

TO EXPLORE THE MEDIATING ROLE OF SOCIAL EXCLUSION IN ASSOCIATION OF BULLYING VICTIMIZATION AND PSYCHOLOGICAL WELLBEING AMONG ORPHANS LIVING IN ORPHANAGES

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Abstract

This study aimed to investigate the relationship between bullying victimization, social exclusion, and psychological well-being among orphans living in orphanages. The research explored the mediating role of social exclusion in the association between bullying victimization and psychological well-being. A sample of 250 orphans participated in the study, and data were collected using the Multidimensional Bullying Victimization Scale (MBVS), the Scale for Social Exclusion (SCP), and the Psychological Well-Being Scale (PWB). Statistical analyses were performed using SPSS23. The findings revealed that bullying victimization had a significant negative impact on psychological well-being among orphans. Higher levels of bullying victimization were associated with lower levels of psychological well-being. Furthermore, social exclusion was found to mediate the relationship between bullying victimization and psychological well-being. The study indicated that orphans who experienced more bullying victimization also reported higher levels of social exclusion, which in turn contributed to decreased psychological well-being. Gender differences were also observed in the study. Female orphans reported higher rates of victimization from bullying and depressive symptoms compared to male orphans. On the other hand, male orphans reported higher levels of perceived social support, perceived school safety, and perceived discrimination. These findings suggest that victimization due to bullying may be a significant risk factor for female orphans, influencing their psychological well-being. The results of this study emphasize the importance of addressing bullying victimization and social exclusion among orphans in institutional settings. Interventions and support systems should be implemented to prevent and mitigate the negative consequences of bullying victimization and promote inclusive and supportive environments. By understanding the unique challenges faced by orphans, especially in terms of gender differences, targeted interventions can be developed to enhance their psychological well-being and overall resilience.

Keywords. Bullying Victimization, Social Exclusion, Psychological Well-being, Orphans, Gender Differences.

Introduction

Bullying Victimization

Bullying, as defined by Olweus (1996), happens when "a student is exposed, repeatedly and over time, to negative actions on the part of one or more other students." An imbalance of power between the bully and the victim that is based on physical stature, strength, age, or social standing defines the relationship. An imbalance of power between the bully and the victim that is based on physical stature, strength, age, or social standing defines the relationship. It's critical to note the power disparity between the bully and the victim since it separates bullying from other forms of aggressiveness or violence. Bullying is the persistent use of physical, psychological,

social, or verbal abuse on people who are unable to defend themselves by individuals in positions of authority, either formally or informally defined, with the aim of causing harm for one's own benefit or satisfaction. A victim is sometimes described as a student who is subjected to bullying behavior on the part of one or more other pupils on a regular basis (Olweus, 1993a).

Even though bullying is simply one of many difficulties that young people face today, empirical research findings show that it warrants special attention due to its wide-ranging effects and how it is connected to other issues young people experience.

Types of Bullying

Bullying generally falls into one of four categories: cyber, relational, verbal, and physical. (Wang et al. 2009).

Physical Aggression. such as hitting, punching, or pushing, is what defines physical bullying.

Relational Bullying. also known as social exclusion bullying, is characterized by the spread of rumors, the purposeful exclusion of others from interactions or activities, or the withholding of friendship (Crick & Grotpeter 1995).

Spoken Aggressions. like teasing and name-calling constitute verbal bullying (Bauman & Del Rio 2006).

Peer Violence. committed via technology, such as text messages, emails, or social networking sites, is known as cyberbullying. (Butler et al. 2009).

Bullying is when peers intentionally cause someone harm or injury repeatedly. (Limber & Small 2003, Olweus 1996, with the victim unable to stop or prevent the victimization. (Butler et al. 2009). Randall (1997) stated that Bullying is defined as aggressive behavior that results from the conscious intention to harm another person physically or psychologically.

17.8 million of the 153 million teenagers who have lost both of their parents have also lost one of their parents. Any child under the age of 18 who has lost one or both parents to death is considered an orphan according to UNICEF. Globally, there were reportedly 140 million orphans in 2015. The detrimental effects of bullying on teenagers have come to light more and more over the past few decades. Being the target of bullying is something that many teenagers go through. Up to one-third of young teenagers report more severe instances of coercion or inappropriate touching, and up to three-quarters of young teenagers report experiencing bullying (such as rumors, name-calling, or public ridicule).

In comparison to those who had not been bullied, young adults who had experienced bullying throughout middle teenage had lower self-esteem and more depressive symptoms. As a result, victimization has a significant psychosocial impact on teenage and early adulthood. In cases of physical bullying, boys were more likely than girls to be involved—either as the bully or the victim. Bullies are described as being impulsive, aggressive, and antisocial. They don't show empathy and have unusually low levels of anxiety and insecurity.

(Olweus 1996). Bullies are more likely to accept violent and aggressive behavior more readily, display more problem behaviors, and have lower psychosocial functioning overall (Haynie et al. 2001).

Young people who experience harassment are more likely to experience mental health issues later in life. Bullying can occur to anyone at any age and in any setting, including at work as well as at school. Bullying has so far been challenging to define because it pertains to both a broad range of behaviors that may be considered bullying and the characteristics of bullying behavior (Montgomery, 1994). A child's involvement in bullying appears to be influenced by

family factors as well. The likelihood of a student becoming a bully increases if their parent has a criminal record (Farrington & Baldry 2010). Additionally, bullying in schools is more likely to occur in kids who witness domestic violence between their parents (Bowes et al. 2009). Bullies say their parents are less aware of their daily activities (Marini et al. 2006).

Garner & Hinton (2010) found that If kids are less adept at understanding social expectations surrounding showing sadness, they are more likely to experience bullying. A child's risk of being victimized is higher when they lack social skills (Cook et al. 2010). teenager who have fewer close friendships of high caliber and who internalize their behaviors more often are also more likely to experience victimization (Bollmer et al. 2005). In fact, fewer victims are reported when a person has a best friend (Hodges et al. 1999). Victims receive less social support from their parents than nonvictims, and family support is a predictor of victimization. (Demaray & Malecki 2004). The presence of a father in a child's life appears to shield the child from severe forms of victimization in particular (Flouri & Buchanan 2002).

teenager's vulnerability may also be influenced by environmental factors. Graham & Juvonen (2002) found that belonging to a racial group that is numerically underrepresented at school may increase victimization, but victims may experience more loneliness and social anxiety in a classroom where the majority of students share their ethnicity (Bellmore et al. 2004). Olweus (1983) identifies victims as socially awkward, reserved, and fearful. Compared to their non-victim peers, they are more socially isolated and emotionally distressed (Juvonen et al. 2003). Additionally, victims might perform worse in school (Brown & Taylor 2008) and stay away from school to prevent being victimized (Rothon et al. 2010).

Bullying is a significant problem that will persist until parents, educators, and administrators deal with the factors that make kids frightened in the first place. Both bullies and victims are influenced by their families' characteristics as they grow up. Some kids experience a lot of stress when they are bullied at school, and it can have a serious negative impact on their overall wellbeing. Physical aggression, such as pushing, hitting, or punching, is a defining feature of physical bullying. Girls were more likely than boys to engage in indirect aggression. According to Olweus (1983), victims are socially awkward, reserved, and fearful. Compared to their peers who weren't victims, they exhibit greater emotional distress and social marginalization (Juvonen et al. 2003).

Teenagers who are bullied are highly susceptible to mental health issues, such as depression and issues adjusting to school. Self-esteem may be permanently damaged by bullying. Because they were unable to defend themselves, victims experienced humiliation, shame, and low self-esteem. It is essential to address the root causes of bullying and to offer teenager advice, resources, and education to assist them in finding healthier solutions to their problems. For an adult's general well-being, bullying issues must be addressed. Bullying's negative effects can cause a person to feel helpless. Bullying victims frequently struggle with mental health issues. Bullies seek to control people by exploiting their emotional reactions to bullying or their lack of social support.

Psychological wellbeing

Positive emotions, meaningful relationships, environmental mastery, engagement, and self-actualization are all enabling factors in psychological well-being. Psychological well-being is also the absence of the human experience's crippling factors—depression, anxiety, anger, and fear. Psychological wellbeing encompasses a wider range of constructs than what is typically thought of as happiness and goes beyond the absence of psychological ill-being. (Seligman and

Csikszentmihalyi, 2000; Seligman, 2011). In order to achieve "good psychological functioning," which is "a state in which every individual realizes his or her own potential, can cope with everyday stresses, can work productively and fruitfully, and is able to make a contribution to her or his community," one must first be in a mental healthy state (WHO, 2004). According to the hedonic and eudemonic perspectives, psychological well-being typically refers to a state of mind that includes both optimal functioning in one's personal and social life. (Deci & Ryan (2008). "Life going well is a key component of psychological well-being. It consists of having a positive attitude and performing well." The six dimensions in Ryff's model of psychological well-being are as follows:

Self-Acceptance

Which refers to having a positive attitude toward oneself and past experiences recognizing and accepting one's own characteristics.

Positive Relations

With others, which refers to having true, warm, and satisfactory relations with other people and being concerned for their well-being.

Autonomy

Which basically refers to the extent to which the individual is self-determining and independent.

Environmental Mastery

The ability to manage and control one's environment while taking advantage of the opportunities it presents to meet one's needs and values.

A Sense of Purpose in Life

The sense that one's life has meaning and purpose.

Personal Growth

The sense of ongoing evolution and growth, or the sense that one is realizing one's own potential (Ryff et al., 1995).

The absence of disorders like major depression or schizophrenia is a sign of psychological wellbeing. Psychological wellbeing is extremely difficult for someone with mental illness to experience. Nevertheless, the absence of these disorders does not ensure psychological well-being. The GNH Index divides psychological wellbeing into three parts. The first is spirituality, which includes mindfulness exercises like meditation and the awareness of one's own actions. The second is emotional balance, which results from developing emotional intelligence and good emotions like generosity, empathy, and compassion. The third is evaluative satisfaction in relation to various GNH domains. People who are more satisfied with their lives have better physical health, more accomplishments, better social connections, and make more beneficial economic contributions to society (Howell, Kern and Lyubomirsky, 2007; Lyubomirsky, King and Diener, 2005; Pressman and Cohen, 2005). Better physical and psychological functioning is correlated with positive social relationships. (Taylor, 2007).

Between loneliness and psychological well-being, there is a strong inverse relationship. While students with low psychological wellbeing exhibit higher levels of loneliness, students with high psychological wellbeing experience lower levels of loneliness. The idea of psychological wellbeing is multifaceted. Following factor analysis, it was discovered that signs of psychological well-being include being upbeat, optimistic, playful, self-controlled, and lacking in frustration, anxiety, or loneliness. a person with high levels of psychological well-being, who is successful in all endeavors, has higher levels of fulfillment and self-esteem, and who is capable of thinking

positively or negatively about others. It highlights growth and development's advantageous traits. The way that people view their own lives is generally referred to as psychological well-being. It refers to an individual's own (cognitive and affective) perspective on their relationships, social life, and job satisfaction, among other things. A person's psychological well-being increases with their pro-social behaviors, and vice versa. Learning is consistently enhanced in students who are in better psychological health. Restrictive attention, critical thinking, and analytical thinking are all heightened by negative emotions.

Compared to those who are not involved, youth who have been victims are more likely to experience psychological problems like depression, anxiety, somatization, and panic disorder, as well as lessening in their psychological, social, and emotional wellbeing. Anxiety, depression, and suicidal thoughts are specifically frequently reported by bullied individuals. Alikasifoglu et al. (2007) showed that compared to their peers who had not experienced victimization, teenagers who had experienced victimization were more likely to report higher frequencies of both internal and external problems as well as higher risk behaviors (such as substance use and physical fights).

Positive relationships, self-acceptance, environmental mastery, a sense of purpose in life, autonomy, and personal growth are all characteristics of psychological well-being, which is a state of optimal human functioning (Ryff and Keyes 1995). A meta-analysis by Allen et al. (2018) examined the relationship between school belonging and mental health outcomes and found that low school belonging was linked to higher levels of anxiety, negative affect, and mental illness. Victimization was linked to a variety of behavioral, emotional, and emotional issues as well as victims' psychological well-being.

Social Exclusion

Marginalization describes acts of prejudice against specific groups in both formal and informal contexts, such as discrimination in job applications, promotions, and performance reviews in businesses, as well as stereotyping in social contexts. (Collins et al. 2015), thereby Keeping or maintaining such individuals in positions of powerlessness.

Interpersonal discrimination involving interactions with others is a form of individual-level marginalization. Individual marginalization, for instance, would be defined as discriminatory, unjust, or unfair interactions between students and their teachers or peers that can be attributed to traits of the particular student (such as demographic background, gender, or sexual orientation).

Lack of social support and increased feelings of loneliness are well-known risk factors for lower levels of wellbeing, and they can both result from exclusion from social relationships. The quality of life in later life is strongly correlated with exclusion from material and financial resources. Even though there is some evidence that older adults can adjust to having fewer financial resources, effects may be stronger when experienced over longer periods of time (Clark, D'Ambrosio, & Ghislandi, 2015). One of the biggest problems that orphans encounter on a daily basis, particularly in developing nations, is stigma and marginalization, but little is known about how these issues affect mental health. According to reports, specific parental deaths have a negative stigmatizing and marginalizing effect (Thurman, et al., 2006). Studies in Africa have demonstrated how stigma and marginalization contribute to mental health issues like anxiety, depression, and lowered psychosocial well-being. (Cluver & Gardner, 2006; Daniel, 2005; Nyamukapa et al., 2008; Wild, 2001). Breaking the social bond is what social exclusion is. On a personal level, it refers to the inability to engage in social activities that are customarily expected of oneself and to develop meaningful interpersonal connections.

Thus, social exclusion can be defined as the ongoing and gradual exclusion from full participation in the social resources that are produced, supplied, and exploited in society in order to make a living, organize a life, and contribute to the creation of a (hopefully better) future. This includes both material and symbolic resources (Steinert & Pilgram, 2003).

Significance of the Study

The exploration of the mediating role of social exclusion in the association between bullying victimization and psychological well-being among orphans living in orphanages is a crucial and thought-provoking research area. By investigating this dynamic, researchers aim to shed light on the underlying mechanisms that contribute to the psychological impact of bullying on vulnerable populations. Understanding how social exclusion may mediate the relationship between bullying victimization and psychological well-being can provide valuable insights into the unique challenges faced by orphans in institutional settings. This research has the potential to inform intervention strategies and support systems that can effectively address the negative consequences of bullying and social exclusion, ultimately promoting the psychological well-being and resilience of orphaned individuals. Through meticulous examination of this mediating role, researchers can contribute to the development of evidence-based policies and practices that foster inclusive and supportive environments for orphans, mitigating the adverse effects of bullying and promoting their overall mental health.

Proposed Model

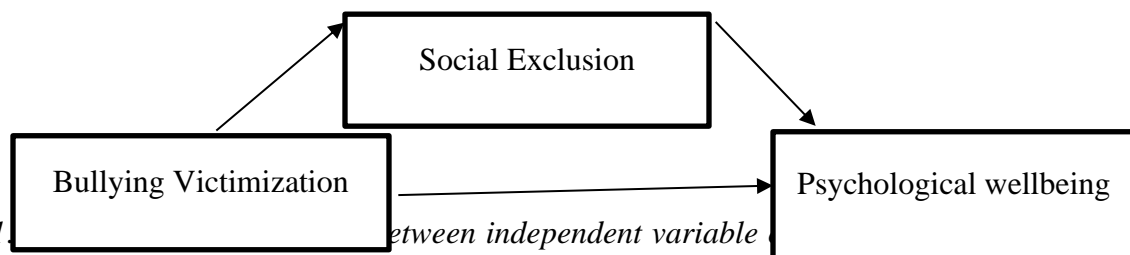


Figure 1: A conceptual model showing the relationship between independent variable (Bullying Victimization), dependent variable of psychological wellbeing with the social exclusion serving as mediating variable in this relationship.

Literature Review

Research was conducted on “school Bullying” by James in (2010). Since 1970, bullying has been a significant concern both in public discourse and academic investigations. teenager who experience victimization, engage in bullying behavior, or are involved in both aspects tend to face adverse long-term consequences. Verbal abuse stands out as the most frequently reported form of bullying. According to the World Health Organization's Health Behavior in School-Aged teenagers 2001/02 survey across 35 countries, the average prevalence rates for both victims and bullies were 11 percent (Salmivalli, 2009). Teenagers who have experienced bullying often express dealing with depression, low self-esteem, and difficulties in forming interpersonal relationships during their childhood.

Research on bullying highlights various forms, including physical, relational, verbal, and cyberbullying, often stemming from an imbalance of power (Brank et al., 2012). Sibling bullying affects 16.2% of teens, with girls experiencing more severe effects. In a study of school bullying, both victims and aggressors face social and psychological challenges, including depression and anxiety (Garcia-Continente et al., 2013). Gender differences in mental health show men more

prone to antisocial behaviors, while women experience higher levels of depression (Matud et al., 2019). School bullying can severely damage teens' mental health, with boys experiencing more physical bullying and girls more social exclusion (Nazir et al., 2015). Parenting styles also impact teens' well-being, with strong parent-child relationships fostering better mental health (Arulsubila et al., 2017). Issues of marginalization and connection in school environments influence teens' sense of belonging and psychosocial adjustment (Polk et al., 2020). Bullying increases the risk of mental health issues, self-harm, and suicide (Ford et al., 2017). Gender differences in bullying experiences were also evident in a study showing that 46.8% of children reported being bullied (Silva et al., 2013).

Bifulco et al. (2014) examined the effects of bullying on psychological well-being, finding that bullying, especially by peers, is linked to long-term mental health issues in high-risk youth. Fawzy et al. (2010) showed that orphanage children are more prone to emotional and developmental disorders. Turner et al. (2013) found that bullying victimization is strongly linked to depression and suicidal ideation in teens, with females more affected by cyberbullying. Seo et al. (2017) identified lower socioeconomic status as a major risk factor for bullying in Korean teens. Thomas et al. (2016) highlighted that frequent bullying leads to greater psychological distress and lower emotional well-being. Brewer Jr et al. (2018) noted that bullying is widespread, affecting 21.7% of students in their study. Corry et al. (2022) found that psychological well-being in school is linked to later life satisfaction. Lorenzo-Blanco et al. (2016) explored the relationship between bullying victimization and mental health in Latino/a teens, with girls reporting higher depressive symptoms. Stenseng et al. (2015) found that social exclusion impairs self-regulation in children. Mian et al. (2022) linked depression in Pakistani teens to reduced cognitive complexity. Turner et al. (2014) identified academic and group support as key factors in reducing bullying over time. Yang et al. (2018) found that a positive school climate mitigates the negative effects of bullying on student engagement. Lastly, studies by Tong et al. (2016) and Precupetu et al. (2019) showed that social exclusion leads to poor health outcomes in older adults in China and Romania.

Method

Study Design

A cross-sectional analysis was used in the research. The cross-sectional study design is a survey design in which the researcher at one time take one or more sections from one population for collecting survey from them and compared them with each other to find the differences between their characteristics.

Objectives

1. To study the relationship between bullying victimization and social exclusion among orphans.
2. To explore the relationship between bullying victimization and psychological wellbeing among orphans living in orphanages.
3. To investigate the relationship social exclusion and psychological wellbeing among orphans.
4. To study the mediating role of social exclusion among bullying victimization and psychological wellbeing.
5. To explore the mean difference of gender for bullying victimization among orphans.

6. To investigate the mean difference of age for bullying victimization among orphans.

Hypotheses

1. There will be a positive relationship between bullying victimization and social exclusion among orphans.
2. There will be negative relationship between bullying victimization and psychological wellbeing among orphans.
3. There will be negative relationship between social exclusion and psychological wellbeing among orphans.
4. Social exclusion will positively mediate the predictive relationship of bullying victimization and psychological wellbeing.
5. There will be mean difference among ages of orphans for bullying victimization among orphans.
6. There will be mean difference among gender of orphans for bullying victimization among orphans.

Sample

250 participants (104 males, 146 female), aged between 11 to 17 (110 orphans were aged between 11-13 and 140 were 14-17 years old), from Gujranwala's orphanages was selected as a sample for current research. There was about 74 orphans who lose their mother, 92 orphans do not have their father and 84 orphans live without both parents. And 83 respondents were from grade 3-5 and 167 orphans were from grade 6-10. Purposive sampling was used for collection of sample. Purposive random sampling is a type of non-probability sampling in which the researcher randomly by purpose selects the sample and collect data from it.

Inclusion Criteria

Males and females orphans living in orphanages. Age ranged from 11-17 years were the participants of present study

Exclusion criteria

Orphans that are not living in orphanages were not taken as a sample. 18+ age participants were not included in the sample.

Research Instruments

Multidimensional Bullying Victimization Scale (MBVS)

MBVS was developed by Harbin et al., in 2019 is used to evaluate bullying. It has 3 factors and a total of 26 items. Factor 1 reported direct bullying, which consisted of 11 items and was reported in a personal, direct, and face-to-face manner. Factor 2 had 8 items and covered indirect bullying (bullying perpetrated by others or through another medium, like the internet), while factor 3 had 7 items and covered evaluative bullying (judgmental). The ratings for each item ranged from "never" to "very often" on a 4-point scale.

SCP-Questionnaire for Social Exclusion

An instrument to measure social exclusion in social and economic policy research has been developed by the Netherlands Institute for Social Research (SCP). There are 15 items total on this survey (4 Dimensions). Limited social engagement, material deprivation, inadequate access to fundamental social rights, and a lack of normative integration are among the problems.

Psychological Wellbeing Scale (PWS)

The 18 items were created by psychologist Carol D. Ryff. The six components of happiness and wellbeing measured by the psychological wellbeing scale (PWS) are autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance.

Procedure

Prior to conducting research outside of an academic setting, approval was obtained from the authors of the study in question and the head of the psychology department. The questionnaire was then be printed and used to collect data. Translated scales SCP for social exclusion, psychological wellbeing and multidimensional bullying victimization scales were used for data collection from both boys and girls from various orphanages. Participants received information on their rights to confidentiality. The goal of the study was discussed after taking consent questionnaires were provided. Thanked the participant after that. Following data collection, the Statistical Package for Social Sciences (SPSS) was used to analyze the data.

Analysis

The SPSS-23 version has been used for data analysis purpose in this research. This quantitative research used to descriptive statistics, correlation, mediation and t-test analysis for effective interpretations of result.

Data Cleaning and Dealing with Missing Values

A data set of 250 cases was screened out to identify multivariate and univariate outliers and to confirm the data set’s accuracy. First, when entry level instances were evaluated, it was discovered that 1% of the cells had incorrect data because of typing mistakes. After that, hard copies of the forms were evaluated to correct the data. After ensuring the accuracy of the data, box plots were analyzed with the objective of identifying univariate outliers. After checking the outliers that no outliers were found. Finally, the data set included the all 250 sample who had undergone through screening and were ready for the final analysis.

Results

Demographic Variables

The frequency and percentage of demographic variables including gender, education, age, social status, residential area, was calculated. The demographic characteristics of the sample are given in below table;

Table 1

Demographic characteristics of sample

Variables	<i>f</i>	%	
Parents	Deceased Mother	74	29.6
	Deceased Father	92	36.8
	Both Deceased	84	33.6
Age	11-13	110	44.0
	14-17	140	56.0
Gender	Male	104	41.6
	Female	146	58.4
Education	3-5	83	33.2
	6-10	167	66.8

Note. F= Frequency, %= Percentage

Table 1 indicates the sample characteristics of sample. Frequencies and percentages of parents, age, gender and education were calculated. Out of the respondents, 29.6% teenagers do not have mothers, 36.8% respondents do not have father and 33.6% experienced the loss of both parents. in the sampled group, 41.6% were male and 58.4% were female. 44% were age between 11-13 years and 56% were aged between 14-17 years.33.2% orphans were from grade 3-5 and 66.8% were from grade 6-10.

Table 2

Psychometric Properties of Scale(n=250)

Variable	K	M	SD	α	R
MBVS	26	59.74	14.95	.902	67.00
SCP	15	48.09	48.09	.751	48.00
PWB	18	42.17	42.17	.859	54.00

Note. K=no. of items, M= means, SD= standard deviation, α =reliability coefficient, R indicates the range.

Table 2 shows the mean, standard deviations, and reliability measured by Cronbach’s alpha for the research instruments and the corresponding scales used in the current study.

Relationship between the Variables

Table 3

Correlational matrix of study variables (N=250)

Variables	1	2	3
1. MBVS	-	.253**	-.154*
2. SCP		-	-.169**
3. PWB			-

Note. MBVS= bullying victimization, SCP= social exclusion, PWB= psychological wellbeing, **p<.01, *p<.05

Table 3 indicates that bullying victimization is significantly positively related to marginalization (r=.253, p<.01), bullying victimization is significantly negatively related to psychological wellbeing (r= -.154, p<.05) and social exclusion (marginalization) is significantly negatively related to psychological wellbeing (r=-.169, p<.01).

Table 4

Role of social exclusion as mediation

Mediator	MBVS			
	Effect	R ²	F	
Perceived stress	Total	-.13	.02	30.58
	Direct	-.10	.06	6.59
	Indirect	-.03		
95% CI= (-.0704,.0009)				

Note. . *p<.05, **p<.05.

Table 4 showed that mediating role of social exclusion on the relationship between bullying victimization and psychological well-being. Results revealed that bullying victimization significantly positively predicted social exclusion (β = .2530, p<.05). and social exclusion

significantly negatively predicted psychological wellbeing ($\beta = .138, p < .05$). mediation result confirmed that bullying victimization increases social exclusion and decrease psychological wellbeing ($\beta = -.15, 95\% \text{ CI} = -.704, -.0009$).

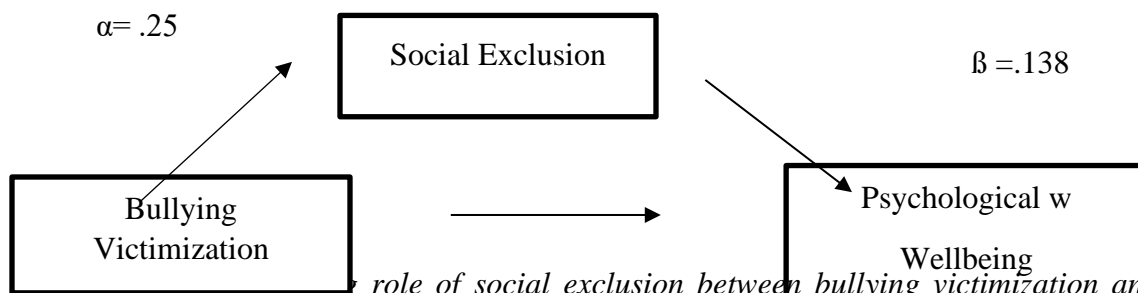


Figure 1. Mediating role of social exclusion between bullying victimization and psychological wellbeing.

Table 5
Mean differences of bullying victimization in different age groups.

	11-13 years		14-17 years		t(248)	p	Cohens d
	M	SD	M	SD			
MBVS	59.79	13.28	59.71	16.19	.040	.968	-

Note * $p < .05$, ** $p < .01$, MBVS= Bullying Victimization.

Table 5 indicates shows that there is no difference of bullying victimization in 11-13 years and 14-17 years' orphans.

Table 6
Mean difference of bullying victimization in male and female.

	Male		Female		t (248)	P	Cohen's d
	M	SD	M	SD			
MBVS	57.50	13.74	61.34	15.61	-2.01	0.45	1.6

Note * $p < .05$, ** $p < .01$, MBVS= Bullying Victimization.

Table show that there is significant mean difference in term of bullying victimization between male and female ($p < .05$). finding shows that females ($M = 61.34, SD = 15.61$) has higher bullying victimization than males ($M = 57.50, SD = 13.74$).

Discussion

This study explored the mediating role of social exclusion in the relationship between bullying victimization and psychological well-being among male and female orphans in orphanages. A sample of 250 orphans was assessed using the Multidimensional Bullying Victimization Scale (MBVS), Social Exclusion Scale (SCP), and Psychological Well-Being Scale (PWB). The reliability of the scales was confirmed with Cronbach's alpha coefficients (MBVS $\alpha = .902$, SCP $\alpha = .751$, PWB $\alpha = .859$). The study found that bullying victimization is significantly positively related to social exclusion, and both are negatively associated with psychological well-being.

However, no significant difference was found between age groups regarding bullying victimization, though gender differences were evident, with females experiencing higher levels. The findings align with past research, such as studies by Thomas et al. (2016) and Smith et al. (2012), which highlighted the detrimental effects of bullying and social exclusion on psychological well-being.

Conclusion

This study examined the relationships between bullying victimization, social exclusion, and psychological well-being among orphans. It found that higher bullying victimization is linked to greater social exclusion and lower psychological well-being. Social exclusion also negatively impacted psychological well-being and mediated the relationship between bullying and well-being. While no significant age differences were found, females experienced more bullying, while males reported higher levels of support, safety, and discrimination. The findings highlight the need for interventions in orphanages to reduce bullying, promote inclusion, and support gender-specific challenges to improve orphans' well-being.

Limitations and suggestions

There are several limitations and suggestions related to the current study

- First off, time restrictions limited the study's sample to a certain city region, thus the results could not be entirely typical of Pakistan's population. Therefore, in order to guarantee that the findings may be applied to a larger segment of the Pakistani population, future research projects had to endeavor to collect samples from a variety of geographical locations.
- Second, there was an uneven distribution of the sample in terms of age groups and gender (males and females). Future research should use equal-sized samples to increase the efficacy of the study.
- Thirdly, the self-reported measures used in the current study were quantitative in character. These metrics may not reliably give an accurate representation of people's experiences due to a variety of biases. Qualitative research should be carried out in order to arrive at a more comprehensive knowledge.

Implications

- Understanding the underlying mechanisms: By investigating the mediating role of social exclusion, researchers can gain insight into the specific processes through which bullying victimization affects the psychological well-being of orphaned teenagers. This can provide a more comprehensive understanding of the factors contributing to their mental health outcomes.
- Targeted interventions: Identifying social exclusion as a potential mediator can inform the development of targeted interventions to mitigate the negative effects of bullying victimization on the psychological well-being of orphans. Interventions can focus on reducing social exclusion, promoting inclusivity and social support within the orphanage environment, and enhancing coping strategies for dealing with bullying experiences.
- Policy and program development: Findings from this research can inform the development of policies and programs aimed at addressing bullying victimization and promoting psychological well-being among orphaned teenagers in orphanages. It can highlight the importance of creating safe and supportive environments that minimize social exclusion and foster positive social connections.
- Supportive interventions for orphans: The results may also underscore the need for tailored support and interventions for orphans who have experienced bullying victimization. This

could involve providing counseling services, peer support groups, and skill-building programs to enhance their resilience, social skills, and overall psychological well-being.

- Awareness and advocacy: Research findings can contribute to raising awareness about the unique challenges faced by orphaned teenagers in orphanages, particularly regarding bullying victimization and its impact on psychological well-being. This can lead to increased advocacy efforts to address these issues and promote the rights and well-being of orphaned teenagers.

References

- Alikasifoglu, M., Erginoz, E., Ercan, O., Uysal, O., & Albayrak-Kaymak, D. (2007). Bullying behaviours and psychosocial health: Results from cross-sectional survey among high school students in Istanbul, Turkey. *European Journal of Pediatrics*, 166(12), 1253–1260.
- Allen, K.-A., Vella-Brodick, D., & Waters, L. (2018a). Rethinking school belonging. In K. A. Allen & C. Boyle (Eds.), *Pathways to belonging: Contemporary research in school belonging* (pp. 191–218)
- Andreou E. 2000. Bully/victim problems and their association with psychological constructs in 8- to 12-year-old Greek schoolchildren. *Aggress. Behav.* 26:49–56
- Arulsubila, M., & Subasree, R. (2017). Parenting and psychological wellbeing of adolescents-an intervention study. *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 1-9.
- Bauman S, Del Rio A. 2006. Preservice teachers' responses to bullying scenarios: comparing physical, verbal, and relational bullying. *J. Educ. Psychol.* 98:219–31
- Bifulco, A., Schimmenti, A., Jacobs, C., Bunn, A., & Rusu, A. C. (2014). Risk factors and psychological outcomes of bullying victimization: A community-based study. *Child Indicators Research*, 7, 633-648.
- Bollmer JM, Milich R, Harris MJ, Maras MA. 2005. A friend in need: the role of friendship quality as a protective factor in peer victimization. *J. Interpers. Violence* 20:701–12
- Bowes L, Arseneault L, Maughan B, Taylor A, Caspi A, Moffit TE. 2009. School, neighborhood, and family factors are associated with children's bullying involvement: a nationally representative longitudinal study
- Brank, E. M., Hoetger, L. A., & Hazen, K. P. (2012). Bullying. *Annual Review of Law and Social Science*, 8, 213-230.
- Brewer Jr, S. L., Brewer, H. J., & Kulik, K. S. (2018). Bullying victimization in schools: Why the whole school, whole community, whole child model is essential. *Journal of school health*, 88(11), 794-802.
- Butler D, Kift S, Campbell M. 2009. Cyber bullying in schools and the law: Is there an effective means of addressing the power imbalance? *Murdoch Univ. Electron. J. Law.* 16:84–114
- Cluver, L. D., Gardner, F., & Operario, D. (2008). Effects of Stigma on the Mental Health of Adolescents Orphaned by AIDS. *Journal of Adolescent Health*, 42(4), 410-417
- Collins, J. C., C. McFadden, T. S. Rocco, and M. K. Mathis. 2015. "The Problem of Transgender Marginalization and Exclusion: Critical Actions for Human Resource Development." *Human Resource Development Review* 14 (2): 205– 226.

- Cook C, Williams KR, Guerra NG, Kim TE, Sadek S. 2010. Predictors of bullying and victimization in childhood and adolescence: a meta-analytic investigation. *Sch. Psychol. Q.* 25:65–83
- Corry, B. J., Burton, L. J., & Fein, E. C. (2022). Examining how flexi schools support the psychological wellbeing of marginalized youth: a longitudinal study. *International Journal of Adolescence and Youth*, 27(1), 193-206.
- Crick NR, Grotpeter JK. 1995. Relational aggression, gender, and social psychological adjustment. *Child Dev.* 66:710–22
- Deci, EL, & Ryan, R.M. (2008). Hedonia, eudaimonia, and well-being: An introduction. *Journal of Happiness Studies*, 9, 111. Publisher Full Text
- Farrington DP, Baldry CA. 2010. Individual risk factors for school bullying. *J. Aggress. Confl. Peace Res.* 2:4–16
- Ford, R., King, T., Priest, N., & Kavanagh, A. (2017). Bullying and mental health and suicidal behaviour among 14-to 15-year-olds in a representative sample of Australian children. *Australian & New Zealand Journal of Psychiatry*, 51(9), 897- 908.
- Fawzy, N., & Fouad, A. (2010). Psychosocial and developmental status of orphanage children: Epidemiological study. *Current psychiatry*, 17(2), 41-48.
- Garcia-Contiente, X., Pérez-Giménez, A., Espelt, A., & Nebot Adell, M. (2013). Bullying among schoolchildren: differences between victims and aggressors. *Gaceta Sanitaria*, 27, 350-354.
- Garner PW, Hinton ST. 2010. Emotional display rules and emotional self-regulation: associations with bullying and victimization in community-based after school programs. *J. Community Appl. Psychol.* 20:480–96
- Haynie DL, Nansel TR, Eitel P, Davis Crump A, Saylor K, et al. 2001. Bullies, victims, and bully/victims: distinct groups of at-risk youth. *J. Early Adolesc.* 2:29–49
- Hodges EV, Boivin M, Vitaro F, Bukowski WM. 1999. The power of friendship: protection against an escalating cycle of peer victimization. *Dev. Psychol.* 35(1):94–101
- Howell, R., Kern, M. L. and Lyubomirsky, S., 2007. Health benefits: metaanalytically determining the impact of well-being on objective health outcomes. *Health Psychology Review*, 1, 83-136
- James, A. (2010). School bullying. *Res briefing Nedlastet fra www nspcc org uk/inform*, 26, 2012.
- Juvonen J, Graham S, Schuster M. 2003. Bullying among young adolescents: the strong, the weak, and the troubled. *Pediatrics* 112:1231–37
- Limber SP, Small MA. 2003. State laws and policies to address bullying in schools. *Sch. Psychol. Rev.* 32:445–55
- Lorenzo-Blanco, E. I., Unger, J. B., Oshri, A., Baezconde-Garbanati, L., & Soto, D. (2016). Profiles of bullying victimization, discrimination, social support, and school safety: Links with Latino/a youth acculturation, gender, depressive symptoms, and cigarette use. *American journal of orthopsychiatry*, 86(1), 37.
- Matud, M. P., López-Curbelo, M., & Fortes, D. (2019). Gender and psychological well-being. *International journal of environmental research and public health*, 16(19), 3531.
- MIAN, Z. K., KHAN, R. R., ZAHRA, A., & PERACHA, F. IMPACT OF DEPRESSION ON THE INTEGRATIVE COMPLEXITY OF TEENAGERS IN PAKISTAN.

- Nazir, T., & Nesheen, F. (2015). Impact of school bullying on psychological well-being of adolescents. *Indian Journal of Health and Wellbeing*, 6(10), 1037-1040.
- Olweus D. 1996. Bullying at school: knowledge base and an effective intervention program. *Ann. NY Acad. Sci.* 794:265–76
- OLWEUS, D. (1993a). *Bullying at school: What we know and what we can do*. Oxford: Blackwell.
- Peterson L, Rigby K. 1999. Countering bullying at an Australian secondary school with students as helpers. *J. Adolesc.* 22:481–92
- Polk, W., Hill, N. E., Price, M., Liang, B., Perella, J., & Savitz-Romer, M. (2020). Adolescent profiles of marginalization and connection at school: relations with academics and mental health. *Journal of Research on Adolescence*, 30, 209-225.
- Precupetu, I., Aartsen, M., & Vasile, M. (2019). Social exclusion and mental wellbeing in older Romanians. *Social Inclusion*, 7(3), 4-16.
- RANDALL, P. (1997). *Adult bullying: Perpetrators and victims*. London: Routledge.
- Ryff, C. D., & Keyes, C. L. M. (1995). The structure of psychological well-being revisited. *Journal of Personality and Social Psychology*, 69(4), 719–727
- Ryff, C.D. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *J. Pers. Soc. Psychol.* 1989, 57, 1069–1081
- Ryff, C.D.; Keyes, C.L. The structure of psychological well-being revisited. *J. Pers. Soc. Psychol.* 1995, 69, 719–727.
- Silva, M. A. I., Pereira, B., Mendonça, D., Nunes, B., & Oliveira, W. A. D. (2013). The involvement of girls and boys with bullying: an analysis of gender differences. *International journal of environmental research and public health*, 10(12), 6820-6831.
- Seligman, M. E. P. and Csikszentmihalyi, M., 2000. Positive psychology: an introduction. *American Psychologist*, 55, 5-14.
- Seligman, M., 2011. *Flourish*. New York: Simon & Schuster.
- Seo, H. J., Jung, Y. E., Kim, M. D., & Bahk, W. M. (2017). Factors associated with bullying victimization among Korean adolescents. *Neuropsychiatric disease and treatment*, 2429-2435.
- Silva, M. A. I., Pereira, B., Mendonça, D., Nunes, B., & Oliveira, W. A. D. (2013). The involvement of girls and boys with bullying: an analysis of gender differences. *International journal of environmental research and public health*, 10(12), 6820-6831.
- Stenseng, F., Belsky, J., Skalicka, V., & Wichstrøm, L. (2015). Social exclusion predicts impaired self-regulation: A 2-year longitudinal panel study including the transition from preschool to school. *Journal of personality*, 83(2), 212-220.
- Turner, M. G., Exum, M. L., Brame, R., & Holt, T. J. (2013). Bullying victimization and adolescent mental health: General and typological effects across sex. *Journal of Criminal Justice*, 41(1), 53-59.
- Taylor, S. E., 2007. Social support. In: H. S. Friedman and R. C. Silva, eds. *Foundation of health psychology*. New York: Oxford University Press. 145-171.
- Thomas, H. J., Chan, G. C., Scott, J. G., Connor, J. P., Kelly, A. B., & Williams, J. (2016). Association of different forms of bullying victimisation with adolescents' psychological

- distress and reduced emotional wellbeing. *Australian & New Zealand Journal of Psychiatry*, 50(4), 371-379.
- Thurman, T. R., Snider, L., Boris, N., Kalisa, E., Nkunda Mugarira, E., Ntaganira, J., & Brown, L. (2006). Psychosocial support and marginalization of youth-headed households in Rwanda. *AIDS Care*, 18(3), 220-229.
- Tong, H., & Lai, D. W. (2016). Social exclusion and health among older Chinese in Shanghai, China. *Asia Pacific Journal of Social Work and Development*, 26(2-3), 120-141.
- Turner, I., Reynolds, K. J., Lee, E., Subasic, E., & Bromhead, D. (2014). Well-being, school climate, and the social identity process: a latent growth model study of bullying perpetration and peer victimization. *School psychology quarterly*, 29(3), 320.
- Wang J, Iannotti RJ, Nansel TR. 2009. School bullying among adolescents in the United States: physical, verbal, relational, and cyber. *J. Adolesc. Health* 45:368–75
- WHO. (2004). Promoting mental health: Concepts, emerging evidence, practice. Geneva: World Health Organization.
- Yang, C., Sharkey, J. D., Reed, L. A., Chen, C., & Dowdy, E. (2018). Bullying victimization and student engagement in elementary, middle, and high schools: Moderating role of school climate. *School psychology quarterly*, 33(1), 54.