

Effectiveness of bullying management educational intervention on children's self-esteem and attitude toward bullying

Samya Mohamed Ahmed Hegazy¹, Samar Mabrook Abd Elsalam Elnehrawy²,
Eman Elsayed bauomy³

¹lecturer of Pediatric Nursing Department, Faculty of Nursing Tanta University. Egypt

² Lecturer in Psychiatric and Mental Health Nursing Department, Faculty of Nursing Tanta University. Egypt.

³Lecturer in Psychiatric and Mental Health Nursing Department, Faculty of Nursing, Ain Shams University. Egypt.

Corresponding author: D r. Samya Mohamed Hegazy

E-mail: samyusef38@yahoo.com

Abstract: Bullying is growing problem among children particularly school children. It affects children development and well being. self-esteem is an important is highly affected area by bullying and affect on bullying management. **Aim of the study:** to explore the effect of bullying management educational intervention on children self-esteem and bullying attitude. **Methods:** Quasi-experimental pre-post test design was conducted on preparatory school children(study group) and compared to the control group at at Khaled Ibn Elwaleed preparatory school- Elagezy region at Tanta city. Data was collected using structured interview questionnaire, bullying management program was developed and implemented by the researcher, the study was conducted from October 2018 to February 2019. **Results:** the results have shown that the majority of studied children self-esteem improved post program compared to preprogram (86% post program &42%preprogram). There was significant change at (P=0.002). Regarding children attitude towards bullying there was significant reduction in the positive attitude toward bullying from (62%) preprogram to (12%) post program. Regarding the correlation between self-esteem and bullying attitude, it was found that there was significant statistical negative correlation between self-esteem and bullying attitude.

Conclusion: the study group who engaged in bullying management program have improved self-esteem and they developed more negative attitude towards bullying.

Recommendations: further studies are needed in this area with a large sample size.

Keywords: bulling, self-esteem, attitude.

1. INTRODUCTION

Bullying represents one of the crucial challenges that may encounter healthy children development. Bullying is a form of intentional, repeated, aggressive behavior causing another child to feel hurt. It can occur in many forms like spreading rumors, threatening , physical or verbal assault, engaging in insidious practices such as excluding a child from a group to hurt him/ her or any other gestures or actions that occur in a less visible manner ⁽¹⁾ .

The bullying effects on children include physical and emotional problems. These effects can extend to later life. In addition It can lead to physical injury, social problems, emotional problems, and even death ⁽²⁾. One of the long term bullying risks is damage to self-esteem ⁽³⁾. Other increased risks of bullying on children are substance use, academic problems, and violence to others later in life ⁽²⁾. NICHD research studies revealed that anyone engaged in bullying activity are at increased risk for depression ⁽⁴⁾. Added to that increased suicidal attempts among children facing victimization ^(5,6).

Bullying can occur in many forms including hitting, punching, kicking, or stealing. It may occur in a verbal form such as name-calling, putting downs, mocking, labelling and threatening. Social bullying is another form include ignoring or leaving someone out intentionally, exclusion from a group or spreading rumors about him/her. Nasty looks, stalking, are forms of psychological bullying. Cyberbullying: Also, my take place in the form of text messages of hacking others accounts⁽⁷⁾.

Regarding the causes of bullying no one is born a bully. However, anyone can develop and acquire bullying behaviors under certain circumstances. One of the main causes that can result in bullies: most of those children have been bullied before or joining a group of bullies to avoid being bullied. In addition, the development and acquisition of aggressive and bullying behavior at home, at school, or through the media. Children's Feeling of ignorance at home or suffering from a negative relationship with parents. Children who are over protected tend to gain power and exercise control over the others. Other predisposing factors for bullying include Jealousy and attention seeking, Lack of emotional and psychological security, Prior experience that bullying pays off and lack of awareness of the real harmful impact of bullying on victims^(8,9,10,11).

Individual's wellbeing characterized by high self-esteem and positive self-concept⁽¹²⁾. Having a clear sense of self and own personal qualities, thinking well of themselves, setting appropriate goals and benefit from feedback in a self-enhancing manner are main indicators of high self-esteem^(13,14). In addition, they are capable of coping stressful situations. On the other hand, children with low self-esteem are vulnerable of suffering from unclear self-concept, poor self-attitude, setting unrealistic goals, have bad thinking about the past and the future. Children with low self-esteem react adversely to criticism or other kinds of personal negative feedback. These individuals cannot benefit from feedback for themselves, and are at greater risk for depression when they are faced with some stressors^(15,16).

So it is important to realize that bouts low self-esteem may result from bullying that happened decades ago and to start seeking treatment is a necessary to decrease its consequences. The latter involves training self to change thinking and behavior, tackling for example negative thinking, social phobia or low self-esteem. In addition upgrading children, parents and all the community awareness regarding bullying. For this reason, the present study was conducted for studying the effect of training program involving orientation to children about bullying on their self-esteem.^(17,18)

Significant of the study:

According to the national center for educational statistics, 2016 more than (20.8%) of the school students reported that they were exposed to bullying⁽¹⁹⁾. For the Arab countries the studies concerned with bullying prevalence are rare⁽²⁰⁾. in the study conducted in 19 of the low and middle income countries it was found that the average prevalence rate is 34.2% for the 19 countries, and prevalence rates of 44.2% for Jordan, 33.6% for Lebanon, 31.9% for Morocco, 39.1% for Oman, and 20.9% for the United Arab Emirates⁽²¹⁾. In Egypt according to the study commissioned by Microsoft to understand the global pervasiveness of online bullying 2012 it was found that Egypt has the twenty- first highest rate of online bullying among the twenty five countries surveyed⁽²²⁾.

2. AIM OF THE STUDY

- 1- To assess the level of children's self-esteem and bullying attitude
- 2- To evaluate the effectiveness of bullying management guidelines on children's self-esteem and bullying attitude.

Hypothesis :

- There is significant correlation between bullying management educational intervention and children's self-esteem and bullying attitude

Research design: Quasi-experimental by using pre-test and post- test for two groups study and control group.

Setting : the study was conducted at Khaled Ibn Elwaleed preparatory school- Elagezy region at Tanta city.

Sample: convenient sample of 50 school age children grade 6 who accept to participate in the study and 50 school age children who were assigned for the control group.

Inclusion criteria:

- 1- Age range from 12-14
- 2- Agree to participate in the study

Exclusion criteria

Those who refused to participate in the study.

Tools for data collection:

I- A structured interview questionnaire was constructed to assess children's socio demographic data. Including (sex, level of academic performance, housing condition).

II- Rosenberg's self-esteem scale ⁽²³⁾:

- The scale was translated in to Arabic and validated by five experts. It contain statements that assess the level of self-esteem of the participating children. Children scored >60 are considered to have high self-esteem.

III- bullying attitude scale ⁽²⁴⁾:

Student's bullying was assessed using bullying attitude scale which is developed by Jevery .S Carvan2014. This scale was used by the researcher to assess student's attitude towards bullying by evaluating their acceptability of the bullying behaviors. The scale consists of 19 sentences and take the Likert format. The scale was translated into Arabic, and revised by five experts.

The scoring system was done concerning students responses where the answer of agree a lot =4 , agree a little =3, not agree a little =2 , and not agree a lot= 1). The higher the score represent the higher positive and accepting attitude to bullying.

Validity:

Content validity of the questionnaire sheet was ensured through revision after translation by five experts in the field of pediatric nursing and mental health nursing for clarity of sentences, appropriateness and accuracy of scoring and recording of items. The researcher used test- re test method to test the reliability of the tools. it was scored at 0.93.

Pilot study: The pilot study was conducted on 5 children to test the clarity and applicability of the study tools.

Procedure:

1. The study was carried out after getting official permission from the responsible authorities.
 - The program was constructed according to the children's needs.
 - The program was designed by the researcher, after review of the related literature.
 - The content was prepared according to the children's' level of understanding. Selection of teaching methods, learning aids and evaluation methods were relevant to program contents.

1- Assessment phase:

During this phase, an official approval was obtained to conduct the study at Khaled Ibn Elwaleed preparatory school. The researcher conducted a visit to assess the available facilities for application of the program and explained the purpose of the study and obtained the consent for participation. Then children were interviewed to collect data related to socio demographic data using tool I, attitude towards bullying using tool III, self-esteem using tool I.

2- Implementation phase: during this phase children were given the program of bullying management including definition of bullying, causes, effects of bullying either on bully or bullied child, characteristics of bully, how to deal with bullying situation and how to prevent bullying behavior and to home children has to inform about bullying behavior.

3- Evaluation phase: post implementation of programs, posttest was done for children attitude towards bullying and reassessment of self- esteem was done to determine the effectiveness of the program.

Ethical consideration:

Participants' oral consent and their parents oral consents was obtained, Participants' privacy was considered. Every child was assured that all information gathered will be confidential and they were free to withdraw from the study at any time.

Statistical analysis:

Data statistical analysis was done using the SPSS data were presented using the form of mean, stander deviations, paired T test. Differences between variables tested by using chi square (X^2) . Statistical significance was considered at P value less than or equal 0.05.

3. RESULTS

To fulfill the aim of the present study, results presented in the following order:

Table (1) shows the percent distribution of studied sample in relation to sociodemographic characteristics. It was found that 36% of the studied sample has an acceptable level of academic performance and 64% of the study group has unstable home atmosphere.

Table (2) revealed the percent distribution of studied and control group in relation to their level of self-esteem before and after the program. It was found that 86% of the studied group has high self-esteem post program compared to 58% preprogram. There was statistical significant difference between the levels of self-esteem preprogram and post program for the study group. ($X^2 = 9.722$ and $P = 0.002$). For the control group there was no statistical significant difference in their self-esteem level before and after the program ($X^2 = 0.735$ and $P = 0.391$).

Table (3) demonstrate the percent distribution of the studied sample in relation to the effect of the program on children's attitude towards bullying. It was found that there was reduced the number of children who has positive attitude towards bullying post program for the study group compared to preprogram (62% preprogram, 12% post program). There was statistical significant difference ($X^2 = 35.707$, $P = 0.001$. regarding the control group there was no significant statistical difference preprogram from post program regarding their attitude towards bullying.

Table (4) presents the correlation between studied subjects self-esteem and the bullying level. It shows that there was strong statistical significant negative correlation between the studied group's self-esteem and their bullying rate after the program ($r = -0.955$ & $p < 0.001$ however there was no significant statistical correlation between self-esteem and bullying level of the control group ($r = 0.147$ & $P = 0.309$).

Table (5) shows the percent distribution of the Range and mean scores of the studied subjects (study and control groups) at pre and post intervention in relation to their self-esteem and bullying level. There was statistical significant difference regarding the preprogram range and mean score of the study group self-esteem compared to post program (preprogram range = 23-28, mean score = 25.62 ± 1.23 , post program range = 29-40, mean score = 33.30 ± 3.16)

$T = 16.003$, $P < 0.001$. Regarding the bullying level, it was found that the range of bullying score was 57-74 preprogram with average = 67.20 ± 5.15 compared to 35-70 post program with average = 53.50 ± 8.44 . there was statistical significant difference where $t = 9.979$ & $p < 0.001$.

Table (6) shows the comparison of the Study and Control groups of studied subjects' in their level of academic performance and self-esteem and bullying attitude. It revealed that all the excellent students has negative attitude toward bullying compared to 22.2% of the students with acceptable level who have negative attitude towards bullying. there was statistical significant difference at $t = 21.868$ & $p < 0.001$.

Table (7) Comparison of the Study and Control groups of studied subjects regarding the relation between sex and self-esteem and bullying attitude. It was found that There was statistical significant difference between the male and female children regarding their self esteem score ($X^2 = 4.578$ & $P = 0.032$) It revealed that all the male students has high self-esteem and none of them has positive attitude towards bullying compared to the majority of female children has high self-esteem and 18.8 of them has positive attitude towards bullying in the study group.

Table (1) Distribution of study subjects (study and control groups) in relation to socio-demographic characteristics

Variables	Study		Control	
	N	%	N	%
Sex				
Male	25	50	25	50
Female	25	50	25	50
level of academic performance				
Excellent	12	24	16	32
Very good	7	14	18	36
Good	13	26	12	24
Acceptable	18	36	4	8
Home atmosphere				
Stable	18	36	18	36
Unstable	32	64	32	64

Table (2) Distribution of the studied subjects (study and control groups) at pre and post intervention in relation to their self-esteem

Self esteem		Before		After		Chi-square	
		N	%	N	%	X ²	P-value
Study	High	29	58	43	86	9.722	0.002*
	Low	21	42	7	14		
Control	High	32	64	36	72	0.735	0.391
	Low	18	36	14	28		

Table (3) Distribution of the studied subjects (study and control groups) at pre and post intervention in relation to their Bullying attitude

Bullying		Before		After		Chi-square	
		N	%	N	%	X ²	P-value
Study	Positive	31	62	6	12	35.707	<0.001**
	neutral	14	28	13	26		
	negative	5	10	31	62		
Control	Positive	35	70	32	64	1.011	0.603
	neutral	7	14	6	12		
	negative	8	16	12	24		

Table (4) correlation between studied subjects' (study and control groups) self esteem and bullying

Bullying		self esteem	
		r	P-value
Before	Study	-0.367	0.026*
	Control	-0.116	0.458
After	Study	-0.955	<0.001**
	Control	-0.147	0.309

Table (5) Range and mean scores of the studied subjects (study and control groups) at pre and post intervention in relation to their self-esteem and bullying level

Study		Before	After	T. test	P. value
Self esteem	Range	23-28	29-40	16.003	<0.001**
	Mean ± SD	25.62±1.23	33.30±3.16		
Bullying	Range	57-74	35-70	9.797	<0.001**
	Mean ± SD	67.20±5.15	53.50±8.44		
Control		Before	After	T. test	P. value
Self esteem	Range	24-28	21-27	3.363	<0.001**
	Mean ± SD	25.48±1.20	24.66±1.24		
Bullying	Range	36-70	35-70	0.077	0.938
	Mean ± SD	52.64±7.46	52.76±8.03		

Table (6) Comparison of the Study and Control groups of studied subjects' in their level of academic performance and self-esteem and bullying attitude.

			level of academic performance								Chi-square	
			Excellent		Very good		Good		Acceptable			
			N	%	N	%	N	%	N	%	X ²	P-value
Study	self esteem	High	12	100.0	7	100.0	11	84.6	13	72.2	5.952	0.114
		Low	0	0.0	0	0.0	2	15.4	5	27.8		
	bullying	Positive	0	0.0	0	0.0	1	7.7	5	27.8	21.868	<0.001**
		neutral	0	0.0	1	14.3	3	23.1	9	50.0		
		negative	12	100.0	6	85.7	9	69.2	4	22.2		
Control	self esteem	High	16	100.0	14	77.8	6	50.0	0	0.0	19.687	<0.001**
		Low	0	0.0	4	22.2	6	50.0	4	100.0		
	bullying	Positive	13	81.3	15	83.3	4	33.3	0	0.0	25.792	<0.001**
		neutral	1	6.3	3	16.7	2	16.7	0	0.0		
		negative	2	12.5	0	0.0	6	50.0	4	100.0		

Table (7) Comparison of the Study and Control groups of studied subjects' in relation to their sex

			Sex						Chi-square	
			Male		Female					
			N	%	N	%	X ²	P-value		
Study	self esteem	High	18	100.0	25	78.1	4.578	0.032*		
		Low	0	0.0	7	21.9				
	bullying	High	0	0.0	6	18.8	3.883	0.143		
		Moderate	5	27.8	8	25.0				
Control	self esteem	High	16	88.9	20	62.5	3.979	0.046*		
		Low	2	11.1	12	37.5				
	bullying	High	17	94.4	15	46.9	11.435	0.003*		
		Moderate	0	0.0	6	18.8				
		Low	1	5.6	11	34.4				

4. DISCUSSION

Childhood bullying is one of the most critical forms of aggression against the pediatric population. In addition, it is one of the most widely spreading phenomena among children. It takes various forms such as exclusion, rejection, pushing, bad name-calling, or spreading rumors. Studies revealed that involvement of children in bullying either as a bully or bullied has serious consequences either immediate or on the long run. One of the critical effects on children is the effect on self-esteem in the form of rejection and /or self-criticism and loss of self-confidence⁽²⁴⁾. Victims of bullying are at greater risk for depression and suicidal thinking. Other health related effects of bullying include lack of sleep, and changes in sleep pattern. Recognition of the connection between bullying and comprehensive children health will assist nurse and all people who are concerned with children safety to come up with the proper strategy to curb bullying among children and help victims to overcome the effects of the practice⁽²⁵⁾

Pediatric nurse play an important role in recognition of the victims of bullying among children and preventing such an action by upgrading children, parents, and all the community awareness regarding bullying and its causes, effects and preventive measures. In addition pediatric nurse has to find out the relationship between bullying and its effects on children psychological development. The present study was conducted to clarify the relationship between bullying awareness program and its effect on children self-esteem and bullying attitude among school age children.⁽²⁶⁾

Regarding the sociodemographic characteristics of the studied groups it was found that nearly two thirds of children have unstable home environment, which may be considered as a predisposing factor for disturbed self-esteem and attitude towards. This finding is in agreement with finding of Ulrich Orth 2018⁽²⁷⁾ who concluded that home environment represent an important factor in early development and affect the long term development of self-esteem.

Regarding the level of self- esteem, the present study revealed that there was significant improvement after the program compared to preprogram. This improvement may be due to improved knowledge about self and others and awareness regarding the action of bullying and improved self-confidence. In addition the present study revealed statistical significant negative correlation between self- esteem and bullying attitude. These findings are in agreement with findings of Jouli A spad 2007⁽²⁸⁾ who studied the relation ship between the relationship between student bullying behaviors

and self-esteem and concluded that there is an inverse relationship between self-esteem and bullying behavior ; as the self-esteem increase the bullying behavioud decrease and vice versa.

Regarding children attitude towards bullying results of the present study revealed increased negative attitude toward bullying behavior. This may be attributed to improved awareness of children about the reality of bulling and its bad effects on those who engaged in bullying activity. This indicate the value of bullying prevention programs as it improve the community response to fight bullying phenomena among children. These findings are in agreement with findings of Jouli A spad 2007⁽²⁸⁾ who reported that school children benefit from implementation of such programs because it create a wide spreading negative attitude against all forms of aggression against children particularly at school including bullying.

5. CONCLUSION

Based on findings of the present study, it can be concluded that the majority of studied group had low self-esteem preprogram. In addition, results of the current study supported the investigated hypothesis of the study. It could be concluded that children who received guidelines regarding bullying and its management have improved level of self-esteem scores in the posttest of the guidelines intervention.

6. RECOMMENDATIONS

On the light of the study findings it is recommended that:

- 1- Bullying management guide lines can be introduced to children at the beginning of the term.
- 2- Pediatric and psychiatric nurse can play an important role in upgrading awareness about bullying among children, parents and community.
- 3- Further investigations will be needed in this area on a larger sample.

ACKNOWLEDGEMENT

We would like to acknowledge the cooperation of the participant's children for their valuable participation.

REFERENCES

- [1] **UNICEF EGYPT**. For every child. <https://www.unicef.org/egypt/>. retrieved 2018.
- [2] **Centers for Disease Control and Prevention**. (2015). *Fact sheet: Understanding bullying*. <https://www.cdc.gov/violenceprevention/pdf/bullying-factsheet508.pdf> (PDF - 356 KB) Retrieved June 17, 2016.
- [3] **Smokowski P & Kopasz K** . Bullying in school: An overview of types, effects, family characteristics, and intervention strategies. *Children and SchoolsJ*. 2005; 27(2): 101–109.
- [4] **Reece T**. *Bullies beat down self esteem*. <http://www.healthychildren.org/English/safetyprevention/atplay/Pages/Bullies-Beat-Down-Self-Esteem.asp>. Retrieved June 17, 2016.
- [5] **Eunice Kennedy Shriver National Institute of Child Health and Human Development**. Taking a stand against bullying. <http://www.nichd.nih.gov/news/resources/spotlight/092110-taking-stand-against-bullying>. Retrieved June 17, 2016.
- [6] **Reed K , Nugent W, & Cooper R**. Testing a path model of relationships between gender, age, and bullying victimization and violent behavior, substance abuse, depression, suicidal ideation, and suicide attempts in adolescents. *Children and Youth Services Review*, 55, 125-137. from <http://www.sciencedirect.com/science/article/pii/S0190740915001656> Retrieved 2015.
- [7] **Gini G, & Espelage D**. Peer victimization, cyberbullying, and suicide risk in children and adolescents. *JAMA Pediatrics*, 312, 545-546. <http://jamanetwork.com/journals/jama/article-abstract/1892227>. Retrieved 2015.
- [8] **Hirsch L, Lowen C, and Santorelli D**. *Bully: An action plan for teachers and parents to combat the bullying crisis*. New York: Weinstein Books. 2012. ISBN 978-1-60286-184-8. OCLC 792879631.
- [9] **UNESCO** . *School Violence and Bullying: Global Status Report (PDF)*. Paris, UNESCO. pp. 17, 29, 31. ISBN 978-92-3-100197-0. 2017
- [10] **Meyer D**. The Disregarding of Heteronormativity: Emphasizing a Happy Queer Adulthood and Localizing Anti-Queer Violence to Adolescent Schools. *Sexuality Research & Social Policy*. 2017; 14 (3): 331. doi:10.1007/s13178-016-0272-7.
- [11] **Thornberg R, and Knutsen S**. Teenagers' Explanations of Bullying. *Child & Youth Care Forum*. 2011; 40 (3): 177-192. doi:10.1007/s10566-010-9129-z.
- [12] **Connell NM, Morris RG, & Piquero AR**. Predicting Bullying: Exploring the Contributions of Childhood Negative Life Experiences in Predicting Adolescent Bullying Behavior. *International Journal of Offender Therapy and Comparative Criminology*. 2016; 60 (9): 1082–1096. doi:10.1177/0306624X15573760. ISSN 1552-6933. PMID 25759430.
- [13] **Dombeck M**. The Long Term Effects of Bullying. <https://www.aets.org/article204.htm>. Retrieved 15 April 2014.
- [14] **KALTIALA HEINO R, RIMPELÄ M, RANTANEN P, RIMPELÄ A**. *Bullying at school—an indicator of adolescents at risk for mental disorders*. *Journal of Adolescence*. 2000, 23 (6): 661–674. doi:10.1006/jado.2000.0351. PMID 11161331.
- [15] **Olweus D**. *Bullying at school: What we know and what we can do*. *Psychology in the Schools*, 2003;40(6):699-715. <https://doi.org/10.1002/pits.10114>.
- [16] **Wang X, Zhang y , Hui Z, Bai W . Terry P, Ma M, Li Y, Cheng L, Gu W and Wang M** The Mediating Effect of Regulatory Emotional Self-Efficacy on the Association between Self-Esteem and School Bullying in Middle School Students: A Cross-Sectional Study *Int. J. Environ. Res. Public Health*. 2018; 15(5), 991; <https://doi.org/10.3390/ijerph15050991>

International Journal of Novel Research in Healthcare and Nursing

 Vol. 6, Issue 2, pp: (1331-1339), Month: May - August 2019, Available at: www.noveltyjournals.com

- [17] **Santrock J.W.** *Life-Span Development*. (9th Ed). NY: McGraw-Hill. 2004
- [18] **Ang Ch, Chong Ch, Cheong Sh, Lee Ch, Tang Z & Liew Ch** . Self-Esteem and Tendency of Bullying among Primary School Children . *Romanian Journal of Applied Psychology*.2018; 20(1): 11-17 DOI: 10.24913/rjap.20.1.03
- [19] The national center for educational statistics. 2016.
- [20] **Karazan Sh** . School bullying in the Arab world: A review. *The Arab journal of psychiatry*.2013; 24 (1): 37-45. doi: 10.12816/0000097.
- [21] **Fleming L, Jacobson K**. Bullying among middle-school students in low and middle income countries. *Health promote international journal*. 2010 ; 25(1):73-84.DOI:10.1093/heapro/dap046.
- [22] **Cross tab marketing services& telecommunication research group for Microsoftorporation**.https://enough.org/objects/ww_online_bullying_survey_-_executive_summary_-_ww_final.pdf. Online Bullying Among Youth 8-17 Years Old – Egypt. Retrieved at 2012 .
- [23] **Rosenberg M**. Society and the adolescent self-image. Princeton, NJ: Princeton University Press. 1965.
- [24] **Craven S J**. measuring students' attitudes toward bullying. 2014;37-38. <http://hdl.handle.net/10211.3/123931>
- [25] **Etolen N**. Effects of bullying on a child's self esteem - Our Family World . Our FamilyWorld . Retrieved 16 June 2017, from <http://www.ourfamilyworld.com/2012/04/25/effects-of-bullying-on-a-childs-self-esteem>.
- [26] **Floros G.D, Simos K. E, Fisoun V, Dafouli E, and Geroukalis D**. Adolescent online cyberbullying in Greece: The impact of parental online security practices, bonding, and online impulsiveness. *Journal of School Health*, 2013; 83(6): 445-453.
- [27] **Orth U**. The family environment in early childhood has a long-term effect on self-esteem: A longitudinal study from birth to age 27 years. *Journal of Personality and Social Psychology*, 2018; 114, 637-655. <http://dx.doi.org/10.1037/pspp0000143>
- [28] **Spad A J**. The relationship between student bullying behaviors and self-esteem. August 2007.