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## The Protective Factors of Bullying Victimization Experiences on Mental Health among Adolescents: A Decade of Systematic Review

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# The Protective Factors of Bullying Victimization Experiences on Mental Health among Adolescents: A Decade of Systematic Review



Eem Munawaroh<sup>♦</sup>, Anwar Sutoyo, Firdian Setiya Arinata, Anggun Karomah, Silviana Damayanti, & Luvieta Zulgya Nitami

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**Abstract:** Despite extensive research on the mental health consequences of bullying victimization, there is limited information on the protective factors that may mitigate these negative outcomes. This systematic review seeks to identify factors that can buffer the impact of bullying victimization on adolescent mental health. Articles were selected from the Scopus and Pubmed databases, covering studies published between 2014 and 2024. After applying the inclusion and exclusion criteria, 11 studies were found that focused on protective factors against the mental health effects of bullying among adolescents. The review reveals two major categories of protective factors: personal strengths and social support. Personal strengths include traits such as resilience, forgiveness, and religiosity, while social support involves factors such as student connectedness, parental psychological control, increased autonomy support, strong parent-child attachment, and the presence of multiple supportive adults. The findings suggest that schools should focus on building personal strengths and enhancing social support systems as key strategies to protect students from the adverse mental health effects of bullying, particularly through the improvement of counseling services and the creation of support programs.

**Key Words:** Protective factors; Bullying victimization; Mental health; Student connectedness; Personal strengths

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## INTRODUCTION

Bullying, in its various forms including physical, verbal, and cyberbullying, is most prevalent during childhood and adolescence (Lin et al. 2020). It is defined as repeated and deliberate aggressive behavior that uses physical and emotional power to control or harm others (Ran et al. 2020). Bullying can be categorized into four types: physical, verbal, relational, and cyberbullying, which is carried out through social media. In Indonesia, the level of bullying cases, both at school and outside of the school environment, is still quite high. With the third largest education system in Asia and the fourth largest in the world, Indonesia has around 50 million students, 2.6 million teachers, and 250 thousand schools. If bullying is left unchecked in schools and outside of schools, it can cause harm to future generations. A study conducted in Central Java, involving 5,517 students from 6 schools, showed an increase in both bullying perpetrators and victims (Bowes et al. 2019). These findings indicate that there is still a high level of bullying in Indonesia (Borualogo, Wahyudi, and Kusdiyati 2020).

Bullying behavior is not a new phenomenon, many programs and interventions have been conducted by schools and communities to reduce this maladaptive behavior. Thus, many questions arise regarding how bullying has evolved in the last 10 years. Based on social learning theory, there is an

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adaptation of bullying behavior in adolescents today. Aggressiveness is a natural thing done by humans to defend themselves. A teenager learns this bully behavior because the rewards obtained from this action exceed the punishment obtained (Volk, Dane, and Al-Jbouri 2022). Thus, bullying is transformed in various forms in accordance with the development of technology and information, namely cyberbullying. Research on cyberbullying in adolescents has been widely reported in the last 10 years (Antoniadou, Kokkinos, and Markos 2016) which has a similar impact on mental health. There are various reasons why adolescents engage in bullying, which can be explained from different perspectives such as school, family, and peers. In terms of school factors, a lack of adult supervision, negative attitudes towards school, and a lack sense belonging can increase the risk of bullying behavior. Within the family, high levels of violence and conflict, as well as a lack of warmth and parental supervision, can also contribute to a child's involvement in bullying. Additionally, negative peer influence and pro-bullying group norms can also be risk factors for bullying behavior (Thomas, Connor, and Scott 2018).

The experience of being a victim of bullying can have a profound impact on the mental health of individuals, both in the short and long term. Research has shown that being bullied is strongly associated with increased levels of depression and thoughts of suicide. In fact, a study by Turner (2015) found that both adolescent boys and girls who were subjected to verbal bullying reported higher levels of depression compared to those who were not bullied. Additionally, bullying can also lead to other short-term consequences such as anger, hostility, anxiety, low self-esteem, loneliness, and social withdrawal (Schoeler et al. 2018).

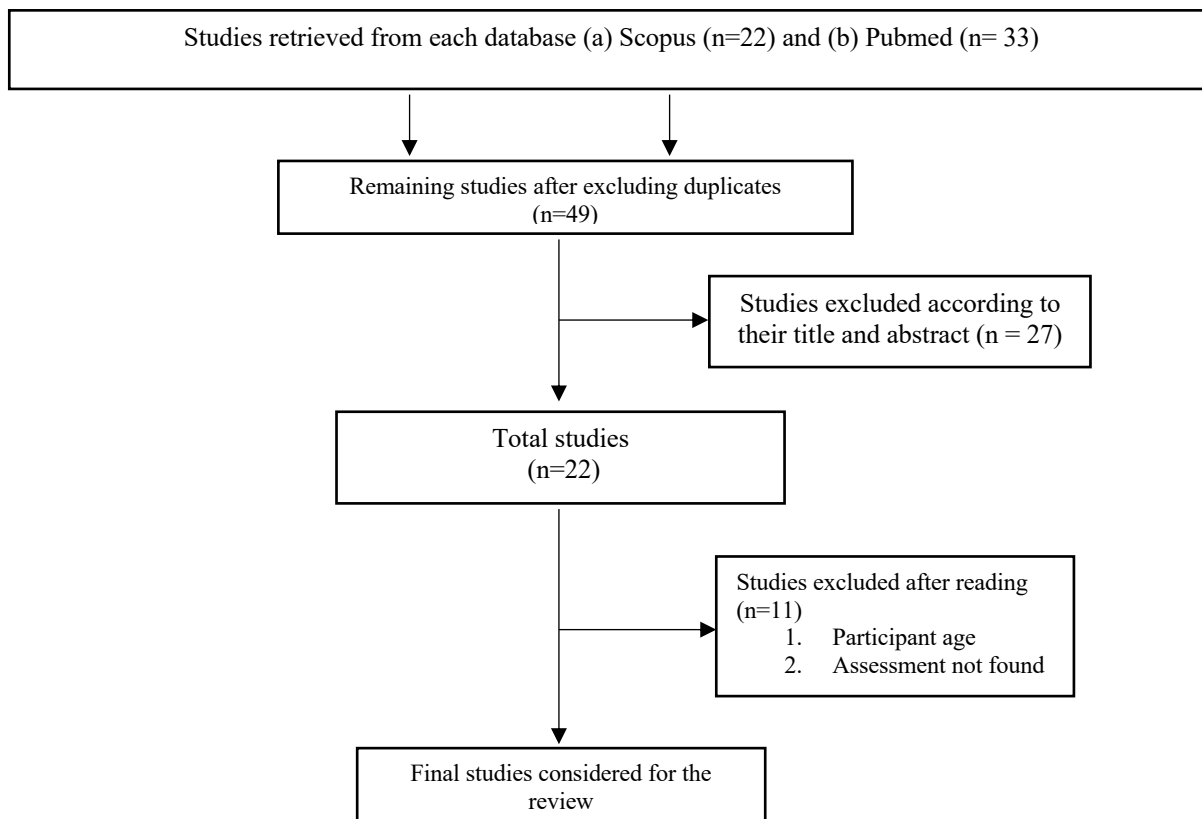
Adolescent who become victims of bullying are at a consistently high risk of developing internalizing problems, such as anxiety disorders and depression, during early and middle adulthood (ages 18-50). Additionally, they are also more likely to experience poor health, including headaches and difficulty recovering from illnesses, as well as lower levels of education and financial management problems (Wolke and Lereya 2015). Research conducted on school students in Canada has shown that victims of bullying often experience low psychological well-being and struggle with social adjustment (Rigby 2003). Furthermore, a meta-analysis examining the impact of cyberbullying on mental health found that victims of bullying are more likely to experience anxiety, self-harm, and suicidal thoughts, with a higher proportion of female victims (Hamm et al. 2015). In order to identifying the adverse effects of bullying on mental health, it is important to identify protective factors that can buffer the impact of bullying on mental health. These factors can be related to contextual variables such as class and school as well as individual variables such as age and gender. So far, not many studies have identified protective factors that can inhibit the negative impact of bullying on mental health. In fact, protective factors can be used by various parties such as parents, teachers, and schools to improve adolescent mental health.

The research gaps related to this topic are; 1) the limited global prevalence of bullying in adolescents, with most studies focusing on only a few specific countries. Furthermore, the findings of these studies are inconsistent between countries, and there is a lack of comparative research between different countries. This highlights the need for more comprehensive and cross-cultural studies on protective factor. 2) In addition to examining the overall effects of bullying on the mental health of adolescents, there is a lack of research on how bullying affects specific subgroups of adolescents. As adolescents are at a critical stage of development and that age can play a significant role in their behavior, it is important to investigate how different forms of bullying impact mental health in different age groups especially adolescent. 3) While recent research has primarily focused on identifying risk factors for bullying in adolescents, there is a lack of attention given to protective factors. In particular, there is a need for more research on the role of personal strengths and social support in mitigating the negative effects of bullying on mental health (Man, Liu, and Xue 2022). Therefore, the purpose of this literature review is to identify and examine various protective factors that can help reduce the impact of bullying experiences on mental health.

## METHOD

The databases used in this study were Scopus and Pubmed. The search in the databases used the terms “protective factor”, “bullying”, “mental health”, and “adolescent”. The inclusion criteria were: 1) the article was published between January 2014 to January 2024, 2) the research article discussed

protective factors of traditional bullying and its effect on mental health, 3) the research participants were adolescents between the ages of 10-18 years, and 4) the article was written in English. The exclusion criteria were: 1) articles published before January 2014 2) research conducted on children or parents with mental disorder populations, and 3) research that solely focused on bullying without examining protective factors and their impact on mental health.



**Figure 1.** Flow Chart of the Bibliographic Search and Selection of Studies

The database search produced 55 pertinent articles, comprising 22 from Scopus and 33 from PubMed. Following the elimination of 6 duplicate articles, 49 articles persisted. After evaluating the titles and abstracts and implementing the inclusion and exclusion criteria, 27 articles were discarded. A comprehensive review of the remaining 22 publications led to the elimination of 11 articles for failing to provide assessments or for utilizing participants beyond the designated age criteria. Following the final evaluation, 11 articles were determined to be appropriate for inclusion. Figure 1 illustrates the method of article extraction.

## RESULTS

This review involved 246,811 male and female adolescent respondents aged 12-18 years. The research came from Spain (3), Australia (1), Taiwan (1), Germany (1), USA (1), China (2), Belgium (1), and one research involved 45 countries in Europe, North America, and Middle East (1). Instrument Bullying Victimization that used are The European Cyberbullying Intervention Project Questionnaire (ECIPQ) (Quintana-Orts and Rey 2018), Peer Relations Questionnaire (PRQ) (Moore and Woodcock 2017) "Measuring Bullying Victimization, Perpetration, and Bystander Experiences" (Lin et al. 2022) The Bullying Others and Victimization Scale (Demmrich and Akgül 2020), Cyberbullying Questionnaire (CBQ) (Santos and Mateos-pe 2020), Illinois Peer Victimization Scale (Robinson et al. 2021), European Bullying Intervention Project Questionnaire (EBIPQ), European Cyberbullying

Intervention Project Questionnaire (ECIPQ) (Stebnicki 2016), Olweus Bully/Victimization Questionnaire (OBVQ) (Guo, Tan, and Zhu 2022)(Desmet et al. 2021) (Kim et al. 2022), The Relational Aggression Scale (Zhu et al. 2021).

This review reveals that there are specific protective factors that mitigate the impact of the relationship between being bullied and mental health in adolescents. These factors are categorized into two aspects: social support and personal strength as mentioned on Table 1. The review identifies these two aspects as protective factors that can help buffer the negative effects of bullying on mental health in adolescents: protective factors related to personal strength (Duan 2016) and social support (Bedaso et al. 2021). Both personal strength and social support are significant factors that greatly influence adolescent mental health.

**Table 1.** Protective Factors of Bullying Victimization Experience on mental health among Adolescent

Research	Protective Factor	Personal Strength	Social Support
(Quintana-Orts and Rey 2018)	Forgiveness	√	
(Moore and Woodcock 2017)	Resilience	√	
(Lin et al. 2022)	Resilience	√	
(Demmrich and Akgül 2020)	Integration acculturation strategy and religiosity	√	
(Santos and Mateos-pe 2020)	Resilience	√	
(Robinson et al. 2021)	Seek Help	√	
Molina, et al (2022)	Student Connectedness		√
(Guo et al. 2022)	perceived social support		√
(Desmet et al. 2021)	of parental psychological control and higher levels of autonomy support		√
(Kim et al. 2022)	multiple supportive adults.		√
(Zhu et al. 2021)	parent-child attachmen		√

### Personal Strength

Strength can be defined as positive cognitive self-schemas that relate to oneself, others, and the world. These self-schemas are praiseworthy and can be influenced by life events. There are three universal strengths that are present across cultures: interpersonal strength, intellectual strength, and temperance strength. Interpersonal strength is characterized by love, concern, and gratitude towards others. Intellectual strength is demonstrated through curiosity and motivation for creativity. Temperance strength is seen in individuals who persist in achieving their goals and exhibit self-control (Duan, 2016).

The Table 2 displays the protective factors that can mitigate the effects of bullying on mental health, including personal strengths such as forgiveness, resilience, religiosity, and the willingness to seek help.

**Table 2.** Personal Strength Protective factor of Bullying Victimization Experience on Mental Health Among Adolescent

Author - Year of Research	Research Title	Participants	Bullying Instrument	Mental Health Instrument	Protective Factor Instrument	Data Analysis	Findings
(Quintana-Orts & Rey, 2018)	Traditional Bullying, Cyberbullying and Mental Health in Early Adolescents: Forgiveness as a Protective Factor of Peer Victimizations	N: 1044 early adolescents of Andalusia (Spain) Males :517 Females: 527 M= 13.09 years SD = 0.77) in Spain	The European Cyberbullying Intervention Project Questionnaire (ECIPQ)	The Suicidal Behaviors Questionnaire-Revised (SBQ-R) The Satisfaction with Life Scale (SWLS)	Values in Action Inventory for Youth (VIA-Youth)	Hayes	Forgiveness is a protective factor against the detrimental effects of both traditional and cyberbullying. Among with high levels of forgiveness have higher levels of satisfaction and lower levels of suicidal risk.
(Moore & Woodcock, 2017)	Resilience, bullying, and mental health: Factor Associated with	N: 105 Primary school (n = 53) grades 5 and 6 and a high school (n = 52) 49	Peer Relations Questionnaire (PRQ)	Kessler Psychological Distress Scale	The Resilience Scale for Children and	Factor analysis	Resilience was a protective factor regarding depression and anxiety

Author - Year of Research	Research Title	Participants	Bullying Instrument	Mental Health Instrument	Protective Factor Instrument	Data Analysis	Findings
	Improved Outcomes	males and 56 females with age range 10-14 with mean age 12,10in New South Wales, Australia.			Adolescents (RSCA)		
(L. Y. Lin et al., 2022)	Bullying Experiences, Depression, and the Moderating Role of Resilience Among Adolescents	N: 4,771 students Grade 7 students (age range: 12–13) and Grade 10 students (age range: 15–16) were identified as ever had bullying experience at school in Taiwan School	Modified assessment tool developed by the U.S. Centers for Disease Control and Prevention (CDC) called "Measuring Bullying Victimization, Perpetration, and Bystander Experiences"	Center for Epidemiological Studies Short Depression Scale (CES-D) (37).	Inventory of Adolescent Resilience (IAR)	logistic regression model and a restricted cubic spline (RCS) regression model	Resilience confirms as the protective factor that buffer the effect of bullying experience on mental health.
(Demmrich & Akgül, 2020)	Bullying Experience among Adolescents with a Turkish Migration Background in Germany: Ethnic Class Composition, Integration, and Religiosity as Protective Factors?	N = 103 adolescents with a Turkish migration background living in Germany (56.7% female) with age 16-17 years old	The Bullying Others and Victimization Scale	Beck's Depression Inventory	The East Asian Acculturation Measure (EAAM)  The Religious Belief Scale for Adolescents	hierarchical regression analysis	Integration acculturation strategy and religiosity proved to be protective factors against bullying experience.
(Santos & Mateos-pe, 2020)	Cyberbullying in Adolescents: Resilience as a Protective Factor of Mental Health Outcomes	N: 2,108 adolescents Age: 12–17 (average age = 13.60, standard deviation [SD] = 0.97; 51.9 percent girls, 48.1 percent boys) in Spain.	Cyberbullying Questionnaire (CBQ)	Brief Symptom Inventory  Satisfaction with Life Scale	Resilient Scale for Adolescent	Regression Analysis	Among adolescents with high levels of resilience, cyberbullying victimization was associated with fewer symptoms of depression and a smaller reduction in life satisfaction
(Robinson et al., 2021)	Ethnic Representation and Willingness to Seek Help as Moderators Between Peer Victimization and Mental Health Outcomes among Latinx Adolescents	(n = 2554; 50.6% boy, mean age = 14.9 years from 19 high schools in Colorado	Illinois Peer Victimization Scale	Short Mood and Feelings Questionnaire (SMFQ)	Help-Seeking Acceptability at School" scale	Path analysis	A greater willingness to seek help was associated with less symptoms of depression and suicidality among young Latinx youth

### Social Support

Social support is social assistance that is considered available or provided by non-professional people in the context of formal support groups and informal assistance (Gottlieb and Bergen 2010). Based on the results of a systematic review, protective social support factors that inhibit the experience of being a victim of bullying on mental health include student connectedness, perceived social support, parental psychological control and higher levels of autonomy support, multiple supportive adults, and parent-child attachment. The Table 3 displays the protective factors that can mitigate the effects of bullying on mental health, including personal strengths such as forgiveness, resilience, religiosity, and the willingness to seek help.

**Table 3.** Social Support Protective factor of Bullying Victimization Experience on Mental Health Among adolescent

Author - Year of Research	Research Title	Participants	Bullying Instrument	Mental Health Instrument	Protective Factor Instrument	Data Analysis	Findings
Molina, etc (2022)	Bullying, Cyberbullying and Mental Health: The Role of Student Connectedness as a School Protective Factor	N: 1,774 students aged 14-18 years (M = 15.70, SD = 1.26), of which 53.7% were female, from 31 secondary schools in Spain	European Bullying Intervention Project Questionnaire (EBIPQ) European Cyberbullying Intervention Project Questionnaire (ECIPQ)	Adolescent Suicidal Behavior Assessment Scale (SENTIA) Reynolds Adolescent Depression Scale-Short Form (RADS-SF) Rosenberg Self-esteem Scale	Student Connectedness Self-reported questionnaire Family Affluence Scale-II	Multilevel Analyses	Individual levels of <b>student connectedness</b> were associated with lower levels of suicidal behavior and depression, and with higher levels of self-esteem. Moreover, school levels of student connectedness buffered the adjustment problems experienced by victims of cyberbullying.
(Guo et al., 2022)	<i>Chains of tragedy: The impact of bullying victimization on mental health through mediating role of aggressive behavior and perceived social support</i>	N: 3635 Male: 1,757 Female: 1,878 From Eight middle schools selected in Hubei province of China	Olweus Bully/Victimization Questionnaire (OBVQ)	Patient Health Questionnaire (PHQ-9) Chinese version of the Generalized Anxiety Disorder scale (GAD-7)	Multidimensional Scale of Perceived Social Support (MSPSS)	Chain mediational analysis	Bullying victimization not only negatively predicts mental health levels but also has an indirect impact on mental health through three pathways: a separate mediating effect on aggressive behavior, a separate mediating effect on <b>perceived social support</b> , and a chain mediating effect on both.
(Desmet et al., 2021)	<i>The Moderating Role of Parenting Dimensions in the Association between Traditional or Cyberbullying Victimization and Mental Health among Adolescents of Different Sexual Orientation</i>	N: 1037 adolescents (M age = 15.2 ± 1.9, 50% female)	Olweus Bully/Victimization Questionnaire (OBVQ)	Depression, Anxiety, Stress scale (DASS-21)	Autonomy Support Scale from the Perceptions of Parents Scale	Regression analyses	Lower levels of <b>parental psychological control and higher levels of autonomy support</b> were related to having fewer mental health problems
(Kim et al., 2022)	Bullying, Mental Health, and the Moderating Role of Supportive Adults: A Cross-National Analysis of Adolescents in 45 Countries	N = 230,757 Aged: 11, 13, and 15 years From 45 countries and regions across Europe, North America, and the Middle East	Olweus Bullying scale	HBSC psychosomatic symptom checklist	Multidimensional Scale of Perceived Social Support	Multivariable Poisson regression	Risk of mental health problems associated with bullying involvement was greatest among students reporting relationships with <b>multiple supportive adults</b> .
(Zhu et al., 2021)	Parent-Child Attachment Moderates the Associations Between Cyberbullying Victimization and	N : 3,232 adolescents Age: 15 to 17 year in high school students in Xi'an, China	The Relational Aggression Scale	Beck Depression Inventory-II (BDI-II) ShortForm Health	Adolescent Attachment Questionnaire (AAQ)	Ordinary least squares (OLS) regression Binary regression	Greater levels of <b>parent-child attachment</b> were a protective factor against the negative effects of cyberbullying

<i>Author - Year of Research</i>	<i>Research Title</i>	<i>Participants</i>	<i>Bullying Instrument</i>	<i>Mental Health Instrument</i>	<i>Protective Factor Instrument</i>	<i>Data Analysis</i>	<i>Findings</i>
	Adolescents' Health/ Mental Health Problems: An Exploration of Cyberbullying Victimization Among Chinese Adolescents			Survey (SF-12 Health Survey)			victimization on adolescents' depressive symptoms
				University of California, Los Angeles (UCLA) PTSD reaction index (RI) for Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV)			

## DISCUSSION

This systematic review focused on identifying protective factors that inhibit the impact of bullying experiences on adolescent mental health. The results indicated protective personal strength factors; resilience, forgiveness, religiosity and help-seeking, and social support; student connectedness, perceived social support, higher parental psychological control and autonomy support, supportive adult support, and parent-child attachment.

In terms of personal strength, resilience, forgiveness, religiosity, and willingness to seek help are all interconnected aspects. Out of the six articles that were reviewed, three of them highlighted resilience as a protective factor. When it comes to mental health, resilience can be defined in different ways. Firstly, it can be seen as an individual's ability to handle pressure and overcome adversity. Secondly, it can be viewed as a fixed characteristic. Lastly, it can be seen as individual resilience based on an ecological perspective, which takes into account the collective response from family, group, or community in helping individuals face situations that may threaten their mental health (Anderson and Priebe 2021). In the context of bullying victims, resilience plays a crucial role in improving mental health, not only through the individual's own strengths (such as high self-esteem and autonomy), but also through the support of their families (positive relationships with parents, including warmth, peace, and absence of neglect and conflict) and peers (positive interactions, such as trust, support, absence of conflict, and good quality relationships with neighbors and schools) (Sapouna and Wolke 2013).

Forgiveness is a complex concept that involves reducing feelings of resentment and anger, while also increasing positive thoughts and feelings towards the perpetrator or oneself (Quintana-Orts & Rey, 2018). It has been widely linked to bullying victimization and has been shown to have a positive impact on mental health, despite the experience of being a victim of bullying. Additionally, forgiveness has been found to be an effective coping strategy for dealing with general stressors, such as conflict resolution, counseling, and seeking help. By forgiving, individuals can reduce feelings of threat and negative emotions associated with being a victim of bullying, ultimately leading to improved psychological adjustment. This is supported by research which suggests that forgiveness can contribute to the mental health of bullying victims by promoting positive emotions, such as happiness, calmness, and passion for life (Raj, Elizabeth, and Padmakumari 2016).

The impact of being a victim of bullying on mental health is influenced by an individual's level of religiosity. Religiosity encompasses various dimensions related to spirituality and religious beliefs, including belief in a higher power, religious practices such as prayer, and the importance of faith in one's life. These dimensions can be categorized as experiential, ritualistic, ideological, intellectual, and consequential (Holdcroft 2006). Adolescents with higher levels of religiosity tend to be more resilient in the face of negative experiences, as they can draw on their faith to maintain a positive outlook on life.



They also tend to view their peers more positively and are more likely to forgive them in conflict situations, as forgiveness is a component of religiosity (Massarwi and Gross-Manos 2022).

Untreated psychological problems in adolescents who are victims of bullying can lead to more severe mental disorders, such as depression and suicidal ideation. Seeking psychological help is crucial in addressing these issues, whether through formal channels such as psychologists or counselors, or informally through family and friends. Help-seeking involves recognizing the problem, identifying symptoms, and communicating the need for support to others. Additionally, it is important for help-seekers to have a clear understanding of where and how to access help. Finally, they must be ready to disclose their psychological condition in order to receive outside assistance (Chandrasekara 2016).

Social support is a crucial protective factor for individuals who have experienced bullying and its impact on mental health. Positive social experiences can serve as a buffer against psychological distress. Having a reliable support system of family and friends has been linked to better psychological well-being in children, adolescents, and adults. This is especially important for students who have a history of being victimized by their peers, as they may have fewer friends in college and feel isolated which can contribute to the development of mental health issues. Research has shown that social support can be particularly beneficial in reducing depression among adolescents who have been bullied (Reid et al. 2016). Perceived social support, or the feeling of being supported by those around us, such as friends, parents, and teachers, is especially important for adolescents who have experienced bullying (Noret, Hunter, and Rasmussen 2020).

Student connectedness refers to the social support that students receive from their peers. It is commonly defined as the feeling of belonging and mutual support among students, including feelings of help, liking, trust, and value (Rinn 2021). This sense of connection is crucial for promoting healthy development and preventing problematic behavior. When students feel attached to their peers and cared for by them, they are more likely to conform to school values and norms in order to maintain these bonds. As a result, positive norms can lead to positive student development and behavior, and can also protect students from developing mental disorders caused by bullying.

Adult support, especially parents, is a significant protective factor to inhibit the impact of being a victim of bullying on mental health. Parent-child attachment is one of them. Parent-child attachment is an emotional bond developed by parents during the parenting process (Tan et al. 2023). In fact, the attachment between adolescents and peers tends to be based on the experience of family relationships. Adolescents who develop trusting relationships with their parents based on responsive parenting tend to develop positive peer relationships and show low engagement with risky behaviors. Empirical research shows that low quality parent-child attachment is associated with internalized psychological problems such as loneliness and depression. Meanwhile, high quality parent-child attachment in adolescents shows higher self-efficacy and better mental health (Tan et al., 2023).

There are numerous studies that support the findings of this study. High levels of social support have been consistently linked to better mental health, quality of life, subjective cognitive function, and reduced fatigue (Kever et al. 2021). For students who are victims of bullying, social support can come from various sources such as friends, teachers, and parents. School connectedness, or the feeling of being accepted, valued, included, and supported in the school environment, is particularly beneficial for students who experience bullying. Research has shown that adolescents who feel connected to their school are less likely to experience symptoms of depression and anxiety (Perkins et al. 2021). Additionally, interventions that focus on building personal strengths, such as resilience, can be effective in improving the mental health of bullying victims (Moore and Woodcock 2017).

The limitation of this systematic review is that it only accessed a limited number of articles from two publishers, namely Scopus and PubMed. It would be beneficial to include articles from other publishers in order to enrich the data on protective factors. Additionally, this review only identifies protective factors and does not assess the strength of these factors in relation to the experience of being a victim of bullying and mental health. Furthermore, the review does not differentiate between male and female adolescent respondents, making it difficult to analyze the strength of these protective factors in specific genders. The review also does not delve into the data analysis methods used to determine the strength of each aspect measured in the connecting variable. To improve the quality of this review, it would be helpful to expand the search to include more publishers, assess the strength of protective

factors, and consider gender differences in the analysis. Additionally, providing more information on the data analysis methods used would enhance the overall credibility of the review.

Recommendations based on the findings of this review for practitioners in schools include utilizing school guidance and counseling services to focus on building personal strengths, such as resilience, through both individual and group interventions. Additionally, school counselors should work on promoting help-seeking behaviors in children who experience bullying, in order to connect them with necessary mental health services. This can be achieved through implementing mental health literacy programs for adolescents. For policy makers, the results of this review suggest the importance of developing closer relationships with parents through parenting activities, in order to increase social support for children. For future researchers, it is recommended to conduct a review that analyzes the protective factors of the relationship between being a victim of bullying and mental health, specifically in relation to gender. This will provide a better understanding of the strength of certain protective factors for different genders.

## CONCLUSION

The result of this systematic review is the identification of protective factors that buffer the influence of the experience of being a victim of bullying on adolescent mental health, namely resilience, forgiveness, religiosity, and willingness to seek help as personal strengths, while student connectedness and adult-adolescent attachment as social support that buffers the influence of the experience of being a victim of bullying and adolescent mental health. The study's findings suggest that counsellors and psychologists should implement interventions aimed at enhancing adolescents' personal qualities and fostering a supportive social environment, including the cultivation of attachments between adolescents and surrounding adults.

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