Research Square

Preprints are preliminary reports that have not undergone peer review.
They should not be considered conclusive, used to inform clinical practice,
or referenced by the media as validated information.

A Safe–Connect–Evolve positive psychology-informed support pathway for a university student with prior bullying victimization: a qualitative single-case study in China

Zhi Wang

2370238743@qq.com

Anhui Normal University

jingru Liu

Anhui Normal University

Zihan liu

Anhui Normal University

Yiheng Qin

Anhui Normal University

Tao Pan

Anhui Normal University

Pan Chen

Anhui Normal University

Na Zhao

Anhui Normal University

Supen Wang

Anhui Normal University

Guoping Zhu

Anhui Normal University

Research Article

Keywords: bullying victimization, positive psychology, university mental health, trauma-informed support, qualitative single-case study

Posted Date: November 1st, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11058526/v1

License: This work is licensed under a Creative Commons Attribution 4.0 International License.
Read Full License

Additional Declarations: No competing interests reported.

Abstract

Background

Bullying victimization can have psychological and social consequences that persist beyond the original school context and into university. This study examined the longer-term support process of a university student with prior bullying victimization and developed a staged, practice-oriented support framework.

Methods

This retrospective qualitative single-case study focused on Student Z at University A in China. Existing case materials generated during routine student support between 2024 and 2026 included case conversations and collateral information, observational and support records, psychological assessment summaries, counseling records, and multisystem coordination records. A case-oriented, process-focused analysis examined presenting difficulties, support systems, support activities, and changes over time.

Results

Student Z's difficulties after university entry were associated with delayed recognition of earlier bullying, limited emotional support, and fragmented professional support. The case record showed a gradual progression from establishing psychological safety and trust, to rebuilding family, peer, academic, and professional support, and subsequently to greater agency and campus participation. Psychological screening scores for interpersonal sensitivity, depression, anxiety, and hostility were lower at later assessment points than in October 2024 and remained within the reference range in March 2026. Retrospective synthesis of the case yielded a three-stage Safe–Connect–Evolve pathway.

Conclusions

The Safe–Connect–Evolve pathway provides a case-derived, practice-oriented framework for organizing support for university students with prior bullying victimization. It should not be regarded as a validated intervention protocol. Further multi-case research using prospectively defined qualitative procedures, standardized outcome measures, and longer-term follow-up is needed to examine its transferability.

1 Introduction

Bullying is a repeated and harmful form of aggression characterized by an actual or perceived imbalance of power [1, 2]. Unlike ordinary peer conflict, it is often persistent, covert, and difficult for victims to disclose [3, 4]. Bullying victimization is associated with anxiety, depression, poor mental health, and impaired social functioning, self-harm, and suicidal ideation [5–9]. Longitudinal evidence further

indicates that these effects may persist beyond the period of active victimization and extend into young adulthood [10, 11]. Thus, the consequences of bullying may continue even after the immediate threat has ended.

This concern is particularly relevant during the transition to university. Studies in Chinese student populations have linked bullying victimization to anxiety, depression, and other psychological difficulties [12–14]. Among Chinese college students, earlier bullying exposure may continue to affect mental health and adjustment, especially when help-seeking is delayed or mental health literacy is limited [15, 16]. Cyberbullying and online victimization may further increase psychological burden [17]. At the same time, university students already face substantial mental health challenges and growing demand for support services [18–23]. Students who enter university with unresolved bullying-related distress may therefore represent a particularly vulnerable group.

Most anti-bullying interventions have focused on preventing bullying, reducing perpetration, and controlling immediate harm [24, 25]. Evidence suggests that staff training, clear procedures, and parent or peer involvement can influence intervention effectiveness [26]. Cyberbullying prevention research likewise supports the need for targeted, evidence-based strategies [19, 27]. These approaches are essential, but they mainly address the period in which bullying is occurring. Less attention has been paid to the long-term recovery of victims after they enter a new educational setting. Earlier reviews have also emphasized the need to move beyond isolated responses and toward broader systems of prevention and support [28, 29]. This gap is important in universities, where persistent withdrawal, low self-worth, academic difficulties, or mistrust may otherwise be interpreted as ordinary adjustment problems.

Positive psychology offers a useful framework for addressing this longer-term recovery process. It emphasizes strengths, positive emotions, engagement, relationships, meaning, and accomplishment [30–32]. Positive psychology interventions have been associated with improved well-being and reduced psychological distress in both general and clinical populations [33–36]. Related approaches, including positive psychology courses, digital mental health interventions, and mindfulness-based programs, have also shown promise in university settings [37–39]. For students with prior bullying victimization, this perspective can extend intervention beyond symptom reduction. It can support the rebuilding of self-worth, social connection, and future-oriented goals.

Post-traumatic growth theory provides a complementary perspective. It proposes that individuals may reconstruct their understanding of themselves, relationships, and life after adversity [32, 40]. However, growth should not be viewed as an inevitable or inherently positive consequence of trauma [41, 42]. Rather, it may emerge through meaning reconstruction, social support, and adaptive coping [43]. In the context of bullying victimization, this distinction is critical. The goal is not to minimize the harm of bullying or impose a positive interpretation on traumatic experiences. Instead, intervention should support recovery while creating opportunities for renewed identity, connection, and growth.

Despite growing evidence on the psychological consequences of bullying, relatively little is known about how universities can provide sustained, stage-based support for students whose victimization occurred

before university entry. Process-oriented evidence is especially limited regarding how psychological safety, interpersonal support, and strengths-based development can be integrated within one intervention pathway. To address this gap, the present study examined a qualitative single case involving Student Z at University A in China. The study had three aims: first, to identify the factors associated with Student Z's psychological difficulties at university; second, to describe how multi-system support was used across different stages of intervention; and third, to develop a three-stage Safe–Connect–Evolve pathway that integrates psychological stabilization, support-system reconstruction, and positive development.

2 Methods

2.1 Study aim, design, and setting

This study used a qualitative single-case design to examine the support process and changes observed in a university student with a history of bullying victimization. A single-case design was appropriate because it allowed close examination of psychological, interpersonal, and institutional processes within their real-world context [44, 45]. The purpose was not to estimate intervention efficacy or to generalize from one case to a broader population. Rather, the study sought to reconstruct an individual support process and identify a practice-oriented framework that could be examined in future multi-case research.

The study was conducted at University A in China. The case was bounded by one focal student, Student Z, the university-based support process, and related records generated between 2024 and 2026. The support described in this study was provided as part of routine university student support and mental health services rather than initiated for research purposes. The present study retrospectively analyzed these existing case materials after ethical approval and written informed consent had been obtained for their research use and publication.

After entering university, Student Z showed psychological, interpersonal, and academic adjustment difficulties. Information from mental health screening, academic functioning, interpersonal behavior, and routine observations prompted the university to coordinate support across several systems. These included the university mental health center, an on-campus psychological counselor, student affairs staff, academic teachers, family members, peers, an external mental health physician, and other relevant resources.

2.2 Participant and case context

The focal participant was Student Z, a university student who had experienced bullying during secondary school. A pseudonym is used throughout this manuscript. The name of the university and all potentially identifying information relating to teachers, classmates, family members, and other individuals were removed or generalized.

After entering university, Student Z showed low self-evaluation, recurrent negative thoughts, interpersonal sensitivity, social avoidance, limited academic engagement, lateness, and absenteeism. Family interactions placed considerable emphasis on academic achievement, while the student's emotional needs and the longer-term psychological effects of earlier bullying had received less attention. During the early university period, the student therefore had limited psychological safety and an unstable support network.

The case record also contained information from individuals involved in the support process, including parents, student affairs staff, academic teachers, classmates, mental health center staff, and an external mental health physician. These individuals were not treated as independent study participants for comparative analysis. Their information was used only when it contributed directly to reconstructing the case context and support process.

2.3 Support process and development of the Safe–Connect–Evolve pathway

University A coordinated a multidisciplinary support process for Student Z. Core contributors included an external mental health physician, an on-campus psychological counselor, student affairs staff, and academic teachers. Support was adjusted over time according to the student's psychological status, family communication, peer relationships, academic functioning, and level of campus participation.

For the purposes of retrospective analysis, the support process was organized into three stages according to its dominant goals and activities: Safe, Connect, and Evolve (Fig. 1). These stages were sequential in emphasis but were not treated as rigid or mutually exclusive phases. The resulting Safe–Connect–Evolve pathway should therefore be understood as a retrospective process model derived from the case rather than as a prospectively manualized treatment protocol.

The Safe stage lasted approximately 4–8 weeks. Its primary goals were to establish a predictable and trustworthy support relationship, stabilize emotional functioning, and reduce psychological crisis risk. Major components included gradual engagement, trust building, crisis assessment, psychological counseling, and referral for clinical evaluation or treatment when indicated. Initial contact began by telephone and later progressed to face-to-face meetings. The counselor followed the student's pace of disclosure and avoided unnecessary probing of traumatic experiences. This approach was intended to reduce distress while strengthening the student's sense of safety and control. The support process was consistent with trauma-informed principles emphasizing safety, trustworthiness, choice, collaboration, and empowerment [46]. Trauma-informed approaches in school and youth settings similarly emphasize predictable relationships, emotional safety, and coordinated support [47–49]. Trauma-informed positive education further connects psychological safety with strengths-based development [50, 51].

The Connect stage lasted approximately 8–12 weeks. Its primary goal was to strengthen the student's support network across family, peer, academic, and professional systems. Support included guidance on family communication, efforts to improve dormitory relationships, class-based mental health activities,

teacher involvement, referral to a specialized trauma service, and access to online psychological support resources. Regular communication among members of the support network was used to review the student's needs and coordinate available resources. The emphasis during this stage was not simply to increase the number of support contacts, but to reduce fragmentation and create more stable connections across the student's daily environments.

The Evolve stage lasted approximately 8–12 weeks. Its primary goal was to strengthen personal resources, increase meaningful participation, and support the development of a more positive and agentic self-concept. Activities included identifying interests and strengths, participating in a university choir, receiving academic support, establishing a student association, participating in an academic competition, and engaging in helping behaviors. These activities created opportunities for Student Z to experience competence, contribution, and social connection. Over time, the student moved from primarily receiving support toward more active participation in university life and, eventually, toward providing support to others.

2.4 Data sources and case record construction

The retrospective case analysis drew on five sources of existing material generated during routine support between 2024 and 2026. Case-related conversations and collateral information involved Student Z and relevant individuals, including parents, student affairs staff, academic teachers, and classmates. Observational materials were derived from routine support records documenting changes in behavior, emotional state, interpersonal interaction, and participation. Psychological assessment materials included university mental health screening results and subsequent assessment summaries. Counseling and support records included anonymized summaries of counseling sessions, support conversations, and stage-based evaluations. Multisystem support records included documentation of family communication, class and dormitory support, student association participation, referral to external mental health services, and multidisciplinary support meetings. Original psychological reports are not reproduced in the manuscript or made publicly available because they contain sensitive personal information.

No questionnaire was developed specifically for the present study. The psychological assessment data included in this retrospective analysis were generated during routine university mental health services using previously published standardized screening instruments. The 90-item Symptom Checklist (SCL-90) was used to assess a range of psychological symptoms [52]. The Patient Health Questionnaire-9 (PHQ-9) was used to screen for depressive symptoms [53] and the Suicidal Behaviors Questionnaire-Revised (SBQ-R) was used for suicide-related risk screening [54]. These instruments were used for screening rather than clinical diagnosis, and their results were interpreted in conjunction with professional evaluation. Psychological assessment scores were treated as supportive longitudinal evidence rather than as independent evidence of diagnosis or intervention efficacy.

The combined case record was used to examine three aspects of the case: how earlier bullying victimization was related to difficulties observed after university entry; how different support systems

functioned across the course of support; and how the student's self-perception, relationships, and participation changed over time.

2.5 Qualitative data analysis

The analysis used a case-oriented, process-focused approach. The unit of analysis was the overall case of Student Z rather than isolated interview statements or individual psychological scale scores.

Analysis proceeded in several stages. Materials were organized chronologically to reconstruct the student's prior bullying experience, transition to university, emerging adjustment difficulties, support activities, and subsequent changes. The research team examined the material across five analytic domains: prior bullying and trauma context, presenting difficulties, disrupted and available support systems, support processes, and subsequent changes. Patterns across these domains were compared over time to identify shifts in psychological safety, interpersonal connection, academic and campus participation, and self-perception. The intervention process was retrospectively synthesized into the Safe–Connect–Evolve pathway. Finally, the observed process was interpreted in relation to positive psychology and post-traumatic growth theory.

The analysis was informed by reflexive qualitative analytic principles [55, 56] and was interpretive and process oriented rather than code-frequency based. However, it was not conducted as a formal thematic analysis. Accordingly, the study did not treat the data as a formal thematic analysis requiring quantification of codes or calculation of inter-rater agreement. Psychological assessment scores were analyzed descriptively and were used to complement, rather than replace, qualitative evidence.

No inferential statistical analyses, sample size calculations, or statistical power analyses were conducted. Because this was a retrospective qualitative single-case study, changes observed over time cannot establish that the support process caused the psychological or behavioral changes described. The study therefore makes no statistical or causal claims regarding intervention effectiveness.

2.6 Credibility and reporting rigor

Credibility was strengthened through triangulation across multiple sources of evidence. Information from case-related conversations and collateral information, observational records, psychological assessment summaries, counseling records, and multisystem support records was compared to determine whether key interpretations were supported across sources.. Particular attention was given to consistency between reported experiences, observed behavior, psychological screening results, and documented changes in participation or support. When psychological assessment findings were interpreted, they were considered together with contextual and observational evidence rather than treated as stand-alone clinical outcomes. Reporting was informed by established guidance for qualitative research [57, 58]. Because this study involved a retrospective single-case analysis rather than a conventional interview-only qualitative study, relevant reporting principles were applied to case selection, data sources, analytic transparency, interpretation, and protection of participant confidentiality.

3 Results

3.1 Case context and presenting difficulties

Student Z had experienced bullying during secondary school and entered university with persistent psychological, interpersonal, and academic difficulties. Early university records indicated low self-evaluation, recurrent negative thoughts, interpersonal sensitivity, social avoidance, limited communication with roommates and classmates, and a lack of reliable peer support. Academic engagement was also limited, with episodes of lateness and absenteeism.

Family communication focused primarily on academic performance, while the student's emotional needs and the longer-term effects of prior bullying had received less attention. Taken together, the case materials indicated that Student Z's difficulties after university entry extended beyond academic motivation or routine adjustment. Earlier bullying experiences, limited emotional support, and an underdeveloped support network remained relevant to the student's functioning in the new environment.

3.2 Delayed recognition and fragmented support before university entry

The retrospective case record showed that Student Z's difficulties had not been fully recognized or addressed during secondary school. When academic performance declined, the class teacher noticed behavioral changes and responded with encouragement, academic guidance, and attempts to mediate dormitory conflict. These efforts addressed some immediate concerns but did not identify the full extent of the bullying experience or the student's associated psychological distress.

Student Z was also reluctant to engage with school-arranged counseling because of concerns about being perceived as having a psychological problem. The student therefore disclosed little about the bullying experience or related emotions. At the family level, changes in behavior and academic performance were interpreted mainly as problems of attitude or motivation, and professional psychological support was not sought at that time.

The case record therefore suggested a cumulative pattern of delayed recognition, limited disclosure, insufficient family understanding, and fragmented professional support. By the time Student Z entered university, these unresolved difficulties were evident in interpersonal withdrawal, low academic engagement, and negative self-evaluation.

3.3 Safe: restoring psychological safety and trust

The initial phase of university support focused on psychological safety, crisis monitoring, and the establishment of a predictable helping relationship. Contact began by telephone and later progressed to face-to-face meetings. The counselor followed Student Z's pace of disclosure and avoided unnecessary probing of traumatic experiences. Support emphasized consistent communication, clear expectations, confidentiality, and reliable follow-up.

Consistency across members of the support network was important during this stage. The external mental health physician, campus counselor, and student affairs staff maintained agreed meeting arrangements and support plans. Over time, Student Z became more willing to engage in face-to-face communication and to discuss current difficulties.

Strengths were also identified during this early stage. Student Z reported an interest in singing and demonstrated musical ability. The student was encouraged to join the university choir and subsequently participated in several public performances. These experiences provided opportunities for positive feedback, successful participation, and recognition of personal strengths.

Psychological assessment records provided additional information about the student's status during this period. In October 2024, scores for interpersonal sensitivity and anxiety on the 90-item Symptom Checklist were above the upper reference bounds provided in the assessment report, while depression and hostility scores were close to the upper bounds (Table 1). Depression-screening information also indicated possible mild depressive symptoms and the need for professional follow-up. Based on these findings and professional evaluation, the university mental health center and the external mental health physician coordinated further psychological support and clinical follow-up as needed.

Table 1
Longitudinal psychological assessment of Student Z from 2024 to 2026

Category/ Assessment Time	Interpersonal Sensitivity	Depression	Anxiety	Hostility	Accompanying assessment summary
Lower normative bound	1.14	0.91	0.91	0.92	—
Upper normative bound	2.16	2.09	1.87	2.04	—
October 2024	2.33	2.08	2.20	2.00	Mild depressive symptoms were indicated; follow-up with a mental health professional was recommended.
March 2025	1.11	1.00	1.10	1.00	No depressive symptoms were indicated. Overall mental health status was considered good, with continued self-care recommended.
March 2026	1.33	1.00	1.20	1.17	No depressive symptoms were indicated. Overall mental health status was considered good, with continued self-care recommended.

Note: Factor scores were derived from the SCL-90 assessment reports. The lower and upper normative bounds are the reference values provided in those reports. The accompanying assessment summaries incorporate additional screening information available at each assessment point, including PHQ-9 results where applicable. Only anonymized information directly relevant to the research questions is presented. These screening results should not be interpreted as clinical diagnoses and were considered together with case conversations, observational records, support records, and professional evaluation.

3.4 Connect: rebuilding family, peer, academic, and professional support

The second stage focused on rebuilding connections across the student's family, peer, academic, and professional environments. The retrospective record indicated that Student Z's early support system was fragmented. Accordingly, university staff sought to establish more stable and coordinated sources of support. The resulting multi-system support network is summarized in Fig. 2.

3.4.1 Family support

Family support was strengthened through structured communication. Previous research has emphasized the importance of supportive relationships in coping with stress and adversity [59, 60]. In Student Z's case, the parents provided stable material support but had limited patterns of emotional communication.

The support group therefore encouraged the family to establish a regular time for conversation without distractions. Emotion-expression cards were also introduced to help Student Z and the parents identify and communicate emotional experiences more directly. Over time, case records indicated a shift from conversations centered largely on academic performance toward greater attention to emotional experience and psychological needs. This approach was consistent with evidence linking perceived social support with mental health and resilience in young people [61, 62].

3.4.2 Peer relationships

Peer relationships were another major focus. Prior bullying victimization can affect later peer adjustment and social participation [6, 29]. After entering university, Student Z initially avoided classmates and had limited interaction within the dormitory. Student affairs staff first reviewed the student's class and dormitory relationships to identify areas of difficulty and potential sources of support. The class subsequently conducted a mental health education activity addressing bullying, interpersonal respect, and peer support. Student Z and the roommates were also encouraged to participate in low-pressure shared activities, including a campus music event.

After approximately two months, support records described greater willingness to communicate with roommates and increased participation in shared activities. The dormitory relationship also became more stable.

3.4.3 Academic and professional resources

Academic support provided additional opportunities for engagement. Faculty members offered support through coursework, academic activities, and practical projects. With assistance from academic staff and the student affairs counselor, Student Z established the Bird Lovers Association, a student organization focused on bird conservation. The organization was subsequently registered on campus and began organizing activities. Student Z later participated in an environmental academic competition through the association and received a provincial first-prize award. These activities expanded the student's involvement beyond the original support setting and provided opportunities to experience competence and contribution.

Professional resources were coordinated in parallel. In addition to support from the university mental health center, Student Z was connected with a specialized trauma service in the city. Digital mental health resources were also used as supplementary sources of psychoeducation and emotion-regulation support. Such resources may complement university mental health services but should not replace professional care when clinical risk is present [37, 63]. The support group held monthly multi-party

meetings to coordinate resources. Through sustained support, Student Z's support system gradually improved and provided a foundation for the Evolve stage.

3.5 Evolve: strengthening agency, identity, and participation

During the later stage of support, the focus shifted from stabilization and support reconstruction toward greater agency, meaningful participation, and a more positive self-concept. Student Z initially described the self in strongly negative terms and expressed persistent doubts about personal value and social belonging. Over time, support conversations increasingly focused on strengths, interests, successful experiences, and future goals.

The counselor encouraged Student Z to reinterpret personal experiences in a way that acknowledged the harm of prior bullying without allowing victimization to define the student's entire identity. This approach was consistent with post-traumatic growth perspectives, which emphasize possible changes in self-perception, relationships, and meaning after adversity [32, 40]. In this case, the emphasis was not on portraying the bullying experience positively, but on identifying personal capacities that had developed alongside recovery. Changes in campus participation provided further evidence of this shift. Student Z became increasingly involved in the Bird Lovers Association and later provided peer support to another student through the association. This represented a transition from primarily receiving support to also providing support within a peer context. This represented a transition from primarily receiving support to also providing support within a peer context. Longitudinal psychological assessment data were consistent with the broader pattern observed in the qualitative records. Compared with October 2024, scores for interpersonal sensitivity, depression, anxiety, and hostility were lower in March 2025 and remained within the reference range in March 2026 (Table 1).

Across interviews, support records, assessment summaries, and observations, the overall pattern was one of gradual improvement in psychological status, interpersonal engagement, and campus participation. These changes occurred over time and alongside continued professional, family, peer, and academic support. Given the retrospective single-case design, however, the observed changes should not be interpreted as evidence that the support process independently caused the improvement.

4 Discussion

4.1 Principal findings

This qualitative single-case study examined the longer-term support process of a university student with prior bullying victimization. Three findings were particularly notable. First, Student Z's difficulties after university entry were not limited to academic adjustment. They involved persistent interpersonal withdrawal, negative self-evaluation, emotional distress, and limited social support. These patterns were consistent with evidence that bullying victimization can have psychological consequences that persist beyond the original school context [5, 11] and into later developmental periods [7, 8, 10].

The case showed that recovery involved more than individual counseling. Support gradually expanded from psychological stabilization to family communication, peer relationships, academic participation, and access to professional resources. This broader pattern is consistent with resilience perspectives that view adaptation as a product of interactions between individuals and multiple social systems rather than as an individual trait alone [62, 64].

The retrospective analysis suggested a staged process that could be organized as Safe–Connect–Evolve. The Safe stage centered on psychological safety, trust, and stabilization. The Connect stage focused on rebuilding family, peer, academic, and professional support. The Evolve stage emphasized strengths, agency, meaningful participation, and a more positive self-concept. These stages should not be interpreted as a fixed treatment sequence or as evidence of intervention efficacy. Rather, they provide a practice-oriented framework for understanding how different forms of support may become salient at different points in recovery.

4.2 Interpreting the Safe–Connect–Evolve pathway through positive psychology

Positive psychology provides a useful lens for understanding the later phases of this case because it shifts attention from symptom reduction alone toward strengths, relationships, meaning, and future development [30, 31, 65]. In Student Z's case, singing, environmental interests, association leadership, and academic competition became contexts in which the student could experience competence and contribution. These experiences expanded the student's identity beyond that of a person who had been bullied. This interpretation is consistent with evidence that positive psychology interventions may improve well-being and reduce psychological distress across different populations [33–36]. In university settings, related approaches have also shown potential for supporting psychological well-being and adjustment [38, 39].

The Evolve stage also overlaps with post-traumatic growth theory. Student Z gradually developed a broader self-narrative that incorporated, but was not defined by, the earlier bullying experience. Post-traumatic growth theory proposes that adversity may be followed by changes in self-perception, relationships, and meaning [32, 40]. However, such change should not be interpreted as an inevitable benefit of trauma [41, 42]. In this case, the relevant process was not the transformation of bullying into something positive, but the gradual reconstruction of agency, competence, social participation, and meaning despite the harm that had occurred.

Taken together, the case suggests that positive development may be more appropriately understood as a later-stage possibility built on earlier safety and connection. This sequencing distinguishes the Safe–Connect–Evolve pathway from approaches that introduce strengths-based activities without first addressing psychological insecurity or fragmented support.

4.3 Implications for university psychological crisis intervention

The findings have several implications for university mental health practice. First, social withdrawal, absenteeism, limited academic engagement, and low mood should not automatically be interpreted as poor motivation or routine adjustment difficulties. For some students, these behaviors may be related to earlier victimization and persistent psychological distress [5, 6]. Assessment should therefore consider relevant developmental experiences, prior bullying, current support networks, and barriers to help-seeking.

University support may benefit from moving beyond isolated crisis responses toward coordinated and sustained care. Mental health professionals can provide assessment and clinical support, while student affairs staff can maintain day-to-day contact and coordinate resources. Academic teachers can support learning and participation, families can strengthen emotional support, and peers and student organizations can provide opportunities for social connection. The value of these systems lies not simply in the number of people involved, but in the consistency and coordination of their support. This interpretation is consistent with broader work on social support and multisystemic resilience [60, 62].

The case highlights the importance of pacing. Early support emphasized predictability, trust, and emotional safety before broader social participation was encouraged. Later, as Student Z became more engaged, support increasingly focused on participation, competence, and contribution. For university services, this suggests that intervention goals may need to change over time rather than remain centered on symptom monitoring throughout the entire recovery process.

4.4 Implications beyond the university and contribution of the study

The case also has implications for earlier educational and family contexts. At the school level, timely recognition remains essential. Anti-bullying programs can reduce bullying perpetration and victimization [24, 25], and their effectiveness may depend on specific components and the quality of implementation[26, 28]. The present case illustrates what may happen when bullying is only partially recognized and emotional consequences remain unaddressed: difficulties may continue after the student leaves the original environment.

At the family level, changes in mood, social behavior, or academic performance should not be interpreted solely as problems of attitude or effort. Family communication and perceived social support may buffer psychological stress and contribute to recovery [59, 61]. Parent education and more emotionally responsive communication may therefore complement professional support.

At the broader social level, bullying-related difficulties may require coordination across education, health, and other support systems. Public awareness is also important because stigma can discourage disclosure and delay help-seeking. Greater recognition of the long-term consequences of bullying may help reduce victim-blaming and improve access to support [4, 14]. This is particularly relevant for students who are reluctant to seek psychological help because of concerns about labeling or stigma [15, 16].

The main theoretical contribution of this study is the integration of positive psychology, post-traumatic growth, and multisystem support into a staged process framework. Positive psychology helps explain the role of strengths, relationships, and meaningful participation in recovery [30, 37], while post-traumatic growth theory provides a perspective on identity and meaning reconstruction after adversity [32, 40]. At the same time, contemporary discussions caution against treating growth as automatic or universally desirable after trauma [41, 42].

The Safe–Connect–Evolve pathway incorporates this caution by positioning growth as a possible later development rather than as an expected outcome. Practically, the framework organizes support into three changing priorities: establishing safety, rebuilding connection, and expanding agency and participation. Its value lies less in prescribing a fixed intervention protocol than in providing a structure for coordinating university support around the student's evolving needs.

4.5 Limitations and future directions

Several limitations should be considered. This study involved a single case. Its purpose was to provide an in-depth account of one support process rather than to generate statistically generalizable conclusions. The Safe–Connect–Evolve pathway should therefore be regarded as a case-derived framework that requires examination in other students and institutional contexts.

The study was retrospective and relied on existing case-related conversations and collateral information, observational records, support documentation, and psychological assessment summaries. Although triangulation across these materials increased the contextual richness of the analysis, the records were originally generated for routine support rather than according to a prospectively standardized research protocol. Some aspects of the process may therefore have been documented more extensively than others.

Psychological assessments provided supportive longitudinal information but did not constitute diagnostic or causal evidence. The symptom-screening results should be interpreted as indicators of psychological status at specific time points rather than as clinical diagnoses [52, 53]. Risk-related screening information likewise requires interpretation alongside professional assessment and contextual evidence [54].

Student Z's experience was shaped by a specific combination of bullying history, family context, university resources, personal interests, and available professional support. Other students may follow different recovery trajectories or require different forms and sequences of support. The three stages should therefore be treated as flexible and potentially overlapping rather than as a universal linear progression.

Finally, some members of the support system were also sources of case information. Their dual roles may have influenced both documentation and interpretation. Future research should examine the Safe–Connect–Evolve framework across multiple cases, incorporate prospectively defined qualitative procedures and standardized outcome measures, include perspectives from students and other

stakeholders, and use longer follow-up periods to assess the framework's transferability and potential clinical or educational value.

5 Conclusions

This qualitative single-case study examined the longer-term university adjustment and support process of a student with prior bullying victimization. The case illustrated how earlier bullying-related distress may persist after transition to university and become intertwined with interpersonal withdrawal, academic difficulties, low self-worth, and fragmented support. It also highlighted the importance of recognizing these difficulties as part of a broader psychological and social context rather than as isolated problems of motivation or adjustment.

Based on the retrospective case analysis, the study developed a three-stage Safe–Connect–Evolve pathway. The Safe stage emphasizes psychological safety, trust, and appropriate professional support; the Connect stage focuses on rebuilding family, peer, academic, and professional support; and the Evolve stage emphasizes strengths, agency, meaningful participation, and identity reconstruction. The pathway should be understood as a case-derived, practice-oriented framework rather than a validated intervention protocol. Future research should examine its transferability across multiple cases and settings using prospectively designed qualitative research, standardized outcome measures, and longer-term follow-up.

Abbreviations

PHQ-9
Patient Health Questionnaire-9
SBQ-R
Suicidal Behaviors Questionnaire-Revised
SCL-90
90-item Symptom Checklist

Declarations

Ethics approval and consent to participate

The retrospective research use of the case materials generated during routine student support between 2024 and 2026 was reviewed and approved by the Academic Ethics Committee of Anhui Normal University on August 8, 2026. No formal reference number was assigned. Student Z provided written informed consent for the retrospective use of anonymized case materials and psychological assessment summaries for research purposes. All potentially identifying information was removed or generalized before analysis.

Consent for publication

Student Z provided written informed consent for the publication of anonymized case information and psychological assessment summaries.

Availability of data and materials

Because this study involves sensitive information concerning mental health, bullying victimization, and individual support records, the original psychological assessment reports, case-related materials, counseling records, and support records are not publicly available. Anonymized and non-identifiable summary data may be made available from the corresponding author upon reasonable request, subject to ethical requirements and participant authorization.

Competing interests

The authors declare that they have no competing interests.

Funding

This study received no specific funding.

Authors' contributions

Z.W. was responsible for case research, data management, drafting, reviewing and editing the manuscript, and supervision. J.L. contributed to manuscript proofreading. Z.L. and Y.Q. were responsible for data organization and analysis. T.P. and P.C. contributed to the establishment and guidance of the student association. N.Z. and S.W. provided academic learning support and teacher support. G.Z. contributed to validation and ethics management. All authors read and approved the final manuscript.

Acknowledgements

The authors thank the university mental health center, student affairs staff, relevant teachers, and family members for their support during the support process. To protect privacy, identifiable information is not disclosed.

References

1. Olweus D. Bullying at school: What we know and what we can do. Oxford: Blackwell; 1993.
2. Gladden RM, Vivolo-Kantor AM, Hamburger ME, Lumpkin CD. In: Control DVP, editor. Bullying surveillance among youths: uniform definitions for public health and recommended data elements, Version 1.0. Atlanta: National Center for Injury P; 2014.
3. Menesini E, Salmivalli C. Bullying in schools: the state of knowledge and effective interventions. Psychol Health Med. 2017;22:240–53.
4. UNESCO. Behind the numbers: ending school violence and bullying. In. Paris: United Nations Educational, Scientific and Cultural Organization; 2019.

5. Arseneault L. Annual Research Review: The persistent and pervasive impact of being bullied in childhood and adolescence: implications for policy and practice. J Child Psychol Psychiatry. 2018;59:405–21.
6. Moore SE, Norman RE, Suetani S, Thomas HJ, Sly PD, Scott JG. Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. World J Psychiatry. 2017;7:60–76.
7. Lereya ST, Copeland WE, Costello EJ, Wolke D. Adult mental health consequences of peer bullying and maltreatment in childhood: two cohorts in two countries. Lancet Psychiatry. 2015;2:524–31.
8. Copeland WE, Wolke D, Angold A, Costello EJ. Adult psychiatric outcomes of bullying and being bullied by peers in childhood and adolescence. JAMA Psychiatry. 2013;70:419–26.
9. van Geel M, Vedder P, Tanilon J. Relationship between peer victimization, cyberbullying, and suicide in children and adolescents: a meta-analysis. JAMA Pediatr. 2014;168:435–42.
10. Takizawa R, Maughan B, Arseneault L. Adult health outcomes of childhood bullying victimization: evidence from a five-decade longitudinal British birth cohort. Am J Psychiatry. 2014;171:777–84.
11. Wolke D, Lereya ST. Long-term effects of bullying. Arch Dis Child. 2015;100:879–85.
12. Fang D, Lu J, Che Y, Ran H, Peng J, Chen L, Wang S, Liang X, Sun H, Xiao Y. School bullying victimization-associated anxiety in Chinese children and adolescents: the mediation of resilience. Child Adolesc Psychiatry Ment Health. 2022;16:52.
13. Luo X, Zheng R, Xiao P, Xie X, Liu Q, Zhu K, Wu X, Xiang Z, Song R. Relationship between school bullying and mental health status of adolescent students in China: A nationwide cross-sectional study. Asian J Psychiatry. 2022;70:103043.
14. Xing J, Peng M, Deng Z, Chan KL, Chang Q, Ho RTH. The Prevalence of bullying victimization and perpetration among the school-aged population in Chinese communities: A systematic review and meta-analysis. Trauma Violence Abuse. 2023;24:3445–60.
15. Xu YM, Pu SS, Li Y, Zhong BL. Possible avoidant personality disorder magnifies the association between bullying victimization and depressive symptoms among Chinese university freshmen. Front Psychiatry. 2022;13:822185.
16. Huang X, Zhou Y, Yang R, Li D, Hu J, Xue Y, Wan Y, Fang J, Zhang S. Moderating role of mental health literacy on the relationship between bullying victimization during the life course and symptoms of anxiety and depression in Chinese college students. BMC Public Health. 2023;23:1459.
17. Arif A, Qadir MA, Martins RS, Khuwaja HMA. The impact of cyberbullying on mental health outcomes amongst university students: A systematic review. PLOS Ment Health. 2024;1:e0000166.
18. Bruffaerts R, Mortier P, Kiekens G, Auerbach RP, Cuijpers P, Demyttenaere K, Green JG, Nock MK, Kessler RC. Mental health problems in college freshmen: Prevalence and academic functioning. J Affect Disord. 2018;225:97–103.
19. Hutson E, Kelly S, Militello LK. Systematic review of cyberbullying interventions for youth and parents with implications for evidence-based practice. Worldviews Evidence-Based Nurs. 2018;15:72–9.

20. Lipson SK, Lattie EG, Eisenberg D. Increased rates of mental health service utilization by U.S. college students: 10-year population-level trends (2007–2017). Psychiatric Serv. 2019;70:60–3.
21. Lipson SK, Zhou S, Abelson S, Heinze J, Jirsa M, Morigney J, Patterson A, Singh M, Eisenberg D. Trends in college student mental health and help-seeking by race/ethnicity: Findings from the national healthy minds study, 2013–2021. J Affect Disord. 2022;306:138–47.
22. Cuijpers P, Auerbach RP, Benjet C, Bruffaerts R, Ebert D, Karyotaki E, Kessler RC. The world health organization world mental health international college student initiative: An overview. Int J Methods Psychiatr Res. 2019;28:e1761.
23. Sheldon E, Simmonds-Buckley M, Bone C, Mascarenhas T, Chan N, Wincott M, Gleeson H, Sow K, Hind D, Barkham M. Prevalence and risk factors for mental health problems in university undergraduate students: A systematic review with meta-analysis. J Affect Disord. 2021;287:282–92.
24. Gaffney H, Farrington DP, Ttofi MM. Examining the effectiveness of school-bullying intervention programs globally: a meta-analysis. Int J Bullying Prev. 2019;1:14–31.
25. Gaffney H, Ttofi MM, Farrington DP. Effectiveness of school-based programs to reduce bullying perpetration and victimization: An updated systematic review and meta-analysis. Campbell Syst Rev. 2021;17:e1143.
26. Gaffney H, Ttofi MM, Farrington DP. What works in anti-bullying programs? Analysis of effective intervention components. J Sch Psychol. 2021;85:37–56.
27. Gaffney H, Farrington DP, Espelage DL, Ttofi MM. Are cyberbullying intervention and prevention programs effective? A systematic and meta-analytical review. Aggress Violent Beh. 2019;45:134–53.
28. Ttofi MM, Farrington DP. Effectiveness of school-based programs to reduce bullying: a systematic and meta-analytic review. J Experimental Criminol. 2011;7:27–56.
29. Zych I, Farrington D, Ttofi M. Protective factors against bullying and cyberbullying: A systematic review of meta-analyses. Aggress Violent Beh. 2018;45:4–19.
30. Seligman ME, Csikszentmihalyi M. Positive psychology: an introduction. Am Psychol. 2000;55:5–14.
31. Peterson C, Seligman MEP. Character strengths and virtues: A handbook and classification. Washington, DC; New York: American Psychological Association; Oxford University; 2004.
32. Tedeschi R, Calhoun L. Posttraumatic growth: conceptual foundations and empirical evidence. Psychol Inq. 2004;15:1–18.
33. Bolier L, Haverman M, Westerhof GJ, Riper H, Smit F, Bohlmeijer E. Positive psychology interventions: a meta-analysis of randomized controlled studies. BMC Public Health. 2013;13:119.
34. Chakhssi F, Kraiss JT, Sommers-Spijkerman M, Bohlmeijer ET. The effect of positive psychology interventions on well-being and distress in clinical samples with psychiatric or somatic disorders: a systematic review and meta-analysis. BMC Psychiatry. 2018;18:211.
35. Carr A, Cullen K, Keeney C, Canning C, Mooney O, Ní Chinseallaigh E, O'Dowd A. Effectiveness of positive psychology interventions: a systematic review and meta-analysis. J Posit Psychol.

2020;16:1–21.

36. Carr A, Finneran L, Boyd C, Shirey C, Canning C, Stafford O, Lyons J, Cullen K, Prendergast C, Corbett C, et al. The evidence-base for positive psychology interventions: A mega-analysis of meta-analyses. J Posit Psychol. 2024;19:191–205.
37. Lattie EG, Adkins EC, Winquist N, Stiles-Shields C, Wafford QE, Graham AK. Digital mental health interventions for depression, anxiety, and enhancement of psychological well-being among college students: systematic review. J Med Internet Res. 2019;21:e12869.
38. Dawson AF, Brown WW, Anderson J, Datta B, Donald JN, Hong K, Allan S, Mole TB, Jones PB, Galante J. Mindfulness-based interventions for university students: A systematic review and meta-analysis of randomised controlled trials. Appl Psychol Health Well Being. 2020;12:384–410.
39. Hobbs C, Armitage J, Hood B, Jelbert S. A systematic review of the effect of university positive psychology courses on student psychological wellbeing. Front Psychol. 2022;13:1023140.
40. Tedeschi RG, Calhoun LG. The posttraumatic growth inventory: measuring the positive legacy of trauma. J Trauma Stress. 1996;9:455–71.
41. Tedeschi R, Shakespeare-Finch J, Taku K, Calhoun L. Posttraumatic growth: theory, research, and applications. New York: Routledge; 2018.
42. Jayawickreme E, Infurna FJ, Alajak K, Blackie LER, Chopik WJ, Chung JM, Dorfman A, Fleeson W, Forgeard MJC, Frazier P, et al. Post-traumatic growth as positive personality change: Challenges, opportunities, and recommendations. J Pers. 2021;89:145–65.
43. Prati G, Pietrantoni L. Optimism, social support, and coping strategies as factors contributing to posttraumatic growth: a meta-analysis. J Loss Trauma. 2009;14:364–88.
44. Stake RE. The art of case study research. Thousand Oaks: SAGE; 1995.
45. Yin RK. Case study research and applications: design and methods. Thousand Oaks: SAGE; 2017.
46. Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. Rockville: Substance Abuse and Mental Health Services Administration; 2014.
47. Maynard BR, Farina A, Dell NA, Kelly MS. Effects of trauma-informed approaches in schools: A systematic review. Campbell Syst Rev. 2019;15:e1018.
48. Thomas MS, Crosby S, Vanderhaar J. Trauma-informed practices in schools across two decades: An interdisciplinary review of research. Rev Res Educ. 2019;43:422–52.
49. Fondren K, Lawson M, Speidel R, McDonnell CG, Valentino K. Buffering the effects of childhood trauma within the school setting: A systematic review of trauma-informed and trauma-responsive interventions among trauma-affected youth. Child Youth Serv Rev. 2020;109:104691.
50. Brunzell T, Stokes H, Waters L. Trauma-informed positive education: using positive psychology to strengthen vulnerable students. Contemp School Psychol. 2016;20:63–83.
51. Overstreet S, Chafouleas SM. Trauma-informed schools: introduction to the special issue. School Mental Health. 2016;8:1–6.

52. Derogatis LR, Savitz KL. The SCL-90-R, brief symptom Inventory, and matching clinical rating scales. In The use of psychological testing for treatment planning and outcomes assessment, 2nd ed. Edited by ME M. Mahwah: Lawrence Erlbaum Associates; 1999: 679–724.
53. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001;16:606–13.
54. Osman A, Bagge CL, Gutierrez PM, Konick LC, Kopper BA, Barrios FX. The suicidal behaviors questionnaire-revised (SBQ-R): validation with clinical and nonclinical samples. Assessment. 2001;8:443–54.
55. Braun V, Clarke V. Using thematic analysis in psychology. Qualitative Res Psychol. 2006;3:77–101.
56. Braun V, Clarke V. Reflecting on reflexive thematic analysis. Qualitative Res Sport Exerc Health. 2019;11:589–97.
57. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. Int J Qual Health Care. 2007;19:349–57.
58. Levitt HM, Bamberg M, Creswell JW, Frost DM, Josselson R, Suárez-Orozco C. Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. Am Psychol. 2018;73:26–46.
59. Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. Psychol Bull. 1985;98:310–57.
60. Feeney BC, Collins NL. A new look at social support: a theoretical perspective on thriving through relationships. Personality Social Psychol Rev. 2015;19:113–47.
61. Rueger SY, Malecki CK, Pyun Y, Aycock C, Coyle S. A meta-analytic review of the association between perceived social support and depression in childhood and adolescence. Psychol Bull. 2016;142:1017–67.
62. Ungar M, Theron L. Resilience and mental health: how multisystemic processes contribute to positive outcomes. Lancet Psychiatry. 2020;7:441–8.
63. Harrer M, Adam SH, Baumeister H, Cuijpers P, Karyotaki E, Auerbach RP, Kessler RC, Bruffaerts R, Berking M, Ebert DD. Internet interventions for mental health in university students: A systematic review and meta-analysis. Int J Methods Psychiatr Res. 2019;28:e1759.
64. Masten AS. Resilience theory and research on children and families: past, present, and promise. J Family Theory Rev. 2018;10:12–31.
65. Seligman MEP. Flourish: A visionary new understanding of happiness and well-being. New York, NY, US: Free; 2011.

Figures

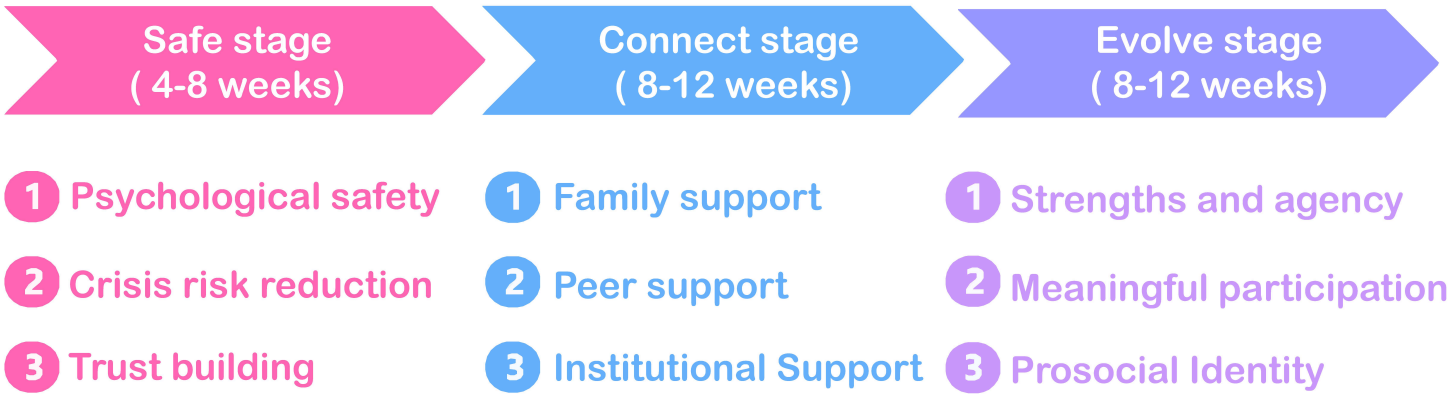


Figure 1

Safe–Connect–Evolve support pathway derived from the retrospective case analysis.

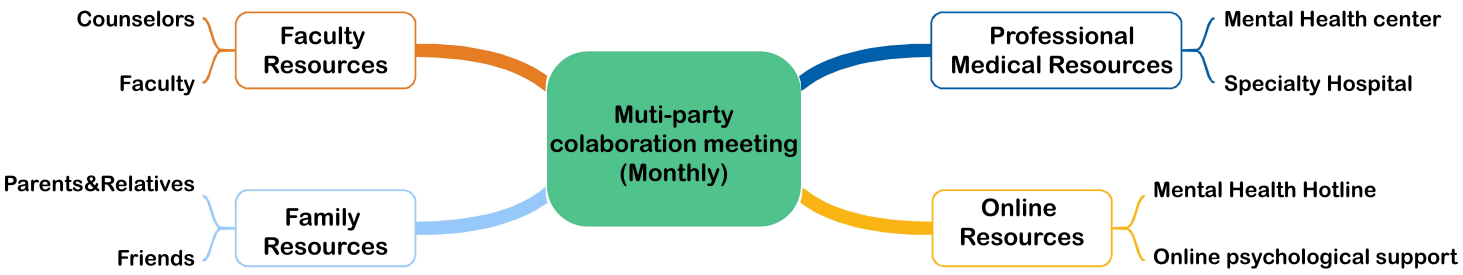


Figure 2

Multi-system collaborative support network for Student Z.