






# A Scoping Review of Assertiveness Therapy for Reducing Bullying Behavior and Its Impacts Among Adolescents

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**Abstract:** Bullying is a global problem in adolescents which has increased every year. One of the factors in the occurrence of bullying is the ability of interpersonal skills. This ability can build good relationships with assertive between adolescents and can prevent bullying. The purpose of this study is to describe assertiveness therapy for reducing bullying behavior and its impacts among adolescents. The method used in this study is scoping review. The search strategy used is PRISMA Extension for Scoping Reviews through three databases namely PubMed, CINAHL, and Scopus. The authors used inclusion criteria and exclusion criteria in the selection of articles. The major keywords used in the article search were bullying, assertiveness therapy, and adolescents. Data analysis used descriptive qualitative. The results showed that there were 10 articles that discussed assertive therapy. All articles show that assertiveness therapy can reduce bullying behavior and its impact significantly, such as reducing the impact of anxiety and increasing self-esteem. Assertiveness therapy methods carried out in the form of education, games, and role play. Education is carried out online and offline. Educational media is provided directly and through media such as educational videos which can be accessed at any time. Gender and cultural approaches are important aspects in the implementation of assertive therapy. Assertive therapy can improve interpersonal skills, social skills, empathy and assertiveness so that it can reduce bullying behavior and its impacts in adolescents. Then, this data becomes the basis for nurses to carry out assertive therapy as an effort to prevent and reduce bullying behavior in adolescents.

**Keywords:** adolescents, assertiveness, bullying, impacts

## Introduction

Bullying is a phenomenon that occurs in many adolescents. Bullying is an act of using power to harm a person or group of people verbally, physically, or psychologically so that the victim feels depressed, traumatized, and helpless.<sup>1</sup> Bullying is also defined as an act of intentional aggressive behavior carried out by a person or group of people repeatedly and from time to time against a victim who cannot defend himself easily.<sup>2</sup> Bullying carried out repeatedly by stronger children against weaker children with the aim of hurting both physically and emotionally.<sup>3</sup>

Bullying can take many forms. Forms of bullying include physical, verbal, psychological, social, and cyberbullying.<sup>4</sup> Physical bullying involves aggressive acts of physical violence, such as punches, kicks, or direct abuse.<sup>5</sup> Meanwhile, verbal bullying includes the use of verbal abuse, taunts, and threats that can undermine the victim's self-esteem.<sup>6</sup> Psychological bullying occurs when someone deliberately demeans or isolates an individual emotionally, for example by persistent insults or threats.<sup>7</sup> Social bullying involves trying to exclude an individual from their social group, creating a sense of isolation, or spreading negative gossip.<sup>8</sup> Cyberbullying is a form of bullying that occurs through digital media, such as text messages, social media, or email.<sup>3</sup> Based on previous research in developing countries, there are several

forms of bullying in the context of social media, namely social intimidation, psychological intimidation, and invasion of privacy.<sup>9</sup>

A survey from UNICEF in 2016 showed that as many as 41 to 50% of adolescents in Indonesia aged 13 to 15 years had experienced acts of social and verbal bullying.<sup>10</sup> Previous survey results also show that bullying behavior in schools has increased every year. Data on cases of violence in Indonesia against children in 2015 amounted to 3820 cases.<sup>11</sup> Meanwhile, cases of child violations in the education sector reached 478 cases. Data also shows that children who are perpetrators of bullying increased drastically to 39% in 2015.<sup>12</sup> The research results show that the United States has the highest prevalence of bullying with 71%, followed by India with 60%, Korea 40%, the Netherlands 33%, Mexico 17–39%, Taiwan 11%, and Brazil 8.5%.<sup>13</sup>

Bullying can cause negative impacts in the form of physical and psychological problems. The psychological impact experienced by the victim is psychologically, especially on the low self-esteem of the victim. The results of previous research show that bullying causes stress, depression, and a decrease in academic grades in victims.<sup>14</sup> In addition, other studies also show that victims experience a decrease in self-confidence so they do not want to go to school.<sup>15,16</sup> This causes academic problems in victims of bullying. Physical bullying also causes physical damage to the victim. Previous research indicated that the victim suffered cuts and bruises as a result of being beaten by students at school.<sup>17</sup> Other studies have also shown that students bleed as a result of being pinched hard by other students.<sup>18,19</sup>

The results of the research show that the perpetrators of bullying are related to negative characteristics or aspects of themselves, including the presence of anxiety, depression, tend to have an antisocial personality, and also have a high risk of dropping out of school, and in adulthood the perpetrators of bullying have more problems with their work<sup>20</sup> and also find it difficult to maintain a long-term romantic relationship with their partner. Perpetrators of bullying are not only related to psychological distress, but are also related to psychological well-being as a positive affect within the individual. This is in accordance with research results which state that perpetrators of bullying feel less happy than other students who are not involved in bullying.<sup>21</sup>

Efforts to prevent and overcome bullying require intervention on the part of the perpetrator first, this is because perpetrators of bullying tend to involve more than one person in carrying out bullying actions, thus causing bullying cases to continue to increase because more and more individuals are becoming perpetrators.<sup>22</sup> Bullying needs special attention from all levels of society, this is because most bullying acts occur in the school environment and can have an impact on the mental health of students at school.<sup>23</sup> Assertive techniques are techniques in behavioral counseling that focus on cases that experience difficulties in expressing feelings that are not appropriate.<sup>24</sup> Assertive techniques intimidate the bully because they realize the power the victim has. Apart from that, assertive behavior among witnesses to bullying, who are also called bystanders, has an influence in preventing bullying. An assertive attitude by bystanders makes the perpetrators feel that there is resistance from the environment and an assertive attitude can make the victim feel safe.<sup>25</sup>

Assertive therapy is a psychotherapeutic approach that aims to teach individuals how to communicate their needs, wants, opinions, and feelings clearly and assertively without violating the rights of others.<sup>26</sup> It involves learning communication skills that enable one to set healthy boundaries, respect oneself, and overcome self-confidence or social anxiety.<sup>27</sup> Adolescents who have received assertive therapy tend to have higher levels of self-confidence and the ability to cope with social pressure.<sup>24</sup> Previous research shows that individuals with assertive skills can defend themselves assertively yet in a respectful manner, thereby reducing the risk of being repeatedly victimized by bullying.<sup>28</sup> In addition, with assertive skills adolescents can also learn to identify bullying behavior. This is in line with previous research which shows that there is a decrease in the incidence of bullying after being given assertive therapy to adolescents.<sup>29</sup> Assertive therapy is important for adolescents. Adolescents often experience significant emotional turmoil and psychological changes during this period, which can impact how they interact with the world around them.<sup>26</sup> Psychological and social changes that adolescents experience, such as the search for identity and peer group influence, can influence the dynamics of interactions between adolescents, sometimes pushing them to exhibit aggressive or derogatory behavior in search of validation or social status within their group.<sup>30</sup> This causes adolescents to be vulnerable to becoming subjects of bullying problems. Assertive therapy can help adolescents involved in bullying problems to discover self-identity, increase social interactions, and develop healthy communication skills, requiring a targeted approach to self-development. This ability can reduce bullying behavior in adolescents and reduce various problems that arise as a result of bullying.<sup>31</sup>

The results of previous studies showed that there were significant differences in the subject's understanding of bullying and assertiveness before and after the study, where the average subject's understanding increased after training. Other studies also show that assertiveness therapy can reduce bullying behavior in middle school students. The significant results in this study indicate that this means that if assertive therapy is carried out, the tendency for bullying behavior will decrease. Previous reviews show that there is a relationship between assertiveness and bullying behavior. So there has been no previous research on assertive therapy in reducing bullying behavior with a design scoping review.

Previous scoping review have shown that interventions to reduce bullying behavior and prevent its effects are carried out with various types such as assertiveness therapy, mindfulness therapy, empathy training, and also web-based therapy.<sup>16</sup> The scoping review shows that assertive therapy is one of the options to reduce bullying behavior and also prevent its impact. The results of the author's review, there is no review of assertive therapy against bullying. So the authors is interested in conducting a scoping review of assertiveness therapy to reduce bullying behavior and it's impacts in adolescents.

## Materials and Methods

### Design

This research used design scoping review. Scoping review is a review method used to explore various topics and issues that are developing in the world. There are still no reviews on assertive therapy, so the authors conducted a scoping review to describe various assertive therapies to reduce bullying behavior in adolescents. In addition, the results of this scoping review can also be the basis for conducting systematic reviews and meta-analyses. This method has a clear conceptual range to describe various research results.<sup>32</sup> The five steps carried out by the authors in this study were making research statements, determining research objectives and inclusion and exclusion criteria, selecting articles based on database search results, analyzing articles and then summarizing them in extraction tables, and compiling scoping review reports.<sup>33</sup>

### Search Strategy and Eligibility Criteria

The database used by the authors to search for articles consists of three databases, namely: CINAHL, PubMed, and Scopus. These three databases contain a wide range of information that is relevant to nursing and health topics. In addition, researchers can increase the validity and reliability of previous research results because it is an international database. An article search was conducted in June-July 2023. The keywords used in PubMed are: "bullying" [MeSH Terms] OR bullying[Tw] OR "Violence" [Mesh Terms] OR Violence[Tw] OR "Physical Abuse" [Mesh] OR "Exposure to Violence" [Mesh] OR abuse[Tw] OR bullying behavior[Tw] OR bullying act[Tw] AND "adolescent" [MeSH Terms] OR adolescents[Tw] OR teens[Tw] OR adolescents[Tw] OR youths[Tw] OR boys[Tw] OR girls[Tw] AND "assertiveness therapy" [MeSH Terms] OR assertive[Tw] OR assertiveness[Tw] OR assertiveness intervention[Tw]. The keywords used in Scopus are ALL(bullying OR Violence OR Physical Abuse OR abuse OR bullying behavior OR bullying act) ALL(adolescents OR adolescence OR young adult) AND ALL(assertiveness therapy OR assertive OR assertiveness OR assertiveness intervention). The keywords used in CINAHL are: bullying OR Violence OR Physical Abuse OR abuse OR bullying behavior OR bullying act AND adolescents OR adolescence OR young adult AND assertiveness therapy OR assertive OR assertiveness OR assertiveness intervention. The question in this review is how does assertiveness therapy reduce bullying behavior in adolescents?

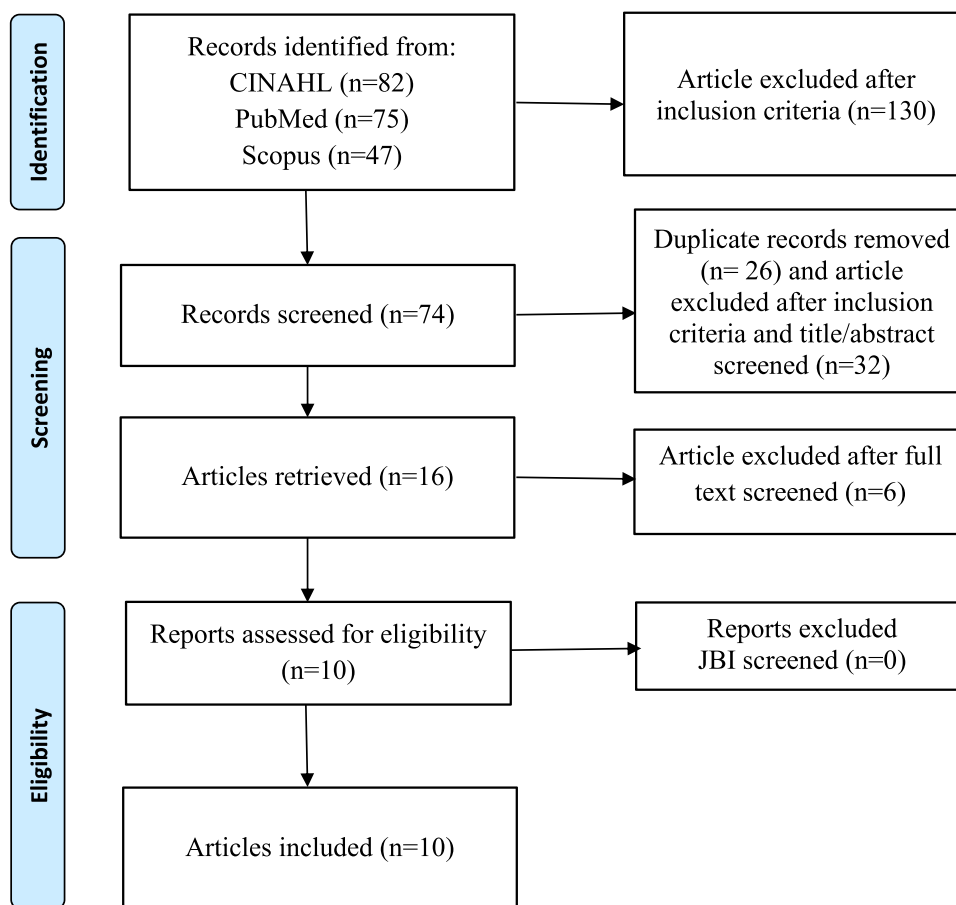
### Inclusion and Exclusion Criteria

The search strategy in this study used PRISMA Extension for Scoping Reviews (PRISM -ScR) to search for articles (Figure 1).<sup>34</sup> Article selection used inclusion criteria and exclusion criteria. The author used PCC's framework to determine keywords in this research.

Populations: Adolescents, Youth adults who aged 10–19 years (adolescents aged 10–19 years based on WHO).<sup>35</sup>

Concept: Assertiveness therapy, assertive intervention.

Context: bullying behavior, bullying act, bullying.



**Figure 1** PRISMA Flow Diagram.

**Note:** Adapted from Page MJ, McKenzie JE, Bossuyt PM et al. The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*. 2021;372:1–11. Creative Commons.<sup>34</sup>

The inclusion criteria in this study are original research with a randomized control trial or quasi-experiment design to obtain high quality articles, in English, the sample is adolescents with aged 10–19 years, full-text, and a publication period of the last 10 years (2013–2023) to obtain research results the latest relevant to the research objectives. The exclusion criteria in this study were articles that were not full-text or only available as abstracts, conference manuscripts, theses, and other gray literature.

## Data Extraction

After getting the article in accordance with the research objectives. Then the authors read the full text article. After that, the authors eliminated articles based on inclusion and exclusion criteria. Then the authors look for important data from the articles that have been read. The author's summary results are then entered into a table. The table contains data regarding the author, year of publication, country, research design, sample, description of the intervention, and research results. The data was then compared based on various findings obtained by the authors. Data extraction was conducted by the author in an independent and trained manner, taking into account the results of the interventions. The author did not double check the results during data extraction, which is important to minimize errors.

## Quality Appraisal

Quality appraisal in a scoping review involves evaluating articles to identify high-quality ones, a process guided by the author's assessment. The instrument employed for this evaluation is The Joanna Briggs Institute (JBI) tool, comprising a questionnaire with statements that authors use to assess the articles they review. For articles employing a randomized

control trial design, the questionnaire includes 13 statements, while articles with a quasi-experiment design have 9 statements. The assessment is conducted through discussions among the authors to assign scores to each statement. Answer options include “yes”, “no”, “unclear” and “not applicable”. A score of 1 is assigned for a “yes” response, while “no”, “not applicable”, and “unclear” responses receive a score of 0. The standard for determining article quality is a minimum score of 75%, achieved by accumulating scores from the answers to each statement in the questionnaire.

## Data Analysis

The authors used a descriptive approach based on the results of the review of the articles found. The authors then describe the findings regarding assertive therapy to reduce bullying behavior in adolescents. Thematic analysis is a data analysis method in this study to identify, analyze, and report themes based on the results of the review. This process begins with the collection and preparation of relevant data. Once the data was collected, the initial stage of analysis began with a thorough reading to understand the overall context. Next, initial coding was conducted, where the data was broken down into small units which were then grouped based on similarities or differences. The next stage was to look for themes, identifying patterns that emerged from the set of codes and organizing them into broader themes.

Once the themes were identified, the next stage was to review the themes found by checking back against the data to ensure that the themes accurately reflected the content of the data and adjusting the themes if necessary. Then, the author defines and names the themes to explain in detail the themes that have been identified. The final step was report writing, in which the findings from the thematic analysis were clearly presented, supplemented with quotes from the data to support the resulting themes.

The authors also classified therapies based on similar interventions. The authors double-checked the articles found to ensure that they met the research objectives. When there were differences of opinion between authors, the authors conducted deliberations regarding the content of the article. If there was no agreement, the authors invited other authors to provide additional assessments.

## Results

Based on the initial research findings retrieved from three databases, namely CINAHL, PubMed, and Scopus, a total of 204 articles were identified by the authors. The article selection process involved applying inclusion criteria specified on the websites of these databases, resulting in 74 articles. Subsequently, the authors conducted a thorough elimination process to remove duplicate articles, leaving a total of 48 articles. Following this, the authors reviewed the titles and abstracts of the selected articles, identifying 16 articles that aligned with the research objectives. The next step involved a comprehensive examination of the full-text articles, where 10 relevant articles were identified that met the predefined research objectives. To ensure alignment with the research goals, the authors conducted a careful verification of the selected articles, confirming their relevance. The assessment of the articles was carried out using the JBI instrument, with the authors discussing and determining scores for each JBI instrument statement during the analysis process. The authors determined that the standard for assessing articles in this scoping review is above 75% (Table 1).

Based on the results of a scoping review carried out by the author based on the PRISMA flow, the author obtained 10 articles that met the inclusion and exclusion criteria and had gone through the JBI assessment regarding assertive therapy to reduce bullying behavior in adolescents through increasing assertive behavior in building interpersonal skills among adolescents. Then the author carried out data extraction to summarize the findings from the articles found. After that, the author classified the findings based on similar methods in implementing assertive therapy, namely education-based assertive therapy, counseling-based assertive therapy, and game-based assertive therapy. The author found that assertive therapy was carried out online or offline. The following are the results of the author’s extraction of the articles in this study which are presented in the extraction table (Table 2):

Examining the article characteristics, it was observed that among the articles, 2 originated from Iran, 1 from Turkey, 1 from Nigeria, 5 from Indonesia, and 1 from India. Notably, 9 articles were sourced from developing countries (Iran, Indonesia, India, and Nigeria), while 1 article originated from a developed country (Turkey). These country differences can influence the impact of assertiveness therapy on bullying behavior and its impact on adolescents. The predominant research design employed across almost all articles was quasi-experimental, with only one article using a randomized

**Table 1** JBI Critical Appraisal Tool

Authors, Published Year	JBI Critical Appraisal Tool	Study Design
(Najafabadi et al, 2020) <sup>36</sup>	88,9% (8/9)	Quasi-experiment
(Avşar & Ayaz Alkaya, 2017) <sup>25</sup>	100% (9/9)	Quasi-experiment
(Ekwelundu, 2022) <sup>37</sup>	88,9% (8/9)	Quasi-experiment
(Utami et al, 2019) <sup>27</sup>	77,8% (8/9)	Quasi-experiment
(Sudha, 2019) <sup>38</sup>	88,9% (8/9)	Quasi-experimental
(Lubis, 2020) <sup>39</sup>	84,6% (11/13)	Quasi-experimental
(Mohammadi et al, 2021) <sup>31</sup>	88,9% (8/9)	Quasi-experimental
(Utami et al, 2020) <sup>24</sup>	92,3% (12/13)	Randomized control trial
(Herman et al, 2020) <sup>28</sup>	88,9% (8/9)	Quasi experimental
(Sadeli & Karneli, 2022) <sup>29</sup>	100% (9/9)	Quasi-experiment

control trial design. The sample sizes in the included studies ranged from 20 to 885 respondents. The ages of respondents varied from 10–19 years old and from various levels of education from junior high school and senior high school. Differences in age and educational level can also influence various bullying incidents that occur at age levels and educational levels.

The study outcomes revealed that assertiveness therapy effectively diminishes bullying behavior among perpetrators and mitigates the impact of bullying on victims ( $p$  value  $<0.05$ ). These findings underscore the potential of assertive therapy in reducing bullying behavior among adolescents. The therapeutic interventions discussed in the articles were administered through both online and offline modalities. Assertive therapy encompassed diverse methodologies, including games, educational approaches, and counseling methods. Health professionals such as nurses, psychologists, and teachers played pivotal roles in delivering assertive therapy to adolescents.

## Education-Based Assertive Therapy

Assertive therapy is carried out for 90 minutes. Therapy was given to participants in 8 sessions including the definition of assertiveness, psychological exercise training, training to be assertive, discussions on applying assertiveness. Participants can access material via video, then participants can discuss with educators through the discussion column. Participants can also provide assertive feedback during the training.<sup>36</sup>

Assertive exercises are carried out for 60 minutes each session. Participants are given the opportunity to express their feelings honestly, participants are also asked to be firm in defending the rights of each individual. Participants were given education including bullying and assertive therapy. Education using video and power-point media. Then each participant took part in group activities to discuss material about bullying and assertive therapy.<sup>27</sup>

The assertiveness therapy program is carried out for one year with a frequency of one training week. The assertiveness therapy program aims to improve students' ability to defend their rights and help reduce bullying and violent



Table 2 Extraction Data

No	Author & Year	Outcome	Country	Design	Sample	Intervention	Instrument	Result
1.	(Najafabadi et al, 2020) <sup>36</sup>	Effectiveness of assertiveness therapy on bullying	Iran	Quasi-experiment	32 adolescents 15–17 years old	Assertiveness therapy based education	University of Illinois Bully Scale (UIBS) Mean $\pm$ SD pretest= 32.93 $\pm$ 6.38 Mean $\pm$ SD posttest= 27.5 $\pm$ 4.24	Effective to reduce bullying behavior and performance under pressure ( $p < 0.05$ ).
2.	(Avşar & Ayaz Alkaya, 2017) <sup>25</sup>	Effectiveness of an assertiveness therapy for peer bullying and assertiveness	Turkey	Quasi-experiment	36 students (mean age 11.5)	Assertiveness therapy-based counseling	The Peer Victimization Scale (PVS) Mean $\pm$ SD pretest= 6.4 $\pm$ 9.7 Mean $\pm$ SD posttest= 4.4 $\pm$ 4.9	Effective to reduce peer-victimization bully dimension of the students' ( $p < 0.05$ )
3.	(Ekwelundu, 2022) <sup>37</sup>	Examined the effect of the Assertiveness therapy technique on bullying behaviors	Nigeria	Quasi-experiment	94 students	Assertiveness therapy technique-based counseling	Students Bullying Behaviour Questionnaire (SBBQ) Mean pretest= 80.78 Mean posttest= 63.82	Effective in reducing bullying behaviors ( $p = 0.001$ )
4.	(Utami et al, 2019) <sup>27</sup>	Effect of assertiveness therapy and bullying behaviors on self-assertiveness among victims of bullying	Indonesia	Quasi-experiment	50 middle schools students	Assertiveness therapy based education	The Rathus Assertiveness Schedule (RAS) High assertiveness pretest= 9 respondents and low assertiveness pretest= 16 High assertiveness posttest= 20 respondents and low assertiveness posttest= 5	Assertiveness therapy can affect assertiveness in early adolescent victims of bullying and reduce bullying behaviors ( $p = 0.003$ )
5.	(Sudha, 2019) <sup>38</sup>	Reduce bullying behaviors	India	Quasi-experimental	885 girls middle schools aged 10–13 years	Assertiveness therapy Program based education	Self-reported aggressive behaviours scale Mean $\pm$ SD pretest= 2.47 $\pm$ 0.507 Mean $\pm$ SD posttest= 1.27 $\pm$ 0.450	Effective for reducing bullying behaviors ( $P < 0.00$ )
6.	(Lubis, 2020) <sup>39</sup>	Effectiveness of assertiveness group format training for improving students' interpersonal relationship skills.	Indonesia	Quasi-experimental	20 students of class VIII high school	Assertiveness therapy Group Format-based counseling	A scale of interpersonal skills Mean pretest= 132 Mean posttest= 200	Effective for improving students' interpersonal relationship skills and reducing bullying behavior ( $p = 0,015$ )

(Continued)

Table 2 (Continued).

No	Author & Year	Outcome	Country	Design	Sample	Intervention	Instrument	Result
7.	(Mohammadi et al, 2021) <sup>31</sup>	Effectiveness of assertiveness therapy on assertion and social problem solving to prevent bullying behavior	Iran	quasi-experimental	60 students aged 11–17 years	Assertiveness therapy-based games	Social problem solving inventory Assertion inventory	Significant effect on the level of assertion and problem solving on victims of bullying ( $p < 0.05$ )
8.	(Utami et al, 2020) <sup>24</sup>	Effectiveness of group counseling using though stopping and assertiveness therapy techniques in increasing the self-esteem and reducing bullying behavior	Indonesia	Randomized control trial	51 adolescents	Counseling using though stopping and assertiveness therapy	The Rosenberg Self esteem Scale Mean (SD) pretest: 25.71 (2.62) Mean (SD) posttest: 41.85 (1.77)	Significant for reducing bullying behavior and increasing self-esteem ( $p = 0.000$ )
9.	(Herman et al, 2020) <sup>28</sup>	Reducing bullying behaviors	Indonesia	Quasi experimental	81 high school students aged 12–18 years	ASSERTIVENESS THERAPY-based games	Adolescent peer relation instrument (APRI) Mean $\pm$ SD pretest= 28.53 $\pm$ 6.34 Mean $\pm$ SD posttest= 25.47 $\pm$ 3.93	Effective on reducing bullying behavior and would be able to prevent bullying in adolescents ( $p = 0.001$ )
10.	(Sadeli & Karneli, 2022) <sup>29</sup>	Reducing anxiety among victims of bullying	Indonesia	Quasi-experiment	24 senior high school students	Assertiveness therapy-based games	Beck Anxiety Inventory (BAI)	Effective in reducing bullying victim's anxiety



behavior among students. The activities provided are in the form of education and training to be assertive. Education takes the form of material delivered via video which can be accessed by students anytime and anywhere.<sup>38</sup>

Participants receive therapy to reduce bullying behavior in groups using Assertiveness therapy Techniques. Exercise duration 45–60 minutes each session. Participants are trained to have the courage to say no to irrational requests. Then participants also take part in group counseling to train assertive behavior and reduce bullying behavior.<sup>24</sup>

## Counseling-Based Assertive Therapy

Assertive therapy is carried out for 40 minutes for each. Therapeutic activities were carried out in 6 sessions. Each session lasts for one week. The training strategy consists of expressions, questions and answers, group discussions, demonstrations, games, brainstorming, and hidden thinking. The media used in the form of visual and audio (computer, projector, clipboard, video, and colored paper) are also used. This training focuses on counseling to find out the problems faced by adolescents. Then the participants do counseling to improve their interpersonal skills and keep a journal for daily activities.<sup>25</sup>

Assertive therapy is carried out at school. Participants took part in assertive therapy activities for 10 sessions. Each training session lasts 50 minutes using a scheduled counseling period determined by the school. After the counseling period, participants received assertive therapy. Therapeutic content is in the form of group discussion sessions, games, practice of expressing feelings, and training in giving feedback. This counseling with a psychologist includes several contents, namely expressing feelings honestly, discussing problem solving, and organizing positive activities.<sup>37</sup>

Assertiveness therapy is carried out 2 times a week (participants get 10 meetings). Participants receive educational therapy online. In addition, participants also did counseling with a psychologist. Counseling with psychiatric nurses discusses the various causes of bullying and how students are able to express their feelings honestly. After that, the participants received one-by-one mentoring to practice their assertive abilities.<sup>39</sup>

## Games-Based Assertive Therapy

Assertiveness therapy aims to increase the ability to defend personal rights without hesitation, and without showing aggression. The training was carried out in 10 sessions of 60 minutes/session. Activities include assertive behavior games, assertive behavior education, and training in assertive behavior. This game focuses on increasing participants' knowledge about examples of everyday assertive behavior.<sup>31</sup>

Respondents of 4–6 students received intervention training in groups. Five 30–45 minute exercises related to communicating with others, saying “no” to irrational requests, airing complaints, giving credit to others and receiving rewards, and reinforcing assertive behavior with social drama. Assertiveness therapy is also carried out through theatrical dramas carried out by participants, so that participants can learn about assertive behavior that is carried out every day.<sup>28</sup>

Assertiveness therapy is carried out to prevent and reduce bullying behavior in students at school. Participants are trained to be honest about their feelings. This training was conducted in 10 sessions over 10 weeks. Training is carried out for 60 minutes/session. The training is packaged through interactive discussions to improve students' assertive abilities. In addition, participants were also invited to play a game, namely classifying examples of assertive behavior and non-assertive behavior.<sup>29</sup>

## Discussion

This study is the first study to discuss assertive therapy to reduce bullying behavior in adolescents. The results of this study show that most articles come from developing countries. This study also shows that all articles are effective in reducing bullying behavior in adolescents.

Assertive techniques are techniques in behavioral counseling that focus on cases that experience difficulties in expressing feelings that are not appropriate. Assertive techniques intimidate the bully because they realize the power the victim has. Apart from that, assertive behavior among witnesses to bullying, who are also called bystanders, has an influence in preventing bullying. An assertive attitude by bystanders makes the perpetrators feel that there is resistance from the environment and an assertive attitude can make the victim feel safe.

Assertive therapy is therapy to improve assertive abilities in adolescents. Previous studies have shown that assertive therapy is effective in increasing self-confidence thereby reducing bullying behavior in students.<sup>40,41</sup> Assertive therapy can improve students' ability to be honest with their feelings while still paying attention to others. This is supported by subsequent

research which shows that being honest while paying attention to the conditions of other people can reduce bullying behavior in adolescents.<sup>28,42,43</sup>

Assertive techniques are carried out with several contents, namely education, counseling, and games. Education about bullying and assertiveness is important to foster students' understanding and awareness regarding bullying and assertiveness.<sup>44-46</sup> Students are also educated to carry out assertive behavior so that students are able to have interpersonal skills. In line with previous research which showed that assertive therapy education can increase students' awareness to behave assertively in everyday life.<sup>47,48</sup> Counseling is an important thing to do for adolescents who are at risk of becoming perpetrators of bullying and victims of bullying. Counseling aims to find out problems related to bullying and also discuss to solve problems faced due to bullying. This is in line with previous research which shows that counseling can assist students in finding solutions to obstacles in reducing bullying behavior and reducing bullying behavior.<sup>49</sup> The games method aims to increase student participation in assertive therapy activities. The games method can be in the form of flashcards to distinguish bullying behavior from non-bullying behavior. This is in line with previous research which showed that the game method in assertive therapy is an important aspect of reducing boredom in students during training.<sup>50</sup>

The findings from earlier research indicated noteworthy disparities in subjects' comprehension of bullying and assertiveness before and after the intervention, demonstrating a notable increase in the average understanding post-training.<sup>51</sup> Furthermore, students exhibited a substantial enhancement in assertive behavior following the training. In summary, assertiveness therapy was deemed effective in augmenting both the understanding of students regarding bullying and their assertive behaviors. The results showed that there was a decrease in students' bullying behavior before and after getting training compared to before training.<sup>28</sup> The decrease in the tendency for bullying behavior was that the mean value before assertive therapy was 45.8 with a standard deviation of 5.286 and after assertive therapy was 40.71 with a standard deviation of 5.098 with  $p$  value = 0.000  $\alpha$  = 0.05. The significant results in this study indicate that this means that if assertive therapy is carried out, the tendency for bullying behavior will decrease.<sup>26,52,53</sup>

The focus of training on assertive techniques is through newly acquired social skills, students are able to overcome how to express their feelings and thoughts more openly, accompanied by the belief that they have the right to show reactions regarding bullying behavior at school.<sup>48,54</sup> An increase in students' self-confidence can be seen when students discuss role-playing scenarios with their groups and when presenting scenarios that have been created by each group.<sup>55</sup> On this occasion, students have confidence in their ability to express ideas, students are optimistic and students are responsible for their behavior.

Confidence in one's abilities, being optimistic, objective, responsible, rational and realistic can be developed through assertiveness therapy to increase students' self-confidence. Adolescents who are victims of bullying have low self-esteem.<sup>56</sup> Assertiveness therapy can increase victims' self-confidence and increase their ability to speak honestly according to their feelings.<sup>57</sup> The increase in self-confidence that occurs can be seen from the overall analysis of the self-confidence scale in expressing one's feelings, being able to express the ideas one has, having courage, and behaviors that describe students' high self-confidence in the classroom.<sup>58</sup>

Assertive therapy can also be accompanied by counseling methods. Counseling is carried out to provide personal support in reducing bullying behavior in adolescents.<sup>59</sup> In addition, the counselor also plays a role in dealing with problems that cause bullying behavior to arise in students. So that counselors can overcome adolescent obstacles in reducing bullying behavior. This is in line with previous research which shows that counseling is effective in increasing students' assertive abilities in reducing bullying behavior.<sup>60</sup> Other research also shows that counseling therapy through psychologists can reduce bullying behavior in students.<sup>61,62</sup>

The method of giving assertive therapy can be done through games. Giving games can be through do and do not cards for examples of behavior. Participants determine which behavior is assertive and not assertive behavior. In line with subsequent research which shows that assertiveness therapy through games methods can develop interactive discussions so that participants can actively express their opinions.<sup>63,64</sup> In addition, other studies also show that the game method can increase student participation in assertive therapy.<sup>65,66</sup>

The role of nurses in assertiveness therapy to prevent bullying behavior and reduce its impact on teenagers is crucial. Nurses bear the responsibility of identifying risk factors and implementing effective prevention strategies within school and community settings.<sup>67</sup> Nurses can engage in anti-bullying education and campaigns, provide a safe space for teenagers to discuss their experiences, and offer emotional and psychosocial support to bullying victims.<sup>68</sup> Additionally, nurses can

conduct assertiveness therapy sessions to assist teenagers in developing better communication skills, enhancing self-confidence, and fostering healthy peer relationships.<sup>41</sup> Through these roles, nurses not only aid in preventing bullying behavior but also help teenagers involved in bullying situations to overcome its impact and achieve overall well-being.<sup>69</sup>

Assertive therapy is an important thing to do for adolescents to reduce bullying. An assertive attitude that develops honesty and still pays attention to other people's feelings is a skill that can prevent bullying. Students are trained in expressing their feelings honestly and accepting the facts that happened. Students can also prevent bullying behavior that harms others.

## Limitations

The limitation of this study is that there are a limited number of assertive studies conducted in Indonesia. This is because this therapy has not been widely applied in developed countries. In addition, the scoping of this review is also limited to the three databases used, so it cannot accommodate other databases in this review. The scoping review process is also limited by the publication period of the article, which is the last 10 years, so it is limited in taking research results from the previous period. A limitation in this research is also the different educational levels of the 10 articles, this can influence the incidence of bullying differently at each educational level.

## Conclusion

The outcomes of this scoping review reveal the existence of 10 articles addressing assertive therapy's role in mitigating bullying behavior among adolescents. All articles show that assertive therapy can reduce bullying behavior and its impact significantly ( $p$  value  $<0.05$ ). The modalities used in assertive therapy include educational methods, games, and counseling. This therapeutic approach has been proven to play a role in improving interpersonal skills and fostering assertiveness, thereby fostering positive relationships among adolescents as a proactive measure against bullying behavior. Health professionals, particularly nurses and psychologists, are actively involved in providing assertive therapy, and teachers play an important role in creating a supportive environment conducive to achieving optimal outcomes. Nurses have an important role in dealing with and responding to bullying behavior in adolescents through assertive therapy. Nurses not only provide emotional support for teenagers who are victims, but also help them understand the consequences of bullying behavior, for both victims and perpetrators. Nurses are also responsible for teaching adolescents healthier communication skills and conflict resolution strategies that encourage tolerance and appreciation of differences to reduce bullying behavior.

The implications of this research extend to the realm of nursing practice, providing valuable insights for nurses to undertake independent interventions and collaborate with other healthcare professionals in curbing bullying behavior among adolescents. Furthermore, the research holds implications for policymaking, offering recommendations to governmental bodies for formulating policies aimed at addressing the issue of bullying in adolescents. Additionally, the study suggests avenues for future research, advocating for a systematic review and meta-analysis to comprehensively gauge the effectiveness of assertive therapy in reducing bullying behavior.

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