



MIDDLE-SCHOOL BULLYING: REVIEW OF RISK AND PROTECTIVE FACTORS, MENTAL HEALTH, AND PREVENTION

Muh. Jaelani*, Nopi Nur Khasanah, Sri Wahyuni

Faculty of Nursing Science, Universitas Islam Sultan Agung, Jl. Kaligawe Raya No.Km.4, Terboyo Kulon, Genuk, Semarang, Jawa Tengah 50112, Indonesia

*muhjaelani@stikespanritahusada.ac.id

ABSTRACT

Bullying during early adolescence is a persistent school-health problem associated with emotional distress, impaired school adjustment, and difficulties in peer relationships. Evidence concerning determinants, mental-health consequences, and prevention is distributed across heterogeneous study designs. To synthesise evidence on risk and protective factors, mental-health consequences, and school-based prevention among middle-school or lower-secondary students. This systematic review used narrative synthesis. The final supplementary search was completed on 31 August 2026 using PubMed/MEDLINE, ERIC, PubMed Central, indexed publisher sources, verifiable DOI/Crossref records, and backward and forward citation searching. Reporting was structured according to PRISMA 2020 and PRISMA-S; risk of bias was assessed using RoB 2 and design-specific JBI tools. The included primary studies were published from 2021 to 2026. Eighty-three reports were assessed; 28 were excluded and 55 met the eligibility criteria. After three companion reports were linked with their parent studies, 52 unique studies remained. Family adversity and weak school connectedness were repeatedly associated with bullying involvement, while victimisation was related to depression, anxiety, stress, suicidality, self-harm, and sleep problems. School-based interventions were generally promising, although heterogeneity precluded a single pooled effect. The findings indicate a need for multilevel prevention integrating a supportive school climate, social-emotional competence, family involvement, digital literacy, and meaningful bystander or defender participation.

Keywords: adolescent; bullying; cyberbullying; mental health; school prevention; systematic review

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INTRODUCTION

Bullying is a form of peer aggression characterised by the potential to cause harm, repetition, and an imbalance of power. During the middle-school or lower-secondary period, bullying intersects with an increased need for social acceptance, identity formation, emotional regulation, and growing autonomy in digital media use. Family cohesion and school belonging have been identified as protective factors, whereas parental neglect and school alienation are associated with greater involvement in cyberbullying (Shah et al., 2021; Gan et al., 2022, 2023). These findings position bullying as a multilevel problem shaped by individual, family, peer, school, and digital contexts rather than by a single determinant.

Cyberbullying broadens the scope of peer aggression beyond face-to-face encounters because harmful content can persist outside school hours, reach a wider audience, and sometimes obscure the identity of the perpetrator. Cyberbullying experiences have been associated with suicidality in early adolescence even after accounting for several psychopathological and environmental factors (Arnon et al., 2022). Longitudinal evidence also links early-adolescent cybervictimisation with subsequent changes in anxiety, depression, and social stress (Garthe et al., 2023). The strength of inference, however, differs across cross-sectional, longitudinal, intervention, and qualitative studies and therefore should not be interpreted as equivalent evidence of causality. Previous reviews have addressed cyberbullying and school anti-bullying programmes. Evangelio et al. (2022), for example, identified recurring themes concerning psychosocial problems, student roles, external

factors, victims' responses, and prevention, while Gaffney et al. (2021) reported that school-based anti-bullying interventions generally reduced bullying and victimisation, although effect sizes varied across programmes. The present review therefore focuses specifically on middle-school or lower-secondary students and integrates three bodies of evidence that are often considered separately: risk and protective factors, mental-health consequences, and school-based prevention. This review sought to identify factors associated with bullying involvement among middle-school students, describe the mental-health consequences most frequently reported, identify protective factors that may reduce involvement or impact, and examine school-based prevention strategies evaluated in this developmental group. By distinguishing evidence according to study design, the synthesis aims to preserve the different levels of certainty provided by observational, longitudinal, intervention, and qualitative research.

METHOD

Design and Reporting Guidelines

A systematic review with narrative synthesis was undertaken. Reporting was structured according to PRISMA 2020 and PRISMA-S (Page et al., 2021; Rethlefsen et al., 2021). The review initially contained 49 reports; because population coverage and search scope required updating, a supplementary search was completed through 31 August 2026. The final evidence base comprised primary studies published from 2021 to 2026, with the supplementary search completed through 31 August 2026. Eligibility decisions were based on population, bullying phenomenon, outcomes, and study design, irrespective of the direction or statistical significance of results.

Eligibility Criteria

The target population was students enrolled in middle school, junior high, or lower secondary education. Studies of early adolescence were eligible when the school level was not explicitly stated but the age characteristics were consistent with the target population. Studies with mixed age ranges or school levels were retained only when data for the middle-school or lower-secondary subgroup could be extracted separately. Traditional bullying, relational bullying, peer victimisation, and cyberbullying could be exposures, outcomes, or intervention targets. Eligible primary-study designs included randomised or cluster-randomised trials, quasi-experimental studies, longitudinal or cohort studies, analytical cross-sectional studies, and qualitative or mixed-methods studies. Studies of high-school students or young adults without a separable target subgroup, dating violence, sibling bullying, general aggression without a bullying context, systematic reviews, meta-analyses, and other secondary evidence without primary data were excluded.

Information Sources and Search Strategy

Information sources included PubMed/MEDLINE, ERIC, PubMed Central, indexed publisher websites, verifiable DOI/Crossref records, and backward and forward citation searching. Search concept blocks combined "bullying", "cyberbullying", or "peer victimization" with "middle school", "junior high", "lower secondary", "early adolescence", and "grade 6-8". Additional terms described risk factors, mental health, and prevention. Outcome terminology was deliberately broad to preserve sensitivity to variation in terms used across studies.

Study Selection, Data Extraction, Appraisal, and Synthesis

The selection process re-evaluated 49 previously identified reports. The supplementary search yielded 34 additional candidate reports after deduplication, giving 83 reports assessed for eligibility. Twenty-eight reports were excluded and 55 reports met the inclusion criteria. Three companion reports were linked with their parent studies to avoid double counting, leaving 52 unique studies in the synthesis. Extracted data included country, sample characteristics, study design, form of bullying, outcomes, main findings, and DOI. Risk of bias was assessed with RoB 2 for cluster-randomised trials (Sterne et al., 2019) and design-specific JBI tools for quasi-experimental, cohort or longitudinal, analytical cross-sectional, and qualitative studies (Barker et al., 2024, 2025, 2026; Porritt et al., 2024). Unverifiable appraisal items were classified as unclear rather than assumed to

have been met, and appraisal results were not converted into a single numerical quality score. For narrative synthesis, studies were grouped by design and synthesised across four domains: risk and protective factors, mental-health consequences, school-based prevention, and student perspectives. A pooled meta-analysis was not undertaken because intervention components, comparators, outcomes, and follow-up periods were substantially heterogeneous.

RESULT

Study Selection and PRISMA Flow

Of 83 reports assessed for eligibility, 28 were excluded and 55 were included. One companion analysis, Acevedo et al. (2025), was linked to the Williams et al. (2023) intervention trial. In addition, Wright and Wachs (2023), Wright (2024b), and Wright (2025) were treated as three reports from one U.S. school cohort, accounting for two further companion reports. Thus, the 55 eligible reports represented 52 unique studies. The selection process is summarised in Figure 1.

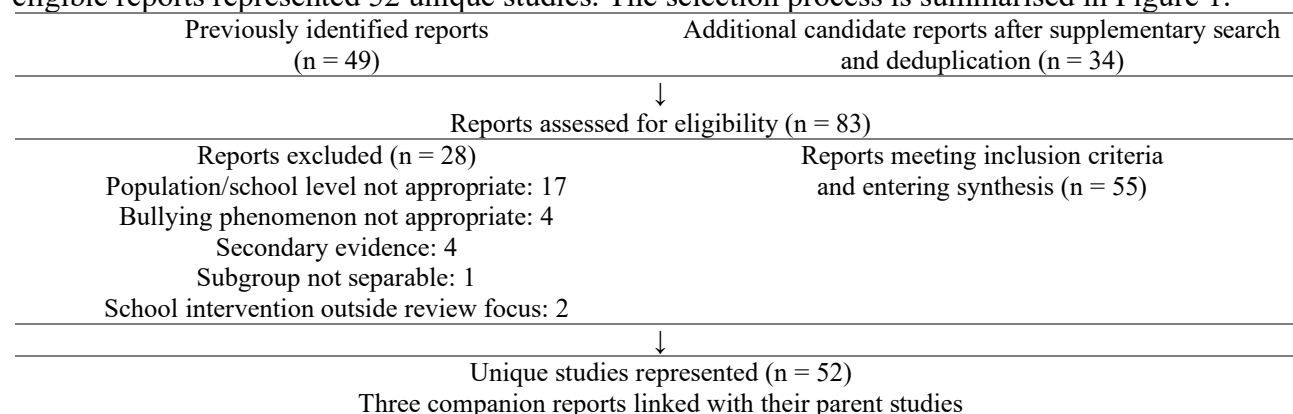


Figure 1. Study selection flow based on PRISMA 2020

General Characteristics

The 52 included studies comprised three cluster-randomised trials, eight quasi-experimental or other intervention studies, nine longitudinal observational studies, 28 analytical cross-sectional studies, and four qualitative or mixed-methods studies. Most studies were conducted in the United States and China, with additional evidence from Indonesia, Türkiye, Tunisia, Italy, Iran, South Korea, Norway, Portugal, and Romania. This design diversity allowed the synthesis to distinguish evidence about intervention effects, temporal relationships, associations, and students' experiences. Study-level characteristics and citations for all included primary reports are presented in Supplementary Table S1.

Table 1.
Study-design profile, appraisal approach, and interpretation

Study design	Appraisal tool	Main concern	Interpretive implication
3 cluster-RCTs	RoB 2 for cluster-RCT	Self-report; variation in cluster recruitment and implementation	Strongest evidence for effects, but not free from bias.
8 quasi/other interventions	JBİ quasi-experimental	Non-random allocation; some studies lacked controls	Promising effects with variable certainty.
9 longitudinal studies	JBİ cohort/longitudinal	Attrition; residual confounding	Stronger for temporal ordering.
28 analytical cross-sectional studies	JBİ analytical cross-sectional	Temporality; confounding	Supports association, not causal inference.
4 qualitative/mixed-methods studies	JBİ qualitative research	Incomplete reporting of reflexivity/transferability	Useful for context and programme needs, not effect estimates.

Risk and Protective Factors

Risk and protective factors repeatedly emerged from both family and school contexts. Parental neglect, authoritarian parenting, childhood adversity, and poorer family relationships were associated with bullying or cyberbullying involvement, whereas family cohesion and family caring appeared protective (Gan et al., 2023; Shah et al., 2021; Liu & Guo, 2024). At school, alienation and exclusion were associated with greater involvement, while school belonging and collective efficacy were protective conditions (Gan et al., 2022; Wang & Song, 2021). Indonesian studies additionally linked parenting, conformity, stress, internet use, and social-media patterns with bullying among junior-high students (Muhopilah et al., 2021; Juli et al., 2025; Borualogo et al., 2025). Self-esteem, moral disengagement, emotional intelligence, loneliness, and problematic internet use further indicated that risk operates across multiple levels. Because most analyses in this domain were cross-sectional, mediation and moderation findings should be interpreted as statistical association rather than evidence of causal mechanisms.

Mental-Health Consequences

Mental-health consequences were reported across multiple study designs. Cyberbullying was associated with suicidality in early adolescence (Arnon et al., 2022), and witnessing cyberbullying was linked with internalising symptoms and suicidal ideation (Doumas & Midgett, 2023). Other studies associated victimisation with depression, anxiety, stress, sleep disturbance, somatic complaints, self-harm, and non-suicidal self-injury (Chen et al., 2023; Levantini et al., 2023; Luo et al., 2026; Qiao et al., 2026). Longitudinal studies strengthened temporal interpretation: Garthe et al. (2023) linked early-adolescent cybervictimisation with subsequent changes in anxiety, depression, and social stress, while Ren et al. (2023) and Y. P. Bai et al. (2025) indicated that psychological symptoms and victimisation may influence one another over time. Measures and effect estimates varied across studies, so the findings were synthesised narratively rather than as a single pooled estimate.

School-Based Prevention

School prevention programmes used diverse approaches, including the Olweus Bullying Prevention Program, cooperative learning, digital and life-skills prevention, digital citizenship, theory-based counselling, STAC bystander training, anti-bullying education, grit training, Dating Matters, physical-activity approaches to bystander intervention, and social-emotional learning. Structured school programmes generally improved bullying-related outcomes, with the strongest evidence arising from cluster-randomised trials (Williams et al., 2023; Van Ryzin & Roeth, 2022; Vivolo-Kantor et al., 2021). Quasi-experimental studies provided additional evidence regarding feasibility, empathy, self-efficacy, defender behaviour, and social-emotional competence, but with lower certainty than randomised designs. Substantial variation in intervention components, comparators, outcomes, and follow-up duration prevented a defensible single pooled effect estimate.

Students' Perspectives

Table 2.
Summary of evidence domains and practical implications

Domain	Synthesised finding	Implication
Risk/protective factors	Parental neglect, authoritarian parenting, school alienation, and low support were associated with involvement; family cohesion and school belonging were generally protective.	Prevention should address family engagement and school climate.
Mental health	Depression, anxiety, stress, suicidality, self-harm/NSSI, and sleep problems repeatedly accompanied victimisation.	Bullying screening should be linked with mental-health assessment and referral.
Prevention	Structured school programmes, SEL, cooperative learning, digital citizenship, and bystander training showed benefit across several designs.	Multicomponent approaches are more consistently supported than a single isolated strategy.
Student perspective	Concerns about reporting, privacy, publicity/anonymity, and peer support shaped help-seeking.	Reporting pathways should be safe, clear, confidential, and youth-friendly.

Qualitative findings explained why prevention design should involve students. Some students viewed cyberbullying as serious but remained reluctant to report it to adults (Biernesser et al., 2023). Publicity and anonymity shaped how students understood cyberbullying (Menabò et al., 2026), while fear that a situation could worsen could inhibit help-seeking (Cameron et al., 2021). Ünal Çelik et al. (2026) similarly highlighted students' perceptions of peer bullying and their coping responses.

Table 3.

Middle-School Bullying: Review of Risk and Protective Factors, Mental Health, and Prevention

Author (country)	Purpose	Method / sample	Main outcome or focus
Williams et al. (2023); companion: Acevedo et al. (2025) (United States)	Evaluate interventions or prevention strategies among middle-school students.	Cluster-RCT; N=699; 14 middle schools	Digital/life-skills bullying prevention; bullying/cyberbullying outcomes
Sullivan et al. (2021) (United States)	Evaluate interventions or prevention strategies among middle-school students.	Multiple-baseline cluster experiment; N=2,755 students	Olweus Bullying Prevention Program
Van Ryzin & Roseth (2022) (United States)	Evaluate interventions or prevention strategies among middle-school students.	Cluster-RCT longitudinal; 15 schools; N=1,890	Cooperative learning, peer relations, empathy, bullying
Brandau et al. (2022) (United States)	Evaluate interventions or prevention strategies among middle-school students.	Pilot pre-post; middle-schoolers; N not reported in the accessible abstract	Digital citizenship knowledge/proximal prevention outcome
Demir & Küçük (2025) (Türkiye)	Evaluate interventions or prevention strategies among middle-school students.	Quasi-experimental; age 11-12; N=61	Theory-based bullying counseling
Arnon et al. (2022) (United States)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional; N=10,414; age 10-13	Cyberbullying and suicidality
Doumas & Midgett (2023) (United States)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional/SEM; N=130 middle school	Witnessing cyberbullying and suicidal ideation
Garthe et al. (2023) (United States)	Analyse associations between bullying and mental-health outcomes.	Longitudinal; N=272; early adolescence	Cybervictimization and internalizing outcomes
Ren et al. (2023) (China)	Analyse associations between bullying and mental-health outcomes.	4-wave longitudinal; N=1,911	Bullying victimization and depressive symptoms
Bai Y.P. et al. (2025) (China)	Analyse associations between bullying and mental-health outcomes.	2-wave longitudinal; N=1,260	Peer victimization, depression, anxiety, aggression
Dai et al. (2026) (China)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional; N=1,340 middle school	Bullying, depression, anxiety, stress
Luo et al. (2026) (China)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional; N=1,106; 3 middle schools	Bullying, depression, sleep disorders
Coyle et al. (2021) (United States)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional/LCA; N=799 middle school	Bullying roles/types and adjustment problems
Midgett et al. (2021) (United States)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional; grade 6	Witnessing/defending and internalizing symptoms
Ghardallou et al. (2024) (Tunisia)	Analyse risk or mental-health factors related to bullying.	Cross-sectional; N=1,111; 10 middle schools	Victimization, associated factors, mental health
Gan et al. (2023) (China)	Identify risk and/or protective factors related to bullying.	Cross-sectional/SEM; N=699 middle school	Parental neglect and cyberbullying
Gan et al. (2022) (China)	Identify risk and/or protective factors related to bullying.	Cross-sectional moderated mediation; N=575	School alienation, self-esteem, emotional intelligence
Shah et al. (2021) (United States)	Identify risk and/or protective factors related to bullying.	Cross-sectional; N=481; mean age 13.28	Family cohesion, school belongingness, bias-based bullying
Wang & Song (2021) (China)	Identify risk and/or protective factors related to bullying.	Cross-sectional; N=808; 3 middle schools	School culture, moral disengagement, collective efficacy
Muhopilah et al. (2021) (Indonesia)	Identify risk and/or protective factors related to bullying.	Cross-sectional/SEM; N=185 grade 8	Parenting, extraversion, conformity

Author (country)	Purpose	Method / sample	Main outcome or focus
Bai T. et al. (2025) (China)	Identify risk and/or protective factors related to bullying.	Cross-sectional serial mediation; N=1,327 junior high	Childhood abuse, bullying, self-esteem, peers
Gao et al. (2024) (China)	Identify risk and/or protective factors related to bullying.	Cross-sectional; N=17,729 middle school	Family, lifestyle, depression, internet addiction
Li et al. (2024) (China)	Identify risk and/or protective factors related to bullying.	Cross-sectional; 1.200 sampled; 1.134 valid; 4 junior highs	Academic/family/school factors
Xiao et al. (2025) (China)	Identify risk and/or protective factors related to bullying.	Cross-sectional/SEM; N=944 middle school; mean age 15.27	Family cohesion, support, self-esteem, cyberbullying
Biernesser et al. (2023) (United States)	Explore students' experiences, meanings, coping, or prevention needs.	Qualitative focus groups; N=46; age 11-14	Cyberbullying prevention and bystander perspectives
Menabò et al. (2026) (Italy)	Explore students' experiences, meanings, coping, or prevention needs.	Qualitative focus groups; N=220; age 11-13	Definitions, roles, coping in cyberbullying
Ünal Çelik et al. (2026) (Türkiye)	Explore students' experiences, meanings, coping, or prevention needs.	Qualitative descriptive interviews; N=27	Peer bullying perceptions and coping
Midgett, Peck, & Doumas (2025) (United States)	Evaluate interventions or prevention strategies among middle-school students.	Single-group pre/post; N=79 private middle school	STAC bystander training; victimization/perpetration decreased
Juli et al. (2025) (Indonesia)	Identify risk and/or protective factors related to bullying.	Cross-sectional; N=401 junior high	Predictors of bullying victimization
Borualogo et al. (2025) (Indonesia)	Identify risk and/or protective factors related to bullying.	Cross-sectional; N=768; 16 middle schools; age 12-16	PIU, stress, loneliness, social media, cyberbullying perpetration
Cameron, Stray, & Skreland (2021) (Norway)	Explore students' experiences, meanings, coping, or prevention needs.	Mixed-methods/open-ended survey; N=223 lower-secondary	Bullying experiences and help-seeking
Liu & Guo (2024) (China)	Identify risk and/or protective factors related to bullying.	Cross-sectional; N=705 junior high	Campus exclusion, callous-unemotional traits, family caring
Walters, Runell, & Kremser (2025) (United States)	Analyse longitudinal trajectories of victimisation and perpetration.	3-wave longitudinal; N=1,145; mean age 11.23	Victimization/perpetration trajectories
Movahedi et al. (2024) (Iran)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional/SEM; N=602 middle school	Cyberbullying, alexithymia, psychotic experiences
Qiao et al. (2026) (China)	Analyse associations between bullying and mental-health outcomes.	Longitudinal; N=1,917; mean age 13.46	Traditional+cybervictimization, NSSI, family/peer support
Jiang, Jin, & Yang (2025) (China)	Analyse risk or mental-health factors related to bullying.	Longitudinal; N=442; mean age 13.02; 6-month FU	Traditional victimization -> cyberbullying perpetration; anger rumination/self-control
Kang, Kang, & Kim (2021) (South Korea)	Identify risk and/or protective factors related to bullying.	Cross-sectional; N=2,590 first-grade middle school	Risk factors for cyberbullying perpetration
Levantini, Camodeca, & Iannello (2023) (Italy)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional; N=179 middle school; age 11-15	Bullying roles, alexithymia, somatic complaints
Peng et al. (2022) (China)	Evaluate interventions or prevention strategies among middle-school students.	Quasi-experimental pre/post control; N=319 grade 8	Educational bullying-prevention program
Wang et al. (2023) (China)	Evaluate interventions or prevention strategies among middle-school students.	Quasi-experimental; intervention N=163; control N=201	Six-week grit training; school bullying
Vivolo-Kantor et al. (2021) (United States)	Evaluate interventions or prevention strategies among middle-school students.	Cluster-RCT; 46 middle schools; analytic N=3,301	Dating Matters; bullying/cyberbullying secondary outcomes
Ben Fredj et al. (2023) (Tunisia)	Identify risk and/or protective factors related to bullying.	Cross-sectional; middle school; N=802	Psychological, parental, behavioral factors and bullying
Doumas & Midgett (2021) (United States)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional; N=146 middle school	Witnessing cyberbullying, depression, social anxiety
Richardson & Gunn (2024) (United States)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional; Black middle school adolescents	Bullying/cyberbullying and suicide-risk behaviors
Wright & Wachs (2025) (United States)	Analyse associations between bullying and mental-health outcomes.	Longitudinal; N=1,067 grade 7-8; mean age 13.93	Cyberbullying bystanding, depression, health complaints, self-harm
Wright (2024a) (China/United States)	Analyse associations between bullying and mental-health outcomes.	Longitudinal cross-cultural; T2 N=463 China +445 US; grade 8	Cyberbullying, depression, self-harm; parental mediation

Author (country)	Purpose	Method / sample	Main outcome or focus
	outcomes.		
Chen et al. (2023) (China)	Analyse associations between bullying and mental-health outcomes.	Cross-sectional; N=1,313 middle school; age 12-16	School bullying, academic stress, depression/anxiety, self-harm
Küçük & Eryılmaz Aydın (2026) (Türkiye)	Identify risk and/or protective factors related to bullying.	Cross-sectional; N=605 grades 5-8	Family relationships and peer bullying
Iordache et al. (2025) (Romania)	Analyse risk or mental-health factors related to bullying.	Cross-sectional; grades 5-8 middle schools	Prevalence and effects of bullying
Zhou, Chen, & Xiao (2026) (China)	Test a protective factor or intervention related to bullying.	Cross-sectional N=954 + 8-week intervention N=51	Physical exercise, self-efficacy, justice, bystander intervention
Coelho et al. (2026) (Portugal)	Evaluate interventions or prevention strategies among middle-school students.	Controlled longitudinal intervention; N=876 grades 7-8; 3 time points	SEL program; bullying roles and social-emotional competencies
Wright/Wachs U.S. school cohort (2023-2025)	Analyse associations between cyberbullying involvement and mental-health outcomes across companion reports.	Same U.S. school cohort across Wright & Wachs (2023), Wright (2024b), and Wright (2025); middle-school subgroup N=363 grades 6-8	Cyberbullying involvement, depression, social/parental/peer support; companion reports treated as one unique study

Note. The 55 eligible reports represented 52 unique studies. Acevedo et al. (2025) was a companion analysis of the Williams et al. (2023) trial. Wright & Wachs (2023), Wright (2024b), and Wright (2025) used the same U.S. school cohort and were counted as one unique study.

DISCUSSION

The updated synthesis included 52 unique studies and produced a consistent multilevel picture of bullying in early adolescence. Involvement reflected interactions among individual characteristics, family relationships, peer dynamics, school climate, and the digital environment rather than a single isolated risk factor (Shah et al., 2021; Gan et al., 2022, 2023; Liu & Guo, 2024). The most stable pattern across designs was the association between victimisation and mental-health problems. Cross-sectional evidence demonstrated broad links with psychological distress, while longitudinal studies suggested that victimisation and mental-health symptoms may influence one another over time (Garthe et al., 2023; Ren et al., 2023; Y. P. Bai et al., 2025). This distinction is important because it supports both screening for psychological consequences among victimised students and attention to pre-existing emotional vulnerability that may increase difficulties in peer relationships.

Cyberbullying adds dimensions that are not always present in face-to-face bullying, including publicity, possible anonymity, persistent content, and blurred boundaries between school and home. Qualitative findings showed that students were concerned about uncontrolled dissemination of content and loss of control over personal information (Biernesser et al., 2023; Cameron et al., 2021; Menabò et al., 2026). School policies should therefore address digital reporting, safe preservation of evidence, privacy and consent education, and clear communication with families in addition to conventional anti-bullying procedures.

Intervention studies indicate that structured school programmes can improve bullying-related outcomes, but the evidence does not justify identifying one programme as universally superior (Williams et al., 2023; Sullivan et al., 2021; Van Ryzin & Roseth, 2022; Vivolo-Kantor et al., 2021). Cluster-randomised trials provide stronger evidence of effects, whereas quasi-experimental studies add information about feasibility and mechanisms of change (Peng et al., 2022; Demir & Küçük, 2025; Midgett et al., 2025; Coelho et al., 2026). Differences in programme components, comparison conditions, measured outcomes, and follow-up periods require cautious interpretation across programmes. The convergence of findings nevertheless supports prevention that combines supportive school climate, social-emotional learning, family involvement, digital citizenship, and active bystander or defender roles rather than relying on a single-component response.

For practice, bullying assessment should be connected to mental-health assessment, especially when students present with depression, anxiety, sleep disturbance, social withdrawal, self-harm, or suicide

risk (Arnon et al., 2022; Chen et al., 2023; Richardson & Gunn, 2024; Qiao et al., 2026). School nurses, counsellors, teachers, and families can use a shared pathway for confidential reporting, psychological screening, safety assessment, referral, and follow-up. Student participation is important because willingness to seek help is shaped by privacy, fear of escalation, trust in adults, and perceived accessibility of support. These findings also support reporting pathways that are easy to understand, protect privacy, and connect students with appropriate peer, family, school, counselling, or health services.

This review has several strengths. Population criteria were applied more consistently, the evidence base was expanded through an additional search, companion reports were linked to prevent double counting, and risk of bias was appraised with design-appropriate tools. The combination of quantitative and qualitative studies also allowed findings to be interpreted in terms of association, temporal sequence, intervention effects, student experience, and implementation needs. Important limitations remain. The supplementary search did not include direct subscription-database exports from Web of Science or Scopus, so completeness of the evidence base should be interpreted with caution. Definitions of bullying, measurement instruments, outcomes, and follow-up durations were heterogeneous, which made a single meta-analysis inappropriate. In addition, many observational studies relied on self-report and cross-sectional designs, and for some paywalled articles appraisal relied on methodological information available in abstracts or metadata; unverifiable items were classified as unclear rather than assumed to be satisfied.

CONCLUSION

This review synthesised 55 eligible reports representing 52 unique studies. Bullying among middle-school or lower-secondary students was associated with interacting individual, family, peer, school, and digital factors, and victimisation was linked with a broad spectrum of mental-health problems. Structured school programmes showed benefit, while longitudinal studies suggested that some relationships may be bidirectional. Heterogeneity in designs and outcomes did not support a single pooled effect estimate. Taken together, the evidence indicates that prevention should be multilevel, combining a supportive school climate, social-emotional skills, family engagement, digital literacy, and strengthened bystander or defender participation.

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