

INVESTIGATION OF SCHOOL BULLYING EXPERIENCED BY PATIENTS AGED 10–16 YEARS WITH CLEFT LIP AND PALATE (CLP)

SEVGI ELADAĞ KOÇDOR*

Department of Orthodontics, Faculty of Dentistry, Istanbul Okan University, Gülbahar, Oya Sk. No:23/A, 34394 Şişli, Istanbul, Türkiye. *Corresponding Author Email: seladag@stu.okan.edu.tr

ZEYNEP AHU ACAR

Department of Orthodontics, Faculty of Dentistry, Istanbul Okan University, Gülbahar, Oya Sk. No:23/A, 34394 Şişli, Istanbul, Türkiye.

BANU MERT

Department of Orthodontics, Faculty of Dentistry, Istanbul Okan University, Gülbahar, Oya Sk. No:23/A, 34394 Şişli, Istanbul, Türkiye.

Abstract

Objective: This study aimed to evaluate peer bullying victimization in the school environment among individuals aged 10–16 years with cleft lip and palate (CLP), and to examine sociodemographic, clinical, and psychosocial variables that may be associated with bullying experiences. **Materials and Methods:** This cross-sectional survey study included 91 individuals aged 10–16 years with CLP who were receiving orthodontic treatment at the Departments of Orthodontics of Istanbul Okan University, Yeditepe University, and Marmara University Faculties of Dentistry. Data were collected using a patient history form and the Olweus Bully/Victim Questionnaire (OBVQ). For bullying classification, a response indicating that the relevant behavior had occurred “2–3 times or more often during the last month” was accepted as the cut-off point. Descriptive statistics, the chi-square test, Fisher–Freeman–Halton exact test, and multivariable logistic regression analysis were used. Statistical significance was set at $p < 0.05$. **Results:** The mean age of the participants was 12.63 ± 1.97 years; 34 participants were female and 57 were male. According to the OBVQ criteria, 34.1% of the participants were classified as victims of peer bullying, 8.8% as bullies, and 4.4% as bully-victims. When a lower cut-off point was used and the response “once or twice during the last months” was also considered within the scope of victimization, the victimization rate increased to 54.9%. A longer duration of speech therapy was associated with a higher rate of victimization. Introverted participants were more frequently exposed to bullying than extroverted participants. The highest bullying rates were observed in the 7th–8th and 9th grades. Verbal bullying was more frequently reported among female students. **Conclusion:** Peer bullying is an important psychosocial problem among children and adolescents with CLP. The findings indicate that these individuals should be evaluated not only in terms of surgical, orthodontic, and functional treatment needs, but also with regard to school life, peer relationships, social adjustment, and psychological well-being.

Keywords: Cleft Lip and Palate, Peer Bullying, Olweus Bully/Victim Questionnaire, Child, Adolescent, Orthodontics.

INTRODUCTION

Peer bullying is defined as repeated negative actions directed by one or more students toward another student. For an act to be considered peer bullying, it must be intentional, aimed at causing harm, repeated over time, and characterized by an imbalance of power between the individuals involved (1). Individuals may take on different roles in the bullying process. The bully is the person who initiates and directs the behavior. The victim is the individual exposed to bullying.

The bully-victim group includes individuals who both bully others and are bullied themselves. Those not involved are individuals who do not directly participate in the bullying process. Bullying may occur in different forms, including physical, verbal, relational, sexual, and cyberbullying (1,2). Verbal bullying includes name-calling, teasing, aggressive language, and verbal threats.

Physical bullying includes behaviors such as pushing, hitting, stealing, or damaging property. Relational bullying involves excluding peers or ignoring them. Sexual bullying includes sexual jokes, sexual rumors, and unwanted physical contact. Cyberbullying has entered the literature with the increasing use of the internet and refers to bullying carried out through digital platforms (3).

Several factors may increase the risk of being bullied. Most findings in the literature indicate that exposure to bullying is highest during early and middle adolescence and then decreases with increasing age (19,20). Studies have also reported that male students are represented at higher rates both among those who engage in bullying and among those exposed to bullying (14,21).

Victims are typically described as introverted, anxious, insecure, shy, and timid, with low self-esteem, limited social skills, few friends, and frequent social exclusion (1,22). School bullying has also been reported to be more common in countries with greater income inequality than in countries with lower income inequality (14,20). In addition, bullying types may differ by sex; boys may be more involved in physical and verbal bullying, whereas girls may be more involved in relational bullying (24).

Research has shown that being bullied has many adverse consequences. Among individuals exposed to bullying, 42% have been reported to experience anxiety, 25% depression, and 21% suicidal thoughts (4,5). In a meta-analytic review by Ttofi et al., children who were bullied were reported to have twice the risk of developing depression later in life compared with non-bullied children (6).

Individuals bullied during childhood have been reported to experience depression, anxiety, agoraphobia, panic attacks, and suicidal tendencies more frequently in midlife. Their general health, life satisfaction, social relationships, and socioeconomic status may also be adversely affected. These findings indicate that the effects of bullying may persist across the life course and constitute a long-term public health problem (4,7).

In Olweus's study conducted among students aged 8–16 years in Norway, 9% of students were reported as victims, 7% as bullies, and 1.6% as bully-victims (8). In a cross-sectional study conducted in the United Kingdom in 2024 among schoolchildren aged 10–14 years using the OBVQ, the prevalence of bullying was reported as 9.7% (9).

In the study by Solberg et al., which included 14,465 Norwegian students in grades 5–9 and used the OBVQ, 9.5% of students were reported as victims only, 4.6% as bullies only, and 1.9% as bully-victims (10). In Türkiye, Atik et al. reported victim, bully, and bully-victim rates of 19.8%, 8.8%, and 7.7%, respectively, among high school students (15).

In a Greek study conducted with 1,758 students aged 10–14 years, 8.2% of students were reported as victims, 5.8% as bullies, and 1.1% as bully-victims, while approximately 84.9% were not involved in bullying (16).

Physical appearance is one of the most important reasons for being bullied. In a survey conducted in the United Kingdom among children and adolescents aged 12–20 years, 47% of those who reported being bullied stated that the bullying was related to their appearance (11).

Individuals with CLP are an important group in terms of increased risk for peer bullying because of differences in facial appearance and speech disorders. Children with physical differences such as orofacial clefts have been reported to be up to four times more likely to be exposed to bullying than peers without disabilities (12).

Although the etiology of CLP has not been fully clarified, it is considered a multifactorial congenital anomaly involving environmental, genetic, and epigenetic factors. It occurs in approximately 1 in 700–1,000 births (13). Individuals with CLP constitute a patient group that requires long-term and multidisciplinary treatment from birth onward (12–14).

From childhood, individuals with cleft lip and/or palate may undergo multiple interventions, including repeated surgical procedures, speech therapy, orthodontic treatment, and hearing rehabilitation.

This long and complex treatment process may affect psychosocial development and increase vulnerability to mental health problems. Differences in facial appearance may increase the risk of peer bullying and negatively affect self-confidence, social interaction, and self-perception (14).

In a 2023 study conducted in Switzerland by Dumont et al. among 41 individuals aged 8–16 years with unilateral CLP, approximately 30% of youths reported being bullied at least 2–3 times per month, while 32.3% reported being bullied once or twice during the previous 2–3 months (12).

Although individuals with CLP constitute a group at high risk for bullying, only a limited number of studies worldwide have addressed this issue. Therefore, the present study aimed to evaluate peer bullying experiences in the school environment among individuals aged 10–16 years with CLP.

MATERIALS AND METHODS

This research was designed as a cross-sectional survey study to evaluate peer bullying in the school environment among individuals aged 10–16 years diagnosed with CLP. The study was initiated at the Department of Orthodontics, Faculty of Dentistry, Istanbul Okan University. To reach an adequate number of patients, eligible patients receiving treatment at the Departments of Orthodontics of Yeditepe University and Marmara University Faculty of Dentistry were also included.

The study population consisted of individuals with CLP receiving orthodontic treatment at these three centers. The study sample comprised 91 patients who agreed to participate, met the inclusion criteria, and were aged 10–16 years.

Ethics committee approval and the necessary institutional permissions were obtained. Participants and their parents were informed about the study, and the required assent/consent and parental permission forms were completed.

The inclusion criteria were as follows: being aged 10–16 years; having unilateral or bilateral complete or incomplete CLP; having the cognitive ability to understand and answer the questionnaire; and being a follow-up patient receiving orthodontic treatment.

The exclusion criteria were as follows: isolated cleft lip or isolated cleft palate; presence of any syndrome; hearing problems; any facial deformity other than the cleft; presence of a skin disease; or having a disability.

Data were collected using a patient history form prepared by the researcher and the OBVQ. The history form evaluated participants' sociodemographic characteristics, medical history related to CLP, treatment processes, and selected parental characteristics.

The OBVQ, which was used to assess peer bullying, is a self-report Likert-type questionnaire consisting of 39 items that measures different forms of bullying and is completed anonymously by students.

For the classification of bully, victim, and bully-victim roles, the cut-off point was defined as the relevant behavior occurring “2–3 times or more often during the last month” (1).

Participants who met this criterion in items related to victimization were classified as victims; those who met it in items related to bullying behaviors were classified as bullies; and those who met both criteria were classified as bully-victims. Participants who did not fall into any of these groups were categorized as not involved in bullying.

Statistical analyses were performed using IBM SPSS Statistics version 29. Categorical variables were presented as frequencies and percentages, and continuous variables as means and standard deviations.

Associations between peer bullying victimization and sociodemographic or clinical variables were evaluated using the chi-square test or the Fisher–Freeman–Halton exact test, depending on cell frequencies.

Variables potentially associated with peer bullying victimization were examined using multivariable logistic regression analysis. In addition to variables that were statistically significant in univariable analyses, variables considered clinically relevant or supported by the literature were included in the model.

Results were reported as odds ratios (ORs), 95% confidence intervals, and p values. Model fit was assessed using the Hosmer–Lemeshow test, and the internal consistency of the scale was evaluated using Cronbach's alpha coefficient. A p value of <0.05 was considered statistically significant in all analyses.

RESULTS

Participants' basic demographic and clinical characteristics were summarized using frequencies, percentages, means, and standard deviations.

A total of 91 individuals with CLP aged 10–16 years were included in the study. The mean age of the participants was 12.63±1.97 years. Of the participants, 34 were female and 57 were male. Regarding distribution by university, 27.5% of the participants were recruited from Marmara University, 23.1% from Istanbul Okan University, and 49.5% from Yeditepe University.

Table 1: Distribution of Participants According to Bullying Roles

Role/status	n	%
Victim: I was not exposed to peer bullying	60	65.9%
Victim: I was exposed to peer bullying	31	34.1%
Bully: Not a bully	83	91.2%
Bully: Bully	8	8.8%
Bully-victim: Neither victim nor bully	87	95.6%
Bully-victim: Both victim and bully	4	4.4%

Table 2: Victimization Status According to the Alternative Cut-off Point (Cut-off Point ≥ 2)

Victimization status	n	%
I was not exposed to peer bullying	41	45.1%
I was exposed to peer bullying	50	54.9%

Note: For the classification of victim, bully, and bully-victim, the response “2–3 times or more often during the last month” was accepted as the cut-off point. In the alternative evaluation, the response “once or twice during the last month” was also considered within the scope of victimization.

Table 3: Comparison of Grade Level and Peer Bullying Victimization

Grade	Not bullied n (%)	Bullied n (%)	Total n (%)	p value
4th grade	8 (13.3%)	3 (9.7%)	11 (12.1%)	0.026*
5th grade	10 (16.7%)	2 (6.5%)	12 (13.2%)	
6th grade	3 (5.0%)	4 (12.9%)	7 (7.7%)	
7th grade	2 (3.3%)	6 (19.4%)	8 (8.8%)	
8th grade	14 (23.3%)	7 (22.6%)	21 (23.1%)	
9th grade	7 (11.7%)	6 (19.4%)	13 (14.3%)	
10th grade	12 (20.0%)	1 (3.2%)	13 (14.3%)	
11th grade	4 (6.7%)	1 (3.2%)	5 (5.5%)	
12th grade	0 (0.0%)	1 (3.2%)	1 (1.1%)	
Total	60 (100.0%)	31 (100.0%)	91 (100.0%)	

Note: Fisher–Freeman–Halton exact test. * $p < 0.05$ was considered statistically significant. A statistically significant difference was found between peer bullying victimization and grade level.

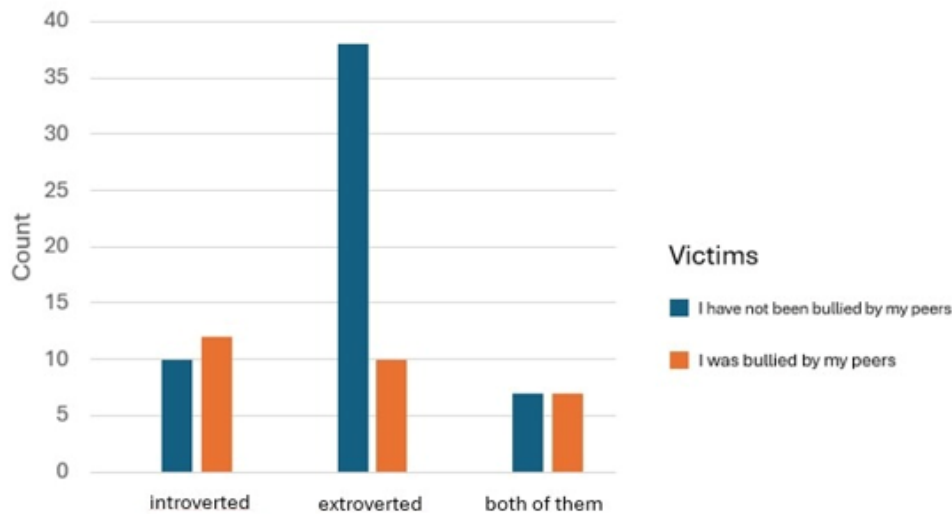


Figure 1: Relationship between Peer Bullying Victimization and Grade Level

Table 4: Name-calling, Teasing, or Hurtful Taunting by Sex

Response to "I was called mean names, made fun of, or teased in a hurtful way."	Female n (%)	Male n (%)	Total n (%)	p value
I was not exposed to peer bullying	23 (67.6%)	52 (91.2%)	75 (82.4%)	0.006*
I was exposed to peer bullying	11 (32.4%)	5 (8.8%)	16 (17.6%)	
Total	34 (100.0%)	57 (100.0%)	91 (100.0%)	

Note: Fisher exact test. * $p < 0.05$ was considered statistically significant. A statistically significant difference was found by sex in responses to the item "I was called mean names, made fun of, or teased in a hurtful way."

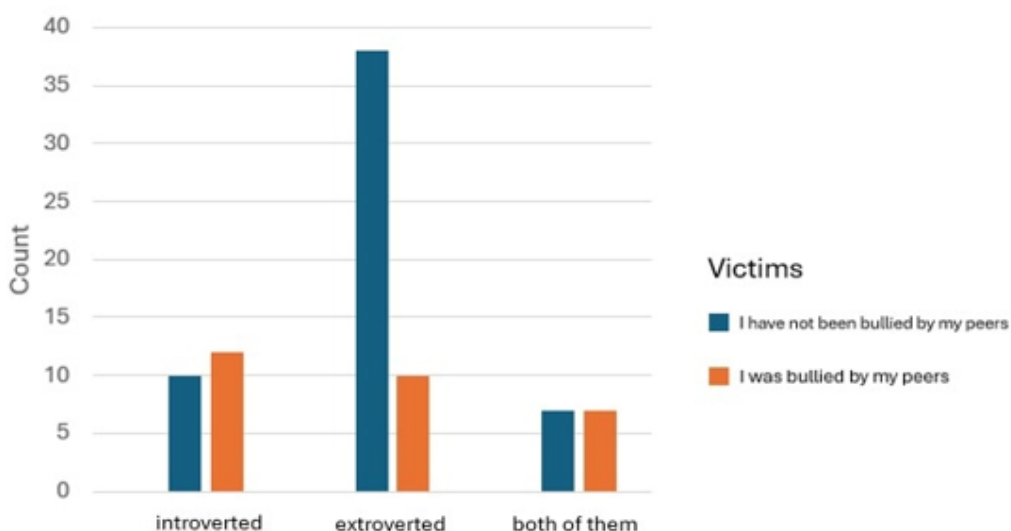


Figure 2: Relationship between Peer Bullying Victimization and Personality Structure

Table 5: Comparison of Personality Structure and Peer Bullying Victimization

Personality structure	Not bullied n (%)	Bullied n (%)	Total n (%)	p value
Introverted	10 (18.2%)	12 (41.4%)	22 (26.2%)	0.010*
Extroverted	38 (69.1%)	10 (34.5%)	48 (57.1%)	
Both	7 (12.7%)	7 (24.1%)	14 (16.7%)	
Total	55 (100.0%)	29 (100.0%)	84 (100.0%)	

Note: Chi-square test. * $p < 0.05$ was considered statistically significant. A statistically significant association was found between peer bullying victimization and personality structure.

Table 6: Distribution of Speech Therapy Duration among Participants Receiving Speech Therapy According to Peer Bullying Victimization

Victimization status	n	Mean (years)	Standard deviation	Median	Min.	Max.	p value
I was not exposed to peer bullying	20	2.38	2.95	2.00	0.10	14.00	0.043*
I was exposed to peer bullying	13	3.30	1.97	3.00	1.00	8.00	
Total	33	2.74	2.61	2.00	0.10	14.00	

Note: Mann–Whitney U test. * $p < 0.05$ was considered statistically significant. A statistically significant difference was found between peer bullying victimization and mean duration of speech therapy among participants who had received speech therapy.

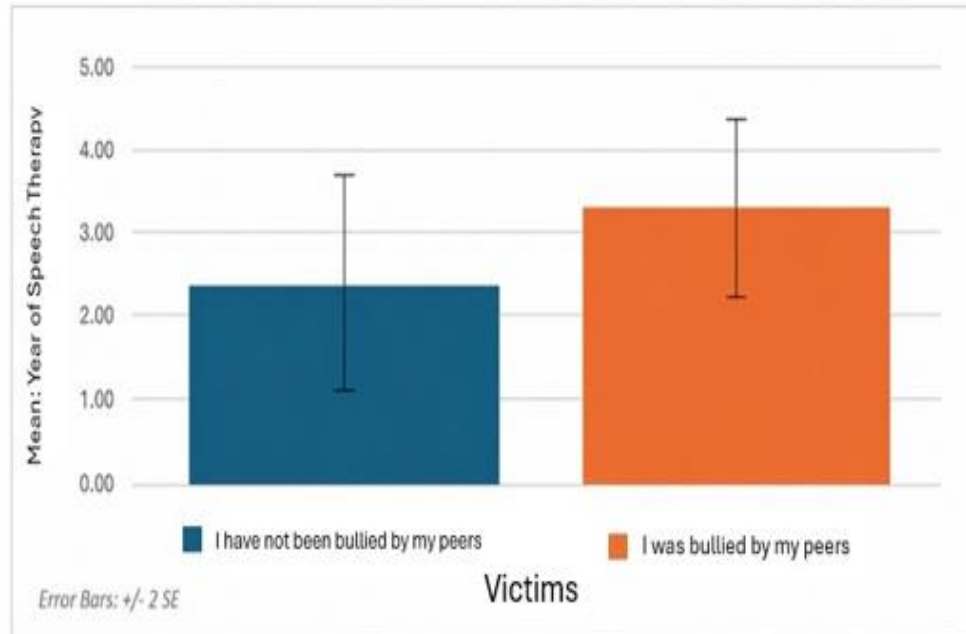


Figure 3: Relationship between Speech Therapy Duration (Years) and Peer Bullying Victimization among Participants Receiving Speech Therapy

DISCUSSION

This study evaluated peer bullying victimization in the school environment among individuals aged 10–16 years with CLP using the OBVQ. According to our findings, 34.1% of the participants were exposed to peer bullying, 8.8% displayed bullying behavior, and 4.4% were in the bully-victim group, meaning that they both bullied others and were bullied themselves (Table 1). This finding indicates that peer bullying is an important psychosocial issue that should be taken into account in individuals with CLP.

In the Olweus approach, bullying is defined by the core criteria of intentionality, repetition, and power imbalance. Therefore, in the present study, the response “2–3 times or more often during the last month” was accepted as an indicator of victimization or bullying in accordance with the OBVQ evaluation criteria. For the interpretation of the findings, comparisons with studies using the same criterion are important for methodological consistency. However, if the response “once or twice during the last months” had also been considered within the scope of victimization, the victimization rate would have increased to 54.9% (Table 2). This shows that bullying prevalence may vary depending on the cut-off point used and that this criterion should be considered when comparing studies.

When studies conducted with the OBVQ are evaluated together, victimization rates in general school samples range from 8.2% to 19.8%, bully rates from 4.6% to 8.8%, and bully-victim rates from 1.1% to 7.7% (10, 15, 16). In the present study, the victimization rate among individuals with CLP was 34.1%, which is considerably higher than the rates reported in these OBVQ-based studies. This suggests that individuals with CLP may be a more vulnerable group in terms of exposure to peer bullying. CLP is a multidimensional condition that is not limited to esthetic features such as differences in facial appearance, lip scarring, nasal deformity, midfacial deficiency, and dental anomalies, but may also affect speech, hearing, feeding, occlusion, facial growth, and psychosocial adjustment (12–14). These characteristics may cause the child to be perceived as different from peers in the school environment and may increase vulnerability to bullying.

Among individuals who had received speech therapy, the mean duration of therapy was longer in those who were exposed to peer bullying than in those who were not (Table 6). This finding suggests that longer speech therapy duration may be an indirect indicator of the severity or persistence of speech problems, or of speech differences that remain noticeable during school age. The literature indicates that speech disorders may increase the risk of being noticed by peers, being teased, and being exposed to bullying (17,18). Therefore, the association between speech therapy duration and bullying victimization in the present study may be related to the persistence or severity of speech problems. Because of the cross-sectional design of the study, the direction of this association cannot be determined with certainty. Future studies with larger samples should evaluate the relationship among speech therapy duration, objective speech findings, and bullying experiences.

A statistically significant association was found between personality structure and peer bullying victimization (Table 5). The proportion of introverted personality structure was higher among individuals exposed to peer bullying (41.4%) than among those who were not bullied (18.2%). In contrast, the proportion of individuals with an extroverted personality structure was higher in the non-bullied group. Multivariable logistic regression analysis also showed that personality structure made a significant contribution to the model. The literature reports that victims may be more introverted, anxious, insecure, shy, and timid, with low self-esteem and limited social skills (1,22).

A statistically significant difference was found between school grade level and peer bullying victimization (Table 3). The proportion of bullied students was higher especially in the 7th–8th and 9th grades, whereas this rate decreased in the 10th–11th and 12th grades. This finding indicates that bullying may vary according to age and grade level. Most findings in the literature suggest that bullying may be more common during early and middle adolescence and that victimization may decrease with age (19,23). This is consistent with the findings of the present study. Since the age range of 10–16 years covers the transition from childhood to adolescence, social adjustment, peer acceptance, and appearance-related concerns during the middle school period may have increased bullying experiences. For individuals with CLP, this developmental period is particularly important because esthetic awareness and peer comparisons become more prominent.

When name-calling, teasing, or hurtful taunting was evaluated by sex, the rate of exposure to this type of bullying was 32.4% among female students and 8.8% among male students (Table 4). This finding indicates that female students with CLP reported verbal bullying behaviors such as name-calling, teasing, and hurtful taunting more frequently than male students. In the literature, it is generally reported that boys may be more involved in physical and verbal bullying, whereas girls may be more involved in relational bullying. The different pattern observed in the present study may suggest that female students with CLP have greater social sensitivity to appearance- and speech-related differences. However, because of the sample size and cross-sectional design of the study, this finding should be supported by studies with larger samples.

CONCLUSION

This study found that peer bullying victimization was at a notable level among individuals aged 10–16 years with CLP. According to the OBVQ evaluation criteria, 34.1% of the participants were exposed to bullying, 8.8% displayed bullying behavior, and 4.4% were in the bully-victim group. The fact that the victimization rate was higher than rates reported in general school samples indicates that individuals with CLP may be a more vulnerable group in terms of peer bullying in the school environment.

The frequency criterion used to define bullying victimization had a decisive effect on the results. When the response “once or twice during the last months” was also considered within the scope of victimization, the rate increased to 54.9%, highlighting the importance of considering cut-off points when comparing studies.

In the present study, longer speech therapy duration, introverted personality structure, and grade levels corresponding particularly to the middle school period were associated with peer bullying victimization. These findings suggest that, in individuals with CLP, not only physical appearance but also speech characteristics, social adjustment, personality structure, and developmental period may be related to bullying experiences.

References

- 1) Tıpırdamaz-Sipahi, H., (2008), "Peer bullying, influencing and accompanying factors among 6th and 7th grade primary school students in Bornova district of İzmir", Doctoral Thesis, Ege University Institute of Health Sciences, İzmir, Türkiye.
- 2) Çankaya, İ., (2011), "Peer bullying in primary education", Uludağ University Journal of Faculty of Education, 24(1), 81–92.
- 3) Kim, H., Han, Y., Song, J., Song, T.M., (2019), "Application of social big data to identify trends of school bullying forms in South Korea", International Journal of Environmental Research and Public Health, 16(14), 2596. doi: 10.3390/ijerph16142596.
- 4) Han, Z.Y., Ye, Z.Y., Zhong, B.L., (2025), "School bullying and mental health among adolescents: A narrative review", Translational Pediatrics, 14(3), 463–472.
- 5) Ditch the Label, (2020), "The Annual Bullying Survey 2020: The annual benchmark of bullying in the United Kingdom, with an additional focus on mental wellbeing", Ditch the Label, United Kingdom.
- 6) Ttofi, M.M., Farrington, D.P., Lösel, F., Loeber, R., (2011), "Do the victims of school bullies tend to become depressed later in life? A systematic review and meta-analysis of longitudinal studies", Journal of Aggression, Conflict and Peace Research, 3(2), 63–73.
- 7) Takizawa, R., Maughan, B., Arseneault, L., (2014), "Adult health outcomes of childhood bullying victimization: Evidence from a five-decade longitudinal British birth cohort", American Journal of Psychiatry, 171(7), 777–784. PubMed PMID: 24743774.
- 8) Olweus, D., (1994), "Bullying at school: Basic facts and effects of a school based intervention program", Journal of Child Psychology and Psychiatry, 35(7), 1171–1190. doi: 10.1111/j.1469-7610.1994.tb01229.x.
- 9) DiBiase, A., Cox, Z., Rea, M., Gonidis, L., Cameron, L., Rutland, A., (2024), "Prevalence and nature of bullying in schoolchildren aged 10–14 years and its association with malocclusion: A cross-sectional study in the South East of the UK", Journal of Orthodontics, 51(3), 258–269. PubMed PMID: 39267318.
- 10) Solberg, M.E., Olweus, D., Endresen, I.M., (2007), "Bullies and victims at school: Are they the same pupils?", British Journal of Educational Psychology, 77(2), 441–464.
- 11) Ditch the Label, (2020), "The Annual Bullying Survey 2020: The annual benchmark of bullying in the United Kingdom, with an additional focus on mental wellbeing", Ditch the Label, United Kingdom.
- 12) Dumont, L., Urben, S., Gomes, A.C., Camenzind, L., Habersaat, S., Schechter, D.S., et al., (2024), "Bullying in Swiss youth born with a unilateral cleft lip and palate by self- and parent-report", Cleft Palate Craniofacial Journal, 61(10), 1735–1742.
- 13) Yılmaz, N., (2022), "Cleft lip and palate and preoperative treatment methods", in Erverdi, N. (ed.), Contemporary Orthodontics, Quintessence, İstanbul, Türkiye, 355–377.
- 14) Hunt, O., Burden, D., Hepper, P., Stevenson, M., Johnston, C., (2006), "Self-reports of psychosocial functioning among children and young adults with cleft lip and palate", Cleft Palate Craniofacial Journal, 43(5), 598–605. PubMed PMID: 16986986.

- 15) Atik, G., Özmen, O., Kemer, G., (2012), "Bullying and submissive behavior", Ankara University Journal of Faculty of Educational Sciences, 45(1), 191–208.
- 16) Sapouna, M., (2008), "Bullying in Greek primary and secondary schools", School Psychology International, 29(2), 199–213.
- 17) Pitkanen, V.V., Geneid, A., Saarikko, A.M., Hakli, S., Alaluusua, S.A., (2025), "Diagnosing and managing velopharyngeal insufficiency in patients with cleft palate after primary palatoplasty", Journal of Craniofacial Surgery, 36(3), 1008–1016. PubMed PMID: 37955448.
- 18) Hardin-Jones, M., Jones, D.L., Dolezal, R.C., (2020), "Opinions of speech-language pathologists regarding speech management for children with cleft lip and palate", Cleft Palate Craniofacial Journal, 57(1), 55–64.
- 19) Süner, A.F., Emli Alpay, E., Ünal, B., (2021), "Peer bullying in all aspects", STED/Sürekli Tıp Eğitimi Dergisi, 30(5), 382–389.
- 20) Kowalski, R.M., Limber, S.P., McCord, A., (2019), "A developmental approach to cyberbullying: Prevalence and protective factors", Aggression and Violent Behavior, 45, 20–32.
- 21) Gültekin, Z., (2003), "Development of a peer bullying determination scale", Master's Thesis, Hacettepe University Institute of Social Sciences, Ankara, Türkiye.
- 22) Jansen, P.W., Verlinden, M., van Berckel, A.D., Mieloo, C., van der Ende, J., Veenstra, R., Verhulst, F.C., Jansen, W., Tiemeier, H., (2012), "Prevalence of bullying and victimization among children in early elementary school: Do family and school neighbourhood socioeconomic status matter?", BMC Public Health, 12, 494.
- 23) UNESCO, (2019), "Behind the Numbers: Ending School Violence and Bullying", UNESCO, Paris. Available from: <https://unesdoc.unesco.org/ark:/48223/pf0000366483>. Accessed January 12, 2026.
- 24) Wang, J., Iannotti, R.J., Nansel, T.R., (2009), "School bullying among US adolescents: Physical, verbal, relational, and cyber", Journal of Adolescent Health, 45(4), 368–375. doi: 10.1016/j.jadohealth.2009.03.021.