independent-samples t-tests were conducted to investigate gender differences across the dimensions of both PTSD and bullying victimization.

3- Results:

Table 1. Descriptive Statistics of the Study Variables

Variable	N	Minimum	Maximum	Mean (M)	Standard Deviation (SD)
Total score of bullying exposure	320	28.00	95.00	43.03	12.80
Physical bullying	320	9.00	31.00	13.16	3.96
Verbal bullying	320	6.00	23.00	10.33	3.93
Racial bullying	320	6.00	24.00	10.17	4.29
Sexual bullying	320	7.00	22.00	9.38	3.25
Total score of trauma	320	0.00	57.00	16.20	11.76
Re-experiencing traumatic events	320	0.00	20.00	4.21	4.05
Avoidance of traumatic experience	320	0.00	23.00	6.29	5.13
Hyperarousal	320	0.00	20.00	5.71	4.67

Source: Prepared by the researchers using SPSS.

Table 1 presents the descriptive statistics for the Bullying Victimization Scale and its four dimensions, alongside the PTSD scale and its three dimensions. The overall mean score for bullying was $M = 43.02$ ($SD = 12.80$), with scores ranging from 28.00 to 95.00, indicating considerable variability in students' exposure to bullying behaviors. For the physical bullying dimension, the mean was $M = 13.16$ ($SD = 3.96$), reflecting the relative prevalence of certain physical forms of bullying within the sample. The verbal bullying dimension exhibited a mean of $M = 10.33$ ($SD = 3.93$), comparable to physical bullying. Racial bullying recorded a mean of $M = 10.17$ ($SD = 4.29$), suggesting that this form of bullying affected a subset of students. Sexual bullying had the lowest mean score ($M = 9.38$, $SD = 3.25$), yet it indicates that some students experienced this particularly sensitive form of bullying.

Regarding post-traumatic stress disorder, the overall mean trauma score was $M = 16.20$ ($SD = 11.76$), with values ranging from 0.00 to 57.00, reflecting a wide range of variability in the severity of traumatic symptoms. For the re-experiencing dimension, the mean was $M = 4.21$ ($SD = 4.05$), indicating that this symptom cluster was present among a notable proportion of students. The avoidance dimension exhibited a mean of $M = 6.29$ ($SD = 5.13$), suggesting that students frequently relied on avoidance strategies as a coping mechanism. Hyperarousal recorded a mean of $M = 5.71$ ($SD = 4.67$), reflecting anxiety-related symptoms, tension, and heightened emotional reactivity in some participants.

Collectively, these descriptive statistics indicate considerable variability in students' scores across both bullying and trauma measures, with relatively higher levels observed in certain dimensions, particularly physical and verbal bullying, as well as avoidance and hyperarousal. These findings underscore the importance of further examining the potential relationship between exposure to bullying and psychological trauma in subsequent statistical analyses.

Table 2. Correlations between Post-Traumatic Stress Disorder (PTSD) and Different Forms of Bullying

Variable	Total PTSD Score	Re-experiencing	Avoidance	Hyperarousal
Total Bullying Score	.58**	.54**	.47**	.48**
Physical Bullying	.44**	.37**	.34**	.41**
Verbal Bullying	.50**	.47**	.43**	.39**
Racial Bullying	.57**	.53**	.48**	.44**
Sexual Bullying	.39**	.39**	.29**	.33**

Source: Prepared by the researchers using SPSS.

Table 2 presents the correlational relationships between Post-Traumatic Stress Disorder (PTSD) and its three dimensions with the total bullying score and its various forms. A statistically significant positive correlation of medium to high strength was observed between the total bullying score and the overall PTSD score ($r = 0.58$), indicating that students exposed to higher levels of bullying exhibit more severe PTSD symptoms. Analysis of the relationships between specific dimensions of bullying and PTSD reveals that all forms of bullying—

physical, verbal, racial, and sexual—are significantly and positively correlated with all PTSD dimensions: re-experiencing, avoidance, and hyperarousal. The strongest associations were observed for racial bullying, with correlation coefficients ranging from 0.44 to 0.57, followed by verbal bullying, then physical bullying, while sexual bullying showed the lowest correlations, though all were statistically significant. Specifically, the re-experiencing dimension was positively correlated with all forms of bullying, with coefficients ranging from 0.37 (physical bullying) to 0.54 (racial bullying). The avoidance dimension demonstrated moderate positive correlations across the different bullying forms, ranging from 0.29 (sexual bullying) to 0.48 (racial bullying). Similarly, the hyperarousal dimension exhibited positive correlations with all bullying types, with coefficients ranging from 0.33 to 0.44.

These findings suggest that experiences of bullying are most strongly associated with the re-experiencing of traumatic events, engagement in avoidance behaviors, and heightened physiological arousal. Moreover, racial bullying appears to be the most strongly linked to PTSD symptoms, underscoring the profound psychological impact of this type of bullying and highlighting the need for targeted preventive and therapeutic interventions.

Table 3. Independent Samples *t*-test for Gender Differences in Mean Scores on the PTSD Scale

Dimension	Gender	N	Mean	SD	Std. Error	<i>t</i>	df	Sig. (p)
Total Score	Male	169	14.53	11.02	0.85	-2.71	318	0.007
	Female	151	18.07	12.30	1.00			
Re-experiencing	Male	169	3.54	3.69	0.28	-3.11	297.32	0.002
	Female	151	4.95	4.30	0.35			
Avoidance	Male	169	5.93	4.89	0.38	-1.32	318	0.190
	Female	151	6.69	5.38	0.44			
Hyperarousal	Male	169	5.06	4.53	0.35	-2.65	318	0.008
	Female	151	6.43	4.73	0.38			

Source: Prepared by the researchers using SPSS.

Table 3 presents a comparison between male and female students in terms of their post-traumatic stress symptoms. The overall mean score for females ($M = 18.07$) was higher than that of males ($M = 14.53$), indicating a greater severity of PTSD symptoms among female students. In the re-experiencing dimension, females scored higher ($M = 4.95$) compared to males ($M = 3.54$), suggesting that females are more prone to reliving traumatic experiences. Regarding avoidance, the mean score for females ($M = 6.69$) was slightly higher than that of males ($M = 5.93$), though this difference appeared limited. For hyperarousal, females also obtained higher scores ($M = 6.43$) relative to males ($M = 5.06$), reflecting elevated emotional and physiological reactivity. The results of the independent-samples *t*-test confirmed that these gender differences were statistically significant for the overall PTSD score ($t = -2.71, p = 0.007$), favoring females. Significant differences were also observed in the re-experiencing dimension ($t = -3.11, p = 0.002$), indicating more intense reliving of traumatic events among female students. Similarly, the hyperarousal dimension demonstrated significant gender differences ($t = -2.65, p = 0.008$), suggesting that females experience greater tension, sleep disturbances, and other arousal-related symptoms. However, differences in the avoidance dimension did not reach statistical significance ($t = -1.32, p = 0.19$), indicating that both genders employ avoidance behaviors to a comparable extent. In summary, these findings reveal notable gender differences in overall PTSD severity, with females exhibiting higher scores, particularly in the dimensions of re-experiencing and hyperarousal, while avoidance behaviors appear largely similar across genders.

Table 4. Independent Samples *t*-Test of Gender Differences on the Bullying Scale

Dimension	Gender	number of participants (N)	Mean (M)	Standard Deviation (SD)	Standard Error (SE)	t-value (t)	Degrees of Freedom (df)	Sig. (p)
Total Bullying Score	Male	169	42.40	11.85	0.91	-0.93	318	0.35
	Female	151	43.73	13.80	1.12			
Physical Bullying	Male	169	13.63	4.16	0.32	2.28	318	0.02
	Female	151	12.63	3.67	0.30			

Verbal Bullying	Male	169	10.07	3.64	0.28	-1.22	318	0.22
	Female	151	10.61	4.22	0.34			
Racial Bullying	Male	169	9.31	3.37	0.26	-3.84	318	0.00
	Female	151	11.12	4.97	0.40			
Sexual Bullying	Male	169	9.38	3.27	0.25	0.02	318	0.98
	Female	151	9.37	3.24	0.26			

Source: Prepared by the researchers using SPSS.

Table 4 presents the results of independent-samples t-tests examining gender differences in the total bullying score and its four dimensions. Regarding the overall bullying score, males ($M = 42.39$) and females ($M = 43.73$) exhibited relatively similar means, indicating comparable levels of overall bullying exposure.

For physical bullying, males obtained a higher mean ($M = 13.63$) compared to females ($M = 12.63$), suggesting that males are more frequently subjected to physically aggressive behaviors such as hitting or pushing. In contrast, verbal bullying showed a higher mean among females ($M = 10.61$) than males ($M = 10.07$), which may reflect either greater exposure or heightened sensitivity to verbal aggression. Similarly, females scored higher in racial bullying ($M = 11.12$) compared to males ($M = 9.31$), indicating that females are more frequently targeted based on identity or personal characteristics. For sexual bullying, mean scores were nearly identical for males ($M = 9.38$) and females ($M = 9.37$), suggesting similar exposure across genders.

The t-test results indicate that there were no statistically significant gender differences in the total bullying score ($t = -0.93$, $p = 0.35$) or in verbal bullying ($t = -1.22$, $p = 0.22$) and sexual bullying ($t = 0.02$, $p = 0.98$). However, significant differences were observed in physical bullying ($t = 2.28$, $p = 0.02$) favoring males, and in racial bullying ($t = -3.84$, $p < 0.001$) favoring females.

In conclusion, gender differences in bullying exposure are dimension-specific: males are more prone to physical bullying, females are more frequently subjected to racial bullying, while no significant differences were observed in overall bullying, verbal, or sexual bullying. These findings highlight that the impact of gender on bullying exposure varies according to the type of bullying,

warranting social and psychological interpretations within the context of gender roles and school interactions.

4- Discussion :

The descriptive findings indicate that students in the sample were exposed to varying degrees of bullying, with physical bullying ranking highest. This may be attributed to the visibility and immediacy of physical behaviors within the school environment compared to less direct forms of bullying, such as sexual or racial bullying. The relatively high mean score in this dimension also reflects the nature of daily interactions among students, which at times involve physical aggression or bodily harm.

These results are consistent with Olweus (1993), the pioneering scholar in bullying research, who emphasized that direct forms of bullying, such as physical aggression, are more prevalent in the early and middle stages of schooling. Similarly, Vaillancourt (2008) reported that students' definitions of bullying rarely incorporated the three core criteria commonly used by researchers—intentionality (1.7%), repetition (6%), and power imbalance (26%). Instead, the majority of students (92%) focused primarily on negative behaviors in their definitions. Moreover, younger children were more likely to mention physical aggression, general disruptive behaviors, and verbal aggression, whereas relational aggression became more prominent during middle school years and was reported more frequently by girls than boys.

Regarding psychological trauma, the findings reveal that avoidance is the most common reaction, reflecting an individual's attempt to prevent recall or confrontation of traumatic experiences. This aligns with psychological literature, which identifies avoidance as a frequent defensive strategy among victims of trauma (American Psychiatric Association, 2013). The second most prevalent response was hyperarousal, indicative of heightened vigilance and sustained tension, while intrusive re-experiencing was the least frequent. This pattern suggests that many students may prefer to suppress or avoid traumatic memories rather than consciously re-live them.

This finding aligns with Horowitz's (1979) theory of stress response syndromes, which identifies avoidance as a primary defensive mechanism aimed at reducing emotional distress associated with traumatic experiences. However, subsequent research has demonstrated that persistent reliance on avoidance may maintain rather than alleviate symptoms. For instance, Ehlers and Clark (2000),

in their cognitive model of post-traumatic stress disorder, argue that avoidance impedes cognitive processing of traumatic events, thereby preventing memory integration and sustaining the perception of psychological threat. Similarly, Foa, Hembree, and Rothbaum (2007) found that coping strategies involving gradual exposure to traumatic memories are more effective in reducing symptoms than continuous avoidance, as exposure facilitates the reorganization of memory and associated emotions.

Furthermore, Brewin et al. (2010) highlighted that avoidance is linked to an increased frequency of intrusive images and flashbacks due to the failure to integrate traumatic experiences into the cognitive framework. Modern diagnostic manuals, including the DSM-5 (APA, 2013), recognize avoidance as a core criterion for PTSD, underscoring its central role in the disorder's trajectory. Nonetheless, some studies, such as Maercker and Zoellner (2004), advocate a more balanced perspective, suggesting that overcoming avoidance with adequate psychological and social support can foster post-traumatic growth, transforming negative experiences into opportunities for adaptive meaning-making.

Collectively, these findings indicate that exposure to bullying is accompanied by considerable trauma-related symptoms, with avoidance mechanisms predominating as a primary defense strategy. This pattern has significant implications for students' psychological well-being and school adjustment. As noted by Murad Ali Issa Saad (2022), post-traumatic stress can arise from a range of events categorized as deliberate human-caused, unintended human-caused, or natural occurrences, with deliberate human-caused events generally producing the most enduring psychological impact. Supporting this, Arseneault et al. (2010) reported that childhood exposure to bullying is associated with elevated trauma symptoms and emotional disorders during adolescence, highlighting that intentional bullying exerts a more pronounced traumatic effect than unintentional or naturally occurring events.

The results indicated a strong and statistically significant correlation between exposure to bullying in its various forms and post-traumatic stress disorder (PTSD) symptoms among students. This finding is consistent with recent research showing that victims of school bullying exhibit elevated levels of trauma-related symptoms, including intrusive thoughts, avoidance, and hyperarousal (Idsoe et al., 2012; Xu et al., 2023). Similarly, studies on cyberbullying have demonstrated that it produces traumatic effects comparable

to those resulting from direct confrontation, particularly when social exclusion or ostracism is involved (Hinduja & Patchin, 2025).

Among the bullying dimensions, racial bullying emerged as the factor most strongly associated with trauma symptoms, particularly with respect to re-experiencing distressing events. This aligns with findings by Alvis et al. (2023), who reported that identity-based bullying predicts PTSD symptoms even after controlling for other traumatic experiences. Additionally, research on race-based traumatic stress emphasizes that negative racial experiences exert profound psychological effects and increase the likelihood of PTSD symptoms among adolescents from minority backgrounds (Tynes et al., 2019).

These findings are also consistent with Verkuyten (2021), who argued that assaults on identity and belonging have a greater impact than transient physical or verbal attacks, as they threaten collective self-perception and undermine the sense of belonging, thereby intensifying the traumatic effect and complicating recovery.

The correlation between verbal and physical bullying and trauma symptoms reflects the direct and tangible nature of harm, which can elicit persistent physiological arousal, fear, and anxiety, often manifesting as avoidance or hypervigilance. Although sexual bullying showed relatively lower correlation coefficients, its statistical significance confirms that this form of bullying, even if less prevalent, exerts a meaningful psychological impact, potentially provoking re-experiencing of traumatic events or suppression of distressing memories.

Overall, the present findings corroborate previous literature demonstrating a strong association between exposure to bullying and the development of post-traumatic stress symptoms (Idsoe et al., 2012; Nielsen et al., 2015), with the strength of the association varying according to the type of bullying. These results underscore the need for preventive and therapeutic interventions targeting the most prevalent and impactful forms of bullying—particularly racial and verbal—to mitigate trauma severity and enhance students' psychological adjustment.

Regarding gender differences, the results indicate that females are more psychologically affected by bullying experiences compared to males. This observation is consistent with numerous psychological studies reporting higher levels of post-traumatic stress symptoms among females (Tolin & Foa, 2006;

Olff, 2017). This disparity may be attributed to several factors, including stronger emotional reactivity among females and a greater tendency to express emotions and ruminate on traumatic experiences, which intensifies the frequency and intensity of re-experiencing symptoms. Moreover, socialization patterns that encourage males to suppress emotional expression may contribute to lower symptom reporting or awareness among boys. Biological factors may also play a role; for instance, studies by Christiansen and Berke (2020) suggest that hormonal mechanisms, such as cortisol reactivity, may underlie gender differences in emotional responses to trauma, with females exhibiting heightened stress reactivity.

The observed gender differences extended beyond re-experiencing to include avoidance and hyperarousal, reflecting the pervasive impact of traumatic experiences on females' daily functioning. Female students exhibited continuous attempts to avoid situations or memories associated with bullying, coupled with heightened vigilance and emotional arousal. These findings confirm that females are more sensitive to trauma resulting from bullying compared to males, as evidenced by higher levels of re-experiencing and more pronounced hyperarousal symptoms, including anxiety, tension, and sleep disturbances. This aligns with Arseneault et al. (2010), who reported that adolescent females exposed to bullying are significantly more likely than males to develop anxiety and post-traumatic stress, indicating greater psychological vulnerability.

The lack of gender differences in the avoidance dimension can be explained by the universality of this defensive strategy, employed by both sexes when confronting traumatic experiences. Both males and females tend to avoid reminders of bullying, with no substantial difference observed. Overall, these results underscore the importance of considering gender as a moderating variable when examining the relationship between bullying and psychological trauma, thereby informing more targeted preventive and therapeutic interventions.

Regarding gender differences in bullying exposure, the findings can be interpreted in light of social and cultural differences between males and females. Males are generally more involved in situations characterized by direct physical aggression, explaining their higher exposure to physical bullying. Conversely, the higher levels of verbal and racial bullying reported by females may reflect greater sensitivity to verbal insults and social discrimination, as well as the higher prevalence of indirect forms of bullying among female students (Smith et

al., 2019). The absence of gender differences in sexual bullying suggests that this form of aggression affects both sexes, although its expression and severity may vary according to context.

The results indicate that gender differences in bullying exposure are not uniform across dimensions but manifest in a qualitative manner. Physical bullying was more prevalent among males, likely due to their frequent involvement in conflictual or aggressive situations. In contrast, racial bullying was more commonly reported among females, possibly reflecting greater sensitivity to discrimination and social exclusion. No significant gender differences were observed for verbal and sexual bullying, suggesting that these forms represent a shared risk for both sexes. The overall lack of significant gender differences in total bullying scores indicates that bullying is a pervasive phenomenon across both sexes, with variability in patterns depending on specific dimensions. These findings are consistent with Vaillancourt et al. (2005), who demonstrated that bullying manifests differently according to gender, with direct forms predominating among males and indirect forms more common among females.

Based on these results, it is evident that school bullying constitutes a significant psychological stressor, closely associated with the emergence of post-traumatic stress disorder (PTSD) symptoms among students. The type of bullying appears to influence symptom severity, with racial and physical bullying emerging as the most impactful, while sexual and verbal bullying did not show significant gender differences, highlighting their shared nature across both sexes. Furthermore, females exhibited higher levels of trauma symptoms than males, particularly in re-experiencing and hyperarousal, emphasizing the role of gender in psychological vulnerability.

These findings underscore that bullying and its associated psychological trauma are multidimensional and complex, necessitating comprehensive educational and psychological interventions that consider individual and social differences among students. In this context, it is recommended to implement preventive programs within schools that focus on psychological education and raising awareness of the risks of bullying and its detrimental effects on students' psychological and social development.

Additionally, promoting coping skills through regular training—emphasizing problem-solving, emotional regulation, and effective use of social support—is essential. Family and teacher involvement is critical for early identification and

management of bullying through educational and therapeutic strategies that foster a positive school climate. Providing dedicated psychological support spaces within schools, such as individual or group counseling sessions, is fundamental, allowing students to express their difficulties, alleviate psychological distress, and contribute to a safe and supportive educational environment conducive to healthy development.

5- Conclusion:

In light of the present findings, it can be concluded that school bullying is not merely a transient aggressive behavior but rather a serious phenomenon with profound psychological consequences, potentially reaching the level of post-traumatic stress disorder (PTSD). The study demonstrated that exposure to various forms of bullying is directly associated with elevated levels of trauma-related symptoms among students, and that this relationship is influenced by multiple factors, most notably the type of bullying and the student's gender. Specifically, males are more likely to experience physical bullying, whereas females demonstrate greater sensitivity to racial and verbal bullying and exhibit more pronounced psychological impacts of trauma.

These findings highlight the urgent need for comprehensive preventive and therapeutic interventions within the school environment, tailored to gender-specific characteristics and the nature of bullying, while fostering a safe and respectful school climate. Early awareness and prompt intervention are critical to mitigating the severe psychological effects of bullying, thereby safeguarding students' mental health and supporting their academic and social adjustment.

Consequently, future research should emphasize longitudinal studies to explore the long-term effects of bullying and investigate the roles of family, school, and community factors in shaping the traumatic experience. Furthermore, the results advocate for the implementation of targeted training programs for teachers and parents, aimed at the early identification of bullying victims and the provision of appropriate psychological and social support.

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