

## Original Research



## Factors contributing to in-school bullying victimization among early adolescents – focus group discussions

Dilini Shanika Rupananda<sup>1\*</sup> & Devani Sakunthala Dissanayake<sup>2</sup>

<sup>1</sup>Directorate of Mental Health, Ministry of Health, Sri Lanka; <sup>2</sup>Department of Community Medicine, Faculty of Medicine, University of Peradeniya, Sri Lanka

\*Correspondence: rupananda\_dilini@yahoo.com

 <https://orcid.org/0000-0003-0930-7597>

DOI: <https://doi.org/10.4038/jccpsl.v29i4.8636>

Received on 14 Aug 2023

Accepted on 22 Nov 2023

### Abstract

**Introduction:** Bullying is a significant peer problem among school going adolescents which has many reported undesirable consequences. Identification of contributory factors of victimization is beneficial in addressing the bullying prevention programs.

**Objectives:** To identify and explore the contributory factors of bullying victimization among school going adolescents in selected educational zone in Sri Lanka

**Methods:** Focus group discussions (FGD) were conducted among grade eight students from six randomly selected schools from each category of schools in the Kegalle educational zone. A convenient sampling technique was used to select the participants for each FGD. Thematic analysis was performed manually on the collected data.

**Results:** Five main themes, namely, external appearance, problems with speech, suffering from illnesses, socioeconomic background and being a ‘newcomer’ were identified in the thematic analysis.

**Conclusions & Recommendations:** Multiple contributory factors of in-school bullying victimization were identified in these focus group discussions. Therefore, the necessity of addressing the above factors, when addressing them in prevention programs is highlighted.

**Keywords:** *bullying victimization, adolescents, contributory factors, qualitative study*

## Introduction

Bullying is a common phenomenon among peers worldwide. Though there are many definitions of bullying, it is defined as a specific form of aggression which is intentional, repeated over time to bring negative actions on a part of one or more other persons and involves disparity of power between the perpetrators and victims (1). Imbalance of power can be derived from physical strength, social status in the group or from group size (e.g., a group targeting a single person). Power may also be achieved through knowing a person's vulnerabilities (e.g. appearance, learning problem, family situation, personal characteristics) and using this knowledge to harm him or her (2). Therefore, owning disparities which contribute to power imbalance may predispose bullying victimization among adolescents.

Burden of bullying is explored worldwide and revealed a considerable variation across the countries and regions (3-5). While identifying the burden, many of the researchers described the possible reasons which have been attributed to this variation. Although all the reasons are not described entirely, cultural factors and social inequalities, where adolescents living in countries with wide socioeconomic disparities, were found to be at higher risk of being bullied (6). Studies conducted to determine the associations of bullying victimization across the world have explored an ample amount of significant associations. Young age (7-10), male sex (9-12), abnormal external physical appearance (13) and negative personal behaviours (8, 14) are found to have positive associations with bullying victimization. Positive peer relationships (8, 12, 15), supportive neighbourhood (15) and favourable school and home environment (11) are negatively associated with bullying victimization. Though the associated factors of bullying victimization has been explored across the different study settings globally, the published literature in relation to South Asian context is minimal. Therefore, the existing research gap in the South Asian region has an enormous value to be fulfilled, considering the variation of socio-

cultural background and learning environment.

Bullying victimization is a traumatic event for a majority of students and they are reluctant to come out with their personal experiences. Literature shows the occurrence of undesirable consequences such as future psychological illnesses and school dropouts following in-school bullying victimization (16-17). Therefore, the exploration of personal level contributory factors will be beneficial in implementing appropriate strategies to minimize victimization and to facilitate victims with psychological support. There is evidence to suggest that qualitative research methodology can provide in-depth, valid and reliable information into the dynamics of bullying behaviour (18-19). Adapting qualitative research method rather than a self-administered questionnaire encourage them to speak, allows them to express their feelings and experiences. In Sri Lanka, exploration of regional specific associated factors is beneficial to develop potential bullying prevention programs to address this concern among school going adolescents. Therefore, the present study was designed to determine the contributory factors of bullying victimization among early adolescent school children using qualitative methods in a selected educational zone in Sri Lanka.

## Methods

Six FGDs were conducted in six schools in one educational zone of Kegalle District in Sri Lanka from January to March 2019. Schools in Sri Lanka are classified into four main categories, namely Type 1AB schools which have all four subject streams in AL classes (Science, Commerce, Arts and Technology), Type 1C schools which have commerce and art subject streams in AL classes and Type 2 schools which include classes up to Ordinary Level. Two schools from each type of schools were randomly selected from the list of all schools in the educational zone using a random number table. One girls only school, one boys only school and four

**Table 1: Characteristics of the study participants**

Characteristic		No.	%
Age	13 years	60	96.8
	>13 years	2	3.2
Sex	Male	34	54.8
	Female	28	45.2
Religion	Buddhist	60	96.8
	Other	2	3.2
School category	1AB	12	19.4
	1C	36	58.1
	2	14	22.6
Father's occupation	Managers, senior officials and legislators	2	3.2
	Professionals	3	4.8
	Technicians and associate professionals	3	4.8
	Clerks and clerical support workers	5	8.1
	Service and sales workers	6	9.7
	Skilled agriculture workers	3	4.8
	Craft and related trade workers	4	6.5
	Plant and machine operators and assemblers	3	4.8
	Elementary occupations	23	37.1
	Armed forces occupations and unidentified occupations	10	16.1
Mother's occupation	Managers, senior officials and legislators	1	1.6
	Professionals	2	3.2
	Technicians and associate professionals	1	1.6
	Clerks and clerical support workers	8	12.9
	Service and sales workers	3	4.8
	Skilled agriculture workers	2	3.2
	Craft and related trade workers	5	8.1
	Plant and machine operators and assemblers	0	0.0
	Elementary occupations	35	56.4
	Armed forces and unidentified occupations	5	8.1

mixed schools were included. The principal investigator (PI) visited the grade 8 classes (approximate children of 13 years of age) of each selected school and invited the students to participate in the study. From those who showed interest, written informed consent from the parents was obtained. Assent from the students was also obtained. A convenient time and place where privacy can be preserved were selected for the discussions. Each FGD was conducted in *Sinhala* language using an interviewer guide. Each group consisted of 6-10

students and the discussions lasted around 60-90 minutes. The PI acted as moderator and the discussion was audio-recorded with prior permission of the participants. A graduate in sociology attended every session as an assistant to take down notes, monitor the recordings and debrief at the end of each discussion. Due to the sensitive nature of some discussions, students who wanted to express their views personally were given an opportunity at the end of each discussion. Recruitment for interviews was stopped at the point of data saturation.

Discussions including the notes were transcribed verbatim by the PI on the same day of the interview. Thematic method was used to analyse the transcribed data (20), by repeatedly going through the dataset

giving equal attention to all the data. The initial codes were developed for the emerging themes and after reviewing, the themes were named and the thematic map was developed.

**Table 2: Thematic framework**

Theme	Sub-theme
External appearance	Nature of hair Nature of the skin and complexion Dentation Wearing spectacles Extremes of body mass index
Problems with reading and speech	Stammering Problems with articulation Difficulties in reading and writing
Suffering from illnesses	Chronic medical illnesses – epilepsy, asthma behavioural problems
Social background	Occupation of the parents Living environment Single parent
Being a ‘newcomer’	Admission after grade five scholarship examination Lateral entry

## Results

In the study, 62 students in grade 8 classes participated. Majority of them were male students (n=34; 54.8%). All the students were Sinhala Buddhists except two. Majority of their parents were involved in employment in informal sector such as manual work, farming, driving and other semi-skilled work (Table 1). Five major themes (Table 2) were identified from the discussions on factors associated with bullying victimization, external appearance, speech related problems, suffering from illnesses, features in the social background and being a newcomer to school.

### Theme 1: External appearance

One of the main factors associated with bullying victimization was the external appearance of the student. Students with inherited prominent external features become highlighted among other students. Due to the variability of behaviour among students,

those students become victims of other students targeting the specific feature of the external appearance. Sometimes the process of bullying starts with verbal victimization and goes on continuously involving other different types of bullying such as physical and relational victimization. Some students make an effort to conceal the external features to minimize being targeted by others, but the majority fail to do so.

Students who have specific characteristics in their hair reported their victimization experiences.

“My friends call me *iththewa* (porcupine/hedgehog), because my hair is too straight and difficult to handle. Sometimes they pull my hair from back.” (Male student)

“My friends tease me by calling me *pokutu* (curly), as my hair is too curly. Male students throw small paper balls, chewing gum towards my hair, because they easily remain inside my hair, and they laugh at me.” (Female student)

Students with various features related to skin and complexion mentioned their unpleasant personal experiences of victimization.

“I have a hairy skin, so my friends call me *walas mama* (bear). Sometimes they laugh at me in the presence of girls at school. I cannot wear long trousers to school to cover my legs until grade 10.” (Male student)

“My colleagues call me *kane mayil* (hairy ears), because both of my ear lobes have excessive hair growth. So, I try to shave but it is not practical. It hurts me a lot.” (Male student)

“Colleagues in the class call me *mahasoni* (devil), because I have very dark complexion. Sometimes they leave me out from their click and some situations, they do not allow me to attend special events.” (Female student)

Some revealed their traumatic experiences related to abnormal dentition and maxillary-facial problems during personal interview.

“My mother, my elder sister and all in our family including me have protruded teeth and upper jaw. Boys in our class call me *bollewi* (protruded jaw). When I am walking in the corridor, they used to move to a side saying that my teeth may hit them. It is really embarrassing to me.” (Female student)

Students wearing external aids for disabilities easily become the target for verbal bullying of other students. Peers tend to remove the devices forcefully to make the victim more uncomfortable and helpless. Therefore, students with physical disabilities become a target of other students in several ways.

One student expressed his experience on wearing spectacles and harassments in daily life.

“I cannot see without my spectacles. So, I wear it all the time even during playtime. Some children call me *kannadi polanga* (snake wearing glasses). When playing, they remove my spectacles and hit me from behind. They know that I cannot work without my spectacles. I have some friends who would help me to get

my spectacles back.” (Male students)

Students who are overweight or obese are vulnerable to be victims of bullying. Such students have restricted physical activities and movements during daily life. Sometimes they could not perform in optimum capability in sport activities. Underweight students usually have small body structure and physically weaker than other children. It develops a power imbalance with other students which lead to become a victim.

Two students reported their experiences of victimization.

“They call me *bathali* (fat girl), sometimes they keep me out from their play group. They say that they cannot win the game with me as I cannot move fast.” (Female student)

“Boys in our class call me *ginikoora* (matchstick) as I am so thin. So, I try my best to eat a lot and to become fatter.” (Male student)

## Theme 2: Problems with reading and speech

Students having various forms of deficiencies in speech and reading face undesirable consequences which affect their academic work and social life.

Due to the difficulty in reading and articulation of words they cannot express their ideas and communicate well with teachers and colleagues. Therefore, they become highlighted among the other students. Sometimes, they are ridiculed, which ends up as a derogatory behaviour. Frequent teasing and victimization affect the academic performance, precipitating school withdrawal.

One observer came out with his experience related to victimization of a colleague who had stammering.

“He stammers a lot when talking and reading. Because of this, he takes little time to complete a sentence and express his ideas. Many children laugh at him. Sometimes they make unacceptable noises when he is reading or talking. Finally, he cries. Most of the time, he keeps quiet in classroom lessons.”.

One female student reported her experience on victimization of another female student who is having problem in articulation.

“Her reading is a little different from us. She articulates ‘n’ instead of ‘t’. It is highlighted when she is speaking or reading in the class. The boys tease her saying that she is having a nasal voice.”

Another female student mentioned her experience related to one who is unable to read and write properly.

“She is a senior student in our class and couldn’t perform well to be promoted to next senior class. She cannot read and write properly and she doesn’t know common English words. But she is very innocent and helpful. Most of the colleagues leave her out of their friend circles. Always she is referred to as a stupid girl.”

### Theme 3: Suffering from illnesses

Students suffering from chronic medical conditions are having diminished capacity to perform appropriately in academic work (21-24). Students with chronic health conditions such as epilepsy and asthma miss school sessions more than those without any such condition. School absenteeism is associated with lower academic achievements which precipitates a division with other students.

Sometimes, the disease itself such as asthma restricts their physical performance leading to being marginalized within play groups.

One student revealed the story of a student with epilepsy during a personal interview.

“He has been getting fits since young age and is on treatment. His academic performance is below average. Usually, boys call him *walippuwa* (epilepsy). Sometimes he cries when others teasing him.”

One female student reported her experience and views on her asthma status.

“I am an asthmatic. I get exacerbations with exertion and with exercise. I cannot play for a long time as I get wheezing attacks. I like to play with others at least for a little while, but my friends leave me out from the play group.”

One student expressed his views on a student with a behavioural problem and frequently victimized by peers.

“He is a restless boy in our class. It is very difficult for him to stay in one place in the class. He used to hit others and pull the belongings of others. So, others usually pull from his hair and hit him back. Actually, his behaviour cannot be tolerated sometimes. So, he receives punishment from teachers as well.”

### Theme 4: Features in the social background

Interactions among students coming from different socio-economic backgrounds precipitate a gap due to social inequalities which predispose them into bullying behaviour. The most common interaction is addressing the parental occupation. Specific occupations which have a direct contact with community are more prone to be subjected to victimization verbally and relationally into some extent.

Many students came out with their experiences of verbal victimization by peer students. All of them were bullied with words or norms based on their fathers’ occupation.

“My father is a fish monger, so my friends tease me with various names such as *kunu maalu* (rotten fish) or *Jaadi* (salted fish). It hurts me a lot.”

“My father is the owner of a village bakery, so my friends call me ‘*bakkare* (baker).’

“My father is a village development officer in a nearby town. My colleagues call me *samurdi*.”

“My father is the village postman. So, they call me *piyum mama* (post man).”



Some students mentioned that they were bullied verbally referring to their living place.

“Our home is situated close to a river tank in the village. So, they call me by various names and statements related to it. Some of them are very hurtful.”

“We live in a housing scheme which is donated by the government following landslide. So, people refer to it as *colaniya*. As I am coming from that area, students make unnecessary jokes related to my living place. Actually, it is a headache for me.”

During personal interview, one male student who lives with his mother only expressed his experiences emotionally.

“My father was an army soldier and he passed away during war. At that time, I was very small and I cannot remember him very well. Some colleagues laugh at me sometimes referring to that I do not have my father. Then I fight with them and sometimes I hit them as well.”

### Theme 5: Being a newcomer

Students who enter a new school face many issues related to their relationships with other students. It takes time to get used to their new environment and to develop new relationships. Until such time, they may become victims of bullying. Two female students revealed their experience of bullying based on their school entry.

“I got high marks at the grade 5 scholarship examination and entered this school. With me, there are five new entrants. Students who have been in the school since grade one marginalize us. They laugh at us saying ‘girls from the countryside’. They do not share food with us and not allow us to interact with their friends.”

“I entered this school at grade seven. I did not have friends in the classroom. Usually, they keep me out of group activities. I feel very sad about it.”

### Discussion

The study reveals that many individual factors such as prominent features of the external appearance, problems with reading and speech, suffering from illnesses, family related factors and school related factors were contributing to bullying victimization. Adaptation of qualitative methods to recruit the data facilitated in-depth, personal discussions to extract these contributory factors, which is a strength of this study. These findings reflect some sensitive contributory factors among victims which need personal level interventions and psychological support. Different features in external appearance such as hairy skin, curled/straight hair and dark complexion make an adolescent more vulnerable for victimization creating an imbalance of power achieved through one’s vulnerabilities and using this knowledge to harm the victim (2). In previous studies, students who were dissatisfied with their body image or having physical disabilities have reported significant levels of bullying victimization which supports the current study findings (5, 25). This may lead to submissiveness, feeling insecure about them, being physically weak and rejected by the peer group (2). Being overweight or obese is commonly identified as a significant factor associated with bullying victimization in existing evidence (5, 13). It has shown direct effects on both physical and psychological victimization among United States youth as well (26).

Victimization of students who have chronic medical illnesses is consistent with the existing literature (5). Also, frequent hospital admissions may interfere with routine academic activities of such students leading to poor academic performances, which could further aggravate victimization (27).

Evidence revealed that adolescents with single parents were at higher risk of being victims of bullying than adolescents who had both parents (13, 28-29).

Presence of single parent may also coincide with poor psycho-social environment, leading to psychological distress and further reduction in coping skills of the victim. A wide variation in socio-economic disparities and social inequalities can be observed among government school adolescents in Sri Lanka. Low social and financial status of the household, mental health and physical ill-health of the parent are a few known correlates of children's negative outcomes (28). Disparities in the living environment and parental occupation make them more vulnerable to become a target of other students. Fun-seeking tendency has been identified as an important predictor of bullying in Asian countries, so that they bully others specifically in situations according to the social status of victim's family (30).

Adapting a new school environment is based on social interactions, communication skills and resilience of the students. According to the Dominance Theory which explains the bullying behaviour among early adolescence as a renegotiation of their dominance relationships, bullying is viewed as a factor that helps adolescents attain dominance in newly formed peer groups (31). Children and adolescents tend to organize themselves in social hierarchies and compete for access to their peers with socially aggressive behaviours such as spreading rumours or social exclusion. Classroom hierarchy is also associated with bullying behaviour: there is more bullying in highly hierarchical classrooms, where peer status (such as popularity) or power (who typically decides about things) is centred upon few individuals rather than being evenly distributed (2). Students who had been in the school for a longer time can be assumed to have more power and popularity compared to the students who enter late. Any vulnerability associated with the socio-economic background of new students also contributes to become a victim.

Findings of the study will direct the responsible authorities in health and education in planning and

decision making on school-based peer bullying and mental wellbeing promotion. This evidence will contribute to developing a school-based anti-bullying policy and establishing a mechanism to provide psychological support for both bullies and victims. Intervention study conducted in the same educational setting in Sri Lanka has revealed the utilization of a system reporting victimization incidents and seeking counselling/ psychological support (32). The current School Health National Program in Sri Lanka has introduced a school-based activity plan on psycho-social health promotion in which addressing bullying as a main concern. Hence, the evidence revealed in this study will contribute to strengthening the activities focused on psychological wellbeing promotion among school children.

According to the limited resources, the FGDs mainly targeted on individual level contributory factors which are hard to identify through quantitative research methods. However, there are many other contributory factors related to family/living background and school environment which need to be explored further through qualitative methods in future research. Further, due to complex social interactions among adolescents, there may be unidentified region or age specific contributory factors that need to be explored through future research, and therefore the findings cannot be generalized island wide.

## Conclusions & Recommendations

Many factors contributed to bullying victimization, such as prominent features of the external appearance, problems with reading and speech, suffering from illnesses, social background and 'being a newcomer'. The necessity of addressing these factors during prevention programmes and provision of psycho-social support to victims is highlighted in this study with the aim of reducing undesirable consequences of bullying victimization.



### Public Health Implications

- Based on the identified contributory factors, targeted interventions for students should be planned and implemented at school level.
- Counselling and access to services providing psycho-social support for adolescents at every level need to be strengthened.

### Author Declarations

**Competing interests:** The authors declare that they have no competing interests.

### References

1. Olweus, D. *Bullying at school: What we know and what we can do.* Wiley – Blackwell: Oxford, 1993.
2. Menesini E & Salmivalli C. Bullying in schools: the state of knowledge and effective interventions. *Psychol Health Med* 2017; 22(1): 240-253. <https://doi.org/10.1080/13548506.2017.1279740>
3. Craig W, Harel-Fisch Y, Fogel-Grinvald H, Dostaler S, Hetland J, Simons-Morton B, Molcho M, Gaspar de Mato M, Overpeck M, Due P, Pickett W. A cross-national profile of bullying and victimization among adolescents in 40 countries. *Int J Public Health* 2009; 54(2): S216- S224. <https://doi.org/10.1007/s00038-009-5413-9>.
4. Aboagye RG, Seidu AA, Hagan JE, Frimpong JB, Budu E, Adu C, Ayilu RK, Ahinkorah BO. A multi-country analysis of the prevalence and factors associated with bullying victimization among in-school adolescents in sub-Saharan Africa: evidence from the global school-based health survey. *BMC Psychiatry* 2022; 21: 325. <https://doi.org/10.1186/s12888-021-03337-5>.
5. Senanayake SJ, Gunawardena S, Wickramasinghe S, Wickramasinghe C, Gunawardena N, Lokubalasooriya A. Prevalence and correlates of interpersonal violence among in-school adolescents in Sri Lanka: results from the 2016 Sri Lankan Global School-Based Health Survey 2018. *Asia Pac J of Public Health* 2019; 31(2): 147-156. <https://doi.org/10.1177/1010539519825600>.
6. Abdulsalam AJ, Al Daihani AE, Francis K. Prevalence and associated factors of peer victimization (bullying) among grades 7 and 8 middle school students in Kuwait. *Int J Pediatr* 2017; 2017: 2862360. <https://doi.org/10.1155/2017/2862360>.
7. Lee JM, Hong JS, Resko SM, Gonzalez-Prendes AA, Voisin DR. Ecological correlates of bullying and peer victimization among urban African American adolescents. *J Educ Res* 2021; 114(4): 346-356. <https://doi.org/10.1080/00220671.2021.1937914>.
8. Tan LA, Ganapathy SS, Sooryanarayana S, Hasim MH, Saminathan TA, Anuar MFM, Ahmad FH, Razak MAA, Rosman A. Bullying victimization among school-going adolescents in

**Ethics approval and consent to participate:** Ethics approval (2017/EC/09 V2) to conduct this study was obtained from the Ethical Review Committee of the Faculty of Medicine University of Peradeniya, Sri Lanka. Administrative approval was obtained from the Zonal Education office, Kegalle, Sri Lanka.

**Funding:** Self-funded.

**Acknowledgements:** We thank the students who participated in this study and their parents for giving consent their children to participate in the study. We acknowledge the support given by the principals and teachers at schools to conduct this study in Kegalle educational zone.

**Author contributions:** DSR designed the project, conducted the FGDs and interviews, collected, analyzed data and drafted the manuscript. DSD provided technical inputs and supervision throughout the study and manuscript writing.

- Malaysia: prevalence and associated factors. *Asia Pac J Public Health* 2019; 31(8S):18S-29S. <https://doi.org/10.1177/1010539519870665>.
9. Galal YS, Emadeldin M, Mwafy MA. Prevalence and correlates of bullying and victimization among school students in rural Egypt. *J Egypt Public Health Assoc* 2019; 94: 18. <https://doi.org/10.1186/s42506-019-0019-4>.
  10. Yen FC, Kim YS, Wang PW, Lin H, Tang T, Wu YY. Socio-demographic correlates of involvement in school bullying among adolescents in Southern Taiwan. *Taiwanese J of Psychiatry* 2012; 26(3): 194-206. <http://dx.doi.org/10.29478/TJP.201209.0007>.
  11. Di Stasio M. *Exploring the relationship between classroom characteristics, student characteristics and bullying and victimization in junior high school*. PhD (Human development). Department of Educational and Counseling Psychology McGill University: Montreal, 2014.
  12. Hazemba A, Siziya S, Muula AS, Rudatsikira E. Prevalence and correlates of being bullied among in school adolescents in Beijing: results from the 2003 Beijing Global School-based Health Survey. *Ann Gen Psychiatry* 2008; 7: 6. <https://doi.org/10.1186/1744-859X-7-6>.
  13. Azeredo CM, Levy RB, Araya R, Menezes PR. Individual and contextual factors associated with verbal bullying among Brazilian adolescents. *BMC Pediatrics* 2015; 15: 49. <https://doi.org/10.1186/s12887-015-0367-y>.
  14. Pengpid S & Peltzer K. Bullying and its associated factors among school-aged adolescents in Thailand. *Sci World J* 2013; 1: 254083. <http://dx.doi.org/10.1155/2013/254083>.
  15. Smokowski PR, Cotter KL, Robertson C, Guo S. Demographic, psychological and school environment correlates bully victimization and school hassles in rural youth. *J Criminol* 2013; 16. <http://dx.doi.org/10.1155/2013/137583>.
  16. Sigurdson JF, Undheim AM, Wallander JL, Lydersen S, Sund AM. The long-term effects of being bullied or a bully in adolescence on externalizing and internalizing mental health problems in adulthood. *Child Adolesc Psychiatry Ment Health* 2015; 9: 42. <https://doi.org/10.1186/s13034-015-0075-2>.
  17. Cornell D, Gregory A, Huang F. Perceived Prevalence of Teasing and Bullying Predicts High School Dropout Rates. *J Educ Psychol* 2013; 105(1): 138-149. <https://doi.org/10.1037/a0030416>.
  18. Lam D & Liu A. The path through bullying- A process model from the inside story of bullies in Hong Kong secondary schools. *Child Adolesc Soc Work J* 2007; 24: 53-75. <https://doi.org/10.1007/s10560-006-0058-5>.
  19. Mishna F, Wiener J, Pepler D. Some of my best friends, Experiences of bullying within friendships. *Sch Psychol Int* 2008; 29(5): 549-573. <https://doi.org/10.1177/0143034308099201>.
  20. Braun V & Clarke V. Using thematic analysis in psychology. *Qual Res Psychol* 2006; 3(2): 77-101. <https://doi.org/10.1191/1478088706qp063oa>.
  21. Mitchell WG, Chavez JM, Lee H, Guzman BL. Academic underachievement in children with epilepsy. *J Child Neurol* 1991; 6(1): 65-72. <https://doi.org/10.1177/088307389100600114>.
  22. Moonie S, Sterling DA, Figgs LW, Castro M. The relationship between school absence, academic performance, and asthma status. *J Sch Health* 2008; 78(3): 140-148. <https://doi.org/10.1111/j.1746-1561.2007.00276.x>.
  23. Crump C, Rivera D, London R, Landau M, Erlendson B, Rodriguez E. Chronic health conditions and school performance among children and youth. *Ann Epidemiol* 2013; 23(4): 179-184. <https://doi.org/10.1016/j.annepidem.2013.01.001>.
  24. Forrest CB, Bevans KB, Riley AW, Crespo R, Louis TA. Health and school outcomes during children's transition into adolescence. *J Adolesc Health* 2013; 52(2): 186-194. <https://doi.org/10.1016/j.jadohealth.2012.06.019>.
  25. Rech RR, Halpern R, Tedesco A, Santos DF. Prevalence and characteristics of victims and

- perpetrators of bullying. *J Pediatr* 2013; 89(2).  
<https://doi.org/10.1016/j.jpeds.2013.03.006>.
26. Lee B, Jeong S, Roh M. Association between body mass index and health outcomes among adolescents: the mediating role of traditional and cyber bullying victimization. *BMC Public Health* 2018; 18: 674.  
<https://doi.org/10.1186/s12889-018-5390-0>.
27. Nansel TR, Overpeck M, Pilla RS, Ruan W J, Simons- Morton B, Scheidt P. Bullying behaviors among US youth: prevalence and association with psychosocial adjustment. *JAMA* 2001; 285(16): 2094-2100.  
<https://jamanetwork.com>.
28. Jablonska B, Lindberg L. Risk behaviours, victimization and mental distress among adolescents in different family structures. *Soc Psychiat Epidemiol* 2007; 42(8): 656-663.  
<https://doi.org/10.1007/s00127-007-0210-3>.
29. Al-Eissa MA, Saleheen HN, Almuneef M, Al-Sulaiman S, AlBuhairan FS. Poly-victimization among secondary high school students in Saudi Arabia. *J Child Fam Stud* 2019; 28: 2078-2085.  
<https://doi.org/10.1007/s10826-018-1285-z>.
30. Lee CH. Personal and interpersonal correlates of bullying behaviors among Korean middle school students. *J Interpers Violence* 2010; 25(1): 152-176.  
<https://doi.org/10.1177/0886260508329124>.
31. Espelage D & Swearer S. Research on school bullying and victimization: what have we learned and where do we go from here. *School Psych Rev* 2003; 32(3): 365-383.  
<https://doi.org/10.1080/02796015.2003.12086206>.
32. Rupananda D, Dissanayake D, Lokubalasoorya A. A school-based intervention to reduce bullying among adolescents – experience from a rural setting in Sri Lanka. *J Coll Community Physicians Sri Lanka* 2023; 29(2): 79-88.  
<https://doi.org/10.4038/jccpsl.v29i2.8578>.