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Research on Mental Health and PTSD Status of Bystanders in School Bullying

Xinrui Li

School of Education, University of Nottingham, Nottingham, UK

ABSTRACT

This paper investigates the mental health status and Post-Traumatic Stress Disorder (PTSD)-related symptoms in bystanders of school bullying. Although most research on bullying has focused on the victims and offenders, some new studies have begun to show that students who are witnesses of bullying are also prone to anxiety, depression and other trauma-related psychological problems. These psychological difficulties may stem from fear of becoming the next victim, guilt over being unable to intervene, emotional contagion, and repeated exposure to a hostile school environment. Based on empirical studies and conceptual reviews, the four groups identified are positive bystanders, negative bystanders, co-victims, and isolated witnesses, and they are not all subjected to bullying in the same way. Therefore, the school's policy for dealing with anti-bullying should focus on the mental health of bystanders rather than treating them as passive observers.

KEYWORDS

School bullying; Bystander; Mental health; PTSD; Anxiety; Trauma.

1. INTRODUCTION

School bullying is a serious public health and educational problem. Research has shown that bullying has harmed victims and offenders, disrupted the school environment; however, the role of bystanders has not been paid much attention to [1, 2]. Students who see bullying are not just passive witnesses either. Repeated exposure to aggression, social isolation, and inadequate institutional responses may negatively affect the mental health of these students [3, 4].

The present paper studies the psychological condition of bystanders to school bullying and investigates whether witnessing bullying may be linked to PTSD symptoms. Though PTSD is often the result of a single severe injury, repeated exposure to bullying can also cause traumatising symptoms in young children [5, 6]. Students who are both witnesses and victims are particularly vulnerable to co-victimisation and, as a result, may face a higher risk of harm [3, 4].

Therefore, this study focuses on how bullying affects the mental health of bystanders. First, the relevant research on bystander anxiety and depressive symptoms is introduced; next, the effects of trauma and PTSD are discussed; finally, some countermeasures for schools are proposed. This paper aims to provide a concise but comprehensive framework for examining the emotional and psychological consequences of witnessing bullying.

2. BYSTANDER ROLES

2.1 Positive and Negative Bystanders

Bystanders are not a homogeneous group. Recently, some scholars have classified positive bystanders as those who actively help or support the victim, and negative bystanders as those who enable bullying indirectly through silence, approval or other ways [1]. The two are not the same; positive bystander behaviour is correlated with better mental health outcomes, while negative bystander behaviour is linked to increased anxiety, depression, sleep disorders and a higher risk of suicide [1]. Based on the above evidence, the psychological stress experienced by witnesses of bullying is also related to their responses.

2.2 Co-victims and Isolated Witnesses

Not all bystanders are equally involved in a bullying incident. Some of the witnesses are also victims, and these co-victims often have the most severe depression [2, 3]. Others are socially isolated and may not step in out of fear of being excluded or retaliated against. A conceptual review of bystander morbidity proposes that the different groups of bystanders, namely co-victims, isolates and confederates, have different mental health outcomes and should be studied and addressed individually in research and intervention [4].

3. MENTAL HEALTH

3.1 Anxiety and Depressive Symptoms

Empirical evidence suggests that many students who witness bullying experience elevated levels of anxiety and depression. Bystanders in a sample of middle school students showed a higher risk of anxiety and depression than victims or perpetrators, even when controlling for these factors [2, 3]. A large-scale Chinese study also found that positive bystander behaviour was negatively correlated with poor mental health, and negative bystander behaviour was positively correlated with it [1]. These findings suggest that bystanders are not emotionally unaffected by bullying incidents.

Anxiety among bystanders may result from the uncertainty of whether they are safe, whether they should intervene, and whether they themselves will become the next target. Students in a bullying environment may feel helpless, morally distressed and socially isolated, and thus show depressive symptoms. Repeated exposure to bullying-related stress should not be viewed as a single emotional event but rather as a chronic source of psychological strain [2, 3].

3.2 Social Withdrawal and Coping

Bystanders may respond to bullying by avoiding school grounds, reducing their contact with other students, or emotionally dissociating from what they are seeing. The above coping mechanisms may reduce short-term stress but are also isolating. Recent research has shown that self-efficacy and coping styles mediate the relationship between bullying experiences and mental health outcomes; thus, bystander distress is not solely a result of exposure but also depends on individual coping resources [1].

Students with limited coping capacity may struggle to express their emotional difficulties. Silence may also fail to help a person process their emotions and seek support. In this sense, the mental health of the bystanders is also affected by the social and institutional response to what they have witnessed.

4. PTSD AND TRAUMA

4.1 Trauma-related Responses

Most cases of PTSD involve the direct victims; those who witness bullying may also be affected. A prominent review of bystander morbidity reports that bullying bystanders may experience post-traumatic stress, internalized hostility, substance use, and suicidal ideation [4, 7]. Other studies on bullying and trauma have shown that bullying victims often experience interpersonal trauma, suggesting that the concept of trauma may also be extended to repeated exposure to bullying [5, 6].

There is a plausible psychological mechanism underlying trauma-related responses, as bullying often involves threats, humiliation, unpredictability, and repeated exposure. Even though the witness is not directly involved in the violence, they may have repeatedly seen the violence and thus feel fearful, powerless and hypervigilant. With time, the school environment itself may be coded as unsafe, and this perceived danger can lead to symptoms of post-traumatic stress disorder (such as intrusive thoughts, avoidance behaviour, and physiological arousal) [5-6].

4.2 Chronic Exposure and Emotional Imprinting

Distress in bystanders due to bullying may be more severe when the bullying is long-term. A student who repeatedly witnesses bullying may become aware of the social hierarchy that enables such behaviour and may learn that intervention is either dangerous or ineffective. As a result, lasting emotional memories may be formed. The student may later be reminded of this event when they hear the name of the victim, go to a place where the bullying occurred, or anticipate being bullied themselves [4-5].

Some cases of bystander distress do not meet the criteria for formal PTSD, but they can still be related to trauma. Therefore, schools may overlook subclinical trauma and focus only on severe cases. Subclinical trauma can also cause problems with concentration, sleep, mood disorders, a diminished sense of safety.

5. MECHANISMS

5.1 Guilt and Moral Conflict

One such reason is guilt. Witnesses believe that they should have done something, said something, or told an adult. If they do not act, they may perceive their silence as a moral failure. The experiences of bullying witnesses have long been discussed in the literature. Empirical studies have shown that indirect victims may also experience substantial emotional burdens [3, 4, 8]. Feelings of guilt may be intensified when students are forced to choose between loyalty to friends and protecting the victim.

5.2 Fear of Victimization

The second reason is a fear of being targeted. Witnessing bullying may lead students to perceive aggression as socially acceptable, increasing their anxiety and fear of becoming future targets. This is one reason why bystanders may also experience anxiety without having been directly bullied [2, 4]. In an unsafe school environment, witnesses' statuses therefore serve as warning signals and make the entire peer group a source of fear.

5.3 Empathy Fatigue and Emotional Contagion

The third is empathy exhaustion. Repeatedly observing the suffering of another student may lead to emotional exhaustion in the observer if they feel unable to help. Distress can spread to other people

in a peer group by contagion. Over time, the witness may begin to experience the fear and shame of the victim themselves in some way [4, 6]. As a result, witnesses may become less resilient and more likely to develop anxiety and trauma-related symptoms.

6. SCHOOL IMPLICATIONS

6.1 Identify Bystander Distress

Schools should acknowledge the psychological burden experienced by bullying witnesses. Therefore, the screening and counselling questions should also cover whether one has seen bullying, not just whether one has been bullied. The 2024 Healthcare study found that both positive and negative bystander behaviours were associated with mental health, but in different ways; thus, prevention efforts need to be differentiated based on the type of bystander [1].

6.2 Support Coping and Self-efficacy

Given that self-efficacy and coping styles mediate the relationship between bullying and mental health, school interventions can be introduced to increase bystander confidence and practical response skills [1]. Students need safe ways to report bullying, support other students, and seek help from adults without fear of retaliation. Training should also reduce students' shyness about not knowing the answer, and make them feel safe enough to ask for help [9-12].

6.3 Trauma-informed Climate

A trauma-informed way of conducting schooling is needed for schools with repeated or serious cases of bullying. Such an approach recognizes repeated exposure to bullying as potentially harmful, ensures consistent adult intervention, and reduces the likelihood that students will cope with distress alone. Such an environment may help reduce PTSD-related symptoms by providing safety, trust, and social support [4-6].

7. CONCLUSION

Bystanders of school bullying are often considered to be in a peripheral position, but according to the data, witnessing such behaviour can cause significant mental harm and result in trauma symptoms. Anxiety and depression are frequently observed psychological problems, as well as guilt, fear and social isolation; some of these experiences may also resemble PTSD-type stress responses. Distinguishing between positive and negative bystanders, as well as between co-victims and isolated witnesses, is important for understanding different levels of psychological risk.

These findings suggest that anti-bullying efforts should not focus solely on the victim–perpetrator framework. If schools aim to reduce bullying effectively, they must also address the emotional and psychological needs of bystanders. Schools should promote a healthy peer environment, protect bystanders' well-being, strengthen their coping skills, and establish a trauma-informed school climate.

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