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**RESEARCH PAPER**

## **The Mediating Role of Resilience in the Relationship between Bullying and Mental Health among University Students**

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**ABSTRACT**

Bullying is a chronic psychosocial issue that persistently undermines the psychological welfare of students in higher education institutions. This study examined the association between bullying and mental health outcomes among university students, with resilience tested as a mediating factor. A quantitative cross-sectional correlational design was employed, using a sample of 400 undergraduate and postgraduate students from a private university in Pakistan selected through purposive sampling. Standardized self-report measures were administered to assess bullying experiences, resilience, and mental health outcomes. Data were analyzed using descriptive statistics, Pearson correlation, and regression-based mediation analysis in SPSS. Findings indicated that bullying had a significant negative impact on mental health outcomes, meaning higher bullying exposure was linked with worse psychological health. Bullying was also significantly associated with lower resilience, whereas resilience showed a positive association with better mental health outcomes. Mediation results confirmed that resilience significantly and partially mediated the relationship between bullying and mental health. The study recommends implementing resilience-building programs, anti-bullying policies, and accessible mental health support services in universities.

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**KEYWORDS** Bullying, Resilience, Mental Health Outcomes, University Students, Mediation Analysis

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**Introduction**

Bullying can be identified as a severe psychosocial issue that goes beyond primary and secondary education into higher education institutions where it still has an impact on the psychological well-being and adaptation of students (Olweus, 2013; Husky et al., 2020). There are several developmental stressors such as academic stress, identity formation, and social transitions that expose university students to the psychological effects of bullying experiences (Hawker and Boulton, 2000). According to research, bullying in young adulthood can have the same or even worse impact as that of adolescence, especially when it is prolonged or untreated (Takizawa et al., 2014).

Bullying in educational institutions is both under-explored and under-reported in developing nations like Pakistan, in part because of the social stigmatization of mental health issues and the unavailability of psychological support provision (Pengpid & Peltzer, 2019; Sheikh et al., 2022). The cultural traditions focused on patience and restraint of emotions can also add to the unwillingness of the students to share their experiences of victimization, thus predisposing them to the negative consequences of mental health (Gini et al., 2018). It is thus important to identify the psychological processes that

determine the reaction of the students to bullying so that they can be used to inform effective intervention in higher institutions of learning.

### **Bullying in Higher Education**

Bullying is an act of repetitive aggression that is characterized by an imbalance of power between the offender and a victim and which may occur in physical, verbal, relational, or cyber forms (Olweus, 2013). In the context of the university, bullying is usually expressed in mild and indirect forms, including verbal harassment, social exclusion, gossiping, and online bullies, so it is hard to detect and solve the problem (Kowalski et al., 2014; Aurangzeb et al., 2024). It has also extended the boundaries of bullying because of the rising usage of digital platforms to ensure that harassment is no longer confined to physical space and time (Donnon & Hammond, 2007).

The existing evidence indicates that a large percentage of university students report instances of being bullied or victimized, meaning that institutions of higher learning are not immune to aggressive peer interactions (Husky et al., 2020; Imran et al., 2024). The prevalence of bullying within such environments may affect the sense of safety, belonging, and interest in studying in a negative way, thus having a negative toll on the psychological health and performance of the students (Espelage & Holt, 2013). The effects are especially worrying in such situations where prevention and psychological support at the institutional level are minimal.

### **Mental Health Outcomes Associated with Bullying**

Bullying has always been closely associated with numerous adverse mental health consequences, such as depression, anxiety, emotional suffering, and lower psychological well-being (Hawker and Boulton, 2000; Takizawa et al., 2014). Bullied victims claim that they experience constant sadness, fear, helplessness, and low self-esteem that can affect the normal functioning of the body and academic success (Gini et al., 2018). It has also been found to be exposed to bullying with a high risk of post-traumatic stress symptoms and suicidal thoughts (Holt et al., 2016).

The research shows that psychological effects of bullying may continue into adulthood, which influences long-term mental health, interpersonal relationships, and occupational functioning (Takizawa et al., 2014; Taqi et al., 2022). Specifically, cyberbullying is singled out as a powerful predictor of psychological distress because of its ubiquitous and anonymous quality, which heightens humiliation and the inability to do anything (Kowalski et al., 2014; Haq & Khan, 2024). These two findings bring into focus bullying as a critical issue in the health of the population that needs to be systematically researched, particularly in vulnerable groups like university students.

### **Variability in Psychological Outcomes of Bullying**

Although the relationship between bullying and poor mental health is well-documented, not all victims of bullying develop severe psychological problems (Fergus & Zimmerman, 2005). The studies indicate that there is a high range of psychological outcomes, and some students can exhibit adaptive functioning despite having experienced repeated victimization (Masten and Reed, 2002). This inconsistency demonstrates the existence of protective elements that can moderate the adverse effect of bullying on mental health.

The need to identify aspects that clarify why certain people better manage their experiences of being bullied has taken center stage in psychological research (Luthar et al., 2000; Shah et al., 2025). The knowledge of these protective mechanisms is especially relevant to developing interventions that are not based on the reduction of risk, instead of the psychological establishment, strengths and adaptive abilities in the affected individuals.

### **Concept and Role of Resilience**

Resilience is widely understood as the ability to respond beneficially and rebound in case of adversity, stress, or trauma, and is theorized as a dynamic process instead of a personality trait (Masten and Reed, 2002). It includes emotional control, cognitive flexibility, problem-solving skills and availability of supportive social networks (Luthar et al., 2000; Kayani et al., 2023). Higher resilient people will be able to cope with stressors and will be psychologically well-adjusted in the event of adverse experiences (Fergus and Zimmerman, 2005).

In the light of bullying, resilience has been perceived as a crucial psychological resource that can help individuals to avoid the emergence of severe problems related to mental health (Sapouna & Wolke, 2013). Stronger people tend to use adaptive coping mechanisms, redefine negative experiences and seek social support, thus lessening emotional victimization stress (Hunter et al., 2007).

### **Resilience and Mental Health Outcomes**

An increasing body of literature has shown that resilience is positively associated with mental health outcomes, and greater resilience is associated with reduced levels of depression, anxiety, and psychological distress (Fergus and Zimmerman, 2005; Compas et al., 2017). It has been demonstrated that resilience improves emotional regulation and stress control that are necessary in sustaining psychological health in circumstances that are characterized by chronic stress (Masten and Reed, 2002).

Resilience has been found to predict greater academic adaptation, emotional stability and overall well-being in college or university students despite the presence of major stressors like bullying (Sapouna & Wolke, 2013; Shabbir et al., 2021). These results indicate that resilience can be a key factor that determines the way students react to unfavorable interpersonal events in the context of higher education.

### **Resilience as a Mediating Mechanism**

In addition to its direct relationship with mental health, resilience has been explored as a mediating process that is used to explain the effect of exposure to stressful factors like bullying on the psychological consequences (Fergus & Zimmerman, 2005). Mediation hypotheses suggest that bullying can degrade resilience through disrupting emotional resources and coping abilities and consequently make one susceptible to mental disorders (Agnew, 2012; Hamid & Abbas, 2025).

Experimental data show that victimization is also related to psychological distress, partly due to the fact that people who experience bullying tend to have lower resilience (Sapouna & Wolke, 2013; Khan & Khan, 2020). In contrast to this, people with higher resilience levels who are exposed to bullying are also less likely to report having mental health problems, which justifies the stress-buffering role of resilience (Masten and Reed, 2002). The analysis of resilience as a mediating variable would help us have a more

detailed explanation of the psychological mechanisms behind the bullying-mental health correlation.

Despite the fact that past studies had found strong relationships between bullying and negative mental health consequences, little focus has been directed on the underlying psychological mechanisms that might explain the relationship between the two, especially in the context of universities (Husky et al., 2020). Previous research has tended to study adolescents or samples in schools, and thus the sample of young adults in tertiary education is under-represented in the literature (Takizawa et al., 2014). Besides, resilience has often been considered as a moderating or outcome variable but not as an intervening mechanism between bullying and mental health (Fergus & Zimmerman, 2005).

Empirical studies on bullying, resilience, and mental health among university students are still limited in the Pakistani context, although there is an increasing interest in the well-being of students and the insufficient mental health resources (Pengpid & Peltzer, 2019; Arooj et al., 2025). This gap needs to be addressed to come up with culturally relevant and evidence-based interventions. Thus, the current research intends to analyze resilience as an intermediary of the connection between bullying and mental health outcomes in the university population to add to the literature on the topic by elucidating the psychological processes and informing the interventions in the context of higher education.

## **Literature Review**

The current research is grounded in theoretical viewpoints that define bullying as a persistent psychosocial stressor with profound mental health impacts. Bullies are people who were involved in aggressive behavior with high-levels of power imbalance; the dynamics, in its turn, have a negative effect on the regulation of emotions, self-concept, and stability (Olweus, 2013; Hawker and Boulton, 2000). The stress models assume that people become psychologically vulnerable in response to continuous exposure to interpersonal stressors, thus precipitating the development of mental illness effects, including depression, anxiety, and emotional distress (Takizawa et al., 2014).

General Strain Theory offers an effective explanatory model of the psychological implications of bullying because it describes victimization as a strain that results in negative affective conditions, such as anger, fear, and sadness (Agnew, 2012). When people are in a state of being strained repeatedly and without sufficient coping means, the chances of unhealthy mental health outcomes are high. In this context, personal psychological resources are an important factor that defines the way people react to stressors in the form of bullying.

The theory of resilience also describes individual variations in responses to adversity in terms of psychology. The concept of resilience can be defined as the ability to adjust in a positive way and to overcome stress or trauma so that the individuals can continue to be psychologically functional even after being exposed to negative events (Luthar et al., 2000; Masten and Reed, 2002). Strong people have a better chance to use coping adaptive mechanisms, to manage emotions better, and to find social support, thus minimizing the adverse effects of stress on mental health (Fergus and Zimmerman, 2005).

By combining these views, the current study will adopt the assumption that bullying has direct effects on mental health outcomes by causing strain in the

psychological life of an individual, and indirect effects on mental health as a result of the effects bullying has on resilience. Bullying should affect resilience by weakening the emotional and coping resources, thereby making one more vulnerable to mental health issues. On the contrary, the greater resilience will be able to mitigate the negative impact of bullying and lead to improved mental health outcomes. This combination of theoretical frameworks offers the platform for investigating resilience as a mediating factor in the association between bullying and mental health in university students.

Based on the literature review, the following hypotheses were formulated:

**H1:** Bullying experiences will be significantly negatively associated with mental health outcomes among university students.

**H2:** Bullying experiences will be significantly negatively associated with resilience among university students.

**H3:** Resilience will be significantly positively associated with mental health outcomes among university students.

**H4:** Resilience will significantly mediate the relationship between bullying experiences and mental health outcomes among university students.

## Methodology

The research employed a correlational, cross-sectional quantitative research design to assess the association between bullying and mental health outcomes and to investigate the mediating effect of resilience among university students. A correlational approach was deemed fitting since the proposed study was to determine the strength and direction of the relationship between variables under no manipulation, yet mediation analysis was able to determine both direct and indirect influences within the hypothesized theoretical framework.

The participants of the study were undergraduate and postgraduate students studying at Riphah International University, Faisalabad campus. The purposive sampling technique was used to select a total of 400 students who were all eligible to participate in the study subjected to the inclusion criteria. The participants had an age of 18-30 years and were currently enrolled in the university during the time the data was taken. Students who have a known severe psychiatric disorder diagnosis or those who failed to give informed consent were not included in the study. The sample size was deemed to be satisfactory so as to have adequate statistical power to mediate and perform regression-based processes.

The measures of bullying experiences, resilience, and mental health outcomes were measured with the help of standardized self-report measures and collected data. Bullying was determined with the help of the Student Aggression and Victimization Questionnaire that evaluates situations of aggression and victimization of various types, including physical, verbal, relational, and cyber bullying. The Connor-Davidson resilience scale (CD-RISC) was used to measure resilience, as the questionnaire assesses how individuals perceive themselves in terms of coping with stress, coping with change and resilience to adversity. Mental health outcomes were evaluated with the help of a standardized mental health measure, which comprises the overall psychological well-being and emotional functioning. The instruments utilized in the study exhibited

acceptable psychometric characteristics and have been extensively applied in earlier studies.

All participants were informed about the purpose of the study and encouraged to be cooperative. They were reassured that they can withdraw from the research at any time. All the participants were provided with informed consent before they were administered the questionnaires. The protection of confidentiality and anonymity was provided through the use of codes of responses and the storage of information. The questionnaires were filled in one session, and directions were given to the respondents to assess the questions and understand them well.

The analysis of data was done using IBM SPSS (Version 26). Data screening on missing values and outliers was carried out first, followed by descriptive statistics to summarize demographic characteristics and study variables. Cronbach's alpha coefficients were used to determine the reliability of the instruments through the use of reliability analyses. Pearson correlation coefficients were also calculated to test the relationships between bullying, resilience and mental health outcomes.

In order to test the mediating effect of resilience, mediation analysis was performed through regression analysis using the PROCESS macro. The analysis entailed the review of the direct impact of bullying on mental health outcomes, the impact of bullying on resilience and the impact of resilience on mental health outcomes when the effects of bullying were controlled. A test of mediation was strong because bootstrapping with 5,000 resamples was used to estimate the indirect effect as well as to produce confidence intervals. The level of statistical significance was set at the .05 level.

## Results and Discussion

This section presents statistical findings regarding the relationship between bullying, resilience, and mental health among university students. The hypotheses proposed were tested using descriptive statistics, correlation analysis and regression-based mediation analysis. All the analyses were conducted with the IBM SPSS (Version 26) and the level of statistical significance assessed at the .05 level.

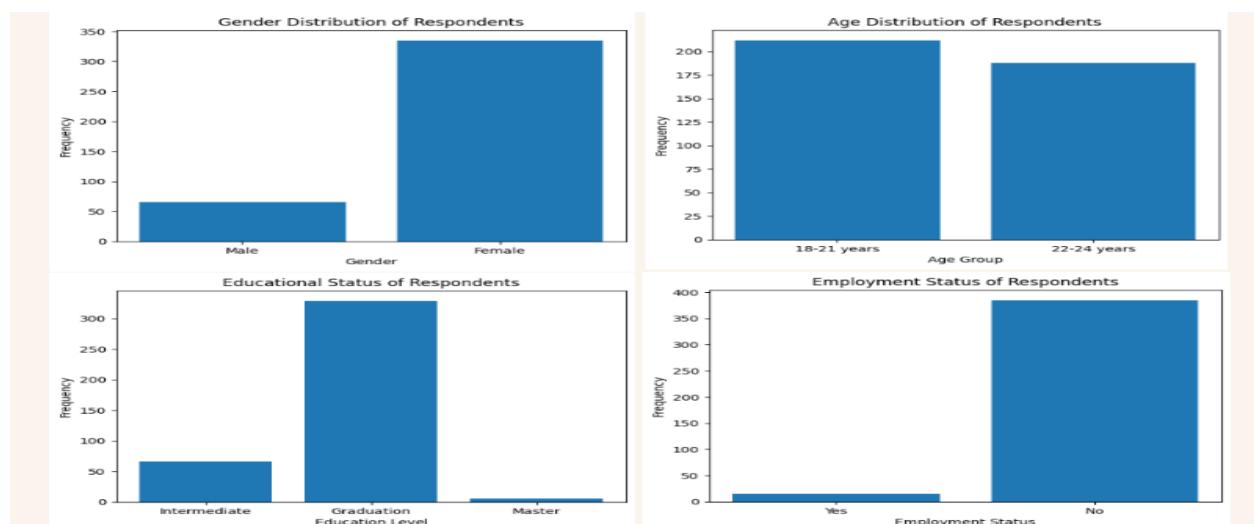


Figure 1: Demographic characteristics

The demographics show that most of the respondents were women (83.8%), with the male participants making a lower percentage of the sample (16.2%). Regarding age, the respondents under the age 1821 years group of 53.0 was slightly higher, with the other respondents making up 47.0 covering the age bracket 2224 years of university, and so on. Regarding the education level, the majority of the respondents were at the graduation level (82.3%), then there were those with the intermediate level (16.5%), and a very low percentage were at the master level of education (1.3%). Also, most of the sample (96.204) was comprised of unemployed students and a few were employed (3.804). In general, the demographic picture indicates that the sample was mainly represented by young, full-time, and undergraduate students at universities.

### Descriptive Statistics and Reliability Analysis

Reliability analyses were performed before hypothesis testing because the instruments used in the study had to be evaluated on internal consistency. The findings revealed that all the measures had high reliability, thus supporting the appropriateness of all the measures to the target population. Cronbach's alpha reported in the Connor Davidson Resilience Scale was .89, and the Aggression Questionnaire had Cronbach's alpha of .93, which implies high levels of internal consistency.

**Table 1**  
**Reliability Statistics of Study Instruments**

Scale	Number of Items	Cronbach's Alpha
Connor-Davidson Resilience Scale	22	.89
Aggression Questionnaire	29	.93

The coefficients of reliability are high, indicating that the items of each scale had a consistent tendency to measure the constructs and could be utilized in further analysis.

**Table 2**  
**Descriptive Statistics of Study Variables (N = 400)**

Variable	Mean	Standard Deviation	Range
Resilience	66.90	14.30	22-100
Aggression (Bullying)	93.95	23.44	36-137
Physical Aggression	31.25	10.05	9-45
Verbal Aggression	17.01	6.04	4-25
Anger	24.29	7.71	3-35
Hostility	21.41	5.27	9-41

Descriptive statistics were calculated in order to describe the distribution of the variables of the study. The resultant resilience score of the sample mean was 66.90 (SD = 14.30), which shows that the participants had a moderate level of resilience. The overall mean measure of aggression was 93.95 (SD = 23.44), which indicates that there was a difference in the experience of bullying among the sample. Further demonstrations of the distribution of bullying-related behaviors are subscale means on physical aggression (M = 31.25, SD = 10.05), verbal aggression (M = 17.01, SD = 6.04), anger (M = 24.29, SD = 7.71) and hostility (M = 21.41, SD = 5.27).

**Table 3**  
**Correlation Matrix of Study Variables (N = 400)**

Variable	1	2	3	4	5	6
1. Resilience	1					
2. Aggression	.14**	1				
3. Physical Aggression	.15**	.93**	1			
4. Verbal Aggression	.15**	.89**	.81**	1		

5. Anger	.16**	.91**	.82**	.77**	1
6. Hostility	-.06	.33**	.08	.12*	.13**

**Note.** p < .05, p < .01.

To analyze the relationships between bullying, resilience and the variables related to mental health, Pearson correlation was used. The findings showed that bullying was largely related to resilience and its dimensions. General aggression was positively correlated with physical aggression ( $r = .93$ ,  $p < .01$ ), verbal aggression ( $r = .89$ ,  $p < .01$ ), anger ( $r = .91$ ,  $p < .01$ ), and hostility ( $r = .33$ ,  $p < .01$ ), which means that there was a high degree of internal coherence between bullying-related behaviors.

Resilience showed strong correlations with variables related to aggression, which proves the assumption that bullying experiences are connected to psychological coping ability. These results were some of the preliminary evidence that supported hypothesized relationships and provided reasons to conduct additional regression-based analyses.

**Table 4**

**Mediation Analysis: Resilience as a Mediator between Bullying and Mental Health**

Path	$\beta$	p-value	Hypothesis Decision
Bullying → Mental Health	-0.54	< .001	H1 Accepted
Bullying → Resilience	Significant	< .05	H2 Accepted
Resilience → Mental Health	0.47	< .001	H3 Accepted
Indirect Effect (Bullying → Resilience → Mental Health)	-0.19	< .004	H4 Accepted

The hypotheses were tested using regression-based mediation analysis. Primarily, the primary influence that bullying exerts on mental health was scrutinized. The results revealed that there was a significant negative effect on the social, emotional, and psychological effects ( $\beta = -0.54$ ,  $p = .001$ )

After this, the association of bullying and coping was examined in the population. The investigation revealed that bullying was predictive of resilience stress, such that the more the bullying, the less the resistance to psychological instability. This provides some evidence in favor of Hypothesis 2.

But the most striking one of the findings is that, resistance remains as a significant predictor for those with positive mental health outcomes ( $= 0.47$ ,  $p = .001$ ). The cognitive domain of the students who are more resilient determines the mental health and therefore depends on the different aspects of health leading to accept H3.

Lastly, the mediation analysis showed that resilience partially mediated the relationship between bullying and mental health outcomes. The resilience indirectly affected mental health (indirect effect =  $-0.19$ ,  $p = .004$ ). The direct influence of bullying on mental health could not be ignored even after the introduction of resilience in the model, which suggests partial mediation. These findings confirm Hypothesis 4.

On the whole, the results suggest that bullying has a heavy negative impact on the mental health outcomes of university students. The concept of resilience turned out to be an important resource in psychology that not only predicts more favorable mental health but also provides some insight into the process by which bullying affects the psychological well-being. The empirical study supported all four hypotheses that were original in this study, which established the mediating aspect of resilience on the bullying-mental health relationship.

## Discussion

The current research analyzed the correlation between bullying and mental health outcomes among university students with special emphasis on the mediating effects of resilience. The results support the theoretical model being proposed in an empirical manner and prove that bullying is largely related to worse mental health outcomes and that resilience is a decisive factor in such a correlation. The findings contribute to the existing literature because it elucidates the psychological process in which bullying has mental health effects on a university population, especially in a Pakistani environment where there is less empirical evidence.

Corresponding to the first hypothesis, bullying was reported to have significant and negative mental health outcomes. This result corresponds to a significant amount of research that shows that bullying exposure is related to heightened psychological distress, along with symptoms of depression and anxiety and lower emotional well-being (Hawker and Boulton, 2000; Takizawa et al., 2014; Holt et al., 2015). Bullying is a persistent stressor of an interpersonal nature that endangers the safety, self-esteem, and social acceptance of people, which is vital to the psychological well-being (Olweus, 2013). The current evidence is supportive of stress-related explanations according to which a combination of recurrent experiences of violent acts leads to the buildup of psychological tension and predisposition to mental illnesses with time (Agnew, 2012).

The outcomes also showed that there was a strong connection between bullying and resilience, which supported the second hypothesis. The students with more bullying experiences indicated a lower degree of resilience, which implies that bullying can decrease psychological resources that ensure efficient coping. This result aligns with the resilience theory, which holds that continuous adversity may destroy adaptive abilities of people by interfering with their emotional control and a sense of power (Luthar et al., 2000; Masten and Reed, 2002). Empirical research has also indicated that victimization experiences correlate with lower resilience, especially when they are protracted or unaddressed (Sapouna & Wolke, 2013). The role of bullying in resilience might be particularly high in the university setting, where students might not have much access to formal psychological support.

As was observed in the third hypothesis, resilience emerged as a significant positive predictor of mental health outcomes. Resilience was one of the most significant psychological resources that enhanced the emotional stability and well-being of students with moderate to higher degrees of resilience, which was why the students with greater resilience were found to have better mental health. This observation is evidenced by the earlier studies that have indicated that resilient individuals can better control their emotions, be more adaptive in coping, and recover more appropriately to the impacts of stress and, therefore, have a lower probability of experiencing psychological distress (Fergus and Zimmerman, 2005; Compas et al., 2017). The fact that resilience is positively correlated with mental health suggests that internal psychological strength is significant in the reduction of negative outcomes of stressful life events.

Most significantly, the mediation analysis showed that the mediation between bullying and mental health outcomes was partially mediated with the help of resilience, which supported the fourth hypothesis. This result implies that bullying has direct and indirect influence on mental health through its effect on resilience. Conceptually, this favors the combination of General Strain Theory and resilience theory since it means that bullying leads to the development of psychological strain that undermines resilience,

which consequently predisposes individuals to mental illnesses (Agnew, 2012; Masten and Reed, 2002). The fact that the mediation is partial means that although resilience is a significant factor, other factors that have not been examined may also influence the relationship between bullying and mental health, like the social support or the process of cognitive appraisal, as it was identified in earlier studies (Fergus and Zimmerman, 2005).

The results are specifically applicable in the case of the Pakistani university setting. The psychological consequences of bullying may also be made worse by cultural norms that do not encourage emotional release and the lack of mental health services, which also restrict the possibilities of developing resilience (Pengpid & Peltzer, 2019). It is in these environments that resilience becomes a protective element of critical importance that will be able to withstand the negative impact of bullying when not surrounded by massive institutional protection. The current research paper adds value to existing local literature because it empirically proves the significance of resilience as a psychological mechanism in the samples of Pakistani university students, as a relatively unfamiliar population.

Overall, the findings suggest that it is necessary to go beyond direct links between bullying and mental health to examine psychological processes underlying these links. The paper conceptualizes resilience as a mediator and offers a more accurate account of the impact of bullying on mental health as well as recommends the intervention strategies to be developed based on the necessity to increase the psychological resources, rather than focusing the attention on the risk factors.

## Conclusion

The present study provides empirical evidence that bullying is significantly related to poorer mental health in universities, and resilience plays a significant mediating role in the association. The findings have revealed that bullying not only affects the mental health adversely but also indirectly affect psychological well-being as a result of loss of capacity to resist adversity. The resilience turned out to be the primary psychological tool for enhancing the mental state and partially protecting the adverse impact of bullying.

In considering resilience as a mediating process, the research contributes to the gap in the limited literature undertaken in Pakistani higher education institutions on psychological mechanisms involving bullying and mental health consequences. The findings indicate the significance of resilience-based interventions in the management of the mental health impact of bullying and emphasize the necessity of interventions aimed at enhancing the adaptive potentials of students. Generally speaking, the research highlights that resilience strengthening can become an effective measure of decreasing the psychological load of bullying in university students.

## Recommendations

The results of the current research indicate that psychological impacts of bullying, including those occurring in the context of university, should be managed by evidence-based and focused intervention. Considering the great importance of the resilience factor in the mediation of the relationship between bullying and mental health outcomes, universities must give the establishment and execution of resilience-enhancing programs for students the top priority. These programs can be directed towards improvement of

emotional regulation, adaptive coping skills, problem-solving skills, and stress management skills that have been reported to reinforce psychological health during adverse conditions. Incorporation of resilience-oriented modules in system orientation programs, student counseling services, and extracurricular activities can potentially enable students to cope with interpersonal stress factors more, such as experiences of bullying. Universities should also strengthen institutionalized systems of identifying and acting on bullying tendencies, as well. Campus environments can be rendered safer and the normalization of aggressive behaviors will be reduced by designing explicit anti-bullying policies, confidential reporting systems, and response procedures. The provision of counseling and psychological support services needs to be expanded and culturally sensitive, particularly where mental stigmatization could prevent patients in taking such services. Faculty level staff and administrators can make a lot of contribution through developing open classrooms, learning how to detect the signs of victimization, and advising students to obtain the services of other support centers in situations when it is needed.

On a larger scale, the results suggest that the mental health promotion practices within the higher learning institutions should change to move out of symptom-based practice and incorporate the perspectives on strengths. Utilizing the adjustment of the resilience as a modifiable psychological resource can assist the students to react to the stressors more effectively and enhance the psychological wellbeing in general. It is possible that these are particularly beneficial in the case of a resource-constraining environment, where preventive measures have the potential to reduce the load on the mental health care in the long-term.

### **Limitations and Future Directions**

There are several limitations to the study that should be considered when reviewing the findings, regardless of the contributions it made. Firstly, the cross-sectional design will not enable the researcher to make causal inferences about the relationship between bullying, resilience and mental health outcomes. Despite the fact that mediation analysis provides insights into the potential psychological mechanisms, longitudinal studies will be necessary to make the time sequence more conclusive as well as cause and effect correlations. Future research based on longitudinal or prospective designs would contribute to the enhancement of understanding how the experiences of bullying affect resilience and mental health in the long run.

Second, the use of self-report measures can result in response biases, including social desirability or recall bias, that can compromise the accuracy of the reported incidents of bullying and mental conditions. Future studies can be enhanced by employing multi-method designs, such as qualitative interviews, peer reports or institutional records, to gain a more in-depth picture of the nature of bullying and psychological consequences.

Third, the sample considered consisted of one university, and this may not generalize the results to other institutions of higher learning or other cultures. The future research should involve more variety and different samples at various universities and regions in order to increase external validity and analyze possible contextual differences in bullying experiences and resilience processes. Also, other psychological and social factors, including social support or coping styles, could be discussed in future research studies to further describe the variability in the mental health outcome of students who have been exposed to bullying.

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