Research Article

Peer Counseling: Addressing Bullying Issues Among Adolescents

Trialovena Firizbrilian Purbasafir and Siti Suminarti Fasikhah*

University of Muhammadiyah Malang, Indonesia

Corresponding Author: Siti Suminarti Fasikhah; email: suminarti@umm.ac.id

OPEN ACCESS

Abstract.
The problem of bullying is a severe issue among adolescents with far-reaching impacts on mental and social well-being. The increasing number of cases is often caused by poor handling and neglect, so victims do not get the psychological assistance they need. Peers have an essential role in adolescent development and can take a role in efforts to deal with bullying at school by becoming counselors for peers who need it. This study aims to improve the understanding and skills of peer counseling on student council cadres as *agents of change* in schools. This training combines psychoeducational methods to increase understanding of bullying and its implications, as well as providing peer counseling training to provide counseling skills to help peer victims of bullying. The subjects in this study were adolescents aged 13–15 years who were members of the intra-school organization (OSIS) and were taken using a purposive sampling technique totaling 31 subjects. This research is experimental research with *a one-group pretest and posttest design*. The results showed an increased understanding of bullying and skills in peer counseling. Based on the Wilcoxon test, it was found that the Asymp. Sig (2-tailed) value was 0.000 (sig. <0.05), so it was concluded that peer counseling training interventions were effective in increasing the understanding and skills of bullying and peer counseling.

Keywords: adolescent, bullying, peer counseling training, psychoeducation, school

1. BACKGROUNDS

Adolescence is a period of individual transition that has completed childhood into adulthood. The transition period in adolescents is part of a form of development in human life. Adolescence is seen as a period of "storm and stress." Stormy and stressful periods in adolescents can be marked by colorful periods of conflict and mood changes among adolescents (1). Teenagers' negative behavior is caused by a lack of self-control and a lack of understanding in understanding the emotions of others. Eventually, it creates a new behavior, such as aggression, leading to bullying. Aggression in individuals can be a sign of decreased levels of empathy resulting in bullying (2). Self-control has a significant relationship to bullying behavior; a lack of self-control and emotions lead to bullying behavior. Bullying is an aggressive act that can hurt other

people; this act of aggression is carried out to intimidate mentally and physically using physical, verbal, or other forms (3).

According to 2018 Program for International Student Assessment (PISA) data in Indonesia, 39% of students stated that they had experienced being bullied several times at school by other students. As many as 34% of Indonesian students experience social bullying, 27% of students experience physical bullying, and 22% of Indonesian students experience both forms of bullying (physical and social) (4). Bullying has a severe impact on the mental and social well-being of adolescents. Victims of childhood bullying have an increased risk of experiencing internalizing disorders such as depression and anxiety, even years after the bullying has stopped. In addition, victims of bullying are at higher risk of experiencing psychotic disorders in adulthood (5). Bullying not only harms victims but also perpetrators, and individuals who witness it (bystanders). Studies have found that victims of bullying are at risk of experiencing depression, anxiety, somatic symptoms, and other mental and physical health problems.

In contrast, bullies, although they appear to be more physically strong and healthy, perpetrators of bullying have a vulnerability to psychological disorders that cause them to experience failures such as failure in school, use of prohibited substances, and are at risk of experiencing antisocial disorders in adulthood. It does not stop at victims and perpetrators of bullying; bullying impacts bystanders or outsiders, where individuals witness bullying situations but are impartial and do not intervene; studies find that bystanders have a higher risk of experiencing mental health disorders and substance use disorders (6). Studies find that bullying

causes low self-esteem in individuals, and this becomes a mediator for various mental disorders such as depression, anxiety, to suicidal behavior (7,8). A meta-analysis study found that involvement in bullying was positively correlated with suicidal ideation (9). Adolescent boys usually receive a lot of physical and verbal bullying, which increases suicidal ideation, while female adolescents receive a lot of realistic bullying, which increases suicide attempts. In this case, peer support exacerbates ideas or suicide attempts (2).

As a microcosm of society, the modern school environment provides a complex setting where bullying thrives. Adolescents, vulnerable to peer pressure and social influence, often face the challenges of bullying. With advances in technology, the rise of cyberbullying adds layers of complexity to this issue, framing the boundaries between spaces in school and outside of school. This trend highlights the need to address bullying holistically, considering the complex play between individual, social, and environmental factors. Bronfenbrenner's ecological systems theory states that individuals

are not passive in accepting their environment but are influenced by various systems that interact and shape their experiences. This theory proposes that examining bullying through the eyes of multiple ecological levels, from direct interactions in the microsystem to social norms and broader societal policies in the macrosystem, is essential for a thorough understanding of the problem (10).

Several studies have highlighted the significance of the school environment in shaping the occurrence and continuation of bullying. The role of school climate, including teacher attitudes, levels of peer support, and anti-bullying policies, influences the prevalence of bullying behavior (11,12). In addition, the importance of school-scale interventions that involve students, teachers, parents, and the larger community (11). These studies emphasize the need to explore interventions that address bullying as a community problem rather than an isolated incident. Peer counseling, a strategy involving trained peers providing support and guidance to their classmates, is gaining recognition as a potential intervention to combat bullying. In line with the socio-ecological approach by involving students in their microsystems to create positive influences on their peers. Previous research by Rigby and Johnson has shown that peer counseling can increase empathy, better communication skills, and a more positive school climate. Studies also show that peer counseling positively affects mental health (5). However, empirical investigations are still needed on the effectiveness of peer counseling interventions in the context of the wider school community.

This study examines the effectiveness of integrating psychoeducational interventions with peer counseling training to enhance students' knowledge of bullying and their peer support skills.

2. RESEARCH METHODS

2.1. Variables

2.1.1. Peer counseling

Peer counseling is a form of counseling in which individuals with similar experiences or backgrounds provide support and guidance to one another. In this approach, individuals who have experienced similar experiences or challenges can provide emotional and practical support to others facing similar situations. Peer counseling is often used to promote mental health and well-being and can effectively reduce psychological distress and increase coping skills (13). Generally, peer counseling involves individuals with

similar experiences or backgrounds to support and guide one another. The specific content of peer counseling sessions may vary depending on the needs and goals of the participants. However, it may include sharing experiences, providing emotional support, practical advice, and helping each other develop coping skills. In the mental health context, peer counseling can involve discussing strategies for managing stress, improving communication skills, and developing healthy habits. Peer counseling sessions are often led by facilitators who have received brief prior training rather than through direct intervention by medical or psychological specialists (5,13).

Peer counseling could be introduced as an alternative approach to schools and businesses. Peer counseling is a support-consulting approach in which co-workers and other individuals in a similar demographic position listen to one another's problems, feel empathy, and provide solutions. Peer counseling was first developed in the United States in the 1970s to support individuals with special needs with mental health problems and was introduced in Japan in the 1980s. This method was initially used to provide mutual consultation to individuals with special needs and was later used to support their families (13).

In this research, peer counseling is defined as a counseling process carried out among peers at school for bullying victims. In this context, OSIS cadets act as counselors, offering emotional support, providing practical advice, and collaboratively developing coping strategies.

2.1.2. Peer counseling training

Peer counseling training is a process of preparing individuals to provide support and guidance to others who are facing similar experiences or challenges. The training generally includes basic knowledge about mental health, the concept of counseling, and the goals and procedures of peer counseling sessions. This training may also include listening skills, communication skills, and strategies for managing stress and promoting mental health (13). Students who become peer counselors at school will be trained in basic counseling skills such as attending skills, empathy, summarizing, questioning, original behavior, assertiveness, confrontational, and problem-solving skills (14).

The peer counseling training in this study included several aspects of the skills trained by peer counselors: 1) Attending, the attending technique involves giving full attention to individuals who are telling their experiences or problems. This includes stopping distractions, making eye contact, using open body language, and showing interest and interest in what the individual is expressing. 2) Empathizing: Empathizing techniques involve

trying to understand and feel the experiences and feelings of individuals seriously. This involves listening with empathy, trying to see the situation from their perspective, and expressing understanding and appreciation for their feelings and experiences. 3) Summarizing: The summarizing technique involves briefly restating what has been disclosed by the individual. This helps clarify understanding and provides feedback to individuals on what they have shared. Summarizing can also help summarize a topic or move the conversation more focused; 4) Questioning: The questioning technique involves asking relevant questions and opening up further discussion. Questions can help peer counselors obtain more information, clarify understanding, trigger individual reflection, and direct conversations to important topics; Directing: Directing techniques involve providing practical directions or advice to individuals. This can include providing information, offering strategies or solutions, or directing individuals to resources or other assistance that can assist them in coping with the problem.

In this research, peer counseling training refers to a structured process of instruction provided to OSIS cadets regarding their understanding and skills in conducting counseling. OSIS cadets are trained in simple counseling techniques, including Attending, Empathizing, Summarizing, Questioning, Directing, and their application in the counseling process. This training involves role-playing and practical exercises in real-life settings.

2.1.3. Bullying

Bullying is an aggressive, deliberate action carried out repeatedly and over a sustained period by an individual or group against victims who do not defend themselves effectively (15). Although this definition has sparked some debate, most scientists agree that bullying involves intent to harm and an imbalance of power between the bully and the target, manifesting in repetitive behavior. The dynamics of bullying involve interactions where the perpetrator gains dominance while the victim becomes powerless, making it difficult for the victim to respond or manage the situation (16). Power imbalances can stem from physical prowess, social status within a group, or even the size of the group targeting the individual. It can also be manifested by exploiting a person's vulnerabilities, such as appearance, learning challenges, family background, or personal characteristics, for harmful purposes. Bullying includes verbal attacks (e.g., taunts, threats), physical acts (e.g., spanking, breaking things), and relational/social aggression (e.g., ostracism, spreading rumors), which extends to contemporary forms such as cyberbullying through the internet and new technologies. (15–17).

In this research, bullying encompasses all forms of bullying, whether verbal, physical, relational, or others, that occur within the school environment. Participants will receive psychoeducation related to bullying, including the definition of bullying, the reasons individuals engage in bullying, the impacts of bullying, examples of different forms of bullying, and the characteristics of both perpetrators and victims of bullying. This information will be presented through presentations and interactive discussions.

2.2. Sampling Method

The sampling method used in this study was *purposive sampling*. Subjects in this study were determined based on predetermined criteria (18). The subject criteria are 1) aged 13-15 years; 2) members of intra-school student organizations; 3) willing to become a peer volunteer counselor. Based on the screening results, 31 subjects were involved in the intervention activities.

2.2.1. Research subject

The subjects in this study were 31 QQ at a junior high school (SMP) in East Java. It consists of 4 male students and 27 female students with an average age of 14.3 years. The subjects were divided into 8 students in seventh grade, 8 in eighth grade, and 15 in grade 9.

2.2.2. Research Instruments

The instrument in this study was a questionnaire on understanding bullying knowledge with two answer choices, "Yes" and "No," totaling 20 statements, with the correct score for each statement being 5 points, while the maximum total score is 100 and the minimum is 0. Furthermore, to find out changes in understanding related to the counselor's peers using questionnaires understanding peer counselor knowledge of 20 multiple choice questions, to find out skills in applying peer counseling techniques through observation using a behavior checklist which contains basic skills in implementing peer counseling such as serving (attending), empathy (empathizing), asking (Questioning), Directing, and Summarizing. The counselee gives peer counselor skills assessment during *roleplay* and the implementation of peer counseling in a natural setting at school.

2.2.3. Research design

This research is an experimental study in the form of a one-group pre-test post-test design, which is a technique to determine the effects before and after giving treatment (18).

$$O_1 \longrightarrow X \text{ (Pelatihan konseling sebaya)} \longrightarrow O_2$$
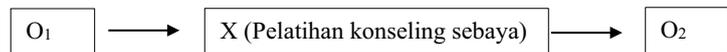
Information :
O1: Pre-test measurement
O2: Post-test measurements

Figure 1:

2.3. Data Collection Procedures

This research was conducted through three stages, namely as follows: Preparatory stage. After the researcher had studied the material at this stage, an assessment was made of schools with high complaints of bullying through interviews with various parties, such as teachers. These students were victims of bullying, perpetrators of bullying, and student council cadres. After the assessment was carried out, intervention activities were formulated in the form of peer counseling training for student council members as agents of change in the school community. Furthermore, 60 members of the osis carried out the screening. The screening was carried out by giving a questionnaire containing open-ended questions regarding basic knowledge about mental health, attitudes towards friends who need psychological assistance, individual differences, and a statement of willingness to become a peer counselor. After going through the screening phase, it was found that 31 Osis members became research subjects who were willing and fully participated from the beginning to the end of the activity.

Treatment/intervention stage. The interventions given to the experimental group were bullying psychoeducational interventions and peer counseling training, which were carried out in 3 sessions within one month with 120 minutes per session in the form of lectures and roleplay. Before being given the material, a measurement of the subject's initial understanding of bullying and peer counseling was carried out as a pre-test, and the same questionnaire was given after the intervention as a post-test. The counseling skills questionnaire was given after the implementation of the roleplay and during practice in real situations at school with the counselee as an assessor.

The post-intervention/treatment stage, the last process to close all intervention activities, is done by giving a post-test. Furthermore, the pre-test, post-test results, and follow-up data was processed through non-parametric statistical analysis (19).

2.4. Data analysis techniques

The data obtained through the pre-test and post-test from this study were then analyzed using the SPSS application to see the effect, improvement, and differences before and after the intervention that had been given. The data analysis used was non-parametric analysis because the distribution of the data was based on the data normality test with the Kolmogorov-Smirnov and Shapiro-Wilk, which showed that the data were not normally distributed, so the different test analysis was carried out using the Wilcoxon test data analysis to find out the differences in the pre-test and post-test results (19).

3. RESULTS

3.1. Hypothesis test

TABLE 1: Wilcoxon test pre-test and post-test understanding of bullying.

	Pre-test -- post-test understanding of bullying	Pre-test -- post-test understanding of peer counseling	Pre-test -- post-test of peer counseling skills
Z	-4.923b	-4.895b	-4.895b
Symp. Sig. (2-tailed)	.000	.000	.000

Table 1. Based on the different tests with Wilcoxon analysis, it is known that Pre-Post Bullying Understanding: Z = -4.923; p= 0.000, p<0.05; H0 is rejected, H1 is accepted. Pre-Post Peer Counseling Understanding: Z= -4.895; p= 0.000 p<0.05; H0 is rejected, H1 is accepted. Counseling Skills Pre-Post: Z= -4.895; p = 0.000 p<0.05; H0 is rejected, H1 is accepted. It was concluded that there was a very significant difference between the Y scores before treatment (X) and after receiving psychoeducational interventions and peer counseling training influenced the subject's understanding and skills of peer counseling.

Graph 1. Shows data on the increase in scores before and after intervention on each variable; on understanding bullying, the score increased from 62 to 80; on understanding peer counseling, the score before 60 increased to 79; while peer counseling skills increased from 6 to 12, where a score of 13 is the max value.

TABLE 2: Description.

| Descriptive Statistics					
	N	Minimum	Maximum	Means	std. Deviation
Age	31	13	15	14.26	.855
Pre_ Understanding Bullying	31	50	75	61.61	7,233
Post_ Understanding Bullying	31	70	95	79.68	5,618
Pre-test understanding of peer counseling	31	50	75	59.52	6,752
Post-test understanding of peer counseling	31	70	90	79.19	5,642
Counseling skills pre-test	31	5	8	6.23	1.203
Post-test of counseling skills	31	10	13	11.94	1.153
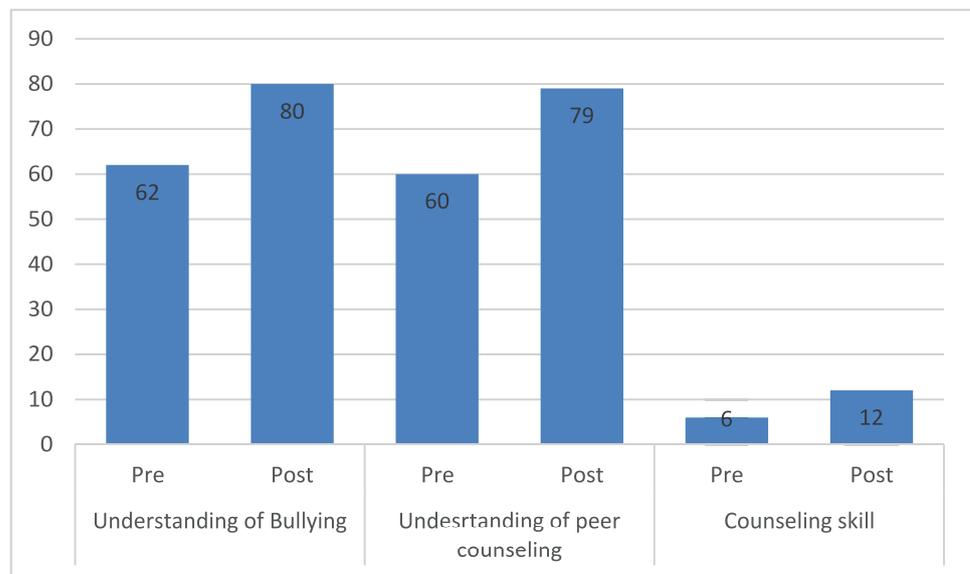
Figure 2: Description of the pre-post variables.

Graph 2. Based on the pre-test and post-test data of peer counseling skills based on the peer counselor's behavioral checklist, it is known that there is an increase in scores on several aspects, namely empathy increasing from a score of 1 (poor) to 3 (very good), questioning 2 (enough) to 4 (very good). good), and directing from a score of 1 (poor) to 3 (good). As for the attending and summerizing aspects both in the roleplay and practical sessions, the subject showed good skills.

4. DISCUSSION

The research results show that psychoeducation can increase participants' under-standing regarding bullying and peer counseling skills training increases participants' understanding and skills in carrying out counseling for victims of bullying. Based on
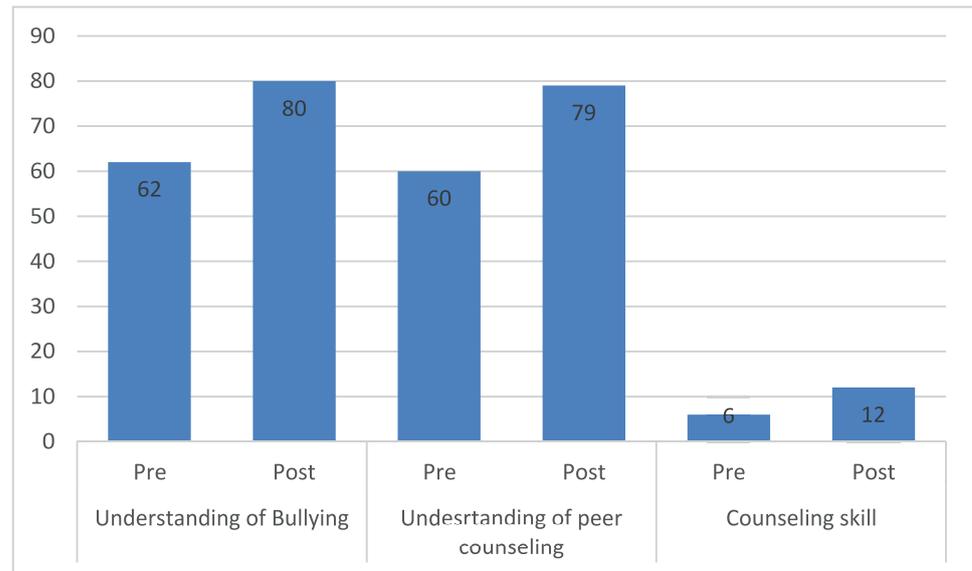
Figure 3: Pre-post description of the variable aspects of peer counseling skills.

the difference test with Wilcoxon analysis, it is known that Pre-Post Understanding of Bullying: Z= -4.923; p= 0.000, p<0.05; Pre-Post Understanding Peer Counseling: Z= -4.895; p= 0.000 p<0.05; Pre-Post Counseling Skills: Z= -4.895; p= 0.000 p<0.05; It was concluded that there was a very significant difference between the scores before treatment and after receiving treatment, psychoeducational intervention and peer counseling training had an influence on the subject's understanding and peer counseling skills.

The results of this study align with theoretical concepts supporting the effectiveness of psychoeducation and peer counseling training in enhancing participants' understanding of bullying and their counseling skills. A relevant theoretical concept is social learning theory, which emphasizes that individuals can learn from the experiences of others and through appropriate interventions. In this context, psychoeducation about bullying provides participants with better knowledge of what bullying is, why it occurs, its consequences, and the characteristics of both perpetrators and victims. By understanding the fundamentals of bullying, participants become more aware of the importance of stopping bullying behaviors and providing support to victims. This aligns with the concept of social learning, wherein new understanding and behavioral changes can occur through knowledge acquisition and observation. These findings are supported by prior research, which explained that psychoeducation for bystanders can enhance their ability to identify various forms of bullying, their knowledge of intervention strategies that bystanders can employ in bullying situations, and their overall confidence to intervene in bullying situations and provide support (23).

Furthermore, peer counseling training equips participants with practical tools to assist their peers who may be victims of bullying. This includes skills such as empathetic listening, asking relevant questions, guiding conversations, and summarizing information. By honing these skills, participants become more competent in offering emotional and practical support to bullying victims. The results of data analysis, indicating a highly significant difference between pre- and post-intervention scores, underscore the success of this approach in enhancing participants' understanding and skills. This implies that participants have effectively acquired new knowledge and applied it within the context of peer counseling. This aligns with prior studies that found peer counseling to have a positive impact on the mental health of adolescents (5,13,14). Peer counseling has also been shown to boost the self-esteem of peer counselors or peer supporters and positively influence perceptions of bullying in schools (21). A meta-analysis of bullying interventions in schools suggests that peer counseling is an effective strategy when combined with emotional control training and school policies addressing bullying (22,23).

The limitation of this study is the limited implementation of peer counseling roleplay, so it is necessary to monitor and evaluate through *Focus Group Discussion* (FGD) to improve subject understanding and skills. Subjects in this study were dominated by female subjects and only a small proportion of male subjects; this indicates inequality and the results cannot be fully generalized based on gender.

5. CONCLUSION

Psychoeducational interventions and peer counseling training effectively increase understanding of bullying and peer counseling skills. Based on the Wilcoxon test, it is known that the intervention has a significant effect on the subject's understanding and skills. After going through the intervention, students have an understanding of dealing with situations of bullying and have the skills to provide psychological assistance through peer counseling. This school community-based intervention is expected to be carried out on an ongoing basis and supervised in its implementation by the school.

Acknowledgments

Funding

Ethics Policy

References

[1] Santrock JW. Life-span development. 13th ed. Jakarta: Erlangga Publisher; 2011.

[2] Barzilay S, Brunstein Klomek A, Apter A, Carli V, Wasserman C, Hadlaczky G, et al. Bullying victimization and suicide ideation and behavior among adolescents in Europe: A 10-country study. Journal of Adolescent Health. 2017;61(2):179–186. http://dx.doi.org/10.1016/j.jadohealth.2017.02.002

[3] Moon B, Alarid LF. School bullying, low self-control, and opportunity. Journal of Interpersonal Violence. 2015;30(5):839–856.

[4] OECD. Education in Indonesia learns from the results of PISA 2018. Center for Assessment of Educators Balitbang KEMENDIKBUD [Internet]. 2019;(021):1–206. Available from: http://repositori.kemdikbud.go.id/id/eprint/16742

[5] Wiryantara J, Salsabila N, Afif Alhad M. The role of peer counseling on mental health. Bisma J Counts. 2020;4(3):242–253. http://dx.doi.org/10.23887/bisma.v4i1

[6] Camodeca M, Nava E. The long-term effects of bullying, victimization, and bystander behavior on emotion regulation and its physiological correlates. Journal of Interpersonal Violence. 2022;37(3–4):NP2056–75.

[7] Zhong M, Huang X, Huebner ES, Tian L. Association between bullying victimization and depressive symptoms in children: The mediating role of self-esteem. Journal of Affective Disorders. 2021;294(July):322–328. https://doi.org/10.1016/j.jad.2021.07.016

[8] Tsaousis I. The relationship of self-esteem to bullying perpetration and peer victimization among schoolchildren and adolescents: A meta-analytic review. Aggressive Violent Behavior. 2016;31:186–199. http://dx.doi.org/10.1016/j.avb.2016.09.005

[9] Holt MK, Vivolo-Kantor AM, Polanin JR, Holland KM, DeGue S, Matjasko JL, et al. Bullying and suicidal ideation and behaviors: A meta-analysis. Pediatrics. 2015;135(2):e496–509.

[10] Bronfenbrenner U. The ecology of human development. Harvard University Press; 2009.

[11] Hornby G. Bullying: An ecological approach to intervention in schools. Prev Sch File. 2016;60(3):222–230.

[12] Rigby K. Bullying interventions in schools: Six basic approaches. Chichester, England: Wiley/Blackwell; 2012.

[13] Nozawa H, Ikegami K, Michii S, Sugano R, Ando H, Kitamura H, et al. Peer counseling for mental health in young people – Randomized clinical trial. Mental Health & Prevention. 2019;14(May):200164. https://doi.org/10.1016/j.mph.2019.200164

[14] Rahmawati AH, Suwarjo, Utomo HB. The effect of basic skills counseling as vital skills in peer counseling to Indonesian students. Universal Journal of Educational Research. 2019;7(9):1874–1881.

[15] Olweus D. Aggression in the schools: Bullies and whipping boys. New York: Hemisphere Publishing; 1978.

[16] Menesini E, Salmivalli C. Bullying in schools: The state of knowledge and effective interventions. Psychology, Health & Medicine. 2017;22:240–253. http://dx.doi.org/10.1080/13548506.2017.1279740

[17] PK S. Understanding school bullying: Its nature and prevention strategies. London: SAGE; 2014.

[18] Latipun. Experimental psychology. 3rd ed. Malang: UMM Press; 2015.

[19] Corder GW, Foreman DI. Non-parametric statistics for non-statisticians. Canada: John Wiley & Sons, Inc; 2009.

[20] Gray SL, Culpepper CL, Welsh DP. Adolescence. Encyclical Hum Behav Second Ed. 2012;22–29.

[21] Astuti KM, Djuwita R. Bullying and school well-being: Place attachment as moderator. Journal of Applied Psychology. 2019;07(02):158–170.

[22] Salsabila S, Wiryantara J, Alhad A. Bisma The Journal of Counseling. 2020;(January). Available from: http://dx.doi.org/10.23887/bisma.v4i1

[23] Midgett A, Doumas D, Sears D, Lundquist A, Hausheer R. A bystander bullying psychoeducation program with middle school students: A preliminary report. Prof Couns. 2015;5(4):486–500.

[24] Pratiwi D. Psychoeducation to increase understanding of the problem of insomnia in the elderly. Procedia Case Studies and Psychological Intervention. 2017;5(1):8–11.

[25] Nawangsari SA. Parenting psychoeducation to increase knowledge of parents with disabilities. Procedia Case Studies and Psychological Interventions. 2022;10(3):88–92. Available from: http://dx.doi.org/10.22219/procedia.v10i3.19217%0Ahttps://ejournal.umm.ac.id/index.php/procedia/article/download/19217/11327

[26] Houlston C, Smith PK. The impact of a peer counseling scheme to address bullying in an all-girl London secondary school: A short-term longitudinal study. Brother J Educ Psychol. 2009;79(1):69–86.

[27] Lee S, Kim CJ, Kim DH. A meta-analysis of the effect of school-based anti-bullying programs. Journal of Child Health Care. 2015;19(2):136–153.

[28] Midgett A, Doumas DM. Training elementary school students to intervene as peer-advocates to stop bullying at school: A pilot study. Journal of Creativity in Mental Health. 2016;11(3–4):353–65. http://dx.doi.org/10.1080/15401383.2016.1164645