

Is Spiritual Well-Being Among Adolescents Associated with a Lower Level of Bullying Behaviour? The Mediating Effect of Perceived Bullying Behaviour of Peers

Katarina Dutkova¹ · Jana Holubcikova² · Michaela Kravcova³ · Peter Babincak³ · Peter Tavel¹ · Andrea Madarasova Geckova^{1,2}

© Springer Science+Business Media New York 2017

Abstract The aim of this study was to explore the association between spiritual well-being and bullying among Slovak adolescents, and whether perceived bullying behaviour of peers mediated this relationship. Data from the Health Behaviour in School-aged Children study conducted in 2014 in Slovakia were used. Data were obtained from 9250 adolescents with a mean age of 13.48 years. The final sample consisted of 762 adolescents aged 15 years old (52.2% boys). We used logistic regression models and the Sobel test. Adolescents who reported a higher level of spiritual well-being were at lower risk of reporting that some or more schoolmates bully others or that they themselves bully others. These relationships were partially mediated by perceived norms about the bullying behaviour of schoolmates. Spiritual well-being was found to be negatively associated with bullying; in addition, a mediating role of perceived bullying behaviour of peers in this relationship was confirmed.

Keywords Spiritual well-being · Bullying · Bullying behaviour of peers

Introduction

As spirituality is such a wide concept, there is not yet one exact definition for it. When concerning research in the field of spirituality, we can find it under the terms of spiritual health or spiritual well-being (Michaelson et al. 2016; Fisher et al. 2000). In recent years, several attempts have been made to link the two concepts of spirituality and health within

✉ Katarina Dutkova
katarina.dutkova@oushi.upol.cz

¹ Olomouc University Social Health Institute, Palacky University Olomouc, Olomouc, Czech Republic

² Department of Health Psychology, Faculty of Medicine, P. J. Safarik University, Kosice, Slovakia

³ Institute of Psychology, Faculty of Arts, University of Presov, Presov, Slovakia

the idea of spiritual well-being (Gomez and Fisher 2003). Fisher (2010) says that spiritual well-being is reflected in the quality of relationships in up to four areas, namely with the self (personal), others (communal), nature (environment) and God (or transcendental other). Fisher et al. (2000) point out that the four domains are not isolated, but they are interrelated. He also suggested that these four spiritual well-being domains cohere to determine a person's overall or global spiritual well-being (Fisher 2010).

According to previous evidence (Smith et al. 2013; Hyde 2008), spiritual well-being plays an important role in positive youth development, resilience and health behaviour. Also, Cotton's results show that spiritual well-being has a positive effect on mental health outcomes in adolescents and is associated with diminished risk behaviour (Cotton et al. 2009). Spiritual well-being was found to be connected with lower levels of anger, anxiety and frustration (Davis et al. 2003; Koenig 2012) and with fewer symptoms of depression and greater self-esteem (Porche et al. 2015; Dew et al. 2008; Rew and Wong 2006; Cotton et al. 2005; Maton 1989). The protective effects of spiritual well-being have been confirmed in the last several decades in association with health outcomes, e.g. enhancing a sense of coherence, integrity, social support, social capital and meaning in life, and broadening social networks (Kov 2012; Jesse and Reed 2004). In general, adolescents who have higher levels of spiritual well-being fare better than their less spiritual peers—they have lower rates of risky health behaviours and fewer mental health problems (Mirghafourvand et al. 2016; Cotton et al. 2005). What is more, parents and peer relationships may have a positive influence on spiritual well-being, as these play key roles during adolescence. These relationships can also improve spiritual well-being through encouraging involvement in prosocial activities (Mirghafourvand et al. 2016; Fisher 2007; Anye et al. 2013). Adolescent bullying behaviour is one of the most frequent manifestations of problematic behaviour (Wang et al. 2009). Recent research has shown that the experience of bullying perpetration and victimization is prevalent among the population of school-aged children (Hemphill et al. 2014). Bullying has been defined as negative physical or verbal actions that have a hostile intent, cause distress to victims, are repeated over time and involve a power differential between bullies and their victims (Olweus 1991).

Bullying has many negative consequences for the victims but also for the perpetrators, which may occur in physical, mental and social terms. It has been identified as a problematic behaviour among adolescents, affecting school achievement, prosocial skills and psychological well-being for both victims and perpetrators (Boulton et al. 2008; Hawker and Boulton 2000; Roland 2002). Results (Lereya et al. 2015) have shown an increased risk of young adult mental health problems, such as anxiety, depression, self-harm or suicidal tendencies, in children who were bullied by peers. Hemphill and colleagues (Hemphill et al. 2011) found that students who were bullied were more likely to report depressive symptoms 1 year later. Previous research has also suggested that being bullied in childhood might be a marker for present and future risk of psychopathology and occurs above and beyond any pre-existing behaviour or emotional problem (Young et al. 2006). Another recent study showed that bullied children had a similar risk of mental health problems as the risk for children who were placed in public or substitute care in childhood (Takizawa et al. 2014).

Previous evidence has supported the significant role of three factors in the development of bullying behaviours: family, peers and schools. In adolescence, optimal peer relationships play an important role in the healthy development of the individual (Parker et al. 2006). Many studies on bullying (Spriggs et al. 2007; Vreeman and Carroll 2007; Simons-

Morton et al. 1999) have confirmed the influence of peers (their opinion, behaviour) on bullying behaviour.

Although previous research has examined the connection of spirituality and health, mental health, behaviour and also risk behaviour (voluntary sexual activity, use of alcohol, drugs, cigarettes), only a few studies have focused on the relationship between spirituality and bullying. Findings (Carter et al. 2013) suggest that peer victimization and certain aspects of spirituality (i.e. spiritual forgiveness, religious attendance, daily spiritual experiences) are negatively related, and according to Sansone's data (Sansone et al. 2013), bullying in childhood is associated with lower religious/spiritual well-being in adulthood (however, the study did not examine a causal relationship).

The aim of present study was to explore whether higher level of spiritual well-being is negatively associated with bullying of Slovak adolescents, and whether perceived bullying behaviour of peers mediated this relationship.

Methods

Sample and Procedure

We used data from the Health Behaviour in School-aged Children (HBSC) study conducted in 2014 in Slovakia. To obtain a representative sample, we used a two-step sampling. In the first step, 151 larger and smaller elementary schools located in rural as well as in urban areas from all regions of Slovakia were asked to participate. These were randomly selected from a list of all eligible schools in Slovakia obtained from the Slovak Institute of Information and Prognosis for Education. School response rate (RR) was 86.1%. In the second step, we obtained data from 9250 adolescents from the fifth to ninth grades of elementary schools in Slovakia in the target group of 11–15 years old (mean age 13.48; 50.3% boys). Our final sample consisted of adolescents who responded to questionnaires that included measures on spirituality. These measures were used in 50% of the questionnaires administered among adolescents aged 15 years. In order to ascertain the representativeness of the final sample, random selection was used to the distribution of measures. In this way, we reduced the sample to adolescents, leading to a final sample of 762 adolescents at the age of 15 years (52.2% boys).

The study was approved by the Ethics Committee of the Medical Faculty at P. J. Safarik University in Kosice. Parents were informed about the study via the school administration and could opt out if they disagreed with their child's participation. Participation in the study was fully voluntary and anonymous, with no explicit incentives provided for participation.

Measures

The present study uses HBSC data related to adolescents' reports of spiritual well-being, bullying behaviour and perceived bullying behaviour of peers.

Perceived importance of spiritual well-being was measured using the HBSC spirituality scale adapted from Gomez and Fisher's Spiritual Well-Being Questionnaire (2003). This 8-item scale asked participants "How important is it for you to...": "have meaning in life", "experience joy in life", "be kind to others", "be forgiving of others", "have a connection with nature", "care for the natural environment", "meditate or pray" and "feel

a connection to a higher spiritual power". The five response categories for each of the items ranged from "not at all important" (1) to "very important" (5). Use of this shortened (8-item) version of a scale was necessary to keep this instrument short and to minimize response burden, especially in very young adolescents. The sum score for the overall scale was computed, with a higher score indicating higher spiritual well-being. To assess construct validity, Exploratory Factor Analysis was performed. The results provide evidence to support one factor model of scoring spiritual well-being (Kaiser–Meyer–Olkin test for sampling adequacy: 0.799; eigenvalue: 4.03). Cronbach's alpha for the overall scale was 0.84.

Bullying. The role of the adolescent in bullying was measured using the revised Olweus Bully/Victim Questionnaire. After having read a standard definition of bullying, respondents were asked about their involvement in bullying—how often they had bullied others in school in the last few months. Responses were rated on a five-point scale ("I haven't been bullied/bullied other students at school in the past couple of months", "only once or twice", "two or three times a month", "about once a week", "several times a week"). We chose the cut-off point of "two or three times a month" and dichotomized the responses to get two categories of bullying behaviour as follows: negligible bullying ("I haven't been bullied/bullied other students at school in the past couple of months", "only once or twice") and active bullying behaviour ("two or three times a month", "about once a week", "several times a week"). This cut-off point indicates chronic bullying involvement and is widely used in a variety of reports and peer-review publications at national and cross-national levels (Craig et al. 2009; Harel-Fisch et al. 2011; Molcho et al. 2009).

Perceived bullying behaviour of peers was measured by asking adolescents "What do you think, how many of your schoolmates do the following things?" Their response with the item "Bullies their schoolmates" was rated on a five-point scale ("nobody", "few of them", "somebody", "most of them", "everybody"). We dichotomized the answers to: (nobody, few of them) and (somebody, most of them, everybody) to get two categories of perceived bullying behaviour of peers.

Statistical Analyses

Firstly, we described the sociodemographic characteristics: gender, perceived bullying behaviour of peers, spiritual well-being and prevalence of bullying.

Secondly, we assessed, using multinomial logistic regression, the crude associations of gender, spiritual well-being and perceived bullying behaviour of peers with involvement in bullying, leading to odds ratios (ORs) and 95% confidence intervals (CIs) (Model 1). We then adjusted the crude effect of each independent variable on bullying separately for gender (Model 2).

Thirdly, we assessed the effect of spiritual well-being on bullying after adding the perceived bullying behaviour of peers (Model 3). To assess the mediating effect of perceived bullying behaviour of peers, we used Sobel tests, which were calculated via www.danielsoper.com. The degree of reduction of the odds ratios (ORs) was computed using the formula: $(1-OR[crude])-(1-OR[adjusted])/(1-OR[adjusted]) \times 100\%$. All data were analysed using IBM SPSS statistics 20.0 for Windows.

Results

The descriptive characteristics of the sample are shown in Table 1; 13% of respondents reported that they are involved in bullying regularly and 18% reported that they think that some or more schoolmates bully others.

Adolescents who reported a higher level of spiritual well-being were at lower risk to bully others, crude and also adjusted for gender. In addition, these adolescents reported a lower level of perceived bullying behaviour by others. The results of logistic regression show that the association between spiritual well-being and bullying remained significant after inclusion of a potential mediator into the model. Odd ratios for the main relationship decreased by 20% after inclusion of perceived bullying behaviour of peers (see Table 2).

The Sobel test confirmed a mediating role of perceived bullying behaviour of peers in the relationship between spiritual well-being and bullying, as shown in Table 3.

Discussion

The aim of the present study was to examine the association between spiritual well-being and bullying of Slovak adolescents, and whether perceived bullying behaviour of peers mediated this relationship. We found that spiritual well-being was associated with reduced bullying among school-aged children. Adolescents who reported a higher level of spiritual well-being were at lower risk to bully others. Furthermore, this relationship was found to be mediated by the perceived bullying behaviour of peers.

Though there is no previous research relating spiritual well-being and bullying, research on other forms of risk behaviour has shown them to be related to spiritual well-being in adolescents. A number of studies have reported that high levels of spiritual well-being are related to a lower level of risk behaviours and fewer mental health problems for youth (Mirghafourvand et al. 2016; Cotton et al. 2009), while Sinha et al. (2007) and VonDras et al. (2007) found that adolescents who perceived spiritual well-being to be important were less likely to be involved in risk behaviour, such as smoking, drinking alcohol and having sex. Other studies investigated the connection between spiritual well-being and

Table 1 Descriptive characteristics of the sample—gender, perceived bullying behaviour of peers, spiritual well-being and prevalence of bullying

		Total (<i>N</i> = 762) <i>N</i> (%)
Gender	Boy	398 (52.2)
	Girl	364 (47.8)
Perceived bullying behaviour of peers	Some and more schoolmates bully others	136 (18.2)
	Only a few schoolmates bully others	612 (81.8)
Bullying	Regular	98 (13.0)
	Don't bully	654 (87.0)
Spiritual well-being	Score mean	Min–Max
	21.68	0.00–32.00
		Std. deviation
		6.25

Only valid percentages are presented; missing values: gender 0 (0%), perceived bullying behaviour of peers 14 (1.8%), bullying 10 (1.3%), spiritual well-being 147 (19.4%)

Table 2 Logistic regression with odds ratios (OR) and 95% confidence intervals (CI) of the association between spiritual well-being and bullying others, crude and adjusted for gender, perceived bullying behaviour of peers

	Model 1 OR (95% CI)	Model 2 OR (95% CI)	Model 3 OR (95% CI)
Bullying others			
Gender			
Girl	1 (ref)	–	1 (ref)
Boy	2.20 (1.40–3.46)***	–	2.14 (1.35–3.40)***
Spiritual well-being	0.95 (0.91–0.98)**	0.96 (0.0.92–0.99)*	0.96 (0.92–0.99)*
Perceived peer bullying	2.69 (1.67–4.34)***	2.78 (1.72–4.50)***	2.26 (1.31–3.90)**
* Change of OR for spirituality	–	–	20%

Model 1: Crude effect of each variable separately on bullying

Model 2: Effect of each variable separately on bullying adjusted for gender

Model 3: Adjusted effect of spiritual well-being on bullying, controlled for perceived bullying behaviour of peers

* Decrease in OR for spiritual well-being due to adjustment, compared with Model 1

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 3 Mediation effects of perceived bullying behaviour of peers on the relationship between spiritual well-being and bullying; results of the Sobel tests

Indirect path	β_a (SE β_a)		β_b (SE β_b)	z	p value
	–0.043 (0.017)		0.993 (0.242)		
Spiritual well-being →		Perceived peer bullying →		Bullying	2.15 <0.05

β standardized coefficient; SE standard error; a association between spiritual well-being and potential mediators; b associations between the mediators and bullying behaviour

lower levels of anger, anxiety, frustration and symptoms of depression (Davis et al. 2003; Cotton et al. 2005; Koenig 2012), which are closely related to bullying (Lereya et al. 2015). Although the results of these studies did not take bullying into account as we did, we found similar results. The individual level of an adolescent's spiritual well-being had an effect on bullying behaviour.

We found that perceived bullying behaviour of peers mediated the relationship between spiritual well-being and bullying in adolescents. To our knowledge, there is no previous evidence about this association. An explanation for our finding may be that spiritual well-being influences risk behaviour simply through the positive influence of parents and peer relationships and that this affects bullying involvement (Mirghafourvand et al. 2016; Fisher 2007; Anye et al. 2013). In connection with our results, we can summarize as follows: adolescents with higher levels of spiritual well-being tend to perceive their peers in a better light—they think that their peers are not involved in bullying behaviour. This afterwards reduces their risk of bullying others. The results of a previous study (Carter et al. 2013) also indicate that peer victimization was negatively correlated with certain aspects of spirituality (i.e. spiritual forgiveness, religious attendance, daily spiritual experiences). Our

results, in which perceived bullying behaviour of peers played an important role in whether or not an individual will involve themselves in bullying behaviour, are consistent with previously reported results.

These findings indicate a need for strategies that would support the development of spiritual well-being among adolescents and thus potentially decrease the prevalence of bullying that occurs among adolescents.

Strengths and Limitations

The major strengths of our study are its large representative study sample of Slovak adolescents and the high response rate. It is based on the international Health Behaviour in School-aged Children (HBSC) study and is consistent with its methodology. To the best of our knowledge, this is the first study dealing with the association between spiritual well-being and bullying behaviour with regard to perceived bullying behaviour of peers. There is lack of research covering the field of adolescent spiritual well-being in the context of aggressive behaviour.

However, some limitations should also be noted. Firstly, we used a cross-sectional design; thus, no final causal conclusions can be drawn. Secondly, our data were based on self-reports of adolescents, which can be inaccurate or influenced by social desirability.

Thirdly, the use of 8-item version of the spiritual health provides only a skeletal view of the construct of spiritual well-being. Because of questionnaire response burden, it was not possible to use the full 20-item Fisher's Spiritual Well-being scale for secondary school students (Gomez and Fisher 2003). Despite concerns about the validity of this measurement tool, the present study suggests a possible association of spiritual well-being of adolescents with bullying behaviour and thus provides the basis for the further study of this relationship.

Finally, the concept of spirituality is operationally very similar to other psychological constructs, such as life satisfaction, emotional health or well-being. These constructs also have some emphasis on connections and relationships, and thus could correlate with our multidimensional spiritual measure.

Implications

Our results imply that spiritual well-being of adolescents should be taken into consideration when providing bullying prevention and intervention programmes at schools. Further research on the topic of spiritual well-being in the context of bullying behaviour in adolescents is needed. Optimal validity of the research should be ascertained using more reliable quantitative measurement tools (the full 20-item Fisher's Spiritual Well-being Questionnaire) or using a qualitative approach (focus groups, interviews).

Conclusion

Our study shows an association between perceived importance of spiritual well-being and bullying behaviour, with a mediating role of perceived bullying behaviour of peers. Adolescents who reported a higher level of spirituality were at lower risk of bullying others. This indicates the need to promote strategies that support the development of

spiritual well-being among adolescents, as it can play an important role in decreasing the prevalence of bullying.

Acknowledgements This work was partially supported by the Research and Development Support Agency under Contract No. APVV 0032-11 and APVV-15-0012; by the Scientific Grant Agency of the Ministry of Education, Science, Research and Sport of the Slovak Republic; by the Slovak Academy of Sciences, Reg. No. 1/0981/15 and 1/0932/16; and it was also partially funded within the framework of the project “Social determinants of health in socially and physically disadvantaged and other groups of population” of the Ministry of Education, Youth and Sports in the Czech Republic CZ.1.07/2.3.00/20.0063’ and by the GA CR project Spirituality and Health among Adolescents and Adults in the Czech Republic (15-19968S).

Compliance with Ethical Standards

Conflict of interest None declared.

Ethical Standards The study was approved by the Ethics Committee of the Medical Faculty at P. J. Safarik University in Kosice. Parents were informed about the study via the school administration and could opt out if they disagreed with their child’s participation. Participation in the study was fully voluntary and anonymous with no explicit incentives provided for participation.

References

- Anye, E. T., Gallien, T. L., Bian, H., & Moulton, M. (2013). The relationship between spiritual well-being and health-related quality of life in college students. *Journal of American College Health, 61*(7), 414–421.
- Boulton, M. J., Trueman, M., & Murray, L. (2008). Associations between peer victimization, fear of future victimization and disrupted concentration on class work among junior school pupils. *British Journal of Education Psychology, 78*(3), 473–489.
- Carter, J. C., Flanagan, K. S., & Caballero, A. B. (2013). Spirituality and peer victimization in early adolescence: Associations within a Christian school context. *Journal of Psychology and Theology, 41*(3), 150–160.
- Cotton, S., Kudel, I., Roberts, Y., Pallerla, H., Tsevat, J., Succop, P., et al. (2009). Spiritual wellbeing and mental health outcomes in adolescents with or without inflammatory bowel disease. *Journal of Adolescent Health, 44*, 485–492.
- Cotton, S., Larkin, E., Hoopes, A., Cromer, B. A., & Rosenthal, S. L. (2005). The impact of adolescent spirituality on depressive symptoms and health risk behaviors. *Journal of Adolescent Health, 36*, 529.
- Craig, W., Harel-Fisch, Y., Fogel-Grinvald, H., Dostaler, S., Hetland, J., Simons-Morton, B., et al. (2009). A cross-national profile of bullying and victimization among adolescents in 40 countries. *International Journal of Public Health, 54*(Suppl 2), 216–224.
- Davis, T. L., Kerr, B. A., & Sharon, E. R. (2003). Meaning, purpose, and religiosity in at-risk youth: The relationship between anxiety and spirituality. *Journal of Psychology & Theology, 31*(4), 356–364.
- Dew, R. E., Daniel, S. S., Armstrong, T. D., Goldston, D. B., Triplett, M. F., & Koenig, H. G. (2008). Religion/spirituality and adolescent psychiatric symptoms: A review. *Child Psychiatry and Human Development, 39*, 381–398.
- Fisher, J. W. (2007). It’s time to wake up and stem the decline in spiritual well-being in Victorian schools. *International Journal of Children’s Spirituality, 12*(2), 165–177.
- Fisher, J. W. (2010). Investigating the importance of relating with God for school students’ spiritual well-being. *Journal of Beliefs and Values, 31*(3), 323–332.
- Fisher, J. W., Francis, L. J., & Johnson, P. (2000). Assessing spiritual health via four domains of spiritual wellbeing: The SH4DI. *Pastoral Psychology, 49*(2), 133–145.
- Gomez, R., & Fisher, J. W. (2003). Domains of spiritual well-being and development and validation of the Spiritual Well-Being Questionnaire. *Personality and Individual Differences, 35*(8), 1975–1991.
- Harel-Fisch, Y., Walsh, S. D., Fogel-Grinvald, H., Amitai, G., Pickett, W., Molcho, M., et al. (2011). Negative school perceptions and involvement in school bullying: A universal relationship across 40 countries. *Journal of Adolescence, 34*, 639–652.
- Hawker, D. S., & Boulton, M. J. (2000). Twenty years’ research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 41*(4), 441–455.

- Hemphill, S. A., Kotevski, A., Herrenkohl, T. I., Bond, L., Kim, M. J., Toumbourou, J. W., et al. (2011). Longitudinal consequences of adolescent bullying perpetration and victimisation: A study of students in Victoria, Australia. *Criminal Behavior and Mental Health, 21*(2), 107–116.
- Hemphill, S. A., Tollit, M., & Herrenkohl, T. I. (2014). Protective factors against the impact of school bullying perpetration and victimization on young adult externalizing and internalizing problems. *Journal of School Violence, 13*(1), 125–145.
- Hyde, B. (2008). *Children and spirituality. Searching for meaning and connectedness*. London: Jessica Kingsley.
- Jesse, D. E., & Reed, P. G. (2004). Effects of spirituality and psychosocial well-being on health risk behaviors in Appalachian pregnant women. *Journal of Obsteric, Gynecologic & Neonatal Nursing, 33*(6), 739–747.
- Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry, 278730*, 33.
- Kov, E. (2012). The role of traditional socio-cultural protective factors in adolescent problem behavior Eszter Kovács Mental Health Sciences Doctoral School—Behavioral Sciences.
- Lereya, S. T., Copeland, W. E., Costello, E. J., & Wolke, D. (2015). Adult mental health consequences of peer bullying and maltreatment in childhood: Two cohorts in two countries. *The Lancet Psychiatry, 2*(6), 524–531.
- Maton, K. I. (1989). The stress-buffering role of spiritual support: Cross-sectional and prospective investigations. *Journal for the Scientific Study of Religion, 28*(3), 310–323.
- Michaelson, V., Brooks, F., Jirásek, I., Inchley, J., Whitehead, R., King, N., et al. (2016). SSM—Population health developmental patterns of adolescent spiritual health in six countries. *SSM-Population Health, 2*, 294–303.
- Mirghafourvand, M., Mohammad-Alizadeh Charandabi, S., & Alizadeh Sharajabad, F. (2016). Spiritual well-being and its predictors among Iranian adolescent girls, 2014–2015. *International Journal of Children's Spirituality, 21*(2), 104–115.
- Molcho, M., Craig, W., Due, P., Pickett, W., Harel-Fisch, Y., & Overpeck, M. (2009). Cross-national time trends in bullying behaviour 1994–2006: Findings from Europe and North America. *International Journal of Public Health, 54*(Suppl 2), 225–234.
- Olweus, D. (1991). Bully/victim problems among school children: Some basic facts and effects of a school-based intervention program. In D. Pepler & K. Rubin (Eds.), *The development and treatment of childhood aggression* (pp. 411–488). Hillsdale: Erlbaum.
- Parker, J., Rubin, K. H., Erath, S., Wojslawowicz, J. C., & Buskirk, A. A. (2006). Peer relationships and developmental psychopathology. In D. Cicchetti & D. D. Cohen (Eds.), *Developmental psychopathology: risk, disorder, and adaptation* (pp. 419–493). New York: Wiley.
- Porche, M. V., Fortuna, L. R., Wachholtz, A., & Stone, R. T. (2015). Distal and proximal religiosity as protective factors for adolescent and emerging adult alcohol use. *Religions, 6*(2), 365–384.
- Rew, L., & Wong, Y. J. (2006). A systematic review of associations among religiosity/spirituality and adolescent health attitudes and behaviors. *Journal of Adolescent Health, 38*(4), 433–442.
- Roland, E. (2002). Aggression, depression, and bullying others. *Aggressive Behavior, 28*(3), 198–206.
- Sansone, R. A., Kelley, A. R., & Forbis, J. S. (2013). Bullying in childhood and religious/spiritual status in adulthood among internal medicine outpatients. *International Journal of Social Psychiatry, 59*(8), 739–744.
- Simons-Morton, B. G., Crump, A. D., Haynie, D. L., & Saylor, K. E. (1999). Student–school bonding and adolescent problem behavior. *Health Education Research, 14*(1), 99–107.
- Sinha, J. W., Cnaan, R. A., & Gelles, R. J. (2007). Adolescent risk behaviors and religion: Findings from a national study. *Journal of Adolescence, 30*(2), 231–249.
- Smith, L., Webber, R., & DeFrain, J. (2013). Spiritual well-being and its relationship to resilience in young people: A mixed methods case study. *SAGE Open, 1*–16. doi:10.1177/2158244013485582.
- Spriggs, A. L., Iannotti, R. J., Nansel, T. R., & Haynie, D. L. (2007). Adolescent bullying involvement and perceived family, peer and school relations: Commonalities and differences across race/ethnicity. *Journal of Adolescent Health, 41*(3), 283–293.
- Takizawa, R., Maughan, B., & Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: Evidence from a five-decade longitudinal British birth cohort. *American Journal of Psychiatry, 171*(7), 777–784.
- Vondras, D. D., Schmitt, R. R., & Marx, D. (2007). Associations between aspects of spiritual well-being, alcohol use, and related social-cognitions in female college students. *Journal of Religion and Health, 46*, 500–515.
- Vreeman, R. C., & Carroll, A. E. (2007). A systematic review of school-based interventions to prevent bullying. *Archives of Pediatrics and Adolescent Medicine, 161*(1), 78–88.

- Wang, J., Iannotti, R. J., & Nansel, T. R. (2009). School bullying among adolescents in the United States: Physical, verbal, relational, and cyber. *Journal of Adolescent Health, 45*(4), 368–375.
- Young, S. K., Leventhal, B. L., Koh, Y.-J., Hubbard, A., & Boyce, W. T. (2006). School bullying and youth violence. *Archives of General Psychiatry, 63*(9), 1035–1041.