



B.Sc. in Psychology Department

Department of Psychology

**Teacher and Peer Bullying and Impact on Victims' Mental
Health: Does Social Support Help?**

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Foreword

Submitted in partial fulfillment of the requirements of the BSc Psychology degree, Reykjavik University, this thesis is presented in the style of an article for submission to a peer-reviewed journal.

This thesis was completed in the Spring of 2022 and may therefore have been significantly impacted by the COVID-19 pandemic. The thesis and its findings should be viewed in light of that.

Abstract

The current study aimed to examine the relation between the mental health of those who have been bullied by teachers and peers in Icelandic schools. Social support from parents and friends was also investigated to see if receiving social support could have buffering effects on the negative consequences on mental health. Results indicated that bullying among teachers and peers had negative relations to victims' mental health. However, the findings showed that both parental and friend support had positive relations to the mental health of those who were bullied. Regression analysis was employed for peer bullying, but descriptive statistics were used to analyze teacher bullying. Further research is needed to examine the relations between social support and teacher bullying.

Keywords: peer bullying, teacher bullying, social support, mental health

Útdráttur

Markmið þessarar rannsóknar miðaði að því að kanna tengsl á milli einelti kennara og nemenda á andlega líðan fórnalamba í skólum á Íslandi. Félagslegur stuðningur frá foreldrum og vinum var einnig kannaður til að athuga hvort félagslegur stuðningur gæti minnkað neikvæð áhrif eineltis á andlega heilsu. Niðurstöður rannsóknarinnar gáfu til kynna að einelti af hálfu kennara og jafningja hefði neikvæð tengsl við andlega heilsu þolenda. Hins vegar bentu niðurstöðurnar til þess að stuðningur foreldra og vina hefði jákvæð tengsl við andlega heilsu þeirra sem urðu fyrir einelti. Aðhvarfsgreining var notuð til að greina einelti nemenda en til að athuga áhrif eineltis af hálfu kennara var notast við lýsandi tölfræði. Frekari rannsókn er þarfnast til að athuga tengsl á milli áhrifa félagslegs stuðnings og einelti kennara.

Lykilorð: jafningja einelti, einelti kennara, félagslegur stuðningur, andleg heilsa

Teacher and peer bullying and impact on victims' mental health: Does social support help?

Every year, millions of individuals are directly affected by the complex and varied problem of bullying (Volk et al., 2014). Nansel et al. (2004) explain that bullying is a global problem that happens every day in schools, where students are perpetrators or victims and, in some cases, both. However, teachers have also been reported bullying their students (Twemlow et al., 2006). Over the years, many studies have been conducted to examine bullying by peers and the variety of effects on the mental health of bullying victims. Yet, bullying by teachers has not been researched much (Blakeslee et al., 2021; Guo et al., 2020; Ringdal et al., 2020; Smith & Ananiadou, 2003; Twemlow et al., 2006; Zerillo & Osterman, 2011). American Psychological Association (n.d.) defines *bullying* as a pattern of threatening and violent, physical, or verbal behavior directed towards others. Primarily against individuals who are not as strong as the perpetrator, are smaller, younger, or in any way at more disadvantage. *Cyberbullying* is a more recent form of bullying and is a type of hostility that occurs over the internet via computers or smartphones (Smith et al., 2008). According to Smith and Ananiadou (2003), bullying has many different manifestations, but the main categories are verbal, physical, and social/relational exclusion.

Bullying among peers

Verbal bullying is defined as teasing, taunting (Smith & Ananiadou, 2003), giving nicknames, and mocking another person (Xu & Fang, 2021). Physical bullying is when an individual, e.g., hits, kicks, or takes belongings owned by another person (Smith & Ananiadou, 2003). According to Smith and Ananiadou (2003), relational bullying or social exclusion is when a person is ignored or socially rejected by a group of individuals, intentionally lied to, and rumors are spread about them.

Ringdal et al. (2020) found that bullying was more significantly linked to anxiety and depression than mental well-being when examining bullying, social support, and stress, related to school. The association between bullying and well-being was negative, although with minor effects. Ringdal and colleagues indicated that students who had not been bullied showed much lower levels of anxiety and depression than students who had experienced bullying. A couple of studies showed that girls seemed to experience lower self-esteem, and depression symptoms were higher when compared with boys (Chang et al., 2013; Guo et al., 2020; Perren et al., 2010; Ringdal et al., 2020). Results from Blakeslee et al.'s (2021) study concerning adolescent behavior, suicide, and bullying in high school demonstrated that compared to students who did not report suicidal risk behaviors, students who did show this behavior were more than three times likelier to have experienced bullying in school.

Bullying among teachers

Twemlow et al. (2006) defined *bullying by teachers* as teachers who abuse their authority to punish, control, or disparage a student in ways beyond what would be considered appropriate disciplinary procedures. According to their findings, 82% of teachers were reported by their coworkers to have bullied students. However, when teachers themselves were asked if they had ever done so, 45% of teachers declared that they had.

Students of teachers who bullied them, often experience bemusement, rage, anxiety, self-doubt, and serious concerns about their academic and social abilities. Those students are at the highest risk of poor academic adjustment and feel more agonized than their classmates. Likewise, students who a teacher has bullied experienced the most significant levels of somatization (Baier et al., 2019; McEvoy, 2005; Zerillo & Osterman, 2011). Some studies discovered that a teacher's personal experience with bullying was strongly linked to being bullied when a child and the tendency to bully students (Twemlow et al., 2006; Zerillo & Osterman, 2011). Lastly, Pottinger and Stair (2008) researched individuals' past bullying

experiences during their primary and high school years. They examined peer and teacher bullying and its effect on victims' mental health. When comparing results concerning those who were bullied by their teacher and those who were peer bullied, it was reported in 44.2% of the cases that the victim's worst experience was when the teacher was the perpetrator.

When teachers were the bullies, it most often included being humiliated, such as being teased and called offensive names, along with being beaten and disciplined unfairly. What appeared to be the most frequent indicator of emotional illness was being outcasted or excluded and, likewise, the only factor that predicted depression among girls along with suicidality, loss of trust, and PTSD. At the same time, it was a predictor for fighting response among boys.

According to Zerillo and Osterman (2011), there are limited studies on the long-term impacts of teacher bullying.

Social support

Although social support is shown to be protective for adolescents, little research has been done directly on its involvement in bullying (Holt & Espelage, 2007). In 2020, Hellfeldt et al. conducted research on social support and if it could buffer possible psychological effects on individuals involved in cyberbullying in any way. Those who were both a perpetrator and a victim reported depression highest of all, and their mental health was the lowest, along with family support. Concerning depressive symptoms, anxiety, and social support, the results showed that a more significant level of family and teacher support improved the likelihood of better mental health for victims of cyberbullying and for those who were both victims and perpetrators. The more support they got from family and teachers, the less likely those individuals would feel symptoms of depression and anxiety. Findings from Ringdal et al.'s (2020) study showed that support from family and friends had adverse and significant effects on anxiety and depression symptoms. Students who had been bullied but received parental- and friend support showed fewer depressive symptoms than those who received less support.

Guo et al. (2020) also revealed the last-mentioned result in their study. When parental and teacher support was examined, Connors-Burrow et al.'s (2009) result indicated that students reported fewer depression symptoms when parental support was high.

Bullying by teachers appears to have not been researched in Iceland yet, and peer bullying is still a remaining problem in schools. Therefore, this thesis aims to examine peer and teacher bullying and the possible adverse effects on the victim's mental health. Moreover, the aim was to investigate if parental and friend support acts to buffer negative effects on mental health.

Method

Participants

This study was conducted with two data sources; secondary survey data and original survey data. The secondary data was collected by The Icelandic Centre for Social Research and Analysis (ICSRA), while the researcher of the current study collected the original survey data. Participants included in the secondary data were 10,557 adolescents 13-15 years old in 8th – 10th grade. A cross-sectional population-based survey was conducted, and 2000 individuals were drawn randomly from this population sample for the present analyses, including 1094 girls and 1047 boys. The overall response rate nationwide was 86.0%. Those who attended school in February 2016 on the day the survey was issued to students could participate.

A cross-sectional survey was conducted in the original data collection, and participants were obtained using a targeted convenience sample. Participants were 82 females, 16 males, one who identified as nonbinary, and one who did not identify their gender. The age of the participants varied from 18-49 years or older, although most participants were aged 18 to 24.

Procedure

ICSRA conducted a cross-sectional population-based survey amongst Icelandic adolescents for the secondary data. Anonymous questionnaires were sent to every primary school in Iceland, where it was in the hands of the teachers to distribute the questionnaire to students according to pre-given instructions. Students were informed not to write any personal information on their questionnaires, such as name or id number, so it would not be possible to trace their answers back to them. Furthermore, students were asked to answer all the questions as well as they could, and if in need of help, ask their teacher. After answering the questions, students were to put the questionnaire into an unmarked envelope and give it to their teacher.

Regarding the original data collection, before the study began, the researcher completed an online application from The National Bioethics Committee of Iceland (NBC) to conduct the study. The Personal Protection Authority also reviewed the NBC proposal, which did not identify a need to request revisions. The NBC approved the study (reference number 22-056). SurveyMonkey was used to create and insert the survey, and after it had been published, participants could answer the questionnaire between March 29th and 7th of April. Individuals had to have access to the Internet, electrical devices, and either Facebook or an email to be able to answer the survey. The survey was published online in two closed Facebook groups and on the researcher's own personal Facebook page. A request for participation was sent to listservs by employees of Reykjavik University. Individuals 18 years and older who a teacher had bullied were asked to participate. An information letter and consent form appeared before the questions (see Appendix A) about the purpose of the study, how long it would take to answer the survey, and how the data and results would be used. It was made clear that participants were allowed to quit at any time without any consequences. Additionally, it was stated that no data was personally identifiable, and if any adverse effects would follow participation, they could contact a psychologist and get one appointment, free of charge. After having answered the questions,

participants were given the option if they were interested to send an email with only their email address to the researcher to have the ability to get an ISK 5.000 gift card. Two individuals had the opportunity to win. Furthermore, participants were informed that they would have to press a „submit the survey” button to submit the survey. Participants were then thanked for participating. Only two individuals applied to have the opportunity of winning a gift card, and therefore, there was no need to pick the winners randomly. When the survey had been available for ten days, it was closed for further answering.

Measures

Secondary data. In the secondary data collection, ICSRA used a detailed questionnaire made by professionals in sociology and psychology, which contained 88 questions. For the current study, 17 questions from the ICSRA questionnaire were used. The first three established participants' gender, year of birth, and grade, „What is your gender?” (0= *male*, 1= *female*), „What year were you born?” (1= 1999, 2 = 2000, 3 = 2001, 4 = 2002, 5 = 2003, 6 = 2004), and „What grade are you in” (1= 8th grade, 2= 9th grade, 3= 10th grade).”

Bullying. Bullying was evaluated with two questions. The first one asked the participants, “How often have you experienced the following 12 months” followed by a claim stating, “A whole group bullied you alone,” and “How often has this happened to you throughout life” following with the claim “You received a mean or hurtful message from an individual or a group.” Those two questions were answered on a 5-point scale ranging from 1 = (*Never*), 2 (*Once*), 3 (*Twice*), 4 (*3 - 4 times*), and 5 (*5 times or often*). A higher score indicated more frequent bullying.

Mental health. Mental health was measured with thirteen items from the SCL-90 outpatient rating scale by Derogatis et al. (1973). Three measured anxiety and ten items measured depression. The first question asked participants about anxiety, “How often were you aware of following malaise or discomfort the past week?” which was followed by three claims

that stated “Nervous,” “Sudden fear for no reason,” and “You were tense”. The following items asked about depression. “You were down or had little interest in doing things,” “You had little appetite,” “You cried easily or wanted to cry,” “You had difficulty falling to sleep and staying sleeping,” “You felt sad or blue,” “You were dispirited,” “You were lonely,” “You were not excited about doing anything,” “You had little energy and were slow,” “The future seemed hopeless” and, “You thought about ending your life.” The items were rated using a Likert scale (1 = *almost never* to 4 = *often*). A higher score indicated worse mental health.

Social support. Social support was measured for both friends and family separately. The main question used was “How easy or hard is it to get the following from your parents?” and when asking about peer social support, the same question was used, but “parents” was replaced by “friends” The following claims were then listed “Care and warm,” “Discussions about personal matters,” “Advice about school-related topics,” “Advice about other work-related matters” and “Help with multiple tasks.” Cronbach’s alpha for the parental support items was high ($\alpha = .89$). Cronbach’s alpha for friend support was ($\alpha = .88$). The question was answered on a Likert scale (1= *very difficult* to 4 = *very easy*). A higher score indicated better social support.

Primary data. An anonymous self-report questionnaire written in Icelandic was used for the original data collection. In the current study, six questions were used and the first two asked participants about their gender and age. “How do you define your gender?” (1= male, 2 = Female 3 = Nonbinary, 4 = I do not define my gender, 5 = Other), see Appendix B and “How old are you?” (1 = 18-24, 2 = 25-32, 3 = 33-40, 4 = 41-48, 5 = 49 years or older), (see Appendix B).

Bullying. Bullying was measured with three self-reported questions. Before further questions were asked, bullying was defined. “Bullying is often described as one or more individuals bullying another individual repeatedly, verbally, socially, or physically.

Cyberbullying also falls under this category and takes place via phones or computers. The act or conduct of the perpetrator often aims to humiliate, insult, injure and cause distress to the victim. Manifestation of bullying can be dubbing, spreading lies, kicking, punching, busting belongings, excluding the individual from being included, and humiliating the person in some way. Likewise, teacher bullying is explained as an abuse of power to punish, degrade, and control the student beyond what is considered an appropriate disciplinary procedure”.

Participants were then asked if they would assert a teacher had bullied them. “Based on the definition above, would you state that a teacher has bullied you?” the question was answered on a nominal scale and rated as (0 = *No*, 1 = *Yes*). If participants responded to that question negatively, they could not answer any further questions in the survey. Following that question, participants were asked about the frequency of the bullying “How often do you think you were bullied by a teacher per week?” the question was answered on a Likert scale (1 = *less than weekly* to 6 = *40 times or more*), see Appendix B.

The next question asked participants about the manifestation of the bullying by a teacher, “What were the most common manifestations of bullying on the part of teachers? (one or more) (please check all that apply). Following were 11 claims listed, for example, “I was called offensive names,” “I was discriminated (e.g., being punished for things other students got away with, not being allowed to do things others were allowed to do),” and “I was humiliated in front of other students.” (for more information on the items in the questionnaire, see Appendix B).

Mental health. Mental health was measured with two self-reported questions. One related to the effects that followed around that time the person was bullied, and participants were asked to select everything that applied to them. “How well did the following apply to you? (Please choose everything that applies)”, with 15 claims following “I became anxious,” “I became depressed,” and “I got nightmares” for the rest of the items, see Appendix B. The

other question asked participants about the long-term effects of bullying that they might be experiencing up to that day they answered the questionnaire, “What symptoms/impacts do you still have that came as a result of the bullying?” followed by ten claims, “I do not feel any impact/symptom,” “Anxiety,” and “Depression,” rest of the claims can be found in Appendix B.

Social support. Social support was measured by two questions, one for parental support and the other one for friend support. For parental support, participants were asked if they would claim they got support from their parents or guardians when the bullying was happening among teachers. “Would you claim that you received support from parents/guardians because of the bullying among a teacher while the bullying was happening?”. The same question was asked regarding friend support, with “friend” replaced for “parents/guardians.” Both questions were answered on a Likert scale (1 = *Strongly agree* to 5 = *Strongly disagree*).

Data Analysis

All data analyses were conducted in SPSS version 27 (IMB SPSS Statistics, for Microsoft). Linear regression was established for all the secondary data. The independent variable was bullying and gender as a dummy variable (0 = *male* and 1 = *female*). The dependent variable was mental health, and social support the control variable. For the secondary data, a computed variable was made for bullying, which included three items, however, skewness and kurtosis were too high, and therefore, the variance was not usable for Regression Analysis. As a result, individual items were used instead where the variance came out the best. The first item used was “A whole group bullied you alone,” which will be referred to as “school bullying” and “You received a mean or hurtful message from an individual or a group,” referred to as “cyberbullying.” Both questions that related to social support were recoded into the same

variable and changed, so the lower number indicated less support, and a higher number indicated more support (1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1).

For the primary data, descriptive statistics were analyzed. Social support for parental and friend support was likewise recoded into the same variable, in the same way, as was done for the secondary data.

Results

Descriptive analysis

Linear regression was employed. Separate models were run for school bullying and cyberbullying, and gender on anxiety and depression, both with and without social support, as a control variable.

For gender, the slope was 1.48, so in the regression model, females exerted 1.48 points higher score on the anxiety scale than males when accounting for other variables in the model ($b = 1.48, p < 0.001$). Bullying had a slope of .76 which indicated that when bullying increases by one, the anxiety value increases by .76, after taking account of other variables in the model (see Table 1). Results indicated that anxiety had a significant correlation to both gender and bullying, $F(2, 2005) = 148,58, p < .001$, and explained variance of 13% ($R^2 = .13$). For cyberbullying, linear regression was also employed to predict anxiety based on gender and cyberbullying. For gender, the slope was 1.28, which indicated that females had a 1.28 higher anxiety value than males regarding bullying when accounting for other variables in the model. Results were significant $F(2, 1976) = 237,830, p < .001$, with explained variance of 16 ($R^2 = .16$). When predicting depression, a linear regression was employed, and school bullying and gender were run. Gender had a slope of 2.94 and determined that females scored 2.94 points higher on the depression scale than males after taking into account other variables in the model ($b = 2.94, p < .001$). The slope for bullying was 1.73 and predicted that each time bullying increases by one, the dependent variable increases by 1.73. The results revealed that

depression had a significant correlation to both gender and school bullying, $F(2, 1976) = 237,83, p < .001$, with explained variance of 13% ($R^2 = .13$). When linear regression was employed for depression concerning gender and cyberbullying, the gender variable had a slope of 2.41 ($b = 2.41, p < .001$), and the slope for cyberbullying was 1.30 ($b = 1.30, p < .001$). The results showed a significant correlation, $F(2, 1979) = 237,830, p < .001$ with explained variance of 19% ($R^2 = .19$).

Linear regression was performed separately for parental and friend support to test if social support would buffer the anxiety symptoms (see Table 1). Both parental and friend support had buffering effects on anxiety. When parental support was added to the regression model on anxiety among school bullying and gender, the slope for bullying decreased from .76 to .60, and the explained variance increased from 13% to 19%. The slope for school bullying also decreased when friend support was inserted into the regression model on anxiety, from .76 to .66, while the explained variance increased from 13% to 15%. When regression was employed to predict anxiety concerning cyberbullying, gender, and parental support, the slope for bullying went down from .49 to .39, and the explained variance increased from 16% to 21%. The same was done again, but with friend support instead of parental support. Those results showed a decrease in the slope for cyberbullying, from .49 to .44, and an increase in the explained variance, 16% to 18%.

Table 1

Variable	Model 1				Model 2			
	B	S.E.	p	ΔR^2	B	S.E.	p	ΔR^2
Anxiety								
School bullying	.76	.08	<.001	.13	.60	.08	<.001	.19
Gender	1.48	.10	<.001	.13	1.49	.10	<.001	.19
Parental support					-.21	.02	<.001	.19
School bullying	.76	.08	<.001	.13	.66	.08	<.001	.15
Gender	1.48	.10	<.001	.13	1.61	.11	<.001	.15
Friend support					-.11	.02	<.001	.15

Cyberbullying	0.49	.04	<.001	.16	.39	.04	<.001	.21
Gender	1.28	.10	<.001	.16	1.33	.10	<.001	.21
Parental support					-.20	.02	<.001	.21
Cyberbullying	0.49	.04	<.001	.16	.44	.04	<.001	.18
Gender	1.28	.10	<.001	.16	1.44	.11	<.001	.18
Friend support					-.11	.02	<.001	.18

Note. Gender refers to males and females. Social support was inserted into model 2 as a control variable.

Linear regression was performed separately for parental and friend support to test if social support would buffer the depression symptoms. As shown in Table 2, when parental support was added to the regression with school bullying and gender, the slope for bullying decreased from 1.73 to 1.27, with the explained variance increasing from 13% to 26%. The slope for school bullying also reduced from 1.73 to 1.38 when friend support was inserted into the model. The explained variance increased from 13% to 17%. When regression was employed to predict depression concerning cyberbullying, gender, and parental support, the slope for bullying went down from 1.30 to 1.02, and the variance increased from 19% to 30%. For friend support, the same was done, but with “friend support” inserted instead of “parental support”. The results for that revealed a decrease in the slope for cyberbullying, which went from 1.30 to 1.18 but the explained variance increased from 19% to 24%.

Table 2

Variable	Model 1				Model 2			
	B	S.E.	p	ΔR^2	B	S.E.	p	ΔR^2
Depression								
School bullying	1.73	.17	<.001	.13	1.27	.16	<.001	.26
Gender	2.94	.22	<.001	.13	2.97	.20	<.001	.26
Parental support					-.63	.03	<.001	.26
School bullying	1.73	.17	<.001	.13	1.38	.17	<.001	.17
Gender	2.94	.22	<.001	.13	3.31	.22	<.001	.17
Friend support					-.34	.03	<.001	.17
Cyberbullying	1.30	.08	<.001	.19	1.02	.08	<.001	.30
Gender	2.41	.21	<.001	.19	2.56	.20	<.001	.30
Parental support					-.59	.03	<.001	.30
Cyberbullying	1.30	.08	<.001	.19	1.18	.08	<.001	.24
Gender	2.41	.21	<.001	.19	2.83	.22	<.001	.24
Friend support					-.33	.03	<.001	.24

Note. Gender refers to males and females. In model 2, social support was entered as a control variable and shows the difference after the variable was inserted.

Primary data

The overall response on the questionnaire was $N = 100$ with valid answers $n = 77$. Of all the individuals that answered the questionnaire, 77 participants answered that a teacher had bullied them positively (77%). The results revealed that when participants were asked about the frequency of the bullying per week, among teachers, approximately 19% reported being bullied fewer than weakly. Most participants answered being bullied 2-10 times per week (62%), and about 11% reported that they were bullied 11-19 times each week. The response rate was around 6% for the item that had 20-29 times as an answering option, and lastly, 3% reported having been bullied 40 times or more each week. A descriptive statistic table was composed to show the frequency of the manifestation of bullying by teachers (see Table 3). The descriptive statistics showed that the answering options with the two highest response

rates were that a teacher spoke demeaning to them (89%) and that the student was discriminated (82%).

Table 3

Results of the frequency of the manifestation

	N	%
I was called offensive names	58	89
I was discriminated	53	82
I was humiliated in front of other students	51	78
I was called names	28	43
Other	15	23
My appearance was made fun of	14	22
Insulting and hurtful things were said about my family	13	20
I was abused physically	9	14
My belongings were taken/ruined	4	6
My race was made fun of	2	3
My sexuality was made fun of	1	2

Note. n = 65. The table reflects the number and percentage of participants answering “yes” to each item.

A frequency table was made to establish the reported relations with the mental health of individuals that claimed a teacher bullied them. As shown in table 4, the most frequently reported consequences of bullying among teachers were anxiety (78%) and diminished self-esteem (77%). Only 4% said that the bullying did not affect them mentally.

Table 4

Relations to Mental Health

	N	%
I became anxious	51	78
My self-esteem diminished	50	77
I did not want to go to school or my attendance at school was poor	40	62
I became easily irritated	35	54
I became depressed	34	52
I had difficulty trusting others	32	49
I felt as if I was alone in the world	23	35
I became socially isolated	21	32
I had difficulty sleeping (falling asleep or staying sleeping)	21	32
I had suicidal thoughts	18	28
I had night terrors	16	25
I drank alcohol because I felt miserable	7	11
Other	6	9
The bullying did not affect me mentally	3	5
I used drugs because I felt miserable	1	2

Note. n = 65. These numbers and percentages reflect the reported impacts that participants experienced in relation to the bullying.

Another frequency table was made to show how many participants were experiencing the effects that bullying had on their mental health, at the time the questionnaire was answered for the current study (see Table 5). Table 5 shows that anxiety, depression, and low self-esteem were the long-term effects that most participants experienced.

Table 5

Relation to Long-term Effects on Mental Health

	N	%
Anxiety	37	57
Depression	30	46
I have low self-esteem	30	46
I have difficulty trusting others	27	42

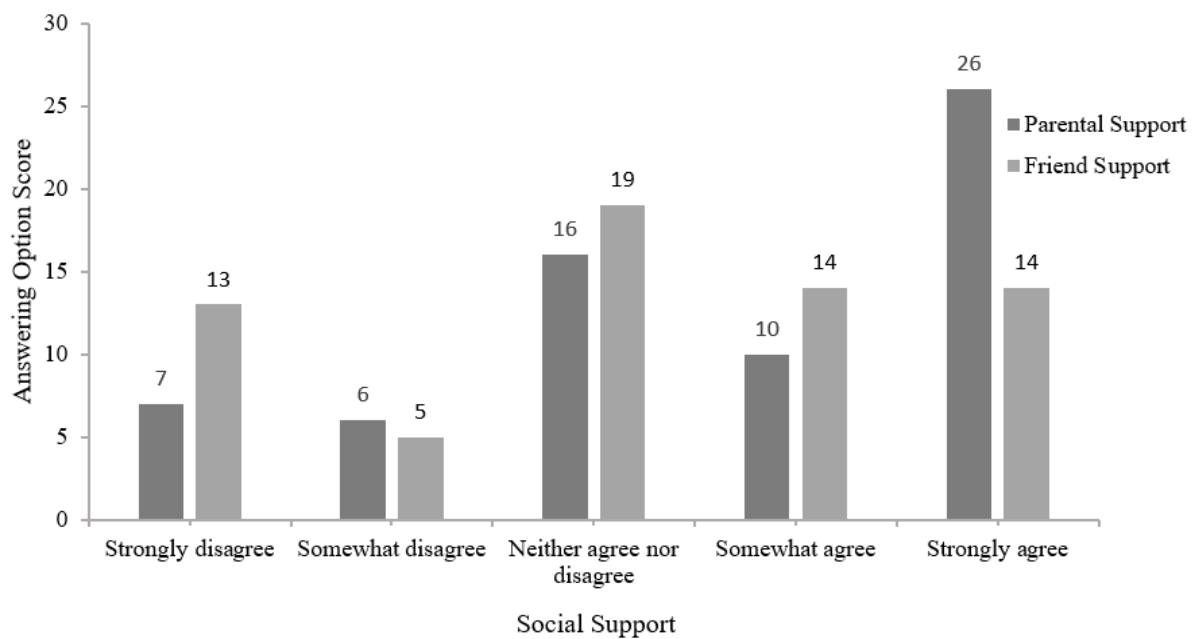
I avoid going to social gatherings	15	23
I do not feel any symptoms/effects	12	18
I am socially isolated	11	17
I have difficulty sleeping (falling asleep or staying asleep)	8	12
Other, what?	8	12
I get night terrors about the bullying	4	6

Note. n = 65. The table reflects the number and percentage of participants answering

“yes” to each item when asked about the impacts they still feel to this day.

Figure 1

Reported Parental and Friend Support from Victims of Teacher Bullying



Note. n = 65. The Figure reflects the total score of each answering option that participants answered applied to them.

Discussion

The aim of this study was to investigate the relationship between being bullied by teachers and/or students and mental health. Likewise, the goal was to see if social support

from parents and friends would decrease the negative effects that bullying had on victims' mental health. The result for the secondary data was consistent with the research questions that questioned if bullying had relations to mental health, and moreover, the results were statistically significant. Those results revealed that both bullying concepts, school bullying and cyberbullying, had negative relations to the mental health of the victims, with progressively increasing anxiety and depression symptoms in line with greater levels of bullying.

Because only depression and anxiety were investigated relating to mental health in the current study, no further speculations can be made on other impacts regarding this matter. It is also worth mentioning that other variables could have affected the results. These results are consistent with previous studies where bullying had negative relations to mental health, and depression and anxiety increased (Baier et al., 2019; McEvoy, 2005; Ringdal et al., 2020; Zerillo & Osterman, 2011). However, these results were inconsistent with one of the studies, where the results revealed that peer bullying was found to have no negative psychological consequences (Pottinger & Stair, 2008). This difference might be due to differences in measurements, the age of participants, or other factors. Social support from friends and parents had buffering effects on the relations between bullying and anxiety and depression regarding both bullying items, and therefore, it can be speculated that the more the social support increases for victims, the more the depression, and anxiety symptoms decrease. Parental support appeared to have greater buffering effects than friend support on school -and cyberbullying among peers but both variables were significantly correlated with the bullying items. This is consistent with some former research findings where social support from parents and friends showed buffering effects on depression and anxiety symptoms (Connor-Burrow et al., 2009; Hellfeldt et al., 2020; Ringdal et al., 2020).

Regarding the primary data that represented the manifestation of bullying by teachers, the results showed it most often included being humiliated and name called by a teacher. These results were in line with part of the findings from Pottinger and Stair (2008), where they reported the same most frequent manifestation, along with teasing, being beaten, and being disciplined unfairly. The results from the current study also revealed that a few students reported that they had been physically abused, but that was not among the most commonly reported manifestations. In addition, the results showed that bullying had adverse effects on most victims of teacher bullying in relation to their mental health. Both when it came to effects while the bullying was happening and long-term effects. It could be that those individuals that reported no effects on their mental health (5%) might have received good social support at the time the bullying was happening. Other factors might also have impacted this finding.

For social support, most participants claimed they very much agreed that they had received parental support at the time they were bullied by a teacher, however, no conclusion can be made from those results since the data was only analyzed with descriptive statistics. When participants were asked if they would claim that they received friend support, there were equally many answers for very much agree, pretty much agree, and very much disagree. Most individuals reported that they neither agreed nor disagreed. This could possibly mean that even though some students experienced little or no support from friends, parental support might have had positive effects instead. Furthermore, no studies were found that researched social support in relation to teacher bullying and as a result, these findings cannot be compared to other studies.

The current study had some limitations that are worth mentioning. The primary and secondary data were cross-sectional, and as a result, determining the causal direction of the relationship between the variables was not possible. Only females and males were included in

the sample for the secondary data, and therefore, other genders were excluded from the study. For the primary survey data, a convenience sample was used to collect participants rendering generalizability from the results inapplicable, and likewise, the gender division was uneven since most participants identified as females.

Despite these limitations, these results suggest several theoretical and practical implications from this study. Peer bullying has been researched quite much both worldwide and within the Icelandic school community, however, bullying among teachers toward students has not been researched much overall, and not at all in Iceland. As a result, the benefit of this research is that it illuminates both peer and teacher bullying within the Icelandic school system. Furthermore, there appears to be little or no research on social support and its impact on the mental health of those bullied by teachers. School authorities could take benefit from the findings and review protocols within their schools regarding peer bullying, with the addition of informing students where to seek help from within the schools when they may feel that a teacher is bullying them. Likewise, it is crucial that teachers and other employees are thought effective ways from experts on how to respond and act to peer bullying and furthermore, how those in charge in schools should react to teacher bullying.

For future studies, it would be recommended to conduct a long-term study to analyze the long-term consequences on the mental health of those who have been bullied by teachers, peers, or both. In addition to that, it would be recommended to include parents, friends, and peers after the victims have shared their bullying experiences to compare and analyze the findings. Likewise, it is important to study this subject with a focus on LGBTQ+ individuals as well as other genders than just males and females since most studies investigate this in relation to females and males.

To summarize the findings of the study, the results from the current study were all significant and revealed that peer and teacher bullying had negative relations to the mental

health of victims. Among the various effects reported by participants, anxiety, depression, and low self-esteem were the most frequent ones. Both parental and friend support had positive relations to the mental health of those who were bullied. The findings of the current study were in line with results from most other studies.

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Appendix A

Informed consent

Þessi könnun er hluti af B.S.c lokaverkefni Öldu Marínar Ómarsdóttur, útskriftarnema í Sálfræðideild við Háskólann í Reykjavík. Vísindasiðanefnd hefur samþykkt rannsóknina.

Rannsóknin ber heitið „*Einelti af hálfu kennara og nemenda og áhrif þess á andlega líðan fórnarlamba: Hjálpar félagslegur stuðningur?*” og er tilgangur hennar að kanna áhrif eineltis af hálfu kennara á andlega líðan þeirra sem hafa orðið fyrir því. Einstaklingar sem hafa náð 18 ára aldri og hafa orðið fyrir einelti af hálfu kennara geta tekið þátt í rannsókninni. Þátttaka er valkvæð og þér er heimilt að hætta þátttöku hvenær sem er, án nokkurra áhrifa eða afleiðinga. Svör þín eru einkamál og engin gögn eru persónugreinanleg, það er því ekki hægt að rekja tiltekin svör til þín. Gert er ráð fyrir að þátttaka taki um 10-15 mínútur. Vinsamlegast svaraðu spurningalistanum eftir bestu getu.

Þátttaka gæti valdið vanlíðan eða vakið erfiðar minningar.

Upplýst samþykki fyrir þátttöku

Ég hef lesið ofangreinda lýsingu á rannsókninni og geri mér grein fyrir skilyrðum þátttöku minnar og notkun gagna.

Ef frekari spurningar vakna varðandi rannsóknina er hægt að hafa samband í gegnum tölvupóst:

Alda19@ru.is (rannsakandi)

Appendix B

Questionnaire

1. **Hvernig skilgreinir þú kyn þitt?**
 - a) Kvenkyn
 - b) Karlkyn
 - c) Kynsegin
 - d) Ég skilgreini ekki kyn mitt
 - e) Annað, _____

2. **Hver er aldur þinn?**
 - a) 18-24
 - b) 25-32
 - c) 33-40
 - d) 41-48
 - e) 49 ára eða eldri

Einelti er gjarnan skilgreint á þann hátt að einn eða fleiri níðast á öðrum einstaklingi ítrekað, andlega, félagslega eða líkamlega (oftar en einu sinni). Stafrænt einelti (e. cyberbullying) fellur líka hér undir og á sér stað í gegnum síma eða tölvur. Athöfnin eða hegðun geranda hefur oft það að markmiði að niðurlægja, níðast á, særa og valda vanlíðan hjá fórnarlambinu. Birtingarmynd eineltis getur verið að uppnefna, dreifa lygasögum, sparka í, kýla, skemma eitur, útiloka einstaklingin frá því að vera með öðrum og niðurlægja viðkomandi á einhvern hátt. Einnig, er einelti af hálfu kennara gjarnan útskýrt sem mistnotkun á valdi til að refsa, lítillækka og stjórna nemanda umfram það sem telst viðeigandi agæfari.

3. **Út frá skilgreiningunni hér að ofan, telur þú þig hafa orðið fyrir einelti af hálfu kennara?**
 - a) Já
 - b) Nei

4. **Hversu oft telur þú þig hafa orðið fyrir einelti af hálfu kennara í hverri viku?**
 - a) Sjaldnar en vikulega
 - b) 2 – 10 sinnum
 - c) 11 – 19 sinnum
 - d) 20 - 29 sinnum
 - e) 30- 39 sinnum
 - f) 40 sinnum eða oftar

5. **Hverjar voru algengustu birtingamyndir eineltisins af hálfu kennara (eins eða fleiri) (vinsamlegast merkið við allt sem við á)**

- a) Ég var uppnefnd/ur
- b) Mér var mismunað (t.d. að vera skammaður/skömmuð fyrir hluti sem aðrir nemendur komust upp með, mega ekki gera hluti sem aðrir máttu gera)
- c) Ég varð fyrir líkamlegu ofbeldi
- d) Eigur mínar voru teknar/skemmdar
- e) Ég var niðurlægð/ur fyrir framan aðra nemendur
- f) Það var talað niðrandi til mín
- g) Það var gert var grín af útliti mínu
- h) Það var gert grín af kynhneigð minni
- i) Það var gert var grín af kynþætti mínum
- j) Móðgandi og særandi hlutir voru sagðir um fjölskyldumeðlim
- k) Annað _____

6. **Hversu vel átti eftirfarandi við um þig? (Vinsamlegast merkið við allt sem við á)**

- a) Ég varð kvíðin
- b) Ég varð þunglynd/ur
- c) Ég fékk martraðir
- d) Sjálfsálit mitt minnkaði
- e) Ég vildi ekki mæta í skólann eða mætti illa í skólann
- f) Ég átti erfitt með svefn (að sofna eða að halda svefni yfir nóttina)
- g) Ég fékk sjálfvígsg hugsanir
- h) Það var auðvelt að pirra mig
- i) Mér fannst ég ein/einn í heiminum
- j) Ég einangraðist félagslega
- k) Ég átti erfitt með að treysta öðrum
- l) Ég leitaði í áfengi vegna vanlíðan
- m) Ég leitaði í fíkniefni vegna vanlíðan
- n) Eineltið hafði engin áhrif á mig andlega
- o) Annað, hvað? _____

7. **Hvaða áhrifum/einkennum finnur þú fyrir enn þann dag í dag, sem komu í kjölfar eineltisins?**

- a) Ég finn ekki fyrir áhrifum/einkennum
- b) Kvíða
- c) Þunglyndi
- d) Ég fæ martraðir um eineltið
- e) Ég á erfitt með svefn (að sofna eða halda svefni)
- f) Ég er með lágt sjálfsálit
- g) Ég á erfitt með að treysta öðrum
- h) Ég forðast að fara á samkomur
- i) Ég er félagslega einangruð/einangraður
- j) Annað, hvað? _____

8. **Telur þú að þú hafir fengið stuðning frá foreldrum/forráðarmönnum þínum vegna eineltis kennara á þeim tíma þegar eineltið átti sér stað?**

- a) Mjög sammála

- b) Fremur sammála
- c) Hvorki sammála né ósammála
- d) Fremur ósammála
- e) Mjög ósammála

9. **Telur þú að þú hafir fengið stuðning frá vini/vinum þínum vegna eineltis kennara á þeim tíma þegar eineltið átti sér stað?**

- a) Mjög sammála
- b) Frekar sammála
- c) Hvorki sammála né ósammála
- d) Fremur ósammála
- e) Mjög ósammála