psychiatry international

MDPI

Article

Bullying Experiences Among Lithuanian Adolescents: The Associations Between Subjective Happiness and Well-Being

Margarita Kubilevičiūtė Sakalauskienė, Rokas Šambaras * and Sigita Lesinskienė

Clinic of Psychiatry, Institute of Clinical Medicine, Faculty of Medicine, Vilnius University, 01513 Vilnius, Lithuania; margarita.kubileviciute@mf.stud.vu.lt (M.K.S.); sigita.lesinskiene@mf.vu.lt (S.L.)
* Correspondence: rokas.sambaras@mf.vu.lt

Abstract

Background: Bullying is a significant problem worldwide and in Lithuania, especially among children and adolescents. This study aimed to assess the associations of bullying with adolescents' subjective sense of happiness and general health. Methods: A cross-sectional study was conducted using an anonymous written questionnaire. Adolescents at various schools across Lithuanian cities and districts were surveyed to investigate the frequency of bullying among them over the past six months and its impact on their subjective sense of happiness and well-being. Results: This study included 4124 students from seventh to tenth grade; their average age was 14.48 ± 1.15 years, with 49.35% being boys. Over the past six months, the highest bullying incidence occurred at school, accounting for 25.79% of the cases. Only half of the respondents (48.81%) felt happy, and a little more than half felt healthy (63.11%). It was found that bullying at school ($\rho_s = -0.224$; $\rho_s = -0.197$), outside school ($\rho_s = -0.207$; $\rho_s = -0.180$), and online ($\rho_s = -0.175$; $\rho_s = -0.110$) is associated with adolescents' sense of happiness and health. Conclusion: Bullying is common among Lithuanian adolescents and has a negative impact on their subjective happiness and well-being. It is crucial to develop prevention initiatives to decrease bullying in schools and within the community.

Keywords: adolescents; bullying; environment; happiness; mental health; school; well-being

Academic Editor: Domenico De Berardis

Received: 27 April 2025
Revised: 5 July 2025
Accepted: 28 July 2025
Published: 6 August 2025

Citation: Sakalauskienė, M.K.; Šambaras, R.; Lesinskienė, S. Bullying Experiences Among Lithuanian Adolescents: The Associations Between Subjective Happiness and Well-Being. *Psychiatry Int.* **2025**, *6*, 97. https://doi.org/10.3390/psychiatryint6030097

1. Introduction

Bullying is a very relevant problem in Lithuania and worldwide. It is defined as intentional and repeated aggressive behavior against an individual who cannot defend themselves [1]. It is often used to gain higher status, dominate a group, or reduce stress. Children can be involved in bullying in different roles, namely as the victim, bully, or bystander [2]. Bullying comes in many forms and can be expressed in different ways. For example, it can be indirect, characterized by social exclusion and rumor-spreading, or direct, including verbal and physical actions such as name-calling or hitting. Cyberbullying is currently very common; its frequency among Lithuanian adolescents has increased in recent years, and the numbers of both bullies and victims have increased [3]. Cyberbullying can be carried out by any electronic means, such as the Internet, and usually begins a little later than traditional bullying, from the age of 14, when adolescents begin to spend more time on the Internet and mobile phones [4,5].

According to the World Health Organization (WHO), adolescence is defined as a period between childhood and adulthood and includes individuals between the ages of 10 and 19 years old [6]. It is a critical development period during which adolescents

experience various hormonal, emotional, and environmental changes, as well as rapid physical maturation and psychosocial development [7]. Adolescence is a critical stage of a person's development, during which they begin to explore their identity more and become less dependent on their parents [8]. Although bullying is widespread and experienced in all age groups, adolescents experience the most. According to 2018 data from the United Nations Children's Fund (UNICEF), more than one third of 13- to 15-year-old students have experienced bullying [9]. In Lithuania, about one quarter of adolescents are experiencing traditional bullying and cyberbullying [3]. Factors such as age, gender, race, socioeconomic status, or appearance can cause childhood bullying. Experiencing frequent bullying in adolescence doubles the risk of developing depression in adulthood [10]. It has also been observed that bullying experienced during adolescence can have a negative impact on a person's physical, psychological, and social functioning, which can lead to anxiety, suicidal thoughts, or fewer academic achievements [9].

Bullying in adolescence is a significant public health problem, given that it has a significant negative impact on adolescents' mental health, mood disorders, and somatic symptoms [9], which can continue into adulthood and affect their relationships or physical health [11]. Mental health is also integral to health and well-being [12], as it can significantly impact a person's physical health. The links between general health and mental health have been proven, as people with depression are at higher risk of developing chronic diseases. Conversely, people with chronic diseases are at higher risk of developing mental disorders [13]. Adolescents' mental health is also an increasing problem. For example, in the United States of America, the proportion of high school students who feel sadness or hopelessness increased from 26% to 37% in a period of 10 years [14]. Although bullying has been studied for a long time, its prevalence among Lithuanian students remains one of the highest in Europe [15]. This is why studying the impact of bullying on Lithuanian adolescents is still relevant today. This study aimed to assess the relationship between experiences of bullying and both subjective happiness and general health among Lithuanian adolescents.

2. Materials and Methods

2.1. Participants and Procedure

An anonymous survey was conducted from September to December 2023, collecting data from schools in various cities and districts of Lithuania. The study included students from the 7th to 10th grades. The questionnaire was prepared by the team of the Psychiatry Clinic of the Faculty of Medicine of Vilnius University, which consisted of the study authors. The questionnaire consisted of three blocks of questions (with a total of 6 questions) as follows: 1. questions about the children's demographic data (gender, grade, age); 2. questions about bullying experiences, where respondents were asked about bullying experienced over the past six months at school, outside of school, and online (possible answers: "Almost never", "Less than once a week", "More than once a week", "Almost every day"); and 3. questions about general well-being, including "Are you feeling happy?" (possible answers: "Yes", "Partially", "No") and "Are you feeling healthy?" (possible answers: "Yes", "Partially", "No").

The inclusion criteria for this study required that participants be students from grades 7 to 10. Additionally, parental consent was mandatory for a student's participation, and the students themselves had to agree to take part in the study. Only questionnaires that were fully or partially completed were included in the analysis. The exclusion criteria were as follows: questionnaires completed by students not in grades 7 to 10, the absence of parental consent for the child's participation, refusal of the student to participate, incomplete questionnaires, or questionnaires containing clearly incorrect or joke answers.

2.2. Statistical Analyses

To identify the smallest sample size for our research involving Lithuanian adolescents aged 12 to 17 (n = 237,861), we performed a sample size calculation utilizing a 95% confidence level, a standard deviation of 0.5, and a margin of error (confidence interval) of ±5%. According to our analysis, a minimum of 608 participants was required to achieve an adequate sample size.

Qualitative variables are presented using descriptive statistics of absolute (n) and percentage (%) frequencies. Quantitative data are presented as arithmetic means with standard deviations. Pearson's chi-squared test (χ^2) was utilized to assess if there was a statistically significant disparity between the frequencies that were expected and those that were observed in one or more categories. Spearman's correlation coefficient was applied for the correlation analysis. To evaluate one dependent variable and several independent variables, a linear regression model was applied. The results are presented in figures and tables, and they were considered statistically significant when the p-value was <0.05. The statistical data analysis was performed using R (version 4.2.3) and Microsoft Excel.

3. Results

3.1. Demographic Characteristics

In total, 4124 students from different cities and districts of Lithuania participated in this study. Of the respondents, 2014 (49.35%) were boys, 1943 (47.61%) were girls, and 124 (3.04%) indicated another gender. The average age of the respondents was 14.48 ± 1.15 years. In all, 1934 of the respondents studied in progymnasium classes (950 (23.92%) in the seventh grade and 984 (24.78%) in the eighth grade), and 2037 studied in gymnasium classes (1050 (26.44%) in the ninth grade and 987 (24.86%) in the tenth grade). All characteristics are presented in Table 1.

Table 1. Demographic characteristics.

Variable	***n***	**%**
Gender		
Boy	2014	49.35
Girl	1943	47.61
Other	124	3.04
Total	4081	100
Grade		
7	950	23.92
8	984	24.78
9	1060	26.44
10	987	24.86
Total	3981	100
Age		
Mean	14.48	
Standard deviation	1.15	

3.2. Bullying Prevalence

In the past six months, 3003 (74.20%) respondents had almost never experienced bullying at school, 677 (16.73%) experienced it less than once a week, 224 (5.53%) experienced it more than once a week, and 143 (3.53%) experienced bullying almost every day. Outside of school, 3468 (85.84%) respondents answered that they had almost never experienced bullying, 438 (10.84%) experienced bullying less than once a week, 86 (2.13%) experienced

it more than once a week, and 48 (1.19%) experienced it almost every day. Regarding cyberbullying, 3242 (80.21%) responded that they had almost never experienced it, 536 (13.26%) experienced it less than once a week, 153 (3.79%) experienced it more than once a week, and 111 (2.75%) experienced it almost every day. Table 2 provides more detailed information about the bullying experiences of the students.

Table 2. Prevalence of bullying experienced by students.

Bullying Experiences in the Past 6 Months	How Often Have You Been Bullied at School?		How Often Have You Been Bullied Outside of School?		How Often Have You Been Bullied Online?	
	n	%	*n*	%	*n*	%
Almost everyday	143	3.53	48	1.19	111	2.75
More than once a week	224	5.53	86	2.13	153	3.79
Less than once a week	677	16.73	438	10.84	536	13.26
Almost never	3003	74.20	3468	85.84	3242	80.21
Total	4047	100	4040	100	4042	100

3.3. Happiness and Well-Being of Adolescents

In total, 1778 (48.81%) of the respondents felt happy, 543 (14.91%) did not feel happy, and 2428 (63.11%) felt partly happy. Additionally, 2428 (63.11%) of the respondents said they felt healthy, 279 (7.25%) felt unhealthy, and 1140 (29.63%) felt partly healthy. With regard to gender, 1101 (59.90%) boys and 620 (37.13%) girls felt happy, 1415 (74.63%) boys and 936 (51.63%) girls felt healthy, 185 (10.10%) boys and 323 (19.34%) girls felt unhappy, and 78 (4.11%) boys and 179 (9.87%) girls felt unhealthy ($p < 0.001$). A detailed comparison of subjective happiness and well-being with regard to gender is presented in Table 3.

Table 3. Subjective happiness and well-being comparison with regard to gender.

	All Respondents		Boys		Girls		
Variable	***n***	**%**	***n***	**%**	***n***	**%**	***p***
Are you feeling happy?							
Yes	1778	48.81	1101	59.90	620	37.13	
Partly	1322	36.29	553	30.00	727	43.53	<0.001
No	543	14.91	185	10.10	323	19.34	
Total	3643	100	1839	100	1670	100	
Are you feeling healthy?							
Yes	2428	63.11	1415	74.63	936	51.63	
Partly	1140	29.63	403	21.26	698	38.50	<0.001
No	279	7.25	78	4.11	179	9.87	
Total	3847	100	1896	100	1813	100	

Students who reported that they almost never experienced bullying at school were statistically significantly happier (54.2%) than those students who experienced bullying almost every day (26.7%, $p < 0.001$). Similar findings about subjective happiness were observed among students who reported that they almost never experienced bullying outside of school or online (52.2% and 52.6%, respectively; $p < 0.001$) and those students who experienced bullying in these forms almost every day (23.7% and 38.3%, respectively; $p < 0.001$). A detailed association between experienced bullying and students' feelings of happiness is presented in Table 4.

Table 4. The association of bullying with students' subjective sense of happiness.

	Are You Feeling Happy?						*p*
	No		Partly		Yes		
How often have you been bullied at school?	***n***	**%**	***n***	**%**	***n***	**%**	
Almost never	305	11.3	934	34.5	1468	54.2	<0.001
Less than once a week	139	23.8	239	40.9	206	35.3	
More than once a week	49	25.7	94	49.2	48	25.1	
Almost everyday	46	38.3	42	35.0	32	26.7	
Total	539	100	1309	100	1754	100	
How often have you been bullied outside of school?	***n***	**%**	***n***	**%**	***n***	**%**	
Almost never	387	12.5	1100	35.4	1621	52.2	<0.001
Less than once a week	99	26.2	176	46.6	103	27.2	
More than once a week	27	39.7	24	35.3	17	25.0	
Almost everyday	21	55.3	8	21.	9	23.7	
Total	534	100	1308	100	1750	100	
How often have you been bullied online?	***n***	**%**	***n***	**%**	***n***	**%**	
Almost never	359	12.3	1020	35.1	1528	52.6	<0.001
Less than once a week	113	24.2	211	45.2	143	30.6	
More than once a week	38	30.2	45	35.7	43	34.1	
Almost everyday	28	29.8	30	31.9	36	38.3	
Total	538	100	1306	100	1750	100	

Students who reported that they almost never experienced bullying at school were statistically significantly healthier (68.0%) than those students who experienced bullying almost every day (43.9%, $p < 0.001$). Similar findings about subjective health were observed among students who reported that they almost never experienced bullying outside of school or online (66.3% and 65.7%, respectively; $p < 0.001$) and those students who experienced bullying in these forms almost every day (42.1% and 57.0%, respectively; $p < 0.001$). A detailed association between experienced bullying and students' sense of health is presented in Table 5.

The subjective feeling of happiness showed a weak negative association with bullying at school ($\rho_s = -0.224$) and outside of school ($\rho_s = -0.207$) and a very weak negative association with online bullying ($\rho_s = -0.175$) ($p < 0.001$). The feeling of well-being also showed a very weak negative association with bullying, with online ($\rho_s = -0.110$), at school ($\rho_s = -0.197$), and outside of school ($\rho_s = -0.180$) ($p < 0.001$).

Gender had a very weak negative association with bullying online ($\rho_s = -0.056$) and a very weak positive association with bullying at school ($\rho_s = 0.040$) ($p < 0.05$).

Age had a very weak negative association with bullying online ($\rho_s = -0.045$, $p < 0.05$), at school ($\rho_s = -0.120$, $p < 0.001$), and outside of school ($\rho_s = -0.038$, $p < 0.05$). A more comprehensive correlation matrix is shown in Table 6.

Table 5. The association of bullying with students' subjective sense of health.

	Are You Feeling Healthy?						*p*
	No		**Partly**		**Yes**		
How often have you been bullied at school?	***n***	**%**	***n***	**%**	***n***	**%**	
Almost never	165	5.8	743	26.2	1931	68.0	<0.001
Less than once a week	60	9.4	261	40.9	317	49.7	
More than once a week	27	13.5	83	41.5	90	45.0	
Almost everyday	26	21.1	43	35.0	54	43.9	
	278	100	1130	100	2392	100	
How often have you been bullied outside of school?	***n***	**%**	***n***	**%**	***n***	**%**	
Almost never	202	6.1	902	27.6	2169	66.3	<0.001
Less than once a week	49	12.1	182	44.9	174	43.0	
More than once a week	15	19.2	31	39.7	32	41.1	
Almost everyday	12	31.6	10	26.3	16	42.1	
	278	100	1125	100	2391	100	
How often have you been bullied online?	***n***	**%**	***n***	**%**	***n***	**%**	
Almost never	202	6.6	845	27.7	2005	65.7	<0.001
Less than once a week	36	7.2	200	40.2	262	52.6	
More than once a week	24	16.7	52	36.1	68	47.2	
Almost everyday	15	15.0	28	28.0	57	57.0	
Total	277	100	1125	100	2392	100	

Table 6. Correlation matrix of student wellness, sense of happiness, demographic data, and experiences of bullying.

	Happiness	**Well-Being**	**Bullying at School**	**Bullying Outside of School**	**Cyberbullying**	**Age**
Happiness [a]						
Well-being [b]	0.530 **					
Bullying at school [c]	−0.224 **	−0.197 **				
Bullying outside of school [d]	−0.207 **	−0.180 **	0.337 **			
Cyberbullying [e]	−0.175 **	−0.110 **	0.248 **	0.260 **		
Age [f]	−0.030	−0.046 *	−0.120 **	−0.038 *	−0.045 *	
Gender [g]	−0.222 **	−0.226 **	0.040 *	0.033	−0.056 *	−0.004

* <0.05, ** <0.001. Reference values: [a], "No"; [b], "No"; [c], "Almost never"; [d], "Almost never"; [e], "Almost never"; [f], 12 years old; [g], boy.

4. Discussion

4.1. Bullying and Its Prevalence

Bullying is a widespread phenomenon among children and adolescents. According to data presented by UNESCO (United Nations Educational, Scientific and Cultural Organization) in 2019, 32% of respondents in this age group experienced bullying on at least one day in the past month, and 7.3% experienced bullying on six or more days [10]. Although bullying remains an issue among adolescents, some positive results were found

during our study. The majority of the respondents did not experience bullying in any of the given environments (school, outside of school, or online) in the past six months, and only a small proportion experienced bullying almost daily. However, the problem remains significant: as many as one quarter of the students experienced bullying at least once at school, and about one fifth of the respondents experienced cyberbullying. This proves that bullying is a relevant problem among adolescents in Lithuania and that it requires attention. There is also a noticeable trend that experiencing bullying in one environment increases the likelihood of experiencing it in another environment. Therefore, if adolescents experience bullying at school, they may also be victims of bullying online or outside of school. This could be related to the fact that the factors that encourage bullying are similar and more related to the characteristics of the person, and bullying in different places is only a continuation of the bullying process. For instance, cyberbullying is often just a continuation of direct bullying [10]. Like our study, the literature shows that bullying remains an issue at school. For several years, one in five students has experienced bullying at school [16,17]. Although traditional bullying has been seen as a problem for a long time, cyberbullying has been increasing in recent years. A comparison of HBSC data from 2014 and 2022 showed an increase in online bullying among adolescents [3]; this supports our study results, which revealed that a significant proportion of adolescents experienced bullying online.

Our study results showed that girls were statistically significantly more likely to experience bullying at school than boys. These results are consistent with those of previous studies: surveys in 2017 and 2022 showed that girls experience more bullying at school [16,17]. The same result was found in a study conducted in Serbia [18]. Thus, it can be observed that girls are more likely to experience bullying at school. It was also found in our study that boys were more likely to report experiencing cyberbullying than girls. However, in other studies, girls were found to experience more online bullying [19,20]. Age also has a statistically significant correlation with bullying, with bullying decreasing as a child becomes older. This is consistent with the 2019 UNESCO data, which state that older children experience less bullying [10]. An evaluation of previous data from Lithuania noted that bullying is experienced more by younger adolescents [3]. Thus, it can be said that gender and age may influence the frequency of bullying among adolescents.

4.2. Happiness and Well-Being

This study's results showed that about half of the respondents felt happy and a little more than half felt healthy. Significant problems with adolescents' well-being are also indicated in the literature; for example, depressive symptoms are more prevalent among adolescents than young adults [21], and studies conducted in Denmark suggest that the psychological well-being of youth—especially girls—is decreasing [22]. In comparisons of subjective happiness and well-being, our results revealed that the boys were statistically significantly happier and healthier than the girls. A study conducted in Serbia, surveying 11-, 13-, and 15-year-old students, revealed that boys were more satisfied with their lives than girls were, and female gender was one of the most significant risk factors for developing depressive symptoms [18]. In another study performed in a Lithuania, it was found that one fifth of 9th–12th-grade students experienced depressed moods. Girls complained more often about poor sleep quality and well-being during the day [23].

4.3. Bullying's Connection with Subjective Happiness and Well-Being

Bullying is one of the factors that can influence the happiness of adolescents. According to our study results, the majority of adolescents who have almost never experienced bullying are happier than those who have been bullied. Additionally, the majority of those

who have been bullied almost daily feel unhappy or only partly happy. One Chinese study showed that multiple victimization is one of the strongest predictors of depression compared to individual demographic factors or parental divorce [24]. The literature also shows that cyberbullying is one of the most critical factors that can cause depression or anxiety symptoms [25]. Our study showed that bullying has a statistically significant negative association with subjective happiness. Still, it revealed that cyberbullying had the lowest impact on adolescents' happiness when compared to other forms of bullying. HBSC 2022 survey data also showed that victims of bullying were more likely to feel unhappy, but there was no significant difference between traditional and online bullying [3]. Although the literature shows that cyberbullying correlates with symptoms of depression and anxiety, the strongest symptoms of depression and lowest subjective well-being were reported by adolescents who were bullies and victims and those who were only victims of online bullying [25]. Bullying at school has a similar impact regardless of sex. A positive school climate has been shown to reduce depressive symptoms [26]. Hence, teenagers who feel well at school are less stressed, have better relationships with classmates and teachers, and report greater life satisfaction [18].

Bullying can also be a cause of various physiological symptoms, such as headaches, sleep disorders [27], and back or stomach pain [15]. Previous studies have shown that youth who experience bullying are more likely to have health problems [27]. In addition, the prevalence of somatic complaints is directly related to the social environment of students and adolescents, including psychological violence or bullying [15]. According to the 2022 HBSC results, adolescents who bully or are bullied (both traditionally and online) are more likely to have psychosomatic complaints [3]. However, our study also revealed some positive results, such as many frequently bullied respondents indicating that they feel healthy or partly healthy. However, bullying does impact one's subjective well-being, and a significant statistical relationship was discovered between bullying and well-being. Regardless of the environment where they experience bullying, with an increased frequency of bullying, an adolescent's subjective sense of well-being decreases. According to the literature, bullying affects the well-being of girls more; it can be seen in our study that the girls felt healthier than the boys. According to data from the United States in 2017, from respondents who experienced bullying, girls complained about physical health more often (16.7%) than boys did (9.7%). In a 2022 study, more girls (17.1%) than boys (8.9%) experienced somatic symptoms [16,17]. Thus, it can be seen that bullying affects physical health regardless of gender but has a more significant impact on girls. Additionally, health problems caused by bullying can continue into adulthood; for example, men and women who were bullied in childhood have higher levels of inflammation, and women who experienced bullying have a higher risk of obesity many years after being bullied [11]. With the understanding that bullying is an important issue and is prevalent among our study participants, it can be said that it is an important factor in adolescents' mental health, affecting their subjective happiness and subjective well-being now and into adulthood.

5. Conclusions

Our study revealed that bullying among Lithuanian adolescents is most prevalent at school. Girls are more likely than boys to experience bullying at school, while cyberbullying is more prevalent among boys. It was also found that bullying decreases with age. Our study demonstrated that adolescents' mental health is a very important issue, as only half of the respondents felt happy and a little more than half felt healthy. One of the main factors that affects adolescents' subjective feelings of happiness and well-being is bullying. However, boys are significantly happier and healthier, so it can be stated that girls are more affected. Considering our findings, it is important to promote bullying prevention

programs in Lithuanian schools and to educate teachers, families, and students about bullying's consequences and mental health.

6. Limitation

It is essential to recognize that this research has multiple limitations that hindered its ability to thoroughly examine happiness and well-being in adolescents. The research utilized a cross-sectional approach, which allowed for the identification of connections between different factors. However, it is crucial to note that the study could not determine causal relationships. Bullying is likely to contribute to a reduction in happiness and overall well-being among adolescents. Conversely, adolescents who perceive themselves as possessing poorer health or who are experiencing unhappiness may be at an increased risk of being targets of bullying. An important factor to consider is that this study employed non-standardized questionnaires to evaluate the happiness and well-being of adolescents. This concern could result in adolescents misinterpreting and incorrectly defining happiness and well-being. As a result, future studies should implement more objective measurement instruments since the existing questions primarily rely on personal assessments. Also, one of the limitations of this study is that it did not examine the economic or financial status of participants. Economic disadvantages and poverty have been linked to a higher incidence of bullying [28]. Future research should explore these factors, as victims are often from low-income families with lower parental education or employment levels.

Author Contributions: Conceptualization, S.L. and R.Š.; methodology, S.L. and R.Š.; software, R.Š. and S.L.; validation, S.L.; formal analysis, S.L. and R.Š.; investigation, R.Š. and M.K.S.; resources, S.L. and R.Š.; data curation, S.L. and R.Š.; writing—original draft preparation, S.L., R.Š. and M.K.S.; writing—review and editing, S.L., R.Š. and M.K.S.; visualization, R.Š.; supervision, S.L.; project administration, S.L. and R.Š. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Institutional Review Board of Vilnius University Faculty of Medicine (Approval Code: KT-191; Approval date: 1 June 2023).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author due to ethical approval requirements.

Acknowledgments: The authors wish to express their gratitude to all school administrations for their participation in this study.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Méndez, I.; Jorquera, A.B.; Ruiz-Esteban, C.; Martínez-Ramón, J.P.; Fernández-Sogorb, A. Emotional Intelligence, Bullying, and Cyberbullying in Adolescents. *Int. J. Environ. Res. Public Health* **2019**, *16*, 4837. [CrossRef]
2. Srinivasan, S.P.; Arumugam, C.; Rangeela, E.; Raghavan, V.; Padmavati, R. Bullying among Children and Adolescents in the SAARC Countries: A Scoping Review. *Heliyon* **2022**, *8*, e09781. [CrossRef]
3. Pristatymas. Available online: https://hbsc.lt/wp-content/uploads/2024/04/Pristatymas.pdf (accessed on 6 February 2025).
4. Wolke, D.; Lereya, S.T. Long-Term Effects of Bullying. *Arch. Dis. Child.* **2015**, *100*, 879–885. [CrossRef]
5. John, A.; Glendenning, A.C.; Marchant, A.; Montgomery, P.; Stewart, A.; Wood, S.; Lloyd, K.; Hawton, K. Self-Harm, Suicidal Behaviours, and Cyberbullying in Children and Young People: Systematic Review. *J. Med. Internet Res.* **2018**, *20*, e129. [CrossRef]
6. Adolescent Health. Available online: https://www.who.int/health-topics/adolescent-health (accessed on 6 February 2025).
7. Lauriola, M.; Malerba, A.; Marini, M.; Parisse, C.; Prislei, L.; Bottesi, G.; Livi, S. Stability and Change in Intolerance of Uncertainty and Its Association with Interpretation Bias in Social Situations: A Longitudinal Study of Italian Adolescents. *Adolescents* **2024**, *4*, 564–586. [CrossRef]

8. Chemnad, K.; Aziz, M.; Abdelmoneium, A.O.; Al-Harahsheh, S.; Baghdady, A.; Al Motawaa, F.Y.; Alsayed Hassan, D.; Ali, R. Adolescents' Internet Addiction: Does It All Begin with Their Environment? *Child Adolesc. Psychiatry Ment. Health* **2023**, *17*, 87. [CrossRef]
9. Man, X.; Liu, J.; Xue, Z. Effects of Bullying Forms on Adolescent Mental Health and Protective Factors: A Global Cross-Regional Research Based on 65 Countries. *Int. J. Environ. Res. Public Health* **2022**, *19*, 2374. [CrossRef]
10. Armitage, R. Bullying in Children: Impact on Child Health. *BMJ Paediatr. Open* **2021**, *5*, e000939. [CrossRef] [PubMed]
11. Arseneault, L. Annual Research Review: The Persistent and Pervasive Impact of Being Bullied in Childhood and Adolescence: Implications for Policy and Practice. *J. Child Psychol. Psychiatry* **2018**, *59*, 405–421. [CrossRef] [PubMed]
12. Mental Health. Available online: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response (accessed on 6 February 2025).
13. Galson, S.K. Mental health matters. *Public Health Rep.* **2009**, *124*, 189–191. [PubMed]
14. Child and Adolescent Mental Health. In *2022 National Healthcare Quality and Disparities Report*; Agency for Healthcare Research and Quality (US): Rockville, MD, USA, 2022.
15. Šmigelskas, K.; Lukoševičiūtė, J.; Slapšinskaitė, A.; Vaičiūnas, T.; Bulotaitė, J.; Žemaitaitytė, M.; Šalčiūnaitė, L.; Zaborskis, A. *Lietuvos Moksleivių Gyvensena ir Sveikata: 2018 m. Situacija ir Tendencijos, HBSC Tyrimas*; LSMU: Kaunas, Lithuania, 2019. Available online: https://lsmuni.lt/media/dynamic/files/19493/1122finaldakraraportas.pdf (accessed on 20 March 2025).
16. Student Reports of Bullying: Results From the 2017 School Crime Supplement to the National Crime Victimization Survey | IES. Available online: https://nces.ed.gov/use-work/resource-library/data/tables/student-reports-bullying-results-2017-school-crime-supplement-national-crime-victimization-survey?pubid=2019054 (accessed on 7 February 2025).
17. Student Reports of Bullying: Results From the 2022 School Crime Supplement to the National Crime Victimization Survey | IES. Available online: https://nces.ed.gov/use-work/resource-library/data/tables/student-reports-bullying-results-2022-school-crime-supplement-national-crime-victimization-survey?pubid=2024109 (accessed on 7 February 2025).
18. Skoric, D.; Rakic, J.G.; Jovanovic, V.; Backovic, D.; Soldatovic, I.; Zivojinovic, J.I. Psychosocial School Factors and Mental Health of First Grade Secondary School Students—Results of the Health Behaviour in School-Aged Children Survey in Serbia. *PLoS ONE* **2023**, *18*, e0293179. [CrossRef]
19. Malta, D.C.; de Oliveira, W.A.; Prates, E.J.S.; de Mello, F.C.M.; Moutinho, C.d.S.; Silva, M.A.I. Bullying among Brazilian Adolescents: Evidence from the National Survey of School Health, Brazil, 2015 and 2019. *Rev. Lat. Am. Enferm.* **2022**, *30*, e3679. [CrossRef]
20. Monteiro, A.P.; Marques, F.; Relva, I.C.; Simões, M.; Sani, A.I.; Correia, E. The Relation Between Bullying and Cyberbullying, Emotional Intelligence, and Empathy in Portuguese Adolescents. *Adolescents* **2024**, *4*, 620–634. [CrossRef]
21. Varela, J.J.; Hernández, C.; Miranda, R.; Barlett, C.P.; Rodríguez-Rivas, M.E. Victims of Cyberbullying: Feeling Loneliness and Depression among Youth and Adult Chileans during the Pandemic. *Int. J. Environ. Res. Public Health* **2022**, *19*, 5886. [CrossRef]
22. Winding, T.N.; Skouenborg, L.A.; Mortensen, V.L.; Andersen, J.H. Is Bullying in Adolescence Associated with the Development of Depressive Symptoms in Adulthood?: A Longitudinal Cohort Study. *BMC Psychol.* **2020**, *8*, 122. [CrossRef]
23. Vaserytė, O.; Gruodytė-Račienė, R. Vyresnių klasių moksleivių sveikatą stiprinantis fizinis aktyvumas, miego kokybė ir psichoemocinė savijauta. *Public Health* **2024**, *106*, 1–10. [CrossRef]
24. Chen, M.; Chan, K.L. Parental Absence, Child Victimization, and Psychological Well-Being in Rural China. *Child Abus. Negl.* **2016**, *59*, 45–54. [CrossRef]
25. Hellfeldt, K.; López-Romero, L.; Andershed, H. Cyberbullying and Psychological Well-Being in Young Adolescence: The Potential Protective Mediation Effects of Social Support from Family, Friends, and Teachers. *Int. J. Environ. Res. Public Health* **2020**, *17*, 45. [CrossRef]
26. Zhai, B.; Li, D.; Li, X.; Liu, Y.; Zhang, J.; Sun, W.; Wang, Y. Perceived School Climate and Problematic Internet Use among Adolescents: Mediating Roles of School Belonging and Depressive Symptoms. *Addict. Behav.* **2020**, *110*, 106501. [CrossRef]
27. Shaver, N.; Michaelson, V.; Pickett, W. Do Spiritual Health Connections Protect Adolescents When They Are Bullied: A National Study of 12,593 Young Canadians. *J. Interpers. Violence* **2022**, *37*, NP11034–NP11065. [CrossRef]
28. Elgar, F.J.; Craig, W.; Boyce, W.; Morgan, A.; Vella-Zarb, R. Income Inequality and School Bullying: Multilevel Study of Adolescents in 37 Countries. *J. Adolesc. Health* **2009**, *45*, 351–359. [CrossRef] [PubMed]