

Conference Paper

Exploring the Relationship Between Depression and Bullying Among Indonesian Adolescents

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ABSTRACT

Bullying has been identified as a serious problem around the world and has been linked with mental health problems such as depression. This study examined the relationship between bullying and depression among adolescents from three different schools and provinces in Indonesia. A total of 521 participants completed the Beck Depression Inventory-II (BDI-II) and answered two survey questions about bullying: whether they had witnessed bullying and whether they had ever experienced bullying. We found that most of the participants had a minimum level of depression (42%), while the majority of them reported having witnessed bullying (92%) and experienced bullying (61%). Among those who experienced bullying, the distribution of depression severity was as follows: severe (20.18%), moderate (19.87%), mild (21.76%), and minimum (38.17%). Interestingly, the relationship between depression severity and bullying involvement was not found to be statistically significant according to the Mann-Whitney test. These results indicate a high prevalence of bullying despite the relatively low prevalence of depression among the participant. The study's impact is limited due to the absence of information on other important factors that might affect the connection between bullying and depression such as family environment, social support, cultural influences, etc. Our findings give insight into how bullying and depression are related among Indonesian adolescents. However, the lack of a statistically significant relationship indicates that a careful interpretation is needed. We recommend future investigations to explore confounding factors to gain a comprehensive understanding of bullying's impact on depression.

Keywords: Depression, bullying, adolescents, Indonesia

Introduction

Adolescence, a period of rapid physical, cognitive, emotional, and social development, is a critical stage in human life. During this time, individuals are highly susceptible to mental disorders due to their exposure to various social environments. One such social issue that adolescents often encounter is bullying, which they may resort to as a conflict resolution strategy (Morcillo et al., 2015). Bullying is typically characterized as a form of aggressive behavior that involves repeated targeting of a victim who is unable to easily defend themselves (Olweus, 1997). This behavior can manifest in various forms, including physical, verbal, and social bullying (Nansel et al., 2001; Crick & Grotpeter, 1995). Globally, it is estimated that 16.1% of children have been physically bullied (UNESCO, 2018). In Indonesia, the situation is even more alarming, with three out of four children and adolescents experiencing violence from their peers, and 41% of students aged 15 reporting being bullied at least a few times a month (UNICEF Indonesia, 2019). The impact of bullying on adolescents is profound, leading to a decline in academic performance, psychosocial problems, violence-related behaviors, and mental health issues such as depression. Numerous studies have established a significant link between bullying and depression (Jadambaa et al., 2019; Dervishi et

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al., 2019; Ye et al., 2023). Despite the prevalence and impact of bullying in Indonesia, there is a lack of research exploring the relationship between bullying and depression within this context. Therefore, the objective of this study is to examine the relationship between bullying and depression among Indonesian adolescents.

Material and Methods

Employing a cross-sectional design, this study investigated the relationship between bullying and depression among Indonesian adolescents. A total of 521 high school students (aged 14-21, mean = 16 years; 53% male, 47% female) were recruited through a purposive sampling procedure from three schools situated across three Indonesian provinces (Banten, West Java, and Central Java), selected based on their diverse depression prevalence rates. Participants' depression levels were assessed using a shortened version of the Beck Depression Inventory-II (BDI-II), ensuring coverage of all its core dimensions. Bullying exposure was measured through two self-reported binary questions: "Have you ever witnessed or heard of bullying?" and "Have you ever personally experienced bullying?".

Results and Discussion

The data for this study was analyzed using Microsoft Excel and SPSS data analysis. The study involved a total of 521 participants. The distribution of depression levels among the participants was as follows: 42% exhibited minimum levels of depression, 24% mild, 18% moderate, and 16% severe. The average depression level score was 6.8, indicating mild depression, with a mean of 6.85 and a standard deviation of 4.39.

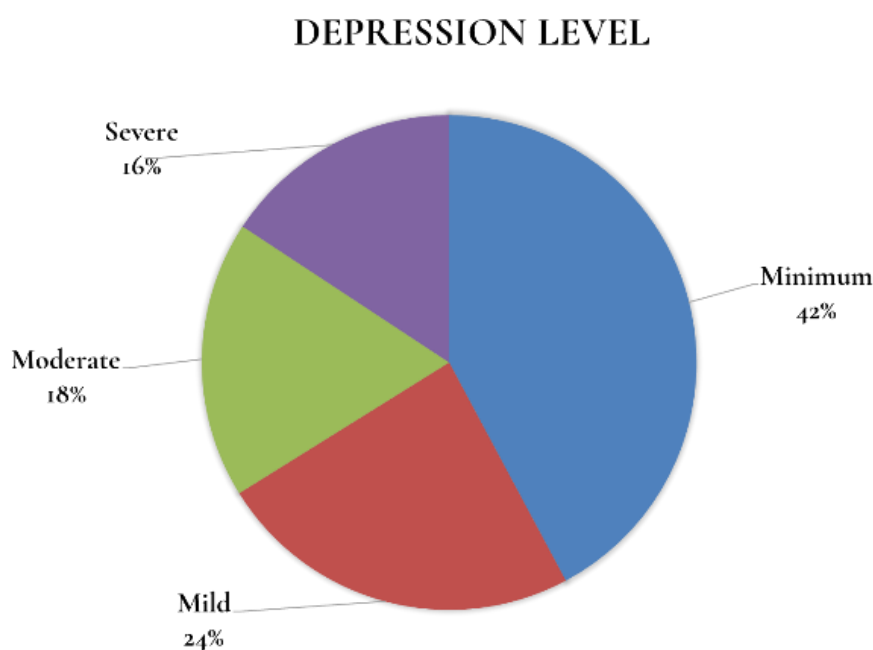


Figure 1. Depression level of the participants charts

In terms of exposure to bullying, 92% of the participants reported having heard or witnessed bullying, while 61% reported having personally experienced bullying. Among those who experienced bullying, the distribution of depression severity was as follows: severe (20.18%), moderate (19.87%), mild (21.76%), and minimum (38.17%).

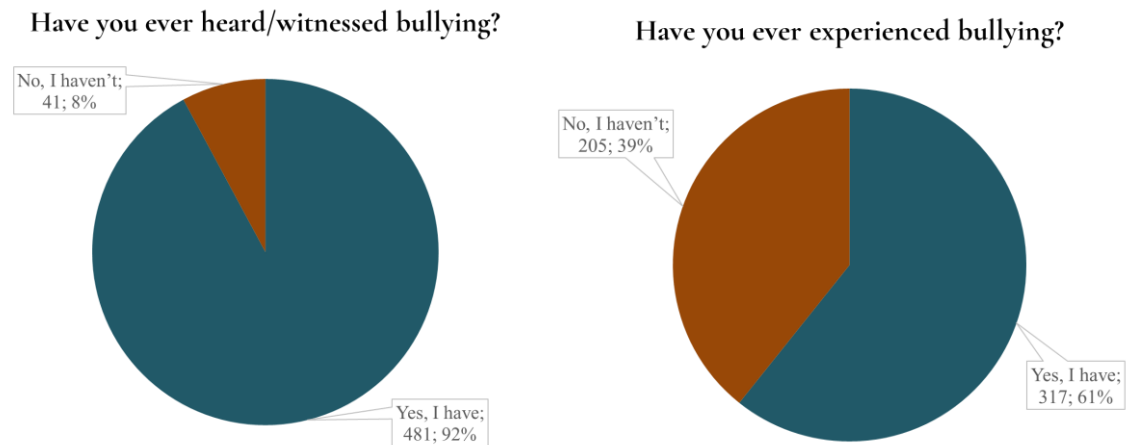


Figure 2. Bullying binary survey answers charts

DEPRESSION LEVEL OF PARTICIPANTS WHO HAVE EXPERIENCED BULLYING

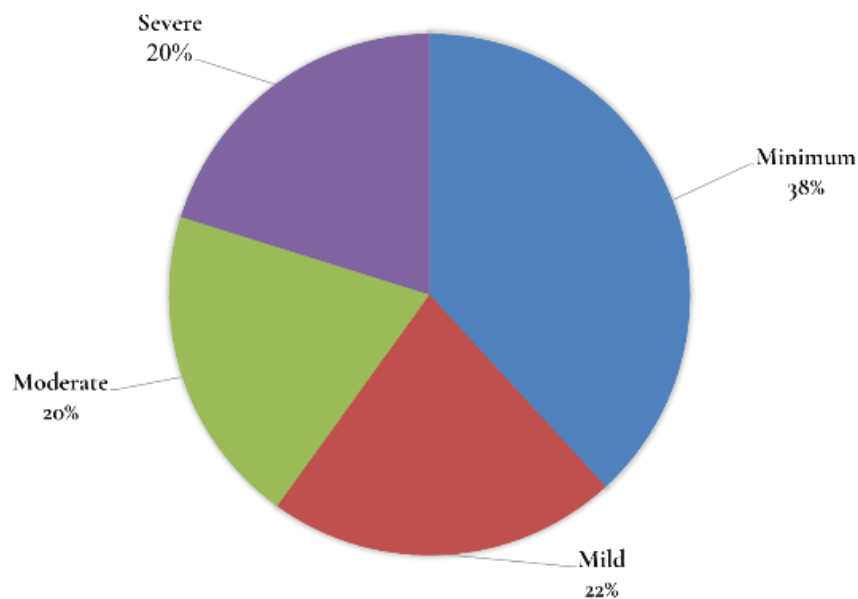


Figure 3. Depression level of participants "Who have experienced bullying"

A comparison of the percentage of participants who had experienced bullying within each depression group revealed that bullying was more prevalent among participants with higher levels of depression. Specifically, 55% of the participants with minimum depression, 55.20% with mild depression, 66.30% with moderate depression, and 78.08% with severe depression reported having experienced bullying.

Contrary to mainstream findings, the Mann-Whitney test showed no significant relationship between depression severity and bullying involvement. These results indicate a high prevalence of bullying despite the relatively low prevalence of depression among the participants. Even so, it aligns with research by Borualogo and Casas (2019) that reported adolescents who have been

receiving bullying treatment still have high scores in subjective well-being (SWB), suggesting that adolescents perceived bullying as an everyday challenge.

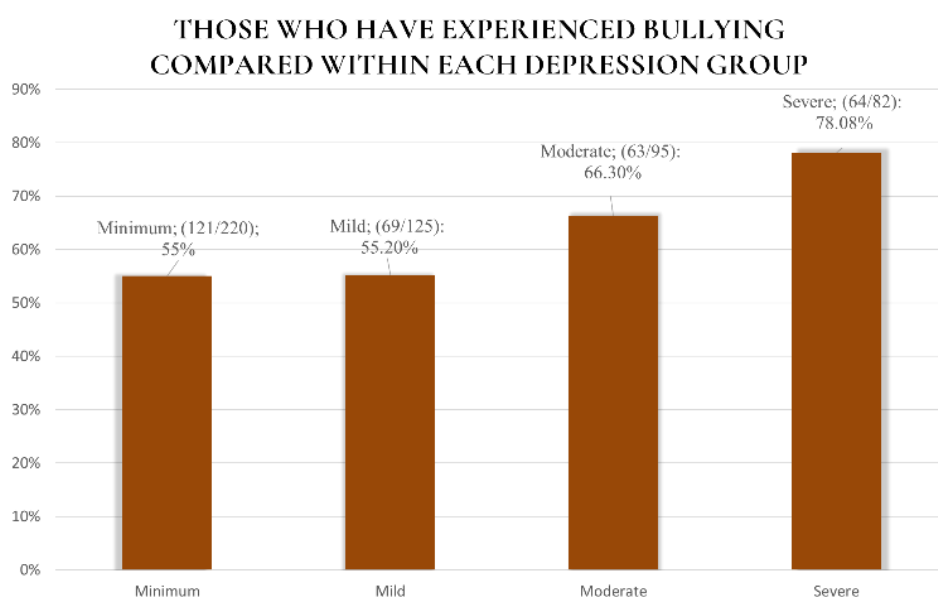


Figure 4. Those who have experienced bullying compared within each depression group

Table 1. Kolmogorov-Smirnov test showed the data is not normally distributed, $p < 0,05$.

Bullying	BDI			
	N	Mean \pm SD	Median (min-max)	P
Yes	317	6,85 \pm 4,42	6 (0-19)	0,000
No	204	6,82 \pm 4,38	6 (0-21)	0,001

Table 2. Mann-Whitney test showed no significant relationship between bullying and depression, $p = 0,906$

Bullying	N	Mean \pm SD	P
Yes	317	6,85 \pm 4,42	0,906
No	204	6,82 \pm 4,38	

Several potential confounding factors could explain these findings. The family environment, as shown in previous research, can influence both bullying experiences and mental health outcomes, including depression (Dardas et al., 2022). Cultural context may shape how bullying is perceived and experienced. Adolescents with higher levels of resilience may demonstrate better psychological adjustment and reduced vulnerability to the adverse effects of bullying (Lin et al., 2022). Adequate social support can act as a protective factor against the negative impact of bullying, buffering its effects on mental health (Guo et al., 2020). These findings suggest a correlation between the severity of depression and the likelihood of experiencing bullying among Indonesian adolescents, with several potential confounding factors influencing this relationship. Further research is needed to explore these factors in more detail.

Furthermore, this study acknowledges several limitations. Firstly, the cross-sectional design precludes establishing causal relationships between bullying and depression. While the findings suggest an association, they cannot definitively determine whether bullying leads to depression or vice versa, or if other factors contribute to both. Secondly, the use of a shortened BDI-II might have limited the precision of depression assessment compared to the full test. While the shortened

version covered all core dimensions, the reduced number of items could potentially affect the sensitivity to detect subtle variations in depressive symptoms. Additionally, relying solely on self-reported bullying experiences through binary questions may not capture the full spectrum of bullying behaviors and their intensity.

Conclusion

Our study suggests that depression and bullying rate among Indonesian adolescents are high and remained as significant mental health concerns that need attention. This study found no relationship between bullying and depression, however we recognize that the relationship between bullying and depression is not solely determined by the bullying experiences themselves and in which could be explained by other factors such as family environment, social support, resiliency, and cultural influences. These limitations highlight the need for future research employing longitudinal designs, utilizing the full BDI-II or equivalent measures, incorporating more nuanced assessments of bullying experiences, and involving more diverse samples to further elucidate the complex relationship between bullying and depression among Indonesian adolescents. Identifying and addressing these confounding factors can inform the development of targeted interventions and support systems that promote mental well-being among vulnerable youth.

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