
**THE RELATIONSHIP BETWEEN BULLYING VICTIMIZATION, SELF-ESTEEM
AND DEPRESSION**

AMONG SCHOOL GOING ADOLESCENTS.

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The relationship between bullying victimization, self-esteem and depression among school going adolescents.

Bullying victimization among school going adolescents is prevalent and has an association with poor mental health. However little is studied on bullying victimization and its effects among adolescents in India. The aim of the study was to examine the relationship between bullying victimization, self-esteem and depression among school going adolescents and to study the gender difference with regard to self esteem and depression among the bullied adolescents. The sample consisted of 165 school going adolescents between the ages of 12 to 17 years from 1 Government Hindi medium and 1 Private English medium Co-Ed school in Imphal, Manipur. Two-stage sampling method was adopted; in the first stage convenient sampling was used to select the two schools, in the second stage simple random sampling was used to collect the sample. A semi-structured proforma scale, Adolescent Peer Relations Instrument-Victim Scale (APRI), Rosenberg Self Esteem scale (RSES) and Children Depression Inventory (CDI) was used to collect the relevant information. Result suggests that 138 (83.6%) of the sample are bullied. Bullied adolescents have poorer academic performance and males are bullied more compared to females with 86.1%. Results show significant negative correlation between being bullied and self-esteem level. Also significant positive correlation is found between being bullied and depression. The findings of the present study illustrate the psychological health issues associated with victimization and places emphasis on the importance of implementing anti-bullying awareness and policies in schools.

Key words: *Adolescents, Bullying victimization, Self-esteem, Depression*

INTRODUCTION

World Health Organization (W.H.O) identifies adolescence as “*the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19. There are a lot of changes that occurs in an individual’s life during the stage of adolescence.*” (World Health Organization, 2013). According to Erikson there are five stages of Psychosocial development and each stage corresponds to different developmental crisis, that is, Infant Stage-Trust versus Mistrust, Toddler- Autonomy versus Shame and Doubt, Preschool Age-Initiative versus Guilt, Elementary School Age-Industry versus Inferiority and finally with regard to adolescents, the psychological crisis that must be faced by them is that of identity versus role confusion. At this stage, the individual has to choose from among many options for values in life and their beliefs. Along with the options that are placed before them, they have the task to develop a consistent sense of self. According to Erikson, adolescents who have resolved the conflicts in the earlier four stages will be much better equipped to resist pressures from their peers and find their own identity as they mature. While those adolescents who are not successful in resolving the conflicts lack trust in others, feel guilty and shameful and may have low self esteem and at the same time depend on others instead of finding their own individual ground. Peer pressure is very effective and detrimental at time for an individual, especially for adolescents who wants to fit in and have an identity of some sort and feel that their peers will not accept them if they do not conform to the expectation and demands of the peer group (Cicarelli and Meyer, 2006). Hence at this stage, adolescents may be peer pressured in involving in negative and high risk activities and bullying may be a part of that activity.

Adolescence is a stage where an individual undergo a lot of changes, it is the stage where the adolescents try to gain some independence away from their parents and they move on to

create stronger bonds with their social circle. The fact that they try to be a part of a group makes them engage in activities which might help them to be acknowledged by the members in their group. They try to impress the group by bullying or intimidating a weaker counterpart from their class and make fun of them. But the person who is being bullied faces a lot of problem because of this. Along with the changes that they have to undergo with regard to their physical development, they get bullied and hence it becomes a heavy toll for them and makes their life difficult and they may develop problems regarding their psychological health.

Bullying is an act which has existed for centuries and involves the aspect of frequent aggression towards individuals who are unable to defend themselves against such treatment and it occurs mostly in school places, workplace, prison etc (Baron et al., 2009). According to Olweus, 1996 *“We say a student is being bullied when another student or several other students say mean and hurtful things or make fun of him or her or call him or her mean and hurtful names, completely ignore or exclude him or her from their group of friends or leave him or her out of things on purpose, hit, kick, push, shove around, or threaten him or her, tell lies or spread false rumors about him or her or send mean notes and try to make other students dislike him or her and do other hurtful things like that”* (as cited in Olweus and Solberg 2003)

American Psychological Association reports that there is evidence in Systematic International research that school bullying is a recurrent and grave public health problem (American Psychological Association, 2004). There are about 160,000 children that do not go to school every day because they fear that they will get bullied which in turn interferes with their academic performance (Bullying Statistics, 2010). According to Swear, et al., (2010) bullying victimization is recognized as a widespread and neglected problem in different schools around the globe and it has serious consequence for children who are victimized by bullies and for those who carry out the bullying. Existing literature reports that bullying victimization among adolescents is a prevalent and a crucial issue that needs to be addressed (Frisen, et al., 2007; Analitis, et al., 2008). Many research studies have highlighted the impact of being bullied and the negative consequences on the psychological health of the adolescents in terms of: low self-esteem depression suicide attempts and alcohol consumption (Uba, et al., 2010; Siziya et al., 2012). Estevez et al., (2009) found in their study that victims had lower self esteem compared to the bullies and those not involved in bullying behavior. Another study by Salmon, et al., (1998) showed that children who were bullied were more anxious, had lower self esteem and were depressed compared to the non-bullied.

As shown in the literature, the prevalence of bullying victimization among adolescents is high and also puts the victims at a high risk in terms of poor psychological health.

Adolescent violence which includes bullying as well is reported to be one of the leading causes of premature death and serious injuries between the age groups of 15 and 24 (Mahajan, et al., 2011). In a study conducted in India, Kshirsagar, et al., (2007) study found that 31.4% of children were involved in bullying behavior. The children who were bullied were reported to prefer to stay alone, felt sad, had sleep disturbance, school truancy and vomiting. Although research on adolescent violence in India is limited, the studies that have been conducted does show that violence among adolescents is a prevalent issue. Munni, R and Malhi, P. (2006) found that about 5% of students were bullied mainly at school premises at 10 schools in Gujarat, India.

Keeping in view of the above, the present study was undertaken to identify adolescents who are being bullied and to study the relationship between bullying victimization, self esteem

and depression among school going adolescents from Imphal, Manipur and hence try to contribute to the growing research in bullying behavior among adolescents.

MATERIAL AND METHOD

Aim:

To study the relationship between bullying victimization, self-esteem and depression among school going adolescents and to study the gender difference with regard to self esteem and depression level among the bullied adolescents.

Objectives:

1. To analyze the socio-demographic and other relevant characteristics of the study sample.
2. To assess the gender difference of the level of self-esteem and depression among the bullied adolescents.
3. To work out the correlation of being bullied and the self-esteem level and depression.

Design:

This is a cross-sectional correlational study.

Sample:

The sample consisted of 165 school going adolescents between the ages of 12 to 17 years from 1 Government Hindi medium and 1 Private English medium Co-Ed school in Imphal, Manipur.

Tools Administered:

Self prepared Semi Structured Performa Scale: This was used to collect the relevant socio-demographic characteristics of the study sample.

Adolescent Peer Relations Instrument-Victim Scale (APRI, Prada R 2000): Bullying victimization was measured using Section B, the Victim Scale of the Adolescent Peer Relations Instrument (APRI). APRI consists of two sections, Section A and Section B which consists of bullying items scale and victim items respectively and consists of three types of behaviors used to bully others and being victimized (physical, verbal, social). The age range for applying this Instrument is between the ages of 12 to 17 years. In total there are 18 items each to measure being bullied. The items are measured on a six item likert-scale (1=Never, 2=Sometimes, 3=Once or twice a month, 4=Once a week, 5=Several times a day, 6=Everyday). Scoring is achieved by adding the items up for each individual total score. An individual who scores 18 or less for victimization total score has never been bullied and there are no cut-off scores for the instrument. The Instrument is reported to have acceptable internal consistency with Cronbach alpha co-efficient for the total Victim Score=0.95. Hence the instrument is Reliable.;

Rosenberg Self Esteem scale (Rosenberg, M. 1965): This 10 item scale assesses an individual's feelings of self worth when the individual compares himself or herself to other people. The items are measured on a four item likert-scale. Items 1, 3, 4, 7 and 10 are scored as (SA=3,A=2,D=1,SD=0) and items 2, 5, 6, 8 and 9 are scored as (SA=0,A=1,D=2,SD=3). Scoring is achieved by simply adding the items up. The total score is 30, an individual who scores less than 15 have low self esteem, 15-25 average self esteem and 25 above have high self

esteem. The test has alpha coefficients ranging from 0.72 to 0.87. Internal Consistency: Ranges from .77 to .88. Test Retest: Ranges from .82 to .85. Criterion Validity: .55. Construct Validity: Correlated .64 with anxiety, .54 with depression, and .43 with anomie.

Children Depression Inventory (Kovac M 1985). Depression was measured with the Children Depression Inventory designed for the screening of depressive symptoms in children and teenagers between the ages of 7 to 17 years. The scale consists of 27 items, scored on a 3-point scale ranging from 0 = once in awhile, 1 = many times, and 2 = all the time. CDI has acceptable internal consistency, with a Cronbach alpha coefficient of .71 and has been used with a number of samples both clinical and non clinical. The validity of the CDI has been well-established using Construct validity and discriminant validity. Discriminative validity in terms of sensitivity and specificity is found to be 805 and 845 respectively Kovac (2008).

Procedure:

To proceed with the study, necessary permission was sought from the concerned authorities of the two schools. They were thoroughly explained about the research purpose. Two stage sampling procedure was used, in the first stage convenient sampling was used to select the two schools. After this, all the concerned parents in the study were informed about the nature of the research study and informed consent was taken from them to allow their children to undergo the research. In the second stage simple random sampling was used to select the samples. After selection of subjects, semi structured proforma, Adolescent Peer Relations Instrument- Victim Scale, Rosenberg Self Esteem Scale and Children Depression Inventory were administered.

Statistical analysis of results:

The data was sorted, coded and entered into the computer using Statistical Package for Social Sciences (SPSS) software 16 version. Chi-square was used to compare and evaluate the relative frequency of proportion of events of the population that fell into well defined categories. The t-test was used for analyzing the significant difference between two mean values. Pearson’s Correlation test was used for finding the correlation between being bullied and the self-esteem level and depression.

RESULTS

Table No. 1: Showing Bivariate analysis of the study sample with respect to Adolescent Peer Relations Instrument

Parameters	Adolescent Peer Relations Instrument			x ²	d.f.	p-value
	Bullied	Not bullied	Total			
Gender						
Male	68(86.1)	11(13.9)	79(100)	0.659	1	0.417
Female	70(81.4)	16(18.6)	86(100)			
Total	138(83.6)	27(16.4)	165(100)			
Age Category						

Early	19(76)	6(24)	25(100)	1.599	2	0.450
Middle	87(86.1)	14(13.9)	101(100)			
Late	32(82.1)	7(17.9)	39(100)			
Total	138(83.6)	27(16.4)	165(100)			
Educational Qualification Category						
Primary	18(81.8)	4(18.2)	22(100)	0.228	2	0.892
Secondary	57(82.6)	12(17.4)	69(100)			
Higher Secondary	63(85.1)	11(14.9)	74(100)			
Total	138(83.6)	27(16.4)	165(100)			
Academic Performance						
1 st division	36(73.5)	13(26.5)	49(100)	7.493	2	0.024
2 nd division	64(84.2)	12(15.8)	76(100)			
3 rd division	38(95)	2(5)	27(16.4)			
Total	138(83.6)	27(16.4)	165(100)			
Religion						
Hindu	103(81.1)	24(18.9)	127(100)	2.912	2	0.233
Christian	29(90.6)	3(9.4)	32(100)			
Muslim	6(100)	0(0)	6(100)			
Total	138(83.6)	27(16.4)	165(100)			
Family Type						
Nuclear	90(84.1)	17(15.9)	107(100)	0.050	1	0.822
Joint	48(82.8)	10(17.2)	58(100)			
Total	138(83.6)	27(16.4)	165(100)			

In order to assess more meaningful aspects about the basic profiles of the study sample, classification of the basic profiles with respect to Adolescent Peer Relations Instrument (Bullied or Not Bullied) was made with the test value of chi-square and observed level of significance (p). 138 (83.6%) of the adolescents were found to be bullied. Almost all the parameters analyses under this table namely: Gender (p-value= 0.417), Age Category (p-value=0.450), Educational Qualification Category (p-value=0.892), Religion (p-value=0.233), Family Type (p-value=0.822), were found to be statistically insignificant with respect to the Adolescent Peer Relations Instrument-Victim scale (Bullied or Not Bullied) of the study sample except that of Academic performance of the study sample (p-value=0.024).

Table No. 2: Showing mean, standard deviation, t-value and p-value of self-esteem of bullied male and female adolescents

	GENDER		t-value	p-value
	Male	Female		
Rosenberg Self Esteem Scale	1.68±0.471	1.39±0.490	3.550	0.001

Table No. 2: This table shows the gender difference of the bullied adolescents with regard to self-esteem. Statistical analysis shows that there is a high significant difference on the level of self esteem between the bullied and non-bullied adolescents in the study sample (p-value=0.001), which reveals that bullied females have a lower self esteem as compared to bullied males.

Table No. 3: Showing mean, standard deviation, t-value and p-value of depression between bullied male and female adolescents

	GENDER		t-value	p-value
	Male	Female		
Children Depression Inventory	1.78±0.418	1.51±0.503	3.362	0.001

Table No. 3: This table shows the gender difference of the bullied adolescents with regard to depression. Statistical analysis shows that there is a high significant difference found on the depression of the bullied and non-bullied adolescents in the study sample (p-value=0.001), which reveals that bullied females are more depressed compared to bullied males.

Table No. 4: Showing Correlation co-efficient and p-value of Adolescent Peer Relations and Rosenberg Self Esteem scores

Variables	Correlation Co-efficient	p-value	Remark
Adolescent peer relations instrument with Rosenberg Self Esteem Scale Score	-0.243	0.002	Highly significant

Table No. 4: This table shows the correlation of being bullied and self-esteem level. Statistical analysis shows that there is a negative relationship (p-value=0.002) between the Adolescent Peer Relations score and the Rosenberg Self Esteem score. The negative correlation denotes that the more the person is bullied the lower will be their self esteem.

Table No. 5: Showing Correlation co-efficient and p-value of Adolescent Peer Relations and Children Depression scores.

Variables	Correlation Co-efficient	p-value	Remark
Adolescent peer relations instrument with Children Depression Inventory score	0.483	0.000	Very highly significant

Table No. 5: This table shows the correlation between the bullied and depression. Statistically when applied correlation coefficient test between this variables it is found to be positively correlated. The positive correlation denotes that more the person is bullied the more they will be depressed.

DISCUSSION:

With the increase in the statistics of bullying victimization among school going adolescents there is a need to address this issue and implement preventive policies in schools. However studies in India are lacking in number with regard to this topic. The present study has been conducted to study the relationship of being bullied and the self esteem and depression. Also gender differences have been studied among the bullied adolescents with regard to self-esteem and depression.

The highest percentage of the sample consisted of females with 52.1%. With regard to age category, the highest distribution of sample consisted of middle adolescence with 61.2% and the majority of the sample consisted of higher secondary students with 44.8%. Males were bullied more compared to females 86.1% and 81.4% respectively, however statistical analysis reveal no significant difference. Taking into consideration the studies that were conducted earlier and their results, boys were more frequently found to be both victims as well as perpetrators compared to girl (Wolke et al., 2001; Khezri et al., 2013). However another study contradicted this finding and showed that girls were bullied more compared to boys Craig et al., (2009). Though there are different findings as to who is bullied more with regard to gender, males are found to bullied more frequently in comparison to their female counterparts in the present study which may be because of the fact that males are involved in a more overt form of aggression compared to girls and hence they may try to dominate their male counterparts at the same time they try to show their masculinity and exude a sense of being cool among the other classmates which in turn increases the frequency of their weaker male counterparts to be victimized.

An appreciable and significant statistical relationship was found with respect to academic performance of the study sample and the Adolescent Peer Relations Instrument-Victim Scale (Bullied or Not Bullied), the highest percentage of the bullied adolescents (95%) were found to have achieved 3rd division. These findings indicate that the samples who are bullied may be affected by the frequent level of bullying incurred upon them in school which in turn affects their academic performance and hence leads them to perform poorly in academics. The bullied children may be fearful of going to school and being victimized and they may feign sicknesses from going to school, but these behaviors may hamper their performance academically as they may not be up to date with the lessons being taught. Eisenberg et al. (2003) in their study reported similar findings and found that students who were bullied were more likely to show school truancy which affected their academic performance. Consistent findings have been reported in earlier research studies as well, Kowalski & Limber (2013) reported that students who were victimized in traditional bullying had a significant correlation with their academic performance. Studies by (Woods & Wollke, 2003; Baker-Henningham et al., 2009) reflects similar findings. Hence studies conducted earlier mirrors the findings of the present study and thus echoes the unconstructive impact that bullying has on the academic performance of the victim of bullying.

Statistically significant difference was found on the level of self esteem between the bullied male and female adolescents which reveals that bullied females are more prone to have a

lower self esteem compared to males. Results of the present study are in line with the previous study by Brito & Oliveira. (2013). Girls also may have lower self esteem because during childhood and adolescence girls typically experience a decrease in self esteem compared to boys whose self esteem increase or stay the same, Pollastri et al., (2010). Boys base their self esteem on athletics and extracurricular activities however in the case of females they base it on their social interactions, Klatiana & Fröjd. (2011). Females are more inclined to base their self esteem on social approval and social interactions as compared to males, they feed on the comments that they receive from people, when they are bullied it gives them a feedback that they are socially not accepted by their peers which in turn lowers their view about themselves and their sense of self-worth and self-esteem. However one study by Uba et al., (2010a) reported of no significant gender difference in the self esteem level of the bullied male and female samples. Although this particular study contradicts the findings of the present study however, there is ample evidence from a study by Yang et al., (2006) and other studies stated above which reports on the contrary.

A high statistical significant gender difference was found with regard to depression of the bullied sample in the present study. In a study conducted by Craig (1998) reported in his findings that victimized females had higher depression than males. As stated earlier, females usually base their self-worth on their social acceptance hence when they are bullied their view of themselves becomes distorted and they start developing negative view about themselves and of the world which makes them develop depressive symptoms. Another explanation of why females are more depressed maybe because girls during their adolescence stage they view puberty and changes in their body as negative and hence they are more prone to depression Gurian (2014). The fact that females had higher depression as compared to males may be attributed to the fact that during adolescence girls are more prone to symptoms that are directed internally and hence develop depressive symptoms, WHO (2002). Hence the present study that bullied females are more depressed in comparison to males and is supported by previous findings as well.

Results from the present study indicate that statistically there is a high negative relationship between being bullied and the self esteem level thus indicating that the more a person is bullied the lower will be their self-esteem level. Similar findings have been paralleled by previous studies conducted in similar topic which reported that higher the bullying lower is the self-esteem Patchin & Hinduja (2010). It is evident that when an individual is targeted their self-esteem is at risk as the victimization makes them doubt their sense of worth and credibility as a strong individual which in turn lowers their perception of themselves in a positive light. Self esteem is responsive to the life experiences and the response that we receive from others thus when an individual is victimized they receive the information that they are weak, ugly, not worthy which in turn reduces their self esteem. The link between bullying and self-esteem is a strong association as evidenced by previous studies. It was also found in the study that statistically there is a positive correlation between being bullied and depression which indicates that the more the person is bullied the more they will be depressed. Previous findings have echoed the findings of the present study. Uba I et al (2010a) reported of a positive correlation between depression and bullying. In another study by Uba I et al (2010b) depression was found to have positive correlation with bullying which meant that high levels of bullying was associated with depression. The reason that the victims of bullying have a strong relation with depression may be because as a person is subjected to constant teasing, criticism and violence from their peers at school, the individual may become frustrated, give up and may become hopeless and helpless, they may start isolating themselves from the school as well as at home

which makes them more prone and at a higher risk to develop depression. Hence the strong link and association is evident.

CONCLUSION

The act of bullying has existed since the ancient times and individuals who are powerful continually exploit their power upon their weaker counterparts and dominate them. The rate of bullying among school going adolescents has increased in the past few years. Despite the alarming increase in rate we are still behind in understanding the gravity of the situation and the effect that being victimized has on the psychological health of the victims. The present study revealed that bullied adolescents had poorer academic performance, lower self-esteem and were more depressed. With regard to gender, bullied females had lower self-esteem and were more depressed in comparison to the bullied males. The present study also revealed that with the increase in being bullied their self-esteem decreased and they were more depressed.

Implication:

The present finding emphasize that bullying may be a marker for poor academic performance, low self-esteem and depression. Hence, mental health practitioners who evaluate such cases should also consider being bullied as one of the risk factors that may have led the individual to their poor psychological health. Similarly students who are bullied should be referred for psychological evaluation. School board and the management should be encouraged to educate the student, teachers and parents about bullying and the effects thereof. The school authority should be strict in stating the schools policy with regard to intolerance of bullying in the school and also they should be firm against the perpetrators to reduce the bullying behavior. Students who are bullied should be encouraged to come forward and report the incidents to the school authority. Counselors should be available in each school to help such bullied victims. If not, they should be referred to mental health professionals. Teachers should be trained to have special classes to make the students aware of the different verbal and physical aspects of behaviors which are considered as bullying and also teachers should be active in identifying the students who might be at risk of bullying and being victimized. Programs to enhance the self-worth of the students should be implemented.

Limitations:

- 1) The sample size was limited. The findings obtained from this study may not be generalized as the samples were collected only from two schools.
- 2) The data on bullying victimization was obtained through self-report. In-depth information from the teachers, parents and the peers were not collected and analyzed in the present study.
- 3) The present study only focuses on the victims of bullying. The victims in the study might have been a bully-victim (who is both bullies and victims) which was not identified in the present study and hence limits the study.

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