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Feeling psychologically unsafe at school and university: bullying and youth living with depression in Indonesia

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ABSTRACT

The prevalence of bullying in Indonesia was 41% among students aged fifteen. This study explored the experiences of being bullied at school/university and the psychological trauma of being bullied among youth with mental disorders in Indonesia. The study adopted a qualitative approach by conducting in-depth one-on-one interviews through WhatsApp chat among twenty participants with mental disorders aged 18-25 from five municipalities in Indonesia (Padang, Jakarta, Yogyakarta, Banjarmasin, and Makassar). Data collection process was conducted from January to June 2022. The thematic analysis method was used for data analysis. Findings can be constructed into five themes: i) looking different: physical appearance, ii) sexual bullying, iii) toxic seniority at school/university, iv) unhealthy competition among students at school/university, and v) being bullied and having mental health problems. Bullying prevention programs at schools and universities in Indonesia are needed to enhance bullying awareness among students and teachers at schools/universities and to achieve safety in schools/universities for students.

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1. INTRODUCTION

School safety is defined as an effort to safeguard and maintain schools as physically, cognitively, and emotionally safe places for students and staff to carry out learning activities [1]. Safe schools are those where students do not experience fear or anxiety of any danger that can weaken their cognitive ability and restrict the learning process [2]. In this study, feeling unsafe at school and university refers to fear and psychological trauma due to bullying and poor relationships with friends, seniors, and teachers.

Bullying is one of the global threats that have an impact on student safety. One third of children worldwide experience bullying [3], [4]. Bullying is unwanted aggressive behavior by a person or group towards a targeted victim who has the intention to hurt either physically or emotionally. Bullying behavior tends to repeat from time to time [3]–[6]. It takes many forms, including verbal, physical, relational, and cyberspace. Verbal bullying involves teasing, name-calling, teasing, inappropriate sexual comments, or threats. Physical bullying can include hitting, tripping, kicking, spitting, or taking or damaging someone's property. Finally, relational, or social bullying is a covert form of damaging a person's reputation or relationships by intentionally isolating the victim from a group, spreading rumors, or publicly embarrassing the person [7].

There are several risk factors for bullying victimization, including i) having a disability, ii) having chronic medical conditions such as asthma, food allergies, skin conditions, diabetes, learning disabilities,

autism, or physical disability, and iii) being an outlier in weight or height [8]. Long-term effects of bullying victimization include increased rates of mental health problems, lower self-esteem, social isolation, difficulties with interpersonal functioning, difficulties with job stability, and higher unemployment in the future [6], [8]–[10]. According to the Program for International Student Assessment (PISA) survey in Indonesia in 2018, the prevalence of bullying in Indonesia was 41% among students aged fifteen. Meanwhile, the Global School-based Health Survey (GSHS) 2015 found that 20.6% of students aged 13-17 reported being bullied over the last 30 days. In addition, up to 40% of child suicides in Indonesia are related to bullying [11].

Previous studies in Indonesia have revealed some findings, such as i) bullying cases in Indonesia, ii) the recommendation for policy and programs related to bullying, iii) some interventions on bullying prevention, and iv) the challenges of minimizing bullying cases in Indonesia [12]–[26]. These previous studies were conducted by literature review, a cross-sectional study, and intervention studies for teachers and students at schools in Indonesia. However, these studies did not reveal how bullying individuals feel, what are their experiences, and their struggles as victims. This paper fills the gap in the literature by exploring bullying individuals' perspectives on their feeling, experiences, psychological trauma, and the effects of bullying on their mental condition. This paper discusses the experiences of being bullied and the psychological trauma of being bullied among youth with mental disorders in five municipalities in Indonesia (Padang, Jakarta, Yogyakarta, Banjarmasin, and Makassar). Youth with mental disorders in this paper refers to the outpatients in psychiatric units at public and private hospitals. The paper contributes to conceptual understanding about bullying victims' burdens at schools and universities. It can be beneficial for mental health program implementers in Indonesia, teachers at schools, lecturers at universities, and students on how bullying affects victims' mental health conditions and how to improve safety in school/university for all students.

2. RESEARCH METHOD

Qualitative research is essential when we know little about the examined issues, such as this study, as it allows us to explore the issues from the perspective of the participants who live with mental issues [15]. Therefore, the study adopted a qualitative approach by conducting in-depth one-on-one interviews through WhatsApp chat among twenty participants with mental disorders from five municipalities in Indonesia (Padang, Jakarta, Yogyakarta, Banjarmasin, and Makassar). All data collection process was conducted from January to June 2022.

Youth with mental disorders included those with depression, anxiety, or bipolar disorder aged 18-25. Participants were selected purposively from Bipolar Care Indonesia Facebook Group. Inclusion criteria were i) participants, both male and female aged 18-25; ii) participants who have experienced being bullied; iii) participants with mild to moderate depression screened by the BDI II questionnaire; and 4) participants who have the willingness to involve in the study. Participants with severe depression and psychotic symptoms were excluded from this study. We had twenty participants with bullying victims' experiences as the cause of mental disorders from a total of 90 participants in our larger project. We contacted them after the prior assessment to build rapport and to understand their perspectives better. Building a good rapport is essential in this sensitive issue study. A semi-structured question was created to answer research objectives. These include open-ended questions such as: please tell me about bullying that you have experienced. How did you feel? What did they do to you? How did it affect your mental condition? How did you cope with that?

In line with COVID-19 restrictions and social distancing measures, all interviews were done online using WhatsApp. All of the participants in this study used WhatsApp messenger. This chatting method provides convenience for researchers to eliminate challenges and improve time and cost efficiency when collecting data from multiple sites [27]. In-depth interviews through WhatsApp Chat lasted 15-20 minutes, and chat archives were exported and downloaded for analysis. Thematic analysis (TA) was applied to the data to determine the significant themes pertinent to the research question [28]. In addition, the trustworthiness of this study was checked with building rapport and probing with the participants, and working with an expert [27]–[28]. The study protocol received ethical approval from The Research Ethics Review Committee for Research Involving Human Research Participants, Group 1, Chulalongkorn University, COA No. 247/2021, before the study began in 2022. Informed consent was received from each participant before conducting the in-depth interview.

3. RESULTS AND DISCUSSION

This study included twenty participants aged 18 to 25 years, both male and female, and all the participants were single. They lived in several municipalities in Indonesia, such as Padang, Jakarta, Yogyakarta, Banjarmasin, and Makassar, with semi-urban and urban settings. Most participants have psychological trauma due to being bullied and are outpatients in the psychiatric unit at public/private hospitals with mental health issues such as depression, anxiety, and bipolar. The findings revealed bullying victims feeling, experiences, psychological trauma, and its effects on their mental condition. This study's findings can be constructed into five themes: i) looking different: physical appearance, ii) sexual bullying, iii) toxic seniority at school/university, iv) unhealthy competition among students at school/university, and v) being bullied and having mental health problems.

3.1. Theme 1. Looking different: physical appearance

Consistent with the literature review on risk factors of being bullied [8], some of the participants in this study were being verbally bullied due to skin conditions (pimples) and being an outlier in weight or height (short and overweight). Some experienced this bullying since elementary school, and it continued until junior high school and senior high school. Some participants were also bullied due to these matters at university. In addition, as a result of being bullied, they felt embarrassed by their physical appearance, as some of their classmate made fun of them. Because of the adverse effects of this physical appearance and verbal bullying, some participants suffer from anxiety and depression, have low self-esteem and self-confidence, and commit self-harm. Based on the study's findings, physical appearance is the most frequent reason to be bullied. Girls are more likely than boys to experience bullying based on physical appearance [29]. This study finding is consistent with previous studies' results in some Asia countries such as Indonesia [29], China [30], Thailand [31], [32], Pakistan [33], Malaysia [34], Singapore [35], Philippines [36], Cambodia [37], and Myanmar [38].

"...I was the shortest in the class, and my classmates called me shorty and ugly. So, I became a victim of bullying when I was in elementary school. Not only my classmates but also my teacher sometimes made fun of me. I knew I was not as good as them, but it was not my fault for being short and ugly. It was not my mom's mistakes that born me like this. Right after I entered high school, the bully worsened, and I kept moving from one school to another, but the thing was, even though I moved into new schools, classmates kept bullying me...." (Informant 1, Female, 22 years old)

"...they called me fat, and I cannot confront them. I keep all the pains of being bullied inside. They kept teasing me verbally, and I could sense they made fun of me from how they looked at me. The students at that school and the teacher called me fat. Sometimes, I cried in the restroom to release my emotions...." (Informant 3, Male, 20 years old)

"...I have had so many pimples on my face since I was twelve. My classmates and other school students keep bullying me because of those pimples. I got anxious every morning that I should go to school, and I lost the motivation to go to school at that time...." (Informant 6, Female, 18 years old)

3.2. Theme 2. Sexual bullying at school

Sexual bullying refers to sexually bothering another person (which may also be called sexual harassment). This type of bullying was represented by inappropriate and unwanted touching, sexualized language, and pressuring another to act promiscuously [39]. Literature shows that there are no significant differences in the extent to which girls and boys experience sexual bullying. Previous studies related on sexual bullying/violence were also found in Indonesia [40] and some ASEAN neighborhood countries such as Myanmar [41], Malaysia [42], and Thailand [43]. Some of the participants in this study, especially girls, experienced sexual violence and bullying, on top of other verbal, physical, and social bullying. Other students and a male teacher threatened some of our participants. Moreover, some other students spread nasty rumors about their sexual behaviors. As a result of sexual bullying and sexual violence at school, they were scared to go to school and experienced psychological trauma.

"...I was a new student in that school, and at that time, the male teacher (Islamic Religion Teacher) touched my hand several times. He kept swiping his hand to my hand. I did not know what to do at that time in class. Should I scream? Should I cry? I was just a 15-year-old girl. I did not understand then; I just wanted to cry, but I held and kept everything inside."

I prayed to God to protect me. I felt so bad for myself, as I did not have the power to state that 'don't you dare to touch me'..." (Informant 7, Female, 19 years old)

"...I got bullied because of my sexual orientation. They said that I was abnormal and that I liked men. I only had one friend at that time, and he could accept me. I felt so lonely and sad..." (Informant 20, Male, 25 years old)

"...as a girl with a big boob, I felt so embarrassed every time boys in my class or at school. It happened when I was aged 14-18. Because of that, I felt so anxious at school. At that time, I also perceived that all boys were bad, as they verbally assaulted and teased me and made fun of my body. I felt so depressed then, so I did not dare to continue to higher level education (university), as I thought that maybe boys at university would treat me the same way...." (Informant 8, Female, 22 years old)

3.3. Theme 3. Power imbalance: toxic seniority at school/university

Seniority was interpreted in a broader sense as a gift devoted to older people in various ways. Senior/older people are usually seen as having more experience. In school, students perceived seniority as a gap between seniors and juniors. The seniority culture in the current era is considered to be more likely to lead to negative behavior. It will lead to violent and bullying behavior [44]–[46]. Some of the participants in this study experienced verbal, physical, and social bullying from their seniors at schools and universities. A group of senior students pushed them, took away or destroyed things that belonged to participants, got threatened by seniors, and spread nasty rumors about participants. As a result of this bullying, our participants felt scared to go to school and suffered from mental health problems.

"...these traumatic events started when I watched a volleyball match with my closest friends. I could not enjoy the match as tall boys stood before us. And then I said to one of them, 'excuse me, could you please move away or sit anywhere, I could not see the match now as you stand there' – and then he said: 'be careful, you will not enjoy your study in the school anymore, ugly girl' --, I did not know that he was my senior at school, right after that I received so many bullies at school, he said to his closest friends that I was treating him bad during a volleyball match, and all of his friends also treated me bad. It has happened for two years, and I even have self-harm several times. I did not have power. I really wanted to die. At school, they verbally assaulted me, some senior girls pushed me, and they spread negative rumors about me. I felt like everyone's eyes were on me, and I felt like every day at school was a never-ending nightmare for me...." (Informant 10, Female, 19 years old)

3.4. Theme 4. Unhealthy competition among students

Competitive school environments can include comparing students to one another on academic and social outcomes or providing rewards and acknowledgment only to students with more achievements than other students [47]. In schools, adolescents may compete for both social and academic accomplishments. Competitive behavior often takes the form of bullying [48]. Some participants in this study experienced social bullying from their classmates at school and university due to unhealthy competition among students. The victims of this bullying usually were students with good grades/intelligent/diligent, and students who received many achievements or rewards in class or at school/university. A group of senior students hurt participants' reputations or relationships by purposely excluding participants from a group/isolating them and spreading negative rumors. As a result of this social bullying, our participants felt anxious to go to school. They did not feel safe at school due to psychological trauma. Some participants tend to isolate themselves as well and experience anxiety and depression. Due to these mental conditions, some participants felt fatigued and lacked motivation and concentration during the study.

"...I felt like some students in the class had eyes on me. It started at the end of my first semester at university. I got the highest GPAX grade point average (GPA) in the faculty. I was also active in some extracurriculars, and they (my classmates) stopped talking with me. They isolated me for years, and I felt abandoned by them. I felt so lonely then, and I started isolating myself. I became so quiet in class, and I was also facing some difficulties with concentration in class. And lately, I skipped some classes, and my GPA was drastically reduced. I wish I could tell them I was suffering enough from that social bullying. Everything was dark. Finally, I experienced depression and anxiety and received monthly treatment with a psychiatrist..." (Informant 12, Male, 22 years old)

"...I stopped being a diligent and active student that always answer lecturers' questions in class. I received silent treatment from my classmates. I did not know what was wrong or what I should do. I was no more a student with the highest grade at university. I felt no motivation to study. I kept blaming myself and isolated myself. I received some medicines from a psychiatrist but cannot afford treatment due to financial issues. I feel so hopeless, empty, and lonely at the same time...." (Informant 13, Female, 21 years old)

3.5. Theme 5. Being bullied and having mental health problems

In several studies, bullying victims have shown higher risk of depression and anxiety, suicidal ideations, plans, and attempts [49]–[53]. Consistently, this paper found that being bullied has adverse effects on victims' mental health conditions. Some participants experienced psychological trauma, clinical anxiety, depression, self-harm, and suicide attempts. Due to these mental health problems, our participants were admitted as an inpatient at psychiatric units.

"...Finally, my mom brought me to a psychologist, saying I got anxiety and mild depression from bullying. You know, it was about six years since I got bullied in high school (junior high and senior high schools). I started to self-harm, my mom brought me to a psychiatrist, and I consumed some medications. But those classmates and students at school would never stop bullying me..." (Informant 6, Female, 18 years old)

"...I could not tell my parents that I got bullied at school, as I also lived in a problematic house, and my relationship with my parent was too bad. I kept everything by myself. I had ideas to make several attempts of self-harm. That is the only way for me to release my emotion. The scars on my body were evidence of how suffered I was. I became addicted to self-harm. I also had suicide attempts at school but always failed." (Informant 15, Female, 18 years old)

"...because of being bullied by my classmates and some of my lecturers, I suffer from depression and anxiety. I got a phobia every time I tried to visit the university. I received treatment from psychiatrist. It has not only happened to me but also to my friend. They bullied us by abandoning us in class and spreading negative rumors. My friend was also received treatment from psychiatrist for anxiety. Thank God, we are still alive. I hope no more bullying behaviors exist in any part of the world..." (Informant 14, Female, 24 years old)

"...I switched universities several times because of being bullied, and I got serious depression. I made several suicides attempts also but always failed. The condition got worsen when my mom passed away. I lost someone who can encourage me, and my mental condition is getting severe." (Informant 13, Female, 23 years old)

4. IMPLICATIONS FOR PUBLIC HEALTH PREVENTION PRACTICE AND POLICY

The bullying issue in Indonesia has been intensively reported since 2015. Then it became a trending topic of study for research papers in Indonesia. Nevertheless, it still exists until this day. Social activists and researchers also began to make several breakthroughs in bullying prevention interventions in schools through several pilot studies. However, bullying prevention targets schools should not only be pointed to teachers, lecturers, and students. Cooperative collaboration practices between cross-sectors of health and the education sector are needed. The role of religious leaders, parents, and social media assistance in this digital era was also needed to prevent bullying. Unfortunately, "speak up" for bullying victims is undeveloped in Indonesia. Bullying victims still have the same old patterns of isolating themselves and are afraid to tell the truth, to avoid more severe bullying treatment from bullies. Bullying prevention programs need to be implemented as early as possible since elementary school so that the forerunners of bullying behavior can be handled as early as possible.

5. CONCLUSION

To our knowledge, this study was the first one in Indonesia that explored the experiences of bullying victims at schools and universities and its impact on their mental health conditions. Bullying at schools/universities affects both male and female students in various cultures and settings in Indonesia. Unfortunately, the psychological trauma caused by bullying leads to mental disorders such as anxiety and

depression among the victims. However, this study further revealed two broader types of bullying, namely traditional bullying and sexual bullying. Specifically, this paper had four major themes: bullying because of physical appearance, sexual bullying, toxic seniority at school, and unhealthy competition among students. The paper provides a conceptual understanding of the experiences of young people living with mental issues in Indonesia. As a limitation of this study, we did not explore cyberbullying in this paper. It needed wider and broader perspectives due to the heterogeneity and diversity of mobile phone users in Indonesia. However, our findings suggest that bullying prevention programs at schools and universities in Indonesia are needed to enhance bullying awareness among students and teachers at schools/universities and to achieve safety in schools/universities for students.

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