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Cyber Bullying and Mental Health of Media Professionals

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Abstract

The present study investigates the relationship between cyberbullying and the mental health of media professionals. It was hypothesized that there is likely to be a relationship between cyberbullying and the mental health of media professionals. It was also hypothesized that cyberbullying is expected to predict the mental health of media professionals negatively. A snowball sampling of 77 media professionals (N=77), 35 males (n=35) and 42 females (n=42) with an age range of 18-50 (M=26.46, SD=4.91) was done. Cyberbullying Experience Survey (CES) Victim (Doane et al., 2013) and Mental Health Inventory-5 (Berwick et al., 1991) were used to assess cyberbullying and mental health, respectively. Data was analyzed through Multiple hierarchical Regression and Pearson Product Moment Correlation. Results indicated that cyberbullying victimization (deception, public humiliation, malice, and unwanted contact) had a negative correlation with mental health. It was also found that cyberbullying victimization, deception, and public humiliation significantly predicted mental health, whereas malice and unwanted contact did not predict mental health. Furthermore, family income is also positively correlated with mental health. This research will be beneficial to develop an understanding of how cyberbullying is destroying the mental health of media professionals and may develop empathy and power to stop this.

Keywords: Cyberbullying, Malice, Public humiliation, deception, unwanted contact, Mental Health, Family Income

1 Introduction

Bullying is usually a behaviour that is intrusive, frequent, and persevered in nature and intended to produce discomfort and bother or to hurt another person or to target another individual's self-regard, sentiments, reputation, or body. Bullying that is done through digital devices such as computers, tablets, and cell phones is cyberbullying (Gündüz et al., 2021). Cyberbullying can occur when people can watch, take part in, or deliver information to others through messages, applications, texts, online gaming, social media, blogs, and forums (Santre, 2023). It includes posting, providing, or sharing disgraceful, wrong, mean, or harmful information about another

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person. Those people are at greater risk of mental illness conditions and experience online bullying (Islam et al., 2020; Li et al., 2022).

Bullying is commonly known as a subgroup of aggression, distinguished by the measure of imbalance of power and redoing. It is considered to be a complex process in which a person or set of people repetitively mistreat, humiliate, abuse, or communally eliminate comparatively weak or powerless individuals (Volk et al., 2022). Today, bullying has taken other forms, frequently categorized as online or cyberbullying. Social media and Internet tools give a striking stage to the young generation to connect with their friends, develop social bonds, and provide novel chances for getting knowledge (Çakar-Mengü & Mengü, 2023). It is defined as planned hostile behaviour, including a power discrepancy among those indulged, where cyber bully aims to intimidate, harass, stalk, threaten, and scare cyber victims repetitively through the Internet (counting social networking sites), through digital devices, for example, delivering video messages, text, and emails (Alotaibi, 2019; Can & Alatas, 2021).

Current studies have revealed that young people who are subjected to cyberbullying have more mental health issues (psychological pain, low self-esteem, distress, anxiety, suicidal ideations) than non-victims. (Cénat et al. 2015). Constantly, it has been confirmed that sufferers of bullying (i.e., those who bully others and are bullied by others) have increased levels of psychological distress, lowermost levels of SPS, expressing and adopting problems when matched to students who bullied others only, were victimized or were not part of it.

1.1 Theoretical Framework

1.2 Leonard Pearlin's theory of psychological distress

Pearlin's theory proposes that every human being is at a certain pace of permanent change because circumstances and stress-causing events help people grow. Psychological distress is a vital component in life changes (Ross, 2017). Ethics, beliefs, philosophies, and concerns are exposed to amendments as a person progresses. These feelings signify significant emotional circumstances in a person's life, which are associated with anxiety and distress as they are exposed to changes. He enlightened four elements that contribute to the management of distress, i.e. (a) individual characteristics (for example, education, race, family background, intelligence, personality, gender), (b) abilities for managing stress that contains how good a person can perform under stress or if a person can deal with pressure, (c) accessibility of support from significant others (for example, friends and family) and, (d) timing and nature of stress that involves the amount or level of stress (Alhujailli & Karwowski, 2019; Pearlin, 1989). Previous researches indicate that online victimization causes anxiety and distress and leads to various mental illnesses. Therefore, the present study aims to explain the relationship between Cyberbullying and mental health in media professionals.

2 Literature Review

Researches show a significant relationship between the variables cyberbullying and mental health as they depict that cyberbullying leads to poor mental health and causes psychological problems (Skilbred-Fjeld et al., 2020). Elgar et al. (2014) discovered that cyberbullying is linked to substance use problems and mental health in adolescents, even after their participation in face-to-face bullying is considered (Baier et al., 2019). A study on social media has specified that people's psychological conditions, health, social support, and well-being status may be gathered by studying conversational and language patterns. These include using social media to comprehend circumstances and signs linked to cyberbullying and youth stress Varela et al. (2022), postpartum depression Ho et al. (2020), substance abuse Hilty et al. (2023), insomnia Karakose et al. (2023), and mental health.

Carvalho et al. (2021) found people who were in the bully/victim groups (and mainly the cyber

victim /bully group) got the most significant negative scores on most of the measures of physical health, psychological health, and academic performance. The probable adverse effects of cyberbullying were most prominent for the cyberbully/victim members, particularly the males (Tetteh et al., 2023). These people mainly stated facing more negative psychological, physical, and academic special effects from cyberbullying than the participants of other groups. Others have distinguished that bullies/victims face emotional problems linked with behavioural difficulties related to children who bully and victimization.

Furthermore, Mong (2020) suggested that Cyberbullying victimization amplified the possibility of substance use, binge drinking, and marijuana and amplified the possibility of suicide attempts and depression. Additionally, Duah (2023) confirmed that the relation between attempts of suicide and bullying/victimization was mediated by depression, but contrarily for women and men. Mainly, depression mediates the association between suicide attempts and traditional victimization likewise through gender, while depression mediates the association between suicide attempts and cyber victimization only for females. Likewise, depression mediated the relationship between suicide attempts and traditional bullying for women (Zhao & Yao, 2022).

Offline bullying and online bullying are linked to poor mental well-being; cyberbullying is the reason for a small part of the discrepancy after adjustment for traditional bullying and other covariates (Przybylski & Bowes, 2017; Trajtenberg et al., 2021). However, both school bullying and online victimization and bullying involvement were individually linked with higher depression (Ding et al., 2020). Sargent et al. (2016) confirmed that violence and online victimization were associated and added exclusively to depressive symptoms; however, only online victimization added to anti-social behaviour (Díaz & Fite, 2019). Facing both Psychological Intimate Partner Violence and online victimization causes an increase in anti-social behaviour and depressive symptoms. This research is paramount to create an exclusive association between mental health issues and online victimization after accounting for psychological Intimate Partner Violence (Adams & Beeble, 2019).

In a study by Cañas et al. (2020), the results showed that earlier or present involvements of traditional bullying were linked with perpetrators and victims of cyberbullying. Routine use of 3 or more hours of Internet, text messages, web cameras, harassing other people online, and posting personal information were related to cyberbullying. Cyber bullies and cyber victims had more dynamic and psychosomatic issues, social problems, and feeling insecure and cared for in the institute (Niu et al., 2020). Cyberbullying was linked with moderate to severe ideation and suicide attempts, depressive symptoms, and substance use (Kim et al., 2019).

Other studies revealed that men were more likely to be offline bullies, and women were similarly as likely as men to be cyber bullies (Trajtenberg et al., 2021; Zsila et al., 2019). Likewise, men were more likely to be offline victims-bully that is, being victims and bullies, whereas women were more likely to be cyber victims-bully (Drubina et al., 2023). The outcomes also showed a link with psychosomatic issues for bully victims, bullies, and victims. The most solid relations were understood for psychosomatic issues and bully victims. The consequences do not specify that the link between psychosomatic issues and bullying is more vital for cyberbullying than for offline bullying (Baier et al., 2019; Rose & Tynes, 2015).

Sabramani et al. (2021) led research that exposed pupils participating in online bullying. Numerous exclusive features arose concerning the rate and risk elements of pupils' participation in online bullying. In offline bullying, the group of bully victims signifies the tiniest and most susceptible category of youngsters; however, in the present research, the bully victims group appeared as general. Moreover, women were more prone than men to be bully-victims, in comparison with a study on offline bullying, which shows that more men than women typically participated as bully victims (Smith et al., 2019). Additionally, Cyber victims of both genders reported more suicidal

ideations and suicidal attempts than non-victims. The mediated model shows a complete mediation effect of psychological distress associated with cyber victimization on the relationship between cyberbullying and suicidality (Cénat et al., 2019).

Mahanta and Khatoniyar (2020) studied the level to which cyberbullying is linked to suicidal thoughts among the young generation and a non-traditional type of aggression among peers in a sample of 1,963 middle schoolchildren. The young generation who faced offline bullying or online bullying, as either a victim or perpetrator, had more suicidal ideation and were more likely to execute their suicidal plans than those who had not faced such types of aggression among peers (Hinduja & Patchin, 2019).

Murshid (2017) showed that teenagers who were victims of bullying were significantly more likely to show signs of depression. Results upkeep those from other areas, signifying that youngsters are at increased risk of evolving depressive signs when they face bullying, leading to both mental health problems and bullying (Dervishi et al., 2019). Moreover, Women most probably describe themselves as online victims in contrast to men, whereas more men described themselves as participating as online bullies and cyberbullies/victims than women. The occurrence of psychopathology was investigated to be increased in online bullies shadowed by cyberbully/victims and online victims than not participating in online bullying; however, reduced mental well-being was discovered in online victims shadowed by online bully/victims and online bullies in contrast to non-participant students (Mekler, 2022; Musharraf & Haque, 2018).

Previous literature suggests that cyberbullying is increasing day by day. Cyberbullying leads to many psychological issues like depression, distress, anxiety, etc. Cyberbullying and mental health are correlated. Gender is also essential when discussing cyberbullying and mental health. Women are more likely to report being cyber victims as compared to men, while more men reported themselves to be indulged in cyberbullying activities and online bullying/victims than women.

2.1 Rationale

There is an alarming new cyber-bullying trend becoming noticeable, and it's having disturbing effects on its victims. The online abuse is considered part and parcel of the life of a celebrity. Cyberbullying is causing severe mental health issues in victims. Media professionals are also facing this all the time, which affects their mental health. The recent death of model Anam Tanoli is a prominent example of how cyberbullying destroys the mental health of victims and makes this world difficult to live in. This research is conducted to get a better understanding of how cyberbullying affects the mental health of Media professionals. This research will be beneficial in understanding how cyberbullying affects someone's life and working on a management plan.

2.2 Objective

The objective of the present study is to examine if cyberbullying predicts mental health.

2.3 Hypotheses

The following hypothesis will be investigated in this study

H1: *Cyberbullying is likely to predict the mental health of media professionals negatively.*

3 Methodology

3.1 Research design

To conduct this research, the correlational research design was used to study the relation of mental health with cyberbullying.

3.2 Sample

The sample of the research was comprised of almost 77 media professionals (N=77), 35 males (n=35) and 42 females (n=42) who perform on National Television. The sampling strategy used in this research study was snowball sampling using the following criteria.

3.2.1 Inclusion criteria

- Media Professionals (actors, singers, models, newscasters) who have performed on National or International Television were included.
- Participants who understand English well were included.

3.2.2 Exclusion criteria

- Media professionals (like producers and directors) who have not performed on screen were excluded.
- Media professionals with less than a month of experience in this field were also not recruited.

Table 1: Demographics showing sample characteristics (N=77).

Variable	***f***	***%***
Gender		
Male	35	45.5
Female	42	54.5
Parents Life Status		
Both dead	10	13.0
Both alive	46	59.7
Only father alive	07	9.1
Only mother alive	14	18.2
Regional Affiliation		
Rural	08	10.4
Urban	69	89.6
Marital status		
Married	18	23.4
Single	50	64.9
Divorced	09	11.7
Family System		
Nuclear	55	71.4
Joint	22	28.6
	M	***SD***
Age(years)	26.46	4.91
Education	15.71	1.61
No of siblings	3.75	1.71
Birth order	3.09	1.83
Mother's education	12.76	2.21
Family income	160083.33	639148.99
Years of working in media	5.23	4.07

3.3 Assessment Measures

3.3.1 Demographic sheet.

Participants filled out a self-constructed demographic sheet with other research tools to seek information about respondents. The demographic questionnaire included name, age, gender, education level, income, family system, marital status, father and mother's occupation, and respondents' birth order.

3.3.2 Mental Health Inventory-5

The Mental Health Inventory-5 MHI-5 was developed by Berwick et al. (1991). The condensed version of the MHI assesses psychological stress and psychological well-being (PWB). Its alpha value is α = .82. It has five items, uses a 6-point Likert scale, and rates experience of 1, always to 6, never. Many researchers have validated both the original MHI and the MHI-5.

3.3.3 Cyberbullying Experience Survey (CES) Victim.

CES Victim was developed by Doane et al. (2013). Cyberbullying Victimization Items (21-item) will be used. It has Four Subscales of items: malice (5) with alpha value α = .87, unwanted contact (4) with alpha value α = .84, deception (3) with alpha value α = .74 and Public Humiliation (9) with alpha value α = .89. Participants answered to the CES items on a 6-point Likert scale. Participants must rate each behaviour in the frequency of experience, ranging from never to every day/almost every day.

3.4 Procedure

The Department of Applied Psychology signed an authority letter for conducting this research. After permission, the instruments were taken to the participants for administration. The researcher explained the purpose and nature of the study before obtaining written consent from those who met the said criteria for this research and were willing to participate. The questionnaires were distributed to the sample personally and asked to be completed honestly and carefully. The examinees were instructed to fill in all the items on the questionnaires. If they do not do as instructed, their responses will not be considered for results, and the questionnaire will become invalid. The average time each participant took to fill out the questionnaires was 10-15 minutes.

3.5 Ethical Consideration

Ethical standards were kept in mind while designing and conducting research. The head of a department signed an authority letter from the Institute of Applied Psychology, University of the Punjab, Lahore, and the supervisor was taken to conduct research. The procedure and purpose were thoroughly explained to the participants, and prior written informed consent was obtained from them individually. Only those members who were eager to take part were involved. If any person was unwilling to participate in research or fill out the questionnaire, they were not forced to do that as it would not only bother the participant but also negatively affect the results. The confidentiality of shared content and the secrecy of the participants were preserved, and results were disseminated while following proper etiquette.

4 Results

The data was analyzed in three steps. At first, the reliability analysis was conducted for each scale, and Cronbach's alpha was reported. The second step is descriptive statistics. In the third step, Pearson product-moment correlation was employed to assess the relationship among the study variables. In the fourth step, hierarchical Regression was done to determine the predictors of Mental Health. In the fifth step, additional analysis of ANOVA was run to find if there is any difference in the mental health of people with different marital statuses and parental life statuses.

The reliability coefficients of the scales used in this study are shown in Table 2.

Table 2: Reliability coefficients and Descriptive Statistics of Study Variables (N=77)

Variables	***k***	***M***	***S.D***	***a.***	***Range***	
					Actual	***Potential***

Cyber Bullying						
Malice	5	13.25	5.06	.84	05-30	05-30
Unwanted Contact	4	10.71	3.68	.74	04-24	04-24
Deception	3	8.73	2.42	.52	03-16	03-18
Public Humiliation	9	18.14	5.97	.79	09-42	09-54
Mental Health	5	18.31	4.02	.71	08-27	05-30

Note. M=Mean; SD=Standard Deviation; Mini=Minimum value; Max= Maximum value; α = Chron bach's

The reliability of the Mental Health inventory is .79, which is considered good reliability. The reliability of the Cyberbullying experience survey Victim subscales is also good, except for the subscale of deception. Deception subscale has .52 reliability because it has only three items. Cronbach's alpha values depend on the scale's number of items. When there is a small number of items in the scale (fewer than ten), Cronbach's alpha values can be small, e.g., .5 (an & Cheek, 1986). The reliability between .5 and .75 indicates moderate reliability (Ursachi, Horodnic & Zait, 2015). These scales are reliable for use in the current study.

4.1 Main Analysis

The primary analysis comprised Pearson Product moment correlation and multiple hierarchical Regression.

4.1.1. Correlation analysis.

Table 3: Inter- Correlation of Study Variables (N=77).

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Age	-	-.26*	.15	-.02	-.14	.02	.16	-.08	-.30**	.15	.56**	-.01	-.19	-.01	.17	.21
Gender	-	-	.10	.14	.46**	-.06	.03	.19	.22	-.10	-.28*	.10	.19	-.09	.06	-.18
Education	-	-	-	.22	-.04	-.11	.20	.23	.11	.10	.12	-.01	-.26*	-.05	-.10	.19
Regional Affiliation	-	-	-	-	-.16	-.05	.10	.16	.15	-.07	-.14	.16	.01	.00	.04	.04
Family system	-	-	-	-	-	-.04	.03	.17	.18	-.06	-.21	-.12	.15	-.10	-.08	-.02
Number of siblings	-	-	-	-	-	-	.08	.00	-.02	-.08	.09	-.12	-.18	-.21	-.25*	-.02
Birth Order	-	-	-	-	-	-	-	.12	-.03	.01	.02	-.28*	-.34**	-.22	-.22	.22
Father's education	-	-	-	-	-	-	-	-	.27*	-.14	-.14	-.02	.13	.18	.10	.07
Mother's Education	-	-	-	-	-	-	-	-	-	.05	-.26*	.21	.19	.01	.03	-.13
Family income	-	-	-	-	-	-	-	-	-	.25	.13	-.01	-.14	-.07	-.16	.27*
Years of working in the media industry	-	-	-	-	-	-	-	-	-	-	-	.06	.02	-.17	.07	.09
Malice	-	-	-	-	-	-	-	-	-	-	-	-	.60**	.19	.35**	-.47**
Public Humiliation	-	-	-	-	-	-	-	-	-	-	-	-	-	.15	.38**	-.62**
Deception	-	-	-	-	-	-	-	-	-	-	-	-	-	-	.41**	-.33**
Unwanted contact	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-.34**
Mental Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*Note: For Gender; Male=1, Female=2, Regional Affiliation; Urban=1, Rural=2, Family system; Joint=1, Nuclear=2; * p <.05, ** p < .01, *** p < .00*

Results depicted that all four subscales (i.e., Malice, Deception, Unwanted contact, public humiliation) are significantly correlated with mental health. Malice is negatively correlated with mental health (-.47**). This negative correlation shows that malice affects mental health negatively. An increase in malice decreases the mental health. Deception and Unwanted contact are also negatively correlated with mental health (i.e., .33**, -.34**, respectively). This negative relation also shows that an increase in deception and unwanted contact decreases mental health. Public humiliation is negatively correlated with mental health (i.e., .62**). Public humiliation has

more effect on mental health as compared to malice, deception, and unwanted contact.

4.1.2 Multiple Hierarchical Regression Analysis.

Multiple hierarchical regression analysis was run to test the hypothesis of prediction that cyberbullying negatively predicts mental health. Among demographics, family income was correlated with mental health that is why family income was also run in hierarchical regression analysis as model 1 with other independent variables (deception, unwanted contact, malice, and public humiliation) as model 2

Table 4: Hierarchical Regression is used to indicate the predictors of Mental Health (77)

	Mental Health		
		Model 2	
Variable	**Model 1 *β***	***β***	**95% CI**
Family Income	.27*	.17	[0.00, 0.00]
Malice		-.14	[-0.29, 0.07]
Unwanted Contact		-.04	[-0.27, 0.18]
Deception		-.23*	[-0.72, -0.07]
Public Humiliation		-.56***	[-0.50, -0.21]
R^2	$.07^{*}$	$.57^{***}$	
F	4.50^{*}	14.18^{***}	
ΔR^2		$.50^{***}$	
ΔF		15.48^{***}	

*Note. *p<.05; **p<.01; ***p<.001; B = Standardized Coefficient; ΔR2= R Square change; ΔF= F change; CI=Confidence Interval*

Results of hierarchical regression analysis for mental health as a dependent variable are shown in Table 4.3. Correlation analysis revealed a significant relationship between family income and mental health. Family income is added in Block 1. The overall model explained 57% variance in mental health, F (5,54)=14.18, p<.000. Family income in block 1 explained 7% variance in mental health, F (1,58)= 4.50, p=.038. In this model, family income predicts mental health. When subscales of the Cyberbullying Experience survey (i.e., malice, deception, unwanted contact, and public humiliation) were added into the model in block two along with family income, Regression explained 50% variance in mental health Fchange (58, 54)=15.48, p < .000. Among the main variables only deception and public humiliation significantly predict the mental health.

4.2 Additional Analysis

Additional analysis of ANOVA was run to assess the difference in mental health of media professionals with different marital statuses and parents' life statuses.

Table 5: One-way ANOVA indicating the marital status (N=77)

Variables	**Married (N=18)**		**Single (N=50)**		**Divorced (N=09)**		***F***	***p***
	M	***SD***	***M***	***SD***	***M***	***SD***		
Malice	13.67	4.65	12.92	4.84	14.22	7.19	.33	.72
Public Humiliation	17.22	5.30	18.70	5.96	16.89	7.47	.62	.54
Deception	9.06	2.53	9.00	2.30	6.56	1.81	4.50	.14
Unwanted Contact	11.44	3.35	10.70	3.88	9.33	3.00	.99	.38
Mental Health	18.33	4.24	18.06	3.84	19.67	4.74	.60	.55

Note: M= Mean, SD= Standard Deviation, N= Number of participants

Results show no significant difference in marital statuses for mental health, unwanted contact, deception, public humiliation, and malice.

Table 6: One-way ANOVA indicating the Parents' life status (N=77)

Variables	**Both dead**	**Both alive**	**Only father**	**Only mother**	***F***	***p***

	(N=10)		(N=46)		alive (N=07)		alive (N=14)			
	M	***SD***	***M***	***SD***	***M***	***SD***	***M***	***SD***		
Malice	13.9	4.48	13.07	5.79	14.00	2.16	13.00	4.10	.13	.94
Public Humiliation	18.20	4.18	18.39	6.87	17.71	3.25	17.50	5.24	.09	.97
Deception	10.10	1.97	8.28	2.52	9.29	2.06	8.93	2.27	1.81	.15
Unwanted Contact	121.40	3.20	10.65	4.09	10.43	2.88	9.86	2.66	.97	.41
Mental Health	17.50	3.84	18.22	3.99	17.71	4.39	19.50	4.24	.60	.62

Note: M= Mean, SD= Standard Deviation, N= Number of participants

Results show no significant difference in Parents' life status for mental health, unwanted contact, deception, public humiliation, and malice.

4.3 Summary of Findings

- Family income has a significant positive correlation with mental health.
- Cyberbullying victimization (deception, malice, unwanted contact, and public humiliation) has a negative Correlation with mental health.
- Cyberbullying victimization (deception and public humiliation) significantly and negatively predicted mental health, but scales of malice and unwanted contact do not predict mental health.

5 Discussion

The research is conducted to study the relationship between cyberbullying and mental health in media professionals. This study focuses on the cyber victimization of media professionals and its effect on their mental health. It was hypothesized that there is a negative relation between cyberbullying and mental health, and cyberbullying is likely to predict mental health. It was assessed by running Pearson product-moment correlation. Results show a significant negative correlation between cyberbullying victimization and mental health.

Additionally, multiple hierarchical Regression was run to find that cyberbullying is likely to predict mental health. Results approved the hypothesis that cyberbullying victimization negatively predicts mental health. Even when controlling covariate (family income). These results are inclined with previous findings as there is a study that found that online victimization positively predicted mental illness (that is, anxiety, depression, and stress) and negatively predicted well-being (Musharraf & Haque, 2018). In another study, it has found that psychological distress presents a complete mediation effect on the association between cyber victimization and suicidality (Cenat et al., 2019).

One study revealed that young people who are subjected to cyberbullying have more mental health issues (psychological pain, low self-esteem, distress, anxiety, suicidal ideations) than non-victims. (Cénat et al. 2015; Landstedt & Persson, 2014; Li et al., 2022). In another study, it has found that compared to cyber bullying, cyber victimization showed a stronger relationship with mental health (Tian, et al., 2018; Urano et al., 2020). A study explained that Cyberbullying victimization amplified the possibility of substance use, binge drinking, and marijuana and amplified the possibility of suicide attempts and depression (Mong, 2020; Urano et al., 2020). Similarly, a research study confirmed that the features of the victims and features of the event were acknowledged as predictors of agony and stress (Staude-Müller et al., 2012). It was also reported that cyber victimization, depression, and anxiety seem to have a reciprocal relationship (Díaz & Fite, 2019; Landoll, 2015). Cyber bullies and cyber victims had more dynamic and psychosomatic

issues, social problems, and feeling insecure and cared for in the institute. Cyberbullying is related to moderate to severe ideation and suicide attempts, depressive symptoms, and substance use (Bottino et al., 2015).

The young generation who faced offline bullying or online bullying, as either a victim or perpetrator, had more suicidal ideation and were more likely to execute their suicidal plans than those who had not faced such types of aggression among peers (Rodway et al., 2023). In one research, it has been found that more stress is correlated with chronic stress, high neuroticism, and previous experiences of cyber victimization (Staude-Müller et al., 2012; Wang et al., 2019). People consider media professionals as public property, and as they are easily accessible online, people bully them as it is their right to post negative comments and humiliate them publically. That's why media professionals are more vulnerable and face more cyberbullying than ordinary people. People do not realize that media persons are also like ordinary people, and cyberbullying victimization causes different mental health problems in them.

Results also show that family income significantly correlates positively with mental health. Other studies also influence this finding. One study has found that escalation in economic strain, poverty, and deprivation was linked with an increase in depressive symptoms (Ridley et al., 2020). One study depicted that there is an association between worsening socioeconomic conditions and depression (Lorant et al., 2007). Another study illustrated that for every nation, a higher SES and higher education index score protects against depression. A higher family income was linked with lesser chances of having depression (Ettman et al., 2020; Freeman et al., 2016). Another study has found that socioeconomic status impacts mental well-being and is mediated by financial strain.

This study has also indicated that gender has no significant relationship with cyber victimization and the mental health of participants. This study is contrary to the previous studies. In one study it has found that gender, score, ethnicity, and cyberbullying victimization were forecasters of negative mental health concerns (Xiao et al., 2023). Another study found that women were more likely than men to be victims of cyberbullying when infrequent cyberbullying was involved (Marr & Duell, 2021). In another study, Mishna et al. (2012) found that women were more prone than men to be bully victims, compared with a survey of offline bullying (Trajtenberg et al., 2021). All the researchers reported that the study was done on school students or adolescents, but the current study sample was adults and professionals. This might be why current results are not the same as those of previous research.

Results revealed no significant difference between the life status of parents and the mental health of participants. This finding is not inclined with previous studies, as one study has proved that not only low socioeconomic status but especially single-parent families have a strong association with the degree of mental illness or distress (Liang et al., 2019). Another research found that single parenting is linked with many mental illnesses (i.e., depression, anxiety, and other mental disorders) for kids (Theodoritsi et al., 2018). Another research has revealed that psychological disorders happened with greater frequency in kids of single-parent families, particularly those who did not have fathers during their whole life (Muindi et al., 2020). All the previous research was done on Western culture. This might be why Asian culture has different norms, values, and relationships that impact mental health (Spiker, 2014).

5.1 Limitations and Suggestions

Regardless of this study's exciting and essential content and its implications for research and social welfare, this study is subject to some limitations. The sample size was small for conducting such research and achieving significant results as this topic is targeted to a specific population group. Due to the lack of appropriate sample size, this research has low generalizability. So, for future research, the sample size should be large enough to be generalized. The present study was the self-

report measure, so it is unknown to what extent these measures reflect actual sample behavior. It might be possible that some respondents provided socially desirable answers. To cross-check the responses, these constructs should be measured using other assessment tools.

The results of this study rely on cross-sectional data; as such, this makes it challenging to know the causation, that is, what the cause and effect of the study were. Research on such social variables should be performed through longitudinal research design so it could be known whether bullying victimization had any impact on mental health. In this study, the sampling strategy, which was a non-probability sampling technique, decreased the opportunity for equal sample selection, which might limit our results' generalizability. Alternative sampling and data collection strategies might be needed to avoid sampling bias, which affects the study results.

5.2 Implications

The findings of this study can be applied in social settings. The results of this research are beneficial for increasing knowledge of how cyberbullying is affecting the mental health of media professionals and how it differs from the people outside this profession, and help to design strategies to manage cyberbullying and improve mental health.

Author Contributions

Iqra Zainab and Malik Anas Awan contributed to conceptualization, research design, methodology, literature review, participant recruitment, administration of research instruments, data collection, data curation, statistical analysis, interpretation of findings, and manuscript preparation. Both authors contributed to writing—original draft and writing—review and editing. Both authors read and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

Conflict of Interest

The authors declare that they have no financial, professional, institutional, commercial, or personal conflicts of interest that could have influenced the conduct or reporting of this research.

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Data Availability

The de-identified data supporting the findings of this study are available from the corresponding author upon reasonable request, subject to participant confidentiality, ethical requirements, and applicable data-protection restrictions.

Ethical Approval

The manuscript reports that an authority letter was obtained from the Institute of Applied Psychology, University of the Punjab, Lahore, and that ethical standards were followed during the research.

Informed Consent

Written informed consent was obtained from all participants before data collection. The purpose and procedures of the study were explained to participants, participation was voluntary, and confidentiality and privacy were maintained throughout the study.

Use of Generative AI

The authors declare that no generative artificial intelligence tools were used to collect or analyse

the data, generate the scholarly content, interpret the findings, or formulate the conclusions presented in this article.

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