

## Effectiveness Assertive Training of Bullying Prevention among Adolescents in West Java Indonesia

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### Abstract

**Background:** School bullying is an aggressive behavior which tend to harm another in school environment. The incidents of bullying among adolescents happened in junior high school was 66.1%. Generally adolescents who could not developed their assertiveness, will tend to be aggressive. **Methods:** A Quasi experimental pre-post test with control group was conducted among the adolescents the total subjects studied was 80. Data were analyzed by using SPSS (version 19). **Results & Conclusion:** the sample were randomized, resulting in a sample of 80 adolescents aged between 12 years to 14 years. There is a high significant with assertive knowledge and assertive behavior in pretest - posttest and a low significant association between abuse history with the assertiveness. **Recommendations:** 1- A longitudinal study can be carried out to prevent bullying. 2- The assertive training for adolescents should become a part of health school program with teacher and parents support.

**Keywords:** bullying, assertive training, adolescents, quasi experimental study

### 1. Introduction

Bullying is a global phenomenon in the world. Olweus (2001) defines bullying as when a student is being exposed, repeatedly and over time, to negative actions on the part of one or more students that occur at least once a week for a month or more. Other definition of bullying as intentional and generally unprovoked attempts by one or more individuals to inflict physical hurt and/or psychological distress on one or more victims (Ross, 2003). Olweus (1985) estimate that 15% of the students in Norwegian schools were involved in bullying. Suci and Kusnadi (2008) mentioned that school bullying become serious problem in Indonesia and need concern from professionals with different background to find the solution. A research report that 67,9% senior high school students and 66,1% junior high school in three big city in Indonesia ever been bullied (SEJIWA Foundation & Psychology Faculty of Indonesia University, 2008). Reported forms of bullying included physical attacks, severe verbal bullying, verbal aggression, threats, taking belongings, imitating, sexual harrashment, and making rumour. Bullying behaviour, as with other forms of violent behaviour, continues outside of the school environment and potentially throughout an individual's life unless there is adequate intervention (Pepler & Craig, 2000; Rigby, Smith & Pepler, 2004). The impact of bullying negatively to the students with traumatic, injury and even death. Identity formation lead adolescents to consider who they are and who they may be. In early adolescence, they may be able to think more like adult but still do not have the experience that is needed to act like adults so that many people still see them as a "children" (Novianti & Tjalla, 2008).

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They are experiencing dramatic emotional changes such as worry excessively about being bullied at school. Some adolescents retain their identity and do not aware of their assertive rights. If they were not able to assertive, they tend to aggressive. Alberti dan Emmons (2002) defined assertiveness as behavior which enables a person to act in his or her own best interest, to stand up for himself or herself, without denying the right of others. Assertive training sharpen adolescent awareness that they have right to defend themselves from bullying attempts made by others. Interventions of bullying should also include building social skills for children and adolescents including: lessons on interpersonal skills, assertive coping strategies, empathy, and conflict resolution (Smith & Madsen, 1999; Mahady Wilton, Craig & Pepler, 2000; Pepler & Craig, 2000; Lumsden, 2002; Sampson, 2002; Pepler, Smith & Rigby, 2004). Assertiveness training was found to be effective in improving the social coping skills of general populations of adolescents (Rotheram ve Armstrong, 1980; Howing, Wodarski, Kurtz, & Gaudin, 1990), modifying adolescents' aggressive behavior (Huey, 1988), improving individuals' social skills and emotional health (Eskin, 2003). According to Morganett (1990) the group-based intervention programs are beneficial especially for adolescents.

## 2. Aim of the Project

To explore the effectiveness regarding assertive training among adolescents in West Java, Indonesia.

## 3. Purpose

The school health program in Indonesia mainly focused on physical aspect. Djuwita (2010) mentioned that the intervention of school bullying only focused on the bullies who have a problem. The teacher take this as a serious problem if the bullied had physical injury. Whereas the verbal, relational and psychological bullying are not danger. It might be happened because the lack of bullying impact knowledge. The mental health provider concern about school bullying that have impact for adolescents which influence school atmosphere, health and student's achievement. For bullies usually happened to adolescents with experienced abuse, lack of social skill, unfulfilled of parents and school's wish, dominating humiliating way, lack of social support, and parental modeling of aggression and conflict. For bullied usually happened to adolescent with lowered self esteem, lack of social skill, irritable, hopelessness, afraid to stand up for rights, so they tend to become anxious, fear, social isolation, depression, and suicide risk. The aim of bullying prevention is to recover social situation in classroom and decrease antisocial behavior by educate how to express the feeling, opinion, beliefs and as a part of problem solving skills. It is necessary to meet the demands of current health care in school environment. The school health program should focus on providing the skill and knowledge that enable adolescents to meet this goal. For that, the bullying prevention is needed as a part of school health program by repeated assertive training for adolescents.

## 4. Objectives

- To asses the existing assertive knowledge and assertive behaviour regarding assertive training
- To explore the effectiveness of assertive training on adolescents in junior high school in Depok city, West Java.
- To find out the association between the levels of assertive of knowledge and assertive behavior with demographic variables.

### Proposed Methodology

- a) Quasi experimental study will be conducted.
- b) Logistic regressions were used to examine the relationship between abuse history, unfulfilled parent's wish, had physical punishment, isolated socially, lack of social support and assertiveness.
- c) Setting – The training carried out in the junior high school in Depok City, West Java.
- d) Population – From 464 adolescents, only 206 who met inclusion criteria. Adolescents of various bullying risk table (1).
- e) Sample size – 80 adolescents of various bullying risk.
- f) Sampling method – simple randomized sampling.

### Tool and Technique

Tool will be developed by Researher in three sections. Section I: Demographic details of sample which consisted of age, gender, and factors of bullying risk included parent's occupation, parent's married status, abuse history, unfulfilled parent's wish, had physical punishment, isolated socially, lack of social support. Section II: 39-items of structured questionnaire on the assertive knowledge. The instrument has been found to have high internal consistency ( $\alpha=.86$ ). Section III: 38-items of structured questionnaire on the assertive behavior. The questionnaires will be administered in junior high school, Depok city, West Java. The instrument has been found to have high internal consistency ( $\alpha = .96$ ).

### Methods

Our design adopted quasi experimental using quantitative statistical method. Since the subjects groups were not assigned to experimental and control groups randomly, a control grouped pretest- posttest quasi experimental design was used. To determine between experimental and control group pre-test scores whether significantly differentiated "t" test was used. By using a related literature and throughout interview techniques, the questionnaire was designed in Indonesian regarding the assertiveness of knowledge and behavior included self awareness, social relationship, problem solving, conflict resolution and assertiveness. The questionnaires were used to assess the levels of assertiveness of different groups. The paper contains three variables the adolescents demographic, level of assertive knowledge and level of assertive behavior. The permission was taken from the institutional head before involving the students in the research. The adolescents were chosen from different junior high school from Sukmajaya district, Depok city, West Java. We used simple random sampling for 464 adolescents and only 206 adolescents who met the inclusion criteria (age between 12 years to 14 years; informed consent; ability to communicate well; have a bullying risk). A psychiatric nurse applied group assertive training using module which was prepared while the control group did not received the training. The assertive training is an intervention that can be administered to group. Each group consist of 6-8 students. The group intervention was administered with assertive training consist of building self awareness, connecting good relationship, training problem solving ability, training of conflict resolution method and building assertiveness. Each session twice weekly and lasted for 60–90 minutes lasting 12 weeks. Six weeks after the baseline, that is, after one complete training, a re-assessment was conducted. The completion rate was 100% in both groups. An administration mode of one sessions per week was used in this study, so that within 12 weeks adolescents could complete the training. No compensation for both of the treatment sessions and reassessment were provided. Approval was obtained from the Nursing Faculty of Indonesia University ethics committee.

5. Time work project: 8/2/2011-to 10/3/2011.

6. Data Analysis:

- Organize the data by using the SPSS (version 19)
- Descriptive statistics: Mean, Percentage and Standard Deviation will be used for assessing their demographic characteristics
- "Chi square test" will be used to establish association between, knowledge and skill with selected demographic variables.
- Inferential statistics: "t test" will be used to assess the significance of improvement in the assertiveness of knowledge and behavior.

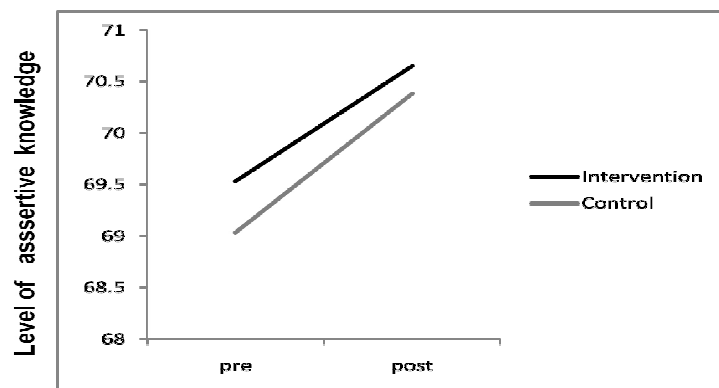
### Result

In this study is following table 1 provides the descriptive result in regard to demographic characteristics of the sample. There was no significant difference between two groups. The subjects were in seven grade with mean age was 12.4 years old. Subject's gender equal between boys (n=40) and girls (n=40). Most of live with their parent and their parent have occupation. The risk of bullying consisted of ever been abused (58.8%), unfulfilled parent's wish (91.25%), ever got physical punishment (77.5%), isolated (35%), lack of social support (63.8%).

**Table (1): Sociodemographic Variables at Baseline**

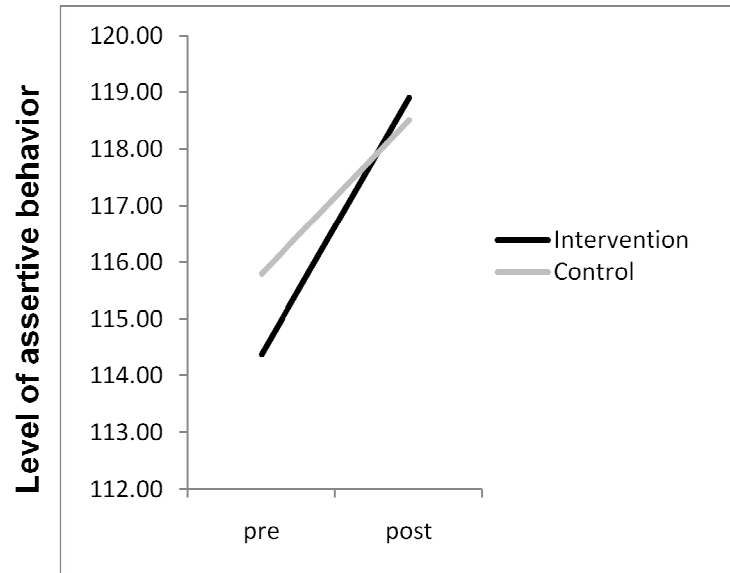
| Variables                                      | Intervention  | Control        | p value         |
|--|---------------|----------------|-----------------|
| Background                                     |               |                |                 |
| Sex (male/female)                              | 20/20         | 20/20          | p=1.000         |
| Age in years                                   | 12.25         | 12.55          | t=1.05, p=.009  |
| Parent's marriage<br>(Live together/ divorce)  | 38/2          | 31/9           | p=.051          |
| Parent's occupational<br>(employee/unemployee) | 40/0          | 37/3           | p=.241          |
| Abuse history<br>Never/ever                    | 18/22         | 15/25          | p=.650          |
| Fulfilled parent's wish<br>None/Yes            | 37/3          | 36/4           | p=1.000         |
| Physical punishment<br>None/Yes                | 10/30         | 8/32           | p=.780          |
| Isolated<br>None/Yes                           | 28/12         | 24/16          | p=.482          |
| Lack of social support<br>None/Yes             | 28/12         | 23/17          | p=.352          |
| Assertive knowledge                            | 69.53 (2.66)  | 69.03 (2.35)   | t=.278, p=.372  |
| Assertive behavior                             | 114.38 (9.94) | 115.80 (14.00) | t=1.351, p=.601 |

The pre-post difference on the level of assertive knowledge was significant (pairwise t-tests; all  $p < .05$ ) in the intervention group on the level of assertive knowledge (change:  $M = 1.45$ ). The control group responded changed the level of assertive knowledge (change:  $M = 1.33$ ). The improvement of assertive knowledge in the group who got the training was increase significantly ( $p < .05$ ) compare to the group who did not get training (see figure.1).



**Figure 1: Change Scores (Pre Post) for the Level of Assertive Knowledge. While the Adolescents in the Control Group Did Not Improve Significantly, the Intervention Group Significantly Gained Performance at Re-Assessment**

The pre-post difference on the level of assertive behavior was significant (pairwise t-tests; all  $p < .05$ ) in the intervention group on the level of assertive behavior (change:  $M = 4.50$ ). The control group responded changed the level of assertive knowledge (change:  $M = 3.03$ ). The improvement of assertive knowledge in the group who got the training was increase significantly ( $p < .05$ ) compare to the group who did not get training (see figure.2).



**Figure 2: Change Scores (Pre Post) for the Level of Assertive Behavior. While the Adolescents in the Control Group did not improve Significantly, the Intervention Group Significantly Gained Performance at Re-Assessment.**

#### Regression Analyses

In Step 1, there was no relationship for abuse history, unfulfilled parent's wish, physical punishment, isolated socially, lack of social support, and  $R$  was not significantly different from 0,  $R^2 = .01$ ,  $F(1, 169) = .151$ ,  $p > .05$ . In Step 2, there was a significant relationship for assertive knowledge that indicated a significant relationship between abuse history and assertive knowledge,  $\beta = .01$ ,  $t(40) = -2.83$ ,  $p < .01$  after Step 2. It was hypothesized that abuse history, unfulfilled parent's wish, had physical punishment, isolated socially, and lack of social support had association with the increased of assertive knowledge. In Step 3, the results indicated that the association term of assertive knowledge x abuse history had a low effect,  $\beta = .287$ ,  $t(40) = 1.82$ ,  $p < .05$ . After Step 3, the addition of the interaction terms with the main effects resulted in a significant increment in  $R^2$ ,  $R^2 = .082$ ,  $F(1, 169) = 12.63$ ,  $p < .01$ . This pattern of results suggests that unfulfilled parent's wish, had physical punishment, isolated socially and lack of social support do not significantly contribute to the increasing of assertive knowledge. The inclusion of the interaction terms contributes mildly to this relationship (see Table 2 for more results from the hierarchical multiple regression analyses).

**Table 2: Hierarchical Multiple Regression of Abuse History, Unfulfilled Parent's Wish, Had Physical Punishment, Isolated Socially, Lack of Social Support with Assertiveness (N=40)**

| Variable                                  | Final B | SE <sub>b</sub> | Final $\beta$ | R <sup>2</sup> Change |
|---|---------|-----------------|---------------|-----------------------|
| Step 1                                    |         |                 |               |                       |
| Abuse history                             | -1.015  | .385            | -.296         |                       |
| Unfulfilled parent's wish                 | .488    | .718            | .082          |                       |
| Physical punishment                       | -.644   | .449            | -.159         | .151                  |
| Isolated socially                         | .566    | .410            | .160          |                       |
| Lack of social support                    | .375    | .400            | .107          |                       |
| Step 2                                    |         |                 |               |                       |
| Age                                       | .382    | .449            | -.159         |                       |
| Sex                                       | .423    | .718            | .082          |                       |
| Assertiveness x Abuse history             | -1.015  | .385            | .010          |                       |
| Assertiveness x Unfulfilled parent's wish | .488    | .718            | .499          | .039                  |
| Assertiveness x Physical punishment       | -0.644  | .449            | .155          |                       |
| Assertiveness x Isolated socially         | .566    | .410            | .160          |                       |
| Assertiveness x Lack of social support    | .375    | .400            | .107          |                       |
| Step 3                                    |         |                 |               |                       |
| Assertiveness x Abuse history             | -.985   | .372            | -.287         | .017                  |

Note. Final R<sup>2</sup> = .082 F(1.169) = 12.63  
p < .05.

## Discussion

From social learning theory, we suggest that the important aspects assertive training is in counseling group. It is provide a good atmosphere of developing new behaviors with acceptance, encouragement and safe experimentation. Gazda (1989) mentioned that the counseling group enhances the possibility that adolescents attempt new behaviours practiced and modeled by their peers and significant others. If members of assertive training provide good models, they can learn assertive behaviour from their peers easily. The power of peers strongly influence the adolescents. The assertiveness training give benefit for adolescents, it is important to demonstrate the effectiveness (Wise et al., 1991). This study shows that assertive training encompassing 5 sessions has an added value effect to bullying prevention program. The results from this study suggest that the assertive training can be effective on the increasing of assertive knowledge and behavior among adolescents. Awareness for being assertive is another aspect for assertive training effective to change knowledge and behavior. Furthermore, the significant low relationship between assertiveness and experiencing abuse on bullying risk. Studies of bullying behavior have tended to focus on risk factors associated with the primary roles of victim, perpetrator, and that of the "bully victim" (Juvonen, Graham, & Schuster, 2003; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). We hope that the continuing assertive training as a part of bullying prevention could be support by school, parents, and community.

## Conclusion

Based on the findings of this study, the following conclusions were reached:

1. The incidents of bullying among adolescents was moderate (30%), but the assertive ability is lack and needs to be improved.
2. Sharpen adolescent awareness that they have right to defend themselves from bullying attempts made by others could be done by assertive training
3. The intervention group counseling should be conducted for regaining knowledge and behavior of assertive regarding assertive training.
4. The subjects were in seven grade with mean age was 12.4, and the age range was 12-14 years old. Subject's gender equal between boys (n=40) and girls (n=40). Most of live with their parent and their parent have occupation. The risk of bullying consisted of ever been abused (58.8%), ever got physical punishment (77.5%), isolated (35%), did not got social support (63.8%), unfulfilled parent's wish (91.25%).

5. The relation between abuse history has low significant with assertiveness.
6. This study contributes to the health school program for bullying prevention in four ways: (a) it provides new evidence about the effectiveness assertive training among adolescents with bullying risk; (b) it provided an important contribution to increasing the adolescent assertiveness; (c) it provides guidance on bullying prevention and intervention.

### Recommendations

The current study recommends the following:

1. A longitudinal study can be carried out to prevent bullying.
2. The assertive training for adolescents should become a part of health school program with teacher and parents support.

### Acknowledgements

We are thankful to DRPM of Indonesia University for the donation to this research. We are thankful to Ns. Ice Yulia Wardani, SKp, MKep, SpKepJ and Ratih Dwi Yantinah who helped us in the final process of this research.

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