

## **An Exploration of Verbal Bullying Types and The Role of Bystanders in Affecting Victims' Mental Health**

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### **Highlights**

This study explores the types of verbal bullying among students and examines the role of bystanders in impacting victims' mental health. It highlights the need for effective strategies to engage bystanders and promote a supportive environment for victims.

**ABSTRACT:** This study aims to explore the prevalence and impact of verbal bullying among adolescents, as well as the role of bystanders in these situations. The methodology involved a survey of 93 respondents, with mental health assessment conducted using the Self-Reporting Questionnaire (SRQ) validated by the WHO, which is a reliable tool for measuring mental health in adolescent populations. The findings show that 39.8% of respondents experienced verbal bullying, primarily in the form of hurtful words (57.8%) and name-calling (42.2%), mostly perpetrated by peers (60.2%). Additionally, 44.6% of respondents reported the presence of bystanders during these incidents, with most (51.4%) attempting to help the victims, although a substantial proportion (43.2%) chose to remain silent, reflecting the complex dynamics in bullying situations. Verbal bullying has significant effects on individuals' mental health, as evidenced by 64.9% of respondents reporting mental health issues related to verbal bullying. Furthermore, interviews with 9 selected victims revealed a range of emotions based on bystander behavior, highlighting feelings of anger, sadness, and anxiety when bystanders supported the perpetrator or remained passive, while victims felt relief and gratitude when defended. Importantly, the perspective of bystanders was not examined in this study. While the research focused on the experiences of victims of verbal bullying and the emotional impacts they face, it did not delve into the motivations, feelings, or actions of bystanders. Understanding how bystanders perceive bullying situations and what influences their decisions could provide a more comprehensive view of the dynamics involved in bullying. Future studies could explore these aspects to gain insights into the bystander effect and its implications for both victims and witnesses.

**Keywords:** Exploration, Types of Verbal Bullying, Role of Bystander, Impact, Mental Health of Children.

### **Introduction**

Bullying affects all parties involved, including victims and bystanders, often leading to detrimental outcomes such as mental health issues, substance abuse, and even suicide (Nazir & Metin, 2015). Various studies categorize bullying into three types: verbal bullying, relational bullying, and cyberbullying (Fauzia, 2021). Verbal bullying specifically involves using words or behaviors to

demean, insult, or hurt another individual, often manifesting as teasing, threats, insults, or name-calling (Hendrawansyah & Syarifuddin, 2023). Unlike physical bullying, which is more visible, verbal bullying can be challenging to identify yet significantly impacts the victim.

For instance, a case involving a seventh-grade student at SMPN 3 Batam highlights the severe consequences of verbal bullying, as the victim experienced a loss of her ability to read the Qur'an and ultimately suffered from a brain hemorrhage due to the psychological stress inflicted by her peers. Verbal bullying involves three primary roles: the perpetrator, the victim, and the bystander. Bystanders, who witness or are aware of bullying incidents, can be classified into various categories, including bully bystanders (supporting the perpetrator), victim bystanders (passive witnesses), avoidant bystanders (evading responsibility), abdicating bystanders (blaming others), and altruistic bystanders (offering help) (Zuhdi & Mulawarman, 2021).

Previous research indicates that peer groups significantly influence bullying behavior among middle school students, with psychological bullying being the most prevalent form (Septiyuni, Budimansyah, & Wilodati, 2015). Additionally, a global analysis of adolescents aged 12 to 17 years revealed a 32.03% prevalence of harassment, with verbal bullying identified as having the highest incidence and significant negative effects on mental health (Man, Liu, & Xue, 2022). Bullying in school environments can lead to psychological disturbances and negatively impact academic performance (Oliveira et al., 2017). Furthermore, studies have shown that both physical and non-physical harassment can result in negative self-concepts and emotional disturbances among victims (Fikri & Purwaty, 2023).

Despite the extensive research on bullying and its effects, there remains a limited understanding of the specific roles that bystanders play in verbal bullying incidents and how these roles impact the mental health of victims. Research indicates that 55% of bystanders remain passive while 38% defend the victim during bullying (Temesgen & Seleshi, 2021). This gap in the literature highlights the need for a comprehensive exploration of bystander behavior in verbal bullying situations and its implications for victims' mental health.

While various strategies, such as education and group counseling, have been proposed to address verbal bullying (Putri et al., 2024; Sukarti, Kurniawan, & Mulawarman, 2018), there is a need for targeted interventions that empower bystanders to take an active role in mitigating bullying. The cultural context, particularly values from Bugis culture, can also influence bystander intervention (Halima, Khumas, & Zainuddin, 2021). This study seeks to fill the identified gap by examining the types of verbal bullying and the roles of bystanders in influencing victims' mental health, thereby providing actionable insights for educators and policymakers.

My research offers an integrated approach that combines social, psychological, and linguistic theories, focusing on the types of bullying language while also examining the influence of bystanders on mental health. This study employs innovative research methods such as linguistic analysis and sentiment analysis of the bullying language experienced by victims, along with an exploration of bystanders' roles. The researcher analyzes the mental health of victims using the Self-Reporting Questionnaire (SRQ), a tool developed by the World Health Organization (WHO) that has been validated and has established reliability for assessing the mental health of adolescents, making it suitable for future research (Safitri & Widodo, 2024).

The problem statements in this research are as follows:

1. What types of bullying language do students experience in school?
2. What is the role of bystanders in relation to the mental health of victims?

## **Method**

This research employs a mixed-methods approach, incorporating both quantitative and qualitative methodologies. The quantitative approach involves the use of the Self-Reporting Questionnaire (SRQ) to measure mental health and calculate the prevalence of verbal bullying. The

Self-Reporting Questionnaire (SRQ), developed by the World Health Organization (WHO), will be used to assess the mental health status of the respondents, specifically focusing on psychological distress related to their experiences with bullying. However, the SRQ has limitations, such as potential self-report bias, where respondents may not always be honest or accurate.

To address this limitation, the study also includes in-depth interviews with victims selected based on the criteria of having experienced verbal bullying witnessed by bystanders and having the highest mental health impacts. This qualitative approach allows the researcher to delve deeper into the personal experiences of the victims, focusing on the role of bystanders and the victims' mental health. In this study, the researchers will obtain consent from participants and ensure the confidentiality of the collected data.

## **Data and Data Sources**

This study collected data through the distribution of the Self-Reporting Questionnaire (SRQ) to a total of 93 respondents. The SRQ was utilized to assess the mental health status of participants and identify experiences of verbal bullying. Following this initial survey, a purposive sampling method was employed to select respondents who reported experiencing verbal bullying. Out of the 93 respondents, 37 individuals met this criterion.

From these 37 respondents, an additional selection process was conducted to choose 9 participants for in-depth interviews. These individuals were specifically selected based on their experiences of verbal bullying that were witnessed by bystanders and their reported mental health impacts, which were among the most severe. This multi-stage data collection process ensures a comprehensive understanding of the effects of verbal bullying and the role of bystanders in relation to the mental health of the victims.

## **Data Collection Technique**

In this study, various data collection techniques were employed to comprehensively understand verbal bullying and its effects on mental health, as well as the role of bystanders. The primary methods include:

### **1. Quantitative Data Collection:**

**Surveys:** A structured questionnaire was distributed to gather quantitative data from students regarding their experiences with verbal bullying, bystander behavior during incidents, and their mental health status using the Self-Reporting Questionnaire (SRQ). Surveys are effective for collecting extensive data from diverse populations, facilitating statistical analysis (Sugiyono, 2017). **Self-Reporting Questionnaire (SRQ):** The SRQ is a validated tool developed for assessing mental health, particularly among adolescents. It aims to identify psychological distress and has been utilized in various studies in Indonesia (Depkes RI, 2007). This tool will measure the mental health impacts of verbal bullying on students.

The primary tool for quantitative data collection was the Self-Reporting Questionnaire (SRQ), which was distributed to 93 respondents. The SRQ assessed various aspects of mental health and the prevalence of verbal bullying. After the initial survey, purposive sampling was conducted to identify 37 respondents who reported experiencing verbal bullying. These 37 respondents continued to be part of the quantitative analysis, allowing for a focused examination of their experiences with verbal bullying and its mental health impacts.

## 2. Qualitative Data Collection:

In this research, interviews serve as an effective method for gathering in-depth qualitative data from victims of verbal bullying. They allow for a deeper exploration of personal experiences and emotions, which quantitative methods may overlook. The semi-structured format provides flexibility, fostering trust and encouraging openness when discussing sensitive topics. By capturing emotional responses, interviews enhance the understanding of the mental health implications of verbal bullying and the role of bystanders, complementing the quantitative findings from the Self-Reporting Questionnaire (SRQ). Throughout the data collection process, ethical considerations were prioritized. Informed consent was obtained from all participants, and confidentiality of their responses was assured to protect their privacy.

From the group of 37 respondents, 9 individuals were selected for in-depth interviews based on their experiences involving bystanders and the severity of their mental health impacts. These interviews provided qualitative insights into the personal experiences of victims, allowing for a deeper understanding of the dynamics of verbal bullying and the roles of bystanders.

### Data Analysis Technique

In this research, the data analysis technique involves both quantitative and qualitative approaches to provide a comprehensive understanding of verbal bullying and its impact on mental health. For the quantitative data collected through the Self-Reporting Questionnaire (SRQ), statistical analysis will be performed to calculate prevalence rates, mean scores, and correlations related to the mental health status of victims. Descriptive statistics will summarize the demographic characteristics of the respondents and the frequency of different types of verbal bullying.

For the qualitative data obtained from in-depth interviews, thematic analysis is utilized. This involves transcribing the interviews, coding the data, and identifying key themes and patterns related to the experiences of victims, the role of bystanders, and the mental health consequences of verbal bullying. By integrating both data sets, the study aims to triangulate findings, enriching the understanding of how verbal bullying affects mental health and the influential role of bystanders.

## Findings and Discussion

### Findings

Based on the results of this study, it can be concluded that insults, name-calling, and sarcastic remarks are the most common forms of bullying among students. Additionally, the role of bystanders has a significant impact on the mental health of victims; passive bystanders tend to exacerbate the negative effects, while active bystanders.

The figure 1 shows the results, indicating whether respondents have experienced unpleasant or hurtful verbal actions from others in the past six months. 60.2% of respondents reported not having such experiences, while 39.8% reported that they had.

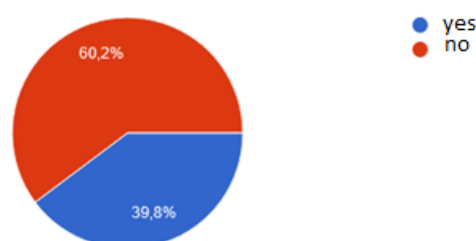


figure 1. Number of Respondents Experiencing Verbal Bullying

The Figure 2 illustrates the distribution of types of verbal bullying reported by respondents:

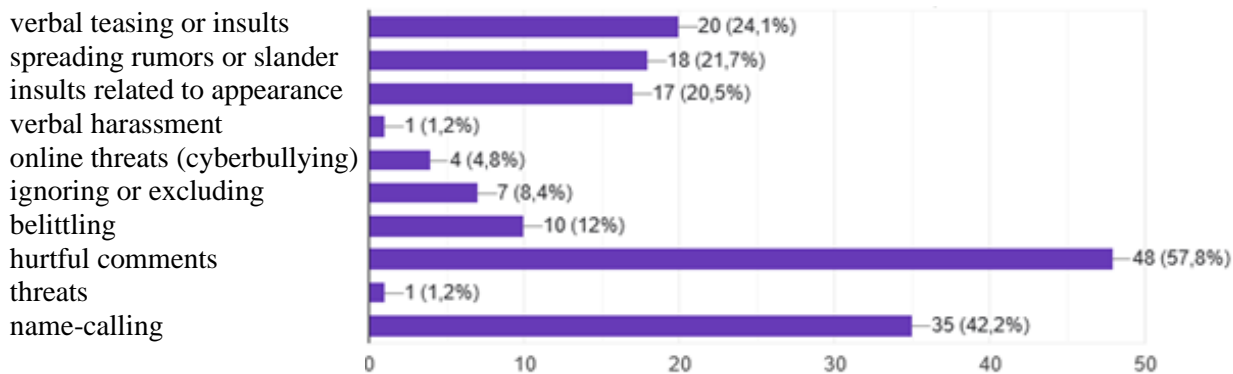


Figure 2. The types of verbal bullying

Based on the types of actions experienced, verbal teasing or insults accounted for 24.1%, spreading rumors or slander for 21.7%, insults related to appearance for 20.5%, verbal harassment for 1.2%, online threats (cyberbullying) for 4.8%, ignoring or excluding for 8.4%, belittling for 12%, hurtful comments for 57.8%, threats for 1.2%, and name-calling for 42.2%.

The highest percentages of unpleasant actions experienced were hurtful comments at 57.8%, followed by name-calling at 42.2%, and verbal teasing or insults at 24.1%. These results indicate that emotional and verbal harm, particularly through hurtful words and name-calling, are the most common forms of negative behavior experienced by respondents.

The graph above illustrates the distribution of types of bullying perpetrators reported by the respondents.:

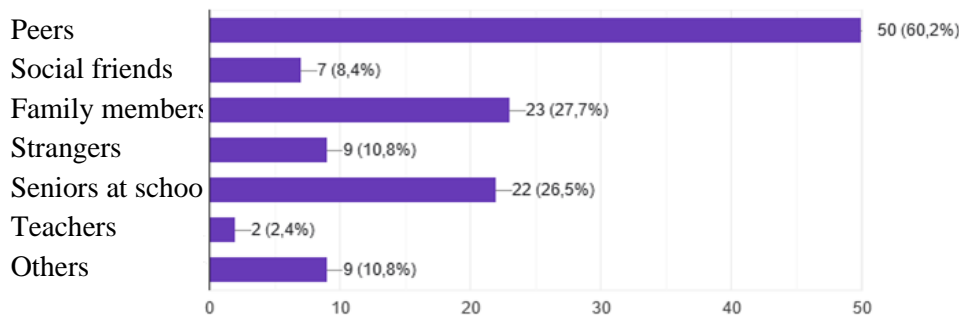


Figure 3: The types of bullying perpetrators

Based on the figure 3, it is shown that the perpetrators were predominantly peers at 60.2%, followed by social friends at 27.7%, family members at 10.8%, strangers at 26.5%, seniors at school at 8.4%, teachers at 2.4%, and others at 10.8%.

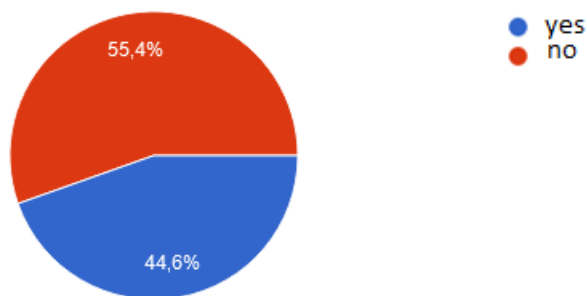


Figure 4. Distribution of Bystander Presence in Bullying Incidents

The figure 4 illustrates the distribution of responses regarding the presence of bystanders during bullying incidents. It shows that 55.4% of respondents reported that no one witnessed or was aware of the bullying, while 44.6% or 37 respondents indicated that someone had witnessed or knew about the incident.

The graph above illustrates the role of bystanders as reported by the respondents

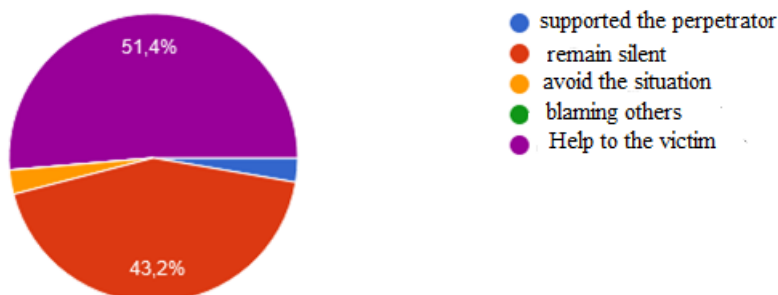


Figure 5. Actions Taken by Bystanders During Bullying Incidents

Based on the figure 5, the results indicate the actions taken by bystanders during bullying incidents. Specifically, 51.4% of respondents reported providing help to the victim, while 43.2% chose to remain silent. Additionally, 2.7% of bystanders opted to avoid the situation, and another 2.7% supported the perpetrator. These findings suggest that while a majority of bystanders are willing to assist victims, a significant portion still chooses not to intervene or take action.

Here are the survey results regarding the feelings of victims when receiving support from bystanders:

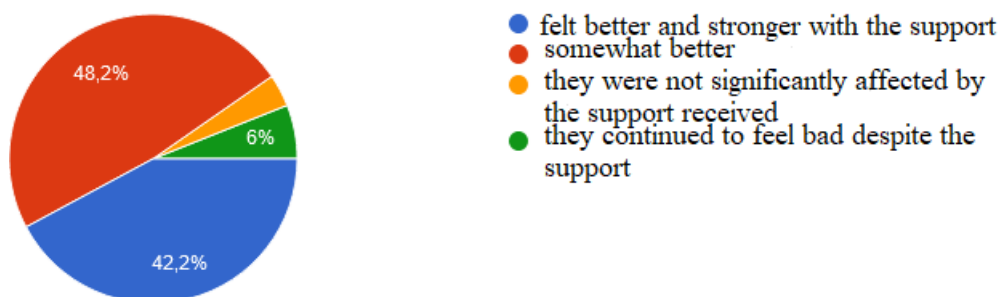


Figure 6. The feelings of victims when receiving support from bystanders



Based on the survey results regarding the feelings of bullying victims after receiving support from others, the majority of victims experienced a positive impact from the support provided. Specifically, 42.2% of respondents indicated that they felt better and stronger with the support, highlighting the importance of emotional or physical assistance in restoring the victims' self-confidence and mental resilience. Additionally, 48.2% of respondents reported feeling somewhat better, indicating that while the support did not entirely eliminate negative feelings, it still had a positive effect.

However, 6% of respondents stated that they continued to feel bad despite the support, suggesting that some victims may require more time or additional help to recover fully. The remaining 3.6% felt that they were not significantly affected by the support received. This indicates that while support is crucial, its impact can vary depending on the mental and emotional conditions of the victims.

The table below presents a report on the mental health issues faced by victims, as assessed using the Self-Reporting Questionnaire (SRQ). This data is based on 37 respondents who experienced verbal bullying and had bystanders present during the incidents.

*Tabel 1. Frequency of Emotional Mental Disorder Symptoms Among Respondents*

<b>Symptoms</b>	<b>F</b>	<b>%</b>
1. Do you often have headaches?	21	56,8
2. Has your appetite decreased?	16	43,2
3. Are you unable to sleep well?	15	40,5
4. Do you easily feel afraid?	18	48,6
5. Do your hands tremble?	8	21,6
6. Do you feel anxious, tense, or worried?	16	43,2
7. Do you have poor digestion?	6	16,2
8. Do you have difficulty thinking clearly?	22	59,5
9. Do you feel unhappy?	19	51,4
10. Do you cry more often than usual?	16	43,2
11. Do you find it difficult to enjoy daily activities?	8	21,6
12. Do you have trouble making decisions?	25	67,6
13. Has your daily work performance worsened?	7	18,9
14. Do you feel like you can't do anything useful in life?	13	35,1
15. Have you lost interest in various activities?	17	45,9
16. Do you feel worthless?	16	43,2
17. Do you have thoughts of ending your life?	11	29,7
18. Do you feel tired all the time?	21	56,8
19. Do you feel discomfort in your stomach?	13	35,1
20. Do you easily get tired?	24	64,9

The table below presents the frequency and percentage of various emotional and mental health symptoms experienced by the respondents. Among the symptoms assessed, the highest percentage was reported for difficulty making decisions, affecting 67.6% of participants, indicating a significant challenge in cognitive functioning. Following closely, 64.9% of respondents reported easily feeling tired, suggesting a pervasive sense of fatigue.

Additionally, both headaches and persistent tiredness were reported by 56.8% of the respondents, highlighting common physical manifestations of stress or emotional distress. The feeling of unhappiness was noted by 51.4% of participants, while 48.6% expressed experiencing heightened fearfulness.

Other notable symptoms included decreased appetite (43.2%), anxiety (43.2%), and frequent crying (43.2%), suggesting a substantial emotional burden. Furthermore, 40.5% of respondents struggled with sleep disturbances, and 35.1% reported feeling they could not perform useful tasks in life.

Conversely, symptoms like poor digestion (16.2%) and trembling hands (21.6%) were less frequently reported, indicating that while these symptoms are present, they may not be as prominent among the affected individuals. The findings underscore the impact of verbal bullying on mental health, as a significant proportion of respondents displayed various emotional and psychological challenges.

Based on the theory that a sample in a study is indicated to experience mental health issues if they answer "yes" to at least six questions (Kemenkes RI, 2013), the following table summarizes the responses of each sample. This analysis reveals the extent of mental health concerns among the respondents, demonstrating the significant psychological impact they experience due to verbal bullying

**Tabel 2. Mental Health Status Indicators of Respondents**

No	Initials	F	Indications
1	Nr	13	Indicated
2	lrf	2	Not indicated
3	AZ	7	Indicated
4	LA	12	Indicated
5	Salsa	8	Indicated
6	RA	4	Not indicated
7	WF	1	Not indicated
8	AN	12	Indicated
9	KK	11	Indicated
10	Gt	17	Indicated
11	Ans	11	Indicated
12	NN	20	Indicated
13	MR	10	Indicated
14	NA	9	Indicated
15	IA	4	Not indicated
16	NK	3	Not indicated
17	DA	0	Not indicated
18	Dah	0	Not indicated
19	A	3	Not indicated
20	Ft	3	Not indicated
21	CR	15	Indicated
22	YM	18	Indicated
23	Rmy	17	Indicated
24	At	3	Not indicated



25	Sl	2	Not indicated
26	Mr	18	Indicated
27	Fh	7	Indicated
28	Nh	9	Indicated
29	JA	7	Indicated
30	Ayn	11	Indicated
31	S	11	Indicated
32	Zh	2	Not indicated
33	Wr	6	Indicated
34	R	9	Indicated
35	E	10	Indicated
36	Ad	0	Not indicated
37	Az	17	Indicated
<b>Total Indicated</b>			<b>24</b>
<b>Percentage</b>			<b>64,9</b>

The findings reveal that out of the surveyed respondents, a total of 24 individuals are indicated to experience mental health issues as a result of verbal bullying, with a notable presence of bystanders during these incidents. This significant number, representing 64.9% of the participants, underscores the profound impact that verbal bullying can have on mental well-being. The presence of bystanders suggests a complex social dynamic, where the support or lack thereof from peers can either exacerbate or alleviate the psychological distress faced by the victims. These findings highlight the urgent need for effective intervention strategies to address the mental health consequences of verbal bullying and to empower bystanders to take a proactive role in supporting those affected.

Based on the interview results, the emotional impacts felt by victims in relation to different types of bystanders are as follows:

- a. For bully-supporting bystanders: Victims reported feelings of anger, frustration, insecurity, rage, hurt, shame, and sadness.
- b. For bully-assistant bystanders: Victims experienced prolonged sadness, loss of appetite for a week, irritation, restlessness, reluctance to attend school, suicidal thoughts, hatred, and shame.
- c. For victim-defending bystanders: Victims felt grateful, relieved, calmer, loved, and motivated.
- d. For outsider bystanders: Victims expressed disappointment, sadness, and resentment.

The interviews indicate that verbal bullying significantly impacts the mental health of victims. Many exhibit symptoms consistent with depression and anxiety, and without appropriate intervention, their conditions may worsen. Among the nine clients interviewed, three reported experiencing depressive disorders, with a concerning symptom being thoughts of self-harm or suicide.

These bullying experiences often began in elementary or middle school, and the lack of targeted intervention has resulted in serious mental health issues. The victims' tendency to remain silent about their experiences exacerbates their psychological distress.

## Discussion

The findings of this research reveal critical insights into the nature of verbal bullying and its consequences among the respondents, connecting closely with existing theories in the field. According to the definitions provided by Nazir and Metin (2015), bullying affects all parties involved, leading to various negative consequences, including mental health issues and substance abuse. In this study, the data indicates various forms of verbal bullying experienced by participants, with the highest reported instances being hurtful words at 57.8%, followed by name-calling at 42.2%, verbal insults at 24.1%, and the spreading of rumors or slander at 21.7%. Other forms included humiliation related to appearance (20.5%), social exclusion (8.4%), and online threats (4.8%). This aligns with Fauzia's (2021) categorization of bullying types, which highlights the

prevalence of verbal bullying as a harmful behavior that inflicts emotional pain.

Additionally, the perpetrators of these bullying behaviors were primarily peers, accounting for 60.2% of incidents, followed by friends in social settings (27.7%), family members (10.8%), and strangers (26.5%). This finding corresponds with the theoretical framework of bystander behavior discussed by Zuhdi and Mulawarman (2021), where peers are often in a position to influence the social dynamics of bullying situations. Interestingly, seniors at school or campus contributed to 8.4% of the incidents, while teachers were involved in only 2.4% of cases, indicating the need for increased awareness and intervention from educational staff.

The analysis also highlights the presence of bystanders during bullying incidents. According to the respondents, 55.4% reported that no one was aware of the bullying taking place, while 44.6% represented 37 respondents indicated that someone had witnessed or knew about the incident. The responses regarding bystander actions reveal that 51.4% of witnesses chose to assist the victim, demonstrating a willingness to intervene. However, a considerable 43.2% opted to remain silent, and a smaller percentage of 2.7% decided to avoid the situation or support the perpetrator. These findings resonate with existing theories that categorize bystanders into different roles, emphasizing the complexity of their responses in bullying scenarios.

The perspectives of bystanders were not examined in this study. While the focus of the research is on the experiences of victims of verbal bullying, the motivations, feelings, and actions of bystanders are not discussed.

Importantly, the study identified that a total of 24 respondents, representing 64.9% of the sample of 37 victims of verbal bullying with the presence of bystanders, exhibited indications of mental health issues. This significant percentage underscores the pressing concern for mental health within this population and aligns with the broader research highlighting the psychological impacts of verbal bullying. As noted in Man et al. (2022), such experiences can lead to adverse mental health outcomes, necessitating effective mental health support and intervention strategies. Overall, these findings underscore the multifaceted nature of verbal bullying, its detrimental effects on mental health, and the critical role of bystanders, thereby necessitating comprehensive approaches to foster awareness, support victims, and engage bystanders in positive interventions.

The interviews conducted revealed that victims experience a range of emotions based on the type of bystander present. For instance, when bystanders supported the perpetrator, victims reported feelings of anger, insecurity, and sadness. In contrast, victims who encountered bystanders acting as assistants to the perpetrator reported prolonged sadness, a loss of appetite, anxiety, and even suicidal thoughts. Conversely, when bystanders defended the victims, individuals felt relief, gratitude, and increased motivation, while those who remained passive expressed disappointment and resentment.

Overall, these findings underscore the multifaceted nature of verbal bullying, its detrimental effects on mental health, and the critical role of bystanders. The absence of intervention from bystanders, coupled with the silence surrounding these experiences, significantly affects the mental health of the victims. If left unaddressed, these emotional struggles can worsen over time, highlighting the urgent need for targeted interventions that support victims of verbal bullying and promote positive bystander behavior. Addressing these issues is crucial for fostering a safer and more supportive environment in schools, thereby necessitating comprehensive approaches to foster awareness, support victims, and engage bystanders in positive interventions.

## **Conclusion**

The conclusion of this study is that 39.8% of respondents experienced verbal bullying. The data shows that verbal abuse manifests in various forms, with the highest prevalence being hurtful

words (57.8%) and name-calling (42.2%), primarily perpetrated by peers (60.2%). Additionally, the presence of bystanders during these incidents plays a crucial role, with 44.6% or 37 respondents acknowledging that someone witnessed the bullying. Although the majority of bystanders (51.4%) chose to intervene and help the victims, a substantial proportion (43.2%) remained silent, reflecting the complex dynamics in bullying situations. Verbal bullying has significant effects on individuals' mental health, as evidenced by the fact that 64.9% or 24 respondents reported experiencing mental health issues. Furthermore, interviews with 9 selected victims revealed a range of emotions based on bystander behavior, highlighting feelings of anger, sadness, and anxiety when bystanders supported the perpetrator or remained passive. In contrast, victims felt relief and gratitude when defended by bystanders. These findings underscore the need for effective intervention strategies and mental health support for both victims and bystanders to address the pervasive issue of verbal bullying.

The perspective of bystanders was not examined in this study. While the research focused on the experiences of victims of verbal bullying and the emotional impacts they face, it did not delve into the motivations, feelings, or actions of bystanders. Understanding how bystanders perceive bullying situations, what influences their decisions to intervene or remain passive, and how they emotionally respond to witnessing bullying could provide a more comprehensive view of the dynamics involved in bullying. Future studies could explore these aspects to gain insights into the bystander effect and its implications for both victims and witnesses.

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