



The Experience of Being a Victim of Bullying as a Predisposing Factor for *Post-Traumatic Stress Disorder* (PTSD): A Descriptive Study

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Abstract. An unpleasant encounter can act as a trigger for the development of psychological issues. Bullying among adolescents is on the rise, which increases the risk of psychosocial issues developing in those who are bullied. Bullying victims may experience long-lasting psychosocial issues, such as post-traumatic stress disorder (PTSD), which is characterised by intense psychological distress. This study examined bullying victims as a risk factor for post-traumatic stress disorder (PTSD). This study used a cross-sectional methodology and was a descriptive correlational investigation. The sample consisted of Pekalongan college students who had never encountered physical limits as a result of an accident or been a victim of a natural disaster. A total of 322 respondents were included in the sampling, which was done using simple random sampling. The Self-Reporting Questionnaire (SRQ)-29 was used to measure PTSD and a checklist questionnaire was utilised to gather information about bullying victims' past. The data acquired satisfies the Chi-Square test requirements. The study's findings revealed that, with an average age of 18.29 years, 73.6% of research participants were female and 55.6% were 18 years old. The respondents' ages ranged from 17 to 20. It has been demonstrated that experiencing bullying predisposes one to developing PTSD (p value = 0.0001). Compared to those who have never experienced bullying, individuals who have experienced bullying are 43.5% more likely to get PTSD. Therefore, aggressive attitudes and behaviour must be developed in order to make unpleasant situations and experiences seem like a normal part of life, and to prevent bullying and its effects, particularly PTSD.

Keywords: Stress, PTSD, bullying, psychosocial issues, and the Self-Reporting Questionnaire. Introduction

Traumatic experiences predispose and precipitate mental health problems that can happen to anyone, including adolescents. Traumatic experiences are any events that disrupt physical and psychological integrity due to unpleasant and incomplete insurmountable

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causes reactions such as fear and feelings of helplessness [1]. Traumatic events can originate from long-term external experiences, like bullying, or they can happen in the past, such during childhood [2]. Extended stressful events raise the possibility of developing major mental health issues such despair, anxiety, hopelessness, helplessness, and post-traumatic stress disorder (PTSD). Specifically, the accumulation of untreated stimuli is what leads to PTSD [3].

Untreated stress continues to develop into severe stress and further increases the risk of PTSD. PTSD occurs as an interpretation of unpleasant experiences experienced by vulnerable individuals who feel physically and psychologically threatened by fights, wars, disasters, testimonies, and other unpleasant actions [4]. Exposure to stress or traumatic experiences that occur at an earlier age promotes the development of stronger PTSD [5]. One age group that is vulnerable to PTSD is adolescence.

Adolescent age is the most vulnerable group because when adolescents experience traumatic experiences, adolescents tend to be unable to regulate their emotions. Adolescents cannot control their attitudes, feelings, thoughts, and actions according to logical thoughts [6]. A teenager who experiences high levels of stress or severe traumatic experiences changes in brain structure variations associated with cortical surface shrinkage as well as in people with head injuries [7].

Adolescents with a tendency to be labile and have a character that is free to act as they wish cannot think carefully about the risks they will bear. This strengthens the behavior of strengthening identity and self-identity that wants to be recognized by the social. Negative experiences about these adolescent characteristics will shape superior and inferior attitudes and risk bullying behavior in adolescents superior to inferior adolescents [8].

Bullying among teenagers is becoming more common, which suggests that both bullies and victims are unaware of the risks involved. In 2020, 16.5% of teenagers in the United States reported having experienced bullying. According to the 2019 data from the Indonesian Child Protection Commission, there were 37,381 reports of child abuse in just nine years. Bullying in schools and on social media has been reported 2,473 times, and the number is rising [9].

Teenagers frequently believe that bullying is just common behaviors that has no negative effects on the victim's physical or mental health. In actuality, bullying victims endure severe consequences, such as dread and social disengagement [8]. Teens are the country's future assets and the next generation of its principles; thus, it is important that they have the freedom to participate, grow, and survive as well as the right to be protected from discrimination and violent acts in addition to enjoying their civil rights and freedoms. Teens have a right to an education in a setting that is fearless and safe. It is the responsibility of school administrators and other accountable individuals to safeguard pupils against acts of intimidation, assault, violence, or harassment [10]. Law Number 35 of 2014 concerning Child Protection Article 54 states that (1) children in and within the school environment must be protected from acts of violence carried out by teachers, school administrators, or friends within the school concerned, or other educational institutions. This regulation aims to protect children and teenagers from bullying behaviour. The protection mentioned in paragraph (1) is implemented by govern-

ment authorities, educators, staff, and/or society. Bullying victims' physical and psychological integrity may be in danger if the effect it has on them is not acknowledged by both the bully and the victim.

The victim's ongoing experience of bullying turns into a horrific event. Traumatic events are linked to the development of mental health issues in teenagers, including PTSD and depression. According to the background description provided above, scientists are interested in studying bullying victims as a risk factor for post-traumatic stress disorder (PTSD).

1 Method

This study used a cross-sectional methodology and was a descriptive correlational investigation. The participants in this study were late-adolescent Pekalongan residents. 322 respondents provided a total sample for the sampling technique, which involved basic random sampling. Adolescents who met the inclusion criteria for the study were those who did not have chronic physical problems, were not congenitally disabled, did not live in the Pekalongan Area, and had never experienced a natural disaster.

Direct data collection is done by going out to speak with respondents and asking them to complete pre-made questionnaires. A checklist questionnaire measuring bullying victims' past experiences and the Self-Reporting Questionnaire (SRQ)-29 measuring post-traumatic stress disorder (PTSD) were employed as data gathering tools. A common questionnaire used to assess psychosocial issues, such as PTSD, is the SRQ. The WHO created the SRQ, a questionnaire with very good reliability and validity in terms of both its specificity and sensitivity. Based on demographic information displayed by personal identification, such as an identity card or student card, the characteristics of the respondents are measured.

The data obtained were carried out data analysis both univariate analysis and bivariate analysis. Univariate analysis uses central tendencies and frequency distributions to describe the distribution of respondents based on characteristics. Bivariate analysis used chi square to see the relationship between the experience of history of being a victim of bullying to the occurrence of PTSD in adolescents.

2 Result

The research results showed most of the respondents in this study were women. The majority were 18 years old with an average age in the late adolescent category. The age range of respondents was between 17-20 years. The characteristics of respondents are presented in Table 1 and 2 of the characteristics of respondents below.

Table 1. Table 1. Characteristics of respondents by gender (n=322)

Characteristic	Number of samples (n)	Percent
Gender		
Man	85	26.4%
Woman	237	73.6%

Total	322	100%
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Table 2. Characteristics of respondents by age (n=322)

Characteristic	Average	Standard deviation	Minimum	Maximum
Age	18.29	1.342	17	20

According to the study's findings, bullying victimisation is a known risk factor for post-traumatic stress disorder (PTSD; p value = 0.0001). Compared to those who have never experienced bullying, individuals who have experienced bullying are 43.5% more likely to get PTSD. Table 3 presents further information.

Table 3. Relationship of bullying victims' experiences with PTSD (n = 322)

Victims' experiences of bullying	Occurrence of PTSD		Total	P value	OR
	Normal	PTSD			
Tidak pernah	107	141	248		
Pernah	11	63	74	0.0001	43.5%
Total	118	204	322		

3 Discussion

Gender and age were confounding factors in the study. However, it is said that gender and age are factors of vulnerability to the occurrence of PTSD. Gender is said to be a biological factor in determining psychological stress while age affects the maturity of thinking and acting in the face of psychological stress. The results are in line with previous research that found that children and adolescents with PTSD are mostly women. Those who experience PTSD have a history of traumatic experiences including the loss of loved ones, sexual abuse, physical violence, problems at school, fear, family problems, and physical and emotional abuse [11]. Bullying is manifested in physical, verbal or relational violence. The experience of bullying can cause psychological impacts serious ones, one of which is PTSD (Post-Traumatic Stress Disorder). Post-Traumatic Stress Disorder is a mental health condition that arises in response to life-threatening traumatic experiences. Symptoms of PTSD includes flashbacks, nightmares related to trauma, feelings of intense anxiety, and avoidance of situations reminiscent of traumatic experiences[12].

Previous research results stated that traumatic experiences and PTSD are common in adolescents up to 82.5%, 8.1% PTSD even occurs in their lifetime, and 3.9% experience PTSD up to 12 months [13]. PTSD experienced by adolescents is related to traumatic experiences including social violence, war, natural disasters, accidents, war structures, and other traumatic experiences [14]. As a result of these traumatic experiences, adolescents can immediately experience stress and develop PTSD and have coping that is not adaptive compared to adults who experience PTSD.

Teens who have had traumatic experiences have a 19% risk of developing PTSD for life. This happens because adolescents are not able to manage the stress they experience properly so that it accumulates throughout their lives. Over a long period of time, these

traumatic experiences will continue to produce varying stress responses [15]. This research proves that adolescents with experiences who have been victims of bullying cause PTSD in their lives. Bullying becomes an unpleasant and traumatic experience for adolescents because bullying occurs by damaging mentally through physical and emotional assault of adolescents [16]. Previous research has also proven that bullying is related to PTSD that occurs both at school and work [17]. Previous research stated that 40% of teenagers experienced bullying during the last year at school. As many as 25% of teenagers who experience bullying show symptoms of PTSD [12]. Other research reveals that bullying experiences have a significant relationship with an increased risk of PTSD [18]. The experience of being a victim of bullying, which is considered a traumatic experience, is related to PTSD and causes decreased productivity, problems at school, and limited social interaction. This impact occurs due to the development of negative self-perceptions so that teenagers feel embarrassed and lack self-confidence [12]. Bullying in adolescents that results in PTSD also interferes with important functions in adolescents, namely impaired focus and attention, slowed response, organizing, and planning [19]. In addition, Bullying and PTSD cause decreased psychological well-being of adolescents, difficulty adapting socially, increased negative emotions such as sadness, shame, and anger [20]. Bullying that adolescent have experienced in the past causes adolescent's depression, physical functional impairment, and excessive fear of the future. The symptoms of PTSD occur continuously which is always accompanied by fear, trembling, shortness of nafa, and other physical symptoms when remembering the bullying events experienced [21].

4 Conclusions and Recommendations

Adolescence is a period of self-identity search that has the energy to seek recognition of its existence individually and socially. It is not uncommon for teenagers with their peer groups to show superiority which leads to bullying. This study proved that adolescents with experience as victims of bullying were at risk of experiencing PTSD by 43.5% compared to those who did not experience bullying. This means that there is a need for efforts to increase understanding and awareness for adolescents that bullying is a dangerous act both physically and psychologically, and there is a need to increase assertive attitude and behavior skills in internalizing unpleasant life events that become traumatic experiences for adolescents so that they can be interpreted as part of valuable life experiences. Further research needs to be developed that focuses on nursing interventions to prevent and rehabilitate bullying behavior and PTSD that occurs.

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