

Bullying and Its' Relationship with Depression among Teenagers

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ABSTRACT The current study examined the relationship between bullying and depression among teenagers. The participants of the study were 242 teenagers (119 males and 123 females) aged between 13 and 17 years selected secondary schools in Selangor, Malaysia (mean age = 14.67 years; SD = 1.27). Teenage depression was measured with from Children Depression Inventory (CDI), while bullying was measured with the bullying subscale of the Peer Relationship Questionnaire (PRQ). The study found a positive and significant correlation between bullying and teenage depression ($r = .296, p < .01$), significant gender difference between males and females ($t = 3.306, p < .05$) in bullying and a non-significant difference in depression between male and female teenagers ($t = .498, p > .05$). The result of the study provides confirmation to earlier findings on the relationship between bullying and depression. Recommendations of the study centre on the need to examine the report from family members and peers of teenage bullies.

INTRODUCTION

Numerous scholars has attempted to define the term bullying among teenagers (Haynie et al. 2001; Nansel et al. 2001; Olweus 2001; Rigby 2001; Saylor et al. 2001; Flynt and Morton 2004; Grennan and Woodhams 2007). The term bullying was defined as a systematic and repeated type of aggression involving peers that was associated with a range of psychosocial problems which includes low self esteem, acceptance of antisocial behaviour and delinquency. Flynt and Morton (2004) described a bully as a blustering and badgering person, one who was cruel to others, particularly to those who are weak. In the view of Grennan and Woodhams (2007) a teenager can only attest that he or she was bullied when they are victims of both direct and indirect bullying which happens on a weekly basis, by the same person or different perpetrator(s).

Van der wal et al. (2003) identified four types of bullies, which are: (1) Physical bullies, (2) Verbal bullies, (3) Relational bullies, and (4) Reactive bullies. Physical bullies are the type that uses direct behaviours such as biting and kicking. Essentially these are the most common type of bullies and studies reveal that these types of bullies are mostly male teenagers (Van der wal et al. 2003). Verbal bullies are bullies who use words to humiliate their peers, these types of bullies are mostly found among females. Relational bullies are bullies that convince their peer to exclude certain teenagers from their group. Reactive bullies taunt other teenagers into fighting with them. They are equally known to

fight back, while claiming they did so in self defense (Smokowski and Kopasz 2005).

In the case of Malaysia, despite the growing international interest in bullying among teenagers, empirical research in the country has been sparse. Only a handful of studies have been carried out to determine the incidence of bullying in the country (Lee et al. 2007; Uba et al. 2009; Wan et al. 2009).

One such study by Yaakub and Leong (2007) investigated violence in Malaysian schools by highlighting one of the appalling incidents of bullying that stunned the nation; the brutal killing of a 16-year-old student by his school seniors in 2005. The above incident raised public concern over violence in Malaysian schools, and the destructive role bullying plays among teenagers in Malaysia.

Baldry (2004) discovered that a high proportion of teenagers, reported bullying others, either directly or indirectly. The study revealed that boys bullied others more by using overt means. Baldry also found that boys reported spreading rumors more than girls. To corroborate the findings, Ivarsson et al. (2005) also discovered more male adolescents bullied others more than their female counterparts. On the other hand, teenagers who were victims only were found to have psychiatric symptoms and functioned less well (Ivarsson et al. 2005).

Earlier and more recent studies have found bullying to be significantly related to depression (Kumpulainen et al. 2001; Kowalski 2003; Van der wal et al. 2003; Ivarsson et al. 2005; Li 2006). Van der wal et al. (2003) asserted that

direct bullying has significant effect on depression and suicidal ideation in girls (aged 9 to 13), but not in boys. More so, the scholars found that direct bullies were at greater risk for delinquent behavior than indirect bullies. In line with the study by Van der wal et al. (2003), Rose and Rudolph (2006) revealed that boys may find physical bullying more hurtful because of well-defined social hierarchies and mainly because it tended more towards social dominance. These findings reveal why more males are involved in delinquent behaviour compared to their female counterparts. The major conclusion is that the association between bullying and depression differs notably between girls and boys as well as between direct and indirect forms of bullying (Van der wal et al. 2003; Baldry 2004).

Also, studies conducted in the last three decades in the United States of America on the epidemiology of depression found that bullying among teenagers poses a threat to healthy teenage development and a potential cause of violence among teenagers (Smokowski and Kopasz 2005). Studies also reveal that most bullies have positive attitudes towards violence, particularly as a means of solving problems or getting what they want (Carney and Merrell 2001). These groups of teenagers use bullying behavior to gain or maintain dominance and therefore lack sense of empathy for their victims (Beale 2001).

Nansel et al. (2001) indicated that bullies were more likely to be involved with problem behaviours such as drinking and smoking as compared to non bullies. In agreement with the above scholar, recently emerging studies further suggest that bullying has serious long-term negative effects on bullies (Smokowski and Kopasz 2005). These negative effects are also suffered by former victims of teenage bullying, who turn to bullying other teenagers, as a form of coping strategy (Smokowski and Kopasz 2005). Grennan and Woodhams (2007) found that bullies were more depressed than teenagers who were not involved in bullying. In a study conducted by the duo which investigated involvement in bullying, psychological distress, and coping strategies among 99 male teenage offenders living in reformatory home in the U.S. over 60% of teenagers in the reformatory home were involved in bullying.

In another study conducted by Kumpulainen et al. (2001) in the U.S nearly one third of bullies had attention-deficit disorder, 12.5% had depre-

sion and another 12.5% had oppositional conduct disorder. The study therefore suggested that bullies equally experience varying degrees of psychosocial problems. Bullying has been viewed as a stressful event which could negatively impact on those involved (Hunter and Boyle 2002). Available data indicate that approximately 160,000 school-aged children in the U.S occasionally stay away from school to avoid maltreatment at the hands of their peers (Kowalski 2003). The negative effects of bullying are also suffered by former victims of teenage bullying, who turn to bullying other teenagers, as a form of coping strategy. Grennan and Woodhams (2007) found that bullies and their victims were significantly more depressed than teenagers who were not involved in bullying. The study thus concluded that being a bully or a victim was a significant predictor of depression among teenagers.

In the view of Stark et al.(2008) depression is caused by disturbances in cognitive, interpersonal, neuro-chemical and environmental functioning, as well as deficits in critical emotion regulation skills. Depression deals a fatal blow to suffers, however most teenagers emerge from this turbulent period unscathed by depression or anxiety, but there are also a significant number who are affected, and, unfortunately, they often go undiagnosed in medical care (Karnani and Pomm 2006). Generally, every teenager occasionally feels depressed, but these feelings are usually momentary and suppress within some days, however depressive disorder interferes with daily life, normal functioning and causes pain for both the person with the disorder and those who care about him or her (National Institute of Mental Health 2009)

According to Soresi Nota and Ferrari (2005), childhood and adolescent depression must not be underestimated, as it is associated with dysthymic and anxiety disorders, severe behavioral disorders, and substance abuse. Research has also shown that teenage depression often persists, recurs and continues into adulthood, especially if it goes untreated (Kovac 1996). Recent longitudinal studies that examined teenagers in their late adolescence found gender difference in the occurrence of depression among teenagers, with female teenagers reported as more depressed (Maag and Irvin 2005; Abadu et al. 2008). In variance with the above studies, other longitudinal studies conducted in the 80's

among early adolescents indicated that male teenagers reported more depression than their female counterparts (Bartell and Reynolds 1986; Smucker et al. 1986; Huntley et al. 1987). However, cross sectional studies conducted on the prevalence of depression among teenagers found no gender differences (Nolen-Hoeksema 1994; Willkins-Shurmer et al. 2003). Essentially variations in the findings of the scholars whose works were reviewed can be attributed to the method of study adopted and the period of adolescence (early or late) examined.

A depressed adolescent has a greater history of suicide attempts, delirium, including sleep and eating disorders (Soresi, Nota and Ferrari 2005). The deep agony and hopelessness associated with depression can make a depressed teenager feel suicide was the only way to ease the anguish. Therefore the three major aims of this study are: (a) to describe the background of the respondents (b) to determine the differences in bullying and depression between male and female teenagers (c) to determine the relationship between bullying and teenage depression.

METHODOLOGY

Location

The current study is a part of a larger study titled "Personal Vulnerability and Socio-Environmental Factors in Teenage Depression" which examined salient risk factors in the prediction of teenage depression (Siti Nor et al. 2009). The present study focused mainly on the effect of bullying on teenage depression and utilized data from selected daily secondary schools in Selangor, Malaysia.

Participants/Respondents of the Study

The respondents of the study comprised of teenagers from rural and urban daily secondary schools in Selangor, Malaysia. The sample for the state (Selangor) was estimated at 280 respondents. A sampling frame was made for the study comprising of all daily secondary schools in Selangor, Malaysia. From the daily secondary schools, two schools were randomly selected from the rural areas of Selangor, while three schools were selected from the urban areas of the state. The total number of schools sampled for the current study amounted to five schools

from the state. Within the schools, data for the study was collected using the cluster sampling technique. However, due to missing data for variables of interest, 38 of the questionnaires were rendered void. Hence, the participants of the study were reduced to 242, which amounted to a response rate of 86.4%. The size of the sample assumed a proportion of .5 (maximum variability), with a 95% confidence level and 3% precision.

Instrumentation

Each questionnaire booklet contained a number of validated scales and demographic questions. Respondents were asked to provide details of their age, gender, location (rural or urban) and the household income of their families.

Depression

Depression was measured with the Children Depression Inventory (Kovac 1985) designed for the screening of depressive symptoms in children and teenagers between the ages of 13-17 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. Examples of questions include "I am sad", "Nothing will ever work out for me", "I do everything wrong". Participants were asked to choose one sentence from each group that best described them for the past two weeks. Items were summed and used to reflect depressive symptoms (from 0 to 54). According to Kovac (1983), the 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. In the current study, the Cronbach alpha was .78.

Bullying

Bullying was measured using the bully subscale of the Peer Relationship Questionnaire (Rigley and Slee 1993). The PRQ is a self-report questionnaire used to measure bullying, victimization and pro-social behaviour among children between the ages of 12 to 18 year. The bully scale consist of 6 items scored on a 4-point scale, ranging from 1=Never, 2= Once in a while, 3= Pretty often, and 4= Very often. The PRQ

contains three subscales which include: bully scale with 6 items measuring the tendency to bully others (e. g., I give soft kids a hard time. I like to show others that I'm the boss. I like to make others scared of me). Items were summed and used to determine bully (6 to 24). In this study the internal consistence of the bully scale was found to be acceptable (Cronbach alpha = .78).

Data Analyses

SPSS programme was used to analyze the data. Descriptive statistics was used to describe the background information of the respondents and the main variables of the study. Pearson correlation was used to examine the association between bullying and depression. Independent sample t-test was used to examine gender differences in bullying and depression.

RESULTS

The participants for the current study range in age from 13 to 16 years ($M=14.67$ years, $S.D = 1.27$), which comprise of 49.2 % male, and 50.8% female. Majority of the participants were Malays (88.8%) and Muslims (89.3%), and 51.7% of whom were from rural schools. About 47% of the respondents were either first or second child in their family. While the mean number of children per household examined in the study was 4.47. This implied that most of the respondents had between four to five siblings in their family (Table 1).

In response to the question which necessitated the teenage respondents to state who they lived with, about 90% of the total respondents live with their biological father and mother. Based on table 2, a large proportion (25.3%) of the fathers has non-formal education, while about 22.3% of the mothers have non-formal education. The implication was that a slightly higher number of the mothers compared with fathers have formal education. However, a higher number of fathers (7.9%) have Bachelors compared to 2.8% of mothers. On the whole, a slightly higher number of mothers (77.7%) as against fathers (74.8%) have formal education. About 63.05% of mothers as against 2.87% of fathers were unemployed. Only 36.95% of mothers as against 97.13% fathers were employed. Majority of the teenager were from low

income households earning below RM800 a month (Table 2).

Table 1: Personal profile of respondents (N=242)

Variables	n (%)
<i>Age</i>	
13 years	60 (24.79)
14 years	68 (28.10)
15 years	5 (02.07)
16 years	109 (45.04)
<i>Gender</i>	
Male	119 (49.17)
Female	123 (50.83)
<i>Ethnic Groups</i>	
Malay	215 (88.84)
Chinese	10 (04.13)
India	15 (06.20)
Others	2 (00.83)
<i>Religion</i>	
Islam	216 (89.30)
Christian	5 (02.10)
Buddhist	6 (02.50)
Hindu	12 (04.96)
Others	3 (01.23)
<i>School Location</i>	
Urban	117 (48.35)
Rural	125 (51.65)
<i>Birth Order</i>	
≤ 2	114 (47.11)
3-4	78 (32.23)
≥ 5	50 (20.66)
<i>Number of Siblings</i>	
≤ 3	84 (34.71)
4-5	95 (39.26)
≥ 6	63 (26.03)

Table 3 indicated that 50.8% of the total teenage respondents of the study reported they were not bullies, as against 49.2% who are found to be bullies. Of the 119 who were bullies, 56.3% were males, while 43.7% were females. Also, of the 119 of the teenagers who were bullies, 42.1% were from urban schools, while 57.9% were from rural schools. Besides, about 81.5% of bullies were from households with monthly income less than RM 4,360, while only 18.5% of teenagers from households with monthly income above RM 4,360 were bullies.

In line with table 3, majority (87.2%) of the respondents of the study indicated they were not depressed and only 12.8% of the sample was found to be depressed. Of the 31 that admitted to being depressed, 45.2% were males, while 54.8% were females. About 35.5% of the teenagers were from urban schools, while 64.5% were from rural schools. In addition, about 77.4% of the teenagers found to be depressed

Table 2: Family profile of respondents (N= 242)

Variables	n (%)
<i>With Whom They Live</i>	
Biological father and mother	210 (86.78)
Biological mother and step father	5 (2.07)
Biological father and step mother	3 (1.24)
Mother/father only	16 (6.61)
Others	8 (3.30)
<i>Marital Status of Parents</i>	
Married	221 (91.32)
Divorced	9 (3.72)
Widower	12 (4.96)
<i>Fathers Education (n=202)</i>	
Standard six	19 (9.41)
Form three	10 (4.95)
Form five	43 (21.29)
Form six	13 (6.44)
College/ institute	29 (14.35)
Bachelor degree	16 (7.92)
Masters degree/PhD.	21 (10.39)
Others	51 (25.25)
<i>Mothers Education (n=211)</i>	
Standard six	23 (10.90)
Form three	21 (9.95)
Form five	57 (27.01)
Form six	10 (4.74)
College/ institute	32 (15.17)
Bachelor degree	6 (2.84)
Masters degree/PhD.	15 (7.12)
Others	47 (22.27)
<i>Fathers Occupation (n=174)</i>	
Unemployed	5 (2.87)
Employed	169 (97.13)
<i>Mothers Occupation (n=203)</i>	
Unemployed	128 (63.05)
Employed	75 (36.95)
<i>Monthly Household Income (RM) (n=171)</i>	
Very low ($\leq$ 800)	39 (22.81)
Low (801 – 1300)	31 (18.13)
Medium (1301 – 3000)	38 (22.22)
High (3001 – 7000)	29 (16.96)
Very High ($\geq$ 7001)	34 (19.88)

were from households that earn below RM 4,360 per month. Only about 22.6% of the teenagers from high income households were found to be depressed.

Relationship between Bullying and Depression

The findings of the study reveal that there is

a positive and small correlation between bullying and teenage depression ($r = .296$, $p < .01$) with high levels of bullying associated with high levels of depression (Table 4).

Table 4: Relationship between bullying and depression

Variables	Teenage depression	Bullying
Teenage	1	
Depression		
Bullying	0.296(**)	1

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

The study further discovered significant difference ($t = 3.306$, $p < .05$) in bullying scores for males ($M=10.11$, $SD = 3.614$) and females, ($M = 8.75$, $SD = 2.712$). Comparing the eta-square value obtained ($\eta^2 = .04$), the effect size of .04 was considered small (mean difference = 1.361, 95% CI: .550 to 2.173). The result further revealed the independent-sample t-test conducted to compare depression scores for males and females. The two means suggested that there was no significant difference 129 ($t = .498$, $p > .05$) in depression scores for males ($M=13.49$, $SD = 5.781$) and females ($M = 13.11$, $SD = 6.129$) (Table 5).

DISCUSSION

The findings of the study illustrated that males were more involved in bullying, in comparison to their female counterparts. Interestingly majority of these male bullies were from rural schools and families with low income. The current study therefore revealed that the socio-economic background of a teenager may contribute immensely in turning a teenager into a bully. The present finding on bullying among teenagers was consistent with the study conducted by Yaakub et al. (2008) in Malaysia and with other studies (Van der wal et al. 2003; Baldry 2004; Ivarsson et al. 2005; Abada et al. 2008)

Table 3: Depression by bullying, gender, location and household income (N = 242)

Variable	Total		Gender				Location				Household income			
			Male		Female		Urban		Rural		Low		High	
	N	%	n	%	n	%	n	%	n	%	n	%	n	%
<i>Depression</i>														
Non depressed	211	87.2	105	49.8	106	50.2	106	50.2	105	49.8	169	80.1	42	19.9
Depressed	31	12.8	14	45.2	17	54.8	11	35.5	20	64.5	24	77.4	7	22.6
<i>Bullying</i>														
Non bully	123	50.8	52	42.3	71	57.7	67	54.5	56	45.5	96	78.1	27	21.9
Bully	119	49.2	67	56.3	52	43.7	50	42.1	69	57.9	97	81.5	22	18.5

Table 5: Comparison of mean scores for all variables of the study by gender

<i>Scales</i>	<i>n</i>	<i>Mean</i>	<i>SD</i>	<i>SE</i>	<i>Df</i>	<i>MD</i>	<i>t</i>	<i>P</i>
<i>Bullying</i>								
Male	119	10.11	3.614	.331				
Female	123	8.75	2.712	.245	219	1.361	3.306	.001
<i>Depression</i>								
Male	119	13.49	5.781	.530				
Female	123	13.11	6.129	.553	240	.382	.498	.619

Note: SD = Standard deviation; SE = Standard Error; Df = Degree of Freedom; MD = Mean Difference.

conducted outside Malaysia which found males as more involved in bullying. Although, the similarity in depression among males and females found in the study was consistent with earlier studies by Nolen-Hoeksema (1994) and William et al. (2003). It was however inconsistent with the findings of Maag and Irwin (2005); Crowe et al. (2006); Adlina et al. (2007); Abada et al. (2008); Abela and Hankin (2008) which found dissimilarity among males and females in depression.

On the relationship between bullying and depression explored in the study, it was discovered that there was a positive and significant correlation between bullying and depression. This implied that the higher the level of bullying by teenagers, the higher the level of depression suffered by them. These finding is consistent with previous studies conducted by Craig (1998); Seals and Young (2003); Viljoen, O'Neill and Sidhu (2005); Grennan and Woodhams (2007) that equally found positive and significant correlation between bullying and teenage depression. The finding of this study may be explained within the purview of social learning theory by Bandura (1977) which highlighted differences in the socialization process between males and females in the society. This socialization process may account for behavior modeling which explains why more males were involved in bullying. Differences abound between this study and other previous studies because the present study explored the socio-economic background of bullies to ensure that interventions aimed at teenage bullies highlight the importance of gender, location and household income in the treatment of bullies. Bullying among teenagers was highlighted in the study as a concept capable of destroying teens given its adverse consequences on their psychosocial health.

CONCLUSION

In conclusion, bullying affects not just the

victims of bullying incidents, but also the bullies themselves. It has been found that bullying leads to the prediction of depression even among bullies. The act equally leads to anti psychosocial behaviours such as smoking, drinking and involvement in violent behaviour in later life (Smokowski and Kopasz 2005). Available data indicates that the concept of bullying is on the rise among teenagers (Kowalski 2003). However, despite the alarming increase of bullying incidents in most countries, strategic policies has yet been implemented by countries in combating the menace. Hitherto, bullies were thought to be immune to depression, however recently emerging studies suggest otherwise (Nansel et al. 2001) including the current study. The pathetic situation bullies find themselves stems from the fact that symptoms of depression for them remain latent and as such maybe very difficult to diagnose. The implication of been unable to diagnose depression among bullies early maybe disastrous and in some situation may lead to suicide by the bully. Therefore, emotional support and care should be extended not just to the victims of bullying incidents, but also to bullies. In summary, the study has contributed immensely to the body of knowledge because it highlighted the fact that bullying and victimization can become a vicious cycle of misery for both bullies and their victims by confirming the dangers of bullying even to teenage bullies.

RECOMMENDATIONS

Bullying can practically destroy a bully, particularly were it leads to depression. Practitioners in primary care, parents and friends of teenage bullies are therefore enjoined to report cases of bullying to necessary government agencies in their respective countries as a way to ensure that bullies receive adequate care and support before they cause pain and agony to themselves

and their loved ones. Findings of this study were limited to the self report of bullying and depression by the teenage respondents of the study. The study therefore suggests that future studies should examine the report from family members and peers of teenage bullies to facilitate the diagnosis of depression among bullies and to enable them receive medical attention on time.

REFERENCES

- Abada T, Hou F, Ram B 2008. The effects of harassment and victimization on self-rated health and mental health among Canadian adolescents. *Social Science & Medicine*, 67: 557-567.
- Abela JRZ, Hankin BL 2008. *Handbook of Depression in Children and Adolescents*. New York: Guilford Press.
- Adlina S, Suthahar A, Ramli M, Edariah AB, Soe-Soe-Aye et al 2007. Pilot study on Depression among Secondary School Students in Selangor. From <http://www.ncbi.nlm.nih.gov/pubmed/18246911> (Retrieved October 28, 2008).
- Bandura A 1977. *Social Learning Theory*. Englewood Cliffs, NJ: Prentice-Hall
- Baldry AC 2004. The impact of direct and indirect bullying on the mental and physical health of Italian youngsters. *Aggressive Behaviour*, 30: 343-355.
- Bartell NP, Reynolds WM 1986. Depression and self-esteem in academically gifted and non-gifted children: A comparison study. *Journal of School Psychology*, 24: 55-61.
- Beale AV 2001. Bully busters: Using drama to empower students to take a stand against bullying behavior. *Professional School Counseling*, 4: 300-306.
- Carney AG, Merrell WM 2001. Bullying in schools: Perspective on understanding and preventing an international problem. *School Psychology International*, 2 (3): 364-382.
- Craig WM 1998. The relationship among bullying, victimization, depression, anxiety, and aggression in elementary school children. *Personal Individual Difference*, 24 (1): 123-130.
- Crowe M, Ward N, Dunnachie B, Roberts M 2006. Characteristics of adolescent depression. *International Journal of Mental Health Nursing*, 15: 10-18.
- Flynt SW, Morton RC 2004. Bullying and children with disabilities. *Journal of Instructional Psychology*, 31: 330-333.
- Grennan S, Woodhams J 2007. The impact of bullying and coping strategies on the psychological distress of young offenders. *Psychology, Crime & Law*, 13(5): 487-504.
- Haynie D, Nansel T, Eitel P, Crump A, Saylor K et al. 2001. Bullies, victims, and bully/victims: Distinct groups of at-risk youth. *Journal of Early Adolescence*, 21: 29-49.
- Hunter SC, Boyle JME 2002. Perceptions of control in the victims of school bullying: The importance of early intervention. *Educational Research*, 44: 323-336.
- Huntley DK, Phelps RE, Rehm LP 1987. Depression in children from single-parent families. *Journal of Divorce*, 10: 153-161.
- Ivarsson T, Broberg AG, Arvidsson T, Gillberg C 2005. Bullying in adolescence: Psychiatric problems in victims and bullies as measured by the youth self report and the depression self-rating scale. *Nord Journal of Psychiatry*, 5: 365-373.
- Karnani H, Pomm HA 2006. Screening for adolescent depression and anxiety in the primary care environment: calming the storm within. *Northeast Florida Medicine*, 57(4): 41-46.
- Kovac M 1983. *The Children's Depression Inventory: A Self Rated Depression Scale for School Aged Youngsters*. Unpublished manuscript. University of Pittsburgh School of Medicine.
- Kovacs M 1996. The course of childhood-onset depressive disorders. *Psychiatric Annals*, 26: 326-330.
- Kowalski RM 2003. *Complaining, Teasing, and other Annoying Behaviors*. New Haven, CT: Yale.
- Kumpulainen K, Rasanen E, Puura K 2001. Psychiatric disorders and the use of mental health services among children involved in bullying. *Aggressive Behaviour*, 27(2): 102-110.
- Lee L, Chen PCY, Lee K, Kaur J 2007. Violence-related behaviors among Malaysian adolescents: A cross sectional survey among secondary school students in Negeri Sembilan. *Ann Acad Med Singapore*, 36: 169-174.
- Li Q 2006. Cyber-bullying in schools. *School Psychology International*, 27(2): 157-170.
- Maag JW, Irvin DM 2005. Alcohol use and depression among Caucasians adolescents. *Adolescence*, 40 (157): 89-101.
- Nansel T, Overpeck M, Pilla R, Ruan W, Simons-Morton S et al. 2001. Bully behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of American Medical Association*, 285: 2094-2100.
- National Institute of Mental Health 2009. *Depression*. From <http://www.nimh.nih.gov/health/publications/depression/complete-index.shtml> (Retrieved March 17, 2009).
- Nolen-Hoeksema S 1994. An interactive model for the emergence of gender differences in depression in adolescence. *Journal of Research on Adolescence*, 4(4): 519-534.
- Olweus D 2001. Peer harassment: A critical analysis and some important issues. In: J Juvonen, S Graham (Eds.): *Peer Harassment in School: The Plight of the Vulnerable and Victimized*. New York: Guilford Press, pp. 3-20.
- Rigby K 2001. Health consequences of bullying and its prevention in schools. In: J Juvonen, S Graham (Eds.): *Peer Harassment in School*. New York: Guilford, pp. 310-331.
- Rose AJ, Rudolph KD 2006. A review of sex differences in peer relationship processes: Potential trade-offs for the emotional and behavioral development of girls and boys. *Psychological Bulletin*, 132: 98-131.
- Seals D, Young J 2003. Bullying and victimization: Prevalence and relationship to gender, grade level, ethnicity, self-esteem, and depression. *Adolescence*, 38: 102-110.
- Siti Nor Y, Rumaya J, Mansor T 2009. *Personal Vulnerability and Socio-Environmental Factors in Teenage Depression*. Research Report. Faculty of Human Ecology, UPM.
- Smokowski PR, Kopasz KH 2005. Bullying in school: An overview of types, effects, family characteristics and intervention strategies. *Children and Schools*, 27(2): 101-110.
- Smucker MR, Craighead WE, Craighead LW, Green BJ 1986. Normative and reliability data for the children's depression inventory. *Journal of Abnormal Child Psychology*, 14: 25-39.
- Soresi S, Nota L, Ferrari L 2005. Counseling for adolescents and children at-risk in Italy. *Journal of Mental Health Counseling*, 27(3): 249-265.

- Stark KD, Hargrave JL, Hersh B, Michelle G, Herren J E et al. 2008. Treatment of childhood depression. In: JRZ Abela, BL Hankin (Eds): *Handbook of Depression in Children and Adolescents*. New York: Guilford Press, pp. 224-249.
- Uba I, Siti Nor Y, Rumaya J 2009. The relationship between peer relations and depression among adolescents in Selangor, Malaysia. *European Journal of Social Sciences*, 11(1): 149-159.
- Van der Wal MF, Wit C, Hirasing RA 2003. Psychosocial health among young victims and offenders of direct and indirect bullying. *Pediatrics*, 111(6): 1312-1317.
- Viljoen JL, O'Neill ML, Sidhu A 2005. Bullying behaviours in male and female young offenders: Prevalence, types and association with psychosocial adjustment. *Aggressive Behavior*, 31: 521-536.
- Wan SWI, Tan SMK, Nik RNJ, Tuti IMD, Syamsul S et al. 2009. School bullying amongst standard six students attending primary national schools in the federal territory of Kuala Lumpur. *Malaysian Journal of Psychiatry*, 18(1): 5-12.
- Willkins-Shurmer A, O'Callaghan M, Najman J, Bor W, Williams G, Anderson M. 2003. Association of bullying with adolescent health-related quality of life. *Journal of Pediatric Child Health*, 39: 436-441.
- Yaakub NF, Leong GC 2007. Violence in Schools: Moving Forward. From http://www.unicef.org/malaysia/protection_6930.html. (Retrieved October 28, 2008).
- Yaakub NF, Nagappan R, Jusoh A J 2008. *Bullying among Malaysian Elementary School Children*. From <http://mahdzan.com/papers/bully/bully.asp>. (Retrieved October 28, 2008).