THE EFFECT OF PARENTING STYLES, PERSONALITIES, BULLY BEHAVIORS TOWARDS SUICIDE ATTEMPT

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Abstract: The aim of this study is to identify the association between parenting styles, personality, bullying behavior, and suicide attempt among adolescents in Kota Kinabalu, Sabah. This study is a descriptive-correlation quantitative study that emphasizes the relevance of variable variation and its relationship with other variables. Statistical analysis showed good reliability and validity of the research instruments. The reliability of the Parental Authority Questionnaire (PAQ) is .786; Big Five Inventory (BFI) is .702; the Measure of Bullying Behaviour-Adaptation (MBBS-A) is .824; and The Suicide Probability Scale (SPS) is .924. While the validity of all research instruments is good as the obtained value (p table) is greater than the critical value (r table) of .2542 and significantly high because $\alpha < .05$. The samples of the study were selected using the cluster sampling method and consisted of secondary school students in Johor. A total of 815 data were used for descriptive analysis while 659 data that had gone through the process of screening and normality analysis were used for inferential analysis. The findings showed that the level of suicide attempts among adolescents is high (45.6%). In addition, this study showed that the authoritative parenting style is the most dominant with a mean of 3.53; verbal bullying is the most dominant bullying behavior with a mean of 1.76; and agreeableness is the most dominant personality domain with a mean of 3.59. The results of the Stepwise-Multiple Regression analysis showed that social manipulation, verbal and, physical bullying behavior, agreeableness and conscientiousness in personality, and authoritative parenting styles are predictors of suicide attempts.

Keywords: Suicide Attempt, Bully, Personality

INTRODUCTION

Bullying is a common issue that not only affects the victims but also the community. The social impact of bullying is huge as it can affect mental health, criminal problems, education, and many other life -related things. In a study Athanasiades and Deliyanni-Kouimtzis (2010) found that children who experience acts of bullying tend to have mental health problems, low academic achievement, and in extreme cases even commit suicide or react to committing murder. Meanwhile, Smolleck and Fryd (2018) in their study estimated that 20 percent of students experienced bullying at least once a week, while 72 percent of all students had or will experience bullying during their school days. According to them, although bullying has been studied extensively, the increase in the number of suicides and violence in schools caused by bullying cannot be ignored or accepted as normal behavior of students.

As such, attention should be given to bullying behavior and preventive approaches should be taken by all parties whether family, community or government. This is because being a victim of bullying in childhood and adolescence can be associated with psychiatric symptoms in adulthood, including criminal acts, suicide, anxiety, depression, phobias, and feelings of panic (Juvonen & Graham, 2014). Manakaloa Wassdorp, Bradshaw, and Duong (2011) suggested that parents know about parenting style because it is important in the prevention of bullying behavior given that bullying is a social problem that covers all ages of children, adolescents and adults.

Therefore, this study is in line with those recommendations that look at the relationship of parenting style with bullying behavior. This is because an understanding of parenting styles by parents can provide insight into how best to approach children involved with bullying behavior. Even parenting styles are likely to underlie bullying behavior for example, Stelios (2008) in his study found that parents who have a permissive parenting style have a potential risk of turning their children's behavior into bullying. The findings of Baldry and Farrington's (2005) study in turn found that parents who provided strong support to children were associated with a lower level of being a victim of bullying.

In addition, Azizi et al. (2009) noted that most juvenile crimes begin with bullying cases. The problem of bullying which is of concern among school students in adolescence needs to be prevented immediately.

Otherwise, this will become a more serious problem and affect the future of the country. According to him, a person's emotions in adolescence are still unstable because they are in a transitional phase. The transition phase is very important because at that time, the adolescent will go through the process of recognizing and finding the true self-concept.

Adolescents are defined as individuals aged 15 to 25 years (Kamal Abdul Manaf, 1998) or in their teens (Mohd Daud, 1994). The period of adolescence is the most exciting and unique phase in one's life (Mohd Mahzan, 1997). This is because there are significant physical and social changes in them. From the physical aspect, adolescents will experience changes to the body and maturity in sexuality. While from the social aspect, there are efforts to achieve freedom from parental control and freedom to seek self -identity. According to Mohd Daud, in this phase of transition, teenagers want to overcome parental control, are dissatisfied due to lack of love, and find their true self-identity.

For adolescents who are in the transition phase and accept positively the changes that exist will gain success through those changes. However, for adolescents who are unable or unable to adapt to the changes they experience will easily experience psychological disorders. It can be said that feeling full of curiosity and trying something new is one of the main factors that make teenagers get caught up in social problems. These factors are related to the phase of transition from adolescence to adulthood. When teens experience this phase, they will experience drastic changes, including physical, emotional, and social changes.

This situation will put pressure on the adolescent's environment. As a result of the stress they experience, adolescents will act aggressive, rebellious, uncontrollable anger, depression, and stuck with social problems such as smoking, drug abuse, and illegal racing as tools to release stress (Fariza, 2005).

Problem statement
Children everywhere across the nation, and around the world, fear going to school because of the harassment they face from some of their classmates (Bosworth, Espelage, & Simon, 1999; Bullock, 2002; Espelage & Swearer, 2003). According to Bosworth *et al*. (1999), it has been reported that more than one-third of middle school students have

felt unsafe at school due to bullying. Approximately 10% of high school students who dropped out of school reported fear of being harassed or attacked as the number one reason for not returning to school (Greenbaum, Turner & Stephens, 1988).

Aggressive behaviors and school violence among school students has become a crucial social problem. Every day, we are being exposing to violence behaviors of school students despite in the school compound or out of school compound. Some of the violence behaviors are extorting, bully, punching of students / teachers, "mat rempit", drug addictive, rape, killing, and etc. This phenomenon has come into attention of various departments such as government, educationist and parents. According to Bradley (2007), numerous reports have been published by organizations such as the National Crime Prevention Council (2003), the National Youth Violence Prevention Resource Center (2003), and the U.S. Department of Education (2002) in an attempt to bring more attention to bullying in America's Schools. Additionally, at least 15 different states have passed Anti-Bullying Prevention

Laws in an effort to create safer schools (Bradley, 2007). Malaysia too has made an effort in preventing bully activities in school by implementing all school to establish "Kelab Pencegah Jenayah" (Surat Pekeliling Ikhtisas Bil 5/2006 in Buku Panduan Pelaksanaan Kelab Pencegah Jenayah (KPJ, 2007).

Bully is one of the forms of school violence that affects more students than any other. It can lead to major violent event such as school shooting or teen suicide. The National Center for Education Statistics of United States, reported that thirty-five percent of middle school students in grades seven and eight reported being victims of bullying during a sixth month period (Mahlerwein, 2010). Being bullied is a common experience for every growing up child in upper primary and secondary school (Cai & Fung, 2000). According to National Association of School Psychologist in Mohd Shah & Azman (2006), one out of seven school children are a bully victim. At least 5 million children had experience this phenomenon as bully or being bullied.

Various kinds of research have been conducted to study bully behaviors, cause of bully, and implementing an intervention program. The

researcher in this research wishes to conduct research to identify the relationship between parenting styles, and personalities with bully behaviors. Besides that, the researcher also wishes to investigate the relationship between parenting styles, personalities and bully behaviors with suicidal attempt. Lastly, the researcher would like to investigate on whether the bully has the tendency to suicide.

METHOD

Participants

In the beginning, the researcher used cluster sampling by choosing 15 government secondary schools in Kota Kinabalu, Sabah. These secondary schools have been determined by the State Educational Department. The researcher chooses the above school because recently there was a case where a student jumped to her death. The respondents were secondary school Form two students (N=550) and Form four students (N=265) with 500 male students (61.3%) and 315 female students (38.7%).

According to Chua Yan Piaw (2006), cluster sampling is done on a population that involves a large area and a large number of subjects in the population, even a large number of samples will represent the population being studied. Sampling a group from the list of groups that have been identified can be done randomly. The benefit of using cluster sampling is that it reduces the difficulty of determining the sampling frame and reduces the expense, time, and energy of conducting research. Population and Sample

Table 1.1: Number of Sample

Type of District	Population	Percentage	Sample
Total of Secondary School Districts Kota Kinabalu			
Tuaran	2,798	8.6	70
Penampang	6,953	21.3	174
Menggatal	7,072	21.7	177
Papar	6,031	18.5	151
Inanam	4,549	14	114
Membakut	5,193	15.9	130
Total	32,596	100	815

In this study, the formula of Krejcie and Morgan (1970), was used to determine the sample size. According to Krejcie and Morgan, if the total population is 32,596 then the sample is 384. The researcher added 431samples to make the total sample 815. By increasing the sample size will be more representative of the population and reduce the sampling error. The larger the percentage of the sample from the population is the better because the researcher has more possibilities to choose a sample that has the characteristics of the population (Azizi et al., 2017).

Table 1.1 shows that out of 32,596 students are the population of this study and the total number of samples for this study is only 815 respondents. In Tuaran, the total number of students is 2,798 respondents and 8.6 percent are taken from it which is 70 respondents. In Penampang, the total number of respondents is 6,953 respondents and only 21.3 percent of them are taken, which is 174 respondents. Next, Menggatal, the total number of respondents is 7,072 respondents and on 21.7 percent are taken from it, which is 177 respondents. In Papar, the total number of respondents is 6031 respondents and only 18.5 percent of them are taken, which is 151 respondents. As for Inanam, the total number of respondents is 4,549 and only 14 percent of them are taken, which is 114 respondents. And the last part which is Membakut, the total number of respondents is 5,193 respondents and only 15.9 percent of them are taken which is 130 respondents.

Formula to find sample size:
The total population in the district, divided by the total population and multiplied by 100.

Example:
Tuaran district population = 2,798
Total population = 32,596
percentange = 2,798/32,596 X 100 = 8.6%
total sample 8.1/100 X 815 = 70

Material
The instrument used in this research is questionnaire. The questionnaire use by the researcher in this research consist of five sections. Section A comprises the demographic characteristics. The items in this section was developed by the researcher in order to obtain respondent's background.

Section B comprises questions related to adolescent being a bully. The questionnaire used in this research is Multidimensional Bullying Behavior Scale – Adapted (MBBS-A). This questionnaire was developed by Duck (2004) in his research titled Bully/Victim Relationships and School Violence Evaluating Patterns of Aggression. Respondents were to asked to report how often they had engaged in the listed actions representing four areas of bully behaviour: 1) physical; 2) verbal; 3) social manipulation; and 4) attacks on property against one or more students during this school year. In the study by Duck (2004), the MBBS-A yielded moderate to strong internal consistency for its four subscales. The Alpha coefficients were ranged from .79 to .88. The six-point scale: 1 = Never; 2 = Less Than Once a Month; 3= Once a Month; 4= Once a Week, 5= More Than Once a Week; and 6= Every Day was in intended to measure the most dominant types of bullying behaviour. There are 20 items in this section.

Section C is divided into three parts. The first part consists of questions to evaluate respondent's perception on their self-esteem. The questions related to self-esteem were taken from the Rosenberg Self-Esteem Scale (RSE). RSE has ten items and the respondents chooses whether they "strongly disagree", "disagree", "agree" or "strongly agree" with each item. The RSE is widely used and has shown good reliability, Alpha coefficients ranged from .77 to .88 and good validity (Rosenberg, 1989; Pontzer, 2007). The second part of this section comprises questions related to empathy. Empathy was measured with ten items taken from Pontzer (2007). Emotional empathy refers to the ability to share another's feelings. The respondents chooses whether they "strongly disagree", "disagree", "agree" or "strongly agree" with each item. The Empathy Scale from Pontzer (2007) in his study, obtained a Cronbach's alpha of .741 for 10 items. The final part of this section is related to impulsivity. Impulsivity was measured with a modified version of the scale used by Ahmed (2001). Ahmed took items from two scales to measure impulsivity. Three items were taken from the Junior Impulsiveness Scale and two items were taken from Buss and Plomin's EASI-lll Temperament Survey. Ahmed sampled 1401 secondary school students using this scale and reported an alpha level of .64 and the research by Pontzer (2007) obtained an alpha level of .737. The response

categories that were used in the current study were "strongly disagree", "disagree", "agree" or "strongly agree".

Section D consists of 21 questions to evaluate reintegrative parenting and stigmatizing parenting. Reintegrative parenting was represented with scales that measure parental moralization and positive parent-child affect. Parental moralization was measured using a modified version by Pontzer (2007) from the Children and Families Scale and positive parent-child affect was measured with item used by Pontzer (2007), a modified item from Ahmed (2001). The parental moralization scale used by Pontzer (2007), has been modified to ask adolescent to reflect back to their relationship with their parent(s) when they were children and obtained an alpha of .844. While the positive parent-child effect used by Pontzer (2007), has been modified to ask aadolescentstsbout their experiences with their parent(s) during their childhood. An alpha of .865 was obtained in his research.

Stigmatizing parenting was a seven items scale developed by Pontzer (2007) in his research titled Testing Reintegrative Shaming Theory as an Explanation for Involvement in Bullying among University Students: Parenting, Personality and the Dyadic Relationship between Bullies and their Victims. Stigmatizing parenting is used to defines how one's parent(s) treat their child as antisocial, thereby conditioning the child to self-conceptualize him or herself as antisocial. Pontzer (2007), believe that those who were exposed to high levels of stigmatizing parenting should have an increased likelihood of behaving as a bully. A Cronbach's alpha of .865 was obtained in his research. Respondents are asked to choose whether they "strongly disagree", "disagree", "agree" or "strongly agree" with each item in this section.

The fifth section consists of Suicide Probability Scale (SPS) developed by Cull and Gill (1982) which used to predict suicidal behaviour and differentiate between suicidal and non-suicidal individuals (Halling, 1988). The SPS is a 36-item questionnaire that uses a four-point scale ranging from 1 to 4. Respondents rate the frequency of suicidal thoughts and behaviours from a 1 "none or a little of the time" to a 4 "most or all of the time". The researcher in this research had revised 29 items of the 36 items in SPS. The revised was to adapt and suitable to use based on the understanding of terms used, the cultural background, and the

environment of the respondents in this country. The measure provides four subscales: Hopelessness, Suicide Ideation, Negative Self-Evaluation, and Hostility. The SPS was standardized on a diverse sample of 562 individuals by Cull and Gill (1982). Evaluation of the SPS demonstrates good reliability. It has strong internal consistency of .93 and mostly adequate subscale internal consistency ranging from .59 to .93 (Halling, 1988). Research by Reis (2010) obtained an alpha .91 and each subscale ranging from .64 to .83.

Procedure
Prior to commencement of this study, researcher had read in newspaper about bullying behaviors, suicide among adolescents and recently a girl jumped to her death from second floor of her school. There is an urge for the researcher to conduct this research so that precaution can be taken and can identify students who is high risk.

Before conducting the research, the researcher obtained a letter of authentication from the Faculty of Education, University Technology of Malaysia. After that, an application has been forwarded to the Planning and Research Division of the Ministry of Education. Subsequently, researcher acquired permission from the school authorities to distribute questionnaires.

The researcher distributed the questionnaire to respondents with cooperation from the principal, counsellor, and teachers at the selected school. The respondents were randomly choosen. Then, the respondents were briefed on the purpose of this research and methods of answering the questionnaires to ensure that they are well-informed and are able to comprehend questions' requirements as well as cooperating in the best possible manner.

The questionnaires are then collected and checked for completeness and whether tally with the number of distributed. Each questionnaire is reviewed comprehensively to ensure that the data can be used for data analysis. Completed questionnaires are to be analysed using Statistical Packages for Social Science (SPSS) version 16.0 for Windows. Then, data from SPSS will be used to construct a predictor structure among independent variables such as personalities (self-esteem, empathy, and impulsivity), parenting styles (reintegrative parenting and stigmatizing

parenting), bully behaviors (physical, verbal, social manipulation and attacks on property), age (lower secondary and upper secondary) and genders (male and female) towards suicidal attempt.

Analysis
Data were analyzed using Pearson-r to test the relationship between all the dimensions of parenting styles, personalities, bully behaviors and suicide attempt. Multiple regression (stepwise) was used to determine the predictor of suicide attempt. All data were processed using SPSS 16.0.

RESULTS
Table 1.2 and Table 1.3 below present the frequency distributions of the respondents' demographic characteristics. The presentation follows the order of the characteristics asked in the questionnaire. There were 815 respondents and the frequency for all the demographic characteristic is 815. There is no missing value.

Table 1.2: Frequency and Percentage Distribution on Respondents' Age

Age (years)	Frequency	Percentage
14	217	26.6
16	401	49.2
17-20	24	2.9
> 20	173	21.2
Total	815	100.0

Table 1.2 above indicates the frequency and percentage distribution of respondents based on age. 52.3% of respondents were found to be aged 14 years old (n=197) while 47.7% respondents were aged 16 years old (n=180).

Table 1.3: Frequency and Percentage Distribution on Respondents' Gender

Gender	Frequency	Percentage
Male	290	35.6
Female	525	64.4
Total	815	100.0

Table 1.3 above shows the distribution of the sample respondents' gender. The 815 respondents were made up of more male (n=197, 52.3%) compared to female (n=180, 47.7%). There is no specific reason as to

why male samples are more than female samples because the samples were randomly selected.

Table 1.4: Frequency and Percentage Distribution on Respondents' Academic

Academic	Frequency	Percentage
Good	265	32.5
Moderate	491	60.2
Poor	59	7.2
Total	815	100.0

Table 1.4 above shows the frequency and percentage distribution of respondents' academic achievement. 73.5% of respondents were moderate in academic achievement (n=277) while 22.3% respondents were good in academic achievement (n=84) and 4.2% respondents were poor in academic achievement (n=16).

Table 4.4: Frequency and Percentage Distribution on Respondents' Religion

Religion	Frequency	Percentage
Islam	404	49.6
Buddhist	344	42.2
Hindu	34	4.2
Christian	30	3.7
Others	3	0.3
Total	815	100.0

Table 1.5 above shows the frequency and percentage distribution of respondents' religion. 49.6% of respondents were Islam (n=187) while 42.2% respondents were Buddhist (n=159). 16 respondents (4.2%) were Hindu, 14 respondents (3.7%) were Christian, while only 1 respondent (0.3%) claimed to be other religions.

Table 1.6: Frequency and Percentage Distribution on Respondents' Race

Race	Frequency	Percentage
Malay	391	48.0
Chinese	391	48.0
Indian	26	3.2
Others	7	0.8
Total	815	100

As seen in the Table 1.6 above, the Malay and Chinese respondents were equally balance (n=181, 48.0%), followed by Indian (n=12, 3.2%), and Others (n=3, 0.8%).

Table 1.7: Frequency and Percentage Distribution of Respondents Based on Guardian Status

Guardian Status	Frequency	Percentage
Parents	765	93.9
Grandparents	13	1.6
Aunt or Uncle	22	2.7
Others	16	1.9
Total	815	100

Table 1.7 above presents the frequency and percentage distribution of respondents based on guardian status. A total of 354 respondents (93.9%) are under the parent's supervision, while only 6 (1.6%) are under the care of grandparents. 10 (2.7%) are under the care of their respective uncles or aunts, while the remaining 7 (1.9%) are supervised by others apart from the above.

Table 1.8: Frequency and Percentage Distribution of Respondents Based on Parental Relationship

Parental Relationship	Frequency	Percentage
Married	746	91.5
Single Mother	30	3.7
Divorced	30	3.7
Others	10	1.1
Total	815	100

Table 1.8 on the previous page indicates the frequency and percentage distribution of respondents based on parental relationship. Most parents of these respondents (n=345, 91.5%), lived together as a married couple, 14 (3.7%) lived as single mother and divorced respectively, while 4 (1.1%) is in the others category.

The presentation of the descriptive analysis follows not the order of the questionnaire but the order of the research objectives the results are answering. The objectives answered in this section are Objectives (i) to (iv).

This section on description analysis presents the descriptive statistics of the research variables: suicidal attempt, bully behaviors, parenting styles and types of personalities. The valid number of responses for the research variables is 815 as there is no missing value in all the 815 questionnaire responses.

The presentation of the descriptive analysis follows not the order of the questionnaire but the order of the research objectives the results are answering. The objectives answered in this section are Objectives (i) to (iv).

Objective (i): Level of Suicidal Attempt

Objective (i) is to determine the level of suicidal attempt among adolescents in three secondary schools in Melaka.

Table 1.10: Overall Frequency Difference Distributions of Mean and Standard Deviation for Subscales of SPS

SPS Variable	Mean	SD
Hopelessness	2.133	0.959
Suicide Ideation	1.691	0.898
Negative Self-Evaluation	2.478	0.977
Hostility	1.815	0.850
Overall	2.029	0.921

Table 1.10 above shows the distribution of mean and standard deviation for the subscales of SPS. For the hopelessness, it was identified that the acquired mean is 2.133 (SD = 0.959) while the recorded mean for suicide ideation was 1.691 (SD = 0.898). For hostility, the recorded mean is 1.815 (SD = 0.850). As shown in table 1.24 above, the negative self-evaluation generates the highest mean value at 2.478 (SD = 0.977). This indicates that this subscale is the most dominant of SPS.

Table 1.11: Frequency and Percentage Distribution of Score on the SPS Probability Scores (n = 815)

Assessed Risk	Frequency	Percentage
Subclinical	361	95.8
Mild	14	3.7
High	2	0.5

Overall mean = 1.0477	SD = 0.237

Table 1.11 on the previous page presents frequency distribution on SPS Probability Score. The population of the samples was classified in the general population as being of low presumptive risk, the Probability Score is read from the low column under the Probability Score Conversion Table. The subclinical generates the highest percentage; 95.8% (n = 361), followed by 3.7% (n = 14) was categorized as mild, and finally 0.5% (n = 2) in the moderate category. This finding indicates that the level of suicidal attempt among school students in the three schools is very low.

Table 1.12: Overall Frequency Difference Distributions of Mean and Standard Deviation for Parenting Styles

Parenting Styles	Mean	SD
Reintegrative Parenting	2.952	0.841
Stigmatizing Parenting	1.947	0.864
Overall	2.450	0.853

Table 1.12 above shows the overall frequency difference distribution based on parenting styles. From the overall parenting styles variable, the reintegrative parenting variable produced the highest mean score, which is 2.952 (SD = 0.841). While the stigmatizing parenting variable generated the lowest mean score at 1.947 (SD = 0.864). This indicates that the reintegrative parenting style is the most dominant parenting style among respondents.

Table 1.13: Overall Frequency Difference Distributions of Mean and Standard Deviation for Personalities

Personalities	Mean	SD
Self-Esteem	2.773	.799
Empathy	2.747	.860
Impulsivity	2.528	.917
Overall	2.683	.859

Table 1.13 above shows the overall frequency difference distribution based on personalities. From the overall personality variable, the self-esteem variable produced the highest mean score, which is 2.773 (SD = .799). While the impulsivity variable generated the lowest mean score at 2.528 (SD = .860) and the mean score for empathy variable is 2.747 (SD = .917). This indicates that the self-esteem is the most dominant types of personalities among respondents.

Table 1.14: Overall Frequency Difference Distributions of Mean and
Standard Deviation for Bully Behaviors

Bully Behaviors	Mean	SD
Physical	1.587	1.121
Verbal	2.148	1.637
Social Manipulation	1.768	1.248
Attacks on Property	1.652	1.149
Overall	1.789	1.289

Table 1.14 shows the overall frequency difference distribution based on
bully behaviors. From the overall bully behaviors variable, the verbal
variable produced the highest mean score, which is 2.148 (SD = 1.637).
While the physical variable generated the lowest mean score at 1.587
(SD = 1.121) and the mean score for social manipulation and attacks on
property variable are 1.768 (SD = 1.248) and 1.652 (SD=1.149)
respectively. This indicates that the verbal is the most dominant types of
bully behaviors among respondents.

Inferential Analysis
This section presents the inferential statistics of the research. Analysis for
relationship between parenting styles, personalities, bully behaviors and
suicidal attempt were performed using the Pearson correlation technique.
Investigation of statistical differences between age and gender was
carried out using the independent samples *t*–test. Investigations of
significant contribution for all variables were analyzed using the multiple
regression technique.

This presentation on the inferential analysis also comprehends the order
of the study objectives the results are answering. The study objectives
answered are Objectives (v) – (ix).

To determine the differences in suicidal attempt, bully behaviors,
parenting styles and personalities between age, and gender.

The researcher aimed to find out whether there were any significant
differences between Lower and Secondary School and gender across four
study variables (suicidal attempts, bully behaviors, parenting styles, and
personalities). The findings of the comparative analysis are reported in
Table 1.15.

Table 1.15: Comparison Analysis of t-test on four study variables between Lower and Secondary School and Gender

Subscales	Variables	N	Mean	SD	t	P
Parenting	Lower	197	2.595	.241	-2.058	.040
	secondary	180	2.643	.217		
	Upper secondary					
Personalities	Lower	197	2.692	.283	-1.740	.083
	secondary	180	2.738	.233		
	Upper secondary					
Bully	Lower	197	1.800	.762	.373	.709
	secondary	180	1.772	.681		
	Upper secondary					
Suicidal	Lower	197	2.053	.377	-.384	.701
Attempt	secondary	180	2.067	.312		
	Upper secondary					
Parenting	Male	197	2.600	.235	-1.538	.125
	Female	180	2.636	.226		
Personalities	Male	197	2.708	.286	-0.481	.631
	Female	180	2.720	.232		
Bully	Male	197	1.854	.778	1.842	.066
	Female	180	1.718	.655		
Suicidal	Male	197	2.015	.339	-2.618	.009
Attempt	Female	180	2.108	.350		

*Significant at level 0.05

Ho$_1$: **There is no significant difference in suicidal attempt between lower secondary adolescents and upper secondary adolescents**

The *t*-test analysis revealed that lower secondary adolescents (M = 2.053, SD = 0.377) and upper secondary adolescents (M = 2.067, SD = 0.312) did not differ significantly on level of suicidal attempt, *t* = -0.384, p > .05. Null hypothesis 1 was, thus, detained. The p-value for the study variables was found to be .701. These p-value were higher than the .05 level of significance.

Ho$_2$: **There is no significant difference in bully behaviors between lower secondary adolescents and upper secondary adolescents**

The *t*-test analysis revealed that lower secondary adolescents (M = 1.800, SD = 0.762) and upper secondary adolescents (M = 1.772, SD = 0.681)

did not differ significantly in bully behaviors, $t = 0.373$, p > .05. Null hypothesis 2 was, thus, detained. The p-value for the study variables was found to be .709. These p-value were higher than the .05 level of significance.

The *t*-test analysis revealed that lower secondary adolescents (M = 2.692, SD = .283) and upper secondary adolescents (M = 2.738, SD = .233) did not differ significantly in personalities, $t = -1.740$, p > .05. Null hypothesis 2 was, thus, detained. The p-value for the study variables was found to be .083. These p-value were higher than the .05 level of significance.

The *t*-test analysis revealed that upper secondary adolescents (M = 2.643, SD = 0.217) reported significantly higher in parenting styles than lower secondary adolescents (M = 2.595, SD = 0.241), $t = -2.058$, p < .05. Null hypothesis 2 was, thus, rejected. The p-value for the variable was found to be .040. This p-value was lower than the 0.05 level of significant.

The result of whether there is no significant difference in suicidal attempt, bully behaviors, parenting styles and personalities between male and female.

There was a significant difference for gender, $t = -2.618$, p < .01, with female (M = 2.108, SD = .350) scores higher in level of suicidal attempt than male (M = 2.015, SD = .339). Null hypothesis was, thus, rejected. The p-value was found to be .009. These p-values were lower than the 0.05 level of significance.

There is no significant differences between male (M = 1.854, SD = .778) and female (M = 1.718, SD = .655) in bully behaviors, $t = 1.842$, p > .05. The p-value for the study variables was found to be .066. These p-values were higher than the .05 level of significance.

There is no significant differences between male (M= 2.708, SD = 0.286) and female (M = 2.720, SD = 0.232) in personalities, $t = -0.481$, p > .05. Thus, the null hypothesis was detained. The p-value for the study variables was found to be .631. These p-values were high.

There is no significant differences between male (M = 2.600, SD = 0.235) and female (M = 2.636, SD = 0.226) in parenting styles, t = -1.538, p > .05. The p-value for the study variables was found to be .125. These p-values were higher than the .05 level of significance.

Correlation analyses

Table 1.16: Bivariate Correlations among age, gender, parenting styles (reintegrative parenting and stigmatizing parenting), personalities (self-esteem, empathy, and impulsivity) and bully behaviors

	Age	Gender	Hopelessness	Suicide Ideation	Negative Self-Evaluation	Hostility	Suicidal Attempt
Physical	-.069	-.314**	.131*	.142**	-.025	.116*	.132*
Verbal	-.064	-.036	.348**	.240**	.047	.223**	.319**
Social Manipulation	.107*	.096	.399**	.238**	-.014	.278**	.335**
Attacks on property	-.030	-.083	.203**	.124*	.076	.140**	.200**
Bully	-.019	-.094	.360**	.247**	.029	.249**	.328**
Self-esteem	.092	-.294**	-.259**	-.330**	.449**	-.246**	-.142**
Empathy	.088	.271**	.284**	.151**	.192**	.257**	.319**
Impulsivity	-.059	.116*	.355**	.231**	-.065	.277**	.295**
Personalities	.089	.025	.162**	-.023	.387**	.119*	.234**
Reintegrative parenting	.101	.129*	-.147**	-.212**	.363**	-.103*	-.042
Stigmatizing parenting	-.032	-.114*	.290**	.311**	-.252**	.228**	.214**
Parenting styles	.106*	.079	.031	-.037	.275**	.042	.109*
Hopelessness	.055	.160**	1				
Suicide Ideation	-.126*	.101	.674**	1			
Negative Self-Evaluation	.092	-.057	.046	-.087	1		
Hostility	.022	.168**	.667**	.579**	-.041	1	
Suicidal Attempt	.020	.134**	.888**	.783**	.330**	.763**	1

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Table 1.16 shows that there is a significant relationship between dimension of parenting styles and bully behaviors. Parenting variable such as stigmatizing parenting had a significantly positive relationship with physical (r= .182**), verbal (r= .106*), social manipulation (r= .133**), attacks on property (r= .152), and bully (r= .178**). The

correlation coefficient signifies a weak association. While reintegrative parenting showed significantly negative correlation with physical (*r*= -.161**), and bully (*r*= -.125*). There is no significant relationship between overall parenting styles and any of the bully behaviors variables.

There is a significant relationship between dimension of personalities and bully behaviors. From the table above, there were found significantly positive relationship between impulsivity with verbal (*r*= .133*), empathy with social manipulation (*r*= .185**), attacks on property (*r* = .111*), and bully (*r* = .121*), and overall personalities with attacks on property (*r* = .116*). While self-esteem showed significantly negative correlation with social manipulation (*r* = -.115*). There was a non-significant correlation of *r* = .098 (p > .05) between overall personalities and bully behaviors.

From Table 1.16, age was positively and significantly correlated to social manipulation, r = .107*. It signified a very weak relationship. Physical bully behaviors were significantly and negatively correlation to gender, (r = -.314**). It signified a clear but low association.

Regression analyses
Multiple regression analysis (stepwise) was used to analyse contribution factors such as age, gender, parenting styles: reintegrative parenting, stigmatizing parenting, and personalities styles: self-esteem, empathy, impulsivity, towards bully behaviours among adolescents. Regression analysis involves several predictor factors as shown in Figure 1 where bully behaviours is the criterion variable for all those variables. Tables 1.17 below show the results of multiple regression analysis (stepwise) between independent variables and dependent variable applied in this research.

Table 1.17: Multiple Regression Analysis for Contributions of Age, Gender, Personalities (Self-esteem, Empathy, and Impulsivity), and Parenting Styles (Reintegrative parenting, and Stigmatizing Parenting) towards Bully Behaviors

Model	R	R Square	Adjusted R Square	R^2 Change	F	Sig.	df	Standardized Coefficients Beta	t	Sig.
1	.176[a]	.031	.028	0.031	11.999	.001	1,374	.168	3.321	.001
2	.219[b]	.048	.043	0.017	9.386	.001	2,373	.161	3.077	.002

3	.245ᶜ	.060	.053	0.012	7.941	.001	3,372	-.116	-2.204	.028

a. Predictors: (Constant), Stigmatizing
b. Predictors: (Constant), Stigmatizing, Empathy
c. Predictors: (Constant), Stigmatizing, Empathy, Gender
d. Dependent Variable : Bully Behaviours

Based on Table 1.17, the analysis of the model 1 (stigmatizing parenting), R^2 is 0.031. R^2 which is smaller, less capable uses the independent variables (stigmatizing parenting) to explain the dependent variables (bully behaviours), $F_{(1,374)} = 11.999$, p = 0.001 <0.05. From the beta, the stigmatizing parenting factor is (Beta = 0.168, t = 3.321, Sig = 0.001). This means that the proposed model that fits the data has only 3.1%. The conclusion is also supported by the analysis of variance, in which the value of 0.001 is significantly lower than the specified significant level of 0.05. This finding means that when stigmatizing parenting factor increases by one unit, then bully behaviours score will increase by 3.1%.

Value R^2 change analysis of model 2 (empathy) is .017; is smaller, less capable and uses the independent variables (empathy) to explain the dependent variables (bully behaviours), $F_{(2,373)} = 9.386$, p = .001 < .05. When viewed from the beta, empathy factor is (Beta = 0.161, t = 3.077, Sig = .002). This means that the proposed model that fits the data has only 1.7%. The conclusion is also supported by the analysis of variance, in which the value of .002 is significantly lower than the specified significant level of .05. This finding means that the two predictors of stigmatizing parenting and empathy as shown by the two-model accounted for 4.8% increase in change criterion (bully behaviours).

Through the analysis of the model 3 (gender), R^2 change is .012. R^2 is smaller, less capable and uses the independent variables (gender) to explain the dependent variables (bully behaviours), $F_{(3,372)} = 7.941$, p = .001 < .05. When viewed from the beta, gender factor is (Beta = -0.116, t = -2.204, Sig = .028). This means that the proposed model that fits the data has only 1.2%. The conclusion is also supported by the analysis of variance, in which the value of 0.028 is significantly lower than the specified significant level of 0.05. This finding means that the three predictors of stigmatizing parenting, empathy and gender as shown by the three models accounted for 6.0% increase in change criterion (bully behaviours).
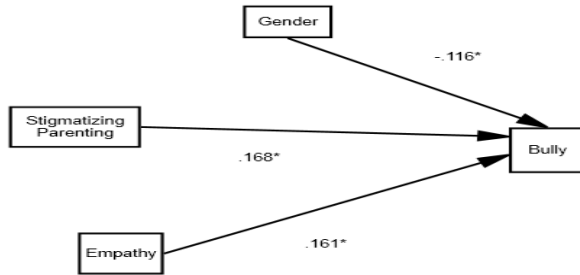
Figure 1: Predictor Model: Age, Gender, Parenting Styles (Reintegrative Parenting, and Stigmatizing Parenting), Personalities (Self-esteem, Empathy, and Impulsivity), towards Bully Behaviors

Figure 1 shows the results of multiple regression (stepwise). From the analysis carried out found that there is a significant variance for the variables of stigmatizing parenting, empathy, and gender to adolescences' bully behaviors (criterion).

Discussion and Conclusion
The results indicate that stigmatizing parenting, impulsivity, empathy, and gender differences showed a significant relationship as a predictor of bully behaviors. The result findings showed that 3.1 percent dimensional stigmatizing parenting contributes to bully behaviours, the percentage increase rose to 4.8 percent when contributions to take into account the dimensions of empathy, and increasing to 6.0 percent if the dimension of gender is taken into account the change in adolescent bully behaviours.

This research aims to show a significant relationship between the types of parenting (reintegrative parenting and stigmatizing parenting), the types of personalities (self-esteem, empathy, and impulsivity), and bully behaviors. At the same time also see the dimensions of dominance and to contribute to bully behaviours. From the findings, only dimension of, stigmatizing parenting, empathy, and gender showed a significant relationship as a predictor of bully behaviours.

Bully means uses of strength or power to threaten a weaker one. Olweus (1978) describes bully as a form of social interaction where individual who are more dominant (bully) will show aggressive behaviors towards

individual who are less dominant (victim) by causing uncomfortable. The purpose of bully is to obtain power or acceptance of peers. A finding by Mahadi (2007) revealed that adolescents who bully normally are the one who always scolded by teacher, poor in academic, and no interest in education. This could lead to low self-esteem and confidents.

Students who bully are not born this way. These behaviors are learned over time from their parents or someone who is significant in their life. Olweus (1993) identified parenting styles that place a child at a high-risk for bullying behavior. If a parents show an aggressive behavior in front of their children, children will imitate that particular behavior. Occasionally, bully is from children or students who come from problematic family background. Past experience as a victim, will encourage children to bully others as defense mechanism to boost his/her self-esteem (Stevens *et al.*, 2002). Normally, adolescents who bully have no sense of belonging, not happy psychologically, not mentally healthy, not contentment, and satisfaction. Their parents are either abusive, neglecting and/or hostile towards them. They have no one who loves, cares, and comforts them when they are facing difficulties. In addition, if they are impulsive, the risk of suicidal attempt will be higher.

Parental roles and involvement play a very important part in a child upbringing. A child is similar to a pure and white fabric, and it is the responsibility of the parents to mold and shape them. The family is the setting where members often share a residence and economic resources. This is typically the primary context for socialization and where children are taught values and protected from harm. For example, young children absorb much of what is said and modeled by parents directly and often purport their parent's morals to be their own. Adolescents take in the morals of parents yet filter it through their lens of collective experience and incorporate it into their own mental schemas.

Awareness of factors such as were bullied during their childhood, were impulsive, were stigmatized by their parent(s) while growing up, and male would be useful for identifying those who are at risk of being a bully, and because these factors are associated with being a bully, the treatment and consideration of these factors should be given consideration when developing and implementing interventions to ameliorate bullying. Programs could be developed that would help all

students to perceive and experience school as a hospitable and positive place.

In addition to personal consequences perpetrators and victims' experience, bullying can also have a negative effect on the entire school culture and environment. Bullying can create a climate of fear and intimidation at school for victims and other students and in some cases, for teachers and administration as well (Bosworth *et al*., 1999). To succeed in school, students must feel safe, secure and comfortable in their environment (Bullock, 2002). Students who feel threatened physically, psychologically, or emotionally, are hindered in their ability to achieve academic success (Bullock, 2002).

Intervention program should be implemented at school-wide, classroom, and individual level. The school-wide components include the administration of annual anonymous questionnaire to assess the nature and prevalence of bullying at the school, a school conference day to discuss bullying at school and plan interventions, the formation of a Bullying Prevention Coordinating Committee to coordinate all aspects of school's program, and increased supervision of students at hot spots for bullying. The Bullying Prevention Coordinating Committee should be composed of the school administrator, a teacher representative from each grade, a school counselor, a parent, a member of the non-teaching staff. The classroom component includes the establishment and enforcement of class rules against bullying and holding regular class meeting with students. The individual component includes interventions with children identified as bullies and victims and discussion with parents of involved students.

The adoption of a prosocial self-conception should inhibit the offender from engaging in wrongdoings in the future, because such behavior would conflict with the individual's prosocial self-conception. Therefore, bullies should be exposed to exercises designed to broaden their awareness and increase their ability to empathize and adopt the perspectives of others. As one's ability to empathize with others is strengthened, the ability of that individual to derive reinforcement from bullying should be lessened.

Maslow's Hierarchy of Needs revealed that we as human being have need for belongingness and love. These needs can be expressed through a close parent-child relationship, relationship with peers or through social relationships formed within a chosen group. The failure to satisfy the need for love is a fundamental cause of emotional maladjustment. Hence, if a child is lacking parental involvement, he/she might face multiple negative effects including low academic achievement, low self-esteem, impulsive behavior, difficulty with social adjustment, and delinquency (Herman *et al*., 1997).

Therefore, to developed adolescents who are resilient and capable to face and overcome the globalization and changing demands, parental involvement is very important. Positive parental involvement is connected to close relationships, high self-esteem, academic achievement, and better mental health (Openshaw & Thomas, 1986). Parental involvement in activities with their youth may protect adolescents from some of the challenges faced in peer networks and schools, resulting in adolescents being less likely to engage in delinquent behaviors and fall under influence of negative peer associations.

Conflict of Interest
The researcher declares no conflict of interest when conducting the research.

Ethic Statement
All procedures utilized during this study that involved using human participants were carried out in according with the institutional research committee's ethical guidelines. All participants gave their informed consent before answering the survey given.

Authors' Contributions
Halimah Maalip has contributed primarily on the conception and design, data acquisition, data analysis and interpretation. Azizi Yahaya and Balan Rathakrishnan acted as the supervisor of the research, critically analyzed in drafting phase, giving insights and constructive criticism, while revising, giving ideas on polishing intellectual content and final approval of the version to be published. Peter Voo, Mohd. Dahlan, A. Malek, Muhammad Idris Bin Bullare @ Bahari has satisfactory contribute to this research.

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REFERENCES

Ahmed, E. (2001). *Shame Management: Regulating Bullying. Shame Management Through Reintegration.* Cambridge: Cambridge University Press.

Allison, S., Pearce, C., Martin, C., Miller, K., & Long, R. (1995). *Parental Influence, Pessimism and Adolescent Suicidality.* Archives of Suicide Research. Retrieved from http://priory.com/adsui.htm#refer

Azizi Yahaya, Shahrin Hashim, Jamaludin Ramli, Yusof Boon, Abdul Rahim Hamdan, & Syed Mohamed Shafeq Syed Mansur Al-Habshi (2007). *Menguasai Penyelidikan Dalam Pendidikan: Teori, Analisis & Interpretasi Data*. Kuala Lumpur: PTS Professional Publishing Sdn. Bhd.

BRIS (2006). *BRIS-rapporten. Samtal och meil till BRIS 2005. (The BRIS Report. Calls and Mails to BRIS 2005)* www.bris.se (3-6-2006).

Cheng, S., & Chan, A. C. M. (2007). Multiple Pathways from Stress to Suicidality and The Protective Effect of Social Support in Hong Kong Adolescents. *Suicide and Life-Threatening Behavior*, 37, 187-196.

Demirbas, H., Celik, S., Ilhan, I. Ö., & Dogan, Y. (2003). An Examination of Suicide Probability in Alcoholic In-Patients. *Alcohol & Alcoholism,* Vol. 38, No. 1, 67-70.

Duck, J.R. (2004). *Bully/Victim Relationships and School Violence Evaluation Patterns of Aggression.* Thesis Doctor of Philosophy, Department of Adult Education and Counseling Psychology: University of Toronto.

Eisner, L. R. (2010). *A Transdiagnostic Model of Suicidal Ideation and Suicide Attempts.* Dissertation Doctor of Philosophy: University of Miami.

Eskin, M., Ertekin, K., Dereboy, C. & Demirkiran, F.,(2007). Risk Factors for and Protective Factors against Adolescent Suicidal Behavior in Turkey. *Crisis*, *28*(3), xxx-xxx.

Eskin, M., Kaynak-Demir, H.,&Demir, S. (2005). Same-Sex Sexual Orientation, Childhood Sexual Abuse, and Suicidal Behaviour in University Students in Turkey. *Archives of Sexual Behavior,*34, 185–195.

Evans, E., Hawton, K., Rodham, K.&Deeks, J. (2005). The Prevalence of Suicidal Phenomenon in Adolescents: A Systematic Review of Population-Based Studies. *Suicide and Life-Threatening Behavior,* 35, 239–250.

Floor, J. (2009). *A Graduate Level Course on Adolescent Suicide: Addressing Assessment, Intervention, and Postvention*. Dissertation Doctor of Psychology, The Chicago School of Professional Psychology.

Forsman, A. (2003). *Skolans texter mot mobbning.-reella styrdokument eller hyllvärrmare? (The school's Texts Against Peer Bullying. Real Tools or Just Paper?)* Doktorsavhandling. Luleå tekniska universitet: Institutionen för lärarutbildning.

Groholt, B., Ekeberg, O., Wichstrom, L., & Haldorsen, T. (2005). Suicidal and Nonsuicidal adolescents: Different Factors Contribute to Self-esteem. *Suicide and Life-Threatening Behavior*, 35(5), 525-535.

Groholt, B., Ekeberg, O., & Haldorsen, T (2006). Adolescent Suicide Attempters: What Predicts Future suicidal Acts? *Suicide and Life-Threatening Behavior,* 36(6),638-650.

Hall-Lande, J. A., Eisenberg, M. E., Christenson, S. L., & Neumark-Sztainer, D. (2007). Social Isolation, Psychological Hhealth, and Protective Factors in Adolescence. *Adolescence,* 42(166), 265-286.

Halling, W. B. (1988). *Identification of Suicidal Risk In Adolescents*. Thesis Degree Education Specialist, The Graduate School of Education: Drake University.

Harris, T. L., & Molock, S. D. (2000). Cultural Orientation, Family Cohesion, and Family Support in Suicide Ideation and Depression Among African American College Students. *Suicide and Life-Threatening Behavior,* 30, 341-353.

Herman, M. R., Dornbusch, S. M., Heron, M. C., & Herting, J. R. (1997). The Influence of Family Regulation, Connection, and

Psychological Autonomy on Six Measures of Adolescents Functioning. *Journal of Adolescent Research*, 12, 34-67.

Hirst, S. D. (2010). *An Idiographic and Phenomenological Approach to Understanding Suicide*. Dissertation Doctor of Psychology, Department of Clinical Psychology: Antioch University New England.

Horesh, N., Gothelf, D., Ofek, H., Weizman, T., & Apter, A. (1999). Impulsivity as a Correlate of Suicidal Behavior in Adolescent Psychiatric Inpatients. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 20(1), 8-14.

Ivarsson, T., Broberg, A., Arvidsson, T., and Gillberg, C. (2005). Bullying in Adolescence: Psychiatric Problem in Victims and Bullies as Measured by the Youth Self Report (YSH) and the Depression Self-Rating Scale (DSRS). *Nordic Journal of Psychiatry*, 59, 365-373.

Johnson, G.R., Krug, E.G., & Potter, L.B. (2000). Suicide Among Adolescents and Young Adults: A cross-National Comparison of 34 Countries. *Suicide and Life-Threatening Behavior*, 30,74–82.

Johnson, J. G., Cohen, P., Gould, M. S., Kasen, S., Brown, J., & Brook, J. S. (2002). Childhood Adversities, Interpersonal Difficulties, and Risk for Suicide Attempts During Late Adolescence and Early Adulthood. *Archives of General Psychiatry*,59, 741-749.

Johnston, R. (2004). *A Review of Literature About Relational Aggression in School-Aged Girls.* Master of Science Degree in Education: University of Wisconsin-Stout.

Joiner, T.E., Rudd, M.D., Rouleau, M.R.,&Wagner, K.D. (2000). Parameters of Suicidal Crises Vary as a Function of Previous Suicide Attempts in Youth Inpatients. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 876–880.

Kisch, J., Leino, V., & Silverman, M.M. (2005). Aspects of Suicidal Behavior, Depression, and Treatment in College Students: Results from the Spring 2000 National College Health Assessment Survey. *Suicide and Life-Threatening Behavior, 35,3–13.*

Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1994). Psychosocial Risk Factors for Future Adolescent Suicide Attempts. *Journal of Consulting and Clinical Psychology,*62(2), 297-305.

Mills, C., Guerlin, S., Lynch, F., Daly, I., and Fitzpatrick, C. (2004). The Relationship Between Bullying, Depression and Suicidal

thoughts/behavior in Irish adolescents. *Irish Journal of Psychological Medicine*, *21, 112-116.*

Miller, A., Rathus, J., & Linehan, M. (2007). *Dialectical Behavior Therapy With Suicidal Adolescents*. New York: The Guilford Press.

Mohd Majid Konting (1998). *Kaedah Penyelidikan Pendidikan*. Kuala Lumpur: DBP.

Perkins, D. F. (2002). An Ecological Risk-Factor Examination of Suicide Ideation and behavior of adolescents. *Journal of Adolescent Research, 17(1),* 3-26.

Pontzer, D.P. (2007). *Testing Reintegrative Shaming Theory as an Explanation for Involvement in Bullying Among University Students: Parenting, Personality and the Dyadic Relationship Between Bullies and Their Victims.* Dissertation Doctor of Philosophy, Department of Criminology: Indiana University of Pennsylvania.

Randall, B. P., Wang, W. L., Herting, J. R., & Eggert, L. L. (2006). Family Factors Predicting Categories of Suicide Risk. *Journal of Child and Family Studies,* 15(3),255-270.

Reis, C. H. (2010). *An Investigation of Suicide Risk and Counseling Participation Among College Students*. Dissertation Doctor of Philosophy, The Graduate Faculty of The Curry School of Education: University of Virginia.

Rosenberg, M. (1989). *Society and The Adolescent Self-Image.* Revised Edition. Middletown, CT: Wesleyan University Press.

Salkind, N.L. (1997). *Exploring Research*. (3ʳᵈ Ed.). New Jersey: Prentice-Hall Inc.

Salzinger, S., Rosario, M., Feldman, R. S., & Ng-Mak, D. S. (2007). Adolescent Suicidal Behavior: Associations with Preadolescent Physical Abuse and Selected Risk and Protective Factors. *Journal of the American Academy of Child & Adolescent Psychiatry,* 46(1), 859-866.

Sharaf, A. Y., Thompson, E. A., & Walsh, E. (2009). Protective Effects of Self-Esteem and Family Support on Suicide Risk Behaviors Among At-Risk Adolescents. *Journal of Child and Adolescent Psychiatric Nursing*, Vol. 22, No. 3, 160-168.

Simon, T. R., Swann, A. C., Powell, K. E., Potter, L. B., Kresnow, M., & O'Carroll, P. W. (2001). Characteristics of Impulsive Suicide Attempts and Attempters. *Suicide and Life-Threatening Behavior*, 32, 49-59.

Smith, K., & Crawford, S. (1986). Suicidal Behavior Among "Normal" High School Sstudents. *Suicide and Life-Threatening Behavior,* 16(3), 313-325.

Stewart, S.M., Lam, T.H., Betson, C., & Chung, S.F. (1999). Suicide Ideation and Its Relationship to Depressed Mood in a Community Sample of Adolescents in Hong Kong. *Suicide and Life-Threatening Behavior, 29*, 227–240.

Waldrop, A. E., Hanson, R. F., Resnick, H. S., Kilpatrick, D. G., Naugle, A. E., & Saunders, B. E. (2007). Risk Factors for Suicidal Behavior Among a National Sample of Adolescents: Implications for Preventions. *Journal of Traumatic Stress,*20(5), 869-879.

Wild, L.G., Flisher, A.J.,&Lombard, C. (2004). Suicidal Ideation and Attempts in Adolescents: Associations with Depression and Six Domains of Self-esteem. *Journal of Adolescence,* 27, 611–624.

Williams CL, Davidson JA, Montgomery I. (1980). Impulsive Suicidal Behavior. *Journal of Clinical sychology*, 36(1): 90-94.

Wilson, M. E. (2008). *A Program Evaluation of Mindfulness-Based Stress Reduction as Experienced by Adolescent Male Bullies*. Dissertation Doctor of Psychology, Faculty of the California School of Professional Psychology: Alliant International University San Diego.