

# Psycho-Social Factors Determinants of Peer Victimization among In-School Adolescents In Ibadan Metropolis

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**Abstract:** Peer victimization is spreading like an epidemic, and the issue is more widespread than it first appears. In spite of extensive research on peer victimization, this issue persists. Investigating the elements influencing peer victimization is important. As a result, this study explores the psycho-social factors that influence peer victimization among in-school adolescents in the Oyo state metropolis of Ibadan. A descriptive survey research design was used for this study. Using a stratified sampling technique, 300 participants were chosen from three secondary schools in the city. The participants' ages ranged from 11 to 24, with a mean age of 12.88 (SD: 8.46). Pearson Product Moment Correlation and multiple regression analysis were both used to test three research questions. The results showed that depression ( $r = .231, p.05$ ), learned helplessness ( $r = .165, p.05$ ), and self-esteem ( $r = .189, p.05$ ) all had statistically significant positive relationships. The three factors together explained 10.1% of the variation in the participants' predictions of peer victimization. The variables made positive relative contribution to peer victimization in the following order: depression contributed most to the prediction of peer victimization among secondary school adolescents in Ibadan ( $\beta = .239, t = 4.338; p < .05$ ), followed by Learned helplessness ( $\beta = .136, t = 2.319; p < .05$ ) and self-esteem ( $\beta = .129, t = 2.052; p < .05$ ). It is advised that a supportive environment be set up to reduce peer victimization in light of this finding. Young people should be encouraged to use their self-concept positively. Additionally, school counselors should focus more on addressing adolescents' feelings of hopelessness and depression in order to reduce peer victimization.

**Keywords:** Peer victimization, learned helplessness, depression and self-esteem

## INTRODUCTION

Childhood and adolescent peer victimization is turning into a serious and pervasive issue (Storch & Ledley, 2005). According to recent studies, peer victimization affects a minimum of 10% of adolescents, and in some cases, rates are even higher (20–30%) (Adegbite, 2010). Peer victimization was defined by Adegbite (2010) as hostile acts that occur over time and show a disparity in power between the victims and the perpetrators. According to Craig and Pepler (2007), peer victimization happens when a child frequently engages in acts of violence to control and distress others who are weak due to physical, intellectual, or social attributes.

Peer victimization is a serious issue that affects youth far too frequently and is defined as being the target of aggressive behaviour by peers who are deliberately trying to cause hurt or harm (Adewole, 2009). Peer victimization can also be framed in a social-ecological perspective, reflecting the interaction of inter- and intra-individual factors consisting of peer, family, school, and community features. Peer victimization is also detrimental because it prevents individuals from forging supportive relationships with their peers (Crick & Grotpeter, 2006). According to Nakamoto and Toblin (2009), peer victimization has been linked to problems adjusting as well as interpersonal and educational success.

It is possible to lessen the likelihood of problems externalizing and internalizing by getting the emotional support needed to deal with victimization experiences from classmates and teachers in particular (Yeung & Leadbeater, 2010). Teachers who offer emotional support to students may be especially helpful to victimized youth who report having poor friendships. Finally, teachers can help reduce overt and relational assaults by directly intervening (Yeung & Leadbeater, 2010).

According to Nakamoto and Toblin (2009), depression constitutes one of the most frequent problems affecting students' mental health at all educational levels, including high school, college, and university. According to Davey (2005), depression is a mental illness marked by intense, enduring sadness and a loss of interest in almost all activities. Extreme sadness is only one aspect of depression. It is a disorder that impacts the immune system, peripheral nervous system, cognition, behaviour, and both the brain and body. Depression is regarded as a disorder, as opposed to a temporary sad mood, because it impairs daily functioning at work, in school, or in relationships. According to William (2009), adolescent depression can also show up as frustration, apathy, or an inability to experience satisfaction.

The severity of depression can range from mild to extremely severe, and its symptoms can be minor to severely incapacitating (Davey, 2005). Affective symptoms include a decrease in enthusiasm and interest in life or activities that the person once found enjoyable; feelings of guilt, worthlessness, inadequacy, helplessness, and weakness; and an overwhelming sense of sadness, despair, loss of hope, and self-hatred. Cognitive symptoms include problems with focus, memory, making excuses for wrongdoing, and persistent, severe self-criticism (Papakostas, 2003). According to William (2009), depression in adolescents is a disabling condition that is linked to severe long-term complications and even commits suicide. According to Birmaher (2002), the prevalence of

depression in children and adolescents has been on the rise and may affect up to 5% of the general population at any given time. Although depression is common in kids and teenagers, it is frequently misdiagnosed or unnoticed (Papakostas, 2003).

Adolescents with depression tend to concentrate their attention inward, which increases their fascination with bodily sensations and reinforces slight discomfort to the point of alarm (McCarthy, 2009). According to Mobolaji (2008), depression can appear as a manifestation in a number of clinical conditions, including post-traumatic stress disorders and as a result of prolonged stress. It is treated in a manner that is directly related to the management of the underlying condition because it is a symptom of a disease.

According to Schwartz and Schwartz, (2003) depressed adolescents are frequently stirred and annoyed. Adolescents may engage in repetitive motor behaviours like hand rubbing or pacing. A person may display a negative attitude and turn "aggressively hostile" toward others (Wetzel, 2004). They no longer have a sense of humor, and they hardly ever smile. People are frequently exhausted from either inadequate or excessive sleep. Because they think that everything that goes wrong is their fault, they frequently harbor strong feelings of shame and guilt (Schwartz & Schwartz, 2003). Depression can cause an individual to try to isolate themselves from their loved ones. Feelings of hopelessness may eventually result from inferiority complexes. They think that nothing can ever go right and that nothing will ever get better. The depressive's high standards for himself or herself frequently lead to feelings of inferiority (Schwartz & Schwartz, 2003).

According to research, self-esteem is a frequent factor linked to peer victimization (Overholser, Adams, Lehnert, & Brinkman, 1995). Self-esteem refers to an individual's assessment of their worth as an important individual (Brinkman, 2015). Self-esteem has many different definitions. High self-esteem individuals are considered to have positive attitudes toward themselves and feel satisfied with their lives (Overholser, 2009). On the other hand, people who have low self-esteem frequently have a negative opinion of themselves and believe they are unworthy and incompetent. Victimization tendencies typically rise when a person has a poor opinion of themselves (Overholser et al., 1995). There are many ways to define self-esteem. Evaluation and affect are the two psychological processes that are most frequently used to define self-esteem (Mruk, 2006). While affect emphasizes the importance of feelings as they relate to self-esteem, evaluation emphasizes the importance of cognition.

People who are frequently exposed to stressful, uncontrollable, and unavoidable negative events are said to exhibit learned helplessness, which is defined as a passive behavior characterized by an inability to learn (Seligman & Maier, 2006). It was described as "the interference with escape/avoidance learning, produced in a variety of situations with different types of uncontrollable, aversive events, and in a wide variety of species" by Seligman and Maier (2006). Seligman and Maier (2006) noted that the subjects stopped attempting to avoid suffering and adopted a helpless, passive attitude. According to Miller and Seligman (2005), people who experience uncontrollable events tend to experience learned helplessness (Abramson, Metalsky, & Alloy, 2009).

Adolescents who are exposed to such experiences during their formative years of personality have a lasting effect on their overall personalities. Learned helplessness is a conditioned phenomenon (Ademola, 2008). It has been observed that learned helplessness, which is acquired through one's experiences, has a negative impact on a person's daily and academic life. The effect might interact with how well the person adapts to their surroundings. The inability to influence one's environment is a potent native stimulus that can cause emotions such as sadness and hopelessness as well as decrease motivation and the capacity to react in stressful situations. Additionally, it has been observed in recent studies that learned helplessness interacts with a variety of factors; it is influenced by various factors, which in turn affect them (Khandelwal, 2003).

Learned helplessness is a potential human response to a variety of psychological, physiological, and sociological experiences because of the perception of being powerless to change the course of events that are important to an individual (Seligman, 2007). This response-outcome independence leads to feelings of unpredictability, uncontrollability, and frustration in the individual. Negative emotions make people more susceptible to poor individual outcomes. Similar to this, if a person lacks the resources and tools required to successfully reintegrate into society, they run the risk of feeling hopeless and failing to make an effort to modify earlier behaviors that may have facilitated peer victimization.

### **Statement of the problem**

Adolescents who engage in peer victimization are becoming more prevalent than ever. Therefore, the scope of the peer victimization issue is greater than it first appears; everything relating to the behaviors or attitudes that young people display today can be either directly or subconsciously attributed to environmental factors. Peer victimization, especially in adolescents, can have disastrous social, psychological, and academic effects. The social repercussions of peer victimization on adolescents include rape, disrespect for elders, and a bad attitude toward their own. Peer victimization has evolved into a complicated problem. Victimizing a person is an unreasonable action. Students who are victims of peer pressure are becoming more prevalent than ever. Because everything relating to the behavior or attitudes that young people display today can be directly or indirectly attributed to environmental factors, the problem of peer victimization is more widespread than it first appears. In particular for teenagers, peer victimization can have disastrous social, psychological, and academic effects. Negative attitudes toward their own and disrespect for elders are just a few of the social effects of peer victimization on adolescents.

The psychosocial wellbeing indicators of adolescent peer victimization include loneliness, anxiety, depression, substance abuse, bullying, feelings of sadness, despair, and discouragement, as well as poor peer relationship quality and low social support. Teenagers who are confused may therefore experience mental health problems. It is crucial to understand that adolescent peer victimization has

an impact on society as a whole in addition to the adolescent victim. This study will investigate the psycho-social determinants of peer victimization among in-school adolescents in Ibadan Metropolis in Oyo state in light of this research gap.

### **Purpose of the Study**

This study's goal is to look into the psycho-social factors that influence peer victimization among adolescents enrolled in schools in Ibadan Metropolis, Oyo State. In particular, the study's goal is to:

1. Analyze the relationship between the dependent variable (peer victimization) and the independent variables (depression, learned helplessness, and self-esteem) among adolescents enrolled in schools in Ibadan Metropolis, Oyo State.
2. Examine the interaction between the dependent variable (peer victimization) and the independent variables (depression, learned helplessness, and self-esteem) in the context of in-school adolescents in Oyo state.
3. Investigate the relative contributions of each independent variable (depression, learned helplessness, and self-esteem) and the dependent variable (peer victimization) among adolescents enrolled in school in Ibadan Metropolis, Oyo State, Nigeria.

### **Research Questions**

- 1) What pattern of relationship does peer victimization have with the independent variables (depression, learned helplessness, and self-esteem) among adolescents enrolled in schools in Ibadan Metropolis?
- 2) What is the joint contribution of the depression, learned helplessness and self-esteem) and peer victimization among in-school adolescents in Ibadan Metropolis?
- 3) What is the relative contribution of the depression, learned helplessness and self-esteem) and peer victimization among in-school adolescents in Ibadan Metropolis?

## **METHODOLOGY**

### **Design**

To accomplish its goals, this study used an ex-post facto descriptive survey research design. Due to the researcher's lack of interest in changing the variables, this is employed.

### **Population**

Adolescents who are currently enrolled in school in the Oyo state capital of Ibadan make up the study's target population. Secondary school students in Ibadan North Local Government in Oyo State, Nigeria, make up the study's target population.

### **Sample and sampling technique**

The sample for this study included 300 participants in total. It is assumed that the chosen samples share traits or components with the study's population. Based on this, a conclusion was reached and generalizations about the study's population were made. The study population was drawn from, and participants were chosen using stratified random sampling. This was accomplished by stratifying the study's participant population in accordance with their socio-demographic traits. Additionally, stratification was carried out based on participant classification into different classes. The participants were divided into strata based on how homogeneous their group was. However, it was divided into two schools, out of which two were used.

### **Instruments**

#### **Peer Victimization Scale**

This instrument assessed multidimensional peer victimization was developed by Mynard and Joseph in 2000. The MPVS is a 16-item test that assesses various aspects of victimization by way of harmful physical behavior. Each item is rated from 0 to 2 on a Likert scale with the options "Not at all," "Once," and "More than once." Higher scores indicate greater victimization. The overall total score ranges from 0-32, and the scores for each domain range from 0-8. All subscales have been reported to have acceptable internal reliability coefficients (Cronbach's  $\alpha = .73$  to  $.85$ ). This measure's convergent validity and factor structure have also been reported.

#### **Adolescent Depression Scale**

Reynolds created the Reynolds Adolescent Depression Scale (RADS) in 1986. The RADS is a 30-item questionnaire created to evaluate the cognitive, motoric-vegetative, somatic, and interpersonal symptoms of depression. The total scores on this survey range from 30-120 and are based on a four-point Likert scale (almost never, hardly ever, sometimes, or most of the time). On this scale, all but seven of the items assess depressive symptoms. The remaining 7 items, which are inconsistent with depression, are therefore reverse-scored and added to the overall depression score. Numerous studies have estimated the internal reliability of the RADS, and ranges between .91 and .96 have been reported.

#### **Self-Esteem Scale**

Self-esteem scale was developed by Rosenberg (1995). It consists of 10 items with a response format ranging from Strongly Disagree to Strongly Agree. According to the author, part 1 and part 2 respectively showed split-half reliability of .86 and .67 with a Cronbach alpha of .95.

#### **Learned Helplessness Scale**

Quinless and Nelson (1988) created the learned helplessness scale. There are 20 items total, and the response options range from Strongly Disagree (SD) to Strongly Agree (SA). For the study, each item was modified. The split-half reliability was .93 and .47, and the Cronbach alpha was .92 was reported.

**Procedure of Data Collection**

Each participant in the study gives their consent, according to the researcher. The purpose of the research and the administration process were explained. The researcher further reassured participants that the information they provided would be kept private. After participants had responded, questionnaires were given out and immediately collected.

**Method of Data Analysis**

The relationship between the independent variables and the dependent variable was tested using Pearson product moment correlation, while the joint contribution and relative effect of the independent variables on the dependent variable were examined using multiple regression analysis.

**Results**

**RQ One:** What pattern of relationship exists between independent variables (depression, learned helplessness and self-esteem) and the dependent variable (peer victimization) among in-school adolescents in Ibadan Metropolis, Oyo state of Nigeria?

**Table 1:** Correlation matrix displaying the association between the research variables

	Mean( $\bar{x}$ )	S.D	1	2	3	4
Peer victimization	27.88	8.46	1.000			
Depression	70.57	13.04	.231*	1.000		
Learned helplessness	34.68	4.58	.165*	-.070 (.224)	1.000	
Self-esteem	71.42	14.84	.189*	.013	.192*	1.000

Table 1 revealed that there were positive significant relationships between Peer victimization and Depression ( $r = .231, n = 300, p < .05$ ), Learned helplessness ( $r = .165, n = 300, p < .05$ ) and Self-esteem ( $r = .189, n = 300, p < .05$ ).

**RQ Two:** What is the joint contribution of the attachment styles (depression, learned helplessness and self-esteem) on the dependent variable (peer victimization) among in-school adolescents in Ibadan Metropolis, Oyo state of Nigeria?

**Table 2:** A summary of regression for the joint contributions of independent variables to the prediction of peer victimization among in-school adolescents in Nigeria's Oyo state's Ibadan Metropolis.

R =.336 R Square =.113 Adjusted R square = .101 Std. Error = 8.0218						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2412.016	3	804.005	12.537	.000
	Residual	18982.901	296	64.131		
	Total	21394.917	299			

The joint contribution of the four independent variables—depression, learned helplessness, self-esteem, and peer victimization—to the dependent variable (peer victimization) among in-school adolescents in Ibadan Metropolis, Oyo state, Nigeria, is shown in Table 2. Additionally, the table displays a multiple R<sup>2</sup> of .113 and a multiple R of .336. By combining the four predictor variables, this means that they explained 11.3% of the variance. At = 0.05, the composite contribution's significance was evaluated. The table also reveals that an F-ratio of 9.371 was obtained from the regression's analysis of variance. This suggests that other variables not included in this model may have accounted for the remaining variance and that the joint contribution of the independent variables to the dependent variable was significant.

**RQ Three:** What is the relative contribution of the depression, learned helplessness and self-esteem on peer victimization among students in Ibadan Metropolis, Oyo state?

**Table 3:** *Relative effect of the independent variables to the prediction of peer victimization*

Model	Unstandardized Coefficient		Standardized Coefficient	t	Sig.	Remarks
	B	Std. Error	Beta Contribution			
(Constant)	.581	4.749		.122	.903	
Depression	.155	.036	.239	4.338	.000	Sig.
Learned helplessness	.251	.108	.136	2.319	.021	Sig.
Self-esteem	7.341E-02	.036	.129	2.052	.041	sig.

Table 3 showed the relative beta weight contributions of the four independent variables to the dependent variable, with depression ( $=.239, P,.05$ ), learned helplessness ( $=.136, P,.05$ ), and self-esteem ( $=.129, P,.05$ ) as the three independent variables with the largest contributions. Therefore, it could be concluded that depression, learned helplessness, and self-esteem were significant, i.e., could independently and significantly predict peer victimization. Adolescents' peer victimization was positively influenced by depression, learned helplessness, and self-esteem in the study.

### Discussion of findings

In response to research question one, it was stated what pattern of relationships existed between peer victimization among in-school adolescents in the Ibadan Metropolis and the independent variables (depression, learned helplessness, and self-esteem). The findings indicate a strong connection between depression and peer victimization. This result is consistent with Storch & Ledley's (2005) finding that depression contributes to students' progressing to the next stage of displaying peer victimization. In particular, depression makes students aware of mental illness and changes in normal affect, which can occasionally have the unintended consequence of making adolescents fixated on being victimized by their peers. This indicates that depression encourages peer victimization in adolescents. Additionally, it backs up the findings of Breibart, Chochinov, and Passik (2004), who discovered that depression, may increase student peer victimization. Additionally, Wentzel (1998) discovered that depression has a detrimental impact on adolescent peer victimization. This study supports Davey's (2005) findings that peer victimization would result from these high-depressed acts. Papakostas (2003) found in a cross-sectional study that adults with higher levels of depression had worse adjustment—i.e., less well-being and happiness. According to Blum and McNeely (2005), depression among adolescents is associated with higher rates of peer victimization and unfavorable outcomes, which frequently lead to lower achievement levels and a higher dropout rate in both the classroom and society at large. Teenagers in secondary school are particularly vulnerable to peer victimization when they are suffering from high levels of depression or are fixated on acting depressed.

The findings indicate a strong connection between peer victimization and learned helplessness. This claim is consistent with the findings of Abramson, Metalsky, and Alloy (2009) who found that peer victimization was more influenced by learned helplessness. Adult peer victimization may also be more affected by learned helplessness (Ademola, 2008). Additionally, it backs up Miller and Seligman's (2005) research on learned helplessness. It was discovered that people who learned helplessness and were content with peer victimization increased their victimizing behaviours. According to Ademola (2008), experiencing uncontrollable events as a young child predicted later convictions for peer victimization. This study backs up Khandelwal's (2003) findings that peer victimization activities are positively influenced by learned helplessness. Additionally, they discovered that among college students, learned helplessness increased the student's peer victimization.

The findings indicate a significant positive relationship between peer victimization and self-esteem. This result is consistent with Brinkman's (2015) finding that students' self-esteem has been found to have a greater impact on peer victimization. For instance, Overholser et al. (1995) discovered that while high self-esteem reduced the burden of peer victimization among college students, low self-esteem increased it. They would be in trouble and more prone to victimization by their peers and depression if they didn't have low self-esteem from family and friends. Low self-esteem cause's students to perform less skillfully and to act more victimizing (Ogundele, 2006). The act of victimizing children is somewhat negatively impacted by this constructive self-esteem education. Children who engage in high levels of peer victimization experience emotional instability and low self-esteem. After participating in self-esteem activities, children experience feelings of increased vulnerability and high levels of stress, which increases peer victimization at school and at home. According to Akinade (2013), people with high self-esteem victimize other students more frequently and have positive self-concepts. They do a fantastic job of adjusting to life and victimization by peers as they get older. The outcome of research question two, which looked at how independent variables together affected peer victimization among secondary school students in Ibadan. The outcome demonstrates that depression, learned helplessness, and self-esteem all had an impact on peer victimization. The prediction of the independent variables explained 11.3% of the variance in the prediction of peer victimization among secondary school students in Ibadan. The null hypothesis is rejected because the ANOVA findings from the regression analysis attest to the causal relationship between the independent variables and the dependent variables. Carroll (2013) found that peer victimization was influenced by a combination of peer and internet addiction, and Theodore and Rookie (2017) found that peer victimization was also influenced by a combination of depression and learned helplessness.

Regarding the relative impact of each of the variables, the answer to the third research question was also significant. Overall academic work has shown that peer victimization among secondary school students in Ibadan is strongly correlated with depression, learned helplessness, and self-esteem. The research of Buhmester (2009), Akinde (2008), and Blum (2005), which discovered that the aforementioned variables have independent effects on peer victimization among students, supports this conclusion. It also conflicts with the findings of Resnick (2007), who discovered that depression and learned helplessness occasionally may contribute to an increase in peer victimization among college students. They went on to say that students who are dependent on peer victimization have more academic issues.

### Conclusion

This study was strengthened by the discovery that persistent peer victimization had seeped into the educational system. As a result, this study has identified the causal relationships between a few variables and peer victimization. Among secondary school students, these include depression, low self-esteem, and acquired helplessness. It takes a lot of psychological re-orientation to change the way that adolescents in Ibadan who are victims of victimization look, especially when interventions use the study's independent variables (depression, learned helplessness, and self-esteem). School policies created and taught in schools and other centers of learning should take into account school management and administrators.

The comprehension of depression, self-esteem, and learned helplessness as correlates of peer victimization has been aided by this study. According to the findings of this study, depression, learned helplessness, and self-esteem have all had a positive impact on peer victimization. Additionally, peer victimization is positively correlated with self-esteem, learned helplessness, and depression. However, this work will need to be reiterated and improved upon in the future.

This study has added more information to what is already known about peer victimization as a problem that needed an immediate fix. It is evident from this study that different approaches to the problem of peer victimization in different schools should be developed.

### Recommendations

1. Adolescents should receive proper supervision and behavioral modification from the family. Before kids are integrated into society, their behavior should be watched over at home. Additionally, parents should set a good example for their children, be sensitive to their feelings, and be prompt in attending to their needs both at home and at school.
2. Additionally, parents should be aware of the kinds of friends their children hang out with at school and keep an eye on them to make sure they are not being victimized and to help them control their excesses by regularly counseling the groups their children belong to.
3. In order to lessen adolescent peer victimization at school and in society at large, self-esteem among students should be raised.
4. Through a board of censors, the government should oversee media operations and monitor all broadcast programs. The board established by the board should properly regulate and oversee all victimization-based programs. The government should implement strategies that will boost people's economic capabilities, such as providing social amenities, creating employment, teaching young people how to be creative and innovative, and more. public enlightenment as well The federal, state, and local governments should implement programs to increase public awareness, particularly among parents, of the causes of adolescent peer victimization.
5. The development of adolescents' human resources through ongoing workshops and seminars is also crucial. Services for counseling and guidance should be improved and ought to be effective enough to address all types of student behavior.
6. To aid these children in overcoming the severe psychological, interpersonal, and social issues that cloud their perception of themselves and their future, individualized counseling services should also be easily accessible. Counseling should be developmental, preventive, curative, remedial, and therapeutic in nature. It is important to remember that certain counseling techniques may be used to lessen violent behavior and foster or instill controlled conduct in our young people.

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