



## A HEALTH EDUCATION PROGRAM FOR PREPARATORY SCHOOL STUDENTS REGARDING BULLYING

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### Abstract

**Background:** Bullying is a social problem characterized by intentional aggression over time, usually in school contexts and in cyberspace, characterized by intentionality, repetition, and power asymmetry.

**Aim:** This study aimed to evaluate a health education program for students at preparatory school regarding bullying

**Research design:** A quasi-experimental research design was used in this study.

**Sample:** Simple random sample include 150 students.

**Setting:** Hudaa Sharawy, El-kholafaa El- Rashedeen and El-Shaheed Ahmed Hamdy preparatory schools.

**Tool for data collection:** one tool included four parts, 1st part includes socio-demographic characteristic, 2nd part assesses students' knowledge about bullying 3rd part assess the effect of bullying on students' health status, 4thpart students reported practice.

**Results:** it revealed that 87.3 % of the studied sample had good knowledge post program while only10% of them had good knowledge preprogram. 86 % of the studied sample had total satisfactory health practices post program while 64.7% of them had total satisfactory health practices preprogram

**Conclusion:** the student's total knowledge &total practice about bullying improved after apply program than preprogram.

**Recommendations:** Periodic prevention program and reorientation sessions about bullying for school students.

**Keywords:** Bullying, Health Educational Program and School Student

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## 1. INTRODUCTION

School bullying is a serious public health problem because of its detrimental effects on students' adjustment and well-being, as well as school functioning. Bullying is a form of aggressive harmful behavior that is exhibited repeatedly over a period and characterized by a peer power differential although bullying behavior is a worldwide public health problem among students, prevalence rates vary across countries. Bullying is a direct or indirect intentional aggressive behavior that is repeated over time on a long-term basis, with a power imbalance between perpetrators and victims (Arslan et al., 2021).

School bullying is a type of aggressive behavior in which some students frequently, continuously, and intentionally inflict harm on other students who are not able to defend themselves. This behavior is displayed long-term, and there is an imbalance of power between perpetrators and victims. Bullying is

not only a dyadic interaction between the victim and the bullied but it is rather a complex psychosocial phenomenon with the interplay between different bullying roles. In this field of research, students are usually classified into roles that include perpetrators, victims, bully/victims, and bystanders who might ignore the situation, reinforce, or support and help the victim (Zych et al., 2019).

The main reasons for bullying in the unique psychological characteristics of students, the influence of family education, peer groups, the bad demonstration of mass media, and the lack of moral education in schools. unfair management of students, the lack of school management system and management behavior, the lack of school culture construction and the poor quality of teachers, the mobility of parents, family changes, the only student education, the poor communication between families and schools, and the poor quality of parents are the family causes of school bullying. Being isolated is

more likely to be bullied (**Mischel & Kitsantas, 2020**).

Bullying behaviors within these contexts can take the form of physical, verbal, and social/relational. The physical form of bullying behaviors can be exemplified as damaging personal property, pushing, spitting, kicking, and hitting while threatening verbally or with gestures or with written notes, making inappropriate sexual comments, name-calling, and taunting are some examples of verbal bullying behaviors between the bully or bullies and the victim (**Forster et al., 2020**).

School nurses are well-positioned to offer outreach to students in need through strong connections to the school community. For students with chronic health conditions and mental health concerns, school nurses can support and advocate for their participation in school activities, thus helping them feel engaged, valued, and accepted. The school nurse is in a prime position to reinforce a sense of belonging to support a student's well-being. School nurses' availability during the school day can significantly influence students' health and well-being. Therefore, school nurses must consider and support school connectedness as a critical part of their practice (**Stickl et al., 2020**).

The health education program is designed to address attitudes and behaviors relating to bullying at the group level to position bullying as socially undesirable and defend others from bullying as desirable, thereby changing the role of the bystander and changing the school climate. Whereby students have their awareness raised and have an opportunity to reflect on what would do in a bullying situation. Ensuring there is a commitment to anti-bullying behaviors. The health education program focuses on teaching students how to be defenders. Developmentally appropriate and build upon each other as seek to teach students how to recognize bullying, support victims, and stand up against bullying. Taught how to be a defender rather than a passive bystander (**Green et al., 2020**).

#### **Significance of the study**

In Egypt 70 % of students with ages ranging between 13-15 years old are being bullied. According to the latest global data, slightly more than 1 in 3 students aged 13-15 around the world experience bullying. While girls and boys are equally at risk of being bullied (**Kandil, 2018**). A study conducted by The National Council for Childhood and Motherhood(NCCM) and The United Nations Children's Emergency Fund (UNICEF) in 2015 on three governorates showed that the highest level of bullying facing students occurs at home, followed by school; with 29 to 47% of students (aged 13-17) reported that physical bullying among peers was commonplace (**unicef, 2018**).

United Nations Educational, Scientific and Cultural Organization (UNESCO) examined the global prevalence of bullying in childhood and adolescence

from the Program for International Students Assessment and found that almost one in three 32% students globally has been the victim of bullying on one or more days in the preceding month and that 1 in 13 (7.3%) has been bullied on six or more days over the same period. The prevalence of bullying tends to peak during adolescence. Over one-third of adolescents have experienced traditional bullying (e.g., verbal, physical, and relational) worldwide, whereas more than half of adolescents have reported cyberbullying (**Peng et al., 2020**).

The National Center for Educational Statistics illustrates those one out of every five students 20.2 % report bullying. Male students report being physically bullied at a higher rate than female students 6 % vs. 4 %, whereas female students report being subjected to rumors 18 % vs. 9 % and being excluded from activities at a higher rate than male students (**National Center for Educational Statistics, 2019**).

#### **Aim of the study**

This study aimed to evaluate the health education program for students at preparatory school regarding bullying through the following objectives:

- Assessing students' knowledge and reported practice regarding bullying.
- Assessing effect of bullying on students' health status and school achievement.
- Planning and health education program in the light of the actual needs of the students regarding bullying.
- implementing health education program in the light of the actual needs of the students regarding bullying.
- Evaluating the health education program regarding bullying.

## **2. RESEARCH HYPOTHESIS**

The students' knowledge and practice will be improved after applying health education program regarding bullying.

#### **Subject and methods material**

##### **I- Technical item:**

The technical item included research design, setting, subject and tools for data collection

Research design:

A quasi-experimental research design used in this study.

##### **Setting:**

The study was conducted in three preparatory schools in Maassara district. These schools are Hudaa Sharawy, El-kholafaa El- Rashdeen and El-Shaheed and Ahmed Hamdy preparatory schools.

##### **Sampling:**

**Type of the sample:** Simple random sample included 150 students' academic year 2021-2022.

**Sample criteria:** Preparatory school students grade two in selected classes, accept to participate in the study and have smart phon.

##### **Tool of data collection:**

Data for this study will be collected by using the tool:

**Tool: An interview questionnaire:**

Data for this study collected by using a questionnaire sheet consisted of four parts pre and post format:

**Part I:** Socio-demographic characteristics of students. it involved 14 items such as: age, sex, school name, father's occupation, father's education, mother's education, income level of family, mother's occupation, crowding index, number of rooms, mother presence at home, father presence at home, family type, family bullying.

**Part II:** Assessment student's knowledge regarding bullying (pre & post program implementation). That composed of 9 closed end questions to assess students' knowledge about bullying including meaning of bullying, classifications, causes, risk factors of bullying and effects of bullying on student's health status and school achievement.

#### **Scoring system**

The answers to these questions were 0 for don't know or wrong answers, 1 for incomplete correct answers and 2 for complete correct answers. Total answers range between (0-18) divided through the following:

- Poor knowledge < 50% (0 - < 7)
- Average knowledge 50% to < 75% (7 - < 13)
- Good knowledge"  $\geq 75\%$  (13 - 18)

**Part III:** Assessment prevalence of bullying that composed of 3 closed end questions and effect of bullying on student's health status that composed of 6 closed end questions including physical, psychological, social, behavioral, and school achievement.

#### **Scoring system**

The answers to these questions were 0 for no and 1 for yes.

**Part IV:** Assessment of students reported practice regarding bullying contained 24 questions related to the students' practice assessment bullied, victim & bystander (pre & post) as pushed or shoved other students, slapping, or kicking colleagues...etc.

#### **Scoring system**

The answers to these questions are 1 for not done and 2 for done, Total answers range between (9-27) divided through the following.

- Unsatisfactory practice < 70% (32 - 57)
- Satisfactory practice  $\geq 70\%$  (58- 72)
- Highly satisfactory practice  $\geq (73 - 96)$

#### **Validity:**

The revision of the tools for clarity, relevance, comprehensiveness, understanding and applicability done by a panel of 5 experts (3 from community health nursing, 1 from pediatric nursing Faculty of Nursing and 1 from faculty of education) Helwan University to measure the content validity of the tools and the necessary modification not done.

#### **Reliability:**

- For knowledge Cronbach alpha was calculated between the two scores using SPSS computer package. It was 0.85 which indicates that the tool is reliable to detect the objectives of the study. For practice Then Cronbach alpha was calculated between the two scores. It was 0.80

which indicates that the instrument is reliable to detect the objectives of the study.

#### **ETHICAL CONSIDERATIONS:**

- Official permission was conducted for the study and obtained from the Scientific Research Ethics Committee. Participation in the study was voluntary and subjects were given complete full information about the study and their role before signing the informed consent. The ethical considerations included explaining the purpose and nature of the study, stating the possibility to withdraw at any time, and confidentiality of the information that was not accessed by any other party without taking the permission of the participants. Ethics, values, culture, and beliefs were respected.

#### **II) Operational item:**

The operational item includes preparatory phase, pilot study and field work.

##### **▪ Preparatory phase:**

The researchers were reviewed the current advanced national and international related literature, then designed and prepared tools of data collections and a recreation program. Finally, conduct a pilot study on 10% among sample size to evaluate the content validity, reliability, and practicability of the study, according to statistically analysis of a pilot study, modification not applied.

##### **▪ Pilot study:**

A pilot testing was conducted on 15 students from total 150 students under study. They presented about 10% of the total study sample to assess the feasibility of the study as well as clarity and objectivity of the tools. The needed modification was not applied, and those subjects was included in the actual study sample.

##### **▪ Field work:**

After attaining the approval to conduct the study, sample was collected during the day of the school. After establishing a trustful relation, every student was interviewed individually by the researchers to explain the study purpose then study tools were completed by students. Data of the current study were collected from middle of October 2021 to the middle of May 2022. Teaching method used: group discussion, brainstorming, demonstration, and re-demonstration, also media was picture, handout and PowerPoint. Booklet and cylinder disk were prepared by the researchers.

#### **III) Administrative item:**

Permission was obtained by submission of an official letter issued from Dean of Faculty of nursing, Helwan University forwarded to official educational directorate and the director of Massara educational administration and schools directors including aim of the study to obtain the permission to visit each school and conduct the study. Each school manager was informed about the study, date, and time of data collection.

**IV) Statistical item:**

Quantitative data were presented by mean (X) and standard deviation (SD). Qualitative data were presented in the form of frequency distribution tables, number and percentage. It was analyzed by chi-square ( $\chi^2$ ) test. However, if an expected value of any cell in the table was less than 5, Fisher Exact test was used (if the table was 4 cells), or Likelihood Ratio (LR) test (if the table was more than 4 cells). Level of significance was set as P value <0.05 for all significant tests.

**3. RESULTS**

**Table (1)** Illustrates that 48% and 54% of studied sample had middle educated fathers, and mothers respectively. Regarding their father’s occupation 70% of them had worker fathers. In addition, 54% of them were living at separate apartment, approximately 46% of studied sample their families hit them, and 36% of them mentioned that their families called bad names.

**Table (1):** Socio demographic Characteristics of the Studied Sample (N=150).

| Socio Demographic Characteristics | No.                    | %          |            |
|-----------------------------------|------------------------|------------|------------|
| <b>Gender</b>                     | ▪ Male                 | 69         | 46         |
|                                   | ▪ Female               | 81         | 54         |
| <b>Father’s education</b>         | ▪ Illiterate           | 6          | 4          |
|                                   | ▪ Basic education      | 39         | 26         |
|                                   | ▪ Middle education     | 72         | 48         |
|                                   | ▪ University education | 33         | 22         |
| <b>Mother’s educational</b>       | ▪ Illiterate           | 15         | 10         |
|                                   | ▪ Basic education      | 21         | 14         |
|                                   | ▪ Middle education     | 81         | 54         |
|                                   | ▪ University education | 33         | 22         |
| <b>Father’s occupation</b>        | ▪ Employee             | 39         | 26         |
|                                   | ▪ Farmer               | 6          | 4          |
|                                   | ▪ Worker               | 105        | 70         |
| <b>Crowding Index</b>             | ▪ < 1                  | 0          | 0          |
|                                   | ▪ 1-2                  | 48         | 32         |
|                                   | ▪ > 2                  | 102        | 68         |
| <b>Father return home</b>         | ▪ Yes                  | 117        | 78         |
|                                   | ▪ No                   | 33         | 22         |
| <b>Mother at home</b>             | ▪ Yes                  | 129        | 86         |
|                                   | ▪ No                   | 21         | 14         |
| <b>Family breadwinner</b>         | ▪ Father               | 102        | 68         |
|                                   | ▪ Mother               | 18         | 12         |
|                                   | ▪ Both                 | 30         | 20         |
| <b>Home type</b>                  | ▪ Family house         | 69         | 46         |
|                                   | ▪ Separate apartment   | 81         | 54         |
| <b>Family called bad names</b>    | ▪ Yes                  | 54         | 36         |
|                                   | ▪ No                   | 96         | 64         |
| <b>Family hit you</b>             | ▪ Yes                  | 69         | 46         |
|                                   | ▪ No                   | 81         | 54         |
| <b>Total</b>                      |                        | <b>150</b> | <b>100</b> |

**Tables (2)** Demonstrates that the good knowledge response was increased from 10% preprogram to 87.3% post program and the difference was highly

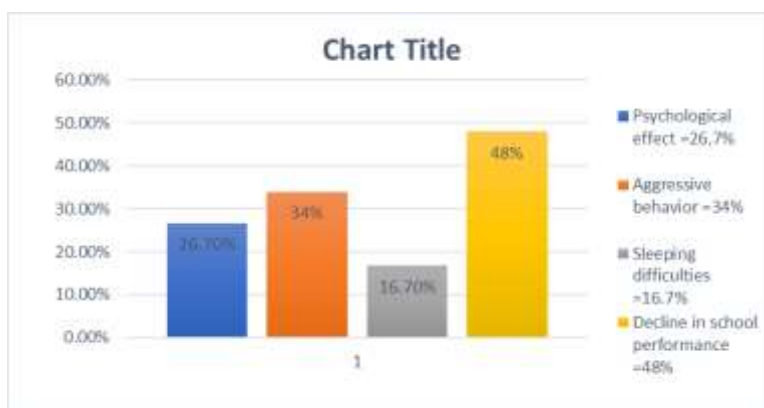
significant (P<0.0001). Also, post health education program revealed a highly significant improvement in the total knowledge score where(p<0.000).

**Table (2):** Effect of the Health Education Program on Total Score of Knowledge about Bullying and its Preventive Measures among Studied Sample (N=150)

| Groups of total knowledge       | Pre-health education program |     | Post health education program |      | $\chi^2$ | P value |
|---------------------------------|------------------------------|-----|-------------------------------|------|----------|---------|
|                                 | N0.                          | %   | N0.                           | %    |          |         |
| <b>Poor Knowledge (0-6)</b>     | 9                            | 6   | 4                             | 2.7  | 181.5    | <0.0001 |
| <b>Average Knowledge (7-12)</b> | 126                          | 84  | 15                            | 10   |          |         |
| <b>Good Knowledge (13-18)</b>   | 15                           | 10  | 131                           | 87.3 |          |         |
| <b>Total</b>                    | 150                          | 100 | 150                           | 100  |          |         |

**Fig. (1)** Illustrates that 26.7% % of studied sample had psychological effect of bullying post program, 16.7% of them had sleeping difficulties and 34% of

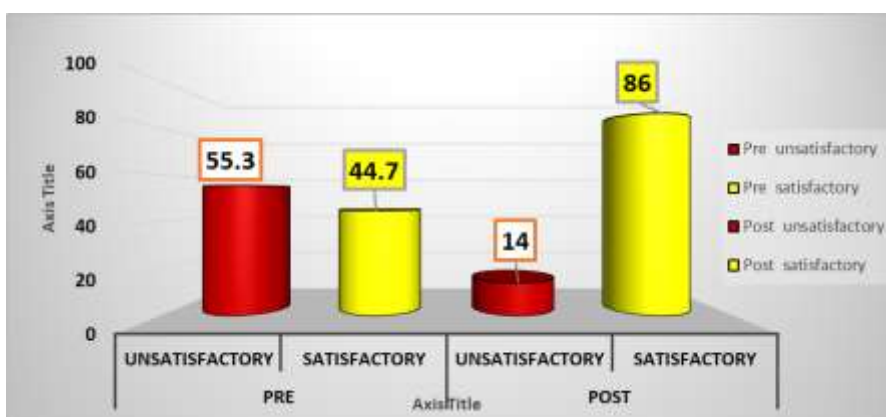
them had aggressive behavior. 48% of them had a decline in the school performance.



**Fig. (1):** Distribution of the Studied Samples' according to The Effect of Bullying on their Health Status and School Achievement Post Health Education Program. (N = 150).

**Fig. (2)** Shows that 44.7% of studied sample had satisfactory pre health education program while

86% had satisfactory post health education program.



**Fig. (2):** Bullying Total practice levels among studied Sample pre and post health education program (N=150)

**Table (3)** Shows that this a significant association between post program total knowledge and total practice where  $P < 0.05$ . All participants with poor knowledge had poor practice, and those who had

average knowledge had good practice. In addition, majority of participants with good knowledge had good practice 87%.

**Table (3):** Relation between Knowledge and Reported Practice Post Program

| Total knowledge          | Total practice         |     |                      |     | Total |     | $\chi^2$ | P          |
|--------------------------|------------------------|-----|----------------------|-----|-------|-----|----------|------------|
|                          | Unsatisfactory (24-35) |     | Satisfactory (36-48) |     |       |     |          |            |
|                          | NO.                    | %   | NO.                  | %   | NO.   | %   |          |            |
| Poor Knowledge (0-6)     | 4                      | 100 | 0                    | 0   | 4     | 100 | 6.2      | <0.04 Sig. |
| Average Knowledge (7-12) | 0                      | 0   | 15                   | 100 | 15    | 100 |          |            |
| Good Knowledge (13-18)   | 17                     | 13  | 114                  | 87  | 131   | 100 |          |            |
| <b>Total</b>             | 21                     | 14  | 129                  | 86  | 150   | 100 |          |            |

#### 4. DISCUSSION

Bullying involves aggressive attitudes by one or more students against another, characterized by

intentionality, repetition, and power asymmetry. It involves different forms of behaviors, according to which students may be classified as aggressors, victims, victim-aggressors, and witnesses, based on

their attitude. Bullying behavior among students is commonly defined as repeated exposure to negative actions from one or more peers that are intended to harm and apply a power imbalance in favor of the perpetrator (Thornberg & Delby, 2019).

Concerning sex, the result revealed that more than half of the studied sample were female. This results agrees with Yang et al., (2020) in published study entitled "School wide social emotional learning (SEL) and bullying victimization: Moderating role of school climate in elementary, middle, and high schools" conduct in 90 schools in Delaware who reported that 51.3% of students were female.

Regarding father and mother education the result illustrated that more than one third of studied samples fathers and mothers had middle education. This results disagrees with Abuhammad et al., (2020) in published study entitled "Intimidation and bullying: A school survey examining the effect of demographic data" who reported that 23.8% of fathers had bachelor and 30.8% of mothers had bachelor's degree.

Concerning father and mother occupation the result showed that more than two third of studied sample fathers had worker and more than two third of mothers had housewife. These results disagree with Zhang et al., (2022) in published study entitled "Association of child maltreatment and bullying victimization among Chinese adolescents: The mediating role of family function, resilience, and anxiety"

conduct among 6247 adolescents (3401 males, 2846 females) in Anhui Province, China who reported that 45.8% of fathers had worker and 14.9% of mother had unemployed

The following paragraphs answers the research hypothesis: The students' knowledge and practice will be improved after applying health education program regarding bullying.

Concerning to total score of knowledge about bullying. The result revealed that more than half a highly significant improvement ( $p < 0.000$ ) in the total knowledge score. This results agrees with Debby Ng et al., (2022) in published study entitled "The Effectiveness of Educational Interventions on Traditional Bullying and Cyberbullying Among Adolescents: A Systematic Review and Meta-Analysis" conducted in Germany who reported that Empathy, knowledge about bullying, internet risks and safety, and assertive ways for bystanders to intervene months long 1. Long: 15- 45 min sessions 2. Short: 4- 90 min sessions (No follow-up) Pretest T: 16.6% Posttest T: 32.8%.

Regarding the effect of bullying, the result revealed that less than one fifth of studied sample had low self-confidence and depression. This results is the same direction with Lucas-Molina et al., (2022) in published study entitled "Bullying, Cyberbullying and Mental Health: The Role of Student Connectedness as a School Protective Factor"

conducted in Spain who reported that 20.94%, and 20.53% of the variance in participant depression, and low self-esteem, respectively.

Regarding the effect of bullying, the result revealed that less than one fifth of studied sample repeated absence from the school. This results disagrees with Alabdulrazzaq and Ali (2020) in published study entitled "Parental Reported Bullying among Saudi Schoolchildren: Its Forms, Effect on Academic Abilities, and Associated Sociodemographic, Physical, and Dentofacial Features" conducted in Saudi Arabia who reported that 74.6% Absence from school.

Concerning to bullying practice, the result revealed that less than one third of the studied sample victim of physical bullying by hitting. This results disagrees with Shahrour et al., (2020) in published study entitled "Prevalence, correlates, and experiences of school bullying among adolescents: A national study in Jordan" conducted in Jordan who reported that victims of physical bullying is 4.8% and verbal bullying is 8.6% of students.

Concerning bullied practices, the result revealed that improve of bullied practice from more than half pre health education program to less than one third after health education program. This results disagrees with Wachs et al., (2019) in published study entitled "Bullying Intervention in Schools: A Multilevel Analysis of Teachers' Success in Handling Bullying From the Students' Perspective" conducted in German who reported that As evaluated the success of the bullying intervention by participants 20.4% stated that "it was stopped completely," 43.2% reported that "it was stopped partly.

Concerning to bullied practice, the results revealed that more than one third of the studied sample said something about one to make others laugh. This results disagrees with Xu et al., (2022) in published study entitled "School Bullying Among Vocational School Students in China: Prevalence and Associations With Personal, Relational, and School Factors" conducted in China who reported that 9.04% Making fun of others with sexual comments/gesture

Concerning to bullied practice, the result revealed that less than one third of the studied sample insulted or threatened colleagues post program. This results agrees with Hanani, (2021) in published study entitled "Bullying Behaviors among University Students in Palestine" conducted in Lebanon who reported that 9% of sample insult of use bad words & 5% Threatening others.

Concerning relation between total knowledge and reported practice, the result revealed that more than two third of the studied sample had good knowledge with good practice after health education program. This result agrees with Schoeler et al., (2018) in published study entitled "Quasi-Experimental Evidence on Short- and Long-Term Consequences of Bullying Victimization: A Meta-Analysis" conducted in London who reported that any program efficient in

reducing bullying victimization should result in a proportional decrease in its indirect impact on outcomes. This may explain why the KIVA program, which was successful in that it reduced bullying perpetration by about 60%, did not have a significant impact on depression.

## 5. CONCLUSION

**Based on the results of the present study and research hypothesis the following conclusion includes:**

There was a marked improvement in students' total knowledge about bullying improved after apply post program than preprogram. Additionally, there was statistically significant improvement in students total reported practice as called colleagues bad names after applying health education program than preprogram.

## 6. Recommendations

**In the light of the finding of this study, the following points are recommended:**

- 1-Continuous health education program about bullying in other places to generalize the results.
- 2- Make posters or banners about bullying prevention and put schools under observation from community health nurse.
- 3- Periodic prevention program and reorientation sessions about bullying for students at schools to keep the positive effect of the it that can be attained through a well-organized follow-up.
- 4-Periodic guideline program about bullying for students at schools to keep the positive effect of the it that can be attained through a well-organized follow-up.

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