

Cognitive Behavioral Therapy and its Effect on Self-Efficacy among Adolescent Bullying Victims (12–16 Years Old) at MTs Darul Azhar

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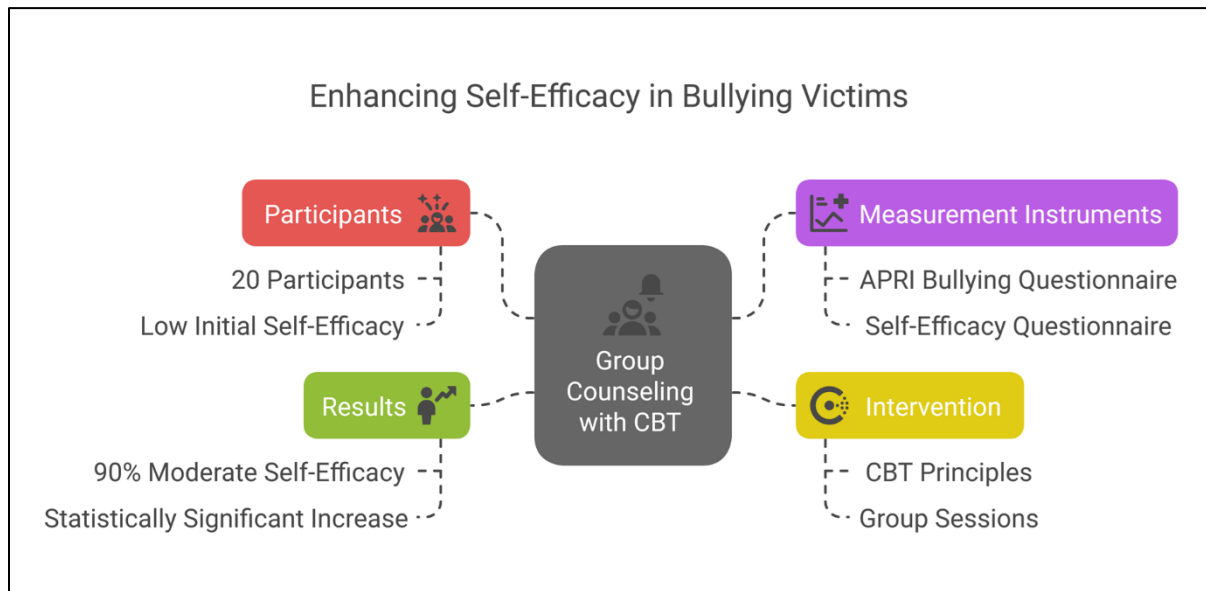
ABSTRACT

Bullying constitutes a detrimental experience for victims, frequently leading to diminished self-efficacy. Group Counseling incorporating Cognitive Behavioral Therapy (CBT) has emerged as a potential therapeutic intervention to enhance self-efficacy in individuals affected by bullying. This study aimed to investigate the effect of Group Counseling utilizing Cognitive Behavioral Therapy on the improvement of self-efficacy among victims of bullying. A pre-experimental, one-group pretest-posttest design was employed. The study sample consisted of 20 participants identified as bullying victims who exhibited low initial levels of self-efficacy. Measurement instruments included the Adolescent Peer Relations Instrument (APRI) bullying questionnaire and a validated Self-Efficacy Questionnaire, administered before and after the intervention. Participants underwent Group Counseling sessions based on CBT principles. Pre-intervention assessment revealed that all 20 participants (100%) reported low levels of self-efficacy. Following the completion of the Group CBT intervention, a significant shift was observed, with 18 participants (90%) demonstrating moderate levels of self-efficacy. A paired t-test analysis confirmed a statistically significant increase in self-efficacy scores post-intervention ($p < 0.001$). The findings indicate that Group Counseling integrated with Cognitive Behavioral Therapy significantly enhances self-efficacy among individuals who have experienced bullying

Key Messages:

- This research underscores the potential value of Group CBT as an intervention within nursing practice. Nurses should be cognizant of the impact of bullying on self-efficacy and are encouraged to consider or advocate for the implementation of such therapeutic approaches to support the psychological well-being of adolescent bullying victims.

GRAPHICAL ABSTRACT



INTRODUCTION

Bullying is an act that is done intentionally against another person that results in physical and psychological pain. This psychological pain is in the form of loss of self-confidence, self-esteem, feelings of helplessness, trauma, fear, social anxiety, and even suicidal tendencies (1). Victim of bullying that occur in the school environment are more commonly found among students who have introverted personalities and characteristics, students who are considered different either physically or in terms of habits, and students with low self-confidence. Bullying victim are also often found among students who are very obedient and those who lack the courage to stand up for themselves. This happens because victim of bullying feel threatened and are afraid of retaliation if they speak up or tell their teachers or family members (2).

The report revealed that more than 30% of students worldwide have been victim of bullying, according to the annual report of UNICEF Indonesia (3). Up to 40% of adolescents in Indonesia have been victim of bullying at school (3). This number is higher than the global average for bullying, which is only around 30%. Physical and verbal bullying are the two most common types in Indonesia. Reports from the South Kalimantan Women's Empowerment and Child Protection Service (DP3A) showed 118 cases of violence up to May 2023, including 50 cases of psychological violence, 29 cases of physical violence, and 45 cases of sexual violence (4). Based on a preliminary research conducted on 26 class VII A students at MTs Darul Azhar on January 12, 2023, it showed that 10 students were victim of bullying, of which 5 students (50%) had been verbally bullied such as being teased, being called by friends with nicknames they didn't like, friends saying rude things, there were 3 students (30%) who had been physically bullied such as being hit, punched, slapped, kicked, being asked for money by force, there were 2 students (20%) who had been socially bullied such as being shunned by groups or friends, and being slandered. When they were asked about their beliefs or abilities in dealing with everyday life problems, whether in terms of researching or socializing, especially those who were victims of bullying, experienced a decrease in self-efficacy.

One of the most important elements of learning about personality in everyday human life is self-efficacy. This is due to the fact that self-efficacy also affects the way a person chooses what they will do to achieve certain goals (5). Efforts to improve self-efficacy in victims of bullying can be carried out through various implementations, such as psychoeducation, self-care practices, counseling, and Cognitive Behavioral Therapy (CBT). Group counseling is one of the methods provided by a counselor to individuals within a group setting (6). Counseling involves the delivery of information related to education, career, and social aspects in a group environment. Group counseling can motivate and help students solve problems

they are experiencing through procedures aimed at developing and enhancing social skills, as well as increasing self-awareness in interactions with others (7).

Self-efficacy, especially in adolescents, greatly influences an individual's thoughts, behaviors, and motivation. Individuals with low self-efficacy tend to experience excessive anxiety, which significantly affects both their thinking and behavior. This excessive anxiety is associated with maladaptive behaviors. One form of behavioral therapy that can help individuals understand and manage negative emotional responses is through behavioral counseling therapy (8).

Individuals identify and evaluate an event based on their thoughts, which have a negative impact and thus stimulate emotional responses that lead to specific actions (9). Group cognitive therapy is an accurately delivered therapeutic method focusing on an individual's negative thought patterns and behaviors. This therapy helps individuals identify conflicting feelings and ideas, also known as maladaptive thoughts. It is conducted in a structured and guided manner to help individuals develop more adaptive coping mechanisms (10). Cognitive Behavioral Therapy (CBT) is a form of psychosocial therapy that aims to change negative thought patterns into positive ones so that negative behavior that arises due to wrong thought patterns can change into positive behavior (11). This study aims to examine the effect of group cognitive behavioral therapy (CBT) counseling on improving self-efficacy in bullying victims among adolescents aged 12 to 16 years.

METHODS

The research was conducted at MTs Darul Azhar. The research design used was Pre Experimental design with One Group Pretest and Posttest Design and using Paired T-Test. The population in this research were all victim of bullying at MTs Darul Azhar. With a sample size of 20 respondents using purposive sampling. Study design: This research is a quantitative study employing a pre-experimental design, specifically the one-group pretest-posttest design. Setting: This research was conducted at MTs Darul Azhar. The reason for choosing this location is that some adolescents there have low self-efficacy as a result of bullying by their peers. The principal stated that incidents of bullying among adolescents at MTs Darul Azhar have increased every year. The types of bullying experienced by the victims include verbal, physical, and social bullying. Based on the results of questionnaires, interviews, and observations, the researcher has identified the characteristics and behaviors of the adolescents at MTs Darul Azhar. Therefore, the researcher chose to conduct the study at MTs Darul Azhar.

The population in this study consists of adolescents aged 12 to 16 years at MTs Darul Azhar, with a total population of 151 students. The sampling technique used in this study is purposive sampling. In this study, a total of 20 respondents were selected as samples. Sample selection must meet specific inclusion and exclusion criteria, as outlined below. Inclusion Criteria. Adolescents aged between 12 and 16 years, Adolescents who voluntarily agree to participate as respondents, Adolescents who are able to communicate effectively, Adolescents who have experienced bullying, Adolescents identified as having low self-efficacy. Exclusion Criteria. Adolescents who are currently experiencing illness, Adolescents who do not participate in counseling sessions regularly, Adolescents with physical or mental disabilities, Adolescents identified as perpetrators of bullying, Adolescents with predominantly introverted personality traits.

Determine the research respondents according to the inclusion criteria, based on data of adolescent visits who are victims of bullying. The researcher will provide an informed consent form and first explain the study's purpose, benefits, and procedures to prospective respondents. Before providing the treatment (pre-test), the researcher will identify the bullying victims and measure their self-efficacy level using a questionnaire. The research respondents consist of 20 individuals. During the research, the respondents will be divided into two groups, each comprising 10 participants. The researcher will prepare the members of groups 1 and 2 to undergo group counseling using Cognitive Behavioral Therapy (CBT). Each group will receive group counseling using Cognitive Behavioral Therapy (CBT) conducted by an expert, with three sessions for one week. The group counseling sessions using CBT consist of 6 stages: sessions 1-2 will be conducted in the first meeting for 90 minutes, sessions 3-4 in the second meeting for 90 minutes, and sessions 5-6 in the third meeting for 90 minutes.

The implementation of CBT therapy is carried out through several stages: Initial Stage: The group leader focuses on engaging the group, creating a safe environment, and providing motivation. Working Stage: Session 1: Developing awareness and reformulating thoughts. Session 2: Learning coping skills (Positive Affirmation Technique). Sessions 3 & 4: Strengthening self-confidence and developing emotional management strategies. Session 5: Monitoring and reinforcing progress through positive reinforcement. Session 6: Evaluation and adjustment. Final Stage: Assign homework and commit to continue with the next five-minute stages.

After providing the treatment (post-test), the researcher will reassess the self-efficacy level of the sample using a questionnaire. The results will be compared between the measurements taken before and after the group counselling using Cognitive Behavioral Therapy (CBT). The identification of bullying victims in this research was conducted using the APRI (Adolescent Peer Relations Instrument) questionnaire, which is standardized and has been previously tested by researchers (12). Therefore, the APRI questionnaire is considered valid and can be used by the researcher. The measurement of self-efficacy levels in this study used a self-efficacy questionnaire adapted from several existing questions in previous research (13). The instrument used in this study was a self-efficacy questionnaire previously utilized in a study (13), which had undergone validity testing using construct validity. The statistical test used is the Paired T-Test, a significance value (p-value Sig. 2-tailed) which is $p < 0.05$.

CODE OF HEALTH ETHICS

The Health Research Ethics Commission (KEPK) of STIKES Darul Azhar Batulicin with No: 129.02.A/VII-24/STIKES-DA.

RESULTS

Table 1 shows the respondents' ages ranged from 12 to 15 years. The largest proportion of participants was 14 years old, representing 35.0% (n=7) of the sample. The sample exhibited a slight female majority, with females representing 55.0% (n=11) of the participants, while males constituted the remaining 45.0% (n=9).

Table 1. Respondent Characteristics

Respondent Characteristics	n	%
Age (Year)		
12	3	15.0
13	4	20.0
14	7	35.0
15	4	20.0
Sex		
Male	9	45.0
Female	11	55.0
Total	20	100.0

Table 2 shows the percentage of participants affirming various self-efficacy statements before (Pre-Test) and after (Post-Test) an intervention for adolescent bullying victims. A consistent trend of increased affirmative responses is observed across nearly all items post-intervention, suggesting a general enhancement in self-efficacy. Particularly notable improvements are seen in academic self-belief, such as confidence in becoming the top student (rising from 34% to 60%), aiming for good academic performance (35% to 59%), and the perceived ability to complete assignments independently (e.g., Q5: 34% to 55%; Q14: 37% to 55%). Increased enthusiasm for studying (Q12: 32% to 40%; Q20: 32% to 50%) and greater independence in homework completion (Q6: 36% to 57%) were also evident. Overall, the shift towards higher percentages of 'Yes' responses on positively framed self-efficacy statements indicates that the intervention likely fostered greater academic confidence and self-belief among the participants.

Table. 2 Self-Efficacy Questionnaire for Victims of Bullying

No	Question	Answer Yes (Pre-Test) %	Answer Yes (Post Test) %
1	I am confident that I will get good grades this semester	37%	46%
2	I am capable of becoming the top student in my class.	34 %	60%
3	I am worried about my future	35%	46 %
4	I lack confidence because I find it difficult to complete assignments.	36%	47 %
5	I am confident that I can complete the assignments given by my teachers.	34%	55%
6	I do my homework without my friends' help.	36%	57%
7	I do my homework without my parents' help.	34%	50%
8	I stay away from friends who like to cheat.	36%	41%
9	I am reluctant to cheat during exams.	35 %	49%
10	I feel insecure when answering exam questions.	34%	54%
11	I refuse my friend's invitation to play during class	37%	52%
12	I am becoming more enthusiastic about studying to get good grades	32%	40%
13	I have a goal to achieve good academic performance at school.	35%	59%
14	I am confident that I can complete school assignments well.	37%	55%
15	I refuse to study in a group with my friends.	35%	56%
16	I do not follow the school rules.	35%	48%
17	I will try my best to become the top student in my class.	34%	56%
18	I carry out my classroom duties together with my classmates.	37%	49 %
19	I do not complete the assignments given by my teachers.	34%	44%
20	I am becoming more enthusiastic about studying to get good grades	32%	50%

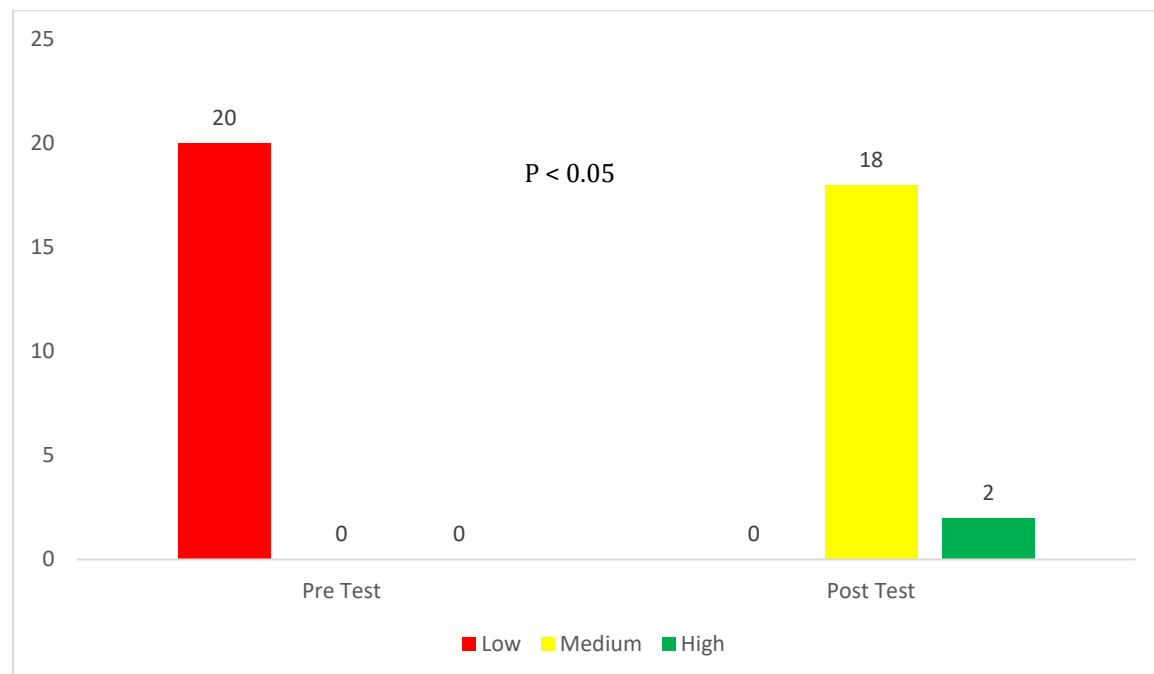
**Figure 1. Analysis of Pre-Test or Before and Post-Test or After Cognitive Behavioral Therapy (CBT) Group Counseling**

Figure 1 shows the distribution of participants across performance or status categories before (Pre-Test) and after (Post-Test) the Cognitive Behavioral Therapy (CBT) Group Counseling intervention. The categories are defined as 'Low' (Red), 'Medium' (Yellow), and 'High' (Green). At the pre-test stage, before the intervention, the data indicates that all 20 participants fell into the 'Low' category. At baseline, no

participants were categorized as 'Medium' or 'High'. Following the intervention, a significant redistribution occurred. No participants remained in the 'Low' category. Most participants (n=18) were categorized as 'Medium'. A smaller group (n=2) reached the 'High' category.

DISCUSSION

Based on the results of the parametric Paired T-Test, a significance value (p-value Sig. 2-tailed) of 0.000 was obtained, which is less than 0.05 ($p < 0.05$). This result indicates that H_0 was rejected and H_1 was accepted. Consequently, it can be concluded that there was a significant influence of providing Cognitive Behavioral Therapy (CBT) group counseling on increasing the level of self-efficacy among adolescents aged 12-16 years who were victims of bullying at MTs Darul Azhar, between the pre-intervention and post-intervention measurements.

This finding is consistent with similar studies demonstrating the effectiveness of Cognitive Behavioral Therapy (CBT) in enhancing self-efficacy related to bullying tendencies. Self-efficacy is defined as an individual's belief in their capability to achieve goals, produce desired outcomes, and execute actions required to attain specific competencies. Generally, higher self-efficacy among students corresponds to lower engagement in bullying behavior. Adolescents with high self-efficacy who experience bullying behavior tend to be better equipped to cope with the situations they face.

Adolescence is a transitional period from childhood to adulthood, vulnerable to changes in both emotional states and emergent behaviors. Behaviors such as defiance, restlessness, and instability are more likely to manifest during this stage. The development of such behaviors is significantly influenced by environmental factors (14,15). Specifically, female adolescents are often targeted for bullying due to physical differences and appearance (16). Research conducted by Yuliani S (2018) indicates that female adolescents tend to be at a higher risk of becoming victims of bullying compared to their male counterparts (17). Bullying behavior tends to decrease with age; however, the age range of 12 to 16 years is considered the most vulnerable period. During this age, bullying behavior often emerges, and individuals are more likely to experience anxiety and stress (18). Based on these findings and related theories, it can be concluded that adolescents aged 12-16 years, particularly females (due to physical differences, appearance, or social status perceived as different by their peer group), are more susceptible to bullying behavior.

Bullying behavior has significant negative impacts on victims, including cognitive impairment, loss of self-confidence, social withdrawal, difficulty controlling emotions, feelings of worthlessness, and even suicidal ideation (19). Bullying severely disrupts the emotional well-being of the victim. Other potential impacts experienced by victims include emotional or psychological problems, low self-esteem, feelings of depression, a tendency towards self-isolation, and feelings of insecurity (20). Self-efficacy is one of the factors influencing bullying (21). Individuals with low levels of self-efficacy are more likely to become victims of bullying due to their perceived inability to solve the problems they face. The consequences can include difficulty concentrating, decreased academic performance, reduced self-confidence, and withdrawal from their environment. Consequently, they tend to refrain from seeking solutions to their problems, believing there is no way to stop the bullying behavior. In Cognitive Behavioral Therapy (CBT), individuals initially learn to identify and evaluate events before taking action. They develop the ability to regulate negative thoughts, unstable emotions, and maladaptive behaviors, enabling consistent participation in CBT (22). This counseling process applies cognitive restructuring to address distorted thinking patterns, facilitating emotional changes and the development of positive behavioral strategies. Therefore, CBT is considered one of the more interactive approaches for adolescents in mitigating low self-efficacy among victims of bullying (23).

CBT counseling technique is one method that counselors can utilize in providing group consultations (24). Consistent with other research Karismawati Et al (2023), a relationship was found between bullying behavior and self-efficacy in adolescents: the higher the self-efficacy, the lower the bullying behavior (25). The implication of this finding is that adequate self-efficacy can influence an individual's ability to cope with bullying behavior. Group guidance therapy for students proves highly

effective in preventing the emergence of potential problems, particularly when utilizing CBT-based techniques.

CONCLUSION

This study demonstrated that Group Counseling incorporating Cognitive Behavioral Therapy (CBT) principles leads to a statistically significant enhancement of self-efficacy among adolescent victims of bullying aged 12–16 years at MTs Darul Azhar. Prior to the intervention, all participants (n=20) exhibited low levels of self-efficacy. Post-intervention assessment revealed a substantial positive shift, with the vast majority (90%, n=18) achieving moderate self-efficacy and a smaller group (10%, n=2) reaching high levels, while no participants remained in the low category. The significant result ($p < 0.001$) from the paired t-test analysis robustly confirms this improvement. These findings strongly suggest that group-based CBT is an effective therapeutic approach for bolstering self-efficacy in adolescents who have experienced bullying.

Future research should utilize more robust experimental designs, such as Randomized Controlled Trials (RCTs), including active or waitlist control groups. This will help establish causality more definitively and control for potential confounding variables not addressed by the pre-experimental design.

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CONFLICTS OF INTEREST

This research does not have any conflict of interest.

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