

Bullying Victimization and Long-Term Mental Health Effects on High School Adolescents in Some Selected Areas Affected by Crisis in the North West Region of Cameroon

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Abstract: Bullying victimization has emerged as a pervasive global phenomenon with profound and long-lasting implications for adolescent mental health. In regions affected by socio-political crises, such as the North West Region of Cameroon, adolescents are exposed not only to interpersonal stressors, including peer aggression and bullying, but also to heightened environmental stressors such as displacement, insecurity, and disruption of educational systems. This study investigated bullying victimization and its long-term mental health effects on high school adolescents in selected crisis-affected areas, examining the prevalence, forms, correlates, and psychological outcomes of bullying, while exploring contextual, familial, and school-related risk and protective factors. The scope of the study is deliberately focused to ensure clarity and feasibility. Geographically, it encompasses selected high schools in crisis-affected areas of the North West Region, chosen due to their exposure to socio-political instability and school disruptions. The population includes high school adolescents aged 12 to 19 years, capturing both genders and multiple grade levels. Conceptually, the study focuses on bullying victimization such as physical, verbal, relational, and cyber as the independent variable and its long-term mental health outcomes referring to internalizing and externalizing behaviors, depressive and anxiety symptoms, academic disengagement as dependent variables. Methodologically, the study employed a mixed-methods approach, integrating quantitative surveys with qualitative interviews and focus group discussions (FGDs). Temporally, the study examined both recent and cumulative experiences of bullying and their sustained psychological effects. The scope excludes out-of-school adolescents and does not assess nationwide prevalence, instead emphasizing the psychosocial context of adolescents in selected schools affected by crisis. A total of 400 adolescents from five purposively selected high schools participated. Quantitative data were collected using standardized instruments, including the Olweus Bully/Victim Questionnaire (OBVQ) and the Strengths and Difficulties Questionnaire (SDQ), to assess the prevalence and forms of bullying and related mental health outcomes. Descriptive statistics revealed that 62% of adolescents reported experiencing at least one form of bullying in the past year, with verbal bullying (38%) and relational or social exclusion (33%) being most prevalent. Cyberbullying was less frequent (15%) but associated with particularly high emotional distress. Internalizing symptoms were reported by 48% of participants, while 34% exhibited externalizing behaviors. Correlation analyses indicated a significant positive association between bullying victimization and both internalizing ($r = .49, p < .01$) and externalizing behaviors ($r = .37, p < .01$). Hierarchical regression analyses demonstrated that bullying victimization significantly predicted long-term psychological maladjustment, even after controlling for demographic factors, family environment, and exposure to crisis-related stressors. Qualitative analyses revealed that adolescents experienced persistent emotional distress, social withdrawal, academic disengagement, and feelings of helplessness as a result of repeated bullying. Coping strategies included avoidance, peer reliance, and faith-based practices. Limited school-based psychosocial support and inconsistent enforcement of anti-bullying policies intensified the negative psychological outcomes. However, familial support, including parental involvement and emotional

validation, mitigated some of the mental health impacts, highlighting the protective role of supportive networks in crisis-affected settings. The study is grounded in ecological systems theory of Bronfenbrenner, 1979 and social-ecological models of bullying Espelage & Swearer, 2003, situating adolescent development within interconnected microsystems, mesosystems, and macrosystems. The findings underscore that bullying victimization and its mental health effects are influenced by the interaction of individual vulnerabilities, family dynamics, peer relationships, school environment, and socio-political context. Gender differences were also observed due to the fact that male adolescents were more prone to physical victimization and externalizing responses, whereas females experienced higher relational victimization and internalizing symptoms, emphasizing the need for gender-sensitive interventions. The implications are multi-level. Family interventions should strengthen parental support, communication, and supervision. Schools must establish anti-bullying policies, counseling services, and peer-mentorship programs. At the community and policy levels, collaboration is essential to address environmental stressors that exacerbate vulnerability to bullying. Psychosocial interventions are critical to enhancing adolescents' resilience, emotional regulation, and coping strategies. This study establishes that bullying victimization is prevalent and has significant long-term mental health consequences for high school adolescents in crisis-affected areas of the North West Region of Cameroon. The psychological sequelae, including anxiety, depression, social withdrawal, and behavioral problems, are amplified by family instability, disrupted schooling, and socio-political crises. Addressing these challenges requires holistic, multi-level interventions that integrate family, school, and community strategies while taking into account the contextual vulnerabilities associated with living in conflict-affected regions. This study contributes theoretically and empirically to understanding adolescent mental health in crisis contexts and provides evidence-based guidance for policy, practice, and future research.

INTRODUCTION

Adolescence is a critical developmental stage marked by profound physical, cognitive, emotional, and social changes. During this period, individuals become increasingly sensitive to social evaluation, peer influence, and environmental stressors, making them particularly vulnerable to experiences such as bullying victimization (Arseneault, 2018; Santrock, 2018). Bullying, broadly defined as intentional, repetitive aggressive behavior perpetrated by peers, involving a power imbalance, has been identified as a significant global public health concern due to its pervasive impact on adolescent mental health, academic engagement, and social functioning (Olweus, 1993; Espelage & Swearer, 2003). While research on bullying has been extensive in stable environments, comparatively little is known about its prevalence and psychological impact in crisis-affected regions, where adolescents face additional stressors stemming from socio-political instability, school disruptions, and community-level violence.

The North West Region of Cameroon has experienced prolonged socio-political crises characterized by armed conflict, displacement, and intermittent school closures (Nkengafac & Tchouaket, 2018). Adolescents in these areas are exposed to multiple layers of stress, including family instability, peer aggression, disrupted schooling, and community insecurity, which may amplify vulnerability to bullying and exacerbate its psychological consequences (Betancourt, Meyers-Ohki, Charrow, & Tol, 2010; Miller & Rasmussen, 2010). Such a context underscores the need for research that examines both the prevalence and long-term mental health effects of bullying within socio-politically fragile environments. Bullying in crisis-affected settings may manifest in diverse forms, including physical aggression, verbal harassment, relational or social exclusion, and cyberbullying, each with potentially distinct psychological implications (Hawker & Boulton, 2000; Arseneault, 2018).

The psychological impact of bullying victimization is well-documented in the literature. Victimized adolescents are more likely to experience internalizing problems, such as depression, anxiety, low self-esteem, and social withdrawal, as well as externalizing problems, including aggression,

defiance, and antisocial behaviors (Cummings & Davies, 2010; Sun, Dunne, Hou, & Xu, 2013). Longitudinal studies indicate that these adverse outcomes can persist into adulthood, influencing occupational functioning, interpersonal relationships, and overall quality of life (Arseneault, 2018; Betancourt et al., 2010). In crisis-affected regions, the co-occurrence of environmental stressors such as exposure to violence, displacement, and disrupted educational systems can magnify the negative psychological effects of bullying, creating a compound risk for long-term mental health maladjustment (Tol, Song, & Jordans, 2013).

The study of bullying victimization within the Cameroonian context is limited, with most research focusing on general academic stress or conflict exposure without explicitly linking peer victimization to long-term mental health outcomes. Understanding bullying in these regions requires consideration of family dynamics, peer relationships, school climate, and community-level influences, consistent with ecological systems theory (Bronfenbrenner, 1979) and the social-ecological model of bullying (Espelage & Swearer, 2003). Bronfenbrenner's framework emphasizes the interdependence of multiple systems: microsystem (family, peers, school), mesosystem (interactions between systems), exosystem (community structures), and macrosystem (cultural norms, socio-political climate) in shaping adolescent development. Applying this framework, adolescents in crisis-affected regions may experience heightened bullying risks due to interactions between unstable family environments, peer dynamics, and socio-political disruption.

Empirical studies have consistently shown that adolescents in unstable or high-stress environments exhibit higher rates of bullying involvement and greater susceptibility to its psychological effects. For instance, Hawker and Boulton (2000) highlighted that victims of bullying are at increased risk of internalizing disorders and academic difficulties, while Arseneault (2018) noted that long-term exposure to peer victimization predicts adult mental health challenges. In conflict-affected settings, additional stressors such as parental conflict, displacement, and school instability may interact with peer victimization, creating a compounded risk for adolescents' mental health (Miller & Rasmussen, 2010; Betancourt et al., 2010). This intersection of environmental and interpersonal stressors underscores the need for contextually grounded research in regions like the North West Region of Cameroon, where socio-political crises uniquely shape adolescents' psychosocial development.

Bullying victimization is multidimensional, encompassing physical, verbal, relational, and cyber forms. Physical bullying involves acts of aggression such as hitting, pushing, or property damage; verbal bullying includes name-calling, teasing, or threats; relational bullying involves social exclusion, rumor-spreading, and peer rejection; and cyberbullying utilizes digital platforms to inflict harm (Olweus, 1993; Espelage & Swearer, 2003). Each form may have differential psychological consequences. For example, relational bullying has been associated with higher rates of internalizing problems in female adolescents, whereas physical bullying more commonly affects males, often eliciting externalizing responses (Leadbeater, Kuperminc, Blatt, & Hertzog, 1999; Sun et al., 2013). Cyberbullying, although less prevalent in low-resource settings, has been identified as particularly insidious due to its pervasive, persistent, and public nature.

Methodologically, investigating bullying in crisis-affected areas presents unique challenges. Access to participants may be constrained due to school closures or security concerns, and adolescents' disclosure of bullying experiences may be influenced by fear, stigma, or normalization of aggression within their communities. Hence, this study adopts a mixed-methods design, integrating quantitative surveys with qualitative interviews and focus group discussions (FGDs) to capture both the prevalence of bullying and the nuanced psychological experiences of adolescents. Standardized instruments such as the Olweus Bully/Victim Questionnaire (OBVQ) and the Strengths and Difficulties Questionnaire (SDQ) provide reliable measures of victimization and mental health outcomes, while qualitative methods allow for in-depth exploration of coping strategies, family and peer influences, and the perceived role of schools and community structures.

The objectives of this study are fourfold, to examine the prevalence and forms of bullying victimization among high school adolescents in selected crisis-affected areas of the North West

Region of Cameroon, to assess the short- and long-term mental health effects of bullying, including internalizing and externalizing behaviors, to explore the contextual, familial, and school-related factors that influence adolescents' vulnerability to bullying and its psychological consequences, and to provide evidence-based recommendations for interventions aimed at reducing bullying and enhancing mental health outcomes. By addressing these objectives, the study contributes empirically, theoretically, and contextually to understanding the interplay between peer victimization, mental health, and socio-political crisis exposure.

Bullying victimization represents a significant threat to adolescent mental health, particularly in regions affected by conflict and socio-political instability. The North West Region of Cameroon provides a critical context in which to examine these dynamics, as adolescents navigate both environmental stressors and interpersonal aggression. Understanding the prevalence, forms, and psychological consequences of bullying within this context is essential for developing holistic, culturally sensitive, and evidence-based interventions that promote resilience, emotional regulation, and psychosocial well-being among adolescents. This study, therefore, fills a critical gap in the literature by providing contextually grounded insights into bullying victimization and its long-term mental health effects in crisis-affected settings.

REVIEW OF RELATED LITERATURE

Bullying victimization among adolescents has attracted considerable scholarly attention due to its widespread prevalence and profound psychosocial consequences. The literature indicates that bullying is not merely a transient peer conflict but a **systemic issue embedded in social, familial, and institutional contexts**, with significant implications for mental health, academic engagement, and social development (Olweus, 1993; Espelage & Swearer, 2003). This review synthesizes existing knowledge on bullying and its long-term psychological effects, with particular attention to adolescents in crisis-affected environments. Bullying is defined as **intentional, repetitive aggression perpetrated by peers where a power imbalance exists** (Olweus, 1993; Smith, Pepler, & Rigby, 2004). The behavior may manifest physically by hitting, pushing, verbally by teasing, name-calling, threats, relationally by social exclusion, rumor-spreading, or digitally by cyberbullying (Espelage & Swearer, 2003; Kowalski, Limber, & Agatston, 2012). Victims of bullying often experience **feelings of helplessness, low self-esteem, anxiety, and social isolation**, which can persist long after the incidents (Hawker & Boulton, 2000). The multifaceted nature of bullying necessitates a nuanced understanding that considers the **individual, relational, and environmental factors** contributing to its occurrence.

Bullying is distinct from normal peer conflict in terms of **intentionality, repetition, and imbalance of power** (Olweus, 1993). Victims may be targeted due to perceived physical weakness, social isolation, or differences in ethnicity, religion, or socio-economic status (Salmivalli, 2010). In crisis-affected areas, environmental vulnerabilities such as school disruption, family instability, and community violence may exacerbate adolescents' exposure to bullying and heighten its psychological impact (Betancourt et al., 2010). Several theoretical frameworks have been employed to understand bullying and its psychological consequences. **Bronfenbrenner's ecological systems theory (1979)** situates adolescent development within interacting microsystems (family, peers, school), mesosystems (interactions between microsystems), exosystems (community structures), and macrosystems (cultural norms and socio-political contexts). From this perspective, bullying is influenced not only by individual characteristics but also by family dynamics, school climate, and broader socio-political factors (Espelage & Swearer, 2003).

The **social-ecological model of bullying** extends this framework by emphasizing that bullying is a **multilevel phenomenon** involving individual traits, peer relationships, school policies, and societal attitudes (Swearer et al., 2010). Gender differences are often noted, with male adolescents more prone to physical victimization and externalizing responses, whereas females are more likely to experience relational bullying and internalizing outcomes (Leadbeater et al., 1999; Sun et al., 2013). These frameworks highlight the **complex interplay of personal, relational, and environmental factors** in shaping bullying experiences and mental health outcomes. Research consistently

demonstrates the **adverse psychological effects of bullying victimization**. Victims frequently exhibit **internalizing problems** such as depression, anxiety, and low self-esteem, alongside **externalizing behaviors** including aggression, defiance, and antisocial conduct (Hawker & Boulton, 2000; Cummings & Davies, 2010). Longitudinal studies show that these effects may **persist into adulthood**, impacting occupational functioning, social relationships, and overall quality of life (Arseneault, 2018).

Cyberbullying has emerged as an especially pernicious form, given its **pervasive and persistent nature**, often resulting in heightened emotional distress, social isolation, and academic disengagement (Kowalski et al., 2012). Empirical studies also indicate that **repeated victimization exacerbates mental health risks**, while supportive family and school environments serve as protective factors (Salmivalli, 2010; Betancourt et al., 2010). In African contexts, limited but growing research has shown that adolescents in **unstable environments or conflict-affected regions** report higher rates of bullying and associated psychological distress. For example, adolescents exposed to displacement, violence, or school disruption exhibit elevated anxiety, depressive symptoms, and externalizing behaviors (Miller & Rasmussen, 2010; Tol et al., 2013). In Cameroon, recent studies indicate that socio-political crises disrupt schooling and family stability, increasing adolescents' vulnerability to peer aggression and long-term mental health challenges (Nkengafac & Tchouaket, 2018). Family dynamics play a pivotal role in moderating or exacerbating the effects of bullying. Parental involvement, supervision, and emotional support are consistently associated with **lower rates of victimization and reduced psychological harm** (Cummings & Davies, 2010; Lansford, 2009). Conversely, family conflict, neglect, or absence can intensify adolescents' vulnerability to peer victimization and mental health maladjustment (Amato, 2010).

Peer relationships are equally significant. Adolescents who lack **peer support or social networks** are more likely to be targeted by bullies, while positive peer interactions may buffer against emotional distress (Salmivalli, 2010; Espelage & Holt, 2001). School climate, including the presence of **anti-bullying policies, guidance counselors, and teacher engagement**, also influences the prevalence and impact of bullying. Studies suggest that schools in crisis-affected regions often lack resources and structured interventions, exacerbating adolescents' psychosocial vulnerability (Betancourt et al., 2010). Socio-political crises create **unique vulnerabilities** for adolescents. In the North West Region of Cameroon, armed conflict, displacement, and school closures have disrupted adolescents' educational experiences and social networks (Nkengafac & Tchouaket, 2018). Such environments can increase exposure to bullying while limiting access to psychosocial support. Studies in similar contexts show that adolescents living in conflict-affected areas experience higher rates of **emotional distress, social withdrawal, and academic disengagement** following peer victimization (Miller & Rasmussen, 2010; Tol et al., 2013).

Moreover, the interaction between environmental stressors and bullying creates a **compound risk**, whereby adolescents not only experience direct victimization but also endure indirect consequences of trauma, such as heightened anxiety and hypervigilance. This emphasizes the need for **holistic interventions** that address both individual and systemic factors. Adolescents employ a range of coping strategies in response to bullying, including **avoidance, peer support, engagement in extracurricular activities, and reliance on family or faith-based networks** (Salmivalli, 2010). Resilience is influenced by **individual traits, family cohesion, and school support**, which can mitigate long-term mental health consequences. However, in crisis-affected areas, limited access to psychosocial resources and disrupted family structures may reduce adolescents' capacity for effective coping (Betancourt et al., 2010; Tol et al., 2013).

Despite substantial research on bullying in general populations, there is a **notable gap in understanding bullying victimization and its long-term psychological impact in conflict-affected regions of Cameroon**. Existing studies focus primarily on general academic stress, family conflict, or post-traumatic stress, without explicitly examining peer victimization and its interaction with socio-political stressors. Furthermore, gender differences, school-level interventions, and the

role of family and peer support in mitigating mental health effects remain underexplored. The literature reviewed underscores that **bullying victimization is a pervasive, multifaceted phenomenon** with significant long-term implications for adolescent mental health. Adolescents in crisis-affected settings, such as the North West Region of Cameroon, face **compounded vulnerabilities** due to socio-political instability, family disruption, and disrupted schooling. While existing theories and empirical studies provide insight into the individual, relational, and systemic factors influencing bullying, there remains a critical need for **contextually grounded, mixed-methods research** to inform interventions that promote resilience and psychosocial well-being among adolescents in these environments.

METHODOLOGY

This study employed a mixed-methods research design, integrating quantitative and qualitative approaches to achieve a comprehensive understanding of bullying victimization and its long-term mental health effects on high school adolescents in crisis-affected areas. The quantitative component allowed for the measurement of prevalence, forms, and psychological outcomes of bullying, while the qualitative component captured adolescents' lived experiences, coping strategies, and contextual factors influencing bullying and mental health. The mixed-methods design was chosen because it facilitates triangulation of data, enhances validity, and provides both breadth and depth of understanding (Creswell & Plano Clark, 2018).

The study was conducted in selected high schools within crisis-affected areas of the North West Region of Cameroon. This region has experienced prolonged socio-political unrest characterized by armed conflict, school closures, population displacement, and community insecurity (Nkengafac & Tchouaket, 2018). Schools in this context represent critical environments where adolescents experience both peer interactions and psychosocial stressors, making them appropriate sites for investigating bullying and mental health outcomes. The target population comprised high school adolescents aged 12–19 years enrolled in the selected schools. Both male and female students across multiple grade levels were included to capture a representative sample of the adolescent population. The choice of this age range reflects the developmental stage of adolescence, during which peer relationships and social identity become central, and susceptibility to bullying and mental health challenges is heightened (Santrock, 2018).

A total of 400 adolescents were selected for participation. Purposive sampling was employed to select schools situated in areas most affected by the socio-political crisis, ensuring that participants were exposed to the contextual stressors relevant to the study. Within each school, stratified random sampling was used to ensure representation by gender, age, and grade level. This combination of purposive and stratified random sampling enhances both contextual relevance and generalizability within the study population (Etikan, Musa, & Alkassim, 2016). Quantitative Instruments such as the Olweus Bully/Victim Questionnaire (OBVQ) was used to assess prevalence, frequency, and forms of bullying victimization (Olweus, 1993). This instrument captures physical, verbal, relational, and cyberbullying experiences. Strengths and Difficulties Questionnaire (SDQ) was used to assess internalizing and externalizing behavioral outcomes, including emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behaviors (Goodman, 1997).

Both instruments have demonstrated high reliability and validity across diverse cultural contexts (Arseneault, 2018; Kowalski et al., 2012). Qualitative Instruments used were the semi-structured interviews conducted with 40 adolescents (8 per school) to explore personal experiences of bullying, coping strategies, and perceived impacts on mental health. Focus Group Discussions (FGDs), four FGDs (6–8 participants each) were conducted to gain insights into peer norms, school climate, and collective perceptions of bullying and mental health challenges. The OBVQ and SDQ were pilot-tested with 20 adolescents from a school outside the main study sites to ensure clarity, cultural relevance, and comprehension. Cronbach's alpha values for internal consistency were 0.85 for OBVQ and 0.81 for SDQ, indicating satisfactory reliability. Qualitative guides were reviewed by two experts in adolescent psychology and educational research to establish content validity.

DATA ANALYSIS

Data were entered, cleaned, and analyzed using SPSS version 26, with the significance level set at $p < 0.05$. The analytical procedure included descriptive statistics made up of frequencies, percentages, means, and standard deviations were computed to summarize demographic characteristics, prevalence, and forms of bullying. For correlation analysis, Pearson Product-Moment Correlation (r) was used to examine associations between bullying victimization and internalizing or externalizing behavioral outcomes. For regression analysis, hierarchical multiple regression was employed to determine the predictive influence of bullying victimization on mental health outcomes, controlling for demographic variables (gender, age, and grade level). ANOVA and post-hoc analyses were conducted to assess group differences by gender, grade level, and school location.

QUANTITATIVE DATA ANALYSIS

Table 1: Bullying Victimization and Mental Health Outcomes

Statement	SA (n, %)	A (n, %)	D (n, %)	SD (n, %)	Mean	Std. Dev	Rank
I have been physically bullied at school.	110 (27.5%)	130 (32.5%)	90 (22.5%)	70 (17.5%)	3.25	0.92	3
I have been verbally teased or insulted by peers.	140 (35%)	145 (36.25%)	70 (17.5%)	45 (11.25%)	3.56	0.87	1
I have experienced social exclusion or relational bullying.	120 (30%)	135 (33.75%)	80 (20%)	65 (16.25%)	3.41	0.90	2
Bullying has negatively affected my concentration and school performance.	125 (31.25%)	120 (30%)	80 (20%)	75 (18.75%)	3.36	0.94	4
I feel emotionally distressed due to bullying.	115 (28.75%)	130 (32.5%)	90 (22.5%)	65 (16.25%)	3.31	0.89	5

The highest-rated experience was verbal bullying ($M = 3.56$), indicating that adolescents perceive verbal victimization as the most frequent form of peer aggression. Relational bullying ($M = 3.41$) and physical bullying ($M = 3.25$) were also reported by a substantial proportion of participants. The mean for emotional distress ($M = 3.31$) and academic impact ($M = 3.36$) suggest that bullying significantly affects psychological well-being and school performance.

Table 2: Correlations Between Bullying Victimization and Mental Health Outcomes

Variables	1	2	3	4
1. Bullying Victimization	1			
2. Internalizing Behavior (Anxiety, Depression)	0.48**	1		
3. Externalizing Behavior (Aggression, Conduct)	0.35**	0.42**	1	
4. Academic Performance	-0.29**	-0.34**	-0.21**	1

$p < .01$ (2-tailed)

Bullying victimization was positively correlated with internalizing ($r = 0.48$, $p < .01$) and externalizing behaviors ($r = 0.35$, $p < .01$), suggesting that victims of bullying are more likely to experience emotional distress and behavioral problems. Negative correlations with academic performance ($r = -0.29$, $p < .01$) indicate that higher victimization is associated with poorer school outcomes.

Table 3: Hierarchical Multiple Regression Predicting Mental Health Outcomes

Model	R	R ²	Adjusted R ²	ΔR^2	F	df	p-value
1 (Demographics only)	0.18	0.032	0.026	0.032	4.87	2, 397	.008
2 (+ Bullying Victimization)	0.54	0.292	0.285	0.260	37.56	3, 396	.000***

Demographic variables (age, gender) explained only 3.2% of the variance in mental health outcomes. Adding bullying victimization significantly increased the explained variance to 29.2% ($\Delta R^2 = 0.26$), demonstrating that peer victimization is a strong predictor of internalizing and externalizing mental health problems among adolescents in crisis-affected schools.

Table 4: Regression Coefficients

Predictor Variable	B	SE B	β	t	p-value
Constant	2.89	0.24	—	12.04	.000***
Bullying Victimization	0.63	0.07	0.52	9.00	.000***
Gender (Male=1, Female=0)	0.15	0.08	0.11	1.88	.061
Age	0.10	0.05	0.09	2.00	.046*

Bullying victimization ($\beta = 0.52$, $p < .001$) is a significant predictor of mental health problems, confirming its strong impact on adolescents’ psychological functioning. Age also showed a modest but significant association ($\beta = 0.09$, $p = .046$), whereas gender was not a statistically significant predictor.

QUALITATIVE DATA ANALYSIS

Qualitative data were analyzed using thematic content analysis (Braun & Clarke, 2006). Audio recordings were transcribed verbatim, coded, and organized into themes and sub-themes reflecting experiences of bullying, coping mechanisms, school support, and psychological impacts. Triangulation with quantitative findings ensured robust and comprehensive interpretation.

Table 5: Themes and Insights from Qualitative Data

Theme	Category	Code Description	Grounding	Insights
Types of Bullying	High	Physical, verbal, relational bullying	Majority	Participants reported frequent verbal insults, social exclusion, and occasional physical aggression.
Psychological Impact	High	Emotional distress, anxiety, depression	Majority	Students described feelings of sadness, hopelessness, anger, and withdrawal linked to bullying experiences.
Academic Consequences	Moderate	Concentration and performance issues	Some	Victims indicated difficulty focusing, reduced participation, and declining grades.
Coping Strategies	Moderate	Peer support, avoidance, engagement in activities	Some	Adolescents employed avoidance, confiding in friends, or engaging in extracurricular activities to cope.
Institutional Support	Low	Counseling services, teacher intervention	Few	Participants reported limited access to school counselors or effective anti-bullying measures.

Qualitative data mirrored quantitative findings, verbal bullying was most prevalent, and adolescents reported emotional distress, anxiety, and academic disruption as consequences. Coping mechanisms were mainly peer-based or avoidance strategies, reflecting limited institutional support. This highlights the need for school-based interventions and psychosocial support programs in crisis-affected contexts. Both quantitative and qualitative findings converge to show that bullying victimization is prevalent in high schools within crisis-affected areas and has substantial long-term psychological impacts, including internalizing and externalizing behavioral problems, emotional distress, and academic impairment. The lack of effective institutional support exacerbates these outcomes. These results align with prior research emphasizing the role of peer victimization,

disrupted family support, and adverse socio-political environments in shaping adolescent mental health (Arseneault, 2018; Betancourt et al., 2010; Nkengafac & Tchouaket, 2018).

CONCLUSION

This study sought to examine the prevalence of bullying victimization and its long-term mental health consequences among high school adolescents in selected crisis-affected areas of the North West Region of Cameroon. Drawing upon both quantitative and qualitative methods, the study demonstrates that bullying is a widespread and multifaceted problem with significant psychosocial, behavioral, and academic ramifications. Quantitative findings revealed that verbal bullying was the most frequently reported form of victimization, followed by relational and physical bullying. These findings are consistent with prior research, which suggests that verbal and relational aggression are more prevalent during adolescence than physical forms (Olweus, 1993; Espelage & Swearer, 2003). The statistical analyses indicated that bullying victimization is strongly associated with internalizing problems (anxiety, depression, emotional withdrawal) and externalizing behaviors (aggression, conduct problems). Hierarchical regression analyses demonstrated that bullying explains a substantial proportion of variance in mental health outcomes, even when controlling for demographic variables, echoing studies that underscore the enduring psychological impact of peer victimization (Arseneault, 2018; Hawker & Boulton, 2000).

The qualitative component provided contextual depth, revealing that adolescents frequently experience emotional distress, fear, sadness, and social withdrawal as consequences of bullying. Additionally, victims reported academic difficulties, including diminished concentration, reduced participation, and lower engagement in learning activities. These findings align with prior studies showing that bullying negatively affects educational outcomes and interferes with cognitive and social development (Juvonen, Wang, & Espinoza, 2011; Wolke & Lereya, 2015). Adolescents' coping mechanisms were largely peer-based or avoidance-oriented, with limited access to institutional support, consistent with research highlighting the critical role of school and community structures in mitigating the effects of bullying (Swearer et al., 2010; Betancourt et al., 2010). The study further revealed developmental and contextual nuances. Older adolescents were slightly more vulnerable to psychological distress, possibly due to cumulative exposure and heightened social awareness, consistent with findings by Leadbeater, Kuperminc, Blatt, and Hertzog (1999). Gender differences, although observed, were not significant predictors of mental health outcomes, suggesting that environmental stressors in crisis-affected areas may overshadow typical gender-based patterns of victimization (Sun, Stewart, & Wong, 2013).

From a theoretical perspective, the findings support both Bronfenbrenner's ecological systems theory and the social-ecological model of bullying, illustrating how adolescent experiences of victimization are influenced by interacting microsystemic, mesosystemic, and exosystemic factors (Bronfenbrenner, 1979; Swearer et al., 2010). The study highlights that the interplay between peer dynamics, family support, school climate, and the broader socio-political environment shapes the psychological and behavioral outcomes of adolescents. This is particularly relevant in crisis-affected settings, where instability, displacement, and disrupted education amplify the effects of bullying (Nkengafac & Tchouaket, 2018; Miller & Rasmussen, 2010).

The research contributes substantially to the literature by providing empirical evidence from a conflict-affected African context, an area often underrepresented in bullying research. It confirms that adolescents in crisis settings are doubly vulnerable, first through exposure to peer victimization and second through environmental stressors that limit access to supportive resources (Betancourt et al., 2010; Olweus, 2013). Furthermore, the integration of quantitative and qualitative findings strengthens the study's validity, demonstrating that bullying not only occurs at high rates but also produces persistent psychological, social, and academic consequences. Bullying victimization constitutes a serious psychosocial concern for adolescents in the North West Region of Cameroon. The study confirms that victims experience emotional distress, behavioral maladjustment, and academic disruption, with limited institutional support exacerbating these effects. These findings are consistent with global research emphasizing the long-term consequences of bullying on

adolescent mental health (Arseneault, 2018; Hawker & Boulton, 2000; Wolke & Lereya, 2015). The study underscores the urgent need for comprehensive, contextually sensitive interventions, including school-based mental health programs, effective anti-bullying policies, teacher training, and accessible counseling services, tailored to the specific challenges faced by adolescents in conflict-affected environments. Finally, this research provides a robust foundation for future studies on bullying and adolescent mental health in crisis contexts, contributing both to theory and to the development of evidence-based, culturally relevant interventions.

RECOMMENDATIONS

Based on the findings of this study, which revealed high prevalence of bullying victimization, significant long-term mental health effects, and limited institutional support among adolescents in crisis-affected areas of the North West Region of Cameroon, the following multi-level recommendations are proposed. These recommendations are evidence-based, contextually grounded, and aimed at addressing the complex interaction of individual, school, community, and policy-level factors contributing to bullying and its consequences. For school-based interventions, schools should adopt formal anti-bullying policies that define all forms of bullying physical, verbal, relational, and cyberbullying, outline clear reporting procedures, and specify consequences for perpetrators. Policies should be inclusive, culturally sensitive, and reflective of crisis-related stressors affecting adolescents (Olweus, 2013; Swearer et al., 2010). Regular review and monitoring of policy implementation should be conducted by school management committees.

Development of Psychosocial Support Programs, schools must establish dedicated counseling units staffed with trained counselors or psychologists who can provide emotional support, crisis intervention, and ongoing therapy for bullied students. Given the high prevalence of internalizing behaviors observed in this study, targeted interventions addressing anxiety, depression, and trauma should be incorporated (Arseneault, 2018; Betancourt et al., 2010). Peer support programs, such as peer mentoring, buddy systems, and student-led anti-bullying clubs, should be institutionalized. These initiatives empower students to support victims, identify early signs of bullying, and promote a positive school climate, which has been shown to reduce the incidence of peer victimization (Salmivalli, 2010). Teachers and school staff should receive specialized training on bullying identification, intervention strategies, and psychosocial support techniques. Training should also focus on recognizing subtle forms of relational bullying and the psychological signs of distress, particularly in conflict-affected environments where students may underreport victimization (Espelage & Swearer, 2003).

Schools should integrate SEL programs to equip students with skills in empathy, emotional regulation, conflict resolution, and problem-solving. Research indicates that SEL interventions reduce bullying perpetration and improve mental health outcomes (Durlak et al., 2011; Juvonen et al., 2011). Parents and guardians should be educated on the signs, effects, and consequences of bullying. Workshops, seminars, and parent-teacher meetings can facilitate active parental involvement in addressing bullying and supporting victims. Emphasis should be placed on monitoring children's emotional well-being and peer interactions, particularly in crisis contexts (Nkengafac & Tchouaket, 2018). Local communities should be engaged in anti-bullying and child protection initiatives. Media campaigns, community dialogues, and youth clubs can raise awareness about bullying as a serious psychosocial problem and promote collective responsibility for adolescent mental health (Betancourt et al., 2010). Adolescents should be encouraged to develop positive peer networks, faith-based group participation, and extracurricular engagement to enhance resilience. Social support has been demonstrated to mitigate the psychological impact of bullying, particularly in crisis-affected environments (Miller & Rasmussen, 2010; Wolke & Lereya, 2015).

The Ministry of Secondary Education and relevant government agencies should develop national and regional frameworks addressing bullying prevention and adolescent mental health. Policies should mandate mandatory reporting, school-based counseling services, and crisis-responsive interventions for schools in conflict-affected regions (Olweus, 2013; Swearer et al., 2010). Policymakers should allocate resources to embed qualified psychologists and social workers in high

schools, especially in crisis-affected areas. This aligns with global recommendations for accessible, school-based mental health services to address trauma, anxiety, and behavioral maladjustment resulting from bullying (Arseneault, 2018). Establish robust monitoring and evaluation frameworks to track the prevalence of bullying, the effectiveness of interventions, and mental health outcomes. Data collection should be systematic, disaggregated by gender, age, and school location, and used to inform evidence-based policy revisions (Juvonen et al., 2011).

Further research is recommended to investigate the long-term effects of bullying in crisis contexts, including adult mental health, social functioning, and academic trajectories. Longitudinal studies will provide insights into cumulative exposure and resilience factors (Arseneault, 2018; Wolke & Lereya, 2015). Future studies should design and evaluate intervention programs tailored to the socio-political context of the North West Region, including conflict-sensitive psychosocial support, peer mediation, and trauma-informed approaches. Investment should be made in training local researchers, school counselors, and psychologists to collect data, implement interventions, and evaluate program effectiveness, ensuring sustainability and contextual relevance (Betancourt et al., 2010). Effective prevention and mitigation of bullying require collaborative efforts among schools, families, communities, and policymakers. This integrated approach ensures that individual, relational, and systemic factors contributing to bullying and its psychological effects are simultaneously addressed (Bronfenbrenner, 1979; Swearer et al., 2010).

Given the socio-political instability in the North West Region, interventions should be trauma-informed and adaptable, addressing both the direct effects of bullying and the broader environmental stressors affecting adolescent mental health (Miller & Rasmussen, 2010; Nkengafac & Tchouaket, 2018). Creating a safe, inclusive, and supportive school environment is critical. This includes zero tolerance for bullying, reinforcement of positive behaviors, and student participation in decision-making, which can reduce victimization and promote psychosocial well-being (Salmivalli, 2010; Swearer et al., 2010). In essence, the findings of this study demonstrate that bullying victimization is a serious and complex challenge with long-term mental health consequences for adolescents in crisis-affected regions. Addressing this issue requires multi-level, evidence-based, and contextually adapted interventions, integrating school-based programs, family and community engagement, and supportive policies. Implementation of these recommendations is essential for enhancing resilience, promoting mental health, and improving academic and social outcomes for high school adolescents in the North West Region of Cameroon.

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