The 2nd LEWIS, Volume 2
The 2nd Lawang Sewu International Symposium
November 27th – December 05th, 2023
E – ISSN : 2987 - 2685
pp. 142 - 155

Bullying Behaviour Prevention: A Nursing Intervention Model Approach

Dayat Trihadi, Achir Yani S Hamid*, Mustikasari, Besral
Universitas Indonesia, Indonesia
*Corresponding author : ayanihamid@yahoo.co.id

ABSTRACT

Bullying, a significant behavioral concern among school-age children, not only affects the victims but also resonates within their families and educational institutions. This abstract outline a nursing intervention model designed for collaboration among individuals, families, and schools to prevent and address bullying. The model prioritizes promotive and preventive measures, focusing on enhancing children's self-concept, self-acceptance, and emotional management. Family functioning is bolstered through improved interaction and emotional cohesiveness, achieved via effective communication and harmony. Additionally, interventions for teachers aim to enhance their role in instilling anti-violence norms and managing children's emotions. The research employs an operational three-stage process, incorporating problem identification, model and module development, and the implementation of a quasi-experimental quantitative design. Statistical tests, such as chi-square, dependent t-test, and independent t-test, validate the efficacy of the Bullying Prevention Intervention Model. The comprehensive approach integrates theories like eclectic system theory, goal attainment, adaptation stress model, and social-ecological model, with education, training, and coaching as key nursing interventions. The findings highlight the model's effectiveness in elevating children's self-concept, self-acceptance, emotional management, family functioning, and the teacher's preventive role. This study recommends government involvement to strengthen inter-ministerial collaboration in implementing the nursing intervention model for preventing bullying among school children.

Keywords: *Model, Nursing, Intervention, Prevention, Promotion, Bullying*

1. INTRODUCTION

Bullying is recognized as a significant issue, primarily manifesting in young children during the final stages of elementary school (Smith et al., 2012). Research by Nansel et al. (2001) reveals that 30% of students aged 9 to 13 exhibit signs of both engaging in bullying and being victims. A global study involving 14 countries among elementary school-age children (6 to 12 years) reports a prevalence of bullying victims ranging from 11.3% to 49.8%, with bullies themselves ranging from 4.1% to 49.7% [1]. Several studies underscore the gravity of bullying behavior as a prominent concern for school-age children (6-12 years), with a survey conducted by C. S. Mott Children's National Hospital identifying bullying among the top ten health problems affecting children [2].

E – ISSN : 2987 - 2685
pp. 142 - 155

The transitional phase of children aged 6 to 12, marked by their gradual detachment from family groups and increased social interaction, is identified as a contributing factor to bullying behavior. Despite a growing awareness of bullying, there is a dearth of comprehensive data on the prevalence of bullying in Indonesian elementary schools. A study indicates that 67% of students in major Indonesian cities report experiencing bullying [3]. Bullying in elementary schools is on the rise, resembling an iceberg phenomenon due to the lack of awareness among most parents and school officials. Frequently, bullying behaviors go unnoticed, with parents and schools often dismissing actions like mocking, fighting, or disturbing other children as common occurrences rather than recognizing them as severe problems. Typically, an issue is deemed serious and labeled as bullying when it leads to physical injury or problems for the child victim. It is important to note that the definition of bullying extends beyond acts of violence causing physical harm and encompasses behaviors with physical impacts [4].

Various intervention programs have been identified to address bullying problems, with three proven effective strategies. Firstly, the Eco-systemic intervention focuses on reframing teachers' perspectives on bullying behavior. Secondly, The Olweus Bullying Prevention Program, developed by Olweus, emphasizes the creation of safe schools, fostering positive interests, adult involvement, and the enforcement of educational rules. Thirdly, the Bully Buster Program [BPP] is a psychoeducational initiative aimed at enhancing teachers' knowledge and skills in addressing bullying. These programs collectively contribute to reducing bullying behavior among students [5].

The program is centered on restructuring the social system to proactively prevent instances of bullying [6]. The program is guided by several core principles. Firstly, it emphasizes that modifying the environment is more impactful than individual transformations. Secondly, it underscores the importance of prioritizing prevention over intervention, recognizing that preventing bullying is more crucial than addressing it after it has occurred. Intervention, when necessary, tends to be curative and rehabilitative, addressing the trauma and negative experiences resulting from bullying. Thirdly, the program highlights the need for support and understanding from various stakeholders, particularly parents and teachers, to effectively implement changes in the environment.

While the program primarily targets the school environment, it currently lacks integration with family involvement to address bullying comprehensively. There is a need for collaborative efforts among children, parents, teachers, and healthcare workers to implement an integrated intervention. This involves increasing awareness and concern to address the problem of bullying behavior holistically. The preliminary study findings highlight the impact of bullying not only on children but also on families and schools. Successful prevention and management of bullying require cooperative efforts among individuals, families, and schools. This includes enhancing children's self-concept, improving family functioning, and engaging classroom teachers in creating a comfortable school atmosphere. The observed phenomenon has motivated researchers to develop a nursing intervention model that serves as both a promotive and preventive effort. This

E – ISSN : 2987 - 2685
pp. 142 - 155

model focuses on enhancing children's self-concept, self-acceptance, and emotional management, with a specific emphasis on mentoring parents and the role of school teachers in preventing bullying behavior in children.

The problem of bullying has detrimental effects on perpetrators, victims, and witnesses. Victims experience various impacts, including feelings of inferiority, depression, fear of attending school, anxiety, and a sense of uselessness in social settings. Preliminary study results indicate that bullying victims may struggle to integrate into school life, falling behind in lessons, experiencing concentration difficulties, and developing mental health disorders. Despite students perceiving their actions as jokes, they are aware that victims feel uncomfortable. There is a need for students to learn effective measures to prevent bullying. Currently, schools lack a systemic effort explicitly addressing bullying incidents, with sporadic interventions such as seminars and informal confrontations with problematic students by school authorities. To effectively prevent bullying behavior, comprehensive intervention efforts emphasizing care and involvement from children, families, teachers, and responsible health workers in School Health are necessary.

2. RESEARCH PURPOSES

Obtain an overview of the bullying behavior prevention intervention model and its effectiveness in increasing protective factors: Child's self-concept, self-acceptance, ability to manage emotions, family functioning, and the role of the classroom teacher in reducing the risk factors for bullying behavior in children in elementary school in Banyumas Regency.

3. THEORETICAL REVIEW

The development of the nursing intervention model for behavior prevention in bullying is grounded in the integration of King's Goal Achievement Theory (1981, in Alligood, 2010) and the social-ecological theory approach by Bronfenbrenner (2012). This combined approach addresses the specific conditions of children exhibiting bullying behavior, aiming to enhance self-concept, self-acceptance, emotional management, family function, and the role of school teachers in bullying prevention efforts. Both theories underscore the reciprocal interactions among these components, emphasizing the significant influence of the surrounding environment on individual behavior.

According to King's Goal Achievement Theory (in Alligood, 2010), the study posits that the achievement of transaction elements, such as improvements in self-concept, self-acceptance, emotional management, family functioning, and the role of school teachers, is significantly influenced by the elements of action and reaction. The Child's bullying behavior represents the action element, while family support and the teacher's role exemplify the reaction element. Both elements are shaped by the ongoing transactional processes. This study focuses on the practical application of the bullying behavior prevention intervention

E – ISSN : 2987 - 2685
pp. 142 - 155

model, which includes education, training, and mentoring provided by nurses to children, parents, and teachers.

In essence, the nursing intervention model draws from well-established theories to comprehensively address the multifaceted aspects of bullying behavior prevention. It recognizes the dynamic interplay between individual actions, reactions from the environment, and the influence of key stakeholders, thereby emphasizing a holistic approach to achieve positive outcomes in enhancing protective factors and mitigating the risk of bullying behavior among children.

4. RESEARCH METHODS

Stage I, known as the Problem Identification Phase, involves qualitative research conducted at the outset of the activity research. The primary objective is to delve into the risk factors and protective factors associated with bullying behavior. This phase also aims to identify the characteristics of children engaging in bullying behavior, comprehend the expectations and needs of families for enhancing family functioning, and understand the perceptions and requirements of classroom teachers to augment their role in preventing bullying behavior. A crucial aspect of this phase is to explore the health-related needs of children, specifically those that contribute to the prevention of bullying behavior. This comprehensive research approach lays the foundation for a nuanced understanding of the factors influencing bullying and informs the subsequent stages of intervention development.

4.1. Design

In this initial stage, researchers employed qualitative methods with a phenomenological approach, as per Creswell's (2013) guidance. Qualitative research, as described by Creswell, aims to study complex and holistic problems through detailed information expressed in words and observed in natural settings. The focus here is on exploring and analyzing factors contributing to bullying behavior in elementary school children, as well as examining existing prevention efforts based on insights from relevant sources such as students, parents, and teachers.

Moving on to Phase II, this stage involves the ongoing development of a Nursing Intervention Model for the prevention of bullying behavior in elementary children. Building upon the insights gained from the qualitative exploration in Phase I, this stage focuses on formulating a comprehensive intervention model that addresses the identified risk and protective factors associated with bullying behavior.

Phase III marks the Trial of the Bullying Behavior Prevention Nursing Intervention Model. Research in this phase adopts a quasi-experimental design, utilizing a pre-posttest with a control group approach. Measurements are taken twice: once before the intervention and again one month after applying the intervention model to prevent bullying behavior. This phase aims to assess the effectiveness of the developed intervention model in achieving its objectives and reducing instances of bullying among elementary school children. The

E – ISSN : 2987 - 2685
pp. 142 - 155

quasi-experimental design allows for a comparison with a control group to better understand the impact of the nursing intervention.

4.2. Population and Sample

The calculated sample size for each group, accounting for a 10% dropout risk, is 62 respondents. Consequently, the final sample size for this study is 124 respondents, distributed across two groups. The research is bifurcated into an intervention group, which will receive interventions aimed at preventing bullying behavior in school-age children, and a control group. The inclusion criteria for participants are school children aged 9 to 13 years who are willing to participate and have provided informed consent.

4.3. Instruments

Bullying behavior was measured using the Bullying Incident Instrument Multidimensional Peer-Victimization Scale (MPVS), Aggressive Behavior is measured using the Buss Perry Aggression Questionnaire (BPAQ), Self-concept is measured using a questionnaire in this study using the instrument Tennessee Self Concept Scale (TCS) William H. Fitts, Self-acceptance instrument using a modified Berger Questionnaire, family functioning was measured using the Family Assessment Device (FAD) Instrument and the Classroom Teacher's Role A questionnaire made by researchers using a literature approach.

4.4. Data analysis

The data analysis in this study involves a variety of statistical tests to explore different aspects of the research: chi-square statistical test, dependent t-test, independent t-test, and multiple linear regression.

5. RESULT

5.1. Phase I

The research findings on the risk factors for bullying behavior revealed two overarching themes: internal factors and external factors. On the internal factors, there are characteristic factors closed individuals, negative child self-concept, a child's coping mechanism adaptive, the experience of previous bullying behavior, and children who have value low self. On the External Factors sub-theme, the risk of bullying behavior consists of dysfunctional families, poor interaction and communication with parents, experiences of parental bullying, parental role conflicts, and lack of peer support.

5.2. Phase II

The Bullying Prevention Nursing Intervention Model is a structured and comprehensive framework designed for nursing interventions that prioritize preventive efforts. In this model, children are the primary focus of intervention for the prevention of bullying behavior. Nurses, school teachers, and families serve as supporting components, collectively playing crucial roles in enhancing protective factors and mitigating risk factors

E – ISSN : 2987 - 2685
pp. 142 - 155

associated with bullying behavior. This model underscores the collaborative and multi-faceted approach needed to address the complex dynamics of bullying prevention effectively. By involving key stakeholders and emphasizing preventive strategies, the model aims to create a supportive environment that nurtures positive behaviors and minimizes the likelihood of bullying incidents among school-age children.

Nursing Intervention Model Framework to Prevent Bullying Behavior

The target of applying the nursing intervention model in preventing bullying behavior is at the intrapersonal (school children) and interpersonal (family and teacher) levels (school). This nursing intervention model in preventing bullying behavior is appropriate with the theory of goal attainment according to King (1981, in Alligood, 2010) and the social-ecological theory approach according to Bronfenbreuner, 2012. This approach adjusts the Child's condition to bullying behavior to improve self-concept, self-acceptance, and the ability to manage emotions and improve family functioning and school teachers' role in preventing bullying behavior. Implementing nursing interventions in preventing bullying behavior involving children, families, and school teachers with the active role of nurses to maintain continuity of intervention implementation and maintaining partnerships to solve the problem of bullying behavior. Models of preventive nursing interventions for bullying behavior the opinion of Embleton et al. (2013) explains that to overcome the problem of bullying behavior, a different approach is needed, comprehensive and innovative, adapting to individual needs and expectations, family, and society.

5.3. Phase III Research Results

Implementing the Training Module Training on preventing bullying behavior to improve the knowledge and skills of nurses, teachers, and parents in assisting school children to reduce risk factors of bullying behavior and increase the protective factors of bullying behavior. The training was conducted on nurse parents and teachers. As many as four sessions were carried out for two days, followed by two days of monitoring on a scheduled basis and independently to train the ability to accompany children. Training carried out by providing material about health education on Bullying Behavior in children, which includes definitions, types of bullying behavior, risk factors that can cause bullying behavior, protective factors that can reduce and prevent bullying behavior, how to recognize and manage emotions well, how to act as a communicative parent with children as well progressive relaxation exercises to reduce tension. Ability assessment nurses, teachers, and parents saw an increase in the average knowledge score after training and observing the ability to assist children. Nurses are stated to be able to assist if the average score is knowledge, achieve a pass mark of 75% of the total score of 100% when the post-test is carried out, and assist with self-observation exercises conducted among nurses, teachers, and parents. This intervention group measures knowledge before and after the training intervention and the ability of the teacher and parent to assist children. At the same time, the control group was not given training but given leaflets without being given training. Leaflets and modules were given after the control group carried out the pre-test and the post-test with the intervention group after completing the implementation training session.

E – ISSN : 2987 - 2685
pp. 142 - 155

The average value of nurses' ability after training has increased to 34 p-values 0.000 > 0.05, which means that there is a difference in the average value of nurses' ability before and after the behavior prevention training bullying. This value indicates that the nurse can assist teachers, parents, and children in implementing the model of prevention of bullying behavior.

Teacher's Ability to Provide Assistance

Explained that the Equality Test shows that the value of the teacher's ability to assist is equivalent to a p-value of 0.713 > 0.05. The average value of teachers' ability after training has increased to 94.94 with a p-value of 0.000 <0.05, which means there is a change in the mean value of teachers' ability before and after the behavior prevention training bullying. This value indicates that the teacher can assist children in preventing bullying behavior. It delivers data that training activities to prevent bullying behavior in teachers can improve the ability of teachers to conduct behavioral prevention assistance bullying in children.

Parents' Ability to Assist

The average value of parents' ability before bullying behavior prevention training in the intervention group was 36.97, and in the control group, 34.55. The equality test shows that the value of parents' ability to control bullying behavior is equivalent to the p-value 0.078 > 0.05. The average value of parents' ability before training in preventing bullying behavior is 36.97, with the lowest score of 3 and the highest score of 50. The average ability of parents after training has increased to 89.85 with a p-value of 0.000 <0.05, meaning that there is a change in the average value of parents' ability before and after the behavior prevention training bullying. This value indicates that parents can assist children in carrying out bullying behavior prevention. This matter provides data that training activities to prevent bullying behavior in people's parents can improve the ability of parents to assist in preventing bullying behavior in children.

Implementation of the Model for Prevention of Bullying Behavior in School Children

The influence of the bullying behavior prevention model on children is explained in this section. Nurses carry out implementation of assistance regarding the prevention of bullying behavior by involving the assistance of parents and teachers carried out for two days and followed by monitoring two days on a scheduled basis and independently carried out to train children's abilities with assistance from parents and teachers. Training is carried out by providing material about the introduction of Bullying Behavior in children, which includes definitions, types of behavior bullying, and risk factors that can lead to bullying behavior. These protective factors can reduce bullying, prevent aggressive behavior by recognizing and managing emotions well, improve self-concept and self-acceptance, and progressive relaxation exercises to reduce tension.

The table explains that the average value of bullying behavior in children before training on the prevention of bullying in the intervention group was 35.98, and in the control-group was 35.74. The mean score of bullying behavior after model intervention in

E – ISSN : 2987 - 2685
pp. 142 - 155

the intervention group was 22.58. The average value of bullying behavior after the model intervention in the control group is 35.81 with a p-value of 0.000 <0.05, meaning that there is a change in the mean value of bullying behavior after the intervention model for preventing bullying behavior. The value showed that bullying behavior in children differed between the intervention groups and the control group after the intervention model of bullying behavior prevention. This provides data that training to prevent bullying behavior accompanied by parents and teachers can reduce bullying behavior while preventing bullying behavior in children. Changes in risk factors for bullying behavior before and after the prevention model the intervention was carried out in the intervention group and the control group (n = 124)

Explain the average value of children's aggressive behavior before the intervention. The model in the intervention group was 31.89, and the average Child's aggressive behavior after the model intervention in the intervention group was 7.76 with a p-value of 0.000 <0.05; the results of this analysis indicate that in the implementation of the intervention, the model can reduce the average value of aggressive behavior by 24.13. The average value of children's aggressive behavior before the model intervention in the control group was 31.81, and the average aggressive behavior of children after the intervention model in the control group was 29.39. There was a decrease in the mean score of aggressive behavior in the control group of 2.42, but this decrease was not significant with the p-value 0.054 > 0.050

Differences in aggressive behavior in children after mentoring intervention model of prevention of bullying behavior in the intervention group and control group Analysis of the difference in the mean value of aggressive behavior of children aims to get data on the average value of aggressive behavior after the model intervention and knowing the differences the mean value of aggressive behavior after the model intervention between the intervention groups and control group. Test the analysis of these differences using the test statistics Independent T-test with a 95% level of confidence (= 0.05). Value analysis test results showed that the average aggressive behavior of children in the intervention group after the intervention model decreased to 7.76. The average aggressive behavior of children after the model intervention in the control group also decreased to 29.39 with a p-value of 0.000 <0.05, the difference in the mean value of aggressive behavior in the group intervention and control group after the intervention model of 21.63 with p value 0.000 indicates that in the implementation of the model, intervention shows the difference in the mean value of aggressive behavior between the intervention group and the group control meaningfully.

Influence of the Prevention Model of Bullying Behavior in Children on Factors Protective Bullying Behavior in Children Changes in the average value of child protective factors aim to obtain valuable data on average self-concept, self-acceptance, ability to manage emotions, family function, Family Support, and the Role of School Teachers before and after the intervention model. Changes in this average value to analyze the model's effectiveness against the increase in protective factors of bullying behavior. Test the analysis of the model's effectiveness against these protective factors using the Dependent T-test

E – ISSN : 2987 - 2685
pp. 142 - 155

statistic (Paired T-test). With a confidence level of 95% (0.05). Analysis test results: Explain the average value. The Child's self-concept before the model intervention in the intervention group was 60.69. The average self-concept of children after the model intervention in the intervention group is 75.12 with a p-value of 0.000 <0.05; this analysis indicates that implementing the model intervention increased the average value of self-concept child. The average value of the Child's self-concept before the model intervention in the control group was 59.76, and the mean self-concept of the children after the model intervention in the control group was 60.43 with a p-value of 0.290 > 75 0.05; the results of this analysis shows that the implementation of the intervention model is the prevention of bullying behavior in the control group did not change the average value of the Child's Self-Concept.

The mean value of self-acceptance before the model intervention in the intervention group is 66.68, and the mean Self-Acceptance of children after the intervention model in the intervention group was 85.94 with a p-value of 0.000 <0.05; the results of this analysis indicate that in the implementation of the intervention the model was able to increase the value of average self-acceptance of children. The average value of children's self-acceptance before the intervention in the model in the control group was 67.66, and the mean self-acceptance of children after the model intervention in the control group was 68.45 with a p-value 0.165 > 0.05; the results of this analysis indicate that the implementation of the intervention model prevention of bullying behavior in the control group did not provide significant changes in the average value of Self-Acceptance of Children. Average value the ability to manage children's emotions before model intervention in groups the intervention was 37.63, and the mean ability to manage children's emotions after model intervention in the intervention group was 89.85 with a p-value of 0.000 <0.05; the results of this analysis indicates that in the implementation of the increase the average value of the ability to manage children's emotions. Average value The ability to manage children's emotions before model intervention in the control was 35.29, and the average ability to manage children's emotions after the model intervention in the control group was 38.19 with a p-value of 0.083 > 0.05; the results of this analysis indicate that the implementation of the intervention model is a prevention bullying behavior in the control group did not change significantly significant on the average value of the ability to manage children's emotions. Function mean value the family before the intervention model in the intervention group was 68.18, and the mean of family function after the model intervention in the intervention group was 82.32 with a p-value of 0.000 <0.05; the results of this analysis show that in the implementation of the model, the intervention increased the average value of a family function. Score the mean of family functioning before the model intervention in the control group was 67.89, and the average family function after the model intervention in the control group was 67.63 with a p-value of 0.0781 > 0.05; the results of this analysis indicate that implementation of the intervention model to prevent bullying behavior in the control group does not give a significant change in the average value of Family Functions. The average value of the Classroom Teacher Role before the model intervention in the intervention group is 42.75, and the mean Classroom Teacher Role after the model intervention in the intervention

E – ISSN : 2987 - 2685
pp. 142 - 155

group was 93.00 with a p-value of 0.000 <0.05; the results of this analysis show that the implementation of the model intervention can increase the value.

Average Class Teacher Role. The average value of the Classroom Teacher Role before the model intervention in the control group was 43.25, and the mean Classroom Teacher Role after the intervention in the model in the control group was 46.75 with a p-value of 0.300 > 0.05; the results of this analysis indicate that the implementation of the behavioral prevention model intervention bullying in the control group did not change significantly the mean value of the Classroom Teacher Role.

6. DISCUSSION

The research results on implementing the intervention model to prevent bullying against Aggressive behavior show the results of the average value of children's aggressive behavior before the intervention. The model in the intervention group was 31.89, and the average Child's aggressive behavior after the model intervention in the intervention group was 7.76 with a p-value of 0.000 <0.05; the results of this analysis indicate that the implementation of the intervention model was able to reduce the average value of aggressive behavior by 24.13. Aggressiveness is behavior intended to annoy or injure oneself and others [7]. Buss and Perry (1992) classify behavior aggression into four parts: physical, verbal, anger, and hostility. Physical aggression is a form of aggression in the form of assault on other people or objects that involve physical aggression. Verbal aggression is assault done using words. Anger is an expression of emotion that shows displeasure towards something. Hostility is behavior shown to show opposition to others. High aggressiveness in childhood makes someone have a high aggressiveness as an adult. [8]. Aggression in children is related to future negative behaviors such as anxiety disorders, depression, academic problems, and child delinquency that even led [9]. Individuals with high aggressiveness tend to have low warmth and caring towards others, are easy to vent anger, and have feelings of anxiety and high rates of depression [10].

Aggressive behavior in children can be overcome, reduced, and even eliminated. Helping children get rid of aggressive behavior requires comprehensive techniques and approaches. These techniques and approaches can be carried out in the school environment and at home. Understanding and accepting the Child's personality is necessary for children, especially an understanding of aggressive children who need help. After being understood by the Child's personality, we try to accept it as it is and should be. Understanding and acceptance will grow attitudes, sympathy, and empathy for parents and teachers. Sympathy and empathy will foster trust; this is the capital to direct the Child's behavior toward constructive direction. In efforts to prevent bullying in children, it was found that such prevention programs are effective. Intervention programs What is given is in the form of health education, either through the inclusion of health education into the curriculum, extracurricular activities, or direct coaching at school. Health education is one intervention strategy or effort to prevent and overcome internal health problems in nursing services.

E – ISSN : 2987 - 2685
pp. 142 - 155

Health education includes the provision of information that is appropriate, specific, and repeated continuously to facilitate changes in health behavior [11].

The research results explain that the attachment of parents to their children can affect the level of self-esteem possessed by their children. Based on research conducted by Coopersmith revealed that parents have an essential role in children's self-esteem, especially during childhood. Besides Bartle, previous study revealed that parents who are concerned and show interest in the life of their young son can affect the Child's self-esteem [12]. In this case, participants felt that their parents paid much attention to them, and the parents of the participants were always willing to listen to their complaints. Especially his mother, who always provided solutions and reminded participants to fight. Participants realized their parents always encouraged them to keep fighting even though he was bullied. In addition, communication, affection, and giving praise can also improve self-esteem in children. This follows what prior study revealed that children raised by their parents have high self-esteem. In addition, previous investigation argues that parental support in praise, communication, and affection is necessary for developing self-esteem. According to prior study, attachment, a healthy emotional relationship between the Child and his parents, can prevent negative feelings such as anxiety and depression in children in the transition period. Therefore, a good relationship between children and parents can help children have meaningful and valuable relationships (self-worth). Undeniably, when you experience bullying, you will develop negative feelings. However, participants felt that when they were close to giving up, their parents were always calm and gave pictures that made them feel strong and still try to think positively. Thing This is different because of his unfavorable relationship with his parents and inability to express his feelings. The results of this study are also in line with previous research, which also said that despite going through various stages of self-acceptance, such as feeling inferior, sad, and angry, victims can have good self-acceptance [13].

Even though at the stage of self-acceptance, the participants go through a long process, they can accept themselves and their behavior and the bullying that happened, unlike the research conducted by previous study, which shows that students who are victims of bullying have low self-acceptance. Also, previous researches stated that women have lower self-acceptance than men. The respondents themselves explained that in the process of self-acceptance, social support helps them. Social support is needed for bullying victims. Victims of bullying who receive social support from their friends will feel cared for and comfortable [14]. This is also felt by the three respondents who received social support from their friends. This support is significant, considering that the respondent is a victim of bullying and does not have enough friends. Social support is also obtained through advice, attention, and affection [15]

The classroom teacher's role in overcoming and preventing bullying behavior is significant because children are more open to the class teacher. As a teacher, the class should have the ability to provide counseling to students who need help, including coping with being involved in bullying. Classroom teachers become a child's companion in dealing with problems in class; a teacher's ability is expected to be a child's best friend in managing

E – ISSN : 2987 - 2685
pp. 142 - 155

emotions. Parental involvement requires cooperation by being invited to discuss it, not looking for who is wrong but calm and emotionless looking for a way out can solve the problem of children, both perpetrators and victims. Assistance by families for victims and perpetrators of bullying shows empathy and assertiveness. Bullying is aggressive behavior carried out intentionally and repeatedly, intending to commit violence, and is generally carried out by the person who has power over the victim in a permissive environment [10]

Bullying consists of several forms, namely, Physical bullying (hitting, kicking, punching, pushing, and so on), verbal bullying call by giving nicknames that do not like, mocking, teasing (renaming, so on), psychological bullying (spreading rumors/gossip, coercing, isolating and so on). Damaging property (damaging personal belongings or doing something that damages, loses, or takes by force other people's belongings) and bullying through technology (violence through social media text messages). Giving interventions in its implementation requires cooperation from various stakeholders from the health environment who understand more about bullying and child abuse, as well as from the educational environment. From the whole intervention, besides health workers, teachers, and school principals, there are more important roles, namely the role of peers (peers) because the overall intervention emphasizes that influential friends are essential in the implementation prevention of bullying in children and adolescents. This matter is supported by research that states that in the implementation of bullying at school, peers have a significant effect on adolescents' knowledge, attitudes, and behavior about bullying. [4]. Overall, the bullying prevention intervention significantly improved the knowledge of children, parents, and teachers against bullying and victimization to reduce the incidence of bullying in children; with the same results, it is better if the implementation of the intervention program involves various stakeholders.

7. CONCLUSION

a. Identified risk factors and protective factors for bullying behavior and identification (1) children's needs and expectations about self-concept, (2) expectations and needs of the family, family support to improve family function, and (3) perception and the need for classroom teachers to increase their role in prevention efforts bullying behavior.
b. Compilation of an Intervention Model to prevent bullying behavior, complete with manuals and workbooks as a guide for its implementation.
c. Identified the effectiveness of the Bullying Behavior Prevention Model to improve the Child's self-concept, self-acceptance, ability to manage emotions, and family function, and the classroom teacher's role in preventing bullying behavior.

E – ISSN : 2987 - 2685
pp. 142 - 155

8. RECOMMENDATION

a. Optimizing the role of public health services nurses in providing nursing services to school children by identifying bullying behavior with early detection and health promotion efforts through the School Health Business program.

b. Initiating through local government cooperation in implementing the Model interventions to prevent bullying behavior as a basis for cross-sectoral or cross-program partnerships by involving various elements through joint efforts structured and sustainable in public health center.

c. The results of the implementation of the bullying behavior prevention model can be used as initial information for researching the school and health center health business system facilitating the implementation of bullying behavior prevention intervention models.

REFERENCE

[1] Joseph A. Dake, James H. Price SKT. The Nature and Extent of bullying at school. Journal of School Health n.d.;73.

[2] Healy KL, Sanders MR, Iyer A. Parenting Practices, Children's Peer Relationships and Being Bullied at School. J Child Fam Stud 2015;24:127–40. https://doi.org/10.1007/s10826-013-9820-4.

[3] Pusdatin Kemenkes RI. Data KPAI tentang kekerasan pada anak.pdf. 2018.

[4] Riauskina Djuwita. Penanggulangan bullying di sekolah : Membentuk Masyarakat Indonesia yang Resilien melalui Pendidikann Berkarakter. Jakarta, Indonesia: Psikologi Expo; 2011.

[5] Nathan Ewigman. Family Burden. New York: Springer US; 2011. https://doi.org/https://doi.org/10.1007/978-0-387-79948-3_2109.

[6] Hong JS, Espelage DL. A review of research on bullying and peer victimization in school: An ecological system analysis. Aggress Violent Behav 2012;17:311–22. https://doi.org/10.1016/j.avb.2012.03.003.

[7] Bandura A. Bandura_SocialLearningTheory.pdf. International encyclopedia of psychiatry, psychology, psychoanalysis, and neurology, vol. 10, 1977, p. 1–46.

[8] Tian L, Zhao J, Huebner ES. School-related social support and subjective well-being in school among adolescents: The role of self-system factors. J Adolesc 2015;45:138–48. https://doi.org/10.1016/j.adolescence.2015.09.003.

[9] Sung YH, Chen LM, Yen CF, Valcke M. Double trouble: The developmental process of school bully-victims. Child Youth Serv Rev 2018;91:279–88. https://doi.org/10.1016/j.childyouth.2018.06.025.

[10] Nocentini A, Fiorentini G, Di Paola L, Menesini E. Parents, family characteristics and bullying behavior: A systematic review. Aggress Violent Behav 2018:#pagerange#. https://doi.org/10.1016/j.avb.2018.07.010.

E – ISSN : 2987 - 2685
pp. 142 - 155

[11] Nocentini A, Fiorentini G, Di Paola L, Menesini E. Parents, family characteristics and bullying behavior: A systematic review. Aggress Violent Behav 2018:#pagerange#. https://doi.org/10.1016/j.avb.2018.07.010.

[12] Stephens MM, Cook-fasano HT, Sibbaluca K. Childhood Bullying : Implications for Physicians 2018:187–92.

[13] Soedjatmiko S, Nurhamzah W, Maureen A, Wiguna T. Gambaran Bullying dan Hubungannya dengan Masalah Emosi dan Perilaku pada Anak Sekolah Dasar. Sari Pediatri 2016;15:174. https://doi.org/10.14238/sp15.3.2013.174-80.

[14] Janitra PA, Prasanti D. Komunikasi Keluarga Dalam Pencegahan Perilaku Bullying Bagi Anak. Jurnal Ilmu Sosial Mamangan 2017;6:23. https://doi.org/10.22202/mamangan.1878.

[15] Devlin DN, Santos MR, Gottfredson DC. An evaluation of police officers in schools as a bullying intervention. Eval Program Plann 2018;71:12–21. https://doi.org/10.1016/j.evalprogplan.2018.07.004.