Investigating the Level of Knowledge of Pediatricians and Pediatric Residents About Peer Bullying in Children

Pediatri Asistanları ve Uzmanlarının, Çocuklarda Akran Zorbalığı ile İlgili Bilgi Düzeylerinin Araştırılması

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ABSTRACT

Objective: In this study, it was aimed to evaluate the level of knowledge and approaches of pediatricians and pediatric residents, who have a key role in the recognition and prevention of peer bullying.

Material and Methods: Pediatricians and pediatric residents working in Ankara provincial center were included in the study and their level of knowledge about peer bullying was evaluated.

Results: It was found that nearly half of the pediatricians and pediatric residents (48.9%, n=152) observed peer bullying during their professional lives. However, their level of knowledge on this issue was found to be insufficient and only 15.8% (n=49) of the participants stated that they knew how to approach peer bullying. It was determined that 15.4% of the participants (n=48) knew the risk factors related to peer bullying and among those who knew, the number of pediatricians (n=30) were more than pediatric residents (n=18). In our study, it was observed that only 4.8% of the participants (n=15) received training on peer bullying.

Conclusion: Families, teachers, school administrators and physicians have critical duties in relation to peer bullying, which is common all over the world and in our country. Among these groups, it is especially important for pediatricians to have sufficient knowledge and awareness by receiving trainings on the subject, to be able to detect the symptoms of peer bullying at an early stage and to effectively carry out the necessary interventions to reduce the number of bullying victims.

Key Words: Bullying, Knowledge, Pediatrician

ÖZ

Amaç: Bu çalışmada akran zorbalığının tanınması ve önlemek amacıyla yapılması gerekenler konusunda önemli rolü olan pediatri asistanları ve uzmanlarının bu konu hakkındaki bilgi düzeyleri ile yaklaşımlarının değerlendirilmesi amaçlanmıştır.

Gereç ve Yöntemler: Araştırmaya Ankara il merkezinde çalışan pediatri asistanları ve uzmanları dahil edilerek hekimlerin akran zorbalığı konusundaki bilgi düzeyleri değerlendirildi.

Bulgular: Pediatri asistanları ve uzmanlarının yaklaşık yarısının (%48.9, n=152) meslek hayatları boyunca akran zorbalığına tanık oldukları tespit edilmiştir. Ancak bu konudaki bilgi düzeyleri yetersiz bulunmuş olup katılımcıların sadece %15.8'i (n=49) akran zorbalığına nasıl yaklaşacaklarını bildiklerini ifade etmiştir. Katılımcıların %15.4'ünün (n=48) akran zorbalığı ile ilgili risk faktörlerini bildiği ve bilenler arasında pediatri uzmanlarının sayısının (n=30) pediatri asistanlarından (n=18) daha fazla olduğu belirlenmiştir. Çalışmamızda katılımcıların sadece %4.8'inin (n=15) akran zorbalığı konusunda eğitim aldığı görülmüştür.

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Conflict of Interest / *Çıkar Çatışması*: On behalf of all authors, the corresponding author states that there is no conflict of interest.

Ethics Committee Approval / *Etik Kurul Onayı*: This study was conducted in accordance with the Helsinki Declaration Principles. The study was carried out with the permission of Ethics Commission of the Gazi University Faculty of Medicine (Decision No: 2024 - 651).

Contribution of the Authors / Yazarların katkısı*: *ŞEKER YIKMAZ H: Constructing the hypothesis or idea of research and/or article. Planning methodology to reach the Conclusions. Organizing, supervising the course of progress and taking the responsibility of the research/study. Taking responsibility in patient follow-up, collection of relevant biological materials, data management and reporting, execution of the experiments. Taking responsibility in logical interpretation and conclusion of the results. Taking responsibility in necessary literature review for the study. Taking responsibility in the writing of the whole or important parts of the study. Reviewing the article before submission scientifically besides spelling and grammar. ***ÇUHACI ÇAKIR B:*** Constructing the hypothesis or idea of research and/or article. Planning methodology to reach the Conclusions. Organizing, supervising the course of progress and taking the responsibility of the research/study. Taking responsibility in logical interpretation and conclusion of the results. Taking responsibility in the writing of the whole or important parts of the study. Reviewing the article before submission scientifically besides spelling and grammar. ***DUYAN ÇAMURDAN A:*** Constructing the hypothesis or idea of research and/or article. Planning methodology to reach the Conclusions. Organizing, supervising the course of progress and taking the responsibility of the research/study. Reviewing the article before submission scientifically besides spelling and grammar.

How to cite / *Atıf yazım şekli* : Şeker Yıkmaz H, Çuhacı Çakır B and Duyan Çamurdan A. Investigating the Level of Knowledge of Pediatricians and Pediatric Residents About Peer Bullying in Children. Turkish J Pediatr Dis 2024; 381-386.

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Received / Geliş tarihi : 28.05.2024
Accepted / Kabul tarihi : 09.07.2024
Online published : 07.08.2024
Elektronik yayın tarihi
DOI:10.12956/tchd.1489820

Sonuç: Tüm dünyada ve ülkemizde sık görülmekte olan akran zorbalığı ile ilgili olarak aileler, öğretmenler, okul yöneticileri ve hekimlere kritik görevler düşmektedir. Bu gruplar arasında özellikle çocuk hekimlerinin konuyla ilgili eğitimler alarak yeterli bilgi ve farkındalığa sahip olmaları, akran zorbalığının belirtilerini erken dönemde tespit edebilmeleri ve zorbalık mağdurlarının sayısını azaltmak için gerekli müdahaleleri etkin bir şekilde yapabilmeleri açısından çok önemlidir.

Anahtar Sözcükler: Zorbalık, Bilgi, Çocuk hekimi

INTRODUCTION

Peer bullying is defined by Olweus as "consistent negative behavior by one or more students towards another student without provocation" (1). In order for an action to be called bullying, it is necessary that the behaviors against the other individual are done willingly and intentionally with the aim of harming, the action must be continuous, there must be a physical or psychological power imbalance between the victim and the bully, and the bullied person must feel psychologically or physically helpless (1).

The prevalence of peer bullying is increasing among children and has become an important problem for all countries. According to UNICEF, 33% of children in Turkey have been bullied by the age of 11 (2).

Bullying can be in the form of verbal harassment or physical harassment, exclusion, isolation, spreading false rumors, engaging in sexually disturbing behaviors, damaging their belongings or digitally. In addition to these types of bullying, there are also types of bullying based on race, ethnicity and immigration (3).

Bullying is affected by physical, biological and psychological characteristics of the individual and variables such as family structure and environment. Students with poor family and friend relationships, a history of domestic violence and abuse, low socioeconomic status, physical disability, chronic illness, learning disabilities, behavioral problems, different appearance, being overweight or too thin, and differences in sexual orientation are at risk for peer bullying and peer violence at school (4). Among these students, it is necessary to focus on those with warning signs of bullying, such as mood disorders, psychosomatic or behavioral symptoms, substance abuse, self-harming behaviors, suicidal ideation or suicide attempts, decline in academic performance, and reports of truancy (4).

When the literature is examined, it is seen that there are not many studies showing the awareness and knowledge levels of physicians about peer bullying. In this study, we aimed to determine the level of knowledge about peer bullying among pediatricians and pediatric residents who frequently encounter children who are subjected to peer bullying.

MATERIAL and METHODS

The cross-sectional study included a total of 311 participants, 163 of whom were pediatric residents and 148 of whom were pediatricians, working in private and public hospitals, city hospitals, training and research hospitals and university hospitals. At the beginning of the study, the participants were informed and their consent was obtained, and a structured questionnaire form consisting of 28 questions was administered via face-to-face interview or online survey.

The study was carried out with the permission of Ethics Commission of the Gazi University Faculty of Medicine (Decision No:2024 - 651). The research adhered to the ethical rules and the principles of the Declaration of Helsinki.

Data collection survey

The survey form consists of two parts. The first part includes questions about the sociodemographic characteristics of the participants, and the second part includes questions about participants' knowledge levels and awareness about peer bullying.

Statistical analyses

The research data were analyzed using the IBM Statistical Package for the Social Sciences, version 23.0 (SPSS Inc., Armonk, NY, IBM Corp., USA). In the descriptive statistics section, categorical variables were analyzed as percentages and numbers. Chi-square test was used for the comparison of categorical variables and the statistical significance level was accepted as $p<0.050$ in this study.

RESULTS

Among the physicians who participated in the study, 47.6% (n=148) were pediatricians, 52.4% (n=163) were pediatric residents, and 68.2% (n=212) were female (Table I). When the age groups were analyzed, it was seen that the majority of the participants were between the ages of 20-29 (n=116, 37.3%) and 30-39 (n=112, 36%). It was observed that 36% (n=112) of the participants had 1-4 years of medical experience, 27.7% (n=86) 5-9 years, 11.2% (n=35) 10-19 years and 25.1% (n=78) 20 years or more. Considering the institutions where the participants worked, city hospitals (38.3%, n=119) were in the first place and training and research hospitals (26%, n=81) were in the second place.

When the answers given by the participants to the questions aimed at determining their past training and experiences on peer bullying were analyzed, it was found that only 4.8% (n=15) of the participants received training on peer bullying, 5 of the 15 people who received training were pediatric residents and 10 were pediatricians (Table II). Among the participants who received training, 7 participants stated that they received this

Table I: Sociodemographic characteristics of the participants

Sociodemographic characteristics (n=311)	n (%)
Gender	
Female	212 (68.2)
Male	99 (31.8)
Age (year)	
20-29	116 (37.3)
30-39	112 (36.0)
40-49	62 (19.9)
50 and above	21 (6.8)
Duration of practice	
1-4 year	112 (36.0)
5-9 year	86 (27.7)
10-19 year	35 (11.2)
20 years and more	78 (25.1)
Institution	
State hospital	54 (17.4)
University hospital	29 (9.3)
Private hospital	28 (9.0)
City hospital	119 (38.3)
Training and research hospital	81 (26.0)
Title	
Pediatric resident	163 (52.4)
Pediatrician	148 (47.6)

training in the medical faculty, 3 received it in residency training, 2 received it in congresses, and 1 received it in courses, media and doctoral programs. However, 90% of the participants (n=280) stated that they wanted to receive training on peer bullying.

Nearly half of the participants (48.9%, n=152) reported that they had encountered pediatric patients exposed to peer bullying during their professional lives. While 15.8% (n=49) of the participants stated that they knew how to approach peer bullying, 20.6% (n=64) stated that they screened their patients for problems related to peer bullying during health visits. Total 29.9% (n=93) of the participants also stated that they screened patients who were exposed to peer bullying or identified as bullies for psychiatric comorbidities (Table II).

It was determined that only 15.4% (n=48) of the participants knew the risk factors for peer bullying. In the question where 3 of the risk factors for peer bullying were asked to be specified, only 13.5% (n=42) of the participants correctly specified 3 risk factors. In the answers given to this question, the risk factors were age, gender, socioeconomic level, parents being separated, domestic problems, having different appearance, having psychiatric problems, having developmental and mental retardation, having chronic diseases, having speech disorders, personality traits, parental attitude, substance-tobacco-alcohol use, academic failure, lack of psychological consultant and advisory teachers at school, presence of aggressive and disobedient students in the same or higher grades, poor education system, entering a new environment, lack of communication and lack of awareness on this issue.

Table II: Training and experience of physicians on peer bullying

Training and experience (n=311)	n (%)
Status of receiving training on peer bullying	
Yes	15 (4.8)
No	296 (95.2)
Willingness to receive training on peer bullying	
Yes	280 (90.0)
No	31 (10.0)
Knowing approach to peer bullying	
Yes	49 (15.8)
No	262 (84.2)
Screening for peer bullying issues	
Yes	64 (20.6)
No	247 (79.4)
Psychiatric screening of patients exposed to peer bullying	
Yes	93 (29.9)
No	218 (70.1)
Encountering a patient subjected to peer bullying	
Yes	152 (48.9)
Physical peer bullying	78 (51.3)
Relational/emotional peer bullying	75 (49.3)
Verbal peer bullying	113 (74.3)
Sexual peer bullying	14 (9.2)
Cyber peer bullying	14 (9.2)
Religious or race-based peer bullying	15 (9.9)
Theft	9 (5.9)
Forcibly taking goods or money	12 (7.9)
No	159 (51.1)
Knowing risk factors for peer bullying	
Yes	48 (15.4)
No	263 (84.6)
Intervention for a patient subjected to peer bullying (n=152)	
I met with the patient's family.	74 (48.7)
I referred the patient to a psychologist.	45 (29.6)
I referred the patient to a child psychiatrist.	116 (76.3)
I referred the patient to a social worker.	20 (13.2)
I counseled the patient.	26 (17.1)
I gave the patient and his/her family reading materials on combating bullying.	7 (4.6)
I called the patient's advisory teacher.	9 (5.9)
I screened the patient for depression/suicidal tendencies.	22 (14.5)
I documented the patient's bruises and signs of physical abuse.	23 (15.1)

The physicians (n=152) who stated that they had encountered patients subjected to peer bullying were asked additional questions about what type of peer bullying they encountered in their patients and how they intervened. In response to the question of what type of peer bullying the patient was subjected to, 74.3% (n=113) of the respondents answered that verbal peer bullying was the most common type of peer bullying (Table II).

Physicians (n=152) who encountered peer bullying were asked what kind of interventions they made regarding their patients who were subjected to peer bullying; n=74 (48.7%) interviewed the patient's family, n=45 (29.6%) referred the

Table III: Comparison of pediatric residents and pediatricians in terms of training and experience on peer bullying

	Pediatric resident (n=163)*	Pediatrician (n=148)*	p†	χ^2
Receiving training	5 (3.1)	10 (6.8)	0.129	1.566
Willingness to receive training	151 (92.6)	129 (87.2)	0.155	2.018
Knowing the approach	27 (16.6)	22 (14.9)	0.799	0.169
Screening for bullying	38 (23.3)	26 (17.6)	0.211	1.567
Knowing risk factors for bullying	18 (11.0)	30 (20.3)	0.036	4.738

**: n(%), †: Chi-square test*

Table IV: Comparison of training and experience of physicans by gender

	Female (n=212)*	Male (n=99)*	p†	χ^2
Receiving training	8 (3.8)	7 (7.1)	0.256	1.506
Willingness to receive training	202 (95.3)	78 (78.8)	<0.001	18.664
Knowing the approach	35 (16.5)	14 (14.1)	0.738	0.135
Screening for bullying	49 (23.1)	15 (15.2)	0.142	2.153
Knowing risk factors for bullying	34 (16.0)	14 (14.1)	0.793	0.186

**: n(%), †: Chi-square test*

Table V: Participants' knowledge about peer bullying

	Yes*	No*	I do not know*
Peer bullying is when two students with the same power fight.	113 (36.4)	132 (42.4)	66 (21.2)
It is considered bullying if the bullies ridicule and nickname the victim once.	270 (86.8)	30 (9.6)	11 (3.6)
Teasing a child in a playful and friendly way is peer bullying.	117 (37.6)	139 (44.7)	55 (17.7)
The degree of peer bullying is lower in the early years and higher in the final grades of each school period (level).	152 (48.9)	82 (26.4)	77 (24.7)
Bullies usually have low academic achievements, while victims have high academic performance.	168 (54.0)	66 (21.2)	77 (24.8)

**: n(%)*

patient to a psychologist, n=116 (76.3%) referred the patient to a child psychiatrist, n=20 (13.2%) referred the patient to a social worker, n=26 (17.1%) counseled the patient, n=7 (4.6%) provided the patient and his/her family with reading materials on combating bullying, n=9 (5.9%) called the patient's counselor, n=22 (14.5%) screened the patient for depression/suicidal tendencies, and n=23 (15.1%) documented the patient's bruises and traces of physical abuse.

There is no significant difference between pediatricians and pediatric residents in the answers given to the questions about the participants' status of receiving bullying training, willingness to receive training, knowing the intervention approach to bullying and screening for bullying. However, there was a significant difference between pediatricians and pediatric residents in the answers regarding whether they knew the risk factors for peer bullying (p=0.036, χ^2=4.738), and the proportion of pediatrician participants who knew about these issues was higher than that of residents (20.3% and 11.0%, respectively) (Table III). When the responses to the same questions were compared between men and women, a significant difference was found between men and women only in the question of the desire to receive training (p<0.001, χ^2=18.664). It was found that women were more likely than men (95.3% vs. 78.8%) to want to receive peer bullying education (Table IV).

Among the questions asked to measure the level of knowledge about peer bullying of the pediatricians and pediatric residents who participated in the study, 36.4% (n=113) of the participants accepted the false judgment that "Two students with the same power fighting is peer bullying" as true, 42.4% (n=132) considered it as false, and 21.2% (n=66) stated that they did not know this definition. The question with the highest percentage (86.8%, n=270) of incorrect answers was "It is considered bullying if the bullies ridicule and nickname the victim once" (Table V).

When the participants were asked about their opinions about the age of the peer bully, it was observed that the participants predominantly responded that the bullies were the same age (n=144) or older (n=146) than the victims (Table VI). The majority of the participants (83%) answered school and 11.6% answered social media to the question about where peer bullying is most common. While 72.3% of the participants were of the opinion that bullying was more often committed by boys, in the responses regarding the gender of bullying victims, the idea that girls were more likely to be victims of bullying than boys (48.6%, 42.8% respectively) came to the foreground. There was a statistically significant difference (p<0.001) between female and male participants in the responses to this question, with 56.6% of female participants stating that girls were victims,

Table VI: Participants' thoughts on peer bullying

Thoughts (n=311)	n (%)
Thoughts on the age of peer bullying	
Bully is older than the victim	146 (46.9)
Age of the bully same as the victim	144 (46.3)
Bully is younger than the victim	7 (2.3)
No opinion	14 (4.5)
Thoughts on where peer bullying is most likely to occur	
School	258 (83.0)
Social media	36 (11.6)
Other	8 (2.6)
No opinion	9 (2.8)
Thoughts on which gender is more likely to bully	
Girls	62 (19.9)
Boys	225 (72.3)
No opinion	24 (7.8)
Thoughts on which gender is more exposed to bullying	
Girls	151 (48.6)
Boys	133 (42.8)
No opinion	27 (8.7)
Thoughts on which grade is more prevalent to peer bullying	
Primary school	46 (14.8)
Secondary school	113 (36.3)
High school	142 (45.7)
No opinion	10 (3.2)
Thoughts on how bullying most often happens	
Verbal	217 (69.8)
Relational/emotional	56 (18.0)
Other	32 (10.3)
No opinion	6 (1.9)

while 60.6% of male participants stated that boys were victims of bullying. In the answers given regarding the school level at which peer bullying is more common, it was stated that it is more common at higher levels such as high school (primary school: 14.8%, n=46, secondary school: 36.3%, n=113, high school: 45.7%, n=142). Regarding the most common type of bullying, 69.8% (n=217) of the participants answered verbal peer bullying and 18% (n=56) answered relational emotional peer bullying.

DISCUSSION

Peer bullying is frequently observed among students in schools all over the world and in our country. In a meta-analysis in which 80 studies were analyzed to determine the frequency of peer bullying, the frequency of peer bullying in adolescents was found to be 35% (5).

In the literature, there are few studies investigating the knowledge levels and approaches of physicians on peer bullying. In our study, 48.9% of physicians reported that they had encountered a child patient who was subjected to peer bullying during their professional life, whereas in a study conducted in our country in 2021, 11.5% of family physicians and 33% of pediatricians were reported to have encountered a child subjected to peer bullying (6). Since our study included pediatricians, we thought that the incidence of peer bullying may have been higher.

In a study conducted by Pişkin in which 1154 primary school students participated, it was found that 30.2% of the students were bullies, 35% were victims, and 6.2% were in the role of bully/victim (7). It was determined that verbal bullying was the most common type of bullying, followed by physical bullying. In our study, it was observed that the most common type of bullying experienced by peer bullies was verbal bullying.

Mohseny et al. (8) stated in their study that boys were more victimized and bullied more than girls. But, in some countries/cultures the opposite is also observed (9). In a study conducted with high school students, it was found that students exposed to bullying did not differ according to gender (10). In our study, physicians reported that 48.6% of the victims of peer bullying were girls.

In terms of school achievement, it was found that both bullies and victims had lower school engagement than their peers who had never been involved in bullying. Bullies generally had low academic achievement, while victims sometimes had low and sometimes high academic achievement (11). In a study conducted by Kelleci et al. (12), it was determined that adolescents who did not perceive their academic achievement as good were more exposed to peer bullying. In our study, most of the physicians (n=168, 54%) stated that bullies generally have low academic achievement, while victims have high academic achievement.

In general, as students advance in grade level and age, their probability of experiencing bullying tends to decrease. However, there are some studies showing that the opposite trend is sometimes observed in certain countries or cultures (9). Tural et al. (13) found that both bullying and victimization rates decrease in the last two grades of high school. In our study, 45.7% of the participants stated that peer bullying was most common in high schools.

In a study, bullying predominantly occurred when there was no direct supervision, notably in the cafeteria (31.4%), hallways/stairwells (27.5%), and during break times on the playground/athletic field (26.5%) (14). In our study, physicians stated that the age of the bully was older than the victim in 46.9% of those who were bullied and 83% stated that bullying was most common at school.

It is recommended that physicians should know and suspect risk factors related to peer bullying and conduct screening in this regard. Parental concerns such as the child suddenly being in need of more money for lunch, having aggressive outbursts or exhibiting unexplained physical injuries should also be considered as clues for screening (4,15). Based on this

information, especially primary care physicians and pediatricians should be aware of situations related to peer bullying. In our study, only 48 people (15.4%) stated that they knew the risk factors, and 42 of them (13.5%) were able to specify 3 risk factors.

The American Academy of Pediatrics recommends addressing the issue of bullying at the 6-year-old well-child visit (a typical age for entry into primary school) (16). Physicians should ask indirect, open-ended questions to increase identification of children who bully or are bullied (17,18). Questions about the online lives of children and adolescents should also be included. Patients who are bullied or identified as bullies should be screened for psychiatric comorbidities (19, 20). In our study, 262 (84.2%) of the participants knew how to approach someone who was bullied, while 49 (15.8%) did not. Total 247 (79.4%) participants stated that they did not screen for problems related to peer bullying, while 218 (70.1%) stated that they did not perform psychiatric screening.

CONCLUSION

In conclusion, it is observed that the physicians who participated in our study do not know enough about peer bullying. This may be due to the fact that pediatricians and pediatric residents do not receive any training on peer bullying. In our study, it was found that the number of physicians who received training on peer bullying was quite low (4.8%). Therefore, it is important to increase the level of awareness of our physicians about exposure to peer bullying, which is observed in a significant number of children and adolescents, and to provide trainings to physicians on the subject so that they can provide counseling to their patients and their families. We believe that these trainings will be an important step in early detection of children who are victims of bullying and in conducting the necessary intervention and reducing the number of bullying victims. It would be very useful and important for pediatricians and residents to question peer bullying, which is known to have many negative consequences, in their clinical practice.

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