



IDENTIFICATION OF TRAUMA PROBLEMS AND TRAUMA SYMPTOMS IN STUDENTS IN VOCATIONAL HIGH SCHOOL ENVIRONMENTS IN YOGYAKARTA, INDONESIA

**Eko Perianto¹, Nisa Ainul Fatimah², Tirta Putri³, Taufik Agung Pranowo⁴,
Luky Kurniawan⁵**

^{1,2,3,4} Universitas PGRI Yogyakarta, Indonesia.

⁵Universitas Murcu Buana Yogyakarta.

Email: ekoperianto@upy.ac.id

Abstract

The purpose of this study was to identify trauma issues experienced by vocational high school students in Yogyakarta, Indonesia, and to identify trauma symptoms experienced by students in the vocational high school environment in Yogyakarta, Indonesia. This study used a quantitative descriptive research method. Data collection used a Likert-scale questionnaire instrument to assess trauma symptoms in students at vocational high schools in Yogyakarta, Indonesia. The study was conducted at vocational high schools in Yogyakarta, Indonesia, involving 497 students. Data analysis used descriptive statistics with percentages. The results showed that 37% of students had trauma issues and 63% did not, out of the total number of responses in this study. This study also confirmed that students with trauma issues, the most common cause of which was bullying, represented 22% of all respondents. The trauma symptom categories showed that 86% of students were in the moderate category, 14% in the high category, and 0% in the low category. Symptoms of trauma include fear, anxiety, overthinking, recurring flashbacks, discomfort in crowds, avoiding contact with the perpetrator, feeling less motivated to learn, and emotional distress.

Keywords: trauma, trauma symptoms, vocational high school.

INTRODUCTION

Psychological trauma has become an increasingly significant mental health concern across various domains of life, including education. Trauma emerges as a response to events that threaten an individual's physical or psychological safety, such as violence, accidents, natural disasters, or experiences of profound loss. Individuals exposed to traumatic events often exhibit impairments in emotional, cognitive, and social functioning, which, if left unaddressed, may develop into post-traumatic stress disorder (PTSD). PTSD is defined as a disorder resulting from exposure to traumatic events and is characterized by significant disruptions in an individual's daily functioning (American Psychiatric Association, 2022; Bryant, 2019). Psychological trauma is conceptualized as an experience of severe stress that exceeds an individual's normal coping capacity, leading not only to emotional disturbances but also to broader mental health consequences, including acute stress disorder and PTSD.



This conceptualization aligns with contemporary understandings of trauma within modern psychopathology and has been incorporated into major diagnostic frameworks such as the DSM-5 (Gradus & Galea, 2023). More broadly, trauma can be defined as an emotional and psychological disturbance resulting from painful events or experiences, including various forms of violence, that generate excessive stress. Etymologically, the term "trauma" derives from the Latin word meaning "wound," reflecting the psychological impact of distressing experiences on individuals (Irwanto & Kumala, 2020). Within educational settings, trauma can interfere with children's ability to focus and concentrate on learning activities (Rahmawati, 2024).

According to Koslouski, Stark, and Chafouleas (2023), trauma in educational contexts encompasses children's life experiences that influence their social, emotional, and academic needs, thereby requiring teachers and educators to understand and respond appropriately to the effects of traumatic experiences in the classroom. This perspective highlights that trauma may contribute to behavioral changes, decreased academic engagement, and difficulties in social relationships within school environments. Furthermore, trauma can be understood as a persistent emotional response to experiences that threaten an individual's safety or well-being, subsequently affecting learning processes and social interactions in school settings (Lang, Campbell, & VanErploeg, 2015). Severe trauma may result in a range of developmental and educational challenges, including difficulties in sustaining attention, impulsive behavior, and hyperactivity; impairments in cognitive information processing and utilization; difficulties in speaking, understanding, and effectively applying language; neurological developmental disruptions that affect social interaction, communication, and behavioral patterns; as well as other issues that hinder students' developmental progress (Hia & Fitriana, 2022). Furthermore, Koslouski and Stark (2023) describe trauma as an experience that triggers chronic stress responses, preventing students from processing new information, regulating emotions, or maintaining concentration in the classroom. These effects may directly influence students' learning motivation and academic engagement.

The complexity of problems experienced by students in school requires them to develop resilience and adapt effectively to their environments. Irwanto et al. (2020) argue that although trauma is often triggered by external events, its integration into an individual's cognition is largely shaped by personal interpretation. If trauma-related issues are not adequately addressed, they may adversely affect students' cognitive, emotional, and social development. Common indicators of trauma among students include difficulty concentrating, sleep disturbances, excessive anxiety, social withdrawal, and significant declines in academic performance. Overstreet and Chafouleas (2016) define childhood trauma as events or circumstances that have long-term effects on students' psychological well-being and their ability to think, learn, and interact within school settings. Such experiences may include abuse, violence, the loss of family members, or other threatening events.

The identification of trauma constitutes a crucial initial step in understanding the psychological condition of individuals, particularly students within educational settings.



Trauma identification extends beyond merely determining the presence of traumatic events; it also encompasses how individuals respond to and interpret such experiences. This process involves examining an individual's history of trauma exposure, including events experienced directly, witnessed, or encountered by significant others. Furthermore, trauma identification includes evaluating the emergence of psychological symptoms and their impact on an individual's daily functioning, such as declining academic performance, difficulties in social interactions, and emotional disturbances. According to Gradus (2023), understanding traumatic experiences should involve examining the interaction between the experienced event and the individual's subjective response, as not all individuals exposed to traumatic events will subsequently develop trauma-related disorders. Trauma identification is frequently conducted using standardized psychological instruments, such as the PTSD Checklist (PCL) and other assessment tools designed to objectively measure the severity of trauma symptoms. The use of these instruments is essential for obtaining valid and reliable data and for classifying the severity of trauma experienced by individuals. In addition, observations of behavioral changes—such as social withdrawal, increased anxiety, and impairments in daily activities—serve as important indicators in the trauma identification process (National Institute for Health and Care Excellence, 2018).

Trauma symptoms occur when traumatic experiences re-emerge uncontrollably in the form of flashbacks, nightmares, and intrusive memories. These symptoms cause individuals to relive the traumatic event, resulting in significant psychological distress (Shalev et al., 2017). Avoidance symptoms are characterized by efforts to evade anything associated with the traumatic event, including specific places, people, thoughts, or emotions that trigger traumatic memories. Although this strategy may temporarily reduce discomfort, it can ultimately reinforce trauma-related disorders over time because individuals are deprived of opportunities to process the experience adaptively (Bryant, 2019). Moreover, trauma is characterized by negative alterations in cognition and mood, including excessive guilt, heightened fear, negative perceptions of oneself and the surrounding environment, and diminished interest in previously enjoyable activities. These changes reflect disruptions in how individuals interpret and assign meaning to their life experiences following traumatic events (American Psychiatric Association, 2022).

Numerous experiences may contribute to trauma, including various forms of emotional abuse perpetrated by parents, such as conveying that a child is unworthy of love, labeling the child as unintelligent, yelling, issuing threats, or expressing that the child was unwanted. Trauma may also arise from peer-related experiences, including discrimination based on ethnicity, religion, race, or intergroup differences; inappropriate gestures; stigmatization related to physical appearance; and bullying associated with physical characteristics or family socioeconomic status (KPPPA, 2024). However, such experiences should not be regarded as normal responses to children's mistakes, as they can have serious consequences for victims, including mental health problems, prolonged trauma, and persistent discomfort in everyday life (Yulista, 2024).



Trauma symptoms represent the primary indicators for determining the presence of trauma-related disorders in individuals. Based on the diagnostic criteria outlined in the DSM-5, trauma symptoms are classified into four major categories: intrusion symptoms, avoidance symptoms, negative alterations in cognition and mood, and heightened arousal or reactivity (American Psychiatric Association, 2022).

In the field of education, the psychological impact of traumatic experiences should not be underestimated, as it directly affects students' learning processes and emotional well-being. The American Psychological Association (APA, 2020) defines trauma as an emotional response to deeply distressing events that can result in persistent psychological distress. Among students, trauma may manifest through symptoms such as anxiety, sleep disturbances, a significant decline in learning motivation, and social withdrawal. According to John Briere and Catherine Scott (2015), trauma is a prolonged and intense emotional response to threatening or psychologically harmful situations that leave individuals feeling powerless and unable to regain control. In senior high school settings, trauma is strongly associated with the intensity and frequency of bullying experiences. A large-scale study involving more than 95,000 students demonstrated that higher levels of bullying exposure significantly increase the risk of mental health disorders, including anxiety, depression, sleep disturbances, and post-traumatic stress disorder (PTSD). Students who experience severe bullying are more than twelve times more likely to exhibit PTSD symptoms than those who have not experienced bullying (Zhao, 2023). These findings indicate a strong relationship between school-based trauma and the severity of students' adverse experiences.

Trauma within the school environment represents a serious psychological phenomenon characterized by emotional reactions and mental health disturbances resulting from negative experiences encountered at school. Adolescent trauma is generally associated with painful interpersonal experiences, such as bullying, violence, and social pressure, all of which may significantly affect psychological development. One of the primary forms of school-related trauma is bullying-induced trauma. Previous studies have shown that victims of bullying are highly susceptible to psychological trauma symptoms, particularly those associated with PTSD. A study conducted by Xu et al. (2023), published in *BMC Psychology*, found that experiences of bullying victimization were directly associated with PTSD symptoms among adolescents, with this relationship mediated by feelings of insecurity and difficulties in self-expression. These findings suggest that negative social experiences within the school environment may develop into serious psychological disorders. Furthermore, other studies have confirmed that bullying may constitute a traumatic experience comparable to other forms of trauma. Research by Ossa et al. (2019), published in *Child and Adolescent Psychiatry and Mental Health*, revealed that students who experienced bullying exhibited significant levels of PTSD symptoms comparable to those observed among individuals exposed to other clinical forms of trauma.



This evidence underscores that school bullying should not be regarded merely as a common social conflict but rather as a potentially traumatic experience.

In addition to direct bullying, trauma may also arise from cyberbullying, which has become increasingly prevalent among secondary school students. Recent studies indicate that cyberbullying can trigger significant psychological trauma symptoms and may be classified as an adverse childhood experience. The frequency of cyberbullying has been shown to be positively associated with the severity of trauma experienced by students. These findings highlight that digital interactions within the school context can also serve as sources of trauma requiring serious attention. Moreover, trauma in school settings affects not only students' emotional well-being but also their long-term psychosocial development. A longitudinal study by Yang et al. (2023) found that victims of bullying may experience a persistent cycle of PTSD and depression that can continue or even worsen over time if left unaddressed. Therefore, trauma among secondary school students has the potential to become a chronic issue in the absence of appropriate interventions. Despite these adverse consequences, several studies have also reported that trauma survivors may experience post-traumatic growth, defined as positive psychological changes following traumatic experiences. However, such growth largely depends on supportive factors, including empathy and a positive social environment (Liu et al., 2024). This finding emphasizes the crucial role of schools and counselors in helping students cope with and manage their traumatic experiences. This study aims to determine the prevalence of trauma-related problems among students in vocational high schools in Yogyakarta, Indonesia, and to assess the severity of trauma symptoms experienced by students within vocational school environments in Yogyakarta.

METHODOLOGY

This study employed a quantitative descriptive research design aimed at describing and portraying specific phenomena, conditions, or variables as they naturally occur, without intending to make comparisons or generalizations (Sugiyono, 2023). Furthermore, according to Walpole (2017), descriptive statistics comprise methods related to the collection, organization, and presentation of data to provide meaningful and useful information. Data were collected using a Likert-scale questionnaire designed to assess students' trauma symptoms among vocational high school students in Yogyakarta, Indonesia. The study was conducted in vocational high schools across Yogyakarta, Indonesia, involving a total of 497 student respondents. Data analysis was performed using descriptive statistical techniques, specifically percentage analysis. Descriptive statistics were employed to describe and provide an overview of the research object by determining the proportion of students experiencing trauma-related problems within the vocational high school environment in Yogyakarta, Indonesia, as well as identifying the specific trauma symptoms experienced by these students.



RESULTS

This study involved 497 respondents from vocational high schools in Yogyakarta, Indonesia. The data obtained from the respondents were categorized into two groups. First, data were analyzed to determine the number of respondents who had experienced trauma-related problems. Second, the study assessed the severity of trauma symptoms among students who reported trauma-related issues. The following data present the number of respondents who experienced trauma-related problems at school.

Table 1 Identification of Trauma-Related Problems Among Vocational High School Students

No	Identification	Frequency	Percentage (%)
1	Students experiencing trauma-related problems	183	37
2	Students not experiencing trauma-related problems	314	63
Total		497	100

As presented in Table 1, 37% of the students reported experiencing trauma-related problems, while 63% indicated that they had not experienced such problems. These findings suggest that trauma-related issues have become an emerging concern within educational settings, particularly in vocational high schools. The trauma-related problems identified among vocational high school students included experiences of bullying, sexual violence, physical abuse, family-related issues, social exclusion, and other adverse experiences. The findings also revealed that bullying was the most prevalent cause of trauma, affecting 22% of the total respondents.

The trauma-related problems experienced by 37% of vocational high school students were closely associated with the trauma symptoms they reported. The data regarding trauma symptoms experienced by students can be categorized as follows.

Table 2 Identification of Trauma-Related Problems Among Vocational High School Students

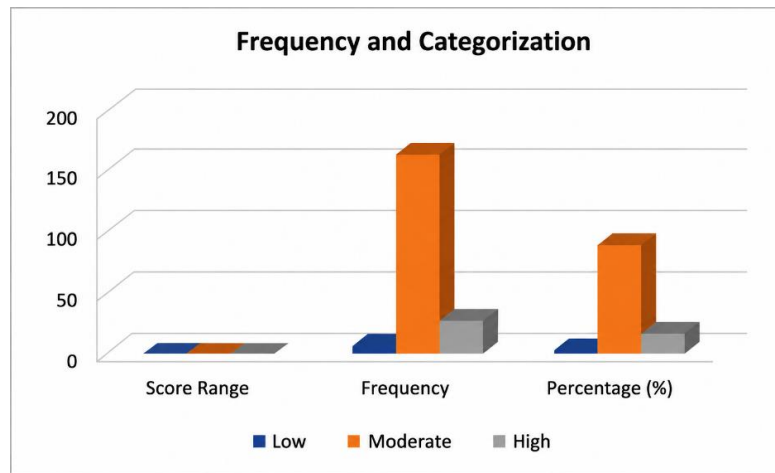
No	Category	Score Range	Frequency	Percentage (%)
1	Low	31-61	0	0
2	Moderate	62-92	158	86
3	High	93-124	25	14
Total			184	100

Table 2 shows that 158 students (86%) were classified as having a moderate level of trauma symptoms, while 25 students (14%) were categorized as having a high level of trauma symptoms. No students were classified in the low category. These findings indicate that trauma-related problems and trauma symptoms among vocational high school students should be considered important information for school counselors and guidance teachers. The symptoms reported by students experiencing trauma included fear, anxiety, overthinking, intrusive memories, discomfort in crowded environments, avoidance of encounters with perpetrators, decreased motivation to study, and emotional instability. These data can serve as an important source of information for the



development and implementation of guidance and counseling services, particularly in the provision of preventive and responsive interventions. The following figure presents the frequency distribution and categorization of trauma symptoms in graphical form.

Figure 1. Frequency Distribution and Categories of Trauma Symptoms Among Vocational High School Students



DISCUSSION

The issue of trauma experienced by students within school environments has not yet been comprehensively addressed by school counselors on a large scale. This indicates that trauma-related problems among students have not received adequate guidance and counseling services. Students experiencing trauma often have adverse childhood experiences that lead to psychological disturbances. In their study, Wulandari and Fauziah (2019) found that adolescents with a history of negative childhood experiences are more vulnerable to various psychological problems, including difficulties in emotional regulation and social withdrawal. Furthermore, a study specifically investigating vocational high school students in Depok, West Java, Indonesia, revealed that experiences of bullying significantly affected their mental health, with 40% of students reporting moderate to severe anxiety and 22% experiencing stress (Nuraisyah & Kusumawati, 2025).

The present study found that 37% of the respondents experienced trauma-related problems, while 63% did not report any trauma symptoms. These findings suggest that trauma among vocational high school students remains a critical issue that school counselors must address through appropriate guidance and counseling interventions. Trauma has the potential to adversely affect students' learning processes at school. As noted by Rahmawati (2024), trauma may impair students' ability to sustain attention and effectively absorb information throughout academic activities. Students exhibiting high levels of trauma symptoms are likely to encounter difficulties in processing and internalizing knowledge, which may ultimately contribute to decreased



academic performance. Hia and Fitriana (2022) further emphasized that severe trauma can lead to various impairments, including difficulties maintaining attention, impulsive behavior, hyperactivity, and limitations in processing and utilizing information cognitively.

The identification of trauma-related issues in schools is both essential and urgent within the educational context, as schools serve not only as learning environments but also as social settings that may expose students to potentially traumatic experiences. Student trauma may arise from various sources, including bullying, physical and verbal abuse, natural disasters, accidents, and excessive academic or social pressures. Therefore, without a systematic identification process, many cases of trauma may remain undetected, resulting in long-term consequences for students' development. Empirical evidence indicates that trauma among students has significant psychological, academic, and social implications. For instance, Iska and Khoirunnisa (2026) found that trauma can result in excessive anxiety, impaired concentration, reduced social participation, and various physical complaints, thereby hindering the educational process as a whole. These findings underscore the importance of early identification to ensure that timely interventions can be implemented before the effects of trauma become more complex. Moreover, the importance of trauma identification is reinforced by evidence showing that some students develop post-traumatic stress disorder (PTSD) following traumatic events. Mahfuzhah et al. (2021) reported that approximately 20% of adolescent disaster survivors continued to experience PTSD symptoms several years after the event, including recurrent traumatic memories and heightened vigilance. These findings demonstrate that, without proper identification and intervention, trauma may persist over time and negatively affect students' mental health.

Within the school environment, various forms of violence and adverse experiences that may lead to trauma remain highly prevalent. A study by Amin et al. (2018) emphasized that school violence, whether perpetrated by peers or teachers, is an increasing phenomenon that necessitates specialized instruments to validly and reliably identify students' traumatic experiences. This finding highlights that trauma identification is not only essential but must also be conducted using appropriate assessment tools. Furthermore, a recent study by Nikmah and Syakarofath (2026) reported a high prevalence of psychotraumatic symptoms among adolescents in school settings, including anxiety (73.8%) and complex stress disorders, underscoring the urgency of early detection and the implementation of trauma-informed care approaches in schools. Without accurate identification, these symptoms may progress into more severe psychological conditions. Beyond psychological consequences, trauma identification is also crucial for preventing long-term developmental impacts. Avery et al. (2021), in the *Journal of Child and Adolescent Trauma*, asserted that traumatic experiences can disrupt brain development, mental health, social relationships, and students' learning behaviors. Consequently, schools play a strategic role as environments capable of both detecting and intervening in the adverse effects of trauma.



The present study further confirms that bullying victimization was the most frequently reported cause of trauma, accounting for 22% of all respondents. Regarding the severity of trauma symptoms, 86% of students were classified in the moderate category, 14% in the high category, and none in the low category. Reported symptoms included fear, anxiety, overthinking, intrusive memories, discomfort in crowded settings, avoidance of encounters with perpetrators, decreased learning motivation, and emotional distress. These findings reinforce the argument of Van der Kolk (2014), who stated that the effects of trauma may manifest across multiple domains, including physical, emotional, cognitive, and behavioral dimensions. Students classified within the high-trauma symptom category are likely to experience a combination of these manifestations, such as sleep disturbances, difficulty concentrating, excessive anxiety, and social withdrawal. If left unaddressed, these symptoms may have serious implications for students' academic and social development. Research by Wahab et al. (2021), published in **Frontiers in Psychiatry**, explained that adolescents who experience trauma frequently exhibit "distressing memories, nightmares, and dissociative reactions" as powerful intrusive responses following traumatic events.

School counselors play a pivotal role in assisting students in overcoming trauma-related difficulties. Hannor Walker et al. (2024), in the **Journal of School-Based Counseling Policy and Evaluation**, emphasized that the responsibilities of school counselors include the "identification of students affected by trauma and connecting them with appropriate support systems." This implies that school counselors must be capable of recognizing trauma symptoms, such as anxiety, social withdrawal, or aggressive behavior, as a basis for determining appropriate interventions. Students affected by trauma require both physical and emotional safety. School counselors should collaborate with teachers and other school personnel to establish a supportive school climate. Howard et al. (2022) argued that trauma awareness emphasizes the importance of helping students "feel safe, regulate emotions, and engage in learning." School counselors should provide direct interventions through both individual and group counseling services. Alvarez et al. (2022) explained that school counselors need to implement evidence-based practices when supporting traumatized students, including individual counseling, group interventions, and school-based approaches.

Trauma intervention cannot be carried out solely by school counselors. Cross-sector collaboration is required to effectively address students' trauma-related issues when necessary. School counselors should also provide psychoeducation to students regarding trauma and coping strategies. Alvarez et al. (2022) emphasized that trauma counseling services should be integrated into school systems through "collaboration and advocacy within multitiered systems of support." Furthermore, Adams et al. (2022) demonstrated that trauma-informed interventions should incorporate coping skills training and emotional regulation strategies to help students manage stress and trauma-related reactions. Since trauma recovery is not an instantaneous process, continuous monitoring and follow-up are essential. Wells (2022) highlighted that school



counselors must maintain ongoing professional competence and engage in self-reflection when implementing trauma-informed practices. Moreover, Maddox et al. (2024) emphasized that trauma-informed implementation in schools should be systematic and fully integrated into school policies.

CONCLUSION

This study concluded that 37% of students were identified as experiencing trauma-related problems, while the remaining 63% did not report any trauma-related issues among the total respondents. The findings also confirmed that bullying was the most prevalent cause of trauma, affecting 22% of all participants in the study. Regarding the severity of trauma symptoms, 86% of students were classified as experiencing moderate symptoms, 14% were categorized as having high levels of trauma symptoms, and none fell into the low category. The reported symptoms included fear, anxiety, overthinking, intrusive memories, discomfort in crowded environments, avoidance of encounters with perpetrators, decreased motivation to study, and emotional distress. School guidance and counseling teachers play a significant role in assisting students in overcoming trauma-related problems and managing the symptoms they experience through various guidance and counseling services. One of the interventions that can be implemented is counseling services, including both individual and group counseling. By utilizing appropriate counseling approaches and techniques, these services can help reduce the intensity of trauma symptoms experienced by students with trauma-related problems.

REFERENCES

- Adams, C. R., Blueford, J. M., & Diambra, J. F. (2022). Trauma-informed crisis intervention. *Journal of Professional Counseling: Practice, Theory & Research*, 49(2), 91-107.
- Alvarez, J. M., Saunders, R., Neubauer, E., & Brown, C. H. (2022). School counselors implementing a trauma-informed approach through evidence-based practices. *Professional School Counseling*, 26(1a), 2156759X221086742.
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed., text rev.; DSM-5-TR)*.
- Amin, S., Kartowagiran, B., & Inang, P. (2018). A factor analysis of an instrument for measuring physical abuse experience of students at school. *REiD (Research and Evaluation in Education)*, 4(1), 3.
- Avery, J. C., Morris, H., Galvin, E., Misso, M., Savaglio, M., & Skouteris, H. (2021). "Systematic review of school-wide trauma-informed approaches": Correction.
- Bryant, R. A. (2019). Post-traumatic stress disorder: A state-of-the-art review. *The Lancet Psychiatry*, 6(5), 445–455.
- Gradus, J. L. (2023). Moving from traumatic events to traumatic experiences. *American Journal of Epidemiology*, 192(10), 1609–1613.



- Gradus, J. L. (2023). Moving from traumatic events to traumatic experiences. *American Journal of Epidemiology*, 192(10), 1609–1613.
- Hannor-Walker, T. L., Kitchens, S. O., Ricks, L. A., Bohecker, L., & Walker, J. (2024). A Three-Step Trauma Informed Model for School Counselors to Address the Commercial Sexual Exploitation of Children in Schools. *Journal of School-Based Counseling Policy and Evaluation*, 6(2), 54-70.
- Hia, L. N., Wurdianto, K., Fitriana, E., Toriyono, M. D., & Ridlwan, M. K. (2022). Implementasi trauma healing dan pendidikan lingkungan pada anak-anak pasca bencana banjir di Kota Palangka Raya. *Trihayu: Jurnal Pendidikan Ke-SD-an*, 9(1), 37-47.
- Howard, J., L'Estrange, L., & Brown, M. (2022). The school counsellor's role in trauma-aware education. *Journal of Psychologists and Counsellors in Schools*, 32(2), 243-253.
- Irwanto, P. D., & Kumala, H. (2020). *Memahami trauma dengan perhatian khusus pada masa kanak-kanak*. Gramedia Pustaka Utama.
- Iska, Z. N., & Khoirunnisa, H. (2026). Konseling traumatik sebagai upaya penanganan trauma pasca pengeboman.
- Koslouski, J. B., Stark, K., & Chafouleas, S. M. (2023). *Understanding and responding to the effects of trauma in the classroom: A primer for educators*. ScienceDirect Education Journal.
- Lang, J., Campbell, K., & VanErploeg, J. (2015). *Trauma-informed approaches in schools*. *Trauma Research Review*.
- Lanktree, C. B., & Briere, J. N. (2015). *Treating complex trauma in children and their families: An integrative approach*. Sage Publications.
- Liu, F., Chen, B., Liu, X., Zheng, Y., Zhou, X., & Zhen, R. (2024). Reciprocal relations between cognitive empathy and post-traumatic growth in school bullying victims. *Behavioral Sciences*, 14(6), 435.
- Maddox, R. P., Rujimora, J., Nichols, L. M., Williams, M. K., Hunt, T., & Carter Jr, R. A. (2024). Trauma-informed schools: Implications for special education and school counseling. *TEACHING Exceptional Children*, 56(6), 510-520.
- Mahfuzhah, A. S., Widiанти, E., & Emaliyawati, E. (2021). Screening of post-traumatic stress disorder among adolescent victims of the Garut flash flood in 2016. *NurseLine Journal*, 6(1), 8-17.
- National Institute for Health and Care Excellence. (2018). *Post-traumatic stress disorder*.
- Nikmah, A., & Syakarofath, N. A. (2026). Identifikasi gejala psychotrauma pada remaja perempuan di lingkungan boarding school. *Cognicia*, 14(1).
- Nuraisyah, A., & Kusumawati, H. (2025). Bullying dan Masalah Kesehatan Mental pada Remaja. *Medical Nurse Journal*, 2(2), 41-52. <https://doi.org/10.65344/menu.v2i2.180>
- Ossa, F. C., Pietrowsky, R., Bering, R., & Kaess, M. (2019). Symptoms of posttraumatic stress disorder among targets of school bullying. *Child and adolescent psychiatry and mental health*, 13(1), 43.



- Overstreet, S., & Chafouleas, S. M. (2016). Trauma-informed schools: Introduction to the special issue. *School Mental Health*, 8(1), 1-6.
- Rahmawati, R. K. N. (2024). Trauma dan Rehabilitasi: Peran Bimbingan Konseling Islam dalam Menyembuhkan Luka Jiwa. *Cognitive: Jurnal Pendidikan dan Pembelajaran*, 2(1), 37-46.
- Shalev, A., Liberzon, I., & Marmar, C. (2017). Post-traumatic stress disorder. *New England Journal of Medicine*, 376(25), 2459–2469
- Sugiyono. (2019). Metode Penelitian Kuantitatif, Kualitatif, dan R&D. Bandung: Alfabeta.
- Van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York: Viking.
- Wahab, S., Yong, L. L., Chieng, W. K., Yamil, M., Sawal, N. A., Abdullah, N. Q., ... & Damanhuri, H. A. (2021). Post-traumatic stress symptoms in adolescents exposed to the earthquake in Lombok, Indonesia: prevalence and association with maladaptive trauma-related cognition and resilience. *Frontiers in psychiatry*, 12, 680393.
- Walpole, R. E. (2017). Statistik Deskriptif. *Hendra Setya Raharja*.
- Wells, T. (2022). School counselor perceptions and knowledge of trauma-informed practices. *Professional School Counseling*, 26(1), 2156759X221096352.
- Wulandari, Desi, Nailul Fauziah. (2019). Pengalaman Remaja Korban Broken Home (Studi Kualitatif Fenomenologis). *Jurnal Empati*, Volume 8, Nomor 1. <https://doi.org/10.14710/empati.2019.23567>
- Xu, Y., Ye, Y., Zha, Y., Zhen, R., & Zhou, X. (2023). School bullying victimization and post-traumatic stress symptoms in adolescents: the mediating roles of feelings of insecurity and self-disclosure. *BMC psychology*, 11(1), 31.
- Yang, X., Zhen, R., Liu, Z., Wu, X., Xu, Y., Ma, R., & Zhou, X. (2023). Bullying victimization and comorbid patterns of PTSD and depressive symptoms in adolescents: Random intercept latent transition analysis. *Journal of youth and adolescence*, 52(11), 2314-2327.
- Yulista, Y. (2024). Perundungan Anak dalam Kajian Komunikasi. *NOURA: Jurnal Kajian Gender dan Anak*, 8(2), 124-146.
- Zhao, N., Yang, S., Zhang, Q., Wang, J., Xie, W., Tan, Y., & Zhou, T. (2023). *School bullying results in poor psychological conditions: Evidence from a survey of 95,545 subjects*. arXiv.