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School Bullying and Adolescent Mental Health: A Cross-Sectional Study

Kelly Fantri Cicilia[1], Anna Veronica Pont[1], Nurfatimah[1]✉, Mercy Joice Kaparang[1], Sarliana[1], Kadar Ramadhan[1]

[1] Department of Midwifery, Poltekkes Kemenkes Palu, Palu, Central Sulawesi Province, Indonesia

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Abstract

Adolescence is a vulnerable period for psychological distress, and bullying is an important school-based stressor. This study aimed to determine the association between school bullying and Depression, Anxiety, and Stress Scale-21 (DASS-21) symptom status among Grade X and XI students at SMA Negeri 4 Palu, Indonesia. A cross-sectional design was used with 88 students selected using proportional random sampling. Bullying was measured using a 22-item questionnaire, and mental health status was assessed using the DASS-21. For the primary analysis, DASS-21 status was dichotomized as normal (all three subscales in the normal range) versus elevated symptoms (at least one subscale in the mild or higher range). The results showed that 20 of 88 students (22.7%) had a bullying score >24, and 35 of 88 (39.8%) had elevated DASS-21 symptoms, predominantly in the anxiety domain. Elevated symptoms were present in 17 of 20 students (85.0%) with bullying scores >24 compared with 18 of 68 (26.5%) with scores ≤24. The crude odds ratio (OR) was 15.74 (95% CI: 4.12–60.14), and the association remained strong after adjustment for sex and grade (adjusted OR = 18.92, 95% CI: 4.59–78.09; $p < 0.001$). In a sensitivity analysis, each one-point increase in total bullying score was associated with higher odds of elevated symptoms (adjusted OR = 2.10, 95% CI: 1.42–3.10). School bullying was strongly associated with poorer adolescent mental health, particularly anxiety-related symptoms. Although causality cannot be inferred from this cross-sectional design, the findings support integrating bullying prevention, early psychosocial screening, and accessible counseling in schools.

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Corresponding Author:

✉ Nurfatimah
Department of Midwifery, Poltekkes Kemenkes Palu, Palu, Central Sulawesi Province, Indonesia
Email: nfatimahhh@gmail.com

1. INTRODUCTION

Adolescence represents a critical developmental transition characterized by rapid biological, social, and emotional changes that increase sensitivity to peer evaluation and psychological stress (Pfeifer & Allen, 2021). Grade X and XI students, who are in late adolescence, are particularly relevant because peer acceptance, identity formation, and social comparison become increasingly salient during this period, making relational and verbal victimization potentially consequential for emotional well-being. Globally, school-based violence and peer victimization remain major public-health concerns, with approximately one in three students reported to have experienced bullying (UNESCO, 2026; World Health Organization, 2022). In Indonesia, bullying has consistently been reported among prominent forms of violence affecting children and adolescents (Hertinjung, 2024; Sari & Nurhidayah, 2025). In Central Sulawesi, school-related psychological violence has also been documented (Dinas Perlindungan Perempuan dan Anak Provinsi Sulawesi Tengah, 2024), while previous work at SMA Negeri 4 Palu identified verbal and physical bullying within the school environment (Febrianti & Handayani, 2020). These local findings indicate that peer victimization remains relevant despite existing school counseling and safety efforts (Cerolini et al., 2023; Robinson et al., 2025).

The conceptual framework of this study links bullying to depression, anxiety, and stress through repeated social threat, negative self-appraisal, and maladaptive cognitive emotion regulation. From a stress-and-coping perspective, persistent peer victimization may exceed an adolescent's available coping resources, producing sustained emotional strain; cognitive emotion-regulation evidence further indicates that dysfunctional regulation strategies can mediate the association between bullying victimization and symptoms of depression, anxiety, and stress (Plexousakis, Kourkoutas, Giovazolias, Chatira, & Nikolopoulos, 2019; Vacca, Cerolini, Zegretti, Zagaria, & Lombardo, 2023). Adaptive coping strategies, such as problem solving, emotional regulation, and social support, have likewise been associated with lower distress and better psychosocial adjustment among adolescents (Gustiani, Fitri, & Hernawati, 2026). This mechanism provides a theoretical basis for examining bullying and mental health together rather than treating them as unrelated school problems.

Although previous studies consistently associate bullying with psychological distress, important gaps remain. Research has often emphasized overt physical aggression, whereas non-physical forms such as verbal harassment, rumor-spreading, social exclusion, and relational aggression may be less visible but still psychologically harmful (Hamamra, Mahamid, & Bdier, 2025; Meade, 2021). Evidence is also limited for late-adolescent students in secondary schools in Central Sulawesi, particularly studies that simultaneously characterize bullying exposure and depression, anxiety, and stress-related mental health status using DASS-21. The novelty of the present study, therefore, lies in providing context-specific evidence from SMA Negeri 4 Palu, with particular attention to non-physical bullying and graded mental health problems in Grade X and XI students.

Accordingly, this study aimed to determine the association between school bullying and adolescent mental health status among Grade X and XI students at SMA Negeri 4 Palu, Central Sulawesi, Indonesia. The findings are expected to support more focused prevention, early identification, psychosocial support, and counseling strategies within the school setting.

2. METHODS

This study used a quantitative cross-sectional design to examine the association

between school bullying and adolescent DASS-21 symptom status. The study was conducted at SMA Negeri 4 Palu, Central Sulawesi, Indonesia, from March 10 to May 2, 2025. The target population comprised 798 active Grade X and XI students. The sample size was calculated using Slovin's formula with a 10% margin of error, yielding 88 respondents. Participants were selected using proportional random sampling across classes. Eligible participants were active Grade X or XI students selected through the sampling procedure who voluntarily agreed to participate and completed the questionnaire. Questionnaires with incomplete data on the study variables were excluded; all 88 questionnaires were complete and included in the analysis.

Primary data were collected using two self-administered structured questionnaires. The bullying questionnaire contained 22 items rated from 1 (never) to 5 (seven times or more), producing a total score from 22 to 110. The study protocol classified scores >24 as the higher bullying-score category and scores ≤24 as the comparison category. Because this threshold is study-specific and the bullying scores were narrowly distributed, the total bullying score was also retained as a continuous predictor in a sensitivity analysis. Mental health symptoms were measured using the DASS-21. In the questionnaire used in this study, items 1–7 assessed depression, items 8–14 anxiety, and items 15–21 stress; each item was scored from 0 to 3. Each seven-item subscale score was summed and multiplied by two. The DASS-21 severity thresholds were depression: normal 0–9, mild 10–13, moderate 14–20, severe 21–27, and extremely severe ≥28; anxiety: normal 0–7, mild 8–9, moderate 10–14, severe 15–19, and extremely severe ≥20; and stress: normal 0–14, mild 15–18, moderate 19–25, severe 26–33, and extremely severe ≥34. For the primary inferential analysis, overall DASS-21 status was defined as normal when all three subscales were normal and as elevated symptoms when at least one subscale was mild or higher. The DASS-21 symptom-severity categories were not interpreted as clinical diagnoses.

Frequencies and percentages were used to summarize participant characteristics, the operational bullying category, and DASS-21 categories. Binary logistic regression was used with elevated DASS-21 symptoms (yes/no) as the dependent variable. Crude ORs and 95% confidence intervals were first estimated for bullying. A multivariable model then adjusted the association with bullying for sex and grade, the individual-level covariates available in the dataset. Individual age was not recorded and, therefore, could not be included in the adjusted model. A sensitivity model treated the total bullying score as a continuous predictor. Statistical significance was defined as $p < 0.05$.

Ethical approval was obtained from the Health Research Ethics Committee of the Polytechnic of Health, Ministry of Health, Central Sulawesi, Indonesia (No. 000756/KEPK POLTEKKES KEMENKES PALU/2025). Written informed consent was obtained from all participants prior to data collection.

3. RESULTS AND DISCUSSION

The analysis included all 88 respondents. Descriptive results are presented for participant characteristics, bullying scores, and DASS-21 subscales, followed by crude and adjusted logistic regression estimates for elevated DASS-21 symptoms.

Table 1. Participant characteristics and main study variables.

Characteristics of Respondent	Category	n	%
Grade	Grade X	48	54.5
	Grade XI	40	45.5
Sex	Female	43	48.9

Characteristics of Respondent	Category	n	%
	Male	45	51.1
Bullying score	Bullying score ≤24	68	77.3
	Bullying score >24	20	22.7
DASS-21	Normal DASS-21 status	53	60.2
	Elevated DASS-21 symptoms	35	39.8

Table 1 shows that 48 students (54.5%) were in Grade X and 40 (45.5%) were in Grade XI; 43 (48.9%) were female and 45 (51.1%) were male. Twenty students (22.7%) had total bullying scores >24. Regarding DASS-21 status, 53 students (60.2%) had all three subscales in the normal range, whereas 35 (39.8%) had at least one subscale in the mild-or-higher range.

Table 2. Distribution of DASS-21 subscale and overall symptom categories.

DASS-21 domain	Category	n	%
Depression	Normal	78	88.6
	Mild	10	11.4
Anxiety	Normal	61	69.3
	Mild	24	27.3
	Moderate	3	3.4
Stress	Normal	88	100.0
Overall status	Normal	53	60.2
	Elevated symptoms	35	39.8

Table 2 shows that anxiety was the DASS-21 domain with the highest frequency of elevated symptoms: 24 students (27.3%) were in the mild range, and 3 (3.4%) were in the moderate range. Depression was mild in 10 students (11.4%), while all stress subscale scores remained within the normal range. For the primary binary outcome, any mild-or-higher elevation in at least one subscale was classified as elevated DASS-21 symptoms.

Table 3. Logistic regression analysis of bullying and elevated DASS-21 symptoms.

Bullying measure	Elevated symptoms	Crude OR (95% CI)	Adjusted OR (95% CI)	p-value
Score ≤24 (reference)	18/68 (26.5%)	1.00	1.00	—
Score >24	17/20 (85.0%)	15.74 (4.12–60.14)	18.92 (4.59–78.09)	<0.001
Total score, per 1-point increase	—	2.00 (1.39–2.88)	2.10 (1.42–3.10)	<0.001

Adjusted models include sex and grade. OR = odds ratio; CI = confidence interval. The >24 threshold is the study's operational category; the continuous-score model is reported as a sensitivity analysis.

Table 3 shows that students with bullying scores >24 had markedly higher odds of elevated DASS-21 symptoms than students with scores ≤24 (crude OR = 15.74, 95% CI: 4.12–60.14). After adjustment for sex and grade, the association remained strong (adjusted OR = 18.92, 95% CI: 4.59–78.09; $p < 0.001$). Treating bullying score as a continuous measure produced a consistent result: each one-point increase in total score was associated with approximately twice the adjusted odds of elevated symptoms (adjusted OR = 2.10, 95% CI: 1.42–3.10; $p < 0.001$). The wide confidence interval for the categorical estimate indicates limited precision and should be interpreted cautiously.

A notable proportion of students reported higher bullying exposure, indicating that bullying remains a meaningful problem in this school setting. The reported bullying experiences were heterogeneous and included both relational/verbal experiences and aggressive behaviors. Relational experiences such as harmful gossip and group exclusion were among the most frequently reported, alongside aggressive acts such as property damage, throwing objects, forced money-taking, and mocking body size (Supplementary Table S1). Because the questionnaire contains both experience-oriented and behavior-oriented statements, these item findings are presented as bullying-related experiences or behaviors rather than as validated bullying subtypes. Relational and verbal bullying remain important components of the school social environment, consistent with prior evidence that such forms may persist even when overt physical violence is less visible (Suandana, Pinandari, Agus, & Wilopo, 2024). Relational aggression has also been described as covert social manipulation that can undermine peer standing (Li, Huang, Jiang, Ma, & Ma, 2023). Peer connectedness also matters for adolescent mental health, as the absence of close friends has been linked to suicidal planning among adolescents (Ratnawati & Sham, 2026). Adolescents may also normalize controlling and aggressive behaviors in their relationships, and social support has been identified as a key factor associated with violence among adolescents (Jannah, Ardhiyanti, Hanifah, Kurnaesih, & Utari, 2026). Prevention models also emphasize that verbal, relational, and other aggressive behaviors may be overlooked when they are normalized as ordinary peer conflict (Pangaribuan, Nurdin Rahman, & Setyawati, 2025). At SMA Negeri 4 Palu, the presence of multiple bullying-related experiences and behaviors suggests that conventional reactive strategies alone may be insufficient; traditional counseling may fail to address wider peer dynamics (Lin & Guo, 2024). Teacher empowerment programs have also been shown to strengthen early bullying detection and adolescent mental health promotion in Indonesian schools (Rahmi & Rikayoni, 2026). Consequently, school responses should combine clear behavioral expectations, safe reporting mechanisms, peer-support strategies, and accessible counseling rather than focusing on one form of bullying alone.

Alongside these bullying-related experiences, a considerable proportion of students showed elevated DASS-21 symptoms in at least one domain. Anxiety accounted for most of this elevation, largely at the mild level, whereas depressive symptoms were less common and stress remained within the normal range. This pattern indicates that psychological distress in this sample was concentrated primarily in anxiety-related symptoms rather than being uniformly elevated across depression, anxiety, and stress. The developmental context of adolescence can heighten sensitivity to peer evaluation and social threat (Bayu et al., 2024). Physiological manifestations of anxiety can reflect autonomic arousal (Hall & Hall, 2020). More broadly, internalizing symptoms may be less visible to teachers than overt behavioral difficulties, which supports the value of structured psychosocial screening and accessible counseling in schools (Fusar-Poli et al., 2024; Nanfuka, Kafuko, Nakanjako, Ssenfuuma, & Kaawa-Mafigiri, 2024).

Bringing these two patterns together, the analysis demonstrates a strong cross-sectional association between higher bullying scores and elevated DASS-21 symptoms. Students with higher bullying exposure were considerably more likely to experience elevated symptoms, and this association persisted after accounting for sex and grade. The consistency of this finding when bullying was analyzed as a continuous score suggests that the relationship is not merely an artifact of the study-specific cut-off; rather, the likelihood of distress appears to increase progressively with greater bullying exposure. Although the estimates were imprecise given the modest sample size, both analyses point in the same direction. Conceptually, repeated intimidation, rejection, and social threat may

disrupt adolescents' sense of security and coping capacity, increasing emotional distress. This interpretation is consistent with prior evidence linking bullying with psychological distress (Putri, Putri, Hidayat, & Nurfitriani, 2025) and with evidence that verbal bullying can adversely affect adolescent mental well-being (Lidya, Baringbing, & Afrina, 2025). Other Indonesian studies have also reported associations between bullying exposure and emotional-mental problems (Puri, Shaluhiyah, & Arso, 2025) as well as anxiety-related distress (Zahranie R.S, Rozi, Sholikhah, & Sasmito, 2024). Adolescent-friendly health services that integrate education and counseling may also provide a platform for addressing such psychosocial needs (A'yun, Zenina, Arofiqandil, & Argaheni, 2023). These findings support school responses that combine clear anti-bullying policies with confidential reporting pathways, early psychosocial identification, counseling access, and peer-support strategies rather than relying only on disciplinary sanctions.

This study is limited by its cross-sectional design, which does not establish temporal or causal relationships between bullying and DASS-21 symptoms; longitudinal studies are therefore needed to confirm the direction of this association.

4. CONCLUSION

In line with the study objective, school bullying was associated with adolescent mental health status among Grade X and XI students at SMA Negeri 4 Palu. Students who experienced more frequent bullying were more likely to show elevated psychological distress, with anxiety emerging as the most prominent mental health problem. Given the cross-sectional design, this relationship reflects an association rather than a causal effect.

The findings support school-based prevention that addresses relational, verbal, and other aggressive behaviors; provides safe and confidential reporting pathways; and strengthens counseling and peer-support systems. The study contributes context-specific evidence from Central Sulawesi, indicating that bullying prevention and adolescent mental health promotion should be addressed together in schools. Future multicenter and longitudinal studies should use clearly validated bullying constructs, include individual age and other potential confounders, and examine whether specific bullying patterns are differentially associated with depression, anxiety, and stress.

CONFLICT OF INTEREST

The authors declared no conflicts of interest.

ETHICAL CONSIDERATIONS

Ethical approval was obtained from the Health Research Ethics Committee of the Polytechnic of Health, Ministry of Health, Central Sulawesi, Indonesia (No. 000756/KEPK POLTEKKES KEMENKES PALU/2025). Written informed consent was obtained from all participants prior to data collection.

AUTHOR CONTRIBUTIONS

Kelly Fantri Cicilia Merutu contributed to conceptualization, methodology, data collection, and writing of the original draft. Nurfatimah contributed to formal analysis and writing (review and editing). Anna Veronica Pont contributed to supervision and validation. Mercy Joice Kaparang contributed to investigation and resource provision. Sarliana contributed to investigation. Kadar Ramadhan contributed to data curation, visualization, and writing (review and editing). All authors read and approved the final version of the manuscript.

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DECLARATION OF ARTIFICIAL INTELLIGENCE USE

During the preparation of this work, the authors used ChatGPT (OpenAI) to improve language and readability. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

REFERENCES

A'yun, D. V., Zenina, N., Arofiqandil, S., & Argaheni, N. B. (2023). The role of implementing adolescent Posyandu on adolescent reproductive health behavior: scoping review. *MEDICA (International Medical Scientific Journal),* 5(3), 97–106. https://doi.org/10.53770/medica.v5i3.237

Bayu, G. W., Bangun, S. I. B., Aryawinata, K. S., Suputra, I. P. E., Kumara, P. Y. M. E., Sastra, G. A. D., & Wardani. (2024). *EPelY: edukasi peduli bullying*. Bandung: Penerbit Widina Media Utama. Retrieved from https://repository.penerbitwidina.com/publications/568742/epely-edukasi-peduli-bullying

Cerolini, S., Zagaria, A., Franchini, C., Maniaci, V. G., Fortunato, A., Petrocchi, C., … Lombardo, C. (2023). Psychological counseling among university students worldwide: a systematic review. *European Journal of Investigation in Health, Psychology and Education*, 13(9), 1831–1849. https://doi.org/10.3390/ejihpe13090133

Dinas Perlindungan Perempuan dan Anak Provinsi Sulawesi Tengah. (2024). *Kasus kekerasan psikis di lingkungan sekolah di Sulawesi Tengah tahun 2024*.

Febrianti, F., & Handayani, A. M. S. (2020). Peran guru bimbingan konseling dalam menanggulangi siswa korban risak di SMA Negeri 4 Palu. *Nosipakabelo: Jurnal Bimbingan Dan Konseling Islam*, 1(1), 51–71. https://doi.org/10.24239/nosipakabelo.v1i1.662

Fusar-Poli, P., Estradé, A., Esposito, C. M., Rosfort, R., Basadonne, I., Mancini, M., … Maj, M. (2024). The lived experience of mental disorders in adolescents: a bottom-up review co-designed, co-conducted and co-written by experts by experience and academics. *World Psychiatry*, 23(2), 191–208. https://doi.org/10.1002/wps.21189

Gustiani, A., Fitri, S. Y. R., & Hernawati, T. (2026). Psychological coping and diabetes distress in adolescents with type 1 diabetes mellitus: a systematic review. *MEDICA (International Medical Scientific Journal),* 8(7), 599–607. https://doi.org/10.53770/medica.v8i7.1149

Hall, J. E., & Hall, M. E. (2020). *Guyton and Hall textbook of medical physiology (14th ed.).*

Elsevier. 14th edition. Elsevier Ltd.

Hamamra, B., Mahamid, F., & Bdier, D. (2025). Verbal violence and its psychological and social dimensions in intimate and familial relationships. *Discover Mental Health*, 5(1), 130. https://doi.org/10.1007/s44192-025-00270-x

Hertinjung, W. S. (2024, March). The shadow of bullying in Indonesia education system. *Jawa Pos Radar Solo Newspaper*. Retrieved from https://www.ums.ac.id/en/news/outlook/the-shadow-of-bullying-in-indonesia-education-system

Jannah, W., Ardhiyanti, L. P., Hanifah, L., Kurnaesih, E., & Utari, D. (2026). Factors associated with dating violence among adolescents. *MEDICA (International Medical Scientific Journal),* 8(9), 886–899. https://doi.org/10.53770/medica.v8i9.958

Li, T., Huang, Y., Jiang, M., Ma, S., & Ma, Y. (2023). Childhood psychological abuse and relational aggression among adolescents : a moderated chain mediation model. *Frontiers in Psychology*, 1, 10825163. https://doi.org/10.3389/fpsyg.2022.1082516

Lidya, L., Baringbing, E. P., & Afrina, Y. (2025). Hubungan verbal bullying dengan kesehatan mental remaja kelas VIII di SMPN-9 Kota Palangka Raya. *Jurnal Surya Medika*, 11(3), 63–72. https://doi.org/10.33084/jsm.v11i3.11935

Lin, J., & Guo, W. (2024). The research on risk factors for adolescents' mental health. *Behavioral Sciences,* 14(4), 263. https://doi.org/10.3390/bs14040263

Meade, M. E. (2021). *The voice of recovery: the experience of young people who have been dual clients of child protection and youth justice [Thesis, Deakin University].* (Deakin University). Deakin University. https://dro.deakin.edu.au/articles/thesis/The_Voice_of_Recovery_The_Experience_of_Young_People_Who_Have_Been_Dual_Clients_of_Child_Protection_and_Youth_Justice/23751636/1

Nanfuka, E. K., Kafuko, A., Nakanjako, R., Ssenfuuma, J. T., & Kaawa-Mafigiri, D. (2024). 'You are always worried and have no peace, you cannot be a normal adolescent': a qualitative study of the effects of mental health problems on the social functioning of adolescents living with HIV in Uganda. *Journal of the International Association of Providers of AIDS Care (JIAPAC)*, 23, 1-18. https://doi.org/10.1177/23259582241298166

Pangaribuan, H., Nurdin Rahman, & Setyawati, T. (2025). The effectiveness of the HELP youth mental health modul in preventing bullying. *Poltekita : Jurnal Ilmu Kesehatan*, 19(1), 37-46. https://doi.org/10.33860/jik.v19i1.4141

Pfeifer, J. H., & Allen, N. B. (2021). Puberty initiates cascading relationships between neurodevelopmental, social, and internalizing processes across adolescence. *Biological Psychiatry*, 89(2), 99–108. https://doi.org/10.1016/j.biopsych.2020.09.002

Plexousakis, S. S., Kourkoutas, E., Giovazolias, T., Chatira, K., & Nikolopoulos, D. (2019). School bullying and post-traumatic stress disorder symptoms: the role of parental bonding. *Frontiers in Public Health*, 7, 75. https://doi.org/10.3389/fpubh.2019.00075

Puri, C. H., Shaluhiyah, Z., & Arso, S. P. (2025). The correlation between bullying and mental-emotional disorders among adolescents in Pekalongan city. *MEDISAINS: Jurnal Ilmiah Ilmu-Ilmu Kesehatan*, 23(2), 115–120. https://doi.org/10.30595/medisains.v23i2.25021

Putri, V. S., Putri, M. E., Hidayat, M., & Nurfitriani, N. (2025). Hubungan pola asuh dan trauma dengan kejadian bullying di SMP Nurul Khoir Kota Jambi. *Jurnal Akademika Baiturrahim Jambi*, *14*(2), 192–201. https://doi.org/10.36565/jab.v14i2.841

Rahmi, D., & Rikayoni, R. (2026). Effectiveness of teacher empowerment for bullying detection and adolescent mental health promotion: a mixed-methods study. *MEDICA (International Medical Scientific Journal),* 8(10), 1131–1144. https://doi.org/10.53770/medica.v8i10.1264

Ratnawati, R., & Sham, S. M. (2026). The role of absence of close friends in suicidal planning among Thai adolescents: analysis of nationwide Global School-based Health Survey data. *MEDICA (International Medical Scientific Journal),* 8(4), 142–151. https://doi.org/10.53770/medica.v8i4.899

Robinson, L. E., Watson, K. R., Fensterstock, N., Hogenkamp, S., Xu, Y., Garner, H., … Martinez, A. (2025). School safety concerns and solutions: a qualitative analysis of U.S. school psychologists' perspectives. *Behavioral Sciences*, 15(2), 228. https://doi.org/10.3390/bs15020228

Sari, D. K., & Nurhidayah, R. (2025). The impact of bullying on adolescent mental health: a literature review. *Journal of Health Science Community*, 6(2), 168–175. https://doi.org/10.30994/jhsc.v6i2.313

Suandana, I. A., Pinandari, A. W., Agus, S., & Wilopo. (2024). Starting life with hidden wound: bullying and self-reported depression symptoms among early adolescent in 3 cities of Indonesia. *Jurnal Promkes: The Indonesian Journal of Health Promotion and Health Education*, 12(1), 86–96. https://doi.org/10.20473/jpk.V12.I1SP.2024.86-96

UNESCO. (2026). Safe learning environments: preventing and addressing violence in and around school. https://www.unesco.org/en/health-education/safe-learning-environments

Vacca, M., Cerolini, S., Zegretti, A., Zagaria, A., & Lombardo, C. (2023). Bullying victimization and adolescent depression, anxiety and stress: the mediation of cognitive emotion regulation. *Children*, 10(12), 1897. https://doi.org/10.3390/children10121897

World Health Organization. (2022). *World mental health report: transforming mental health for all*. Geneva: World Health Organization. https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1

Zahranie R.S., Q.F., Rozi, F., Sholikhah, D. U., & Sasmito, N. B. (2024). Hubungan perilaku bullying dengan tingkat kecemasan pada remaja kelas VIII di Sekolah Menengah Pertama Negeri 4 Jombang. *Prima Wiyata Health*, 5(2), 79–86. https://doi.org/10.60050/pwh.v5i2.75