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Bullying Behavior among Students in Bandung

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A B S T R A C T

Background: Bullying is an issue of serious concern in many school settings. Some forms of bullying are verbal, physical, or relational. Factors such as social pressure, diversity differences, and power inequality play a role in triggering bullying behavior among adolescents. The impact is not only limited to the victim, but also creates adverse interpersonal dynamics and affects the social climate in the school environment. **Objective:** to describe bullying behavior among students at Junior High Schools in Bandung. **Methods:** This research uses a quantitative descriptive approach. The sampling technique is convenience sampling. Sample selection from Junior High Schools in Bandung students. The number of samples was 104 students. Data collection was carried out through distributing questionnaires online using the Olweus Bully/Victim Questionnaire (OBVQ) which focused on bullying perpetrators with a validity value in the range of 0.461-0.962 and a reliability value of 0.875. Data collection was conducted in February 2024. Data analysis was carried out using descriptive statistics, focusing on univariate analysis to detail the incidence rate of bullying behavior. **Results:** The results showed that 45.2% of respondents (47 students) exhibited high bullying behavior as perpetrators, encompassing verbal, physical, relational, and cyberbullying. Most respondents were female (55.8%), aged 14 years (51.9%), and in grade 8 (44.2%). Bullying behavior can be verbal, physical, or relational. Bullying behavior can also be cyberbullying. The high percentage of respondents with high bullying behavior indicates the need for programs to prevent and reduce bullying behavior. **Conclusion:** health workers also have a role to make promotive and preventive programs to prevent bullying in students.

ARTICLE INFO

1. INTRODUCTION

The common problem of bullying behavior in students is a serious challenge in the educational context, creating a learning environment that not only hinders academic development but also impacts students' psychosocial well-being (Singla et al., 2021). Students who are victims of bullying often experience mental health problems, low levels of self-confidence, and decreased academic motivation (Elghazally & Atallah, 2020). In addition, bullying behavior also creates inequalities in social interactions among students, triggering the formation of exclusive and harmful social groups. Awareness of the existence of this problem is not only a prerequisite for improving the quality of education, but also for creating a safe, supportive and inclusive learning environment for all students (Malecki et al., 2020).

Bullying remains a global issue, affecting children and adolescents across various settings. Worldwide, it is estimated that approximately 32% of students aged 11 to 15 years experience bullying, either as perpetrators or victims, according to a UNESCO report (Park et al., 2020). In Indonesia, a 2018 survey by the Ministry of Women's Empowerment and Child Protection revealed that 41% of children have been involved in bullying, either as victims, perpetrators, or both (Noboru et al., 2021). West Java has reported notable cases, with studies indicating that approximately 20-30% of students have experienced bullying in some form. Specifically, in Bandung city, a study conducted in 2020 found that 25% of middle school students reported being victims of bullying, while 15% admitted to being perpetrators (Utami et al., 2019).

Bullying encompassing forms such as verbal, physical, and relational aggression, significantly undermines the sense of security within the school environment (Wang et al., 2020). Verbal bullying including name-calling, teasing, or threats, erodes self-esteem and creates emotional distress for victims (Yosep, Hikmat, Mardhiyah, et al., 2023). Physical bullying such as hitting, pushing, or other forms of direct aggression, can lead to physical harm and heighten feelings of fear and vulnerability among students (Hikmat, Suryani, Yosep, & Jeharsae, 2024). Relational bullying which involves social exclusion, spreading rumors, or manipulating friendships, damages peer relationships and fosters a hostile and isolating atmosphere (Neupane et al., 2020). Collectively, these behaviors disrupt the social harmony of schools, create a culture of fear, and hinder both the academic and emotional development of students.

Bullying behavior in students can be influenced by a number of complex factors that involve interactions between individual factors, the school environment, and the family environment (Evangelio et al., 2022). One of the main factors is students' personal characteristics, such as low self-confidence, lack of social skills, or diversity. In addition, school environmental factors such as a school culture that supports aggressive behavior or a lack of supervision and intervention from the school can be a trigger for bullying (Repo et al., 2022). The family environment also plays a significant role, where less supportive parenting, domestic violence, or lack of parental attention can reinforce bullying behavior in students. Peer group dynamics can also be an influencing factor, where pressure for conformity and the desire for social acceptance can trigger bullying behavior as a form of recognition or social control (Green et al., 2020). An in-depth understanding of these factors is key to designing more effective prevention strategies and creating safer and more inclusive educational environments for all students (Yanti et al., 2020).

Bullying behavior in students can have a significant impact on the psychosocial well-being and holistic development of the victim (Temple et al., 2021). One of the main impacts is related to mental health, where victims of bullying often experience stress, anxiety and depression. Feeling unsafe and constantly being treated in a demeaning manner can interfere with students' learning and self-identity development (Andreou et al., 2021). In addition, these psychosocial impacts can also result in social isolation and decreased participation in school or social activities.

Efforts to address bullying behavior in students require a holistic approach that involves collaboration between schools, families and communities. The first step is to implement a comprehensive anti-bullying education program, including training for school staff and students to raise awareness of the consequences of bullying behavior and how to identify it (Manrique et al., 2020). Furthermore, the development of clear and firm school policies related to bullying behavior, along with appropriate sanctions, can create an environment that is intolerant of aggressive acts (Moon & Lee, 2020; Stubbs-Richardson & May, 2021; Yosep et al., 2022). The role of parents is also very important in bullying prevention and response efforts. Open communication between schools and families can help detect bullying behavior early and allow for the implementation of consistent strategies in both environments (Manrique et al., 2020). In addition, the establishment of anti-bullying committees at the school level and active participation of parents in school activities can create a supportive and caring environment.

The role of health workers has an important contribution in addressing bullying behavior in students, through holistic prevention, early detection, and intervention efforts (Chagas Brandão et al., 2022). Health workers can play a role in educating students, parents, and school staff about the mental and emotional health impacts of bullying behavior, as well as teaching stress and conflict management skills (Martel-Santana & Martín-del-Pozo, 2023). They can collaborate with the education team to detect signs of bullying behavior in students who may need mental health support (Martel-Santana & Martín-del-Pozo, 2023). By involving health personnel, schools can provide counseling services and psychological support to victims of bullying and perpetrators, and facilitate efforts to improve students' overall well-being (Lan et al., 2022).

Implementing these efforts in an integrated manner, schools can create a safe, supportive and positive environment. Close collaboration between all parties involved is key in creating sustainable change in addressing bullying behavior in students (Yu et al., 2022). Research gaps in the context of studies on bullying behavior in students in Bandung need to be identified to establish the direction and urgency of this study. The limitations of previous research, such as the lack of focus on certain aspects or the absence of a comprehensive study of bullying behavior in Bandung. Therefore, it is hoped that this research can provide an overview of bullying behavior among students at Junior High Schools in Bandung.

2. METHODS
Study Design
This study used a descriptive approach to describe the picture of bullying behavior in students of Junior High Schools in Bandung. The descriptive method allows researchers to present and analyze data in a form that can provide an in-depth understanding of the characteristics, distribution, and incidence rate of bullying behavior in the school.

Sample Selection

The research sample consisted of students in grades 7 to 9 at Junior High Schools in Bandung. The inclusion criteria were all students actively enrolled at the school, while the exclusion criteria were students who were unwilling or unable to participate. The study was conducted at Junior High Schools in Bandung to provide a specific depiction of bullying behavior within the school environment. The population of this study included all students in grades 7 to 9 at Junior High Schools in Bandung during the academic year of the research. The sample size was determined based on the number of students available and willing to participate, using a convenience sampling technique. The slovin formula is used to determine the minimum sample size. The number of samples in this study was 107 students.

Data Collection

Data were collected through the online distribution of a questionnaire using the Olweus Bully/Victim Questionnaire (OBVQ). This questionnaire has 22 items focus on perpetrators (Gaete et al., 2021). The items on this questionnaire include questions regarding indications of involvement and experiences of adolescents being victims of bullying from various forms of bullying. The questionnaire is in the form of a Likert scale with answer options 1 = never, 2 = 1-2 times a month, 3 = 1 week / 1 time, 4 = several times / week. The online distribution method was chosen for efficiency and to facilitate student participation. The process began with coordination with the school administration to schedule data collection and communicate the study to students and their parents. A link to the questionnaire was shared through secure platforms such as the school's internal communication system or class WhatsApp groups. During the designated period, researchers and teachers provided guidance to students on accessing and completing the questionnaire, ensuring clarity and addressing any questions. Real-time monitoring was conducted, and follow-ups were made with students who had not completed the questionnaire to maximize participation. Validity and reliability tests of the instrument yielded validity values ranging from 0.461 to 0.962 and a reliability coefficient of 0.875, confirming that the instrument is both valid and reliable for use in this study.

Ethical Considerations

Ethical considerations in this study included the principles of autonomy, fairness, beneficence, and harmlessness, as well as data confidentiality. This research has received ethical approval from the Ethics Commission with number III/056/KEPK-SLE/STIKEP/PPNI/JABAR/II/ 2024. Students' participation was voluntary and they were given clear information about the purpose of the study. Safety and confidentiality in data management were maintained by ensuring that students' identities remained protected.

Data Analysis

The data collected was analyzed using descriptive statistics with a univariate analysis approach. This analysis included frequency calculation, mean, and data distribution to provide a comprehensive picture of the level and characteristics of bullying behavior at Junior High Schools in Bandung. The results of the analysis help present the research findings systematically and objectively.

3. RESULT

The results of this study are presented using tables. The authors describes the results of research on demographic data and also the frequency distribution of bullying behavior variables. Demographic data describes the distribution of gender, age, and class. Based on the analysis of demographic data, the authors found that more than half of the respondents were female (55.8%). Then, most respondents were 14 years old (51.9%). Then, the most participants were grade 8 (44.2%) (Table 1).

Table 1. Demographic Data

	Characteristics	Frequency	Percentage
Gender	Male	46	44.2%
	Female	58	55.8%
Age	13 years	21	20.2%
	14 years	54	51.9%
	15 years	29	27.9%
Class	7	30	28.8%
	8	46	44.2%
	9	28	27%

Table 2 shows that out of 104 students, 47 students have high bullying behavior asw perpetrators (45.2%). Then, 28 students with medium bullying behavior and 29 with low bullying behavior as perpetrators (Table 2).

Table 2. Results of Distribution of Bullying Behavior

Variable	*Mean*	SD	Frequency (f)			Percentage (%)		
			High	Medium	Low	High	Medium	Low
Bullying behavior	50,2	7,62	47	28	29	45.2	27	27.9

4. DISCUSSION

The distribution of gender, age, and grade among the respondents in this study indicates that the majority were female (55.8%), aged 14 years (51.9%), and in the 8th grade (44.2%). These findings suggest that females and middle-grade students were more represented than other groups. According to the literature, females are often reported to be more involved in verbal or relational forms of bullying compared to physical bullying, which is more common among males (Andreou et al., 2021). However, the level of involvement may vary depending on social and cultural contexts. The age of 14 years, which marks the early adolescent transition, is also frequently associated with increased bullying behavior due to emotional development and social pressures during this stage. Previous research found that bullying behavior peaks during middle school, aligning with the findings of this study (Mohammadi et al., 2021). Additionally, 8th-grade students, as the dominant group of respondents, may face more complex academic and social challenges, which can influence the dynamics of their interactions within the school environment (Hikmat, Suryani, Yosep, Jeharsae, et al., 2024).

The majority of students exhibited high bullying behavior (45.2%) with a mean score of 50.2 (SD 7.62), reflecting a significant tendency toward bullying behavior influenced by social

pressures and school environmental dynamics. Previous studies indicate that bullying behavior tends to increase during adolescence, particularly in middle school settings, due to social pressures and the need to establish dominance within peer groups (Wang et al., 2020; Yosep et al., 2024). The high prevalence of bullying may also be associated with environmental factors, such as inadequate supervision or the absence of effective anti-bullying programs in schools, which allow such behaviors to persist (Aizenkot & Kashy-Rosenbaum, 2020).

Based on the results of the study, it can be concluded that more than half of students show high bullying behavior. The data showed an alarming trend related to the incidence rate of bullying behavior among students. This finding illustrates that serious attention is needed to identify the causes and develop prevention strategies to enhance a safe and supportive learning environment (Ye et al., 2019).

The high incidence of bullying behavior in students is influenced by the interaction of various factors. The school environment plays an important role with a culture that may stimulate bullying behavior when school rules are not firm and supervision is lacking (Kennedy, 2021). Interpersonal dynamics, such as fierce competition and social group formation, can also be triggers. Individual student factors, such as a lack of social skills or low levels of empathy, increase the risk of engaging in bullying behavior (Díaz-Caneja et al., 2021). Power inequalities and diversity differences can create stigma and discrimination on which bullying behavior is based. Family factors, including authorsitarian parenting or lack of attention, as well as exposure to domestic violence, also contribute to this risk (Jueajinda et al., 2021). Developments in technology and social media also play a role, with online anonymity emboldening bullies and exposure to aggressive content on social media influencing students' perceptions. A deep understanding of these factors is crucial to designing holistic and effective prevention strategies, ensuring a safe and supportive educational environment for students (Agley et al., 2021).

Adolescents who are victims of bullying behavior can experience serious impacts on their psychosocial well-being. These impacts include decreased self-confidence, psychological stress, and can even lead to mental health problems such as depression and anxiety (Garandeau et al., 2021). In addition, bullying behavior can disrupt adolescents' academic concentration and motivation, which in turn can be detrimental to their career development and future.

The importance of collaboration between students, parents, teachers, and health workers is a strategic key in efforts to reduce bullying behavior in students. Mutual cooperation among all these parties creates a deep synergy in building a safe and inclusive school environment (Sullivan et al., 2021; Ulfah & Gustina, 2020). Students as perpetrators and victims need to be actively involved in anti-bullying education programs, understand the impact of such behavior, and become agents of change among peers. The role of parents is vital, both in providing emotional support to their children and being directly involved in school activities aimed at promoting positive norms (Baldry et al., 2019; Hsieh et al., 2021). Teachers have a key role in providing education, detecting cases of bullying early, and providing appropriate interventions. Effective collaboration with health workers is also important, where they can provide mental health support to students who engage in bullying behavior or are victims (Chai et al., 2020; Yanti et al., 2020). This collaboration will form a united front, students, parents, teachers, and health workers can create a supportive

environment and ensure the success of bullying behavior prevention and response efforts (Colenbrander et al., 2020; Kisfalusi et al., 2020).

Health workers can play an important role in reducing bullying behavior by providing mental health support to students (Yosep, Hikmat, & Mardhiyah, 2023). Counseling programs and psychological services can help victims and perpetrators of bullying to overcome their psychological impact and build healthy social skills (Hikmat, Yosep, et al., 2024). By collaborating with schools and families, health workers can play a role in supporting a comprehensive approach to address bullying behavior problems in students.

5. CONCLUSION

Based on the results of the study, the authors found that almost half of the students at Junior High Schools in Bandung, namely 47 students, had high bullying behavior (45.2%). This shows that there is still a high rate of bullying behavior in students. Collaborative efforts from various parties are needed to reduce bullying behavior in adolescents. In addition, the role of nurses is also as school-health nursing to develop programs to prevent and reduce bullying behavior. The implication of this study is that there is a foundation for schools and health workers to develop programs to reduce bullying behavior. Recommendations for further research are the need for analysis of the factors of bullying behavior in students.

6. ACKNOWLEDGEMENT

7. CONFLICT OF INTEREST

The authors state no conflict of interest.

8. REFERENCES

Agley, J., Jun, M., Eldridge, L., Agley, D. L., Xiao, Y., Sussman, S., Golzarri-Arroyo, L., Dickinson, S. L., Jayawardene, W., & Gassman, R. (2021). Effects of ACT Out! Social Issue Theater on Social-Emotional Competence and Bullying in Youth and Adolescents: Cluster Randomized Controlled Trial. *JMIR Ment Health*, *8*(1), e25860.

Aizenkot, D., & Kashy-Rosenbaum, G. (2020). The effectiveness of safe surfing, an anti-cyberbullying intervention program in reducing online and offline bullying and improving perceived popularity and self-esteem. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, *14*(3 SE-Articles), Article 6.

Andreou, E., Tsermentseli, S., Anastasiou, O., & Kouklari, E.-C. (2021). Retrospective Accounts of Bullying Victimization at School: Associations with Post-Traumatic Stress Disorder Symptoms and Post-Traumatic Growth among University Students. *Journal of Child & Adolescent Trauma*, *14*(1), 9–18.

Baldry, A. C., Sorrentino, A., & Farrington, D. P. (2019). Post-Traumatic Stress Symptoms Among Italian Preadolescents Involved in School and Cyber Bullying and Victimization. *Journal of Child & Family Studies*, *28*(9), 2358–2364.

Chagas Brandão, L., Sanchez, Z. M., de O Galvão, P. P., & da Silva Melo, M. H. (2022). Mental health and behavioral problems associated with video game playing among Brazilian adolescents. *Journal of Addictive Diseases*, *40*(2), 197–207.

Chai, L., Xue, J., & Han, Z. (2020). School bullying victimization and self-rated health and life satisfaction: The mediating effect of relationships with parents, teachers, and peers. *Children and Youth Services Review*, *117*(July), 105281.

Colenbrander, L., Causer, L., & Haire, B. (2020). 'If you can't make it, you're not tough enough to do medicine': a qualitative study of Sydney-based medical students' experiences of bullying and harassment in clinical settings. *BMC Medical Education*, *20*(1), 86.

Díaz-Caneja, C. M., Martín-Babarro, J., Abregú-Crespo, R., Huete-Diego, M. Á., Giménez-Dasí, M., Serrano-Marugán, I., & Arango, C. (2021). Efficacy of a Web-Enabled, School-Based, Preventative Intervention to Reduce Bullying and Improve Mental Health in Children and Adolescents: Study Protocol for a Cluster Randomized Controlled Trial. *Frontiers in Pediatrics*, *9*, 628984.

Elghazally, N. M., & Atallah, A. O. (2020). Bullying among undergraduate medical students at Tanta University, Egypt: a cross-sectional study. *Libyan J Med*, *15*.

Evangelio, C., Rodríguez-González, P., Fernández-Río, J., & Gonzalez-Villora, S. (2022). Cyberbullying in elementary and middle school students: A systematic review. *Computers & Education*, *176*, 104356.

Gaete, J., Valenzuela, D., Godoy, M. I., Rojas-Barahona, C. A., Salmivalli, C., & Araya, R. (2021). Validation of the Revised Olweus Bully/Victim Questionnaire (OBVQ-R) Among Adolescents in Chile. *Frontiers in Psychology*, *12*, 578661.

Garandeau, C. F., Laninga-Wijnen, L., & Salmivalli, C. (2021). Effects of the KiVa anti-bullying program on affective and cognitive empathy in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, *0*.

Green, V. A., Woods, L., Wegerhoff, D., Harcourt, S., & Tannahill, S. (2020). An Evaluation of the KiVa Anti-bullying Program in New Zealand. *International Journal of Bullying Prevention*, *2*(3), 225–237.

Hikmat, R., Suryani, S., Yosep, I., & Jeharsae, R. (2024). Empathy's Crucial Role: Unraveling Impact on Students Bullying Behavior - A Scoping Review. *Journal of Multidisciplinary Healthcare*, *17*(null), 3483–3495.

Hikmat, R., Suryani, S., Yosep, I., Jeharsae, R., Pramukti, I., Sriati, A., Rafiyah, I., & Purnama, H. (2024). The Effect of Empathy Training on Bullying Behavior in Juvenile Prisoners: A Quasi Experiment. *Journal of Multidisciplinary Healthcare*, *17*(null), 4177–4188.

Hikmat, R., Yosep, I., Hernawaty, T., & Mardhiyah, A. (2024). A Scoping Review of Anti-Bullying Interventions: Reducing Traumatic Effect of Bullying Among Adolescents. *Journal of Multidisciplinary Healthcare*, *17*(null), 289–304.

Hsieh, Y.-P., Shen, A. C.-T., Hwa, H.-L., Wei, H.-S., Feng, J.-Y., & Huang, S. C.-Y. (2021). Associations Between Child Maltreatment, Dysfunctional Family Environment, Post-Traumatic Stress Disorder and Children's Bullying Perpetration in a National Representative Sample in Taiwan. *Journal of Family Violence*, *36*(1), 27–36.

Jueajinda, S., Stiramon, O., & Ekpanyaskul, C. (2021). Social Intelligence Counseling Intervention to Reduce Bullying Behaviors Among Thai Lower Secondary School Students: A Mixed-method Study. *Journal of Preventive Medicine and Public Health = Yebang Uihakhoe Chi*, *54*(5), 340–351.

Kennedy, R. S. (2021). Bullying Trends in the United States: A Meta-Regression. *Trauma, Violence, and Abuse*, *22*(4), 914–927.

Kisfalusi, D., Pál, J., & Boda, Z. (2020). Bullying and victimization among majority and minority students: The role of peers' ethnic perceptions. *Social Networks*, *60*.

Lan, M., Law, N., Pan, Q., Gaffney, H., Farrington, D. P., Espelage, D. L., Ttofi, M. M., Fekkes, M., van de Sande, M. C. E., Gravesteijn, J. C., Pannebakker, F. D., Buijs, G. J., Diekstra, R. F. W., Kocken, P. L., Cross, D., Shaw, T., Hadwen, K., Cardoso, P., Slee, P., … Gonzalez-Villora, S. (2022). Cyberbullying in elementary and middle school students: A systematic review. *Computers & Education*, *18*(5), 53–66.

Malecki, C. K., Demaray, M. K., Smith, T. J., & Emmons, J. (2020). Disability, poverty, and other risk factors associated with involvement in bullying behaviors. *Journal of School Psychology*, *78*, 115–132.

Manrique, M., Allwood, M. A., Pugach, C. P., Amoh, N., & Cerbone, A. (2020). Time and support do not heal all wounds: Mental health correlates of past bullying among college students. *Journal of American College Health*, *68*(3), 227–235.

Martel-Santana, A., & Martín-del-Pozo, M. (2023). *Design, Development, and Evaluation of a Serious Game Aimed at Addressing Bullying and Cyberbullying with Primary School Students BT - Proceedings TEEM 2022: Tenth International Conference on Technological Ecosystems for Enhancing Multiculturality* (F. J. García-Peñalvo & A. García-Holgado (eds.); pp. 1246–1254). Springer Nature Singapore.

Mohammadi, M., Farid, A., Habibi Kalibar, R., & Mesrabadi, J. (2021). Effectiveness of assertiveness training on assertion and social problem solving of male students who are victims of bullying. *Quarterly Journal of Psychological Studies*, *16*(4).

Moon, H., & Lee, S. (2020). Moderating effects of socio-ecological factors on the relationship between adolescent exposure to media violence and attitudes towards school bullying. *Journal of Advanced Nursing*, *76*(11), 2921–2932.

Neupane, T., Pandey, A. R., Bista, B., & Chalise, B. (2020). Correlates of bullying victimization among school adolescents in Nepal: Findings from 2015 Global School-Based Student Health Survey Nepal. *PloS One*, *15*(8), e0237406.

Noboru, T., Amalia, E., Hernandez, P., Nurbaiti, L., Affarah, W. S., & Nonaka, D. (2021). School-based education to prevent bullying in high schools in Indonesia. *Pediatr Int*, *63*.

Park, I., Gong, J., Lyons, G. L., Hirota, T., Takahashi, M., Kim, B., Lee, S. Y., Kim, Y. S., Lee, J., & Leventhal, B. L. (2020). Prevalence of and factors associated with school bullying in students with autism spectrum disorder: A cross-cultural meta-analysis. *Yonsei Medical Journal*, *61*.

Repo, J., Herkama, S., & Salmivalli, C. (2022). Bullying Interrupted: Victimized Students in Remote Schooling During the COVID-19 Pandemic. *International Journal of Bullying Prevention*.

Singla, D. R., Shinde, S., Patton, G., & Patel, V. (2021). The Mediating Effect of School Climate on Adolescent Mental Health: Findings From a Randomized Controlled Trial of a School-Wide Intervention. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, *69*(1), 90–99.

Stubbs-Richardson, M., & May, D. C. (2021). Social Contagion in Bullying: an Examination of Strains and Types of Bullying Victimization in Peer Networks. *American Journal of Criminal Justice*, *46*(5), 748–769.

Sullivan, T. N., Farrell, A. D., Sutherland, K. S., Behrhorst, K. L., Garthe, R. C., & Greene, A. (2021). Evaluation of the Olweus Bullying Prevention Program in US urban middle schools using a multiple baseline experimental design. *Prevention Science*, *22*.

Temple, J. R., Baumler, E., Wood, L., Thiel, M., Peskin, M., & Torres, E. (2021). A Dating Violence Prevention Program for Middle School Youth: A Cluster Randomized Trial. *Pediatrics*, *148*(5).

Ulfah, M., & Gustina, E. (2020). Bullying behavior among students. *International Journal of Evaluation and Research in Education (IJERE)*, *9*, 644.

Utami, D. S., Wati, N. L., Suryani, S., & Nurjanah, N. (2019). The Effect of Assertive Training towards Self-assertiveness among Female Adolescent of Bullying in Junior High School. *KnE Life Sciences*, *2019*, 716–725.

Wang, G. F., Han, A. Z., Zhang, G. B., Xu, N., Xie, G. D., & Chen, L. R. (2020). Sensitive periods for the effect of bullying victimization on suicidal behaviors among university students in China: The roles of timing and chronicity. *J Affect Disord*, *268*.

Yanti, D. E., Pribadi, T., & Putra, A. J. (2020). Tipe pola asuh orang tua yang berhubungan dengan perilaku bullying pada pelajar SMP. *Holistik Jurnal Kesehatan*, *14*(1), 155–162.

Ye, L., Shipley, E., & Lippmann, S. (2019). Transdermal clonidine for mitigating posttraumatic stress disorder in an adolescent. *American Journal of Health-System Pharmacy*, *76*(8), 487–488.

Yosep, I., Fitria, N., Mardhiyah, A., Pahria, T., Yamin, A., & Hikmat, R. (2024). Experiences of bullying among nursing students during clinical practice: a scoping review of qualitative studies. *BMC Nursing*, *23*(1), 832.

Yosep, I., Hikmat, R., & Mardhiyah, A. (2023). School-Based Nursing Interventions for Preventing Bullying and Reducing Its Incidence on Students: A Scoping Review. *International Journal of Environmental Research and Public Health*, *20*(2).

Yosep, I., Hikmat, R., Mardhiyah, A., Hazmi, H., & Hernawaty, T. (2022). Method of Nursing Interventions to Reduce the Incidence of Bullying and Its Impact on Students in School: A Scoping Review. *Healthcare*, *10*(10).

Yosep, I., Hikmat, R., Mardhiyah, A., Kurniawan, K., & Amira, I. (2023). A Scoping Review of the Online Interventions by Nurses for Reducing Negative Impact of Bullying on Students. *Journal of Multidisciplinary Healthcare*, *16*, 773–783.

Yu, Q., Wu, S., Twayigira, M., Luo, X., Gao, X., & Shen, Y. (2022). Prevalence and associated factors of school bullying among Chinese college students in Changsha. *China J Affect Disord*, *297*.