

To assess the bullying and victimization among high school children in selected schools, Tirupati, Andhra Pradesh.

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Abstract: Bullying is a serious problem at homes, schools, communities and often dismissed as an adolescent's rite of passage.

Design & methodology: Cross-sectional descriptive design was used. The study was conducted at S.P.J.N.M.H. school & Kiran E.M.H. school, Tirupati. A total of 100 students were selected by using non-probability convenient sampling technique. Bullying and victimization was assessed by using self administered RAPRI- BT. Reliability for bullying and victimization was 0.8 & 1 respectively by Karl Pearson correlation coefficient method.

Results: The study findings revealed that 28% were mild, 46% were moderate & 26% were doing severe bullying. About victimization 29% were mildly, 47% were moderately & 24% were severely victimized. Mean for bullying is 12.56 & for victimization is 15.14. Gender of children ($p=0.001$) and living status of their parents ($p=0.03$) were significant with bullying scores. Gender ($p=0.000$), living status of parents ($p=0.03$) and number of hours spent per a day on computer ($p=0.027$) were significantly associated with victimization scores.

Conclusion: It was concluded that bullying & victimization can range according to gender and living status of parents at different levels.

Key words: Sri Pandit Jawaharlal Nehru Municipal high school (S.P.N.M.H. School), Kiran English Medium High School (Kiran E.M.H. School), Revised Adolescent Peer Relationship Inventory- Bully Target (RAPRI-BT)

I. Introduction

1.1 Background Of The Study

Bullying refers to unwanted, aggressive behaviour among school aged children that involves a real or perceived power imbalance which is repeated, or has the potential to be repeated, over time.¹ Bullying is a serious problem at homes, schools and communities. Often dismissed as an adolescent's rite of passage, research clearly indicated bullying is learned behaviour and detrimental to the academic, physical, social and emotional development of all involved bullies, targets and the bystanders who witness it.²

Victim, one who is harmed by another, especially by someone committing a criminal or unlawful act.³ Victimization is the process of being victimized or becoming a victim of target. Peer victimization is the experience among children of being a target of the aggressive behaviour of other children, who are not siblings and not necessarily agemates.⁴ Secondary victimization relates to further victimization following on from the original victimization. Re-victimization refers to a pattern wherein the victim of abuse and/or crime has a statistically higher tendency to be victimized again, either shortly thereafter or much later in adulthood in the case of abuse as a child. This latter pattern is particularly notable in cases of sexual abuse. The vulnerability to victimization experienced as an adult is also not limited to sexual assault, and may include physical abuse as well. Re victimization in the short term is often the result of risk factors that were already present, which were not changed or mitigated after the first victimization; Sometimes the victim cannot control this factors.⁵

Bullying may take place in various forms. It includes punching, pushing, shoving, kicking, hazing, inappropriate touching, tickling, headlocks, pinching, school pranks teasing, fighting, use of available objects as weapons (physical bullying), spreading malicious rumours about people, keeping certain people out of a group, getting certain people to gang up on others (could also be considered physical bullying), making fun of certain people, ignoring people on purpose – silent treatment or 'Sending to Coventry harassment, provocation, pretending the victim is non-existent saying hurtful sentences (also a form of verbal bullying), belittling, directing foul language (profanity) at the target using derogatory terms or deriding the person's name commenting negatively on someone's looks, clothes, body etc.- personal abuse, tormenting, mocking teasing.^{6,7} Cyber bullying is when a child, preteen or teen is tormented, threatened, harassed, humiliated, embarrassed or otherwise targeted by another child through internet, interactive and digital technologies or mobile phones.⁸

1.2 Need For The Study:

Adolescents experiencing high levels of violence like physical abuse, verbal abuse, physical fight, serious injury and being bullied. Bullying among children is a significant public health problem worldwide. Trends in victimization and moderate to frequent bullying may be decreasing slightly in the United States, but over 20% of children continue to be involved in bullying. Cyber bullying is an emerging problem which may be more difficult to identify and intervene with traditional bullying. Bullies, victims, and bully-victims are at risk for negative short and long-term consequences such as depression, anxiety, low self-esteem, and delinquency. Various individual, parental, and peer factors increase the risk for involvement in bullying. Bullying is significantly associated with suicidal ideation and suicide attempts. Studies in Europe, Asia, and US have found higher risk of suicidal ideation in victims and perpetrators of bullying. Boys who are bullied are 2.5 times more likely to have suicidal ideation than non-bullied boys and bullied girls are more than 4 times as likely as non-bullied girls to have suicidal ideation. Clinicians can play a role in identifying bullies and victims, evaluating them for co-morbid conditions, and providing resources and referrals as necessary. Parents and schools can work together to prevent and intervene in childhood bullying.⁹

In India, about 9.4% of youth (16-24 years) faced physical abuse at home and school/college during the preceding 3 months. Further, physical abuse at home was independently associated with psychological stress among adolescents culminating in suicidal behaviour and similar results in the Pakistan. Fifty seven percent Verbal abuses among adolescents were found and 15.4% adolescents reported frequent physical or verbal abuse by parents or other family members in Goa, India. In addition, 13.8% of adolescents reported frequent abuse from teachers and 4.2% various types of abuse were quite prevalent in adolescents that were significantly associated with poor school performance and poor mental health. Various types of abuse were quite prevalent in adolescents that were significantly associated with poor school performance and poor mental health. Further research is warranted to identify the causes of abuse among adolescents. Interventions at various levels are also recommended to prevent abuse among adolescents.¹⁰

The sleep quality of high school students is not optimistic and that school bullying is prevalent among adolescents in China. Results suggested that being involved in school bullying might be a risk factor for poor sleep quality among adolescents. Being bullied, bullied others predicted all aspects of the sleep quality, including sleep duration, sleep latency, etc. Study concluded that the prevalence of bullying observed in this study and its potential damage on sleep quality. And suggested effective preventive intervention measures should require a full consideration of the social and environmental factors that would stop bullying behaviours among Chinese adolescents.¹¹

A higher chance of bullying was found among male students with an inverse relation between age and bullying, with the magnitude of risk among adolescents younger than 13 years of age being higher when compared to those with 16 years of age or more. Mental health variables associated with bullying were: feeling lonely, insomnia, not having friends and in the family context, those who skip class without telling their parents and those who suffer physical abuse by family members. Bullying was associated to male students, younger, of black colour, smokers, with mental health vulnerabilities and victims of domestic violence. This suggests the need for a holistic approach from education and health professionals, parents and the community in seeking measures for the prevention of bullying.

Child reported victimization was significantly associated with increased risky behaviours in some cases. Long-term victimization from bullying is more strongly associated than less frequent victimization with increased risk of cigarette smoking, alcohol drinking, and sexual relations at age 15 years. Programs need to conduct for helping children to learn how to mitigate and prevent bullying consistently over time may also help reduce risky adolescent health behaviours such as smoking, alcohol consumption, and sexual activity.¹²

The data from the Global School-based Student Health Survey examined the prevalence of bully victimization in middle-school students in 19 low and middle income countries and also explored the relationship between bullying, mental health and health behaviours. In most countries, boys were more likely than girls to report being bullied and the prevalence of bullying was lower with increasing age. Students who reported being bullied in the past month were more likely than non-bullied students to report feelings of sadness, hopelessness, loneliness, insomnia and suicidal ideation. Bullied students also reported higher rates of tobacco use, alcohol use, and drug use. This concluded that bullying and victimization is associated with reduced mental health and higher participation in risk behaviour, and that the impact of victimization on health behaviour may vary by age, gender and by culture.¹³

1.3 Objectives:

- To assess the bullying and victimization among high school children.
- To find out the association between the level of bullying with selected socio-demographical variables.
- To find out the association between the level of victimization with selected socio-demographical variables.

1.4 Null hypothesis:

H₀1: There will be no significant association between levels of bullying with their demographic variables

H₀2: There will be no significant association between the levels of victimization with their demographic variables.

1.5 Assumptions:

- Boys may have high prevalence of bullying and victimization levels than girls.
- Demographic variables like age, gender, and living status of parents, socio-economic status and number of siblings in the family may influence level of bullying and victimization.

II. Materials And Methods

2.1 Research design: Cross sectional descriptive research design

2.2 Setting: S.P.J.N.M. High school and Kiran English medium high school, Tirupati.

2.3 Population: High school students

2.4 Sample: High school children in selected setting

2.5 Sample size: 100

2.6 Sampling technique: Non-probability convenient sampling technique

2.7 Criteria for sample selection:

Inclusion criteria: Students those who,

- are under the age group of 13-16 years.
- who are studying 9th standard.
- can understand Telugu and English.
- are willing to participate in the study.
- are accessible during data collection

Exclusion criteria: Students those who,

- participated in pilot study.
- are studying 6th,7th,8th and 10th standard.
- are aged below 13 and above 16 years.
- not present at the time of the collection.

2.8 Instrument:

Section- I: Consists of questions to collect demographic data

Section- II: Revised Adolescent Peer Relationship Inventory- Bully Target

2.9 Score interpretation:

Bullying:-

- Mild bullying: 0-40
- moderate bullying: 41-60
- severe bullying: ≥ 61

Victimization:-

- Mild victimization: 0-40
- moderate victimization: 41-60
- severe victimization: ≥ 61

2.10 Validity and reliability:

The tool was validated by 9 experts in the field of psychiatry, psychology and psychiatric nursing. Based on the suggestions given by experts the necessary modifications were made in the tool and final draft was prepared and incorporated in the pilot study. Tool was standardized and examined its relevance and reliability. Karl Pearson correlation coefficient method was used by administering to 10 students who were not included in the main study. The reliability score for bullying is 0.75 and for victimization= 1 which indicates that tool was highly reliable.

2.11 Procedure for data collection:

The investigator introduced her to the students, maintained rapport by explaining about the purpose of the study and took written consent from all the students. The self administered questionnaire was used to assess the bullying and victimization.

2.12 Plan for data analysis:

The data analysis was planned according to the objectives of the study with the help of the descriptive and inferential statistics.

Descriptive Statistics were used to find out:

- Frequency and percentage distribution to assess demographic variables among high school children
- Frequency and percentage distribution to assess the level of bullying and victimization of high school children.
- Percentage, mean distribution and standard deviation to assess the level of bullying and victimization of high school children.

Inferential statistics were used to find out:

- Chi-square test will be used to identify the association between level of bullying and victimization of high school children with their demographic variables.
- Pearson's correlation coefficient will be used to identify correlation between level of bullying and victimization of high school children.

2.13 Ethical considerations:

The study was conducted under the approval of the scientific research committee faculty of nursing, SVIMS University. Participants were given explanation about the purpose of the study and they were also informed that they could withdraw from the study at any time before the completion of the study. Participants who agreed to complete the study were asked to sign a consent form. Confidentiality of participants was assured and the data were accessed only by the investigator involved in the study.

III. Results

The Results showed that 49% were in the age of 14 years, 50% of them were Girls, 86% were Hindus, 29% were had father's educational status primary education and coming to occupation 35% were doing cultivation, 33% of mothers had primary education and related to occupation 58% were homemakers, 93% were living together, 66% were from nuclear family, 50% were from rural area, 53% were having one sibling, pertaining to family monthly income 46% earning about Rs.<10,000, 57% were not using cell phones, 70% were not known how to operate a cell phone, 79% were not having social media account.

Twenty eight (28%) high school children were doing mild form of bullying, 46(46%) were doing moderate bullying and 26(26%) were doing severe bullying. Related to victimization 29(29%) were mildly victimized, 47(47%) were moderately victimized and 24(24%) were severely victimized.

Pertaining to bullying the mean value was 12.56 and standard deviation was 16.134. Related to victimization the mean value was 15.14 and standard deviation was 20.270. There was statistically significant positive correlation exists between bullying and victimization among high school children (0.01 level).

The data presented in the table:5 revealed that there was a statistically significant association exists between the levels of Bullying among high school children with their Gender at 0.05 level and living status of parents at 0.01 level.

The data presented in the table: 6 revealed that there was a statistically significant association exists between victimization among high school children with their gender, living status of parents at 0.01 level and number of hours spent per a day on computer at 0.05 level.

IV. Discussion

The **first objective** of the study was to assess the bullying and victimization among high school children in selected schools, Tirupati. Among 100 students 28(28%) were mildly bullied, 46(46%) were moderately bullied and 26(26%) were severely bullied. Related to victimization 29(29%) were mildly victimized, 47(47%) were moderately victimized and 24(24%) were severely victimized.

The results of the present study were supported by the earlier study conducted by **Vanessa A.Green(2013)**¹⁴ that the majority of respondents (94%) indicated that bullying occurred in their school. Social/relational bullying was seen as a problem by 70% of respondents, and 67% agreed that verbal bullying was a problem. By contrast, only 39% agreed that cyber bullying and 35% that physical bullying was a problem.

The **second objective** of the study was to find out the association between the level of bullying and selected socio-demographical variables. The data presented in table 6 revealed that there was a statistically significant association exists between the levels of Bullying with Gender of high school children at 0.05 level and living status of parents at 0.01 level. Hence the null hypothesis H_0 1 stated that there will be no significant association between level of bullying with their demographic variables was **rejected**.

Stavrinides Panayiotis (2010)¹⁵ stated that a moderate and statistically significant positive correlation ($r = .40, p < .01$). High school children score significantly higher on the Bullying subscale ($F(1,1438) = 4.91, p < .05$) while there were no significant differences between elementary and high school students on the Victimization subscale ($F(1,1438) = .69, p = .40$). Interestingly, there is a significant interaction between gender and age on both bullying and victimization subscale. While girls show no age differences, high school boys are significantly more involved in bullying ($F(1,1438) = 4.34, p < .05$)

Catarina Machado Azeredo(2014)¹⁶ explored contextual characteristics associated with bullying among 59,348 students from 1,453 schools and 26 state capitals and the Federal District participated in the National Survey of School Health among 9th Grade Students. Whereas at school level, private schools presented more bullying than public schools ($OR = 1.17, CI 1.04-1.31$). At individual level, male gender, younger age, not living with both parents, exposed to domestic violence, under or overweight were all associated with bullying at 0.05 level.

The **third objective** of the study was to find out the association between the level of victimization and selected socio-demographical variables. The data presented in table 7 revealed that there was a statistically significant association exists between victimization with their gender, living status of parents at 0.01 level and number of hours spent per a day on computer at 0.05 level. Hence the hypothesis H02 stated that there will be no significant association between level of victimization with their demographic variables was **rejected**.

The results of the present study was supported by previous study by **Delia Nursel turkmen(2013)**¹⁷ explained that statistically significant correlations were seen between types of physical, emotional, and verbal bullying and gender, and age of the students. The likelihood of being a victim of physical, emotional, and verbal bullying was higher among male students rather than female students (almost 2, 1.4, and 2 fold increase respectively; $p < 0.001$).

The study results was supported by previous study by **kris varjas(2009)**¹⁸ among middle school students. However, the second-order constructs explained less than a third of the variance in the cyber-forms. The residual variances of cyber victimization and cyber bullying were correlated substantially with their gender ($r = .74, p < .001$).

V. Conclusion:

In this study among 100 high school children Bullying can range according to age, gender and individual characteristics, besides cultural and social contexts had bullying and victimization at different levels. The associations mentioned here may support education and health professionals, as well as parents and people in community in search of measures to prevent this sort of violence. A multidisciplinary approach involving affected children, their parents, school personnel, media, nongovernmental organizations, and security units is required to achieve an effective approach for the prevention of targeting children in schools as victims and/or perpetrators. In consideration of the impact of child's familial, and environmental cultural factors, and school ambiance on violence as well, educational efforts should be exerted both to eliminate potential adversities and also prevent bullying behaviours in schools.

5.1 Nursing Implications:

- According to the findings of the study the mental health nurse has a primary responsibility of organizing and conducting mental health camps to assess the prevalence of bullying and victimization among high school children.
- Awareness programs on early identification, preventive strategies, importance of safe school climate should be conducted in community areas based on prevalence.
- Encourage family members, teachers along with children to participate in health education programs.
- Provide family centered nursing interventions for bully, victim and bully-victim in the health program in schools, hospitals and community settings.

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Tables And Figures

Table-1: Frequency and percentage distribution of demographic variables among high school children. (n=100)

S.No.	Demographic variables	Frequency(f)	Percentage (%)
1	Age in years		
	13	4	4
	14	49	49
	15	40	40
	16	7	7
2.	Gender		
	Male	50	50
	Female	50	50
3.	Religion		
	Hindu	86	86
	Muslim	4	4
	Christian	10	10
4.	Educational status of father		
	Illiterate	5	5
	Primary education	29	29
	secondary education	21	21
	Intermediate	15	15
	Graduation	28	28
	Post graduation& Doctorate	2	2
5.	Occupation of father		
	Coolie	20	20
	Cultivation	35	35
	Private employee	14	14
	Government employee	16	16
	Business	15	15
6.	Educational status of mother		
	Illiterate	11	11
	Primary education	33	33
	secondary education	19	19
	Intermediate	18	18
	Graduation	17	17
	Post graduation& Doctorate	2	2
7.	Occupation of mother		
	Home Maker	58	58
	Coolie	13	13
	Cultivation	13	13
	Private Employee	7	7
	Government Employee	4	4
8.	Living status of parents		
	Living Together	93	93
	Separated / Divorced	4	4
	Widow/ Widower	3	3
9.	Type of family		
	Nuclear Family	66	66
	Joint Family	33	33
	Extended Family	1	1
10.	Area of living		
	Rural	50	50
	Urban	48	48
	Semi Urban	2	2
11.	Number of siblings in the family		
	None	4	4
	One	53	53
	Two	24	24
	Three and More	19	19
12.	Family monthly income		
	≤10000	46	46
	10,001-20,000	34	34
	20,001-30000	12	12
	30,001-40,000	5	5
	≥40,001	3	3
13.	Do you use cell phone		
	Yes	57	57
	No	43	43
14.	If yes, specify number of hours spent per a day		
	≤5hrs	50	50

	5.01-10hrs	1	1
	>10hrs	6	6
15.	Do you know how to operate computer		
	Yes	69	69
	No	31	31
16.	If yes, specify number of hours spent per a day		
	<1hr	52	52
	1-3hrs	8	8
	3.01-5hrs	9	9
17.	Do you have account in social media		
	Yes	21	21
	No	79	79
18.	If yes, specify number of hours spent per a day		
	<1hr	15	15
	1-2hrs	4	4
	2.01-3	2	2

Table:2 percentage distribution of bullying among high school children.
(n=100)

S.No.	Bullying	Category	Frequency (f)	Percentage (%)
1.	Mild	≤1	28	28
2.	Moderate	2- 18	46	46
3.	Severe	≥19	26	26

The table 2 shows that 28(28%) of high school children doing mild form of bullying, 46(46%) are doing moderate bullying and 26(26%) are doing severe bullying.

Table: 3 percentage distribution of victimization among high school children.
(n=100)

S.No.	Victimization	Category	Frequency (f)	Percentage (%)
1	Mild	≤0	28	28
2	Moderate	4 To 24	46	46
3	Severe	≥25	26	26

Table: 4 Mean, standard deviation and correlation of bullying and victimization among high school children.
(n=100)

S.No.	Category	Mean	Standard deviation	Correlation
1.	Bullying	12.56	16.134	0.575 **
2.	Victimization	15.14	20.270	

**Correlation is significant at the 0.01 level (2-tailed)

Table: 5 Association of demographic variables with level of bullying among high school children.
(n=100)

S.No.	Demographic variables	Mild		Moderate		Severe		Chi-square value X ²	'P' Value
		f	%	f	%	f	%		
1.	Gender								
	Male	2	8.0	10	40.0	13	52.0	13.69	0.001 **
	Female	26	34.7	36	48.0	13	17.3		
2.	Living status of parents								
	Living together	28	30.1	43	46.2	22	23.7	10.737	0.030 *
	Separated/ divorced	0	0.0	3	75.0	1	25.0		
	Widow/ widower	0	0.0	0	0.0	3	100		

*P<0.01, *P<0.05

Table: 6 Association of demographic variables with level of victimization among high school children.
(n=100)

S.No.	Demographic variables	Mild		Moderate		Severe		Chi-square value X ²	'P' Value
		f	%	f	%	f	%		
1.	Gender								
	Male	7	14.0	22	44.0	21	42.0	21.45	0.000 **
	Female	22	44.0	25	50.0	3	6.0		
2.	Living status of parents								
	Living together	29	31.02	43	46.2	21	22.6	14.253	0.007 **
	Separated/ divorced	0	0.0	4	100.0	0	0.0		
	Widow/ widower	0	0.0	0	0.0	3	100.0		
3.	Number of hours spent on computer per								

	a day								
	<1	11	21.2	29	55.8	12	23.1	14.241	0.027
	1-3	3	37.5	2	25.0	3	37.5		*
	3.01-5	7	77.8	1	11.1	1	11.1		

**P<0.01, *P<0.05

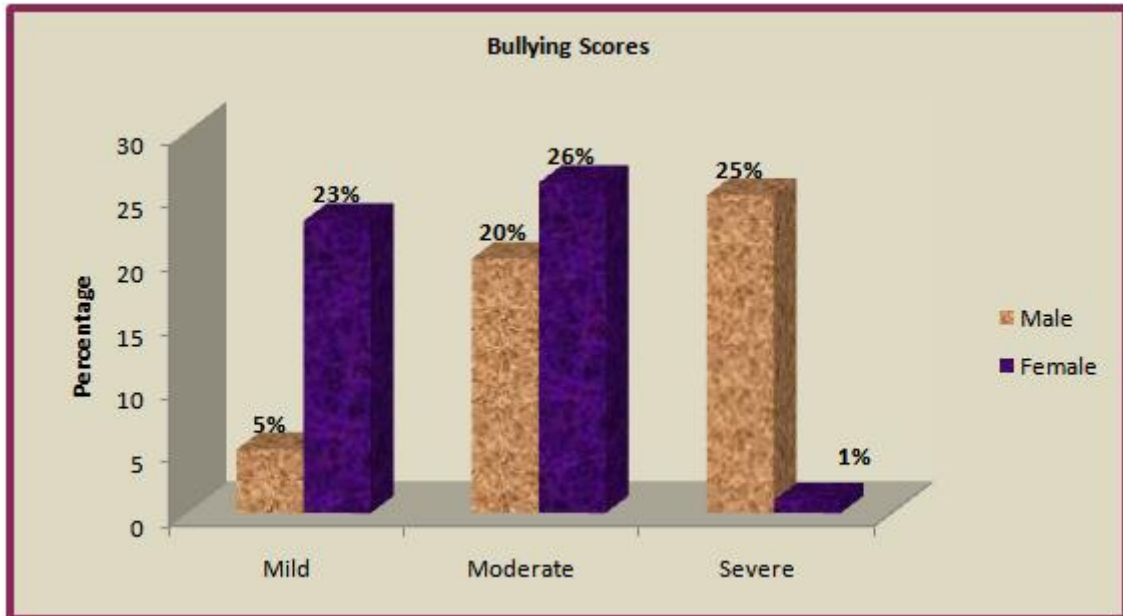


Fig: 1 Association of bullying with their demographic variables among high school children.

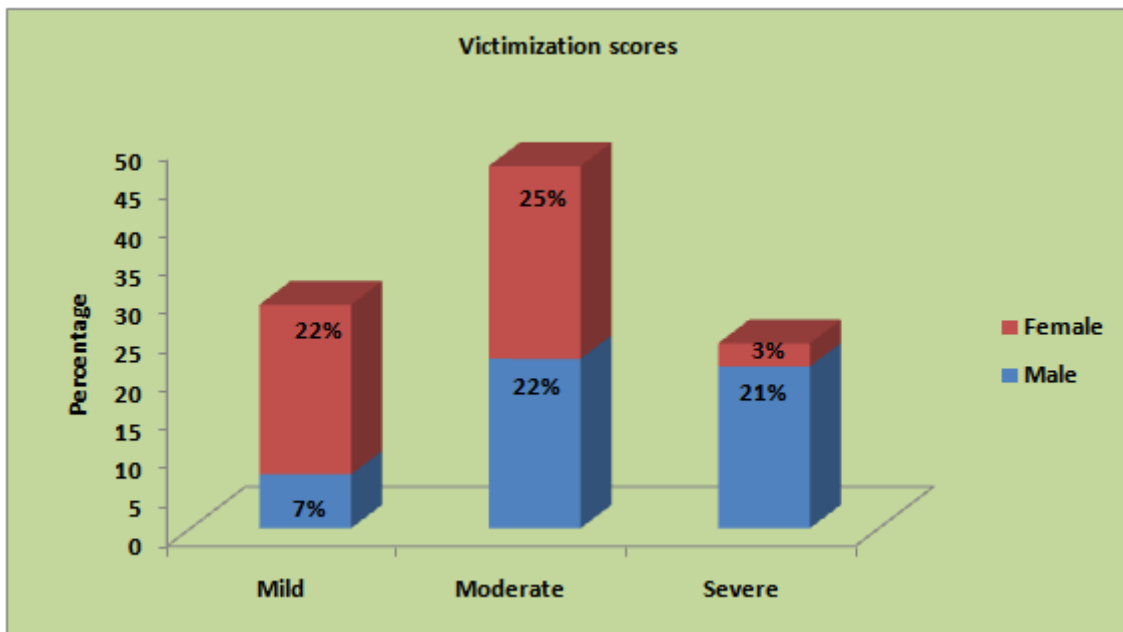


Fig: 2 Association of victimization with their demographic variables among high school children.

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