Original Article

Bullying and Mental Health Problems Among Schooling Adolescents in Southwest Nigeria

Adebayo PO[1]*Omotoso AO[2] Tamambang RF,[3] Bella-AwusahTT,[3,4] AkinyemiJO[5]

[1] *Institute of Global Health and Development, Queen Margaret University, Edinburg, Scotland*
[2] *Department of Behavioural Sciences, University of Ilorin, Ilorin*
[3] *Centre for Child and Adolescent Mental Health University of Ibadan, Nigeria*
[4] *Department of Psychiatry, University of Ibadan, Ibadan*
[5] *Department of Epidemiology and Medical Statistics, University of Ibadan, Ibadan*

***Correspondence:** Ayotunde Omotoso
Email: omotoso.abo@unilorin.edu.ng

Article History
Submitted: 02/04/2023; Accepted: 12/05/2023: Published: 31/12/2023

ABSTRACT

School bullying is prevalent but few Nigerian studies have explored its association with mental health problems. This study assessed the prevalence and correlates of bullying as well as its association with mental health problems among secondary school students in South-west Nigeria. A cross-sectional study was carried out in eight secondary schools in Osogbo, Nigeria. Instruments used were: Socio-demographic questionnaire, Bully Survey and Strength and Difficulties Questionnaire. Chi-square test of association investigated associations between bullying and mental health problems. The level of significance was set at 95%.About half (n=331, 48.1%) of the students had been victims of bullying, with gender and school type offering no protection. Bullying was most prevalent during school hours (n=202, 29.4%), and verbal bullying (n49.5%) was commoner than the physical or relational forms. Of the psychosocial problems identified, having peer problems was significantly associated with being bullied (X2= 20.69, p< 0.001). Social skills training for in-school adolescents may stem the tide of bullying. A pragmatic approach to reducing/eliminating bullying would take into cognisance the role of all stakeholders. Bullying has to be addressed if school mental health would be actualised.

Keywords: Bullying, Nigeria, Prevalence, Students

INTRODUCTION

The last two decades have witnessed a global rise in the attention given to bullying, particularly in the school setting.[1] This has become imperative, given the deleterious mental implications of bullying on the bullied, the bully and the bystander.[2]

Bullying victimisation is the phenomenon in which an adolescent is the object of frequent and enduring maltreatment deliberately perpetuated by their peers.[3,4] Traditional bullying includes physical, verbal or relational (indirect) aggression; more recently, cyberbullying and bullying with words or gestures that are sexually themed have been described.[5]

Using a social-ecological model, there are individual, school, family and community factors that fuel bullying behaviour.[6] Individual factors may be physical or psychological. Physical appearance can predispose an adolescent to be a victim of bullying. For instance, obese adolescents are a target for being bullied.[7] The relationship between weight and bullying is usually due to perceived, rather than actual, weight.[7]

Conversely, individual and family factors have also

Article Access
Website: www.wjmbs.com
10.5281/zenodo.7481754

How to cite this article
*Adebayo PO, *Omotoso AO, Tamambang RF, Bella-Awusah TT, Akinyemi JO. Bullying and Mental Health Problems Among Schooling Adolescents in Southwest Nigeria. West J Med & Biomed Sci. 2023;4(3-4):53-57. DOI:10.5281/zenodo.7481754*

been identified, which contribute to resilience when an adolescent is exposed to bullying. The individual factors described are low anxious personality and healthy coping strategies, while the associated family factor is a good relationship with the mother.[9]

Bullying can result in anxiety, low self-esteem, depression and suicidal ideation in the bullied.[10] Some of these effects persist into adulthood.[2] Bullies are not exempted from long-term deleterious effects, even though they experience externalising symptoms more readily. These include substance use and antisocial behaviour.[11]

Bullying among adolescents may be unnoticed or overlooked in the school environment.[12] If left unresolved, it may leave its victim with damaging psychological effects. It is expected that a school study on bullying could serve to draw attention to the prevalence of bullying and its effects. Additionally, understanding the factors associated with bullying behaviour is crucial for intervention. Therefore it is important to study the correlates of bullying.

Our aim was to determine the prevalence and correlates of being bullied, and its association with mental health problems among secondary school students in South-West Nigeria. Our null hypotheses were that there is no association between bullying and socio-demographic characteristics of adolescent students in South-West Nigeria, nor is there an association between bullying and mental health problems in these adolescents. We hope the findings of this study will provide knowledge to better understand the complex multi-factors which may be responsible for bullying and their implication on the mental wellbeing of Nigerian students.

MATERIALS AND METHODS

This descriptive cross-sectional study was carried out among 688 secondary school students in Osogbo local government area of Osun State, Nigeria.

Instruments and Measures

Socio-demographic information was obtained using a socio-demographic questionnaire. Bullying was assessed with Bully Survey – Student Version (BYS-S) while mental health problems were assessed using the Strength and Difficulty Questionnaire (SDQ).

Socio-demographic questionnaire

Socio-demographic information was categorised into personal, family and school characteristics. The demographic variables for personal characteristics were age and gender. Family factors include family type, number of mothers children, parents' marital status, and if they had lived with other people aside from their parents. School characteristics were class, school type, academic performance, difficulties with teachers and contact with school counsellor.

Bully Survey – Student Version (BYS-S)

Bully Survey – Student Version (BYS-S) was used to assess bullying.[13] It is a self-report questionnaire with a multi-part measure, assessing experiences with bullying, perpetration, witnessing, and attitudes toward bullying. It has subsequently been used in various countries.[14] Each student had to answer yes or no if they had been bullied in the last six months, or they had bullied other students. It has been used in a previous adolescent study in Nigeria.[15]

The questionnaire was pretested among 20 secondary students in EgbedoreLocal Government, which is a different local government in Osun state. Words such as "wimpy" were changed to "weakling", "special education"was changed to "extra-classes", and the "grade" was replaced with"class/grade".

Strength and Difficulties Questionnaire (SDQ)

The 25 items in the Strength and Difficulties Questionnaire SDQ comprise 5 scales of 5 items that assess mental health problems. The scales include (a) Emotional symptoms subscale (b) Conduct problems subscale (c) Hyperactivity/inattention subscale (d) Peer relationships problem subscale (5) Pro-social behaviour subscale.[16] The subscales and total scale also have different cut-off scores in screening for psychiatric morbidity. It has been used in Nigerian studies,[17] including bullying research,[18] with reference to a validation study done among British subjects.[19] Indeed, most African studies that used the SDQ did not measure its psychometric properties.[20] However, it was validated for use in Nigeria.[21]

Study location

The study was conducted in Osogbo Local Government of Osun. The state is located in the South-West region of Nigeria with a population of about 4,705,600 people who are predominantly Yorubas. Osogbo is traditionally known as a major cloth-dyeing centre, and it is also the venue of the annual Osun-Osogbo festival which is cantered on the sacred grove of Osun the river goddess, which is a UNESCO World Heritage Site.[22] The city is home to two of thirty local governments' headquarters of the state. Its people are predominantly traders, artisans, public and private workers.

Sampling and Selection

A total of 688 participants between the ages of 10 and 19 years from 4 public and 4 private secondary schools were recruited for this study. These schools were selected by systematic random sampling from a list of 25 public and 29 private secondary schools registered in Osogbo Local Government, then sample sizes were proportionally allocated to each school selected. In Nigeria, the educational system consists of 6 years of primary education, 3 years of junior secondary school education (JSS1-JSS3), and 3 years of senior secondary school education (SS1-SS3) after which students proceed to tertiary education. The allocated sample size for each school was then stratified to allow better representation of the six classes in each secondary school. Students were randomly selected using the balloting technique. Assent and informed consent were obtained from each selected student and their parents, respectively.

Statistical Analysis

Data were summarised by descriptive statistics such as means and percentages and were represented either with charts or tables. Frequency and percentage were used to describe prevalence of mental health problems among the study participants while social-demographic correlates of bullying and association between been bullied and mental health problems among study participants were investigated by a test of association using Chi-square method. P-value was set at 0.05 and variables that were found to have a P-value lesser than 0.05 were further tested using binary logistic regression at a 95% confidence interval.

RESULTS

Socio-demographic characteristics

The socio-demographic characteristics of the participants were as follows: The ages of the adolescents ranged from 10-19 years with a mean age of 14.14 years (S.D = 1.89). Over half of the population 390 (56.7%) were between ages 10-14 years. There were 300 (43.6%) female respondents. Some students (n=25, 3.6%) reported they do not like their school while 13.8% reported having difficulties with their teachers, and 217 (31.5%) had gone to see the school counsellor. Students from polygamous families were 137 (19.9%) of the total population. (Table 1)

Prevalence and patterns of bullying victimisation

Many of the students 331 (48.1%) reported they had been a victim of bullying themselves and 227 (33.0%) admitted they had bullied other students in the last six months (Figure 1).The commonest site of bullying was in school, and the commonest time was during school hours (29.4%). It was commoner in class (8%) than during extracurricular activities (4.4%) and also occurred on the school bus (1.5%). Traditional bullying was more prevalent than bullying online (4.1%), or using text messages/phone calls (Figure 2). Verbal bullying was the most frequent form (49.5%) (Table 2).

Socio-demographic correlates of bullying victimisation

There were personal, family and school characteristics of respondents that correlated with being bullied. The prevalence of bullying among male and female adolescents was 49.2% and 46.7% respectively, and this was not statistically significant. Bullying in public and private secondary schools was 47.2% and 50.8%, respectively. There was no statistical difference with respect to the school type.

Significant associations with bullying victimisation included family factors, namely father's educational status (X^2= 8.09, p= 0.02), living with people other than the adolescent's parents or grandparents (X^2=

3.79, p= 0.05), and school factors such as being in junior secondary school (X^2= 3.67, p= 0.05), adolescent experiencing difficulty in their student-teacher relationship (X^2= 4.22, p= 0.04) and having visited the school counsellor (X^2= 4.28, p= 0.04) (Table 3).

Factors independently associated with being bullied

Factors which had p-values less than 0.05 in the bivariate analysis were included in the logistic regression. Tertiary educational level in father remained associated with the adolescent's experience of being bullied (Table 4).

Association between self-reported bullying and mental health problems

Among the 688 study participants, the prevalence of mental health problems was: Emotional problems (21.8%), Conduct problems (29.3%), Hyperactivity problems (7.6%), peer problems (49.2%) and prosocial problems (80.1%). Of these mental health problems, the presence of peer problems was identified as significantly associated with being bullied (X^2= 20.69, p<0.001) (Table 5).

Table 1: Socio-demographic and school-related characteristics of participants

Variables	Mean (SD) or N (%)
Age	
Mean (SD)	14.14 ± 1.89
Age range	
10 - 14	390 (56.7)
15 - 19	298 (43.3)
Gender	
Male	388 (56.4)
Female	300 (43.6)
Religion	
Christian	344 (50.0)
Muslim	332 (48.3)
Traditional/others	12 (1.7)
Fathers' education	
No formal/primary	206 (29.9)
Secondary	171 (24.9)
University	311 (45.2)
Mothers' education	
No formal/primary	204 (29.7)
Secondary	205 (29.8)
Tertiary	279 (40.6)
Brought up by	
Parents/grandparents	592 (86.0)
Others	96 (14.0)
Family type	
Monogamous	551 (80.1)
Polygamous	13 7 (19.9)
Currently lives with	
Parents/grandparents	561 (81.5)
Others	127 (18.5)
Difficulties with teachers	
No	593 (86.2)
Yes	95 (13.8)
Student teacher ratio	
Low	40 (5.8)
High	648 (94.2)
Likes School	

Figure 1: Prevalence of bullying victimisation

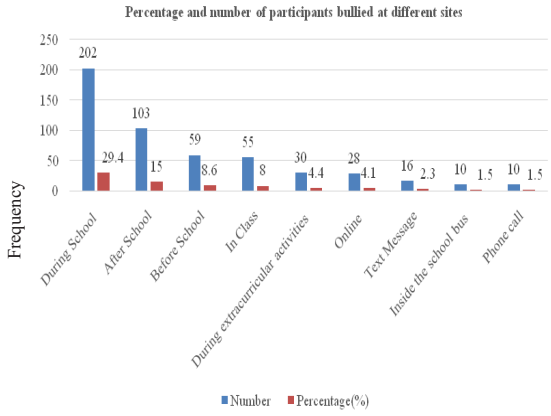

Figure 2: Patterns and locations of bullying victimisation

Table 2: How Participants were bullied

	Never happened N (%)		Rarely happened N (%)	Often happened N (%)
Verbal bullying	**116**	(35%)	49 (14.8%)	164 (49.5%)
Relational Bullying	194	(58.6)	45 (13.6%)	91 (27.5%)
Physical	174	(52.6%)	52 (15.7%)	104 (31.4%)

Table 3: Socio-demographic correlates of bullying victimisation

Variables	Bullied		X^2	P-values
Gender	No	Yes		
Male	197 (50.8)	191(49.2)	0.44	0.50
Female	160 (53.3)	140 (46.7)		
Age				
Early adolescence	261 (66.9)	12 9 (33.1)	10. 82	0. 00 1
Late adolescence	200 (67.1)	98 (32.9)		
Grade				
Junior Secondary School	216 (63.5)	124 (36.5)	3.67	0.05
Senior Secondary School	245(70.4)	103 (29.5)		
School type				
Public	269 (52.8)	240(47.2)	0.72	0.39
Private	88 (49.2)	91 (50.8)		
Family Type				
Monogamous	288 (52.3)	263 (47.7)	0.15	0.69
Polygamous	69 (50.4)	68 (49.6)		
Religion				
Christian	165 (48.0)	179(52.0)	4.41	0.11
Islam	186(56.0)	146(44.0)		
Traditional/others	6 (50.0)	6 (50.0)		
Fathers' educational status				
No formal/primary	115 (55.8)	91 (44.2)	8.09	0.02
Secondary	99 (57.9)	72 (42. 1)		
Tertiary	143 (46.0)	168 (54.0)		
Mother' educational status				
No formal/primary	114 (55.9)	90 (44.1)		
Secondary	105 (51.2)	100 (48.8)	1.99	0.36
Tertiary	138 (49.5)	141 (50.5)		
Brought up by				
Grandparents/par ents	308 (52.0)	284 (48.0)	0.03	0.86
Others	49 (51.0)	47 (49.0)		
Currently living with				
Grandparents/parents	301(53.7)	260 (46.3)	3.79	0.05
Others	56 (44.1)	71 (55.9)		
Student -teacher ratio				

Table 4: Predictors of being bullied

Variables	Odds ratio	Confidence intervals	P-values
No formal/primary	1		
Secondary	0.97	0.64 - 1.47	0.91
Tertiary	1.58	1.53 - 1.06	0.01
Presently lives with			
Parents/Grand parents	1		
Others	1.43	97 - 2.09	0.06
Difficulties with teachers			
No	1		
Yes	1.49	0.96 - 2.33	0.06
Been to see the School counsellor			
No	1		
Yes	0.94	0.64 - 1.39	0.75
Grade			
Junior secondary school	1		
Senior secondary school	0.75	0.55 - 1.02	0.07

Table 5: Association between being bullied and mental health problems

Mental health problems	Presence of Emotional problems			Presence of Conduct problems			Presence of Hyperactivity Problems			Presence of peer problems			Presence of prosocial problems		
	n(%)	X^2	P-value	n(%)	X^2	P- value	n(%)	X^2	P- value	n(%)	X^2	P-value	n(%)	X^2	P-value
Variable															
Bullying															
No	63(17.6)	1.83	0.17	97(27.2)	0.38	0.55	28(7.8)	0.02	0.88	115(32.3)	20.69	<0.0001	277(77.6)	0.63	0.43
Yes	72(21.8)			97(29.3)			25(7.6)			163(49.2)			265(80.1)		

DISCUSSION

The global mean prevalence of bullying among adolescents in both high- and low-income countries is 30.5%, with higher figures observed in the latter.[23] This study found a bullying victimisation prevalence of 48.1%., which is high. However, it is comparable with the 40.1% prevalence of being bullied reported among 7,137 Ghanaian adolescent students in a Global School Health Study (GSHS).[24] Thus, our finding exemplifies the widespread nature of bullying in the sub-Saharan context. Verbal bullying was the commonest type, as also documented by other investigators.[25]

Strikingly, the school environment was the commonest location for bullying among adolescents, and the commonest time was during school hours. One of the primary requirements of school mental health is safety, as recognised in Nigeria's national school health policy.[26] Unfortunately, bullying is a direct threat to school safety, and can interfere with the learning process.

The finding that bullying was commoner in class than during extracurricular activities, paints a picture that bullying among adolescents sometimes goes unnoticed by adults;[27] in this case, the class teacher. Some bullying was also reported on the school bus, which should have had a minimum of one adult on board, being the driver. Adults in schools serve as gatekeepers of child and adolescent mental health and should be trained on how to identify and handle school bullying.

The observation of greater susceptibility of younger adolescents to bullying[23] was not replicated in our study. What appeared more important was the

class/grade, as adolescents in the younger classes were more susceptible to being bullied. In Nigeria today, junior and senior classes have a totally different uniform and students can be distinguished by their uniform. Recent conversations about the role of school uniforms in bullying tend to focus on the protective quality of uniformity,[24] a view more commonly reported by older students.[29] It is necessary to study the role of the contrast between uniforms in junior and secondary schools and how it relates to bullying in the African context.

No gender difference was found in bullying behaviour. Remote and recent meta-analytical studies reported a higher prevalence of bullying victimisation (particularly the physical/direct type) among male adolescents, but the effect size was small.[30,31] Further studies would confirm the possibility of a closing gender gap in bullying victimisation and expatiate the dynamic gender differences in bullying behaviour previously described.[32]

Adolescents living with someone other than their parents or grandparents reported higher levels of bullying victimisation. The importance of proper parenting in preventing bullying cannot be overemphasised. Tertiary educational level in father was an important predictor of bullying victimisation. Further studies are required to identify mediating factors, which could be the prevailing parenting style or the role of socioeconomic differences.

Adolescents who had difficulties with teachers had a higher prevalence of bullying victimisation. Bully victims who have a poor relationship with their school teachers are more prone to depression.[33] Similarly, the possibility of teachers as bullies should not be ignored.[34] Bullying prevention programmes should factor in teachers as obligated bystanders and occasionally, as potential bullies.[35]

Peer victimisation correlated with visits to the school counsellor. Some of such visits may have been necessitated by psychological distress which could be a risk or effect of being bullied. Thus, counsellors play a crucial role in bullying prevention and should utilise existing links with students in identifying and tackling bullying.

The prevalence of mental health problems among study participants was comparable to the global average in children and adolescents.[36] There was a significant association between reported bullying and peer problems. This buttresses the role of good peer relationships in improving the school climate and preventing bullying.[37] Poor peer relationships may be related to poor connectedness with other students. Encouraging activities that promote student connectedness, which is healthy attachment to fellow students and a sense of belonging to the school, would be a practical preventive approach. This is important because poor student connectedness is associated with low self-esteem, depression and suicidality.[38] Further studies could explore specific psychiatric disorders associated with bullying victimisation in the study setting. Bullying victimisation has been associated with various mental health sequelae, such as depression, suicidality and substance use in victims.

There is an urgent need to develop anti-bullying programmes for sub-Saharan African populations. The present findings may be useful for developing an intervention guide for adolescents in Nigeria. The school mental health guide by the Association for Child and Adolescent Psychiatrists and Allied Professions in Nigeria could incorporate aspects of bullying into the present draft.[39]

Limitations

The study design determined associations but not causality. The use of a self-report questionnaire may have introduced respondent bias. Psychosocial problems were identified and specific psychiatric diagnoses can be determined in subsequent studies.

CONCLUSION

The school environment should not be a place that scares adolescents because of bullying victimisation. This study provides evidence of a high prevalence of bullying among secondary school students with direct implications on adolescent mental health. Social skills training for in-school adolescents is helpful at the individual level. The school climate should be improved in public and private settings. Urgent interventions should target victims having difficulties with teachers.

Gatekeepers of children and adolescents should be well trained to address, resolve, and facilitate positive interventions.

Human subjects approval statement

Ethical approval was obtained from Osun State Health Research Ethics Committee (Ethics number: OSHREC/PRS/5691/156), and access to schools was granted by the Planning, Research and Statistics Unit of the Osun State Ministry of Education (Reference number: MOE/PRS/SS2/Vol.iv).

169

REFERENCES

1. Farina KA. Promoting a culture of bullying: Understanding the role of school climate and school sector. Journal of School Choice. 2019;13(1):94-120.
2. Camodeca M, Nava E. The long-term effects of bullying, victimization, and bystander behavior on emotion regulation and its physiological correlates. Journal of interpersonal violence. 2022;37(3-4):NP2056-NP75.
3. Hamburger ME, Basile KC, Vivolo AM. Measuring bullying victimization, perpetration, and bystander experiences: A compendium of assessment tools. 2011.
4. Lodder G, Scholte RH, Cillessen AH, Giletta M. Bully victimization: Selection and influence within adolescent friendship networks and cliques. Journal of youth and adolescence. 2016;45(1):132-44.
5. Olweus D, Limber SP, Breivik K. Addressing specific forms of bullying: A large-scale evaluation of the Olweus bullying prevention program. International Journal of Bullying Prevention. 2019;1(1):70-84.
6. Halabi F, Ghandour L, Dib R, Zeinoun P, Maalouf FT. Correlates of bullying and its relationship with psychiatric disorders in Lebanese adolescents. Psychiatry research. 2018;261:94-101.
7. Lee B, Jeong S, Roh M. Association between body mass index and health outcomes among adolescents: the mediating role of traditional and cyber bullying victimization. BMC public health. 2018;18(1):1-12.
8. Lee K, Dale J, Guy A, Wolke D. Bullying and negative appearance feedback among adolescents: Is it objective or misperceived weight that matters? Journal of Adolescence. 2018;63:118-28.
9. de Freitas DF, Mendonça M, Wolke D, Marturano EM, Fontaine AM, Coimbra S. Resilience in the face of peer victimization and perceived discrimination: the role of individual and familial factors. Child Abuse & Neglect. 2022;125:105492.
10. Johansson S, Englund G. Cyberbullying and its relationship with physical, verbal, and relational bullying: a structural equation modelling approach. Educational Psychology. 2021;41(3):320-37.
11. Olweus D, Solberg ME, Breivik K. Long-term school-level effects of the Olweus Bullying Prevention Program (OBPP). Scandinavian journal of psychology. 2020;61(1):108-16.
12. Majed E, Ruiz Y, Amireault S, Reed JB, Snyder FJ, McDonough MH, et al. Examining positive youth development interventions with a physical activity component to address bullying among pre- and early adolescents: a critical review of the literature. The Journal of Early Adolescence. 2022;42(3):389-413.
13. Swearer S. Bully survey: Unpublished survey. University of Nebraska-Lincoln. 2001.
14. Swearer SM, Cary PT. Perceptions and attitudes toward bullying in middle school youth: A developmental examination across the bully/victim continuum. Journal of Applied School Psychology. 2003;19(2):63-79.
15. Onu VC, Igbo J, Obiyo N, Eskay M, Ugwuanyi L. A Survery of" Bullying Traits" as percieved by Schooling Adolescents in Nigeria. 2012.
16. Bourdon KH, Goodman R, Rae DS, Simpson G, Koretz DS. The Strengths and

Difficulties Questionnaire: US normative data and psychometric properties. Journal of the American Academy of Child & Adolescent Psychiatry. 2005;44(6):557-64.
17. Bella-Awusah T, Ani C, Ajuwon A, Omigbodun O. Effectiveness of brief school-based, group cognitive behavioural therapy for depressed adolescents in south west Nigeria. Child and Adolescent Mental Health. 2016;21(1):44-50.
18. Adeosun II, Adegbohun A, Jejeloye A, Oyekunle O, Ogunlowo O, Pedro A. Bullying victimization among secondary school students in Lagos, Nigeria: Emotional, behavioral and mental health correlates. British Journal of Education, Society & Behavioral Science. 2015;11(1):1-8.
19. Goodman R. Psychometric properties of the strengths and difficulties questionnaire. Journal of the American Academy of Child & Adolescent Psychiatry. 2001;40(11):1337-45.
20. Hoosen N, Davids EL, de Vries PJ, Shung-King M. The Strengths and Difficulties Questionnaire (SDQ) in Africa: a scoping review of its application and validation. Child and adolescent psychiatry and mental health. 2018;12(1):1-39.
21. Adeniyi Y, Omigbodun O. Psychometric properties of the self-report strengths and difficulties questionnaire (SDQ) in a Nigerian adolescents sample. International Neuropsychiatric Disease Journal. 2017;10(2):1-9.
22. Woosnam KM, Aleshinloye KD, Maruyama N. Solidarity at the Osun Osogbo Sacred GroveA UNESCO world heritage site. Tourism Planning & Development. 2016;13(3):274-91.
23. Biswas T, Scott JG, Munir K, Thomas HJ, Huda MM, Hasan MM, et al. Global variation in the prevalence of bullying victimisation amongst adolescents: Role of peer and parental supports. EClinicalMedicine. 2020;20:100276.
24. Owusu A, Hart P, Oliver B, Kang M. The association between bullying and psychological health among senior high school students in Ghana, West Africa. Journal of school health. 2011;81(5):231-8.
25. Maharjan M, Shrestha S. Bullying Victimization and its Associated Factors among Adolescent Students. Medical Journal of Shree Birendra Hospital. 2022;21(1):29-36.
26. Bella-Awusah T, Omigbodun O. Schools and their potential to promote mental health for children in Nigeria. The Lancet Child & Adolescent Health. 2020;4(3):175-7.
27. Thompson EM. Understanding bullying and the necessity for prevention and intervention in schools. 2019.
28. Mucherah W, Finch H, White T, Thomas K. The relationship of school climate, teacher defending and friends on students' perceptions of bullying in high school. Journal of adolescence. 2018;62:128-39.
29. Jones AB, Richardson MJ, Jensen BT, Whiting EF. Perceptions of School Uniforms in Relation to Socioeconomic Statuses. RMLE Online. 2020;43(6):1-13.
30. Casper DM, Card NA. Overt and relational victimization: A meta-analytic review of their overlap and associations with socialpsychological adjustment. Child development. 2017;88(2):466-83.
31. Cook CR, Williams KR, Guerra NG, Kim TE, Sadek S. Predictors of bullying and victimization in childhood and adolescence: A meta-analytic investigation. School psychology quarterly. 2010;25(2):65.
32. Hellström L, Beckman L. Adolescents perception of gender differences in bullying. Scandinavian journal of psychology. 2020;61(1):90-6.
33. Huang FL, Lewis C, Cohen DR, Prewett S, Herman K. Bullying involvement, teacherstudent relationships, and psychosocial outcomes. School psychology quarterly. 2018;33(2):223.

34.Gusfre KS, Støen J, Fandrem H. Bullying by Teachers Towards Studentsa Scoping Review. International Journal of Bullying Prevention. 2022:1-17.
35.Farley J. Teachers as obligated bystanders: Grading and relating administrator support and peer response to teacher direct intervention in school bullying. Psychology in the Schools. 2018;55(9):1056-70.
36.Merikangas KR, Nakamura EF, Kessler RC. Epidemiology of mental disorders in children and adolescents. Dialogues in clinical neuroscience. 2022.
37.Montero-Carretero C, Pastor D, Santos-Rosa FJ, Cervelló E. School climate, moral disengagement and, empathy as predictors of bullying in adolescents. Frontiers in psychology. 2021;12:656775.
38.Ortuño-Sierra J, Pérez-Albéniz A, Fonseca-Pedrero E, Solbes-Canales I, Lucas-Molina B. Bullying, cyberbullying and mental health: The role of student connectedness as a school protective factor. Psychosocial Intervention. 2022;31(1):33-41.
39.Tolulope Bella Awusah OA, Adeola Afolayan, Aisha Abubakar Abdullateef, Ehi Isa Winifred, Ayotunde Bolatito Omotoso. School mental health policy guide for Nigeria: Unpublished draft; 2019.