



ORIGINAL RESEARCH

**CORRELATION BETWEEN BULLYING AND MALOCCLUSION AMONG SCHOOL CHILDREN AGED 10-14 YEARS IN ERBIL CITY**

Lazha Latif Binyamen<sup>1</sup>, Barzan Shwan Mahmood<sup>1</sup>, Muhammed Hussein Saleh<sup>1</sup>, Omar Fawzi Chawshli<sup>1</sup>

<sup>1</sup>Department of Orthodontics, College of Dentistry, Hawler Medical University, Erbil, Iraq lazha.binyamen@hmu.edu.krd

<sup>1</sup>Department of Orthodontics, College of Dentistry, Hawler Medical University, Erbil, Iraq

[barzan.shwan@hmu.edu.krd](mailto:barzan.shwan@hmu.edu.krd)

<sup>1</sup>Department of Orthodontics, College of Dentistry, Hawler Medical University, Erbil, Iraq

[muhammed.hussein@hmu.edu.krd](mailto:muhammed.hussein@hmu.edu.krd)

<sup>1</sup>Department of Orthodontics, College of Dentistry, Hawler Medical University, Erbil, Iraq

[omar.chawshli@hmu.edu.krd](mailto:omar.chawshli@hmu.edu.krd)

**\*Corresponding Author:** Barzan Shwan Mahmood Department of Orthodontics, College of Dentistry, Hawler Medical University, Erbil, Iraq lazha.binyamen@hmu.edu.krd Phone: +9647504827599

**Received:** Aug 25, 2025; **Accepted:** Sep,28. 2025; **Published:** Nov 2,2025

**ABSTRACT**

**Introduction:** Bullying and cyberbullying are major global health challenges, usually associated with visible physical characteristics, particularly dentofacial features. Among which, malocclusion has been associated with peer victimization, social well-being, and psychological health.

**Methods:** A cross-sectional study was conducted, where 175 children aged 10-14 years were examined for recording Index of Orthodontic Need (IOTN) and bullying questionnaire was filled out. Chi-square and fisher exact tests were used as statistical methods, with P value <0.05 was considered as statistically significant.

**Results:** The prevalence of self-reported bullying was 33.14%. Bullying was significantly higher among children with severe malocclusion (IOTN-DHC grades 4–5 and IOTN-AC grades 7–10). Specific dentofacial features strongly associated with bullying included Class III skeletal pattern(64.7%), Class II malocclusion (53.6%), overjet >6 mm (84.6%), crossbite (up to 100%), gummy smile, and abnormal incisor display. Younger children (age 11) reported the highest bullying prevalence (56.8%). Gender and ethnicity were not statistically significant predictors. Types of bullying varied, with verbal, social, and cyberbullying most prevalent, while physical, racial, and sexual bullying were significantly higher among males.

**Conclusion:** Bullying prevalence among 10–14-year-olds in Erbil was 33.4%, strongly associated with class III skeletal pattern, increased overjet, gummy smile, shallow smile-line, crossbite, and severe malocclusion (IOTN-DHC 4–5, IOTN-AC 7–10). Early orthodontic intervention may reduce psychological burden and improve self-esteem and social well-being.

**Keywords:** Bullying, IOTN, Orthodontics, Malocclusion, Cyberbullying, Self-esteem

**INTRODUCTION**

Bullying and cyberbullying are reorganized as global public health concerns, affecting children and adolescents across various age groups. Early detection and prevention are advised though education programs

are strongly recommended.<sup>1</sup>

Among multiple risk factors associated with bullying, malocclusion and abnormal dentofacial features are found to be linked to bullying.<sup>2</sup>Orthodontic treatment of malocclusion is essential not only for maintaining proper

**Lazha Latif Binyamen, Barzan Shwan Mahmood, Muhammed Hussein Saleh, Omar Fawzi Chawshli Correlation Between Bullying and Malocclusion Among School Children Aged 10-14 Years in Erbil City. Bulletin of Stomatology and Maxillofacial Surgery. 2025;21(10)173-182 doi:10.58240/1829006X-2025.21.10-173**

dental function but also for improving aesthetic and physiological well-being. Misaligned teeth can negatively affect self-esteem and contribute to social withdrawal, particularly among adolescents. Spreading awareness of the benefits of orthodontic treatment has been shown to enhance self-esteem and maintain social integrity.<sup>3</sup>

A strong correlation has been reported among bullying and malocclusion, with class II patients and increased overjet mostly linked to peer victimization.<sup>4</sup>

Dentofacial features significantly influence in building self-confidence and social interaction, and bullying, which could be as a consequence to malocclusion, has been found to be a source of anxiety and depression especially among adolescents. Orthodontists therefore have a profound role in preventing psycho-social issues by providing awareness, modifying facial features and in collaboration with other medical specialists.<sup>5</sup> Furthermore, it was noted that orthodontic treatment is more acceptable among patients suffering from malocclusion with history of bullying as compared to their counterparts.<sup>6</sup>

Given these considerations, the present study investigates the relationship between bullying and malocclusion among school children in Erbil City, addressing a gap in regional data and contributing to the global understanding of the psychological impact of dental appearance.

## MATERIAL AND METHOD

### 2.1 Study design

In this study, a quantitative, cross-sectional study design was conducted to evaluate the correlation between bullying and malocclusion among school children aged 10-14 years in Erbil city.

### 2.2 Study setting

The study was conducted in Erbil city, north of Iraq, where an online questionnaire, where clinical examination for estimating IOTN (Index of Orthodontic Treatment Need) and questionnaire to investigating the bullying status was filled by the clinician, between March and June 2025.

### 2.3 Target population:

The targeted population comprised of 10-14 years school children enrolled in primary and secondary schools in Erbil.

#### 2.3.1 Inclusion criteria:

The study included;

- Primary and secondary school children, aged 10-14 years of age since during this age group individuals are mostly exposed to bullying.<sup>7</sup>
- Participants from different culture and ethnicity.

- Participants living and studying in Erbil city

### 2.4 Sample size

A total of 200 eligible school children aged 10–14 years were invited to participate. Of these, 175 provided consent and completed both the questionnaire and the clinical examination, yielding a response rate of 87.5%.

### 2.5 Ethical Consideration

The protocol of this study was approved by the ethical committee of Hawler Medical University (HMU)/ College of Dentistry, number (HMUD/2425206). Written informed consent was obtained from school authorities and parents prior to participation. Children were assured of anonymity and confidentiality, and participation was voluntary.

### 2.6 Statistical method

All statistical analyses were conducted using IBM SPSS Statistics, version 27. Associations between categorical variables were examined using the chi-square test, and Fisher's exact test was applied when expected frequencies in contingency tables were less than 5. Likelihood ratio tests were additionally employed to evaluate the robustness of associations. A two-tailed p-value <0.05 was considered indicative of statistical significance.

## RESULTS

After contacting 10 primary and secondary schools in Erbil city, only 5 accepted to take part in the study, they were all mixed gender schools. The informed consent was taken verbally, through telephone call. The response rate was 87.5%, as 175 participants out of 200 agreed to complete the questionnaire, as a result 33.14% of 10-14 years school children reported bullying.

### Demographic characteristics

This study revealed the correlation between demographic, dental factors and the incidence of bullying among school children aged 10–14 years in Erbil city. A chi-square test was applied to evaluate statistical significance, with a p-value <0.05 deemed significant. The research results indicate a strong correlation between age and bullying prevalence, implying that particular developmental phases may enhance susceptibility to bullying.

Children aged 11 years exhibited the highest prevalence of bullying at 56.8%, followed by those aged 10 and 12 years at 36.4% and 32.1% respectively, while older ages 13-14 years reported a lower rate of bullying, the results revealed a statistically significant link (P=0.008). This suggests that specific ages, especially early adolescence, may be more vulnerable to bullying, perhaps due to heightened self-awareness and peer comparison during the transitional phase. It may also indicate peak phases of noticeable dental alterations or facial growth that attract undesirable scrutiny from peers, as shown in (Table 1).

**Table1 Sociodemographic characteristics and bullying.**

Variables	Levels	Bullied		Total	P-Value
		Yes	No		
Gender	Male	34.5%	65.5%	100.0%	0.75
	Female	31.8%	68.2%	100.0%	
Age	10	36.4%	63.6%	22	0.008
	11	56.8%	43.2%	37	
	12	32.1%	67.9%	28	
	13	22.6%	77.4%	31	
Ethnicity	14	22.8%	77.2%	57	0.072
	Kurd	32.6%	67.4%	172	
	Arab	100.0%	0.0%	2	
	Others	0.0%	100.0%	1	

**Occlusal and facial features**

A statistically significant relation was found between bullying and incisor relation (P=0.003). Despite the high prevalence of class I malocclusion, followed by class II div 1 and class II div 2 and the least prevalent was class III incisor relation, bullying incidence was more among class III (61.1%), followed by class II div 2 (47.8%) and class II div 1 (36.0%). While class I had the lowest prevalence (21.4%). This suggests that more pronounced deviations from normal incisor relationships, particularly Class III and Class II/2, may be more noticeable to peers and potentially linked to increased bullying risk.

On skeletal bases, 64.7% of class III patients, 53.6% of class II patients and only 16.7% of class I got bullied, where a statistically significant relation was revealed (P=0.001). It indicates that pronounced skeletal relations get bullied more. A statistically significant relation was observed between bullying and incisor show (P=0.001). Where >7mm incisor show had (83.3%) and <2mm got (43.8%), but 2-4mm normal incisal show got (18.3%) of bullying, this proves that individuals with high or low incisal show are more subjected to bullying, as shown in (Table 2).

Table 2 Occlusal and facial features relation with bullying

Variables	Levels	Bullied		Total	P-Value
		Yes	No		
Incisor Relationship	Class I	21.4%	78.6%	84	0.003
	Class II/1	36.0%	64.0%	50	
	Class II/2	47.8%	52.2%	23	
	Class III	61.1%	38.9%	18	
Skeletal Pattern	Class I	16.7%	83.3%	102	0.001
	Class II	53.6%	46.4%	56	
	Class III	64.7%	35.3%	17	
Incisor Show	< 2	43.8%	56.3%	32	0.001
	2-4	18.3%	81.7%	20	
	5-6	47.7%	55.3%	38	
	> 7	83.3%	16.7%	12	

**Overjet**

A statistically significant relation was found between bullying and overjet (P= 0.017), as individuals with overjet >6mm reported higher bullying incidence (84.6%), while those with overjet ≤ 6mm reported (44.8%). These findings indicate that individuals with protrusive teeth are more vulnerable to bullying, as shown in (Figure 1).

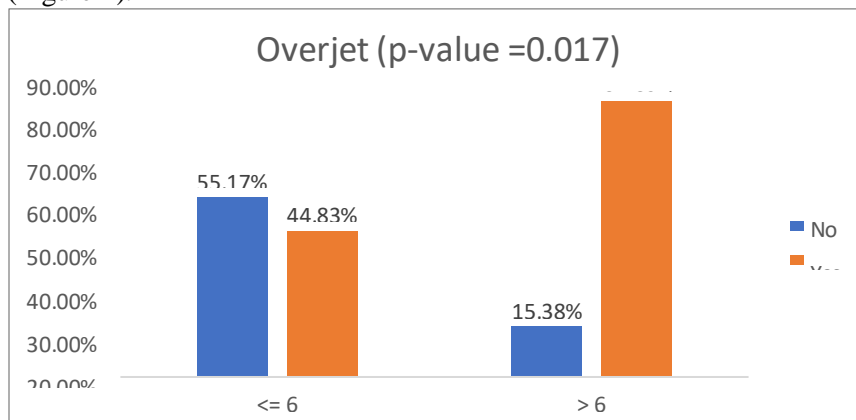


Figure 1 Overjet and Bullying.

**Crossbite**

A strong correlation was reported between crossbite and bullying (P=0.001), as the prevalence of bullying increased with crossbite severity: <1mm (33.3%), 1-2mm (70.0%), and >2mm (100%). These findings indicate that the crossbite severity alter facial esthetic and make the individual more vulnerable to bullying.

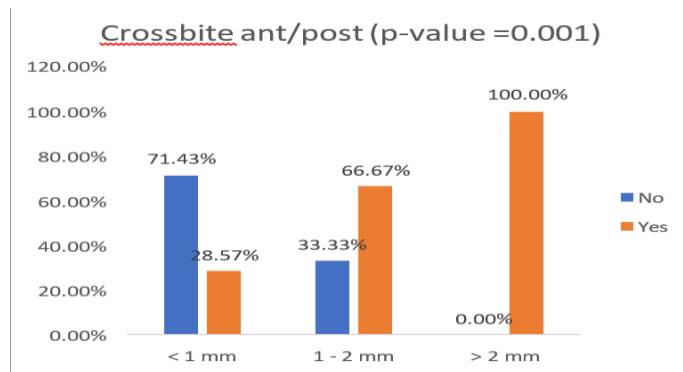


Figure 2 Crossbite and bullying relation

### IOTM-DHC Score

Figure 3 shows a highly significant relation was reported with bullying (P=0.001). The less severe IOTN-DHC scores, IOTN 1 (15.6%) and IOTN 2 (10.0%), reported low level of bullying, while more severe IOTN 4 (70.6) and IOTN 5(87.5% reported higher bullying. This indicates that increasing the need for orthodontics would increase the bullying incidence

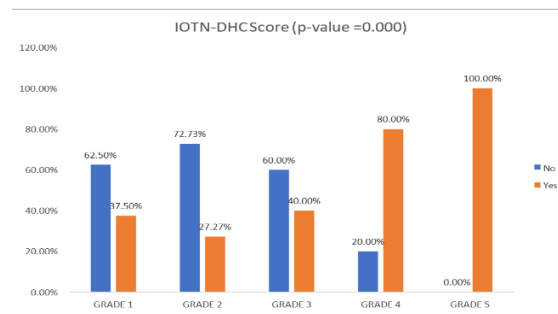


Figure 3 IOTN-DHC and bullying.

### IOTN-AC

A strong relation was reported between bullying and esthetic component of IOTN (P=0.001). Increasing the severity of malocclusion, from aesthetic point of view, increased the bullying incidence: 1–2 (13.9%), 3–4 (18.2%), 5–6 (47.8%), 7–8 (63.6%), and 9–10 (77.3%). These results show that self-perceived severity of malocclusion strongly aligns with bullying experience, with higher severity linked to greater prevalence.

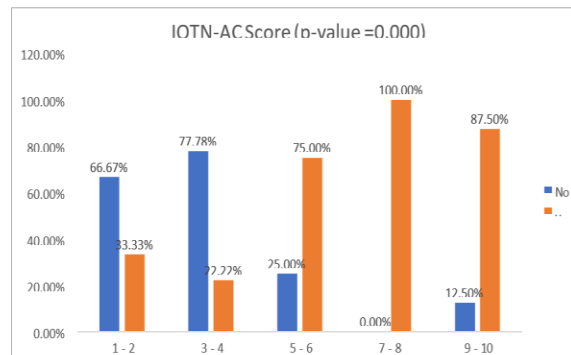


Figure 4 IOTN-AC and bullying.

**Type of bullying and gender**

Rumer spread bullying was most prevalent (25.1%) among the participants, followed by cyberbullying (19.9%) with no significant difference among different genders (P= 0.695) and (P=0.316) respectively.

While boys (24.1%) reported significant more physical bullying than girls (12.5%) with (P= 0.046), the same relation was observed among other types of bullying, such as property damage (P= 0.034), threats (P=0.007), racial bullying (0.012) and sexual bullying (P=0.004), all indicating higher bullying tendency among males as compared to females, as shown in (Table 3).

**Table 3. Types of bullying and gender**

Variables	Bullied	Gender		Total	P-Values (Chi-square)
		Male	Female		
<i>Physical bullying</i>	Not (75.9%)	66	77 (87.5%)	143 (81.7%)	0.046
	Yes (24.1%)	21	11 (12.5%)	32 (18.3%)	
<i>Rumer spreading</i>	Not (73.6%)	64	67 (76.1%)	131 (74.9%)	0.695
	Yes (26.4%)	23	21 (23.9%)	44 (25.1%)	
<i>Property damage</i>	Not (82.8%)	72	82 (93.2%)	154 (88.0%)	0.034
	Yes (17.2%)	15	6 (6.8%)	21 (12.0%)	
<i>threats</i>	Not (82.8%)	72	84 (95.5%)	156 (89.1%)	0.007
	Yes (17.2%)	15	4 (4.5%)	19 (10.9%)	
<i>racial bullying</i>	Not (77.0%)	67	80 (90.9%)	147 (84.0%)	0.012
	Yes (23.0%)	20	8 (9.1%)	28 (16.0%)	
<i>Sexual bullying</i>	Not (81.6%)	71	84 (95.5%)	155 (88.6%)	0.004
	Yes (18.4%)	16	4 (4.5%)	20 (11.4%)	
<i>Cyberbullying</i>	Not (78.2%)	68	74 (84.1%)	142 (81.1%)	0.316
	Yes (21.8%)	19	14 (15.9%)	33 (18.9%)	

**Types of bullying and IOTN-DCH**

A significantly higher bullying level, in all its forms, was reported among students with (IOTN- DHC 4-5) then those with less sever malocclusion (IOTN-DHC 1-3), with a p-value <0.001 indicating highly significant association reported for verbal bullying, social bullying, rumor spreading and cyberbullying. While physical bullying, property damage, threats, racial bullying and sexual bullying reported a significant relation with sever malocclusion cases (IOTN-DCH 4- 5), with a P-value <0.05. Overall, sever malocclusion increase vulnerability to bullying, as shown in (Table 4).

**Table 4. Types of bullying and IOTN-DHC**

Variables	Response	IOTN Score		Total	P-Values (Fisher-Exact)
		1 - 3	4 - 5		
<i>Called names</i>	Not Bullied	100 (87.7%)	14 (12.3%)	114 (100.0%)	0.000
	Yes Bullied	25 (41.0%)	36 (59.0%)	61 (100.0%)	
<i>Social exclusion</i>	Not Bullied	113 (81.3%)	26 (18.7%)	139 (100.0%)	0.000
	Yes Bullied	12 (33.3%)	24 (66.7%)	36 (100.0%)	
<i>Physical Bullying</i>	Not Bullied	113 (79.0%)	30 (21.0%)	143 (100.0%)	0.000
	Yes Bullied	12 (37.5%)	20 (62.5%)	32 (100.0%)	
<i>Rumor spreading</i>	Not Bullied	109 (83.2%)	22 (16.8%)	131 (100.0%)	0.000
	Yes Bullied	16 (36.4%)	28 (63.6%)	44 (100.0%)	
<i>Property damage</i>	Not Bullied	117 (76.0%)	37 (24.0%)	154 (100.0%)	0.001
	Yes Bullied	8 (38.1%)	13 (61.9%)	21 (100.0%)	
<i>Threat</i>	Not Bullied	116 (74.4%)	40 (25.6%)	156 (100.0%)	0.028
	Yes Bullied	9 (47.4%)	10 (52.6%)	19 (100.0%)	
<i>Racial bullying</i>	Not Bullied	114 (77.6%)	33 (22.4%)	147 (100.0%)	0.000
	Yes Bullied	11 (39.3%)	17 (60.7%)	28 (100.0%)	
<i>Sexual bullying</i>	Not Bullied	116 (74.8%)	39 (25.2%)	155 (100.0%)	0.008
	Yes Bullied	9 (45.0%)	11 (55.0%)	20 (100.0%)	
<i>Cyberbullying</i>	Not Bullied	114 (80.3%)	28 (19.7%)	142 (100.0%)	0.000
	Yes Bullied	11 (33.3%)	22 (66.7%)	33 (100.0%)	

**Types of bullying and IOTN-AC**

Participants with more sever malocclusion (7-10) reported different types of bullying by their peers. There was a highly significant relation between calling names, social exclusion, rumor spreading and cyberbullying ( $P \leq 0.001$ ), a significant relation for Physical bullying ( $P=0.007$ ), property damage ( $P=0.003$ ), and racial bullying ( $P=0.018$ ). While sexual bullying and threats had a non-significant relation ( $P=0.166$ ). Overall, greater malocclusion severity increases vulnerability to bullying, especially verbal, social, and online forms, as shown in (Table 5).

Table 5. IOTN-AC and bullying.

Variables	Response	Which of the following represents is closer to patient's malocclusion?		Total	P-Values
		1 - 6	7 - 10		
<i>Called names</i>	Not Bullied	97 (86.6%)	15 (13.4%)	112 (100.0%)	0.000
	Yes Bullied	29 (48.3%)	31 (51.7%)	60 (100.0%)	
<i>Social exclusion</i>	Not Bullied	108 (79.4%)	28 (20.6%)	136 (100.0%)	0.001
	Yes Bullied	18 (50.0%)	18 (50.0%)	36 (100.0%)	
<i>Physical Bullying</i>	Not Bullied	109 (77.9%)	31 (22.1%)	140 (100.0%)	0.007
	Yes Bullied	17 (53.1%)	15 (46.9%)	32 (100.0%)	
<i>Rumor spreading</i>	Not Bullied	103 (79.8%)	26 (20.2%)	129 (100.0%)	0.001
	Yes Bullied	23 (53.5%)	20 (46.5%)	43 (100.0%)	
<i>Property damage</i>	Not Bullied	115 (76.2%)	36 (23.8%)	151 (100.0%)	0.033
	Yes Bullied	11 (52.4%)	10 (47.6%)	21 (100.0%)	
<i>Threat</i>	Not Bullied	115 (75.2%)	38 (24.8%)	153 (100.0%)	0.166
	Yes Bullied	11 (57.9%)	8 (42.1%)	19 (100.0%)	
<i>Racial bullying</i>	Not Bullied	111 (77.1%)	33 (22.9%)	144 (100.0%)	0.018
	Yes Bullied	15 (53.6%)	13 (46.4%)	28 (100.0%)	
<i>Sexual bullying</i> 0.166	Not Bullied	115 (75.2%)	38 (24.8%)	153 (100.0%)	0.166
	Yes Bullied	11 (57.9%)	8 (42.1%)	19 (100.0%)	
<i>Cyberbullying</i> 0.007	Not Bullied	109 (77.9%)	31 (22.1%)	140 (100.0%)	0.007
	Yes Bullied	17 (53.1%)	15 (46.9%)	32 (100.0%)	

**DISCUSSION**

This study investigates the correlation between self-reported bullying and severity of malocclusion in school children aged 10-14 years in Erbil city, the results reported 33.14% of bullying cases. These findings are slightly higher than some international researches, where bullying prevalence was reported as 9.7%.<sup>8</sup> Conversely, other countries reported a higher prevalence of bullying, reaching up to 61.7% among school children, where appearance often cited as a causative factor.<sup>9</sup>

In the current study, certain dental disharmonies, as; deviation of incisor relation, skeletal disharmony, abnormal incisor show, overjet, crossbite, sever IOTN-DHC and IOTN-AC score were significantly associated with bullying tendency, correlating the facial and dental appearance with peer acceptance.

A significant relation was observed among age and bullying tendency, as younger age group 11 years reported the highest incidence 56.3%, followed by 10 and 12 years, while adolescents, 13- 14 years were least victims of bullying by their peers, which may be due to social maturation, these findings are consistent with a study done in UK, despite of non-significant relationship.<sup>8</sup> These findings would support the idea that early adolescence are prone to developmental phase peer comparison and self-consciousness.<sup>10</sup> On the other hand, there was no statistically significant relation of gender and ethnicity with bullying, similar relation was reported by other studies.<sup>7</sup> Despite that, some have reported

a greater bullying tendency among boys.<sup>11</sup>

Regarding skeletal discrepancies, class III patients had higher incidence of bullying (61.1%), followed by class II div 2 and class II div 1 respectively, these findings indicate that mandibular prognathism and incisor retroclination are more social stigmatizing. These findings agree with other researchers, were they found bullying cases more prevalent among patients with prognathic mandibule.<sup>12</sup> Even others have suggested early consideration of orthognathic surgery by parents for improving psychological condition of the child.<sup>13</sup> Similarly, both gummy smile and reduced dental show during smile had a significant impact over bullying prevalence, this could give negative attention due to reduced or increased dental display by peers, that would in turn agree with bullying tendency due to gummy smile by some researchers.<sup>14</sup>

Overjet > 6mm promoted more bullying among school children, as reported by many studies,<sup>8,15,16</sup> that would influence self-reported orthodontic treatment need.<sup>17</sup> Crossbite was another significant influencer of bullying, as reported by a case study, where the patient had sever crossbite and reported bullying history, as a result surgical treatment was proposed.<sup>18</sup> These finding highlights that, even posterior occlusal discrepancies, when severe enough to alter smile symmetry or facial balance, can influence peer perception.

Both high degrees of dental and esthetic components of IOTN were corelated with bulling prevalence, this could be due to increase degree of malocclusion, the same results were reported by other researchers.<sup>8,19</sup> There was a significantly higher experience of physical bullying, property damage, threats, racial bullying and sexual bullying among males than female, whereas rumor-spreading and cyberbullying were equally spread among different genders. These results align with another study published in 2024, in terms of physical bullying, sexual bullying, mean

## REFERENCES

comments and cyberbullying,<sup>7</sup> but it may disagree with other studies in terms of cyber bullying, where it was reported to be more prevalent among females than males.<sup>20</sup> In some contexts, girls are more frequently targets of cyberbullying, particularly in societies with lower gender equality, although results are mixed and often context-dependent.<sup>21</sup> A 2021 U.S. survey similarly found a narrow gender gap in cyberbullying: 23.7% for girls versus 21.9% for boys aged 13–17.<sup>22</sup>

In this study sever malocclusion, IOTN-DHC advanced stages reported significant relation with all forms of bullying, while IOTN-AC sever stages were significantly associated with all forms of bullying except social bullying and threats. These results are

very close to a study done in UK, however sever malocclusion was mostly associated with verbal bullying rather than physical bullying and being excluded.<sup>7</sup>

Overall, this study underlines a strong correlation between sever malocclusion and bullying among school aged children, particularly verbal, social and cyber bullying. These findings highlight the importance of dental aesthetic, its effect on peer acceptance and psychological weel-being. School based awareness programs should insist on early diagnosis and treatment of malocclusion, that will guarantee social relations and enhance quality of life. Further longitudinal studies are needed to directly test the influence of correcting malocclusion and its effect on bullying.

## CONCLUSION AND RECOMMENDATION

### 5.1 Conclusion

- The prevalence of bullying among school children aged 10-14 years in Erbil city was 33.4%.
- Bullying was strongly associated with specific dentofacial features, particularly class III skeletal pattern, increase overjet, gummy smile, shallow smile-line, and crossbite are strongly associated with bullying, as well as with the younger age group (11years).
- Sever malocclusion (IOTN-DHC grade 4-5 and IOTN-AC 7-10) was strongly associated with verbal, social and cyberbullying.
- Early orthodontic diagnosis and timely intervention can reduce psychological burden of school aged children, thereby enhancing self-esteem and social interaction.

## DECLARATIONS

### Funding

Funding for this study was self-sourced without any external funding support.

### Competing and conflicting interests

The authors declare no competing interests or conflicts of interest related to this work.

### Informed consent

Not applicable.

- 1.Kallman, J.; Han, J.; Vanderbilt, D. L. What Is Bullying? *Clin. Integr. Care* **2021**, *5*, 100046.
- 2.Seehra, J.; Fleming, P. S.; Newton, T.; DiBiase, A. T. Bullying in Orthodontic Patients and Its Relationship to Malocclusion, Self- Esteem and Oral Health-Related Quality of Life. *J. Orthod.* **2011**, *38* (4), 247–256.
- 3.Broutin, A.; Blanchet, I.; Canceill, T.; Noirrit-Esclassan, E. Association between Dentofacial Features and Bullying from Childhood to Adulthood: A Systematic Review. *Children* **2023**, *10*(6). <https://doi.org/10.3390/children10060934>.
- 4.Ramos, I. T. M.; Nabarrette, M.; Vedovello-Filho, M.; de Menezes, C. C.; de C. Meneghim, M.; Vedovello, S. A. S. Correlation between Malocclusion and History of Bullying in Vulnerable Adolescents.

*Angle Orthod.* **2022**, 92 (5), 677–682.

<https://doi.org/10.2319/100721-749.1>.

5. Morales-Salazar, S. A.; Monteagudo-Sangama, J. M.; Arriola-Guillén, L. E. Influence of Dentofacial Characteristics on the Appearance of Self-Reported Bullying: A Review. *Dent. Med. Probl.* **2022**, 59 (4), 657–661.

6. Bauss, O.; Vassis, S. Prevalence of Bullying in Orthodontic Patients and Its Impact on the Desire for Orthodontic Therapy, Treatment Motivation, and Expectations of Treatment. *J. Orofac. Orthop. Kieferorthopadie* **2023**, 84 (2).

7. DiBiase, A.; Cox, Z.; Rea, M.; Gonidis, L.; Cameron, L.; Rutland, A. Prevalence and Nature of Bullying in Schoolchildren Aged 10–14 Years and Its Association with Malocclusion: A Cross-Sectional Study in the South East of the UK. *J. Orthod.* **2024**, 51 (3), 258–269.

8. DiBiase, A.; Cox, Z.; Rea, M.; Cane, J.; Cameron, L.; Rutland, A. Bullying in Schoolchildren and Its Relationship to Malocclusion Accounting for Demographic and Psychosocial Factors: A Cross-Sectional Study of 10-to 14-Year-Olds in the United Kingdom. *Angle Orthod.* **2025**, 1 (aop).

9. Sweidan, A. T.; El-Beialy, A. R.; El-Mangoury, N. H.; Mostafa, Y. A.; Dehis, H. M. Prevalence and Factors Influencing Bullying among Egyptian Schoolchildren. *J. Orthod.* **2024**, 51 (3), 240–250.

10. Craig, W.; Boniel-Nissim, M.; King, N.; Walsh, S. D.; Boer, M.; Donnelly, P. D.; Harel-Fisch, Y.; Malinowska-Cieślik, M.; De Matos, M. G.; Cosma, A. Social Media Use and Cyber-Bullying: A Cross-National Analysis of Young People in 42 Countries. *J. Adolesc. Health* **2020**, 66 (6), S100–S108.

11. Obregon-Cuesta, A. I.; Mínguez-Mínguez, L. A.; León-del-Barco, B.; Mendo-Lázaro, S.; Fernández-Solana, J.; González-Bernal, J. J.; González-Santos, J. Bullying in Adolescents: Differences between Gender and School Year and Relationship with Academic Performance. *Int. J. Environ. Res. Public Health* **2022**, 19 (15), 9301.

12. Al-Bitar, Z. B.; Al-Omari, I. K.; Sonbol, H. N.; Al-Ahmad, H. T.; Cunningham, S. J. Bullying among Jordanian Schoolchildren, Its Effects on School Performance, and the Contribution of General Physical and Dentofacial Features. *Am. J. Orthod. Dentofacial Orthop.* **2013**, 144 (6), 872–878.

13. Portela, B.; Pitman, F.; Cal-Neto, J. P. Early Orthosurgical Treatment of a Skeletal Class III: Can the Self-Esteem Be Improved? *Front. Med. Case Rep.* **2022**, 3, 1–08.

14. Al-Bitar, Z. B.; Hamdan, A. M.; Al-Omari, I. K.; Naini, F. B.; Gill, D. S.; Al-Omiri, M. K. Is Self-Harm among

Orthodontic Patients Related to Dislike of Dentofacial Features and Oral Health-Related Quality of Life? *Angle Orthod.* **2022**, 92 (2), 240–246.

15. Broutin, A.; Blanchet, I.; Canceill, T.; Noirrit-Esclassan, E. Association between Dentofacial Features and Bullying from Childhood to Adulthood: A Systematic Review. *Children* **2023**, 10 (6), 934.

16. Tristão, S. K. P.; Magno, M. B.; Pintor, A. V. B.; Christovam, I. F.; Ferreira, D. M. T.; Maia, L. C.; de Souza, I. P. R. Is There a Relationship between Malocclusion and Bullying? A Systematic Review. *Prog. Orthod.* **2020**, 21 (1), 26.

17. Ramos, I. T.; Nabarrette, M.; Vedovello-Filho, M.; de Menezes, C. C.; Meneghim, M. de C.; Vedovello, S. A. Correlation between Malocclusion and History of Bullying in Vulnerable Adolescents. *Angle Orthod.* **2022**, 92 (5), 677–682.

8. O’Keefe, C. Early Orthognathic Surgery in Response to Bullying Due to Malocclusion. **2016**.

9. Vieira, A. K. A.; Carneiro, D. P. A.; MENEGHIM, M. de C.;

Vedovello, S. A.; Valdrighi, H. C. Can Orthodontic Need Cause Bullying? *RGO-Rev. Gaúcha Odontol.* **2021**, 69, e20210047.

10. Rajappan, S. K.; Ali, E. A. A.; Hamad, A. A. F.; Al Salman, Z. A. A.; Alotaibi, S. M. M.; Riyadh, M. A. F. Relationship between Cyberbullying and Mental Health of Teenage Victims in Saudi Arabia. *J. Fam. Med. Prim. Care* **2025**, 14 (6), 2237–2241.

11. Cosma, A.; Bjereld, Y.; Elgar, F. J.; Richardson, C.; Bilz, L.; Craig, W.; Augustine, L.; Molcho, M.; Malinowska-Cieślik, M.; Walsh, S.

D. Gender Differences in Bullying Reflect Societal Gender Inequality: A Multilevel Study with Adolescents in 46 Countries. *J. Adolesc. Health* **2022**, 71 (5), 601–608.

12. Patchin, J.; Hinduja, S. Cyberbullying Statistics 2021 Age, Gender, Sexual Orientation, and Race. *Cyberbullying Res. Cent. Cyberbullying Org* **2021**.