

Connection between School Bullying and Symptoms of Depression

Eglantina Dervishi^{1*}, Marjola Lala¹ and Silva Ibrahim²

¹Department of Psychology and Pedagogy, Faculty of Social Sciences, University of Tirana, Tirana, Albania

²Department of Psychology "Aleksander Xhuvani" University, Elbasan, Albania

***Corresponding Author:** Eglantina Dervishi, Department of Psychology and Pedagogy, Faculty of Social Sciences, University of Tirana, Tirana, Albania.

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Abstract

Purpose of the Study: The purpose of the present study is to explore the relationship between bullying behavior and depressive symptoms in adolescents.

Methods: The research study included 284 teenagers, of whom 145 (51.1%) females and 139 (48.9%) males. Students ranged from the age of 13 to the maximum at 18 years old. Average age of surveyed students ($M = 15.5$) years with a standard deviation $SD 1.2$. The data were collected through the Children's Depression Inventory (CDI, Kovacs, 1978) and the Reciprocal Relationship Assessment Questionnaire (PRQ) (Rigby and Slee, 1994). On the SPSS 18 program, we further developed the inferential analysis. As the distribution was not normal, Spearman's rho test was used to present the connection that exists through the dimensions of excitement and depression as well as the analysis of frequencies.

Results: The results revealed that there is a significant statistical relationship between the frequency of adolescent victimization and their depressive symptoms ($\text{Sig } 2 \text{ tailed} = 0.00 < 0.05$), so children who were more prey to bullying behaviors experienced more depressive symptoms ($0.3 < r = 0.485 < 0.6$). The relationship between victimizing behaviors and depressive symptoms in adolescents seems to be at the same time controlling the gender, age and academic performance variables. The findings revealed that prey to depression symptoms were also adolescents included in the victim's and aggressor's profile.

Conclusions: Being a victim or aggressor compose a strong indicator relating to the likely chances to be affected by depression. In this aspect, variables such as age, gender and academic achievement seem to have no significant role in the bullying-depression binomial function.

Keywords: *Bullying; Depression; Adolescents; Victims*

Introduction

Bullying is seen as a very worrying phenomenon within school ages [1]. In literature, bullying is defined as a deliberate behavior of a person aiming on dwindling or frustrating another one [2]. Referring to this definition emerge two profiles of persons, of the aggressor and of the victim. Both involved in this dynamic interaction which certainly has its consequences. The victim of bullying behavior is seen as more vulnerable and more in need of support [3]. The focus of intervention of mental health experts gives priority to the victim's profile [3]. As a result of experiencing aggression in various forms these people may easily fall into mental health issues, especially of depression [4]. Depression is seen as a form of reaction to the situation that drives these people to lose hope and confidence in themselves and to the situation they are coping with. Feeling helplessness in front of the aggressor, fear and loneliness can channel these individuals into the development of depressed mood issues. It seems that the profile of the aggressor on the other side, is more related to the sense of power and dominion. The picture looks a little different on the other angle: an aggressor surely experiences significant anger and translates it into aggression against the flabbily. The aggressor feels pleasure in humiliating in exercising control on the other. But does he experience

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depression as well? When we raise this question, we need to clarify the fact that we do not assume that depression comes as a result of being a buller. Bullying behavior displayed by the aggressor is simply a way how the depressive symptoms experienced by the person are expressed channeling into the external aggression. There is already a common knowledge that depressive people usually react in two ways: by orienting aggression towards themselves which leads to self-destruction or by orienting external aggression towards others. Aggressors and victims of bullying behavior have a high probability of developing depressive symptoms as a result of behavioral problems [5]. They both need a professional support and treatment so not to risk of suffering from depression or other mental health concerns. Studies have shown a link between bullying behavior and depression in adolescents [6]. Victims of bullying behavior tend to exhibit mental health problems even during adulthood [7]. The aggressor also exhibits similar mental health problems with the victims [8]. Victims of bullying behavior and comorbid depression with attempted suicide are very significant to adolescents [6,9]. What seems to unite in a single profile victims, aggressors and aggressor-victims are some common features associated with feelings of boredom, lack of hope, guilt, stress, and feeling under pressure. This presence of depressive symptoms is a risk factor for suicide and mental health problems that can undermine the emotional stability of teenagers and leave unpredictable consequences in the long-term perspective [10]. Engaging in bullying behavior has its impact in nearly all aspects of adolescent life, such as academic, peer relationships, self-concept and work. Adolescents who are passive observers and who may somehow be considered as passive participants in aggression towards peers have a high risk of engaging in problematic behaviors such as alcohol abuse, depression, anxiety and thoughts of ending life [11].

Methods

Through a descriptive correlative study, we aimed to explore the relationship between bullying and depressive symptoms in adolescents. Data have been collected from two schools of the city of Tirana.

Hypothesis

- Adolescents who exhibit more victimizing behaviors experience more depressive symptoms.
- Adolescents who exhibit more non-inclusive behaviors in bullying experience less depressive symptoms.
- Adolescents who exhibit more aggressive behaviors experience more depressive symptoms.

Procedure

There was taken the approval for administering the questionnaire to teenagers at the Tirana Education Directorate. We contacted school directories and they were informed about the goals of the study. All participants were assured that the study was anonymous and that participation was voluntary, parents gave consent to the children to attend the study. The administration of the questionnaire was conducted in April-June 2018 and the administration time was 25 minutes.

Subjects

The sample selected for the study was random, 300 adolescent of the VIII, IX, X, XIth classes. Upon the self-administration of the questionnaires, only 284 of them were valid. The rest lacked information on the questionnaire data whereas two subjects withdrew without giving any reason. Of the 284 teenagers, 145 (51.1%) were girls and 139 (48.9%) were boys. The average age of teenagers surveyed was 15.5 years old with a standard deviation 1.2. 12 of the adolescents aged 13 years old (or 4.2%), 54 adolescents (or 19%) aged 14 years old, 75 adolescents (or 26.4%) aged 15 years old, 69 adolescents (or 24.3%) aged 16 years old, 69 adolescents (or 24.3%) aged 17 years old and 5 teens (or 1.8%) aged 18 years old.

Instruments

A separate session contained demographic data such as age, gender academic achievements taken by the average of grades during the last academic year. Individuals self-administered two questionnaires: Children's Depression Inventory (CDI), an instrument that evaluates depressive symptoms in children and adolescents 13 to 18 years old (Kovacs, 1979). The questionnaire consists of 27 statements which include information on five main areas: negative state, lack of affect, inability to experience pleasure (Anhedony), negative self-esteem. Data is collected through a Likert scale with three response options ranging from: 0 = Rarely, 1 = Often, 2 = Always. The Peer Relationship Questionnaire (PRQ) was the second instrument used in the study (Rigby and Slee, 1994). This instrument is made up of 20 statements

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aimed at identifying the roles that teenagers play in a harassment situation, namely: the aggressor (who is actively involved in bullying), the victim (the subject to whom bullying takes place), the defender (who actively seeks to oppose harassment and/or to comfort the one who was attacked) and the role of the spectator (sitting without interference) through the Likert scale with four response options: Never = 1, Sometimes = 2, Often = 3, Very often = 4. Internal validity of CDI is very good $\alpha = 0.895$, while for PRQ the cronbach alpha validity is $\alpha = 0.874$.

Statistical analysis

Data analysis were processed through the SPSS 18 statistical program. Since the questionnaires did not have a normal distribution of data, then in the inferential analysis, non-parametric tests were used. The Mann-Whitney test (non-parametric test) was used to analyze whether there was gender difference in the overall level of depressive symptoms of children. Spearman's rho coefficient (non-parametric test) was used to measure the correlation between depression and harassment indicators. The Spearman's rho test was used to reveal the relationship that exists through harassment and depression dimensions whereas frequency analysis was conducted for enabling the relevance of factors such as age, gender, and academic achievement that were hypothesized to affect the harassment behavior and depressive symptoms in adolescents.

Results

Referring to the findings of the study, adolescents surveyed have a median value score of 1.41 of depressive symptoms, thus generally they exhibit mild depressive symptoms. There are adolescents who do not show depressive symptoms (minimum = 1), but there are also others who reveal "apparent" depressive symptoms (maximum 2.54). Significant statistical differences in the overall level of depressive symptoms by gender are 1.41 for girls and 1.42 for boys.

Mann-Whitney test (non-parametric test) was used to analyze whether there is gender difference in the overall level of depressive symptoms of adolescents. The results show that the statistical value (Asymptomatic 2-tailed) = 0.641 > 0.05, so there are no significant statistical differences in the overall level of depressive symptoms among girls and boys.

To analyze whether there is a statistically significant relationship between adolescent age and the overall level of depressive symptoms, the Spearman rho test was used.

Correlatins	Gender		Age	Depressive Sympts.	
Spearman's rho	Female	Age	Correlation Coefficient	1,000	,163
			Sig. (2-tailed)	.	,050
			N	145	145
		Depressive Symptoms	Correlation Coefficient	,163	1,000
			Sig. (2-tailed)	,050	.
			N	145	145
	Male	Age	Correlation Coefficient	1,000	,135
			Sig. (2-tailed)	.	,112
			N	139	139
		Depressive Symptoms	Correlation Coefficient	,135	1,000
			Sig. (2-tailed)	,112	.
			N	139	139

Table 1: Correlation between age and averages of depressive symptomatology.

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The results in table 2 reveal that the value of the statistical significance (Asymptomatic 2-tailed) = 0.05, so the relation between age and depressive symptoms is not random, but significant (important) statistically. As the age increases the depressive symptoms tend to increase as well.

Correlations			Victimizing behavior scale	Depressive Symptoms
Spearman's rho	Victimization behavior scale	Correlation Coefficient	1,000	,484**
		Sig. (2-tailed)	.	,000
		N	284	284
	Depressive Symptoms	Correlation Coefficient	,484**	1,000
		Sig. (2-tailed)	,000	.
		N	284	284

Table 2: Victimizing behaviors in adolescents and their depressive symptomatology.

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

Results reveal that the average value of "Emotional Problems" for girls is equal to 1.37 and for boys is equal to 1.34. which means that the difference between girls and boys in symptoms related to emotional problems is too small.

The average value for "Functional Problems" for girls is equal to 1.44 while for boys is equal to 1.5. It seems that boys have more symptoms related to functional problems compared to girls, but again the difference is between boys and girls small.

The Mann-Whitney test (non-parametric test) was used to analyze whether gender differences existed at the overall level of emotional problems of children. The results show that the value of the statistical significance (Asymp. Sig 2-tailed) is equal to 0.038 < 0.05. Mean rank ranges are higher for girls (+152.38) compared to boys (132.3).

Therefore, girls are more likely than boys to experience symptoms related to emotional problems. It seems that the average value of "Anhedonia" for girls is equal to 1.49 and for boys it is 1.43. These two values are very close to each other, which means that the difference between girls and boys in the symptoms associated with Anhedonia is very small. The average value for "Ineffectiveness" in girls is equal to 1.47 while for boys is 1.5. It seems that boys tend to have more symptoms associated with ineffectiveness, compared to girls, but with small differences between both sexes. The average value for "Low Self-Esteem" for girls is equal to 1.28 and for boys is 1.31. These two values are very close to each other so that the difference between girls and boys in the symptoms associated with low self-esteem is small. The average value of "Negative State" for girls is equal to 1.35 and for boys it is 1.29 and the difference between girls and boys in the symptoms associated with the negative state is very small. The average value "Interpersonal Issues" for girls is equal 1.42 and for boys it is 1.5, therefore again the the difference between girls and boys in the symptoms associated with interpersonal issues is small and not significant. To analyze whether there are any gender differences at the general level of depression subscales, the Mann-Whitney test was used. The results showed that the value of the statistical significance Asymp. Sig 2-tailed is equal to 0.030 < 0.05. Mean ranks are higher for girls +152.78 compared to boys 131.78, thus, we could conclude that girls are more likely than boys to experience symptoms related to Anhedonism. The results revealed also that the value of the statistical significance Asymp. Sig 2-tailed is equal to 0.012 < 0.05. Mean ranks are higher for girls (153.78) compared to boys (130.73) so girls are more likely than boys to experience more symptoms related to the negative state.

Results revealed that there is a significant statistical relationship between the frequency of adolescent victimization and depressive symptoms (Sig 2 tailed = 0.00 < 0.05). The relationship between these two variables is positive and with moderate strength (0.3 < r = 0.485 < 0.6). The more the teenagers are prone to bullying behaviors, the more depressive symptoms they will experience. The following analysis once again assesses the relationship between victimizing behaviors and depressive symptoms in adolescents by simultaneously checking gender, age and academic performance variables.

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Correlations				
Control Variables		Victimizing behavior scale	Depressive Symptoms	
Average grade and Age and Gender	Victimizing behavior scale	Correlation	1,000	,603
	Significance (2-tailed)	.	,000	
	df	0	279	
	Depressive Symptoms	Correlation	,603	1,000
	Significance (2-tailed)	,000	.	
	df	279	0	

Table 3: *Victimizing behavior and depressive symptoms according to gender,age and academic performance.*

It is seen that even when controlling the effect of gender, age and academic performance there is an significant statistical relationship between victimizing behavior and depressive symptoms (Sig = 0.00 < 0.05) and that this relationship is positive and moderate strength (r = 0.6). Despite of the age or adolescent academic performance thus, there is a significant statistical, positive and moderate relationship between the frequency of victimizing behaviors and depressive symptoms. Regardless the gender, age or performance of the pupils, the teenagers who exhibit more victimizing and are prone to bullying behaviors tend to show more depressive symptoms.

Correlations				
		Prosocial behavior scale	Depressive Symptoms	
Spearman's rho	Prosocial behavior scale	Correlation Coefficient	1,000	-,214**
	Sig. (2-tailed)	.	,000	
	N	284	284	
	Depressive Symptoms	Correlation Coefficient	-,214**	1,000
	Sig. (2-tailed)	,000	.	
	N	284	284	

Table 4: *Prosocial behavior and depressive symptoms.*

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

The results reveal that there is a significant statistical relationship between the frequency of prosocial behavior of pupils and their depressive symptoms. This is because Sig 2 tailed is equal to 0.00 < 0.05. The relation between these two variables is negative (r = - 0.214) and with poor strength (r = 0.214 < 0.3). This means that as much as adolescents display prosocial behavior, the less depressive symptoms they will experience. The following analysis assesses the relation between prosocial behaviors and depressive symptoms of pupils by simultaneously checking the gender, age, and academic performance variables.

Correlations				
Control Variables		Prosocial Scale	Depressive Symptoms	
Average grade and Age and Gender	Prosocial Scale	Correlation	1,000	-,193
	Significance (2-tailed)	.	,001	
	df	0	279	
	Depressive Symptoms	Correlation	-,193	1,000
	Significance (2-tailed)	,001	.	
	df	279	0	

Table 5: *Prosocial behavior and depression according to gender,age and academic performance.*

It is noted that even when the effect of gender, age and academic performance is controlled at the same time, there is a significant statistical relation between prosocial behavior and depressive symptoms (Sig = 0.01 < 0.05) and that this relation is negative and poor (r = 0.193 < 0.3). We can argue therefore, that regardless of age or adolescent academic performance, there is a significant statistical, negative and poor relation between the frequency of prosocial behaviors and depressive symptoms. So despite their gender, age or performance, those teenagers who exhibit more prosocial behaviors tend to exhibit less depressive symptoms.

Correlations			Bullying behavior scale	Depressive Symptoms
Spearman's rho	Bullying behavior scale	Correlation Coefficient	1,000	,295**
		Sig. (2-tailed)	.	,000
		N	284	284
	Depressive Symptoms	Correlation Coefficient	,295**	1,000
		Sig. (2-tailed)	,000	.
		N	284	284

Table 6: Bullying behavior in adolescents and depressive symptoms.

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

Data results show that there is a significant statistical relation between the frequency of adolescent bullying behaviors and their depressive symptoms. This is because the Sig 2 tailed is equivalent to $0.00 < 0.05$. The relationship between the two variables is positive ($r = 0.295$) but with a poor strength ($r = 0.295 < 0.3$), which means that the hypothesis is accepted. The much the adolescents display prosocial behavior, the least depressive symptoms will they experience. The following analysis evaluates the relationship between bullying behaviors and depressive symptoms of adolescents by checking the gender, age and academic performance variables at the same time.

Correlations		Control Variables		
		Bullism Scale	Depressive Symptoms	
Average grade and Age and Gender	Bullism Scale	Correlation	1,000	,241
		Significance (2-tailed)	.	,000
		df	0	279
	Depressive Symptoms	Correlation	,241	1,000
		Significance (2-tailed)	,000	.
		df	279	0

Table 7: Bullying behavior and depressive symptoms according to gender, age and academic performance.

It is worth to note that even when the effects of gender, age and academic performance are checked, there is a significant statistical relation between bullying behaviors and depressive symptoms ($\text{Sig} = 0.00 < 0.05$) and this relation is negative and weak ($r = 0.241 < 0.3$).

So, regardless the age or adolescent academic performance, there is a significant negative statistical relation with poor strength between the frequency of bullying behaviors and depressive symptoms. Regardless of the gender, age or performance, those students who exhibit more bullying behaviors tend to show more depressive symptoms.

Discussion

The present study examined the relationship between bullying behaviors and depressive symptoms in adolescents. The tendency to show depressive symptoms looks the same for both women and men [1]. So both genders may have the same chances to be affected by depressive symptoms if there are implications for other risk factors [12]. However, there is a tendency for women to experience more emotional problems which are linked to the overall negative state, anhedonism and negative self-esteem, while boys seem to exhibit more functional problems such as interpersonal problems and lack of effectiveness [13]. What is underlined is the fact that depressive symptoms tend to increase with adolescent age, an evidence supported also by the Qiru Su researches in the field [14].

What is seen is that regardless of gender, age or academic performance, teenagers who are prone to bullying behaviors have a growing tendency to experience depressive symptoms, a finding which is also based on other studies such as Stanly, *et al.* [15]; Maunder and Crafter [3], McKenna, *et al* [16]. The authors came to the conclusion that the victims of bullying behaviors exhibit more symptoms such as anhedonism, lack of effectiveness, low self-esteem and interpersonal issues [10].

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Boys tend to display more bullying behaviors compared to girls and they are also more likely than women to display victimizing behaviors. It seems that in the repertoire of bullying behaviors whether in the role of the victim or the aggressor, the boys have a greater distribution in comparison with girls. As the age increases, there is also the chance to reduce the likelihood of adolescents to display victimizing behaviors and prosocial behaviors, as well.

Teenagers involved in aggressive behavior toward others, whether verbal, physical or emotional, tend to develop depressive symptoms and this is also supported by other studies [6,9,17]. Meanwhile, if we refer to researches [11,18], bullies not only exhibit more depressive symptoms in adolescence but also in adulthood but they are also more predisposed to having depressive or other mental health problems [5,13,19].

Engaging adolescents in prosocial behavior seems to protect them from experiencing depressive symptoms and this also influence a good mental health and higher academic achievement [20-23]. The present study shows that adolescents exhibiting prosocial behavior experience a lesser presence of depressive symptoms compared with victims and aggressors [24,25].

Conclusion

Depressive symptoms are seen as a permanent accomplice of the bullying phenomena in adolescents. As a risk factor for displaying mental health issues related to depression and suicide, the victim and aggressor variables are significant. There is no difference in whether you are a male or female in the manifestation of depressive symptoms, but it is noted that among men the tendency to engage in bullying behaviors is higher as the frequency as girls involved in pro-social behavior increases. What is noticed is that in both sexes there is a difference in the dynamics of bullying behavior with age increase. Bullying teenagers and their victims are more likely to have problems with depressive symptoms, which, if not timely evidenced can lead to mental health matters that become persistent in adulthood.

The emerging of prosocial behavior is a precursor to the general well-being of the adolescent and serves as a good shield for depression and other mental health issues.

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