



Impact of Bullying and Facts on Victims in Elementary Schools

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Abstract

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BACKGROUND: Bullying is a serious problem for the mental health development of school-age children. The studies in Indonesia have reported how the impact of bullying causes children to experience stress and difficulty in building social relationships.

AIM: This study aims to determine the impact and phenomenon of becoming victims of bullying in elementary schools in Yogyakarta, Indonesia.

METHODS: This research used a mixed-method approach with a sequential explanatory design. The sampling technique used multistage random sampling. The sample population included 617 elementary school students who are in grades 4, 5, and 6. The quantitative data analysis used structural equation modeling (SEM) while the qualitative data analysis was based on the results of SEM analysis.

RESULTS: The impact of bullying on victims is stressful and symptomatic. The victims reveal that they become depressed, have poor performance, have difficulty in socializing, do not dare to report fear of being ostracized, fear to be the next victim, and advised by the teacher not to reply, be patient, and just let it go. The results are the victims complained they felt ugly, shy among friends, and reluctant to attend the class. Teacher assumes that bullying is ordinary mischief, just a joke that no specific actions are required.

CONCLUSION: Bullying of elementary school students has a negative impact on their mental health and causes psychosocial problems. There is a tendency to become repeated victims, while the ambivalence of teachers makes victims more vulnerable to bullying.

Introduction

The incidence of bullying in elementary school children is ranked as the highest in the school-age groups [1]. The impact extends to children experiencing mental health and psychosocial disorders during their development [2], [3]. Meanwhile, all school-age children are in a period of growth both physically and mentally so they need the stimulation of good development. Accordingly, bullying hinders the growth and development of school-age children.

Victims of bullying experience psychological distress in the form of negative conditions that involve sadness and/or mental suffering including feelings of depression and anxiety [4]. Consequently, the victims of bullying often have difficulty adapting to external stressors [5]. This condition reduces the victim's ability to appropriately respond physiologically and emotionally to stress, especially concerning the cognitive response to stress [6]. This debilitating condition inhibits the opportunity for victims to develop strategies to solve problems in stressful situations [7]. Over time, the psychological distress causes mental health problems in victims of bullying.

The results of this study are stress, the victims sometimes do not dare to report the bullying to their teacher or parents, because they are worried that the teacher would not be able to solve it well and the victim feels anxious about retribution from the perpetrator [8]. Occasionally, victims feel that they are assaulted even while they are being supervised by teachers [9]. In addition, the victim also may have difficulty getting help, and as a result the victim will try to find various reasons to avoid going to class [10]. This avoidance can result in complaining of conflicting physical pain [11]. Research has shown that in studying victims of bullying, it is easier to see the impact than to identify the direct source of the victim's complaints [12].

Bullying has a negative impact on psychosocial problems, which are characterized by victims having difficulty in building relationships with peers and adults such as teachers and parents [2]. This outcome of bullying can be identified from symptomatic complaints in the form of internalizing behavior, attention, and externalization [13]. The bullying victims show greater internalization symptoms rather than externalization [14] and this occurs more often in girls than boys [15]. This study examined the painful manifestations of bullying for victims, the tendency of increasing incidence in the elementary school-age group along with the difficulty of

obtaining direct information from victims and the lack of information regarding how children can become victims of bullying.

Methods

Design

The results of quantitative analysis with a structural equation modeling approach to obtain a causal relationship between variables. These results are used as the basis for qualitative analysis to obtain themes.

Sample

The sample was determined using a formula [16] and carried out using a multistage random sampling technique. This involves eight primary schools out of 1656 in cities and two out of 213 in villages, spread over four districts in Yogyakarta, Indonesia. The total sample size was 617 elementary school students who were in grades 4, 5, and 6. Inclusion criteria were: (1) Students in grades 4, 5, and 6 who are active and (2) willing to become respondents after obtaining approval from their guardians/parents; while the exclusion criteria were: (1) Did not have physical and mental limitations and (2) were not under professional supervision due to behavioral and emotional disorders. Meanwhile, the subjects were further determined by the criteria of public and private elementary schools which had the highest and lowest of the bullying incident, had high stress and/or symptomatic scores, and had obtained the validity of the teacher. The victim subjects were four students and four teachers.

Statistical analysis

Statistical analysis used the following computers programs. Meanwhile, the qualitative analysis revealed several major themes.

Institutional review board approval

This study was granted ethical clearance number KE/FK/1224/EC/2019, from the Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Indonesia. Data were collected after participants indicated their willingness to participate in the study and signed the informed consent form.

Instruments

Bully survey sweater-student version part A (victims) with details of confirmatory factor analysis: (1)

Forms of bullying, with construct validity tests as follows: (a) Forms of verbal bullying to 0.844; form of physical bullying amounting to 0.893; and forms of bullying in relation amounting to 0.895; and the reliability of the questionnaire using Cronbach's alpha of 0.855 and (2) the impact of bullying, with the following construct validity: (a) Being sick (equal to 0.879), (b) having no friends (equal to 0.881), (c) feeling sad (equal to 0.917), (d) having difficulty learning (equal to 0.896), (e) not school (equal to 0.875), and (f) problems with family (equal to 0.878); and reliability of 0.674 [17].

Depression anxiety and stress (DASS-21)

This questionnaire included 21 statement items consisting of depression (seven questions), anxiety (seven questions), and stress (seven questions). The validity test value was between 0.38 and 0.814 (medium to high validity status) and the reliability was 0.879. In this study, the stress variable alone was used [18].

Pediatric symptom checklist

This questionnaire includes 17 items with validity was 0.384–0.804. Consistency test-retest reliability was (Cronbach's alpha = 0.84) and sensitivity 82.8 [13].

Results

Quantitative

The descriptive analysis results in Table 1 show that the majority of students have been victims of at school in one school year, they are mostly from elementary schools, in urban areas, they are mostly from elementary schools, in urban areas, male students with the number of siblings more than two as well as the value of report cards higher than the average score. Some student demographic status variables are potential predictors of why students become victims of bullying in elementary schools.

Table 1: Frequency distribution of respondents demographic status

Variable	f	%
Type of school		
Public elementary school	423	68.6
Private elementary school	194	31.4
Location		
City	568	92.1
Village	49	7.9
Sex		
Male	347	56.2
Female	270	43.8
Number of siblings		
>2 people	356	57.7
≤2 people	261	42.3
Report value (mean = 77.3)		
>Mean	366	59.3
≤Mean	251	40.7

The description of bullying victims among elementary school students is shown in Table 2. This description explains the dominant data attributed to victims of bullying as follows: One or more times per day, mostly physical bullying, and the location of bullying was in class, during academic class.

Table 2: Description of victims of elementary school student bullying

Variable	n	%
Victim of bullying		
Victim	435	70.5
Not a victim	182	29.5
Bullying frequency		
One or more times per day	250.1	57.5
One or more times per week	130.5	30.0
One or more times per month	54.4	12.5
Form of bullying		
Physical	152.7	35.1
Relation	147.5	33.9
Verbal	134.9	31
Location of bullying		
Classroom	155.7	35.8
Academic class	100.5	23.1
Sports activities	35.2	8.1
After school	33.1	7.6
Canteen	22.2	5.1
Others	88.3	20.3

The correlation between stress and symptoms with victim's bullying is shown in Table 3. The results of the bivariate correlation analysis showed that physical stress and externalization showed a statistically significant correlation. This result indicates that the stress experienced by the victim is the impact of the bullying behavior aimed at the victim physically.

Table 3: Bivariate correlation between stress and symptomatic bullying with victims

Variable	Bullying (%)		Total (%)	p-value
	Victim	No victim		
Stress				
Physical	97 (22.3)	13 (2.9)	110 (25.2)	0.006*
Emotional	139 (31.9)	31 (7.2)	170 (39.1)	0.057
Behavior	126 (29.1)	29 (6.6)	155 (35.7)	0.783
Sub total	362 (83.3)	73 (16.7)	435 (100.0)	
Symptomatic				
Internalization	165 (38.0)	31 (7.0)	196 (45.0)	0.446
Attention	124 (28.5)	15 (3.5)	139 (32.0)	0.232
Externalization	85 (19.5)	15 (3.5)	100 (23.0)	0.020*
Sub total	374 (86.0)	61 (14.0)	435 (100.0)	

*Sig $\alpha < 0.05$.

Based on the GFI (Figure 1), the results of the analysis can be described as follows: The victim has a causal relationship with stress (estimate: 0.070, SE: 0.014, CR: 4.857, and $p = 0.000$ (sig $\sigma < 0.001$)) and symptomatic (estimate: 0.142, SE: 0.027, CR: 5.316, and $p = 0.000$ (sig $\sigma < 0.001$)), and stress is associated with symptomatic (estimate: 1.165, SE: 0.129, CR: 9.010, and $p = 0.000$ [sig $\sigma < 0.001$]). Thus, stress is a variable mediating the relationship between the victim and symptomatic response.

Qualitative

The results of in-depth interviews with victims found that the major themes were: The cause of students becoming victims and the impact felt by the victims of bullying. The causes of students becoming victims besides academic achievement were: The victim's

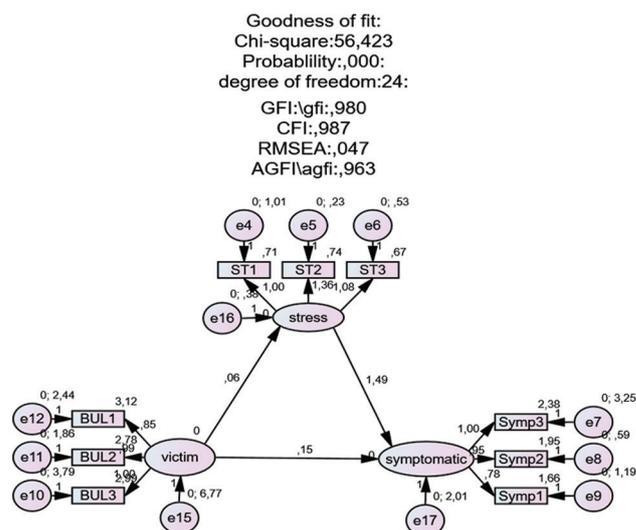


Figure 1: Results of the analysis of the structural equation modeling equation Information 1. BUL 1 = verbal bully 2. BUL 2 = physical bully 3. BUL 3 = bully relation 4. ST1 = physical stress 5. ST2 = emotional stress 6. ST3 = behavioral stress 7. Symp1 = internalization 8. Symp2 = attention 9. Symp3 = externalization

inability to be assertive; the advice of teachers, and parents tending to take lightly bullying, not encouraging victims to have the courage to face bullying effectively, and not reporting bullying experienced to teachers or parents. This condition creates vulnerability for the victim to become the victim again. This pattern of violence was expressed by the participants as follows:

The cause of students becoming victims of bullying was explained as follows:

"... the lowest sequence, the grades are always bad, the skills are not appropriate, stiff, difficult to interact..."

"... if bullied does not reply and do not dare to report to a teacher, because later it will repeat, afraid of getting hit, afraid of not having friends and being ostracized, being ridiculed again ..."

"... just be quiet and patient, be alone (sitting in your own class), annoyed, pray to be forgotten (incident), make friends again, and stay away."

"... Ma'am advised to be patient and let it go, just let it come back to him later, if disturbed by being silent, likes to remind and advise, at trial but still likes to be repeated, the perpetrator was scolded and advised by the teacher..."

"...is advised by his parents to be patient and not to retaliate and not to be angry later on it will be sin, let it be ..."

The impact of bullying

The impact felt by victims of bullying is stressful and symptomatic. The impact of bullying for

victims was described as a stressful situation, with fear of experiencing bullying again, physical complaints, learning difficulties, easy to lose concentration; with symptomatic emergence such as feeling bad, embarrassed to hang out with friends, and worry about being played. The participants stated the following:

“... depressed, thoughts continue to the house, there is a fear of being teased and being bullied ...”

“... cannot sleep, dizziness, recurrence of ulcers, difficulty to stay focused while studying, and avoiding going to class ...”

“... after being bullied, sometimes at home thinking and lazy to eat, lazy to go to school, sick, studying becomes distracted, it is difficult to concentrate on studying ...”

“... thinking of not wanting to hang out anymore, feeling ugly and sad, embarrassed if I want to play with friends, (because) afraid of being tricked again, being taunted by friends ...”

Meanwhile, the results of in-depth interviews with school teachers obtained the following themes of teachers' experiences in dealing with bullying and parental involvement. Teachers deal with bullying only for a moment, they do not have effective anticipation and prevention, and do not encourage students to have the ability to deal with stress effectively. Meanwhile, the involvement of parents is still limited to students who experience bullying both as perpetrators and victims. This pattern is shown from the results of in-depth interviews with teacher participants as follows:

Handling of bullying

“... generally, friends of victims who report, rarely go to the UKS (school health unit), students rarely complain immediately (to which their friends answer) ...”

“... the perpetrator is advised, giving classical direction, but it repeats ...”

“... anticipatory steps to prevent bullying are being admonished (reminded, red), do not be bored to remind, motivate, pair seats with lots of friends, (others) give messages to the perpetrator's parents, parents are reminded to advise their children ...”

“... prevent having no ideas, new incidents are handled, schools have no special rules, they are limited to casuistics ...”

“... information from parents complained if their children had injuries and their children often got ridicule from other students, giving messages to the perpetrator's parents to be reminded and to advise their children ...”

Discussion

The results of the study show that bullying has an impact on victims' stress response. The stress of the victim includes fear of being the next victim, having no friends, and feeling ostracized, and not daring to report to adults, both teachers and parents. This stress causes the victim to have difficulty dealing with stressors effectively thereby triggering a maladaptive stress response [17]. The maladaptive response indicates a disturbance in the regulation of emotions and behavior [18], [19], [20], [21] as a result of an increase in the hormone of cortisol [18]. This cortisol hormone increases when the child is 10 years old [17] so that children are physically vulnerable to stress caused by environmental changes.

High stress on victims of bullying causes psychological distress which has implications for emotional and behavioral disorders [4]. These disorders cause children to have difficulty relating to peers and adults [21]. Therefore, children are generally reluctant to report to adults because of shame and fear of retribution and since they are always supervised by teachers [8], [9]. Accordingly, high suspicion is needed in assessing each symptomatic complaint to detect students' experiencing bullying [12].

Another impact of stressful conditions is that it will reduce their ability to respond physiologically and emotionally to stress, especially cognitive responses to stress [6]. This decrease in ability inhibits students' opportunities to develop strategies to solve problems in stressful situations [7]. Related to this predicament, students who experience social and emotional dysregulation might develop maladaptive strategies to deal with stress. As a consequence, their ability to cope with stress becomes ineffective. Difficulty in interacting causes victims to experience psychosocial problems. Psychosocial problems are often manifested in the form of symptomatic complaints. Symptomatic complaints can be in the form of internalizing, displaced caring, and externalizing behavior [14]. Victims generally show high externalizing behavior with low empathy skills [23]. This externalizing behavior can create further vulnerability for victims to experience bullying again. This pattern is because victims generally display behaviors that are not adaptive to environmental changes.

The impact of bullying on victims indicates both psychosocial and psychosomatic problems [2]. Psychosocial problems that arise due to stress are indicated by behaviors such as: Cognitive distancing, self-blame, externalizing behavior [20] severe anxiety, having problems with teachers and parents [24], insomnia [22], [26], and eating irregularly especially for girls. This condition indicates that the victim is depressed [27]. Psychosocial problems are usually followed by psychosomatic symptoms as an implication of increased pressure due to bullying.

Victims who are prone to bullying are often children who have poor performance, are timid, stiff, and have difficulty to interact. In addition, victims with physical health problems are vulnerable to become victims of bullying. A study reported that physical health conditions caused children to become victims more often than other students [25], [26], [27], [28].

High psychological pressure causes victims to experience mental health problems such as stress, anxiety, and depression [29]. The next vulnerability arises because of age, gender, and external pressure in not reporting incidents of bullying in elementary schools [30].

Victims generally find it difficult to report bullying to teachers and parents because they are afraid of becoming the next victim, do not have any close friends, and do not want to become the center of teacher attention. Feelings of insecurity for victims to reveal their experiences when they were victims of bullying mainly occur because they did not get support from the teacher. The results of this study reported that according to the victims, teachers tended to take bullying lightly and advised the victims to not fight back. The teachers do not tend to teach how to deal with bullying safely. Another study reported that the role of the teacher indirectly can cause students to become victims of bullying [31]. Weak instructional support from teachers, incomplete instruction or lack of role modeling in problem solving, and inadequate classroom monitoring are the causes of students becoming victims of bullying [32]. This trend happens because the teacher's ability to build commitment and involvement of students in participating in learning activities is still lacking so that the low instructional competence weakens the interaction between the teachers and students [33]. Another reason is that the workload of teachers in achieving the curriculum causes teachers not to have time to solve problems of bullying at school [34], [35], [36].

The role of anti-bullying teachers is very effective in providing positive support for students related to teacher protection of their students and fostering a feeling of belonging to the school [33]. This proactive approach has a positive influence on preventing bullying in schools [33] and encourages the growth of empathy among students [37]. If this happens, the negative influence of peers can be minimized by the presence of the supportive teacher [38]. Therefore, the role of the teacher is not only able to prevent negative peer influence, but also to stop bullying. The limitation of this study is that it does not triangulate data from observers and bullies. In general, victims find it very difficult to say that they are the victim of bullying, masking the fear of being the next victim. Therefore, the results of this study assist nurses in assessing victims of bullying, mitigating bullying, and planning prevention to minimize mental health problems and psychosocial disorders. For nurses, clinical complaints that cause stress and symptoms can help identify victims of bullying.

Conclusion

The results of this study conclude that the manifestation of students who are often victims of bullying experiences stress and symptoms. This is supported by the phenomenon that victims have poor performance, are physically unattractive, and are afraid to report to teachers and parents. Meanwhile, the teacher considers bullying to be an ordinary delinquency so it does not require special attention and binding rules. The implication of this study is that nurses can identify victims by analyzing both physical and psychological complaints and changes in the behavior of victims of bullying. Suggestions for the future studies are focused on managing the potential of victims, especially in self-identification, courage in reporting incidents, and assertiveness in dealing with bullying.

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