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Abstract	School is essential for learning and development, but bullying occurs frequently in schools, impacting a significant number of students. Preventing bullying on school premises enables healthy school environments to promote emotional well-being among adolescents. This systematic review focuses on exploring, identifying, and critically appraising various types of school-based antibullying interventions implemented in Indian high schools. The study was registered with PROSPERO (CRD42022337327). A comprehensive literature search covered databases such as EBSCO Host (Psychology and behavioral sciences collection), PubMed, PsycINFO, ProQuest Dissertations and Theses Global: The Humanities and Social Sciences Collection, Web of Science, Google Scholar, Cochrane Library, ERIC, and Shodhganga. The review includes randomized controlled trials, pilot and feasibility studies, quasi-experimental studies, pre-posttest studies, descriptive and explorative/qualitative studies published in peer-reviewed journals, and gray literature published between January 2000 and April 2023. The main outcome of the current review was the reduction in bullying practices on school premises, with the additional outcome of an improvement in the school climate. Two reviewers identified and screened a total of 273 studies. Twenty studies were selected for full-text screening after title and abstract screening, and six studies were included in this review. The intervention programs reviewed among the included studies demonstrated their effectiveness in reducing bullying, although the effect sizes varied, with some interventions showing substantial effects and others showing moderate or marginal effects. The implementation of a whole-school approach, such as engaging teachers, non-teaching staff, students, parents, and the school development committee through targeted workshops and small educational

modules related to bullying prevention, is more effective in reducing bullying and promoting a safe and

Keywords (separated by '-') Bullying - Intervention - Secondary schools - Adolescents - India - Systematic review

supportive learning environment.

Footnote Information

# **REVIEW**



# Anti-Bullying Interventions for Secondary School Adolescents in India:

# A Systematic Review and Narrative Synthesis

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- 5 Sphoorthi G. Prabhu<sup>1</sup> · Ritwika Naq<sup>1</sup> · Krupa Arasanahalli Lakshman<sup>1</sup> · Siobhan Hugh-Jones<sup>2</sup>
- 6 Accepted: 12 May 2025
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#### 8 **Abstract**

School is essential for learning and development, but bullying occurs frequently in schools, impacting a significant number of students. Preventing bullying on school premises enables healthy school environments to promote emotional well-being 11 among adolescents. This systematic review focuses on exploring, identifying, and critically appraising various types of 12 school-based antibullying interventions implemented in Indian high schools. The study was registered with PROSPERO 13 (CRD42022337327). A comprehensive literature search covered databases such as EBSCO Host (Psychology and behavioral 14 sciences collection), PubMed, PsycINFO, ProQuest Dissertations and Theses Global: The Humanities and Social Sciences 15 Collection, Web of Science, Google Scholar, Cochrane Library, ERIC, and Shodhganga. The review includes randomized 16 controlled trials, pilot and feasibility studies, quasi-experimental studies, pre-posttest studies, descriptive and explorative/ 17 qualitative studies published in peer-reviewed journals, and gray literature published between January 2000 and April 2023. 18 The main outcome of the current review was the reduction in bullying practices on school premises, with the additional 19 outcome of an improvement in the school climate. Two reviewers identified and screened a total of 273 studies. Twenty stud-20 ies were selected for full-text screening after title and abstract screening, and six studies were included in this review. The 21 intervention programs reviewed among the included studies demonstrated their effectiveness in reducing bullying, although 22 the effect sizes varied, with some interventions showing substantial effects and others showing moderate or marginal effects. 23 The implementation of a whole-school approach, such as engaging teachers, non-teaching staff, students, parents, and the 24 school development committee through targeted workshops and small educational modules related to bullying prevention, 25 is more effective in reducing bullying and promoting a safe and supportive learning environment. AO2

26 Keywords Bullying · Intervention · Secondary schools · Adolescents · India · Systematic review

#### 27 Introduction

Bullying is an aggressive behavior that has a long-lasting AQ3 impact on individuals, affecting significant stages of life

(Espelage & Swearer, 2003; Srabstein et al., 2010). It is

characterized by renetitive deliberate unprovoked power

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endracterized by repetitive, defiberate, unprovoked power
abuse, which frequently causes distress in other students
(Dawkins 1995; Andrews et al., 2023; Olweus, 2013). Bul-
lying occurs in schools between students, either in person
or online, resulting in various forms of bullying, such as

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physical, verbal, emotional, social, and cyberbullying, through electronic devices for targeted students (UNESCO and World Anti-Bullying Forum 2023, National Centre Against Bullying, Australia, and Mukherjee 2019). Bullying can be manifested directly through physical and verbal actions such as kicking, pushing, hitting, teasing, and mocking, or indirectly through isolation intentionally from social situations, the spread of rumors, etc. (Smith et al., 2013). Direct bullying is easily identified, whereas indirect bullying is often hidden and less readily recognized (Olweus 1993).

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The consequences of bullying affect both the bully and the victim (Thakkar et al., 2021), which impacts academic performance or achievements, school attendance or dropout, and the physical and mental health of adolescents (Flannery et al., 2016; Kearney, 2008; Patel et al., 2020). Bullying is a key predictor of the development of depressive symptoms (Hugh-Jones and Smith 1999; Singh & Singh, 2025), anxiety disorders (National Mental Health Survey 2015–2016), delinquency, suicide (Rana et al. 2018), conduct problems, hyperactivity, disturbed self-concept (Malhi et al., 2014), peer problems and negative prosocial behavior (Ranjith et al., 2019). Studies on the associations between bullying and mental health outcomes among adolescents in South Asian countries such as Pakistan, Myanmar, and Sri Lanka have shown that victims of bullying report significant symptoms of depression (Murshid, 2017).

UNESCO (2018) reported that almost one in three (32%) students experienced bullying globally. The prevalence of bullying in both bullies and victims was 70%, and the prevalence of cyberbullying was 2.7%, which was higher among boys in Gujarat, India (Patel et al., 2020), whereas studies in Chandigarh reported that the prevalence rate of bullying was 25.6%, which was significantly higher in private schools (33%) than in government schools (19.2%), and the overall prevalence of bullying behavior was 53% (Malhi et al., 2014; Rana et al., 2020). A study conducted in Kerala reported that 15.3% of adolescents experience bullying twice a month, and the key predictors of bullying are being male (boys are more involved in bullying and being victimized than girls), parents' involvement in addressing bullying, and the reactions of victims (either reporting to parents/teachers or failing to disclose) in bullying situations (Kodapally et al., 2021). The incidence of cyberbullying has increased among both females (6.4%) and males (5.6%) over the years (Maurya et al., 2022). The high prevalence rate (31.4%) of bullying in Indian schools highlights the need for teachers, office staff, school administrators, and educationalists to consider bullying a serious phenomenon and implement school-based interventions to reduce bullying incidents among schoolgoing students (Kshirsagar et al., 2007).

Understanding the factors that contribute to increased bullying practices among adolescents is important. Bronfenbrenner's socioecological framework is multilayered and looks at how the interaction pattern of an individual connects with the microsystem—the immediate environment (family, school), the mesosystem—the relationship between family and school, the exosystem—the impact of the broader community (e.g., school board), and the macrosystem—the influence of cultural values and social norms (Bronfenbrenner, 1994). This framework provides a lens to conceptualize the factors influencing bullying practices and victimization in schools, which is essential for developing and implementing intervention programs for school-going adolescents (Hong et al., 2014).

Gender differences, poor academic performance, negative school climate components, a lack of peer attachments, mental health issues (e.g., depressive symptoms), the absence of parental involvement, and familial substance abuse are contributing factors to bullying perpetration and victimization in Indian schools (Suresh & Vijaya, 2024; Muhammad 2024). Victims of bullying are frequently targeted when they are physically and emotionally weak, especially in the Indian context, where bullying takes place based on the caste, religion, color, social status, and physical appearance of the victims (Thapa et al., 2024). However, empirical evidence illustrates that both bullying and victimization are risk factors for developing social, emotional, and behavioral problems among adolescent students in India (Mital et al., 2025).

School bullying can be addressed. Globally, school-based antibullying programs are effective with modest effect sizes (Gaffney et al., 2021), which include parent training, disciplinary methods, bystanders'awareness, empathy, and self-efficacy, highlighting the significance of the intensity and duration of interventions by implementing a comprehensive antibullying policy (Menesini & Salmivalli, 2017). Multicomponent whole-school anti-bullying interventions are important for improving awareness and attitudes towards bullying; increasing the reporting of bullying occurrences when all stakeholders, such as students, school staff, teachers, and parents, are involved (Valle et al., 2020); and being more effective than the classroom-only approach is (Shinde et al., 2018). Overall, school-based antibullying intervention programs are very effective in terms of improving students' knowledge of bullying and their attitudes toward bullying, which has resulted in a reduction in the incidence of bullying (Moselhy, 2020).

Despite the high prevalence of bullying in Indian schools, India is one of the geographically largest countries in the world; however, few antibullying intervention studies have been conducted, although most studies have highlighted the prevalence and impact of bullying (Thakkar et al., 2021) on school-going adolescents. In Indian schools, the transition of adolescent students from middle school to secondary school takes place in 8th grade, which often leads to an increase in bullying incidents, as students find it difficult to adjust to the new

school environment. Early intervention can prevent long-term negative consequences and promote a positive school climate (Podiya et al., 2025). Hence, there is a need to design and implement antibullying intervention programs and sensitize the school community (Malhi et al., 2014).

This paper reviews existing anti-bullying interventions that take place in Indian schools to curb bullying so that we can learn what is working well and build more actions in schools to address bullying. The aim of this review was to 1) understand the landscape of antibullying interventions in India and 2) synthesize evidence on the effectiveness of intervention programs conducted to reduce bullying based on the content of the program, control type, and outcome of interventions.

This systematic review aimed to fill a critical gap in the literature by conducting the first systematic review to understand the existing school-based antibullying intervention programs for adolescents. Therefore, the current review highlights various interventions for school-going adolescents in India designed to reduce bullying and create a safe school environment.

# Research Question

164 This review addressed the following research question:

• What types of interventions are used to reduce bullying in adolescents in Indian secondary schools?

# 167 Method

# Data Sources and Search Strategy

A systematic search of published and unpublished (gray literature) studies was conducted on PsycINFO, PubMed, ERIC, the Cochrane Library, EBSCO Host, Web of Science, ProQuest, Google Scholar, and Shodhganga computerized databases from January 2000 to April 2023. These social science databases provide more studies on bullying interventions. Details of the search strategy are provided in Fig. 1. The gray literature was searched in the Shodhganga and Proquest databases. Two of the authors were contacted via email to obtain full papers. This review followed the Preferred Reporting Items for Systematic Reviews and Meta-analysis (PRISMA) statement guidelines (Moher et al., 2015) for study selection and was registered with PROSPERO (CRD42022337327: https://www.crd.york.ac.uk/prospero/display\_record.php? ID=CRD42022337327).

### **Inclusion and Exclusion Criteria**

In this systematic review, studies were eligible for inclusion if (1) they were randomized control trials, pilot and feasibility studies, quasi-experimental or pre-posttest studies, experimental studies published in peer-reviewed journals from January 2000 to 2023, and unpublished gray literature, including reports of school-based programs/interventions on antibullying, was conducted and (2) they included school-based interventions to reduce bullying in India as both primary outcomes and secondary outcomes and improved the school climate as secondary outcomes of interest. The study sample included secondary (high) school students aged 13–15 years, including both genders, and interventions targeting bullying reduction with any comparator, including control, active control, and waitlist interventions.

Studies conducted in community settings; primary/middle schools; specific populations, such as adolescents with learning difficulties, HIV, forensic populations, cancer patients, and substance use; systematic reviews; meta-analyses; umbrella reviews; studies in low-income, middle-income, and high-income countries; and studies focused on mental health as a result of or during the coronavirus pandemic (2020–2021) were excluded.

The present systematic review employed randomized control trials, pilot and feasibility studies, quasi-experimental or pre-posttest studies, and experimental study designs to understand how the anti-bullying intervention program was effective for school-going adolescents by assessing changes in outcomes before and after the intervention. This review focused on the age group between 13 and 15 years since it is a key transition period in schooling, while the findings are not generalizable to other age ranges.

# **Study Selection**

Studies returned from the search were exported to Mendeley reference management and Rayyan software. After excluding duplicate studies, two authors (JP and MA) independently conducted title and abstract screening. The full texts of the articles meeting the inclusion criteria were reviewed independently by both authors (JP and MA).

# Screening and Data Extraction (Selection and Coding)

Initial screening of the titles and abstracts of the studies, including the key search terms, was conducted by the first reviewer, who screened all the papers. Duplicate studies were identified and removed. The second reviewer screened the titles and abstracts of the articles to ensure accuracy and



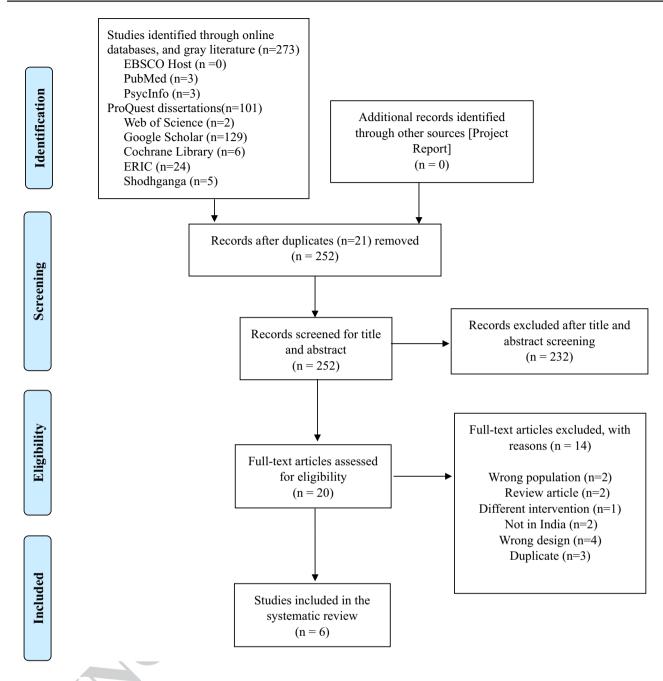


Fig. 1 PRISMA flow diagram of the selection of studies for inclusion

consistency. When accuracy and consistency were found to be low, there was a discussion between the authors to reach a consensus.

The JBI data extraction format was used for included studies that covered citation details (title, author, publication year), methodological information (study objectives/aim, participants, settings, intervention description, study design, location, outcomes, results/findings, measures used, data collection tools, analysis methods, author interpretation limitations), participant details (sample type, demographic

details, age, gender) and intervention topics covered in school-based antibullying programs. In this format, data were extracted on an Excel sheet and tabulated to review and synthesize the studies by JP and MA, and any disagreements were resolved through discussion with each other.

# **Outcome Measures**

This review aimed to synthesize the available evidence of interventions designed to reduce bullying in India as both

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primary and secondary outcomes and improve school climate as secondary outcomes of interest.

### **Risk of Bias**

The included studies were assessed for risk of bias by both reviewers via the Cochrane Collaboration risk of bias tool for randomized controlled trials and nonrandomized studies of interventions (Table 1). The assessment outcomes of the two reviewers were compared to establish interrater reliability, and any disagreements were resolved by discussion. These tools rate the quality as low, unclear, or high risk, moderate, serious, critical, or no information. All six studies had a low risk of bias.

# Results

# Study Selection

The PRISMA flow chart (Fig. 1) details the selection procedure and outcomes. A total of 273 articles were identified initially through the computerized database, and 21 duplicate articles were removed. The remaining 252 studies were for title and abstract screening, of which 232 studies were excluded. Twenty studies remained for full-text screening, and six studies were included for review after excluding 14 studies. The reasons for exclusion after full-text review were incorrect populations, review articles, different interventions, not in India, incorrect designs, and duplicates. This left six studies for review.

# **Characteristics of the Included Studies**

Table 2 reports the key characteristics of the included studies. The reviewed studies included 6180 participants across India (both northern and southern regions), such as Bihar, Varanasi, Coimbatore, Patiala, Chennai, and Faridabad. The common objective of all interventions included creating awareness of bullying, improving the school climate, developing skills to respond effectively to bullying, reducing suicidal ideation and psychological distress, managing anger, enhancing self-esteem, positive thinking and coping mechanisms, assertiveness, problem-solving, decision-making, empathy, and resilience.

# **Design and Data Collection**

Among the six included studies, two were randomized control trials (Puri, 2020; Singla et al., 2021), one was quasi-experimental (Singh, 2022), two were pre-post experimental-control group designs (Kaur, 2017; Khan, 2018), and one was a pre-experimental (pre-post intervention) design (Rajeswari, 2021). The studies were conducted across the 5th to 10th grades in government (Rajeswari, 2021; Singla et al., 2021), government-aided (Rajeswari, 2021) and private schools (Puri, 2020), and the remaining three studies did not mention the type of school where the study was conducted.

# Sample Details and Length of the Intervention

A detailed review revealed that the length of the intervention ranged from 3.5 to 18 weeks, with an average duration

Table 1 Risk of bias for included studies

Study	Risk of bia	s domains (rando	mized controlled	trials)				Risk of bias
	Random sequence genera- tion	Allocation concealment	Selective reporting	Other sources of bias	Participants' and study personnel's blinding	Outcome assessment blinding	Outcome data completeness	
Singla et al. (2021)	Low	Low	Low	Low	Low	Low	Low	Low
Puri (2020)	Low	Unclear	Low	Low	Unclear	Unclear	Low	Low
Study	Risk of bia	s domains (nonra	ndomized studies	of interventions)				Risk of bias
	Bias due to con- founding	Bias due to the selection of participants	Bias in the classification of interven- tions	Bias due to devia- tion from intended interventions	Bias due to missing data	Bias in the measurement of outcomes	Bias in the selection of the reported result	
Singh (2022)	Low	Moderate	Low	Low	Low	No information	Low	Low
Rajeshwari (2021)	Low	Moderate	No informa- tion	Low	Low	No information	Low	Low
Kaur (2017)	Low	Low	Low	Low	Low	No information	Low	Low
Khan (2018)	Low	Moderate	No informa- tion	Low	Low	No Informa- tion	Low	Low



Table 2 Characteristics of the included studies

Author	Program	Location in India	Participants N school N	Age grades	Type of school	Study design	Study aim	Measures/tools used
Singla et al. (2021)	SEHER	Bihar	NS = 75 N = 5539	14–15 years 9 th–12 th	Government schools	Randomized con- trolled trial	To evaluate the effects of school climate intervention to decrease symptoms of depression, bullying experiences, and violence perpetration	Beyond Blue School Climate Question- naire (BBSCQ), Patient Health Questionnaire, Bul- lying Victimization Questionnaire
Singh (2022)	The Bullying Intervention Module (BIM)	Varanasi	NS = 1 $N = 60$	14–15 years 9 th	Not mentioned	Quasi experimental design	To create awareness and check the effec- tiveness of bullying behavior	Bullying Behaviour and Awareness Scale Semi-structured Interview schedule, Observation schedule
Rajeshwari (2021)	Power to Cope Intervention on Bullying and Victimization	Coimbatore	NS = 4 N = 204	11–15 years 6 th–9 th	2 Government, 2 aided	Pre-experimental design (pre-post intervention)	To generate aware- ness, modifying negative thoughts, beliefs, emotions, and behavior	Modified Adolescent Peer Relations Instrument—Bully Target, Modified Youth Self-Report Questionnaire
Kaur (2017)	Cyber Bullying Prevention Curriculum for Grades: 6–12	Patiala and Ludhiana city	NS = Not mentioned N = 610	12–17 years 6 th–12 th	Not mentioned	Pre-post experimental control group design	To reduce suicidal ideation and psy- chological distress, develop self- esteem, and anger control	Cyber Bullying and Victimization Ques- tionnaire, Adult Sui- cidal Ideation Ques- tionnaire- ASIQ, Kessler Psychologi- cal Distress Scale, The Rosenberg Self-Esteem Scale- RSES, State-Trait Anger Expression Inventory-2

Table 2 (continued)

Author	Program	Location in India	Participants N school N	Type of school Age grades	ol Study design	Study aim	Measures/tools used
Khan (2018)	Anti-Bullying Psychological Intervention Program	Chennai city	NS = 3 N = 907	10–15 years Not mentione 5 th–10 th	d Pre-post experimen- tal design with control group	To reduce bullying and enhance coping skills	Personal Information Sheet, Modified aggression scale, Peer victimization scale, Self-regulation questionnaire, Basic Empathy Scale, Communication competence scale, Self-Esteem Questionnaire, Assertiveness Scale for Adolescents, Flinder's Decision Making Questionnaire, Life Skills Assessment Scale
Puri (2020)	Empathy and Resilience Intervention for Management of Bullying Behaviour	Faridabad	NS = 1 $N = 60$	11–15 years Private school 6 th–9 th	Randomized con- trolled trial	To build empathy and resilience	Illinois Bully Scale, Interpersonal Reac- tivity Index, Child and Youth Resilience Measure

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of 6–6.5 weeks. The duration of each intervention session was not mentioned except in one study (Singh, 2022). The number of sessions ranged from 14 to 40, with an average of 23 sessions, with the highest number (N= 40) in the study titled the Cyberbullying Curriculum 6–12 Grade (Kaur, 2017) and the lowest number (N= 14) in the study on the Anti-bullying Psychological Intervention Program (Khan, 2018).

# **Control Group Details**

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The control groups received different programs, such as classroom-based life skill training (Singla et al., 2021) and career decision-making (Puri, 2020). The other three studies (Kaur, 2017; Khan, 2018; Singh, 2022) did not provide interventions for the control group except for having a general discussion with students in one control group (Kaur, 2017), and one study did not have a control group (Rajeshwari 2021).

#### Interventions

The predominant aims of all six studies were as follows: 1) To evaluate the possible effects of school climate intervention on decreasing depressive symptoms, bullying experiences, and violence perpetrations (Singla et al., 2021). 2) To examine the effectiveness of the bullying intervention module on students' awareness and bullying behavior (Singh, 2022). 3) To appraise the effectiveness of power in coping with intervention programs related to bullying and victimization (Rajeswari, 2021). 4) To assess the efficacy of the cyberbullying prevention curriculum in decreasing suicidal ideation and psychological distress, enhancing self-esteem, and managing anger (Kaur, 2017). 5) Curbing bullying behavior and adopting coping skills (Khan, 2018). 6) To develop an empathy and resilience intervention for the management of bullying and evaluate its efficacy (Puri, 2020). All these interventions are delivered through offline sessions (interventions conducted in person, not online or through any digital platform). School climate interventions aimed at reducing bullying were administered in coeducation schools, boy-only schools, and girl-only schools by lay counselors and teachers who were trained on the intervention package (Singla et al., 2021). The other five interventions were delivered in coeducation schools by investigators (Kaur, 2017; Khan, 2018; Puri, 2020; Rajeswari, 2021; Singh, 2022).

# **Methods Used in the Intervention Program**

The whole-school approach (awareness raising, intraschool competitions, wall magazines, etc.), group methods (classroom-based peer groups, workshops), and individual methods, such as problem-solving-based counseling (Singla et al., 2021), were used during the intervention. Various activities, such as ice breakers, energizers, group and paired activities, worksheets, puppetry, demonstrations, role-playing, collages/images, videos, brainstorming, discussions, question—answer sessions, storytelling, experience-sharing, and reflections, were used in the intervention sessions.

# Topics Covered in the Antibullying Intervention Program

Table 3 explains the intervention characteristics of the included studies. The key components covered in all intervention sessions are health and hygiene, bullying, gender violence, awareness generation, developing/strengthening positive peer interaction/acceptance, solving peer conflicts/ conflict resolution, identifying adolescents'roles in bullying, developing a feeling of mutual respect, recognizing bullying and victimization, coping skills, enhancing empathy, developing self-concept (self-awareness, self-exploration, self-esteem, self-confidence) and improving communication, anger management, survivor skills, social support, decisionmaking, and problem-solving, anti-bullying-based exercisesreconstructing youths' social conditions, empathy-boosting resilience-based exercises to address family conflicts, distressing life events, emotional and academic difficulties, and low self-esteem (Kaur, 2017; Khan, 2018; Puri, 2020; Rajeswari, 2021; Singh, 2022; Singla et al., 2021).

# **Study Findings: Effectiveness of Interventions**

Singla et al. (2021) evaluated the effectiveness of strengthening evidence based on school-based interventions for promoting adolescent health (SEHER) and measured the mediating role of school climate components (relationships, sense of belonging, participation in school events, etc.) on intervention outcomes (symptoms of depression total effect is 0.776, bullying experiences—total effect is 1.231, and violence perpetration—total effect is 0.525), which showed considerable effects at 8 months postintervention and incremental effects at 17-month followup. Singh (2022) suggested that the bullying intervention module had a higher benefit score, indicating that the intervention was effective in reducing bullying practices, improving awareness/knowledge of bullying, enhancing positive peer relationships, coping mechanisms in difficult/ bullying situations, and new behavioral change/commitment among school-going adolescents postintervention. Rajeswari (2021) revealed that the power-to-cope intervention was very effective in decreasing bullying and victimization and significantly (p < 0.001) reduced the mean bullying score (36.45% in the pretest and 30.67% in the post-test) and further reduced it to 23.76% at the 2-month



 Table 3
 Intervention characteristics of the included studies

Author	Control group details	Length of intervention	No of sessions	Topics covered	Delivery agent	Follow-up	Primary out- come	Secondary outcome	Key findings	Evidence of effectiveness
Singla et al. (2021)	Classroom- based life skill training	Two full academic cal- endar years,	Not mentioned	Health and Hygiene, bullying, substance use, gender and violence, rights and responsi- bilities, and study skills	Lay counselors and teachers	17 months	School climate	Bullying	Reduction of symptoms of depres- sion, bullying experiences, and violence perpetration	Substantial effect at postintervention and incremental effect at follow-up in reduction of depression (total effect 0.776), bullying (total effect 1.231), and victimization (total effect 0.525)
Singh (2022)	No intervention	4 weeks	20 sessions	Awareness of bullying, prevention, positive peer interac- tion, role identification, conflict reso- lution, mutual respect, and cooperation	Researcher	No follow-up	Improving awareness and reducing bullying behavior		Improved awareness, reduced bullying behavior, positive peer relations, coping skills, and commit- ment to new behavior	Increasing awareness and chang- ing behavior toward bullying were achieved
Rajeshwari (2021)	No control group	6 weeks	18 sessions	Awareness of Bullying (rec- ognizing and prevention), Coping skills, empathy and assertive- ness skills, relaxation, and anger management skills	Researcher	2-month follow-up	Awareness generation, reduction of Bullying and Victimization		Effective in reducing all types of bul- lying	The mean score for bullying reduction was 12.67% with a 95% confidence interval, while the percentage of victimization reduction was 11.73% with a 95% confidence interval

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Table 3	(continued)
Author	Co

Author	Control group details	Length of intervention	No of sessions	Topics covered	Delivery agent	Follow-up	Primary out- come	Secondary outcome	Key findings	Evidence of effectiveness
Kaur (2017)	No intervention -had general discussion thrice in three months	3 months	4 sessions each for 10 subgroups (40 sessions)	Developing empathy and strengthening peer relation- ships	Researcher	No follow-up	Reduce cyberbully- ing, Suicidal Ideation, Psychologi- cal distress, Self-esteem, and Anger control		Reducing cyberbul- lying and victimiza- tion, suicidal ideation, psychological distress, and enhancing self-esteem, and increas- ing anger control	Effective in reducing suicidal ideation, psychological distress, cyberbullying, and cyber victimization, while enhancing self-esteem and anger control
Khan (2018)	No intervention	3.5 weeks	14 sessions	Developing empathy, creating self-concept, and improving communication, assertiveness, anger management, conflict resolution, coping skills, peer acceptance, survivor skills, social support, decisionmaking, and problem-solving skills	Researcher	No follow-up	Reduction of bullying and enhanc- ing coping mechanisms	improve- ment in self-esteem, assertiveness, problem- solving, and decision- making	Improvement in self-regu- lation, com- munication competency, basic empa- thy, bullying behavior skills, self-esteem, assertiveness, problem-solv- ing, decision- making, and peer victimi- zation	Effect size—1.29 (large on empathy), moderate effect on communication in boys, larger effect on empathy in girls
Puri (2020)	Career decision making	16-weeks	Not mentioned	Reconstructing the youth's social condi- tion, empathy boosting, resilience-fos- tering-based exercises	Researcher	5 months F/U	Reduction of bullying	Increase in empathy and resilience	Significant decrease in bullying, development of empathy, resilience skills, and interpersonal relationships	Effect size was significant ( <i>p</i> < 0.05), marginally significant at 4th month and highly significant at 5th month F/U

follow-up. The overall reduction score of bullying was 12.69% for all kinds of bullying domains and victimization among school children between the ages of 11 and 15 years after the intervention. Kaur (2017) described a significant outcome of the Cyberbullying Intervention Curriculum for grades 6–12 on minimizing cyberbullying practices and victimization incidents, suicidal thoughts, and emotional distress; enhancing self-concept; and managing anger among participants in the intervention group postintervention. The management of anger after the implementation of the cyberbullying intervention curriculum was significantly different between the intervention and control groups (F(1,99) = 73.42, p < 0.01).

Khan (2018) explained the marked effect of the Antibullying Psychological Intervention Program for bullies and reported improvements in soft skills such as self-regulation, communication, empathy, and bullying behavior among both boys and girls. Notably, the Psychological Intervention Program for Victims improved self-esteem, assertiveness, problem-solving, decision-making, and peer victimization among both victimized boys and girls. Statistical analysis (the mean value of the experimental group of bullies among boys was 7.90 (pretest), whereas the posttest mean score was 4.37) revealed a reduction in bullying behavior and a positive outcome of the antibullying intervention, with a larger effect size (1.29) on basic empathy in girls and a moderate effect size (0.67) on communication skills among bullying boys at the postintervention point.

Puri (2020) reported the effect of Empathy and Resilience Intervention with evidence of effect size (p < 0.05), which was still significant and demonstrated marked improvement in primary outcomes such as empathy levels, a reduction in bullying levels among adolescents, and a slight increase in the mean value from baseline to 4 months, whereas the mean reduction from baseline to the 5-month follow-up was a highly significant decrease in bullying levels, which reflected the efficacy of the intervention for enhancing empathy and resilience levels where students develop strong friends/relationships/relationships with their friends, peers, strangers, significant adults, etc.

The review findings of all the included studies highlighted raising awareness to reduce bullying behavior and victimization, suicidal wishes, emotional distress, and aggressive behavior; enhancing coping mechanisms; improving school climate, self-concept, assertive skills, problem-solving, and decision-making; and increasing empathy and resilience as both primary and secondary outcomes of the studies.

# Discussion

Bullying is a serious problem observed in school-going students worldwide (Bjereld et al., 2024). School is a significant place to promote health awareness and healthy behavior

among adolescents in India (Shinde et al. 2020). This review highlighted various types of intervention programs designed and demonstrated in Indian secondary schools to reduce bullying practices. However, only six studies fulfilled the inclusion criteria for this present review, which demonstrated the availability of limited intervention programs on bullying in the Indian context, as India is a geographically large country with approximately 1.5 million schools (Jolad & Rajpuria, 2024).

The reviewed antibullying intervention programs for school-going adolescents focused on acquiring knowledge on bullying, improving peer relationship skills, and adopting coping mechanisms, resulting in a reduction in bullying incidents on school premises, and proved to be effective.

Most of the included studies adopted only group-level intervention methods by using a classroom approach for the targeted population, whereas the individual-level intervention was not given importance, except in one study. A study by Shinde et al. (2018) revealed that school-based interventions were more effective at reducing bullying when interventions were provided throughout the year at the school level (wall magazine, speak-out box), group level (peer support group), and individual level (counseling) in Indian school settings. Therefore, the present review stresses the importance of adopting multilevel intervention programs for secondary school students rather than just group-level interventions.

All the included studies focused significantly only on providing interventions to students; other significant stakeholders, such as teachers, supporting staff, parents, and school committee members, were not provided with interventions. Adopting a whole-school approach (including the group and individual levels) highlights the importance of involving school community members (school teachers, school staff, students, parents, and school development committees) and sensitizing them via workshops and small modules to combat bullying more effectively (Singla et al., 2021). A systematic review and meta-analysis conducted in high-income countries demonstrated that teachers, non-teaching staff, parents, and students were integral components of the intervention, which was highly effective in reducing the occurrence of bullying (Ttofi & Farrington, 2011). Another global systematic review revealed that whole-school approaches are more effective than individual intervention programs in school settings (Vreeman & Carroll, 2007) because they incorporate multiple approaches and target multiple stakeholders (Valle et al., 2020). This also aligns with the implications of Indian research findings that involve the entire school community along with mental health professionals when dealing with adolescents in a better way (Malik & Mehta, 2016). As reported by Melhi et al. (2014), most bullying incidents take place inside the classroom setting when teachers are not around (73.6%), during the break/leisure

period (41.4%), in hallways (33.3%), and on playgrounds (32%). Therefore, sensitizing teachers and other school support staff on the concept and impact of bullying is a prime need since students spend more time in school.

In all six studies, parents of adolescent students were not involved in the intervention program. There is also a need for parental programs that should be part of anti-bullying intervention programs. This finding aligns with that of a study conducted by Cross et al. (2018), who reported that active parental involvement plays a crucial role in preventing or modifying problematic behavior among adolescents, including bullying, when parents encourage them to report bullying and help-seeking behavior. Hence, this review suggests that there is a need to conduct a whole-school approach in the Indian context to improve the results of school-based antibullying intervention programs.

In the majority of studies, intervention programs were developed by the researchers/research team, and only one study followed a preexisting curriculum to decrease cyberbullying. Research conducted in a Western context suggested that tailor-made intervention programs were feasible for teachers to implement independently with long-term effectiveness (Renshaw & Jimerson, 2012). A curriculum-based intervention program is suggested because it can be integrated into regular class periods, ensuring that students have consistent support throughout the academic year.

Most studies have emphasized that the ability to acquire soft skills/life skills is essential for addressing bullying problems. In contrast, very few intervention programs highlighted strategies for reducing bullying through raising awareness and developing a strong social support system. A review conducted in developed countries demonstrated the significant need to increase awareness of bullying, empowering students with intervention strategies and developing coping mechanisms to address effectively when bullying/challenging situations take place (Hikmat et al., 2024a, 2024b).

The findings of the present review suggest that delivering long-term interventions by incorporating follow-up sessions provides evidence for the effective implementation of intervention programs to minimize bullying behavior and victimization and sustain the long-lasting efficacy of school-based interventions. These results validated earlier research suggesting that short-term intervention programs are inadequate to achieve long-term effectiveness in reducing bullying (Bull et al., 2009).

The researchers facilitated the intervention sessions in the majority of the reviewed studies. Research evidence in India revealed that trained lay counselors from the local community were more effective at delivering school-based interventions than trained schoolteachers were in terms of intervention resources (Singla et al., 2021). Interventions facilitated by lay counselors are more feasible and economical in low-resource settings such as government schools in India, as they play a vital role in building connectedness

with students by appropriately relating to their contextual and cultural factors while delivering interventions (Malik et al., 2021).

All reviewed studies highlighted that interventions aimed at reducing bullying practices are more effective in improving targeted outcomes. This review revealed prominent improvements in empathetic behavior, awareness, and knowledge about bullying, which are effective in curbing bullying behavior and victimization; cultivating self-regulation, communication capability, and empathy; reducing bullying behavior, including cyberbullying and victimization; decreasing suicidal ideas and psychological disturbance; and enhancing selfesteem, assertiveness, problem-solving, and decision-making skills and preventing peer victimization among victims. Similar findings were identified for the above outcomes, such as awareness generation, development of assertive skills, empathy training, peer support programs, improved self-concept (self-esteem, self-regulation, self-exploration, and self-confidence), and anger management (Evans et al., 2014; Farrington et al., 2017; Hikmat et al., 2024a, 2024b; Silva et al., 2017).

In all six studies, improving social skills, self-esteem, and peer relationships among adolescents and enhancing teachers'knowledge about bullying were the outcome variables, and the included studies provided the effect size. A few included studies reported substantial effects on outcome measures (reducing depressive symptoms, bullying experiences/practices, and violence perpetration), and others reported a larger effect size (e.g., on basic empathy among girls) and modest effect size (e.g., on communication skills among bullying boys) at the postintervention and follow-up points. Similar research findings support the idea that effectiveness is shown in terms of improving social skills, self-esteem, and peer relationships among adolescents and enhancing teachers' knowledge about bullying (Merrell et al., 2008).

The effectiveness and success of various anti-bullying intervention programs generally differ depending on the type of intervention, sociocultural environment, and age of the students (Silva et al., 2017). Numerous studies have demonstrated the effectiveness of antibullying intervention school programs in high-income nations; however, insufficient research has demonstrated how school bullying may be reduced in low-income countries (Sivaraman, et al., 2019). Effective antibullying interventions, such as those for bullying, are recommended to cause both physical and psychological health consequences (Rana et al. 2018). Preventive methods and early intervention strategies are essential to curb bullying in the early stages of life.

# Strengths

One of the strengths of this review is that it provides a wideranging overview of existing intervention programs used in studies to reduce bullying incidents on school premises and improve the school climate, enhancing the life skills required to address bullying. The current review provides a detailed description of the methods used to deliver these intervention programs, the study selection process and outcomes, and the characteristics of the included studies. The review also provides information on the sample details and length of the intervention, which can be useful for researchers and practitioners who are interested in implementing similar interventions in their settings. It can be a useful resource material for researchers/investigators, practitioners, and policymakers who are interested in developing and implementing effective interventions to promote adolescent health and well-being.

# Limitations

This systematic review revealed that very few preventive and promotive school-based antibullying interventions for adolescents have been conducted in Indian schools, which highlights the significant research gap and the need for such interventions in schools. Only six studies fulfilled the inclusion criteria after a full-text review, out of which five studies were found from unpublished theses/gray literature. Therefore, the generalizability of the findings throughout India and the comprehensive overview of all types of interventions that have been used to address bullying are limited. The present review did not conduct a meta-analysis because of the heterogeneity of the included studies, which may limit the ability to conclude the effectiveness of different antibullying intervention programs.

# **Implications**

Anti-bullying interventions for adolescents can effectively reduce bullying incidents on school premises by creating awareness of bullying (Rajeswari, 2021; Singh, 2022), improving the school climate (Singla et al., 2021), developing skills to respond effectively to bullying, reducing suicidal ideation and psychological distress, increasing self-esteem, managing anger (Kaur, 2017), enhancing positive thinking and coping mechanisms, developing assertive skills, problem-solving techniques, and decision making (Khan, 2018), and increasing empathy and resilience (Puri, 2020). Compared with trained schoolteachers, trained lay counselors from the local community can be more effective at delivering such interventions (Singla et al., 2021). Implementing empathy and resilience-based interventions can be effective in managing bullying behavior and improving the school environment (Puri, 2020).

Constituting antibullying committees at the school level to observe the practices of antibullying interventions in school is crucial (Singla et al., 2021). Different age groups should also be provided with antibullying interventions in every school (government, aided, and private) for the

students of the state, ICSE, and CBSE boards, and incorporate follow-up sessions to maintain the efficacy of the intervention (Singh, 2022). It is also important to spread awareness about the positive use of technology and parental monitoring to prevent cyberbullying incidents (Kaur, 2017). Additionally, sensitizing important stakeholders via workshops and small modules to combat bullying more effectively is recommended (Puri, 2020).

# **Conclusion**

A systematic review of interventions designed to reduce bullying in India revealed that school-based interventions highlighted the importance of empowering and educating students to tackle bullying by generating awareness, improving communication patterns and assertiveness, managing anger, and enhancing basic empathy. The development of antibullying interventions should address how best to safeguard adolescents from the harmful negative outcomes of bullying experiences (Guzman-Holst et al. 2022). Both victims and bullies require appropriate psychosocial support, healthy peer interactions, opportunities to strengthen social-emotional skills, and the development of cognitive and academic skills. There is a need to implement school-based interventions to prevent bullying and create a safe and supportive school environment. Policymakers and educators should prioritize implementing school-based anti-bullying intervention programs, as policies related to bullying prevention are completely lacking in Indian schools (Patel et al., 2020).

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**Author Contribution** JP prepared the protocol and SH reviewed it. JP and MA both conducted the screening, selection, data extraction, quality assessment, and manuscript writing. JN, SH, and PB reviewed the manuscript and provided constructive feedback. SP, RN, and KL contributed to the methodological discussions.

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**Data Availability** No datasets were generated or analysed during the current study.

### **Declarations**

**Ethics Approval** We obtained ethical approval from the Research Ethics Committees of the National Institute of Mental Health and Neurosciences (NIMHANS) and the University of Leeds.

**Consent for Publication** The authors have consented to the publication.

**Competing Interests** The authors declare no competing interests.



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