

IMPACT OF BULLYING ON PSYCHOSOCIAL MALADJUSTMENT AND SELF-ESTEEM AMONG ADOLESCENTS AND YOUNG ADULTS

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Abstract

Objective: To find out Impact of Bullying on Psychosocial Maladjustment and Self Esteem between Young Adults and Adolescents. **Methodology:** This cross sectional-purposive sampling based study was conducted upon Teenagers and Young Adults. A sample of 300 people were taken from different colleges, universities of Haripur, out of which 150 were males a combined 75 young adults and adolescents and 150 were females 75 teenager and 75 Youngster. The tools in the research were (IBS). Instruments are used in study is Bulling Scale of Illinois, Scale of Perceived Stress, Self-Esteem Scale by Rosenberg. SPSS used for analysis were Descriptive analysis, Pearson Correlation, ANOVA, t- test and Regression. **Results:** The results indicated that bullying, psychosocial maladjustment and self-esteem are positively correlated with each others. The results also revealed that the demographic variables have significant impact on the study variables. **Conclusion:** The current research offers strong support for the view that bullying cause internalizing and externalizing problems as well as victims are at greater psychosocial risk than bullies. Bullied people have low self esteem and more psychosocial problems and they are unable to defend him self. Result indicate that there is Impact of Bullying on Psychosocial Maladjustment and Self-confidence among Adolescents and Youngster. Teenager and Youngster with high self-esteem are able to defend himself and no psychosocial maladjustment problems. **Keywords:** Bullying, Psychosocial Maladjustment, Self Esteem.

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INTRODUCTION

Bullying has been shown in the literature to have extremely negative effects on all parties involved, so it can be described as a common occurrence in many environments and even a potential global phenomenon. The bullies experience negative symptoms such as depression, suicidal ideation, and adult delinquency/criminality, while the victims experience symptoms such as anxiety, depression, psychiatric illness, and adult mental illness. As a result, the relationship between these parties may be deemed extremely harmful, and it may also be determined that bullying intervention or treatment should be a major concern. Bullying can even lead to tragic outcomes, such as complete self-harm, extreme retaliation, or realized suicide. Bullying is a worldwide developmental issue facing adolescents and young adults that cause psychosocial maladjustment such as anxiety, loneliness, sadness, and low self-esteem. (Abuhammad et al., 2020). Bullying is a unique and intricate form of interpersonal aggression that manifests itself in a variety of relationship patterns and takes on a variety of forms. Bullying, according to Swearer & Hymel (2015), is seen as a societal phenomena in which a number of elements might contribute. Bullying is not merely a problem between a bully and a victim serve to promote, maintain, or suppress it.

At the moment, Pakistan's most pressing social issue is aggression and violence. According to Khawar & Malik (2016), bullying is an aggressive act that has a negative intent, is committed repeatedly over time by the perpetrator, and is most common in relationships where there is a power or strength imbalance. There is evidence to suggest that bullying that is associated with various forms of violence and aggression can later result in high-profile incidents of escalated violence and mental health issues. Therefore, addressing this issue earlier can result in a safer and healthier school environment as well as a positive impact on the community as a whole (Arseneault & Shakoor , 2009). The present study aimed to To find out Impact of Bullying on Psychosocial Maladjustment and Self Esteem among Adolescents and Young Adults.

METHODOLOGY

The entire research process was completed on the ethical grounds. The present research design is quantitative in nature which is based on correlational research method. Purposive sampling technique was used in this study and selected participant conveniently. the sample of 300 which included 75 boys Adolescents and young adults and 75 female Adolescents and young adults from University of Haripur , Postgraduate College Pania, Postgraduate college for Women, Haripur, commerce college , Dawn public school and College and Universal public School and college, Pakistan public School. Instruments are used

Illinois Bulling Scale (IBS), Perceived Stress Scale (PSS), Rosenberg Self- Esteem Scale (RSES). Informed consent and demographics sheets were used and data was examined by using statistically package for social sciences (SPSS-20).

RESULTS

TABLE 1: SOCIO DEMOGRAPHIC CHARACTERISTICS OF THE ADOLESCENTS AND YOUNG ADULTS (N=300)

Socio Demographic	N	%	M	SD	Range
Gender					
Male	150	50			
Female	150	50			
Age			1.50	.501	1 to 2
Adolescents	150	50			
Young Adults	150	50			
Birth Order					
First	106	35.3			
Middle	121	40.3			
Last	73	37.3			



Area		
Rural	155	51.7
Urban	145	48.3
Marital Status		
Married	27	9.0
Unmarried	227	75.5
Engaged	46	15.3
Committed		
Education		
Matric	27	9.0
Inter	126	42.0
BS	128	42.6
Masters	19	6.33
Sector		
Government	207	69.3
Private	93	31.0
Family Size		
Small	160	53.3
Large	140	46.7
Family System		
Nuclear	170	56.3
Joint	130	43.0
Homeownership		
Father	259	86.3
Mother	37	12.3
None	4	1.3
Socioeconomic Status		
High		
Middle	36	12.0
Low	252	84.0
	12	4.0

Note. n = Frequency, %= Percentage

TABLE 2: PSYCHOMETRIC PROPERTIES FOR SCALES (N=300)

Scales	<i>K</i>	<i>M</i>	<i>SD</i>	Range	Cronbach's <i>α</i>
IBS	18	27.79	4.45	0-66	.931
Victim subscale	4	6.26	3.71	0-66	.80
Bully subscale	9	13.1	7.743	0-66	.90
Fight subscale	5	7.76	4.49	0-66	.81
PSS	10	19.33	6.52	0 -35	.80
RSES	10	18.96	14.64	0-31	.70

TABLE 3. DESCRIPTIVE STATISTIC AND CORRELATION FOR STUDY VARIABLE (N=300)

Variables	n	M	SD	1	2	3	4	5	6
IBS	300	27.79	14.645	-	-				
Victim Subscale	300	6.26	3.71	.34**					

Bully Subscale	300	13.1	7.743	.45**	.542**			
Fight Subscale	300	7.76	4.49	.342**	.432**	.654**		
PSS	300	19.19	5.878	.334**	.432**	.543**	.443**	
RSES	300	18.90	4.365	.535**	.441**	.551**	.423**	.315**

Note.**p<0.01

TABLE 4. MEAN STANDARD DEVIATION AND T VALUES FOR ILLINOIS BULLYING SCALE, PERCEIVED STRESS SCALE AND SELF ESTEEM AMONG MALE AND FEMALE PARTICIPANTS (N=300)

Variables	Male	Female			t (298)	p	Cohen's d
	(n=150)	(n=15)					
	M	SD	M	SD			
IBS	30.12	14.149	25.5	14.807	2.791	.000	0.3
Victim subscale	6.78	3.59	5.78	3.79	2.448	.02	0.4
Bully subscale	13.17	6.46	11.13	7.142	1.423	.016	0.3
Fight subscale	8.532	4.70	7.183	4.48	2.40	.015	0.3
PSS	18.43	5.637	19.59	6.033	2.255	.025	0.2
RSES	19.69	4.454	18.11	4.135	3.184	.002	0.36

Note.p= Level of significance, M=Mean, SD=Standard Deviation

TABLE 5. MEAN , STANDARD DEVIATION AND T VALUES FOR BULLYING ,SELF ESTEEM AND PSYCHOSOCIALMALADJUSTMENT AMONG NUCLEAR AND JOINT FAMILY SYSTEM PARTICIPANTS (N=300)

Variables	Nuclear Family (n=170)		Joint (n=130)		Familyt(298)	P	Cohen's d
	M	SD	M	SD			
IBS	13.19	4.98	10.05	4.98	6.653	.000	0.7
Victim Subscale	6.28	3.71	6.18	3.69	.230	.01	0.6
Bully Subscale	12.15	7.06	12.12	6.77	.406	.001	0.5
Fight Subscale	7.87	4.86	7.68	4.63	.347	0.01	0.6
PSS	19.69	4.454	19.25	4.13	3.18	.002	0.8
RSES	25.02	2.98	19.12	6.22	3.38	.001	0.3

Note. p= Level of significance, M=Mean, SD=Standard Deviation

TABLE 6. MEAN STANDARD DEVIATION AND T VALUES FOR ILLINOIS BULLYING SCALE AMONG ADOLESCENTAND YOUNG ADULT (N=300)

Variables	Adolescents (n=150)		Young Adults (n=150)		t (298)	p	Cohen's d
	M	SD	M	SD			
IBS	31.31	12.769	24.21	15.574	4.318	.000	0.46
Victim Subscale	7.26	3.358	5.27	3.79	4.758	.000	0.5
Bully Subscale	13.76	6.186	10.68	7.392	4.017	.000	0.48
Fight Subscale	9.013	4.529	6.69	4.834	4.293	.000	0.49

Note. p= Level of significance, M=Mean, SD=Standard Deviation

TABLE 7. MEAN STANDARD DEVIATION AND T VALUES FOR, ROSENBERG SELF ESTEEM AMONG ADOLESCENTS AND YOUNG ADULTS(N=300)

Variable	Adolescents (n=150)		Young Adults (n=150)		t (298)	P	Cohen's d
	M	SD	M	SD			
RSES	19.25	4.063	19.57	4.564	.050	.005	0.30

Note. p= Level of significance, M=Mean, SD=Standard Deviation

TABLE 8. MEAN STANDARD DEVIATION AND T VALUES FOR PERCEIVED STRESS SCALE AMONG ADOLESCENT AND YOUNG ADULTS (N=300)

Variable	Adolescents (n=150)		Young Adults (n=150)		t (298)	P	Cohen's d
	M	SD	M	SD			
PSS	19.21	6.006	19.17	5.769	.671	0.55	0.006

Note. p= level of significance, M=mean, SD=standard deviation

TABLE 9. MEAN STANDARD DEVIATION OF ONE WAY ANALYSIS OF VARIANCE IN ILLINOIS BULLYING SCALE ACROSS SOCIOECONOMIC STATUS (N=300)

Variable	Higher SES (n=36)		Middle SES (n=252)		Lower SES (n=12)		F(297)	η2	Post-HOC
	M	SD	M	SD	M	SD			
IBS	32.67	14.978	27.12	14.48	27.08	15.530	2.291	0.015	1>2>3

Note. M= mean, SD= standard deviation, η2=eta

TABLE 10. REGRESSION COEFFICIENTS OF BULLYING ON PSYCHOSOCIAL MALADJUSTMENT(N=300)

Variables	B	SE	B	p	95% CI	
					LL	UL
Constant	17.702***	.723	.000		16-279	19.126
Bullying	.054*	.	.134	.03	.008	.099

R= .134, R2 =.018, ΔR2 = .015, (F=5.424)

Note. N=300, CI= Confidence interval *p<.05

TABLE 11. REGRESSION COEFFICIENTS OF BULLYING ON SELF ESTEEM (N=300)

Variables	B	SE	β	p	95% CI	
					LL	UL
Constant	17.985***	.538	.000		16.125	19.045
Bullying	.033**	.017	.111	.002	-.001	.067

R= .111, R2 =0.012, ΔR =.009, (F=3.715)

Note. N=300, CI= Confidence interval *p<.01

(Table 1) reveals that female participant (f=150, %=50) and male participant (f=150, %=50) are equal in number. Adolescents participants (f=150, %=50) and young adults (f=150, %=50) are equal in number. Middle order participant (f=121, %=40.3) are higher in number as compare to first order participant (f=106, %=35.3) , and last order participants (f=73, %=37.3). participants from rural area are higher in number (f=155, 51.7%) as compared to urban (f=145, 48.3%). Participants of Bs are higher in number (f=128, 42.6%) as compare to matric (f=27, 9.0%), intermediate (f=126, 42.0%), master (f=19, 6.33%). Un married participants are higher in number (f=227, 75.5%) as compared to engaged (f=46, 15.3%) and married participants (f=27, 9.0%). Participants of government sector (f=207, 69.3) are higher in number as compare to private sector (f=93, 31.0%). Participants of small family (f=160, 53.3%) are higher in number as compare to large (f=140, 46.7%). Participants of nuclear family are higher in number (f=170, 56.3%) as compared to joint family (f=130, 43.0%). Participants father homeownership (f=259, 86.3%) is higher as compare to mother ownership (f=37, 12.3% and none (f=4, 1.3%). Participant (f=150, %=50) of middle class is higher in number (f=252, 84.0%) as compared to upper (f=36, 12.0%), and lower class (f=12, 4.0%).

(Table 2) demonstrates the psychometric qualities of the scales employed in the current investigation. The Illinois bullying scale's Cornbach's value was .931. Victim subscale is .80, bully subscale is .90, fight subscale is .81 respectively it showed a high level of internal consistency. The perceived stress scale as measured by Cornbach's is .80 it demonstrated acceptable consistency within. The value of the Cornbach's alpha for Rosenberg self- confidence Scale .70 it denotes acceptable internal coherence.

(Table 3) shows Pearson correlation between the factors under study. Findings indicate that IBS, PSS, and RSES are positively correlated with other. Finding shows that Illinois Bullying Scale has positive significant correlation with perceived stress scale (r= .33, p< 0.01). With victim sub-scale (r = .34, p<0.01), with bully sub-scale (r = .45, p<0.01) and with fight sub-scale (r = .342, p<0.01). Victim subscale (r = .542, p<0.01) has positive correlation with bully subscale and fight subscale (.342, p<0.01). Rosenberg self-esteem scale has positive significant correlation with perceived stress scale (r=.315, p < 0.01) and Rosenberg self-esteem scale with Illinois bullying scale has positive significant correlation (r=.535, p<0.01).

(Table 4) displays the average, standard deviation, and t-value for both men and women in bullying, scale of perceived stress and Rosenberg self-esteem scales. Results indicate that there is significant mean difference on illusion bullying scale with t (2,198) = 2.791 .p<0.001). The findings shows that male (M=30.12, SD=14.149) scored higher on illusion bullying in comparison to women (M=25.5, SD=14.807). Cohen's d had a value of 0.3(<0.50) this showed a minimal effect size. The results showed that the victim subscale's mean difference with t is significantly different (2.448, p<0.01). The finding show that male (M=6.78, SD=3.59) scored higher on victim subscale in comparison to female (M=5.78, SD=3.79). The value of Cohen's d was 0.4(<0.50). Result indicated there is significant mean difference on bully subscale with t (1.423, p<0.05). The findings show that male (M=13.17, SD=6.46) scored higher on bully subscale as compared to female (M=11.13, SD=7.142). Cohen's d had a value of 0.3(<0.50) this

showed a minimal effect size. The results showed a substantial mean difference on fight subscale with $t(2.40, p < 0.05)$. The findings show that male ($M=8.532, SD=4.70$) scored higher on fight subscale in contrast to women ($M=7.183, SD=4.48$). The Cohen's d value was $0.3(<0.50)$ it showed a minimal impact size. The findings show a substantial mean difference on PSS scale with $t(2,298) -2.225, p < 0.05$. The Cohen's d value was $0.3(<0.50)$ this showed a minimal effect size. The data reveals that Male ($M=18.43, SD=5.637$) scored higher on PSS in comparison to Female ($M=19.59, SD=6.033$). The Cohen's d value was $0.2(<0.50)$ in which the effect magnitude was tiny. The outcome reveals a substantial mean difference on the RSES scale with $t(2,198) -3.184, p < 0.01$. The findings shows Male ($M=19.96, SD =4.454$) scored higher on RSES as compared to Female ($M=18.11, SD=4.135$). Cohen's d was valued at $0.3(<0.50)$ It showed a minimal impact size.

(Table 5) demonstrates the male mean, SD, and t -value and female in Illinois bullying scale, the Rosenberg self-esteem measure, and the perceived stress scale. According to the findings there is significant mean difference on illusion bullying scale with $t(2,198) = -6.653, p < 0.001$. The findings shows that nuclear family participant ($M=13.19, SD=4.98$) scored higher on illusion bullying in contrast to a combined family participant ($M=10.05, SD=4.18$). The Cohen's d value was $0.7(<0.80)$ which female ($M=5.78, SD=3.79$). The Cohen's d value was $0.4(<0.50)$. According to findings a substantial mean difference was found on bully subscale with $t(1.423, p < 0.05)$. The findings show that male ($M=13.17, SD=6.46$) scored higher on bully subscale in comparison to women ($M=11.13, SD=7.142$). Cohen's d had a value of $0.3(<0.50)$ in which the effect magnitude was tiny. The results showed that the battle subscale's mean difference with t is significantly different ($2.40, p < 0.05$). The findings show that male ($M=8.532, SD=4.70$) scored higher on fight subscale in contrast to women ($M=7.183, SD=4.48$). Cohen's d had a value of $0.3(<0.50)$ it suggested a minimal impact size. According to the findings, the mean difference on the PSS scale with t is significantly different ($2,298) -2.225, p < 0.05$. The Cohen's d had a value of $0.3(<0.50)$ which indicated small effect size the findings shows Male ($M=18.43, SD=5.637$) scored higher on PSS as compared to Female ($M=19.59, SD=6.033$). The Cohen's d value was $0.2(<0.50)$ which indicated small effect size. Results indicates that there is significant mean difference on RSES scale with $t(2,198) -3.184, p < 0.01$. The findings shows Male ($M=19.96, SD=4.454$) scored higher on RSES contrasted with Women ($M=18.11, SD=4.135$). The Cohen's d had a value of $0.3(<0.50)$ It showed a medium effect size but modest effect size. The outcome demonstrated a significant mean difference on the victim subscale with $t(.230, p < 0.05)$. The finding show that nuclear family ($M=6.28, SD=3.71$) scored higher on victim subscale contrasted with a united family ($M=6.18, SD=3.69$). The value of Cohen's d was $0.6(<0.70)$ it showed a moderate effect size. The results showed a substantial mean difference on bully subscale with $t(.406, p < 0.01)$. The finding show that nuclear family

($M=12.15, SD=7.06$) scored higher on bully subscale compared to a combined family ($M=12.12, SD=6.77$). The Cohen's d had a value of $0.5(=0.5)$ It showed a minimal impact size. The results showed that the battle subscale's mean difference with t is significantly different ($.347, p < 0.05$). The findings demonstrate that nuclear family ($M=7.87, SD=4.86$) scored higher on fight subscale in contrast to a combined family ($M=7.68, SD=4.63$). The Cohen's d had a value of $0.6(<0.7)$ it showed a moderate effect size. Results indicates that a significant mean difference is present on PSS scale with $t(2,198) 3.184, p > 0.01$. The findings shows nuclear family participant ($M=19.14, SD=5.953$) scored higher on PSS contrast with a combined family Participant ($M=18.11, SD=4.135$). The Cohen's d value was $0.8(=0.80)$ this showed a considerable impact size. The findings show a substantial mean difference on RSES scale with $t(2,198) 3.38, p > 0.01$. The findings shows nuclear family participant ($M=25.02, SD=2.98$) scored higher on RSES relative to a member of a joint family ($M=23.11, SD = 6.22$). The Cohen's d had a value of $0.0(<0.50)$ in which the effect magnitude was tiny.

(Table 6) shows Mean, Standard deviation and t-value for adolescents and young adults in Illinois bullying Scale. Results indicate that there is significant mean difference on Illinois bullying scale with $t(2,198) = 4.318, p < 0.001$. The findings show that adolescents ($M=31.31, SD=12.769$) scored higher on Illinois bullying as compared to young adults ($M=24.21, SD=15.574$). The Cohen's d value was $0.46(<0.50)$ which indicated small impact size. Results showed that the victim subscale with t had a significant mean difference ($.4.7658, p < 0.01$). The finding show that adolescents ($M=7.26, SD=3.358$) scored higher on victim subscale in comparison to young adults ($M=5.27, SD=3.79$). The Cohen's d had a value of $0.5(=0.5)$ this showed a minimal effect size. The results showed that the bully subscale's mean difference with t is significantly different ($.4.017, p < 0.01$). The finding show that adolescents ($M=13.76, SD=6.186$) scored higher on victim subscale as compared to young adults ($M=10.68, SD=7.392$). The Cohen's d value was $0.4(<0.5)$ it showed a minimal impact size. The outcome demonstrated a significant mean difference on the battle subscale with t ($4.293, p < 0.01$). The finding show that adolescents ($M=9.013, SD=4.529$) scored higher on victim subscale as compared to young adults ($M=6.69, SD=4.834$). The Cohen's d value was $0.4(0.5)$, indicating a minor impact size.

(Table 7) shows the average, standard deviation, and t-value for adolescents and young adults in RSES Scale. Results indicate that there is significant mean difference on Rosenberg Self Esteem Scale with $t(2,198) = .050, p < 0.001$. The findings show that adolescents ($M=19.25, SD=4.063$) scored higher on Rosenberg Self Esteem Scale as compared to young adults ($M=19.57, SD=4.564$). The Cohen's d value was $0.3(<0.50)$ it showed a minimal impact size.

(Table 8) shows Mean, Standard deviation and t-value for adolescents and young adults in Perceived Stress Scale. The findings show that the mean difference on PSS with t is significantly different ($2,198) = .050, p < 0.001$). The findings show that adolescents ($M=19.21, SD=6.006$) scored higher on Perceived Stress Scale as compared to young adults ($M=19.17, SD=5.769$). Cohen's d was $0.06(0.50)$, which denoted a minor impact size.

(Table 9) shows mean, standard deviation and F-value for IBS with $F(2,297)=2.291, p > 0.05$. Finding revealed that higher SES adolescents and young adults is exhibited higher level of Bullying as compare to middle and teenagers and youngster with a lower SES. The value of was $0.015 (<0.50)$ it suggested little effect size. The post-HOC comparison showed that the mean differences between each group and the other two groups were not statistically different from one another.

(Table 10) shows that impact of bullying on psychosocial maladjustment. The R^2 value of .18 showed that the predictor variable was able to explain. Variation in the outcome variable with F of 118% ($3.297) = 5.424, p < .05$. These findings revealed that bullying and psychosocial maladjustment positively predicted ($\beta=.134, p < .05$).

(Table 11) shows that impact of bullying on psychosocial maladjustment. The predictor variable explained .012% of the variation in the outcome variable with F, according to the R^2 value of .012. ($3.297) = 6.766, p > .001$. These findings revealed that bullying and self-esteem positively predicted ($\beta=.111, p < .01$).

DISCUSSION

There were significant differences between groups, with adolescents reporting that they did not generally have better psychosocial adjustment; they had lower levels of depression like stress, loneliness, and perceived stress and had greater levels of self-worth and contentment with life. In terms of confidence, depressive symptoms, as well as solitude, the scores for this group were the same as those for bullies. However, bullies and the other two group's victims and bully/victims perceived more stress and expressed less contentment with life. Therefore significant differences in the mean levels of bullying were broken down by sex of victim and sex of bully using Turkey pairwise post-hoc comparisons. Girls had the highest rates of bullying, low self-esteem, and

depression, according to the study, which found gender differences in bullying and depression among ninth-grade students. Bullying and depression were found to be linked (p .05).

However, gender differences in this association are also evident in the findings. Adolescent girls' experience more internalizing issues as a result of bullying than boys do. Gender differences in vulnerability to internalizing issues may be partially attributable to socialization that encourages girls to have greater self-regulation and reactivity to interpersonal issues than boys do. The majority of participants from joint families reported good social adjustment (38 percent) and high resilience (17 percent) compared to those from nuclear families (21 percent, 13 percent), according to the study's findings. However Teenagers have been found to engage in the problematic behaviour of school bullying, which has negative effects on academic performance, prosocial behaviour, and the mental health of both victims and perpetrators.

Sample of adolescent victims showed variation in suicidal ideation and self-esteem due to the interaction between cyberbullying victimization and EI. Compared to their less emotionally intelligent peers, adolescents who were the victims of cyberbullying had higher self-esteem and reported having fewer suicidal thoughts. Psychological maladjustment defined as high suicidal ideation and low self-esteem by examining how victimization of cyberbullying and emotional intelligence (EI) interacted. We also looked into whether levels of emotional intelligence swayed the connection between being the victim of cyberbullying and having mental health issues. Self-harm was significantly linked to a Depression, anxiety, parental discord, and behavioural issues at school are associated with a low socioeconomic status (limited family resources and uneducated parents). As a result, there was not much of bullying and self-harm are related.

The current study focuses especially on bullying in secondary school students and the psychological effects of it. Because this is such a pivotal age, bullying and victimization have significant psychological effects on this age group. All groups of aggressors and victims exhibited emotions of loneliness more frequently, symptoms of depression, perceived stress, and levels of life satisfaction. This concentrate additionally support eighth theory there is impact of tormenting on mental change among youths. Linear regression analysis found that poor self-esteem and low confidence along, or a frail sense of self, and high narcissism, or a having a lofty opinion of oneself might help the persistence of harassment and bullying.

CONCLUSION

In this research a cross sectional research was intended to look at bullying's effects on psychological dysfunction and self-worth between adolescents and young adults. The current research offers strong support for the view that bullying cause internalizing and externalizing problems as well as victims are at greater psychosocial risk than bullies. Bullied people have low self-esteem and more psychosocial problems and they are unable to defend himself. Result indicate that there is Impact of Bullying on Psychosocial Maladjustment and Self Esteem between Adolescents and Youngster. Adolescents and Young adults with high self-esteem are able to defend himself and no psychosocial maladjustment problems.

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