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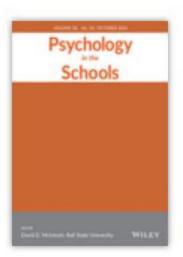
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### **Overview**

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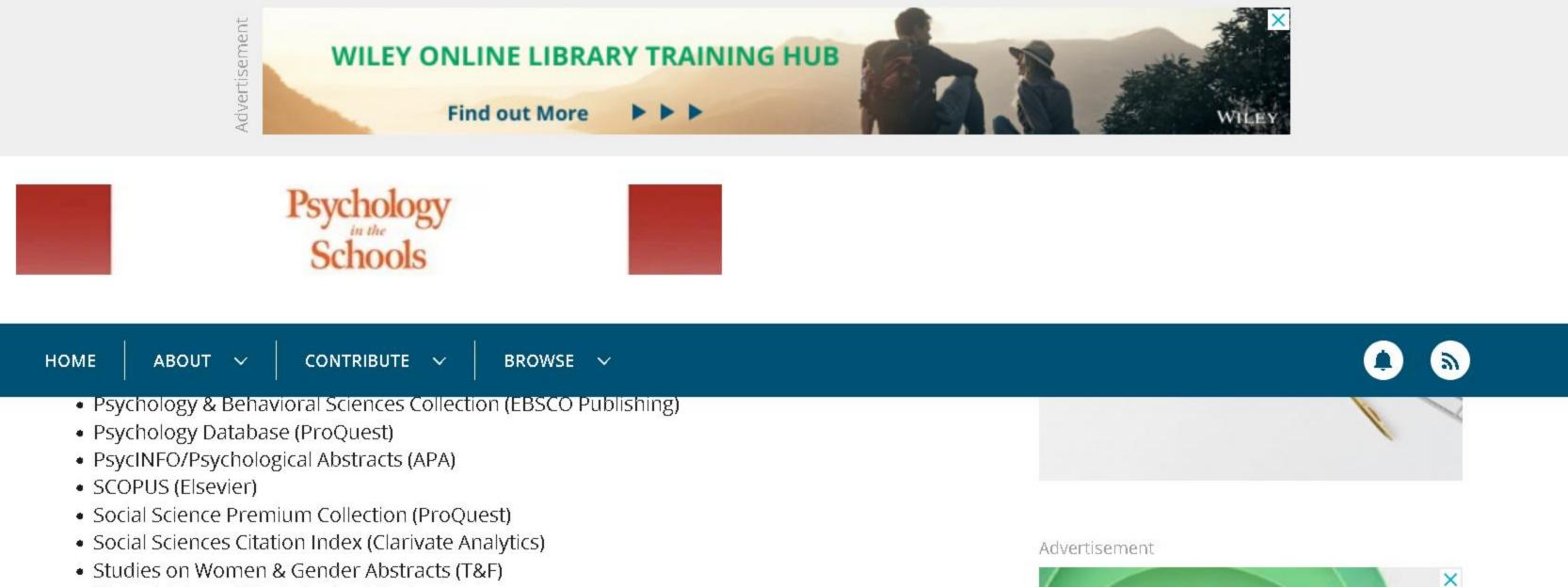
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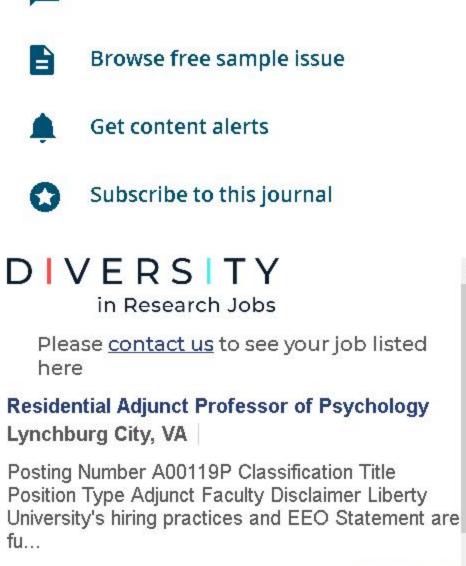
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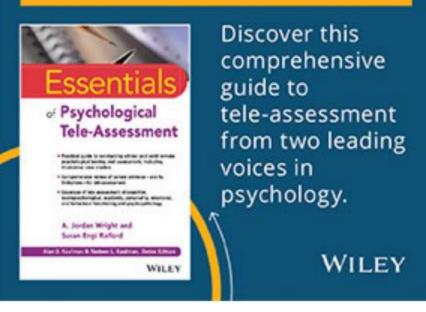
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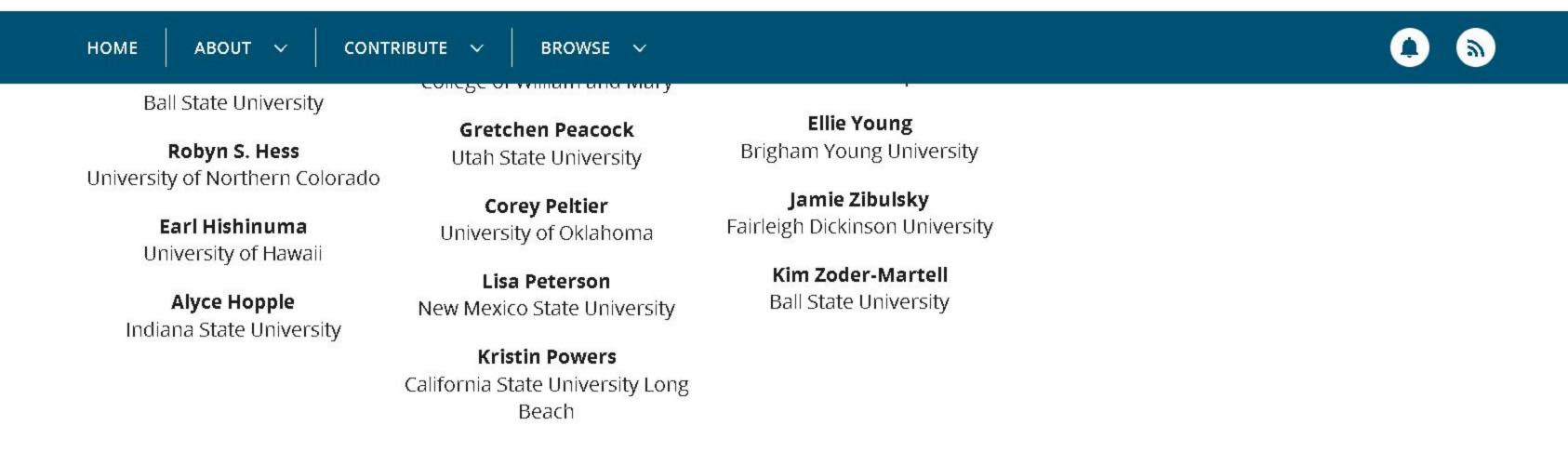
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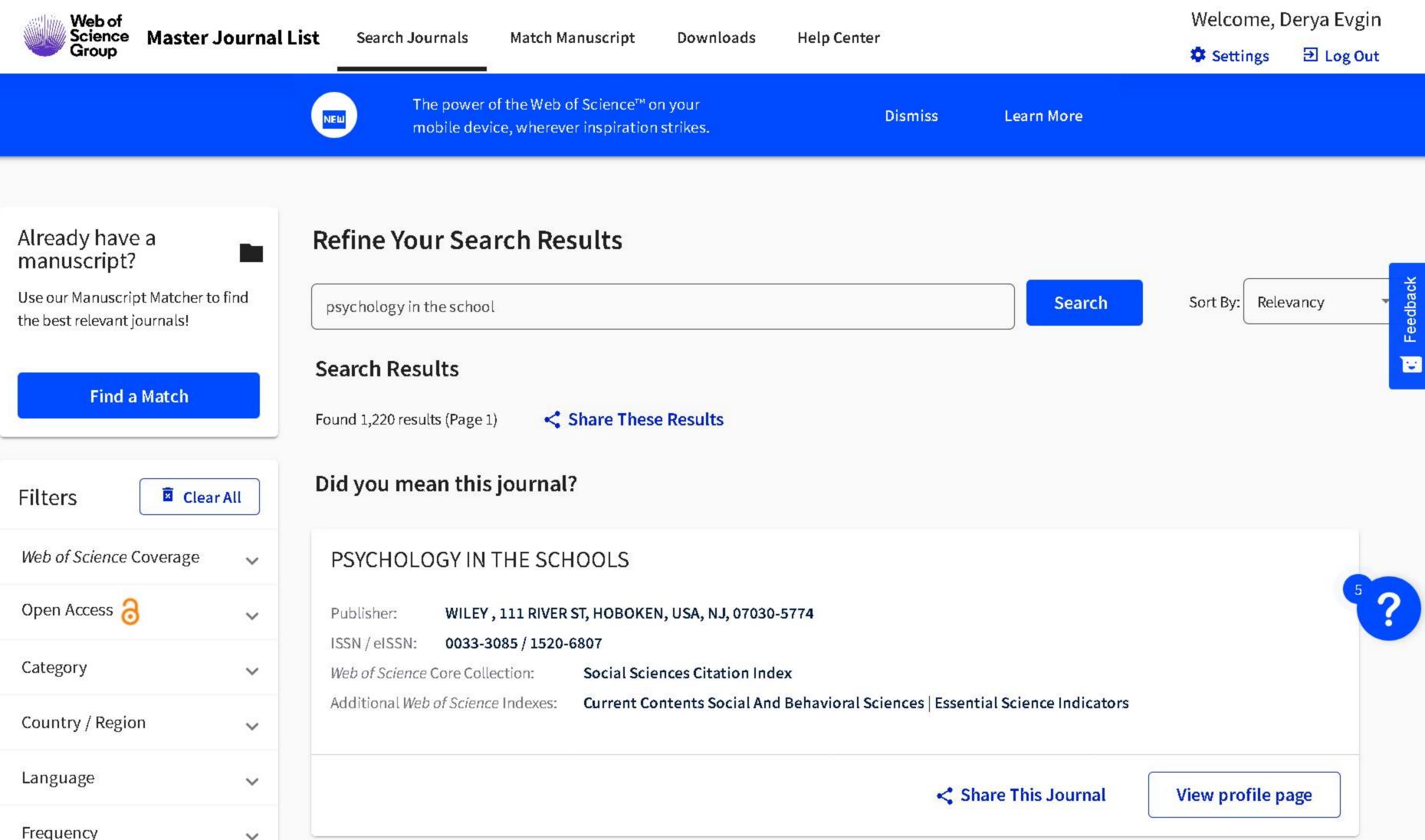
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			1.038	2.273	0.525	160	95.63	28.689	
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2017	2,621	1.247	1.137	1.666	0.108	93	100.00	38.136	
2016	2,306	1.190	1.056	1.588	0.113	71	100.00	35.345	
2015	2,008	1.035	0.937	1.541	0.107	75	97.33	41.228	
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2013	1,444	0.566	0.522	1.283	0.107	75	98.67	12.264	
2012	1,290	0.922	0.837	1.159	0.050	80	98.75	34.314	
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2006	646	0.538	0.462	n/a	0.384	73	97.26	38.750
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2004	532	0.574	0.417	n/a	1.038	78	98.72	38.158
2003	455	0.486	0.394	n/a	0.196	51	96.08	23.611
2002	438	0.588	0.402	n/a	0.158	57	96.49	44.595
2001	378	0.427	0.375	n/a	0.385	52	98.08	25.000
2000	319	0.309	0.259	n/a	0.100	50	100.00	14.474
1999	388	0.471	0.324	n/a	0.261	46	97.83	32.895
1998	370	0.286	0.243	n/a	0.429	35	97.14	20.270
1997	374	0.375	0.264	n/a	0.000	33	96.97	24.359

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DOI: 10.1002/pits.22501

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# Relationship bullying in adolescent period with family functionalities and child behaviors

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#### Abstract

This descriptive study determined the relationship of peer bullying in the early adolescent period to family functions and children's behavior. The cohort for the research consisted of 320 students and parents who were selected by a simple random method from a middle school. The data were collected using the student and parent questionnaires, Traditional Peer Bullying Scale, Family Assessment Scale, and Assessment of Child and Adolescent Behavior Scale. In evaluating the data: descriptive statistics,  $X^2$ , Mann–Whitney U, Kruskal-Wallis tests, and Spearman correlation analysis were used. It has been determined that verbal and physical bullying was high in the older age group (p < 0.05), in seventhgrade students (p < 0.05), and that those who do not like school tend to bully others at a higher rate (p < 0.001). Students who were separated from their parents, who witnessed the violence among the family members, and who stated that the violence was applied by family members were more frequent in the bullying cycle (p < 0.05). There was a highlevel positive relationship between the anxiety/depression subscale and social problems subscale (p < 0.001). This study confirms that peer bullying is a problem that is highly correlated with family functionalities and child behaviors.

#### KEYWORDS

adolescent, bullying, family structure, school nursing

This study was created from a science specialty thesis (Nevşehir Hacı Bektaş Veli University Institute of Science, Nursing Department Child Health and Diseases Nursing Master Program, July 2018). This study was announced as verbal announcement at V. International, IX. National Psychiatric Nursing Congress 20–23 Kasım – November 2018, Antalya. Violence is, as in all parts of the world, a widespread social problem in Turkey; it includes school-age children (Bayat & Evgin, 2015; Berkowitz, 2020; Coşkun & Bebiş, 2014; Debarbieux, 2009; Evgin & Bayat, 2020; Liu & Graves, 2011). A large part of the violent behavior seen in schools consists of bullying (Brank et al., 2012; Karataş & Öztürk, 2009; Menesini & Salmivalli, 2017). Bullying is encountered in every period of life and in many environments (Juvonen & Graham, 2014); however, it is mostly observed in early adolescence. Adolescents tend to reject family authority and share their problems and feelings with peers; acceptance and social position within the group become very important because adolescents spend most of their time in school with their peers (Ashley & Foshee, 2005; Evgin & Bayat, 2020).

The worldwide prevalence of bullying, which has become a serious problem, ranges from 8% to 70% (Brank et al., 2012; Le et al., 2017; Rigby & Johnson, 2016), whereas the rate in Turkey ranges between 30% and 40% (Burnukara & Uçanok, 2012; Çalışkan et al., 2019; Evgin & Bayat, 2020; Kapçı, 2004). Bullying affects the children's physical and mental health in the short and long term (Boulton et al., 2010; Cook et al., 2010). Besides physical problems such as head and stomach ache when exposed to bullying, mental problems such as difficulty concentrating, eating and sleeping disorders, depression, anxiety, increased aggression, declining self-esteem, increasing suicidal ideation, reduction in coping skills, and posttraumatic stress disorder may occur (Cook et al., 2010; Menesini & Salmivalli, 2017). The negative effects of bullying not only affect the victims but also the bullies (Brank et al., 2012; Karataş & Öztürk, 2011). The academic achievement of most children who bully others and their business life as adults is negatively affected (Bender & Lösel, 2011). Also, school bullies are unsuccessful in establishing interpersonal relationships in their adult life (Juvonen & Graham, 2014).

One of the most important factors that ensure the development of the child as a healthy, happy, and independent individual is the quality of the relationship process with the mother, father, siblings, and caregivers. The social environment in which the child grows up and the communication and interaction they experience greatly affect their future behavior in various ways (Totan & Yöndem, 2007). Parenting attitudes of the family, domestic violence, and family attachment behaviors are documented as factors that explain children's bullying behavior (Totan & Yöndem, 2007). Further, families who display an excessive protective attitude are the reason both for children to be exposed to bullying and to be a bully (Karataş, 2009; Menesini & Salmivalli, 2017). One of the characteristics seen in families of bullies is a weak relationship between child and parent (Cook et al., 2010) and parents living separately (Algeri & de Souza, 2006).

Bullying involves many forms of violence, and because it seriously affects students' mental and physical health, it is important that bullying be addressed by all healthcare professionals (Arslan & Savaşer, 2009; Galitz & Robert, 2014). School is where children not only prepare academically for their future but also develop individually, socially, and emotionally. Thus, carrying out studies on school health is among the duties of primary healthcare professionals, and multidisciplinary teamwork is important in early diagnosis of bullying (Bayat & Evgin, 2015; Coşkun & Bebiş, 2014; Karataş & Öztürk, 2009). Nurses have an important role in this team for the protection of health and in preventing violence at school (Arslan & Savaşer, 2009; Bayat & Evgin, 2015; Coşkun & Bebiş, 2014). School nurses play an important and active role in works related to anti-bullying programs (Cooper et al., 2012). School nurses are healthcare professionals who help prevent the occurrence of bullying and coordinate care when it occurs; they evaluate the effects of bullying on the victim and the bully and plan and coordinate the appropriate care (Coşkun & Bebiş, 2014). Applying to the infirmary at school for possible injuries, bleeding, and so on, due to student bullying, makes it easier for the school nurse to identify bully and victim (Cooper et al., 2012; Özada & Duyan, 2018). Studies investigating the reasons for bullying at school have reported that students' personal characteristics, parental attitudes, family relationships, school atmosphere, teacher attitudes, relationships with friends, and cultural factors can affect the issue (Chen et al., 2020; Doğan, 2010; Garbarino, 2001).

Knowing the individual, family, and environmental risk factors related to bullying is very important in organizing education programs and ensuring the participation of students, family, teachers, and all individuals around the school (Coşkun & Bebiş, 2014). Necessary interventions are recommended by a multidisciplinary team (school staff, guidance services, psychologist, school nurse, and physician) in the prevention and reduction of bullying (Evgin & Bayat, 2020). The way that the family treats the child is one of the causes of bullying and is an important issue that must be analyzed because family relationships and communication are important determinants in bullying and being bullied (Chen et al., 2020; Hasta & Güler, 2013).

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Based on this information, this study was carried out to determine bullying tendencies of students in the early adolescent period and the relationship between bullying tendencies and peer bullying to family functions and child behavior.

#### 1 | METHODS

#### 1.1 | Type of study

This descriptive study aims to determine the relationship between peer bullying, family functions, and behavior of the child in the early adolescent period.

#### 1.2 | Sample

The study population consists of 9206 middle school students attending schools in a city center during the education year 2016–2017. A school from the middle schools in the city center was sampled using a simple random method. A total of 1100 (*n*) students attended the school with 36 classrooms and 44 teachers. A required study sample of 285 was calculated by considering a frequency of 40% (Kapçı, 2004) with 95% probability ( $\alpha$  = 0.05) and 80% power; thus, 320 students were recruited to participate in this study. The students to be sampled were rated according to schools, grades, and gender.

There is no school nurse in public schools in Turkey, it serves only to guide teachers near all schools. This study also with our country, the importance of school health nursing practice and dissemination should have been tried to be highlighted.

#### 1.3 | Inclusion criteria

The aim of the study explained to students and their families received verbal and written consent was taken. A total of 320 students and their parents who agreed to participate in the study and received permission from their parents were included in the sample.

#### 1.4 | Data collection

The data were collected by face-to-face interview method with student and parent questionnaires created by the researchers, the Traditional Peer Bully Scale (TPBS), the Family Assessment Scale (FAS), and the Child and Adolescent Behavior Assessment Scale (CABAS).

#### 1.5 | Instrument

#### 1.5.1 | Student questionnaire

The form consisted of 25 questions including the sociodemographic characteristics of the students such as age, gender, class, academic success, characteristics of mother and father, knowledge about bullying, and their encounters with bullying.

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#### 1.5.2 | Parent questionnaire

The form consisted of 12 questions including the sociodemographic characteristics of the parents such as age, gender, profession, educational status, and knowledge about bullying, and their child's encounters with bullying.

#### 1.5.3 | Traditional Peer Bully Scale

A measurement tool consisting of two parallel questionnaires aimed at determining the frequency of adolescent's exposure to peer bullying and implementation of such behaviors and providing information on different dimensions of bullying was used. The scale was reorganized by Burnukara and Uçanok (2012) based on the Peer Bullies Determination Scale. It is a self-assessment scale of 4-point Likert-type responses and consists of 31 items. The option "a" in each item of the scale measures the experiences of adolescents as victims and option "b" the experiences as bullies. The scale has six dimensions: verbal, relational, physical, attack on personal belongings, social exclusion, and intimidation; the victim and bully forms are calculated separately. The study of Burnukara and Uçanok found an overall internal consistency coefficient of 0.90 for the victim form and an overall internal consistency coefficient of 0.91 for the bully form (Burnukara & Uçanok, 2012). In the current study, the Cronbach's  $\alpha$  coefficient of the victim form was 0.93, and of the bully form 0.93.

#### 1.5.4 | Family Assessment Scale

A scale developed by Epstein et al. (1983) was used to measure the family functions. The scale was adapted to Turkish by Bulut (1990). The 60-item scale consists of seven subdimensions: problem solving, communication, roles, emotional response, emotional participation, behavior control, and general functions. It evaluates the perceptions of individuals about their families; to evaluate family functions it is applied to the child and to all its family members above the age of 12. In the scale, the score "1" indicates a healthy and the score "4" indicates an unhealthy response; scores above "2" indicate a trend toward unhealthy family functions. In terms of the subdimensions of the scale, a high score indicates unhealthiness. In Bulut's study, the test-retest reliability coefficient of the scale was 0.89 (Bulut, 1990). In the current study, the Cronbach  $\alpha$  coefficient was 0.82.

#### 1.5.5 | Child and Adolescent Behavior Assessment Scale (CBCL/4-18)

In this scale, the problematic behaviors of children and adolescents aged 4 to 18 years are evaluated by parents or caregivers. The scale consists of 113 descriptive problematic behaviors seen in the last 6 months. From this scale, two distinct behavioral symptom scores, "inward" and "outward" scores, are obtained. Subdimensions of the inward group are "anxiety/depression, social introversion, and somatic complaints," and the subdimensions of the outward group are "opposing rules and aggressive behavior." In addition, the scale has the subdimensions "social problems, thought problems and attention problems," which are not part of any group. The test–retest reliability of the scale was determined as 0.84 in total problem and internal consistency as 0.88 (Dümenci et al., 2004). In the current study, the Cronbach  $\alpha$  coefficient was 0.94.

#### 1.6 Ethical aspects of the study

Before the study, approval was obtained from the university ethics committee (October 7, 2016) and provincial directorate of national education (61900286-605.01-E.1316361). Verbal and written consents were obtained by

explaining the purpose of the study to the students and their families. Written informed consent was sent to the children and parents in an opaque envelope in accordance with the Declaration of Helsinki regarding research involving human subjects. The purpose of the study and the scales to be applied were explained with informed consent. Children who gave written consent to the study were included in the study.

#### 1.7 | Data evaluation

Data were evaluated using the IBM SPSS Statistics 22.00 (IBM Corp.) package program. In the evaluation of the data, descriptive statistics (percentage calculation, mean) were used and the  $X^2$  test was used to compare categorical variables. Relationships between the sociodemographic characteristics and scale scores of students and parents were evaluated using the Mann–Whitney *U* test in binary groups and the Kruskal–Wallis test in more than two groups. Spearman's rank-order correlation analysis was used to compare the relationship between variables. The Cronbach's  $\alpha$  value was calculated for the scales used in the study.

#### 2 | RESULTS

The results of the study carried out to determine the relationship between peer bullying in the adolescent period to family functions and behavior of the child are given below under four titles.

Of the students who participated, 60.6% were girls, 50.3% were 13 to 14 years of age, and 27.8% were in the seventh grade. Of the students 14.4% stated that they did not like school, 99.1% said that they did not skip school without an excuse. Of the children, 96.6% said that their parents lived together. Of the parents, 72.8% were women, 51.0% of the parents were 39 to 48 years old, 41.9% were university graduates, and among the women, 45.0% were housewives. Of the participants, 71.9% said that their economic status was good.

#### 2.1 | Student's sociodemographic characteristics and situations of bullying

Regarding the distribution of students according to their characteristics regarding domestic violence and parenting styles, of the students, 5.3% said that their parents applied physical violence to each other from time to time. It was determined that 18.1% of the mothers and 14.4% of the fathers occasionally used physical violence against the child. Of the students, 65.7% said that they mostly shared their problems with their mother, and 48.8% said that they shared their problems with their father from time to time. Of the students, 54.4% said that their mother has a democratic style and 13.1% said that their father has an authoritarian style (Table 1).

Upon examining the views of the students on bullying and their bullying experiences, 46.6% said that bullying means maltreatment, 44.4% said that they see it as verbal and physical violence, and 77.62% said that it is carried out by a group. Of the students, 41.3% said that they had encountered bullying in the last few months, and 38.7% said that they tell their parents when they are being bullied.

Of the parents, 57.8% defined bullying as forcing someone to do something. and 55.3% said that they see bullying as fighting and verbal and physical violence. Of the parents, 27.8% reported that they have encountered bullies before, and among them, 11.6% said that they tried to defend themselves by talking. Of the parents, 16.9% stated that their children had been bullied, 10.3% said that they feel sad about this situation, and 5.9% reported that they informed the school about the issue and talked to the person that was bullying their child.

In the study results, 12.5% of the included students had been bullied, 14.1% had been exposed to bullying (victim) and 13.1% had been both bully and victim (Figure 1). Most of the victims were exposed to verbal bullying (21.3%); the bullying was mostly physical (17.5%), relational (15.6%), and verbal (15.3%) bullying.

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TABLE 1         Students' domestic violence situation and family att	itudes ( <i>n</i> = 320)	
Domestic violence and family attitudes	n	%
Physical violence of the parents applied to each other		
Never	300	93.8
Sometimes	17	5.3
Most times	3	0.9
Physical violence applied to the child by the mother		
Never	255	79.7
Sometimes	58	18.1
Most times	7	2.2
Physical violence applied to the child by the father		
Never	272	85.0
Sometimes Most times	46 2	14.4 0.6
	Z	0.0
Sharing problems with the mother	11	2.4
Never Sometimes	11 93	3.4 29.1
Most times	216	67.5
Sharing problems with the father (n: 319) <sup>a</sup>	210	07.00
Never	38	11.9
Sometimes	156	48.9
Most times	125	39.2
Mother showing her love		
Never	2	0.6
Sometimes	27	8.4
Most times	291	90.4
Father showing his love (n: 319) <sup>a</sup>		
Never	9	2.8
Sometimes	52	16.3
Most times	258	80.9
Mother's attitude toward raising the child		
Democratic	174	54.4
Authoritarian	41	12.8
Indifferent	5	1.6
Overprotective	100	31.3
Father's attitude toward raising the child		
Democratic	182	57
Authoritarian	42	13.2

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3.8

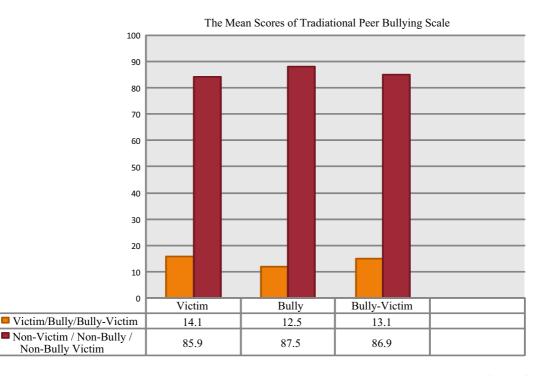
26.0

<sup>a</sup>Percentages were calculated using "n."

Indifferent

Overprotective

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**FIGURE 1** Distribution of students according to their scores on the Traditional Peer Bullying Scale (*n* = 320) [Color figure can be viewed at wileyonlinelibrary.com]

Students in the seventh grade had a higher bullying ratio and students of the eighth grade had the lowest bullying ratio compared to the other grades (p < 0.05). Also, students who did not like school were more likely to bully than those students that did like school (p < 0.001; see Table 2).

The evaluation of the sociodemographic characteristics of the students and the TPBS subdimension mean scores showed the following: analysis of the gender and form of bullying subdimension showed that threats/ intimidation behavior (p < 0.01) and physical bullying was higher in boys (p < 0.05); the verbal and physical bullying subdimension mean score was higher in older age groups (p < 0.05); and verbal and physical bullying was carried out more in seventh grade compared with fifth, sixth, and eighth grade levels (p < 0.05). Examining the bullying subdimensions in terms of gender and age indicated that in the threats/intimidation subdimension boys and small age groups were more exposed to bullying subdimensions (p < 0.05; see Table 2).

### 2.2 | Family Assessment Scale mean scores according to sociodemographic characteristics of parents

Based on the sociodemographic characteristics of the students and the FAS subdimensions mean scores, the roles score of students with a medium economic status was higher than that of others; this difference was statistically significant (p < 0.05). Also, the problem-solving score of students in the sixth grade was higher than those of the other grades; the difference between the groups was determined as statistically significant (p < 0.05). There was no statistically significant relationship between descriptive characteristics such as gender, age, and family status, and FAS subdimension scores (p > 0.05). Parents who had a primary school degree compared to other education level groups, who were 49 to 58 years old compared to other age groups, and parents whose profession is worker

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compared to other occupational groups had higher scores in terms of FAS roles and behavior control in comparison with others; this difference between the groups was statistically significant (p < 0.05; see Table 3).

### 2.3 | Child and Adolescent Behavior Assessment Scale subdimension mean scores according to sociodemographic characteristics of students

The CABAS subdimension mean scores of the students based on their sociodemographic characteristics determined that girls had higher mean scores than boys in terms of somatic complaints, anxiety, depression, and social problems; this difference was statistically significant (p < 0.05). There was a statistically significant relationship between grade, attention, and social problems (p < 0.05), the attention problems were higher in students of the sixth and eighth grades, and that the level of the social problems of students of the sixth grade was higher than in those of other grades. There was a statistically significant relationship between aggressive behavior and social behavior (p < 0.05), the rate of aggressive behaviors and social problems was higher in those with moderate economic status. Social introversion, aggressive behaviors, and social problems subdimension mean scores of literate parents were lower compared with the others, and criminal behavior, attention, and thought problems mean scores of parents who were university graduates were lower compared with the others (p < 0.05). It was also found that the anxiety/depression mean scores of parents who graduated from primary school were higher compared to parents with other educational statuses (p < 0.05; see Table 4).

### 2.4 | Relationship between Family Assessment Scale subdimension mean scores and Child and Adolescent Behavior Assessment Scale subdimension mean scores

Examining the relationship between the FAS subdimension scores and the CABAS subdimension scores of the participants indicated that there was a moderate positive relationship between the roles subdimension and the emotional response and behavior control subdimensions. Similarly, there was a moderate positive relationship between the somatic complaints subdimension and the anxiety/depression, aggressive behaviors, thought problems, and attention problems subdimensions (p < 0.05), and a high positive relationship between the anxiety/ depression subdimension and the social problems subdimension was determined (p < 0.01; Table 5).

#### 3 | DISCUSSION

Bullying can be seen everywhere, in any environment, at any age, and at any time; it is an increasingly serious problem that can affect every individual, regardless of its sociocultural structure (Hong et al., 2019). The prevalence of bullying worldwide varies between 8% and 70% (Menesini & Salmivalli, 2017). Bullying in schools negatively affects the child physically, mentally, and socially, and these negative effects continue throughout the child's entire life (Evgin & Bayat, 2020; Hong et al., 2019). The family environment is one of the most important factors that ensure that a child develops into a healthy, happy, and independent individual (Totan & Yöndem, 2007; Yavuzer, 2004). The relationships of family members with each other and with the child form the basis of the child's attitudes toward other people and life itself (Bayat & Evgin, 2015; Demirbağ-Bolat et al., 2011; Yavuzer, 2004). Peer bullying not only negatively affects students but also families, teachers, and school administrators. In this context, bullying is a problem that needs to be dealt with by school-based professionals such as a physician at the school, a school nurse, or a psychologist (Arslan & Savaşer, 2009; Bayat & Evgin, 2015; Cooper et al., 2012; Evgin & Bayat, 2020).

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Descriptive character- istics	Bullying Carrying out bullying	out	Not carrying out bullying	/ing out	Being e	Being exposed to builying Being exposed to bullying	ying	Not being ( to bullying	Not being exposed to bullying	Being a bully	Bully/victim Being a bully/victim		Not being a bully/victim	g a tim
	2	%	2	%	2	%		2	%	2	%		2	%
Gender														
Female	19	9.8	175	90.2	26	13.4		168	86.6	23	11.9		171	88.1
Male	21	16.7	105	83.3	19	15.1		107	84.9	19	15.1		107	84.9
	$\chi^2 = 3.299$	3.299; <i>p</i> = 0.069			$\chi^{2} = 0.17$	$\chi^2 = 0.178; \ p = 0.673$				$\chi^2 = 0.69$	$\chi^2 = 0.696; \ p = 0.404$			
Age														
10-12 vears	18	11.3	141	88.7	23	14.5		136	85.5	24	15.1		135	84.9
13-15	22	13.7	139	86.3	22	13.7		139	86.3	18	11.2		143	88.8
years	$\chi^2 = 0.402$	$\chi^2 = 0.402; \ p = 0.526$			χ <sup>2</sup> = 0.04	$\chi^2 = 0.042; \ p = 0.837$				$\chi^{2} = 1.07$	$\chi^2 = 1.075; \ p = 0.300$			
Grade														
5th	6	11.3	71	88.8	16		20.0	64	80.0	14	17.5		66	82.5
6th	6	10.8	74	89.2	10		12.0	73	88.0	12	14.5		71	85.5
7th	18	20.2	71	79.8	11		12.4	78	87.6	10	11.2		79	88.8
8th	4	5.9	64	94.1	80		11.8	09	88.2	9	8.8		62	91.2
	$\chi^{2} = 7.901$	$\chi^2 = 7.901; p = 0.048$			$\chi^{2} = 3.12$	$\chi^2 = 3.123; \ p = 0.373$				$\chi^{2} = 2.85$	$\chi^2 = 2.854; \ p = 0.415$			
Economic status	SL													
Good	25	10.9	205	89.1	28	12.2		202	87.8	25	10.9		205	89.1
Middle	14	16.1	73	83.9	16	18.4		71	81.6	16	11.4		71	75.6
Bad	-	33.3	2	66.7	1	33.3		2	66.7	7	66.7		1	33.3
	$\chi^2 = 2.78; p = 0.250$	<i>p</i> = 0.250			$\chi^2 = 2.94;$	l; <i>p</i> = 0.229				$\chi^2 = 4.22$	$\chi^2 = 4.22; p = 0.121$			
Students' feelings toward school	ngs toward s	chool												
Students	25	9.1	249	90.9	35	12.8		239	87.2	32		11.7	242	83.3
who like school														
													0	(Continues)

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Descriptive	Bullying				Being e	Being exposed to bullying			Bully/victim	ictim			
character- istics	Carrying out bullying	out	Not carrying out bullying	ying out	Being e	Being exposed to bullying	Not being ( to bullying	Not being exposed to bullying	Being a	Being a bully/victim		Not being a bully/victim	ng a ctim
	ч	%	u	%	2	%	u	%	Ľ	%		5	%
Students	15	32.6	31	67.4	10	21.7	36	78.3	10		21.7	36	78.3
who do not like school	χ <sup>2</sup> = 19.86	χ <sup>2</sup> = 19.861; <i>p</i> < <b>0.001</b>	1		χ² = 2.6	$\chi^2 = 2.620; \ p = 0.106$			$\chi^2 = 3.49$	$\chi^2 = 3.496; p = 0.062$			

*Note:*  $\chi^2$ : Chi-Square test.

	FAS subdimensions						
	Problem solving	Communication	Roles	Emotional response	Showing required interest	Behavior control	General functions
	Median (%25p-%75p)	Median (%25p–%75p)	Median (%25p–%75p)	Median (%25p–%75p)	Median (%25p-%75p)	Median (%25p–%75p)	Median (%25p–%75p)
Gender							
Female	20.00	22.00	22.00	13.00	29.00	17.00	29.00
	(18.00-22.00)	(20.00-24.00)	(20.00-25.00)	(12.00-15.00)	(27.00-31.00)	(15.00 - 19.00)	(27.00-31.00)
Male	20.00	21.00	22.00	12.00	30.00	17.00	30.00
	(18.00-22.00)	(19.00-24.00)	(20.00-26.00)	(12.00-14.00)	(28.00-31.00)	(16.00 - 19.00)	(28.00-31.00)
Test	Z = -0.05	Z = -1.23	Z = -0.64	Z = -0.492	Z = -1.07	Z = -0.37	Z = -1.07
	<i>p</i> = 0.958	p = 0.219	<i>p</i> = 0.525	p = 0.623	p = 0.283	p = 0.710	p = 0.283
Age (years)							
29-38 years	20.00	22.00	23.00	13.00	30.00	17.00	30.00
	(18.00-22.00)	(20.00-25.00)	(21.00-26.00)	(12.00-15.00)	(27.00-31.00)	(16.00-19.00)	(27.00-31.00)
39-48 years	20.00	22.00	22.00	12.00	29.00	17.00	29.00
	(18.00-22.00)	(20.00-24.00)	(20.00-25.00)	(12.00-14.00)	(28.00-31.00)	(15.00 - 19.00)	(28.00-31.00)
49-58 years	19.00	22.00	23.00	12.00	30.00	18.00	30.00
	(14.00-23.00)	(20.00-24.00)	(22.00-26.00)	(11.00 - 14.00)	(29.00-31.00)	(15.00 - 19.00)	(29.00-31.00)
Test	$X^2 = 0.39$	$X^2 = 1.04$	X <sup>2</sup> = 7.68	$X^2 = 3.28$	$X^2 = 0.79$	$X^2 = 3.53$	$X^2 = 0.79$
	<i>p</i> = 0.822	p = 0.595	<i>p</i> = 0.021	<i>p</i> = 0.194	<i>p</i> = 0.675	p = 0.171	<i>p</i> = 0.675
Parents' education level	n level						
Primary school 21.00	1 21.00	23.00	23.00	13.00	30.00	18.00	30.00
	(18.00-23.00)	(15.00–25.00)	(20.00-28.00)	(11.00 - 17.00)	(25.00-31.00)	(16.00-22.00)	(25.00–35.00)
Middle school	21.00	23.00	23.00	13.00	30.00	17.00	30.00
	(17.75–22.25)	(19.00–25.00)	(20.00-26.00)	(12.00-15.00)	(28.00-31.25)	(15.00 - 19.00)	(28.00–31.25)
High school	20.00	22.00	22.50	13.00	29.00	17.00	29.00
	(18.00-22.00)	(20.00-24.00)	(21.00-26.00)	(12.00-15.00)	(27.25–30.75)	(15.00 - 19.00)	(27.25–30.75)
							(Continues)

TABLE 3 (Continued)

	<b>FAS</b> subdimensions						
					Showing required		
	Problem solving	Communication	Roles	Emotional response	interest	Behavior control	General functions
	Median (%25p–%75p)	Median (%25p-%75p)	Median (%25p-%75p)	Median (%25p-%75p)	Median (%25p-%75p)	Median (%25p–%75p)	Median (%25p–%75p)
University	20.00	22.00	22.00	12.00	30.00	16.00	30.00
	(17.75-22.00)	(20.00-23.00)	(20.00-24.00)	(12.00-14.00)	(28.00-31.00)	(15.00-18.00)	(28.00-31.00)
Test	$X^2 = 3.72$	$X^2 = 1.53$	$X^2 = 11.03$	$X^2 = 5.74$	$X^2 = 2.33$	$X^2 = 17.92$	$X^2 = 2.33$
	p = 0.446	p = 0.821	<i>p</i> = 0.026	<i>p</i> = 0.219	<i>p</i> = 0.675	p = 0.001	p = 0.675
Note: X <sup>2</sup> . Kriiskal-	Note: X <sup>2</sup> . Kruskal-Wallis test: 7. Mann-Whitney II test	Whitney 11 test					

Note: X<sup>2</sup>: Kruskal-Wallis test; Z: Mann-Whitney U test. Abbreviation: FAS, Family Assessment Scale.

TABLE 4 Child	Child and Adolescent Behavior Assessment Scale subdimension mean scores according to sociodemographic characteristics of students	sehavior Assessmen	it Scale subdimensi	on mean scores ac	cording to socioder	mographic characte	eristics of students	
	CABAS subdimensions Somatic Social introversion complaints Median Median (%25p-%75p) (%25p-%75	ions Somatic complaints Median (%25p-%75p)	Anxiety/ depression Median (%25p-%75p)	Criminal behaviors Median (%25p-%75p)	Aggressive behaviors Median (%25p-%75p)	Thought problems Median (%25p-%75p)	Attention problems Median (%25p-%75p)	Social problems Median (%25p-%75p)
<b>Gender</b>	3.00 (1.00-4.00)	2.00 (0.00-3.00)	5.00 (2.00-8.00)	2.00 (1.00-2.25)	4.00 (1.00-8.00)	1.00 (0.00-3.00)	3.00 (1.00-4.00)	2.50 (1.00-4.00)
Female	2.00 (1.00-4.00)	1.00 (0.00-3.00)	3.00 (2.00-7.00)	2.00 (1.00-3.00)	4.00 (2.00-7.00)	2.00 (0.00-3.00)	3.00 (1.00-5.00)	1.00 (1.00-4.00)
Male	Z = -1.70	Z = -2.62	Z = -2.93	Z = -0.57	Z = -0.60	Z = -0.16	Z = -1.18	Z = -2.35
<b>Test</b>	p = 0.087	p = 0.009	<b>p = 0.003</b>	p = 0.571	p = 0.551	p = 0.874	p = 0.237	<b>p = 0.019</b>
Grade	2.00 (1.00-3.00)	1.00 (0.00-3.00)	4.00 (2.00-7.00)	2.00 (1.00-2.75)	4.00 (2.00-7.00)	2.00 (1.00-3.00)	3.00 (1.00-4.00)	2.00 (1.00-4.00)
5th	2.00 (1.00-4.00)	1.00 (0.00-4.00)	4.00 (2.00-8.00)	2.00 (1.00-2.00)	4.00 (2.00-7.00)	2.00 (1.00-2.00)	3.00 (1.00-5.00)	3.00 (1.00-5.00)
6th	3.00 (1.00-4.00)	1.00 (0.00-3.50)	4.00 (2.00-7.00)	1.00 (0.00-2.50)	3.00 (1.00-8.00)	1.00 (0.00-3.00)	2.00 (1.00-3.00)	2.00 (0.00-3.00)
7th	3.00 (1.00-4.00)	2.00 (0.00-4.00)	5.00 (2.00-8.00)	2.00 (0.00-3.00)	5.00 (2.00-7.75)	1.00 (0.00-2.00)	3.00 (1.00-5.00)	2.00 (1.00-4.00)
8th	X <sup>2</sup> = 3.91	$\chi^2 = 6.39$	X <sup>2</sup> = 1.68	X <sup>2</sup> = 1.37	X <sup>2</sup> = 1.03	$\chi^2$ = 1.30	X <sup>2</sup> = 11.09	X <sup>2</sup> = 8.58
<b>Test</b>	p = 0.271	p = 0.094	<i>p</i> = 0.461	p = 0.712	p = 0.795	p= 0.729	<b>p = 0.011</b>	<b>p = 0.035</b>
Economic status	2.00 (1.00-4.00)	1.00 (0.00-3.00)	4.00 (2.00-7.00)	2.00 (1.00-2.00)	4.00 (1.00-7.00)	1.00 (0.00-2.00)	3.00 (1.00-4.25)	2.00 (1.00-4.00)
Good	2.00 (1.00-5.00)	2.00 (0.00-4.00)	2.00 (0.00-5.00)	2.00 (1.00-3.00)	5.00 (2.00-9.00)	2.00 (1.00-4.00)	3.00 (1.00-5.00)	3.00 (1.00-5.00)
Middle	2.00 (0.00-2.00)	0.00 (0.00-0.00)	2.00 (1.00-2.00)	1.00 (0.00-1.00)	3.00 (0.00-3.00)	0.00 (0.00-0.00)	1.00 (0.00-1.00)	0.00 (0.00-0.00)
Bad	X <sup>2</sup> = 5.36	$\chi^2 = 4.16$	X <sup>2</sup> = 1.82	$\chi^2 = 7.37$	$X^2$ = 3.88	X <sup>2</sup> = 5.96	$X^2 = 6.61$	X <sup>2</sup> = 0.37
Test	<i>p</i> = 0.069	p = 0.125	<i>p</i> = 0.403	<b>p = 0.025</b>	p = 0.144	<i>p</i> = 0.051	<b>p = 0.037</b>	<i>p</i> = 0.833
Parents' education levelPrimary school3.00Middle school3.00High school3.00University2.00	<b>rents' education level</b> Primary school 3.00 (1.00–5.00) Middle school 3.00 (1.00–4.00) High school 3.00 (1.00–4.00) University 2.00 (1.00–3.00)	1.00 (0.0–5.00) 2.50 (0.00–4.00) 2.00 (0.00–4.00) 1.00 (0.00–3.00)	5.00 (2.00-9.00) 5.50 (1.00-8.25) 5.00 (2.00-8.00) 4.00 (1.75-6.00)	2.00 (1.00-3.00) 2.00 (1.00-3.00) 2.00 (1.00-3.00) 1.00 (0.00-2.00)	5.00 (2.00-8.00) 5.50 (2.00-9.00) 4.00 (2.00-8.00) 3.00 (1.00-7.00)	2.00 (1.00-3.00) 1.00 (0.00-4.25) 1.00 (0.00-2.00) 1.00 (0.00-2.00)	3.00 (1.00-5.00) 2.50 (1.00-5.00) 3.00 (1.00-5.00) 2.00 (1.00-4.00)	3.00 (1.00-6.00) 3.00 (0.75-4.25) 2.00 (1.00 -4.00) 2.00 (0.50-3.00) (Continues)

TABLE 4 (Continued)

	CABAS subdimensions	ons						
	Somatic Social introversion complaints	Somatic complaints	Anxiety/ depression	Criminal behaviors	Aggressive behaviors	Thought problems	Attention problems	Social problems
	Median (%25p–%75p)	Median (%25p–%75p)	Median (%25p–%75p)	Median (%25p–%75p)	Median (%25p-%75p)	Median (%25p-%75p)	Median (%25p–%75p)	Median (%25p–%75p)
Test	X <sup>2</sup> = 25.26	X <sup>2</sup> = 9.86	$X^2 = 14.39$	X <sup>2</sup> = 6.77	X <sup>2</sup> = 10.29	X <sup>2</sup> = 4.23	X <sup>2</sup> = 4.61	$X^2 = 14.73$
	<i>p</i> < 0.001	<i>p</i> = 0.043	<i>p</i> = 0.006	<i>p</i> = 0.149	<i>p</i> = 0.036	<i>p</i> = 0.376	<i>p</i> = 0.329	<i>p</i> = 0.005
Note: X <sup>2</sup> . Kriickal	Note: X <sup>2</sup> . Kruskal-Wallis tast: 7. Mann-Whitney II tast	Whitney 11 test						

Note: X<sup>2</sup>: Kruskal-Wallis test; Z: Mann-Whitney U test.

Abbreviation: CABAS, Child and Adolescent Behavior Assessment Scale.

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### 3.1 | Discussion of the student's sociodemographic characteristics and situations of bullying

According to the peer bullying determination scale, 12.5% of students have bullied before, 14.1% have been exposed to bullying, and that 13.1% have been a bully/victim (Figure 1). Previous studies showed that the bully rate varied between 2% and 18%, that the victim rate varied between 4.8% and 26%, and that the bully-victim rate varied between 2% and 30% (Bayat & Evgin, 2015; Burnukara & Uçanok, 2012; Çalışkan et al., 2019; Evgin & Bayat, 2020; Kapçı, 2004; Menesini & Salmivalli, 2017; Serra-Negra et al., 2015). The results of the current study are similar to what was found in those studies.

Students were mostly exposed to verbal bullying (21.3%) and the bullying students mostly applied physical bullying (17.5%; Figure 1). Other studies also reported that students were mostly exposed to verbal bullying (Arslan & Savaşer, 2009; Çalışkan et al., 2019; Evgin & Bayat, 2020; Kapçı, 2004; Tural-Hesapcioglu & Yesilova, 2015; Wang et al., 2009). The high level of verbal bullying may be related to the violent social reaction to physical aggression and that the support for verbal aggression from time to time was encouraged by the environment and the family. Unfortunately, it is sometimes overlooked how much harm verbal bullying can cause.

The present study found that male students did more bullying than female students (*p* < 0.05), supporting a conclusion of previous studies (Evgin & Bayat, 2020; Lemstra et al., 2012; Serra-Negra et al., 2015; Taliaferro et al., 2020; Tural-Hesapçıoğlu & Yeşilova, 2015). In addition to the stronger physical structure of boys, gender roles and family upbringing may influence boys to bully. Boys might demonstrate the greater risk for perpetrating violence due to expectations that boys will think and act more aggressively and with more carelessness than girls, a lack of prominent male figures in the community (e.g., present and active fathers, other key male stake holders), or social forces that shape an aggressive environment into which boys mature (Taliaferro et al., 2020). Gender-based violence is a mechanism used since childhood to establish a certain hierarchy. Thus, men internalize violence, or their instincts (which may be more inactive or benign) cause violence as a result of the patriarchal social structure (Kına, 2020). Different social experiences between sexes often lead to poorer health outcomes among males due to expectations placed upon them to fulfill a certain societal function (Taliaferro et al., 2020). Interventions that address interpersonal and peer group dynamics, perceptions of gender roles, and gender social expectations are thus important to help moderate boys' motivation toward violence involvement and decrease their victimization (Berkowitz, 2020). This is a global health problem because of its effects on the health of women, children, and those with marginal gender or sexual identities (Mannell & Hawkes, 2017).

The present study determined a statistically significant difference in terms of school grade and bullying (p < 0.05), but it was also found that the grade did not matter in terms of being exposed to bullying (p > 0.05). This study also concluded that students in the seventh grade did more bullying compared with those in other grades (p < 0.05), that the bullying rate of the students in eighth grade was lower compared with the other grades (p < 0.05), and that the grade did not have any influence on being exposed to bullying (p > 0.05). The results of the present study are similar to those of Abdulsalam et al. (2017), Berkowitz (2020), and Burnukara and Uçanok (2012). These studies determined that bullying varied by the grades of the students and that as the grade of the students increased, bullying may increase with the acceleration of physical development; however, eighth-grade students may avoid bullying due to reasons such as impending graduation and exam anxiety.

A statistically significant difference was found between the love for school and doing bullying (p < 0.05) students who did not like school were more likely to bully than those students that did like school (p < 0.001). This finding supports studies indicating that students who show bullying behaviors at school do not like school and that their academic success is low (Öztürk et al., 2014; Wang et al., 2012).

Upon examining the form of bullying subdimension of the TBPS scale according to gender, it was determined that threats/intimidation subscale and physical bullying subscale of the scale is higher in boys (p < 0.05) and that boys are more affected by bullying in form of scaring (p < 0.05). The study by Lemstra et al. (2012) supports the current study: they found that boys exhibit more bullying behaviors, including verbal assault such as mocking,

TABLE 5	Relationship between Family Assessment Scale mean scores and Child and Adolescent Behavior Assessment Scale mean scores	oetween Far	mily Assessm	ient Scale me	an scores	s and Chilo	and Adol	escent Beł	havior Ass	essment Sca	le mean	scores			
	Problem	Commu- nication	Roles	Emotional response	Show- ing re- quired in- terest	Behavior control	General func- tions	Social intro- version	Somatic com- plaints	Anxiety/ de- pression	Crimin- al beha- viors	Ag- gres- sive beha- viors	/ Thought t pro- p blems b	Atten- tion pro- blems	Social pro- blems
Problem solving	1.000														
Communi- cation	0.329*	1.000													
Roles	0.019	0.274*	1.000												
Emotional response	0.045	0.309*	0.417*	1.000											
Showing required interest	0.257*	0.395*	0.306*	0.292*	1.000										
Behavior control	0.077	0.263*	0.453*	0.315*	0.289*	1.000									
General functions	0.257*	0.395*	0.306*	0.292*	1.000	0.289*	1.000								
Social intro- version	0.091	0.139**	0.189*	0.150*	0.087	0.104	0.087	1.000							
Somatic com- plaints	0.000	0.066	0.174*	0.051	0.008	0.106	0.008	0.437*	1.000						
Anxiety/ de- pression	0.050	0.170**	0.191*	0.120**	0.128** 0.174*		0.128**	0.605*	0.501*	1.000					

	Problem	Commu- nication	Roles	Emotional response	Show- ing re- quired in- terest	Gener Behavior func- control tions	<u>a</u>	Social intro- version	Somatic Anxiety/ com- de- plaints pression	Anxiety/ de- pression	Crimin- al beha- viors	Ag- gres- sive beha- viors	Atten Thought tion pro- pro- blems blems	Atten- tion pro- blems	Social pro- blems
Criminal behaviors	-0.008	0.080	0.168*	0.124**	0.075	0.114**	0.075	0.392*	0.417*	0.437*	1.000				
Aggressive behaviors	-0.078	0.125**	0.256*	0.164*	0.036	0.166*	0.036	0.431*	0.459*	0.619*	0.451*	1.000			
Thought problems	-0.090	0.041	0.181*	0.115**	0.046	0.117*	0.046	0.404*	0.493*	0.556*	0.429*	0.475*	1.000		
Attention problems	-0.036	0.113**	0.271*	0.098	0.083	0.166*	0.083	0.394*	0.360*	0.500*	0.382*	0.635*	0.442*	1.000	
Social problems	0.028	0.132**	0.262*	0.169*	0.084** 0.146*		0.084	0.510*	0.493*	0.704*	0.496*	0.617*	0.521*	0.580*	1.000
*p < 0.01.															

\*\**p* < 0.05.

relational assault, as well as physical assault, as compared with girls (Lemstra et al., 2012). The present study showed that verbal and physical bullying was higher in older students, whereas younger students were more exposed to bullying in the form of scaring (p < 0.05). Previous studies showed that older students do more bullying compared with younger students (Rigby, 2007).

In the present study, the children of parents who use physical violence against each other occasionally are more likely to be subjected to bullying and to being the bully/victim. There was a statistically significant relationship between the mother applying violence to the child and the child bullying, being exposed to bullying, and being the bully/victim (p < 0.05). Of the children that bullied, most of them stated that they have been exposed to violence by the mother (p < 0.05). The ratio of being a bully/victim has been found high in children that were occasionally exposed to violence (p < 0.05). Studies on domestic violence and bullying showed that witnessing the violence of the father against the mother during childhood and adolescence and exposure to parental violence can cause serious problems in cognitive, behavioral, biological, psychological, and social development of the individual (Bayat & Evgin, 2015). Previous studies reported that the parents of the bullying child often show inconsistent behaviors in parenting, usually use violence as a method of punishment, and that they neglect their children and behave in a hostile manner toward them (Özada & Duyan, 2018; United Nations Educational Scientific and Cultural Organization, 2017). There are also studies indicating that students who have been subjected to violence by their family members are more likely to be both bullies and victims than those who have not (Arslan & Savaser, 2009; Fekkes et al., 2005). These findings are similar to the results of the present study. In another study, bullying was more prevalent in the children of parents who were violent to each other and had more disputes (Hong et al, 2019). This may result from children adopting both the positive and negative qualities of the family as their role models.

### 3.2 | Discussion of the Family Assessment Scale mean scores according to sociodemographic characteristics of parents

The FAS subdimension mean scores showed that required interest  $(29.19 \pm 3.30)$  and general functions  $(29.19 \pm 3.30)$  mean scores are high. Relevant literature states that the family environment and friend circle are in first place among the factors that push children to crime (Demirbağ Bolat et al., 2011; Taliaferro et al., 2020), that children who show violent behavior experience inadequate family functions in general compared with those who do not show violent behavior (Avcı & Gürçay, 2013) and that children who witness or are exposed to violence in the family are more inclined toward crime (Bayat & Evgin, 2015). The results of the present study support the literature on that topic. When examining the mean FAS subdimension scores according to the sociodemographic characteristics of the children, the problem solving mean score of children attending sixth grade was higher compared with that of other children (p < 0.05), and that the roles mean score was higher in children with families with moderate economic status compared with others (p < 0.05). Positive family relationships, consistent parental attitudes, and disciplinary methods contribute positively to knowing how to express anger properly. In addition, having appropriate problem solving and communication skills makes aggression unnecessary (Evgin & Bayat, 2020).

There was no statistically significant relationship between the parents' gender and FAS mean subdimension scores, but there was a significant relationship between age, educational status, profession, and mean FAS subdimension scores (p < 0.05). The behavioral control subdimension mean score of primary school graduate and working parents was higher than that for parents of other educational levels and parents in other occupational groups (p < 0.05). Professional difficulties of parents, such as intense work tempo and stress, may indirectly affect the development of children and adolescents. It is suggested that an intensive work involvement and shifts in conditions of working parents other than white-collar employees, compared with white-collar employees, can negatively affect the time devoted to the children at home and the school-parent relationship, which may cause difficulties in preventing peer bullying. 3.3

### Discussion of the Child and Adolescent Behavior Assessment Scale subdimension

There was a statistically significant relationship between gender and somatic complaints and anxiety/depression and social problems of the CABAS subdimensions according to the sociodemographic characteristics of students, and that this relationship was even more significant in girls compared to boys (p < 0.05). This result is similar to previous studies that showed that the somatization score is higher in girls compared with boys (§işman et al., 2013; Vila et al., 2009).

mean scores according to sociodemographic characteristics of students

Students in the study whose parents were separated had higher somatic complaints compared with those students whose parents were together; this difference was statistically significant (*p* < 0.05). Every child is affected negatively by the separation of their parents (Mackay, 2005). Children are more vulnerable and may encounter more difficulties in their lives if their parents are absent (Chen & Chan, 2016). Studies have suggested that parental absence in situations such as parental divorce or parental deportation has a detrimental impact on the emotional and behavioral functioning of children (Aasen Nilsen et al., 2018; Bryant et al., 2017; Chen & Chan, 2016; Zhang et al., 2019). Children often fail to understand why a parent is leaving and often see themselves as the guilty party. In this context, parental separation causes many problems psychological and behavioral problems in the child. The problems experienced by children in the postdivorce period are addressed in two periods, short and long term. Children experience anger, shyness, hopelessness, insecurity, and somatic complaints in the short term, alcoholism, depression, anxiety, and suicidal tendency in the long term, as well as a decreasing rate of entering or completing university and increased unemployment when they reach adolescence (Kleinsorge & Covitz, 2012; Öngider, 2013).

The present study determined that there is a significant relationship between grade and attention problems. The attention scores of students in the sixth and eighth grades were higher than those of the other grades, and that the social problems mean score of students in the sixth grade was higher than those of students in other grades (p < 0.05). The intensive exam anxiety, especially in eighth-grade students, may increase their attention problems. The reason for higher attention and social problems in sixth-grade students in the present study may be that these students are experiencing early adolescence. Since the children may not be able to adapt to rapid to physiological changes specific to adolescence, their reactions and behavior toward the environment may change (Ocakçı & Üstünertop, 2015).

The social introversion mean score, a CABAS subdimension, was lower in uneducated parents but higher in parents with at least a high school educational level (p < 0.05). Because university graduates are actively involved in work, social, and family life may cause lower social introversion scores. The comparison of the parents' education level and anxiety/depression subdimension mean score showed that the highest mean score was achieved by primary school graduates and the lowest by literate parents (p < 0.05). An increasing parental education level may cause an increase in anxiety/depression or may be an indicator of the consciousness level of the parents. As the level of education increases, the awareness of the roles and responsibilities in the family, especially in raising children, also increases. Increased roles and responsibilities may lead to excessively protective behaviors of the parents and frequent behavioral control, and thereby to higher levels of anxiety in children.

### 3.4 | Discussion of the relationship between average scores of the Family Rating Scale and the average scores of the Child and Adolescent Behavior Rating Scale

As a matter of fact, a low positive relationship was determined between the subdimension of parents' role and emotional response and behavioral control (p < 0.01). There was a moderately positive relationship between the somatic complaints subdimension and the anxiety/depression, aggressive behaviors, thought problems, and attention problems subdimensions (p < 0.05), and a high positive relationship between the anxiety/depression subdimension and the social problems subdimension (p < 0.01). As anxiety/depression, aggressive behavior, thought

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and attention problems increase, somatic complaints also increase. Psychological problems may be the underlying cause of physical problems in children individuals with low ability to cope with problems may express their internal problems as aggressive behaviors. Family functions, parenting attitude, and reflection of such on the child's behavior are important factors that influence bullying behavior in adolescents (Taliaferro et al., 2020). Students who show bullying should be identified in the school environment and their status of receiving social support should be evaluated by the school and the family. Therefore, social support training programs to be attended by parents can be organized by psychological counseling and guidance services (Huang et al., 2019; Uzunboylu et al., 2017). A multidisciplinary approach involving physicians, families, schools, social workers, and communities is needed to identify and intervene in bullying (Waseem et al., 2013).

#### 4 | CONCLUSION

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This study was conducted on bullying experienced in schools and its relationship to family relations. However, the impact of family bullying events on victimization should also be investigated. School practitioners and researchers supporting practitioners are often recommended to involve parents in school-based prevention programs. School-based professionals (e.g., school nurses and counselors) can conduct interviews with children in the risk group and their parents to avoid and reduce bullying. For children to share their problems with their fathers, fathers could be trained in communication with the child. Previous studies have shown that most studies concentrate on the relationship between mother and child and that the relationship between father and child is often ignored. In this context, it can be suggested that studies examining the emotional bond between father and child should be increased. School administrators and teachers should be reminded that they are responsible for including parents in bullying prevention programs. According to the school conditions, the school management can increase the confidence of the school by organizing the activities in which students can express themselves. Students can be encouraged to participate in various sports, social and cultural events to help them use their energy effectively.

#### 5 | LIMITATIONS

Limitations of the present study should be taken into consideration in interpretation and generalization of the findings obtained within the content of the study. It is limited to the information obtained from the sample group and the data collection tools used.

#### CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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How to cite this article: Bozan, K., Evgin, D., Gördeles Beşer, N. (2021). Relationship bullying in adolescent period with family functionalities and child behaviors. *Psychol Schs*, 58, 1451–1473. https://doi.org/10.1002/pits.22501

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