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Cyberbullying And Adolescent Mental Health In Timor-Leste: A Systematic Literature Review In The Context Of Lower-Middle-Income Southeast Asian Settings

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Abstract

Cyberbullying is a well-established risk factor for adolescent mental health, yet the evidence base underpinning this conclusion is drawn overwhelmingly from high-income settings. Timor-Leste, the Asian country with the youngest population structure and one undergoing rapid digital expansion, is represented in no prevalence or outcome study of cyberbullying whatsoever. This review synthesises evidence on the association between cyberbullying victimisation and adolescent mental health in Timor-Leste and comparable lower-middle-income Southeast Asian settings, and characterises the structure of the resulting evidence gap. A systematic literature review with narrative synthesis was conducted across nine international databases, three regional databases, and six grey-literature repositories, covering publications from January 2005 to June 2026 without language restriction. No study reporting cyberbullying prevalence or cyberbullying-related mental health outcomes among Timorese adolescents was identified. Timor-Leste is represented solely by five secondary analyses of the 2015 Global School-based Student Health Survey, which recorded an offline bullying prevalence of 28.0% and an independent association between bullying victimisation and attempted suicide (AOR = 2.69, 95% CI [1.02, 7.12]). This absence of evidence is traceable to a specific and correctable instrumentation decision, namely the omission of cyberbullying items from the national survey instrument, rather than to an absence of risk. Timor-Leste satisfies every structural precondition for cyberbullying to constitute a public health problem, while its mental health workforce stands at approximately three professionals per 100,000 population. The priority action indicated is the inclusion of validated cyberbullying items in the next national school health survey cycle, preceded by the development of a Tetun-language measurement instrument

Keywords Cyberbullying; Adolescent Mental Health; Timor-Leste; Southeast Asia; Systematic Literature Review

INTRODUCTION

Cyberbullying, defined as the intentional and repeated infliction of harm through electronic means against a target who cannot readily defend themselves, has become one of the most intensively investigated adolescent risk exposures of the past two decades. The meta-analytic synthesis that serves as the foundational reference in this field established that, among all correlates examined, the strongest associations with cyberbullying victimisation were stress and suicidal ideation (Kowalski et al., 2014). That finding situates the phenomenon within the clinical domain rather than within the narrower domain of school behaviour management.

Subsequent syntheses have consolidated this position. A systematic review encompassing 33 articles drawn from 26 independent studies, covering 156,384 children and young people, found that victims of cyberbullying were 2.35 times more likely to engage in self-harm (95% CI [1.65, 3.34]) and 2.10 times more likely to exhibit suicidal behaviours (95% CI [1.73, 2.55]) than non-victims (John et al., 2018). Among tertiary student populations, a review of 32 studies involving 29,593 participants reported significant associations with depression in 16 of 20 studies, with anxiety in 12 of 15 studies, and with stress in all three studies that measured it (Arif et al., 2024).

Notwithstanding the breadth of this evidence, it conceals a serious geographical imbalance. The most recent global synthesis places the median prevalence of cyber-victimisation at 19.1%, derived from 42 methodologically appraised articles covering more than 240,000 adolescents across 17 countries and five continents (Fernandez-Rio et al., 2026). Seventeen countries out of approximately 195 represents a coverage rate below nine per cent, and the omitted remainder is neither random nor incidental. That omission is concentrated precisely in low- and lower-middle-income settings, which are the contexts in which digital transition is currently steepest, regulatory infrastructure is thinnest, and mental health services are least able to absorb additional demand.

This imbalance has been stated repeatedly. A comprehensive global review concluded explicitly that researchers from low- and middle-income countries must devote adequate attention to cyberbullying among children and adolescents, noting that prevalence had risen significantly across the five-year observation window (Zhu et al., 2021). At the regional level, a systematic analysis of Southeast Asia identified 21 studies distributed across Singapore, Malaysia, Thailand, the Philippines, and Indonesia, while simultaneously recording the complete absence of studies from the remaining member states of the subregion (Wan Ismail et al., 2019).

Timor-Leste as a Critical Case

Timor-Leste offers unusual analytic leverage. This island nation of approximately 1.3 million inhabitants restored its independence in 2002 following prolonged conflict and is, demographically, the youngest country in Asia, with persons under 24 years of age constituting 60.28% of the population (Fu et al., 2021). Its digital transition is recent, rapid, and markedly uneven. As of January 2025, 486,000 individuals used the internet, an adoption rate of 34.5%, while social media user identities numbered 589,000, equivalent to 41.8% of the total population; 923,000 people, or 65.5% of the population, remained offline (DataReportal, 2025).

The discrepancy between these figures is itself diagnostic. Platform data indicate more than 560,000 Facebook accounts within a population of 1.3 million, yet with a lifetime average of one page liked and, across a thirty-day window, seven comments, thirteen likes, and one share per account. This pattern of registration without engagement has been interpreted locally as evidence that a substantial proportion of accounts are not used genuinely and may serve purposes of harassment (UNICEF Timor-Leste, n.d.). If that interpretation is even partially correct, Timor-Leste exhibits an unusually high ratio of pseudonymous accounts to active users, which constitutes the structural precondition for anonymous online aggression, coexisting with the near-total absence of mechanisms capable of detecting it.

In contrast to this evidentiary vacuum concerning online harm, the evidence concerning offline bullying is unambiguous and severe. Analysis of the 2015 Timor-Leste Global School-based Student Health Survey found that 28.0% of school-going adolescents had experienced bullying (95% CI [25.7, 30.8]) and that 36.0% had been truant (95% CI [33.5, 39.5]), with bullied adolescents 1.63 times more likely to be truant following adjustment (AOR = 1.63, 95% CI [1.37, 1.94]; Owusu et al., 2022). A cross-national analysis of three island nations found that 9.8% of Timorese adolescents had attempted suicide within the recall period, with bullying victimisation independently associated with suicide attempt (AOR = 2.69, 95% CI [1.02, 7.12]), alongside suicidal ideation (AOR = 4.59), suicide planning (AOR = 3.36), and serious injury (AOR = 2.22; Fu et al., 2021).

Timor-Leste therefore satisfies every empirical precondition for cyberbullying to constitute a public health problem: an adolescent and young adult population majority, expanding but unmonitored connectivity, a documented and severe mental health response to peer victimisation, a linguistic environment beyond the reach of platform moderation, and negligible clinical capacity to absorb the resulting morbidity. At the same time, the country contributes nothing to the global evidence base concerning that problem.

Against this background, the present review addresses three questions. First, what is the prevalence of cyberbullying victimisation among adolescents in Timor-Leste and in comparable lower-middle-income Southeast Asian settings? Second, what are the direction and magnitude of the association between cyberbullying victimisation and adolescent mental health outcomes in these contexts? Third, what are the structure, magnitude, and probable causes of the Timor-Leste evidence gap, and which measurement and policy actions would be required to close it?

METHODS

This study constitutes a systematic literature review with narrative synthesis, reported in accordance with the reporting principles of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 statement. Narrative synthesis was selected in preference to meta-analytic pooling on two grounds established a priori: the substantial heterogeneity of cyberbullying measurement instruments across the available studies, and the insufficiency of the Timor-Leste corpus for valid statistical aggregation.

Eligibility Criteria

Eligibility criteria were specified using a PICOS framework. The target population comprised adolescents aged 10 to 19 years, consistent with the World Health Organization definition. Studies with samples extending beyond this age range were deemed eligible where at least 80% of participants fell within the range, or where age-disaggregated data were extractable. The exposure of interest was self-reported cyberbullying victimisation, encompassing the sending of abusive messages, public humiliation in online spaces, exclusion from online groups, identity impersonation, non-consensual distribution of images, and online stalking. Studies measuring perpetration alone were excluded.

Primary outcomes comprised depressive symptomatology, anxiety symptomatology, suicidal ideation, and suicide attempt. Secondary outcomes comprised self-harm, sleep disturbance, loneliness, self-esteem, psychological distress, and help-seeking behaviour. Eligible designs included cross-sectional, longitudinal cohort, case-control, and controlled intervention studies reporting extractable quantitative association data. Eligible settings comprised Timor-Leste together with comparable lower-middle-income Southeast Asian countries.

Definition of Comparator Settings

Comparator settings were determined prior to searching, using three criteria applied conjointly: World Bank classification as lower-middle-income at the time of data collection, geographical location within Southeast Asia, and internet penetration below 70% at the time of data collection. Application of these criteria yielded Indonesia, the Philippines, Viet Nam, the Lao People's Democratic Republic, Cambodia, and Myanmar. Malaysia, Thailand, Singapore, and Brunei Darussalam were excluded from the primary synthesis on income and connectivity

grounds, but were retained for comparative discussion, since a substantial proportion of the regional evidence originates in those countries.

This definitional decision is consequential and is therefore stated explicitly. Pooling Timor-Leste, approximately two-thirds of whose population remains offline, with Singapore, whose connectivity is near-universal, would generate an estimate applicable to neither setting.

Information Sources and Search Strategy

Nine bibliographic databases were searched for publications appearing between 1 January 2005 and 30 June 2026: MEDLINE via PubMed, Scopus, Web of Science Core Collection, PsycINFO, EMBASE, CINAHL, ERIC, the Directory of Open Access Journals, and SciELO. Regional and national coverage was extended through Garuda, the ASEAN Citation Index, and the institutional repository of Universidade Nasional Timor Lorosa'e.

Given the anticipated concentration of Timor-Leste evidence outside the indexed literature, grey-literature sources were searched systematically rather than opportunistically. These comprised UNICEF Timor-Leste, UN Women Asia-Pacific, The Asia Foundation, Fundasaun Mahein, the WHO NCD Microdata Repository, and the official websites of the Timor-Leste Ministry of Health and Ministry of Education. Reference lists of all included studies were hand-searched, and forward citation tracking was performed through Google Scholar.

No language restriction was applied at the screening stage. Records in Indonesian, Portuguese, Tetun, Vietnamese, Khmer, Lao, and Burmese were assessed with the assistance of competent speakers where available, and through verified machine translation where such assistance was unavailable. Search terms combined exposure descriptors (cyberbullying, cyber victimisation, online harassment, perundungan siber), population descriptors (adolescent, youth, student, remaja), outcome descriptors (mental health, depression, anxiety, suicide, kesehatan mental), and setting descriptors (Timor-Leste, East Timor, Southeast Asia, together with the name of each comparator country).

A deliberately broadened supplementary search was executed for Timor-Leste alone, combining country descriptors with bullying, violence, and mental health descriptors while omitting the cyberbullying restriction. This step was undertaken to establish whether cyberbullying data existed within studies not indexed under that terminology.

Selection, Extraction, and Quality Appraisal

Records were deduplicated and subsequently screened at title and abstract stage and at full-text stage against the eligibility criteria. A piloted extraction form was used to record bibliographic identifiers, country and subnational setting, sampling frame and strategy together with response rate, sample size, age range and sex distribution, the cyberbullying instrument together with item wording and recall period, the outcome instrument together with its cut-off, effect estimates with associated variance and adjusted covariates, and funding source.

Methodological quality was appraised using the Joanna Briggs Institute critical appraisal checklists appropriate to each study design. Particular attention was directed to three domains known to compromise this literature: the validity and cultural adaptation of the cyberbullying

measure, the adequacy of confounder adjustment with specific reference to offline bullying victimisation, and the handling of non-response and missing data.

RESULTS AND DISCUSSION

The Absence of Cyberbullying Evidence in Timor-Leste

The principal finding of this review is negative in form but substantive in implication. No study reporting the prevalence of cyberbullying victimisation, or cyberbullying-related mental health outcomes, among adolescents in Timor-Leste was identified. This finding held consistently across all search pathways, namely the primary search, the deliberately broadened country-specific supplementary search, the institutional repository search, and the grey-literature search.

Timor-Leste is represented in the retrieved literature by five quantitative studies, all of which constitute secondary analyses of the 2015 Global School-based Student Health Survey. That survey sampled 3,704 students in grades seven through eleven using a two-stage cluster design and achieved a response rate of 79%. It incorporated items concerning bullying and mental health symptoms but contained no item concerning cyberbullying (World Health Organization & Centers for Disease Control and Prevention, 2017).

The absence of Timor-Leste cyberbullying evidence is therefore traceable to a single instrumentation decision that is specific, identifiable, and correctable, rather than to any general deficit in the national health surveillance system. This distinction carries policy significance. An absence of evidence presented without qualification functions, within resource allocation processes, as evidence of an absent problem; and a problem that has never been counted occupies a structurally disadvantaged position in competition for constrained mental health budgets.

Table 1. Timor-Leste evidence on peer victimisation and adolescent mental health

Study	Design and sample	Exposure	Key findings
Owusu et al. (2022)	Secondary analysis of GSHS 2015; n = 3,609	Offline bullying	Bullying prevalence 28.0% (95% CI [25.7, 30.8]); truancy 36.0% (95% CI [33.5, 39.5]); bullying to truancy AOR = 1.63 (95% CI [1.37, 1.94])
Fu et al. (2021)	GSHS 2015; three-island-nation comparison	Offline bullying	Suicide attempt 9.8%; bullying victimisation AOR = 2.69 (95% CI [1.02, 7.12]); suicidal ideation AOR = 4.59; planning AOR = 3.36; serious injury AOR = 2.22
Cheah et al. (2024)	GSHS 2015; n = 3,455; ordered probit model	Bullying, loneliness, physical fighting	Being bullied, involvement in physical fights, and loneliness were each positively associated with moderate and severe worry-related sleep problems
Cheah (2024)	GSHS 2015; ordered outcome	Bullying, hunger	Being bullied and going hungry were associated with increased likelihood of moderate and severe loneliness; older adolescents were at higher risk

Pengpid & Peltzer (2021) GSHS 2015; n = 3,704 Psychosocial correlates 70.0% reported one or more serious injuries in the preceding year; suicide attempt and truancy were associated with injury

Three characteristics of this corpus warrant emphasis. First, every study draws upon a single dataset now more than a decade old, collected before the substantial connectivity expansion of the 2020s; the national adolescent risk profile has almost certainly shifted in the interval. Second, all five studies were authored by teams based outside Timor-Leste, with no Timorese institution occupying the corresponding-author position. Third, the effect estimate for bullying victimisation and suicide attempt (AOR = 2.69) carries a confidence interval whose lower bound approaches unity (95% CI [1.02, 7.12]), reflecting limited precision. The association is statistically significant but imprecisely estimated, and replication in a larger or more recent sample is accordingly required.

Regional Evidence as a Proximal Comparator

Regional analyses incorporating Timor-Leste provide converging evidence. A five-country Southeast Asian analysis of 33,004 adolescents identified a past-year suicide attempt prevalence of 9.0%, ranging from 3.9% in Indonesia to 16.2% in the Philippines, with loneliness, anxiety, bullying victimisation, physical attack, and the absence of parental and peer support all independently associated with attempted suicide (Peltzer & Pengpid, 2020). A four-country analysis identified school bullying victimisation and loneliness as the strongest and most consistent correlates of sleep loss over worry across the subregion (Wang et al., 2020).

With respect to cyberbullying evidence specifically, an analysis of 51,405 in-school adolescents in Argentina, Panama, and Saint Vincent and the Grenadines found that 20% reported cyberbullying victimisation and 21.1% reported suicidal ideation within the preceding year (Peprah et al., 2023). This figure aligns closely with the global median of 19.1% (Fernandez-Rio et al., 2026), which furnishes a defensible provisional basis for planning purposes although it is not equivalent to national data.

Evidence originating from lower-middle-income Southeast Asian settings remains markedly limited. A cross-sectional study of 412 university students at a medical university in Magway, Myanmar, examined sociodemographic correlates and adverse events following cyberbullying victimisation across a twelve-month recall period (Khine et al., 2020), and constitutes the only primary cyberbullying study identified from a lower-middle-income setting in the subregion outside Indonesia and the Philippines.

The Indonesian evidence base, while comparatively more developed, is dominated by literature reviews rather than primary epidemiological studies. A synthesis of ten nationally accredited journal articles concluded that victims commonly experience reduced self-esteem, emotional disturbance manifesting as shame and fear, and diminished learning motivation, which in turn elevate the risk of depression (Pakpahan et al., 2025). A primary Indonesian study found that adolescents reporting higher levels of cyberbullying victimisation on social media exhibited poorer mental health (Ningrum & Amna, 2020).

Measurement Invisibility as a Mechanism

The finding concerning the Tetun language warrants particular weight in interpretation. Platform-level detection of abusive content depends upon natural-language processing trained on languages possessing abundant digital resources. Where the dominant language of a nation's online discourse is not processed by platform moderation systems, as is the case in Timor-Leste, where most young users navigate an Indonesian-language interface while producing Tetun-language content (UNICEF Timor-Leste, n.d.), three consequences follow.

First, abusive content is not detected by automated classifiers. Second, such content is not escalated to human moderators, whose deployment is customarily determined by language volume. Third, it does not appear within platform transparency reporting, which itself constitutes one of the inputs from which international estimates of online harm are constructed.

This sequence constitutes a mechanism that may be termed compounded invisibility, whereby harm remains invisible to the platform, invisible to the international measurement apparatus, and invisible to national research. The implication for instrumentation is direct. Importing an English- or Indonesian-language cyberbullying scale and translating it unidirectionally will not resolve the problem, because the behavioural repertoire that such a scale enumerates was derived from online environments operating in high-resource languages. An instrument for Timor-Leste requires prior qualitative work in Tetun in order to establish the local behavioural taxonomy of online aggression before any scale item is drafted.

Service System Capacity as a Determinant of Clinical Significance

The clinical significance of any effect estimate depends upon what subsequently happens to the adolescents affected. In Timor-Leste, the answer to that question is constrained by capacity. The mental health workforce stands at approximately three professionals per 100,000 population, with services most readily accessible in Dili, a psychiatric unit at the national hospital staffed by the country's sole psychiatrist together with one psychologist, and a twelve-bed inpatient facility operated by a religious order located five hours from the capital (Hall et al., 2019a). Family and civil society, including customary healers, constitute the principal form of support for Timorese people experiencing mental health problems (Hall et al., 2019b), and the national service model has been community-based since its inception (Hawkins & Tilman, 2011).

Two implications follow. Clinically, any screening initiative that identifies cyberbullying victimisation without a corresponding referral pathway risks generating service demand that cannot be met, and this is a recognised form of harm in low-resource settings. Strategically, these conditions favour locating intervention within schools and families rather than within clinical services, and prioritising prevention over treatment.

The whole-school approach is supported by meta-analytic evidence. Pooled across 50 studies, 320 effect sizes, and 45,371 participants, school-based programmes significantly reduced cyberbullying perpetration ($g = -0.18$, 95% CI [-0.28, -0.09]) and victimisation ($g = -0.13$, 95% CI [-0.21, -0.05]; Polanin et al., 2022). These effect magnitudes are modest, and

scholarly honesty requires that they be reported as such. Nevertheless, in a setting possessing three clinicians per 100,000 population, a modest school-based effect delivered at population scale is likely to avert more morbidity than any realistically attainable expansion of clinical capacity.

The Political Economy of the Evidence Gap

The five Timor-Leste studies identified were authored by teams based in Ghana, Malaysia, Germany, Tanzania, Thailand, and South Africa, working with publicly available WHO microdata. This observation is not offered as a criticism of those authors, whose work constitutes the entirety of the quantitative evidence base concerning Timorese adolescent mental health and is cited throughout the present review. It is, however, a structural observation carrying consequences.

Where a national evidence base is generated principally through secondary analysis conducted by external teams, research questions are shaped by the variables that a dataset happens to contain rather than by nationally identified priorities. Cyberbullying was not included in the 2015 GSHS instrument; it consequently does not exist within the Timorese literature. Closing this gap requires not merely new instrumentation but sustained investment in Timorese research capacity, such that national priorities may direct national data collection.

Implications for Research, Policy, and Practice

For research, the action of highest value is the inclusion of validated cyberbullying items within the next cycle of the Timor-Leste Global School-based Student Health Survey. This measure is low in cost, requires no new survey infrastructure, and would immediately generate data that are both nationally representative and internationally comparable. It should be preceded by qualitative work conducted in Tetun to establish the local behavioural taxonomy, and followed by formal cross-cultural adaptation and psychometric validation.

For policy, the National Action Plan on Women, Peace and Security 2024-2028 and the National Action Plan on Trafficking in Persons 2026-2030 both explicitly recognise cybersecurity as a critical priority (UN Women, 2025). These instruments provide existing policy architecture into which adolescent online safety may be integrated without recourse to new legislation. A national assessment of technology-facilitated gender-based and sexual violence has likewise documented the increasing complexity of this problem within a context of limited digital literacy and constrained resourcing of the specialist policing unit (Fundasaun Mahein, 2024).

For practice, given workforce constraints, capacity-building among teachers and school counsellors represents the most feasible point of entry, with emphasis placed upon recognition and first-line response rather than clinical management. Primary and lower-secondary teachers occupy the earliest point of contact with adolescents experiencing victimisation, and in settings of severely constrained clinical capacity their ability to recognise indicators and to refer appropriately becomes a principal determinant of outcome.

Several limitations require acknowledgement. First, the review is constrained by the literature it reviews; the predominance of cross-sectional designs precludes causal inference,

and reverse causation, whereby depressive symptomatology elevates victimisation risk, cannot be excluded. Second, exposure measurement was heterogeneous and a proportion of studies employed unvalidated single items, which may bias estimates in a direction difficult to predict. Third, most studies sampled school-attending adolescents, thereby systematically excluding out-of-school young people, who are plausibly at higher risk. Fourth, adjustment for offline bullying victimisation was inconsistent, so that the incremental contribution of cyberbullying over and above traditional bullying cannot be isolated; this limitation was identified as a research priority a decade ago (Kowalski et al., 2014) and remains unresolved. Fifth, the search may not have captured unindexed Timorese theses and dissertations, and the absence of retrieval therefore does not constitute definitive proof of the absence of scholarship.

CONCLUSION

Timor-Leste is absent from the global cyberbullying evidence base not because its adolescents are unaffected, but because no party has yet measured them. The country satisfies every structural precondition for online peer victimisation to constitute a serious public health problem: a population majority under 24 years of age, connectivity expanding more rapidly than regulation, a platform-language environment beyond the reach of automated moderation, an offline bullying victimisation prevalence of 28.0%, a documented association between victimisation and attempted suicide of approximately threefold magnitude, and a mental health workforce of roughly three professionals per 100,000 population.

Estimates assembled from comparable lower-middle-income Southeast Asian settings offer a defensible provisional basis for planning, but they constitute a substitute for national data rather than an equivalent to it. The corrective action required is specific, inexpensive, and presently available: incorporate cyberbullying items into the next national school health survey, and construct the Tetun-language instrument that would render those items meaningful. Until that step is taken, every statement concerning the magnitude of cyberbullying in Timor-Leste will remain an extrapolation, and every resource allocation decision resting upon such statements will remain founded on fragile ground.

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