

Impact of Bullying and Facts on Victims in Elementary Schools

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Submission date: 21-Mar-2023 08:32AM (UTC+0700)

Submission ID: 2042223757

File name: Facts_On_Victims_In_Elementary_Schools_15-12-21_-Corrected.docx (144.53K)

Word count: 4479

Character count: 25633

Impact of Bullying and Facts on Victims in Elementary Schools

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BACKGROUND OF THE STUDY: Bullying is a big problem for the mental health development of school-age children. Studies in Indonesia have reported how bullying causes children to experience stress and hardship in building social relationships.

AIM OF THE STUDY: 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 from grades 4, 5, and 6. The quantitative data analysis used Structural Equation Modelling (SEM), while the qualitative data analysis was based on the results of SEM analysis.

RESULTS: Bullying is stressful and symptomatic to the victims. Some behaviours that the victims showed because of bullying were depression, poor performance in school, and social anxiety. The victims might not report the bullying because they feared exclusion, while the witnesses were afraid of being the next target if they revealed the bullying. The teachers seemed to be neglectful as they advised the victims to be patient and let the bullying slide. The teachers saw the bullying as mischief or jokes that did not need any special care and actions. As a result, the victims felt ugly, extremely shy among fellow pupils, and reluctant to attend the class.

CONCLUSION: Bullying in elementary school students harms their mental health and causes psychosocial problems. There is a tendency to become repeated victims, while the teacher's ambivalent act makes victims more vulnerable to bullying.

Keywords: Elementary school students, impacts of bullying, psychosocial, stress.

1. INTRODUCTION

The occurrence of bullying among elementary school students is the highest bullying case in the school-age groups¹. 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.

The victims of bullying experience psychological distress in the form of negative conditions that involve sadness and/or mental suffering including feelings of depression and anxiety⁴. Consequently, the victims of bullying often have difficulty adapting to external stressors⁵. This condition reduces the victim's ability to appropriately respond to stress, physiologically and emotionally, especially concerning the cognitive response to stress⁶. This debilitating condition inhibits the opportunity for victims to develop strategies to solve problems in stressful situations⁷. Over time, psychological distress causes mental health problems in the victims of bullying.

The victims sometimes do not dare to expose the bullying to their teachers or parents because they are worried that the teacher cannot solve it, and the victim feels anxious about retribution from the perpetrator⁸. Occasionally, the victims feel as if being assaulted even if they are under the supervision of the teachers⁹. In addition, the victims also may have difficulty getting help. As a result, the victim will try to find various reasons to avoid attending class¹⁰. This avoidance can result in complaining of conflicting physical pain¹¹. Concerning that matter, previous research has shown that in studying victims of bullying, it is easier to see the impact than to identify the direct source of the complaints of the victims¹².

Bullying negatively affects psychosocial problems, characterized by victims having difficulty building relationships with peers and adults such as teachers and parents². It can be identified from symptomatic complaints of the victims, shown by internalizing behaviour, attention, and externalization¹³. The bullying victims show greater internalization symptoms rather than externalization¹⁴ and it occurs more often in girls than boys¹⁵. Thus, this study examined painful manifestations in the victims, the tendency of increasing bullying occurrence in the elementary school-age group, as well as the problems in obtaining direct information from the victims and lacking information on how children can become the victims of bullying.

2. METHODS

3.1 Design

The quantitative analysis combined with the Structural Equation Modelling (SEM) approach had resulted in a causal relationship between variables. These results were used as the basis for qualitative analysis to obtain themes.

3.2 Sample

The sample was determined using a formula¹⁶ and carried out using a multistage random sampling technique. The samples involved eight primary schools out of 1,656 at cities level and two out of 213 at the villages level, spread over four districts in Yogyakarta, Indonesia. The total sample size included 617 elementary school students of grades 4, 5, and 6. The inclusion criteria were: 1) students of 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 behavioural and emotional disorders. Meanwhile, the subjects were further determined by the criteria of public and private elementary schools that 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 consisted of four students and four teachers.

3.3 Statistical Analysis

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

3.4 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 displayed their willingness to participate in the study and signed the informed consent form.

3.5 Instruments

3.5.1 Bully survey sweater-student version (BYS-S) part A (victims) with details of confirmatory factor analysis (CFA): 1) Forms of bullying, with construct validity tests as follows: a) forms of verbal bullying to 0.844, b) forms of physical bullying amounting to 0.893, c) forms of bullying in relation amounting to 0.895, and d) the reliability of the questionnaire using Cronbach's alpha of 0.855; 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 attending school (equal to 0.875), f) problems with family (equal to 0.878); and reliability (0.67417)¹⁷.

3.5.2 Depression, Anxiety, and Stress Scale (DASS-21). This questionnaire included 21 statement items consisting of depression (7 questions), anxiety (7 questions), and stress (7 questions). The validity test value was between 0.38 to 0.814 (medium to high validity status), and the reliability was 0.879. In this study, the stress variable was used alone¹⁸.

3.5.3 Pediatric Symptom Checklist (PSC-17). This questionnaire included 17 items with the range of the validity value of 0,384 to 0,804. The consistency test-retest reliability were Cronbach's alpha = 0,84 and sensitivity 82,8¹³.

3. RESULTS

3.1 Quantitative

Table 1. Frequency distribution of the respondents' demographic status

No	Variable	f	%
1	Type of school		
	Public elementary school	423	68.6
	Private elementary school	194	31.4
2	Location		
	City	568	92.1
	Village	49	7.9
3	Sex		
	Male	347	56.2
	Female	270	43.8
4	Number of siblings		
	> 2 people	356	57.7
	≤ 2 people	261	42.3
5	Report value (mean = 77.3)		
	> mean	366	59.3
	≤ mean	251	40.7

The results of the descriptive analysis shown in Table 1 suggested that most of the bullying victims were in the same class, mostly coming from elementary schools in urban areas. Most of the victims were male students, had more than two siblings and had higher grades of report value than the averages. Based on the demographic results, some variables are potential predictors of why they become victims of bullying.

Table 2. Description of elementary students bullying victims

No	Variable	N	%
1	Victim of bullying		
	Victim	435	70.5
	Not a victim	182	29.5
2	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
3	Form of bullying		
	Physical	152.7	35.1
	Relation	147.5	33.9
	Verbal	134.9	31
4	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

Table 2 shows the description of bullying victims among the elementary students. The dominant data attributed to victims of bullying as follows: one or more times per day, mainly physical, and often occurred in class during the lesson hours.

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

No	Variable	Bullying		Total	p value
		Victim	Not victim		
1	Stress				
	Physical	97 (22.3%)	13 (2.9 %)	110 (25.2%)	.006 *
	Emotional	139 (31.9%)	31 (7.2%)	170 (39.1%)	.057
	Behavior	126 (29.1%)	29 (6.6%)	155 (35.7%)	.783
	sub total	362 (83.3%)	73 (16.7%)	435 (100.0%)	
2	Symptomatic				
	Internalization	165 (38.0%)	31 (7.0%)	196 (45.0%)	.446
	Attention	124 (28.5%)	15 (3.5%)	139 (32.0%)	.232
	Externalization	85 (19.5%)	15 (3.5%)	100 (23.0%)	.020 *
	sub total	374 (86.0%)	61 (14.0%)	435 (100.0%)	

* sig α <0.05

The correlation between stress and symptoms with the bullying victims are presented in Table 3. According to the results, physical stress and externalization had a statistically significant correlation. It indicates that the stress experienced by the victims is the impact of bullying behaviour aimed at them.

"...feel depressed, thoughts keep haunting even in the house; there is a fear of being teased and being bullied..."

"...can't sleep, dizziness, recurrence of ulcers, difficulty to stay focused while studying, avoiding going to class..."

"...after being bullied, sometimes I become overthinking and lose appetite at home; feel lazy to go to school, feel sick, easily distracted when studying; it is difficult to concentrate on studying..."

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

Meanwhile, the in-depth interviews with school teachers obtained the following themes of their experiences dealing with bullying and parental involvement. The teachers only deal with bullying for a moment. That is why they do not have effective anticipation and preventive action, as they also 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 seen from the results of in-depth interviews with teacher participants as follows:

4.2.3 Handling of bullying

"...generally, it was friends of the victims who reported (the bullying) to us; the victims rarely go to the UKS (school health unit) and rarely complain about their condition immediately (to which their friends answer)..."

"...the perpetrator is advised, but it repeats..."

"...among others, anticipatory steps to prevent bullying are admonition (giving reminders, red); do not be bored to remind, motivate, pair seats with lots of friends, (others); inform the parents of the perpetrators about the situation and that they have to guide their children..."

"...prevent ignorance (among teachers), prevent new occurrence of bullying, while schools have no particular rules concerning bullying, they are limited to casuistry..."

"...got information from parents who complained that their children had injuries and they often got ridiculed by other students; (school) informs the parents of the perpetrators to guide and advise their children (about bullying) ..."

5 DISCUSSION

The present study shows that bullying affects the stress response of the victims. The stress displayed by the victims includes fear of being the next target, fear of having no friends, and feeling excluded, and not daring to report to adults, both to teachers and parents. It causes the victims to have difficulty dealing with stressors effectively, triggering a maladaptive stress response¹⁷. 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 cortisol¹⁸. This cortisol hormone increases when the child reaches ten years old¹⁷ 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 disorders⁴. These disorders cause children to have difficulty relating to peers and adults²¹. Therefore, the children are unwilling to expose the bullying to adults due to shame and fear of punishment^{8,9}. Accordingly, high suspicion is needed in assessing each symptomatic complaint to detect the students experiencing bullying¹².

Another impact of stressful conditions is that it will reduce their ability to respond physiologically and emotionally to stress, especially cognitive responses to stress⁶. This decreasing ability inhibits the opportunities to develop strategies to solve the problems in stressful situations⁷. 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 that are often manifested in symptomatic complaints. The symptomatic complaints can be in the form of internalizing, displaced caring, and externalizing behaviour¹⁴. Victims generally show high externalizing behavior with low empathy skills²³. 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.

Bullying might cause problems in both psychosocial and psychosomatic issues, driven by stress. Psychosocial problems that might arise due to stress are seen from certain behaviors such as cognitive distancing, self-blame, externalization, severe anxiety, having distrust issues with teachers and parents, insomnia, and irregular eating for girls. This condition indicates that the victim is depressed²⁷. 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 those who have poor performance and who are faint-hearted, rigid, and have difficulty interacting. In addition, victims with physical health problems are vulnerable to becoming victims of bullying. A study reported that physical health conditions caused children to become victims more often than other students²⁷.

High psychological pressure causes victims to experience mental health problems such as stress, anxiety, and depression²⁹. The other vulnerability arises because of age, gender, and external pressure in not reporting bullying in elementary schools³⁰.

Victims generally find it hard to report bullying to teachers and parents because they fear becoming the next target. They do not have close friends or want to become the centre of attention. Feelings of insecurity to reveal their experiences when they were victims of bullying mainly occur because they did not get support from the teacher. This study reported that, according to victims, teachers tended to take bullying lightly and advised them not to fight back. The teachers did not teach how to deal with bullying safely. Another study reported that the role of the teacher indirectly causes students to become victims of bullying³¹. Weak instructional support from teachers, incomplete instruction or lack of role modelling in problem-solving, and inadequate classroom monitoring are the causes of students becoming victims of bullying³². This happens because the teachers cannot build commitment with the students and cannot engage the students in participating in learning activities, where low instructional competence weakens the interaction between the teachers and students³³. Teachers' workload to reach the curriculum goal is also what makes them not pay much attention to bullying occurrence at school.³⁴

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 school³⁵. This proactive approach has a positive influence on preventing bullying in schools³³ and encourages the growth of empathy among students³⁷. If this happens, any negative influence of peers can be minimized by the presence of a supportive teacher³⁸. Therefore, the role of the teacher is not only able to prevent negative influence, but also to stop bullying. Concerning the issue, this study has limitations where it did not triangulate data from the observers and bullies. Generally, the victims find it very hard to say they are the victims, fearing being the next target. However, 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.

6. CONCLUSION

This study concluded that the students who often become victims of bullying manifested stress and symptoms. It is also worsened by the condition where the victims usually had poor performance, were physically unattractive, and were afraid to report to teachers and parents. Meanwhile, the teacher considers bullying ordinary delinquency that does not require special attention and binding rules. This study implies that nurses can identify victims by analyzing both physical and psychological complaints and changes in the behaviour of victims of bullying. Suggestions for future studies are to focus on managing the potential of victims, especially in self-identification, courage in reporting incidents and assertiveness in dealing with bullying.

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