I CARE Training to Increase the Self-Efficacy and Prosocial Behavior of Students Observers of Bullying

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Abstract— Bullying is a problem that often occurs in school communities. One factor that contributes to the continuance of bullying is the number of passive witnesses to the bullying who stand by and do nothing to prevent it or to help the victim. Decreased pro-social behavior in bystanders has been correlated with low self-efficacy. In such cases, people prefer to avoid intervening in the situation because they are afraid of becoming the next victim of bullying and because they do not know what to do. The present research consists of two studies, the first of which is focused on I CARE training to increase self-efficacy on bystanders. Both studies used the same participants. The effectiveness of the training was evaluated using the Self-Efficacy Scale, the Prosocial Behavior Scale, and the Wilcoxon Signed-Rank Test. Data from the second study showed a significant correlation between self-efficacy and pro-social bystander behavior. The results show that, after the I CARE training, 1) the student participants know what to do when bullying occurs, 2) they try to stop the bullying, and 3) they become more confident in their ability to help the victims of bullying. In addition, the results of Study 2 show that self-efficacy has a positive correlation with the pro-social behavior of bystanders. Thus, a bystander with higher self-efficacy also has higher pro-social behavior. If bystanders intervene when bullying occurs, the bullying will likely stop. Therefore, I CARE training programs in schools can increase self-efficacy behaviors in witnesses of bullying incidents and promote pro-social behaviors to help victims.

Keywords: self-efficacy training, bystanders and bullying, preventing bullying, pro-social behavior

Introduction

Bullying is a serious problem that directly affects millions of children and adolescents worldwide. For example, in the United States, as many as 50% of young adolescents have reported being directly involved with bullying as either a perpetrator or a victim over a 2-month period (Ellis, Volk, Gonzalez, & Embry, 2016). In 2016, the United Nations International Children’s Emergency Fund (UNICEF) ranked Indonesia as number one in terms of problems with child abuse. It also ranked first in-school violence, followed by Vietnam, Nepal, Cambodia, and Pakistan (Sindo News, 2017). On the basis of the data from the Indonesian Child Protection Commission, bullying in schools has been one of the top subjects of public complaints. From 2011 to August 2014, it was noted that 25% of their 1480 reported cases were related to bullying. Other data also stated that as many as 87.6% of Indonesian children have experienced violence at school. Bullying, which is referred to as KPAI, is a form of violence in schools that is a bigger problem than student brawls, educational discrimination, or complaints about illegal levies.

Some cases of bullying in Indonesia have been widely shown in the press. Videos of Gunadarma students were spread on social media, with a student shown being pulled by his
bag and harassed. The other students did nothing to help the victim of bullying. They just stood there and watched (Liputan6.com, 2017). In another case, a video turned up of junior high school students bullying elementary school students while others watched, and some even aided the bullies (Megapolitan Kompas, 2017). In addition, a video showing a veiled student in an elementary school in Bukittinggi, West Sumatra, standing in a corner of the room, being beaten and kicked went viral on YouTube. Some students were even laughing on camera during the incident while the helpless victim cried (Republika.com, 2014).

The bullying experienced by a junior high school student in Depok, Jakarta, occurred when the teacher was not in class. None of the other students attempted to help the victim of the bullying, and he ended up being afraid to go to school because of the physical and psychological torture he had experienced (Pos Kota News, 2016).

In Sleman, Yogyakarta, an 8-year-old Jat student suffered severe pubic injuries because he had been kicked repeatedly by other students over the course of two days (Jogja Tribun News, 2016).

Bystander responses influence the timing and continuation of bullying. In a research study that consisted of 6,764 school children in third through fifth grade (ages 9–11), Salmivalli, Voeten, and Poskiparta (2011) showed that defending the victim was negatively associated with the frequency of bullying. Because bystanders are usually the majority of participants of in-school violence, their potential for helping to break the cycle of school bullying is substantial (Oh & Hazler, 2009). According to Hawkins, Pepler, and Craig (2001), in 58 episodes of bullying in which peers intervened, 57% of the bullying stopped within 10 s.

Although bystanders could play a significant role in stopping school bullying, often the majority of bystanders behave in ways that instead assist, encourage, or allow the bullying (Oh & Hazler, 2009). Most bystanders do not attempt to stop the violence (Padgett & Notar, 2013), and few support the victim. In one study of 60 videotaped bullying incidents of children in the first through sixth grades, researchers found that bystanders defended the victim only 10% of the time (Evans & Smokowski, 2015). In a sample of 573 Finnish students in sixth grade, only 17% of the students who observed a bullying incident reported defending the victim. In another study of the same age group, in 306 videotaped episodes of bullying, bystanders defended the victim only 19% of the time (Hawkins, Pepler, & Craig, 2001).

On a field study survey on December 17, 2016 at MTs. N “X” Sleman, Indonesia, 59 students filled out the questionnaire. The data showed that there were 24 students (41%) who helped their friends when bullied, 26 students (44%) sometimes helped and sometimes did not help, and there were nine students (15%) who said that they did not help their friends at all. Moreover, many students did not report the bullying to teachers because they believed that teachers did not give effective interventions to stop bullying and they were afraid of retaliation from the bullies (Frey et al., 2005)
Furthermore, when bystanders were asked why they did not do anything when their friend was bullied, as many as 69% said that they either were afraid of being the next target, did not know what to do and therefore chose to pretend not to notice the bullying, or remained silent (Thornberg et al., 2012).

According to Bandura (cited in Van Camp et al., 2014), self-efficacy is crucial in people’s decision to act to improve their own or another’s situation. Bandura asserted that nothing is more important in this respect than individuals having confidence in their abilities. Moreover, People with high self-efficacy tend to believe that they can succeed at a task, even if they are acting under pressure (Stetz, Stetz, & Bliese, 2006). The findings of the current study suggest that bullying prevention programs can encourage defender behavior by enhancing defender self-efficacy among adolescents (Thornberg & Jungert, 2013). Thus, self-efficacy becomes important for the bystanders of bullying.

According to Kendrick (2015), the Olweus Bullying Prevention Program developed by Dan Olweus in 1983 has shown that, when bullying occurs, the role of bystanders is very important. The purpose of Kendrick’s research was to prevent bullying and create better relationships between students of the same age. The target was to reduce risk factors and increase protective factors by creating a safe classroom environment and increasing group awareness and support. This research proved that the people around the victim or the witnesses in this case are peers and have an important role in preventing bullying.

Saptandari and Adiyanti (2013) introduced The Effectiveness of the “Caring Teacher” Training Program to Reduce Bullying in Schools in their research to increase teacher awareness, knowledge, and skills in preventing and reducing bullying. This study also proved that teachers play an important role in preventing bullying.

The anti-bullying KiVa program was created by Christina Salmivalli in 2009 in Finland. KiVa stands for Kiusaamista Vastaan, which means “fight bullying” in Finnish. The program is based on the cognitive social theory of Albert Bandura, which is used as a framework to understand the process of social behavior in bullying. The basic concept of KiVa is to get bystanders to support victims of bullying (Karna et al., 2013). The most important component of KiVa’s success in reducing bullying cases in schools is providing training to potential witnesses of bullying (Smith, Salmivalli, & Cowie, 2012). The program endeavors to prepare students to be responsible for their circumstances and to that end provide training in good interpersonal and social skills as well as training in conflict resolutions. KiVa consists of common interventions (universal interventions) aimed at students and special interventions (indicated interventions) aimed at teachers. Lessons were provided in the form of discussions, group work, role-plays, and short videos about bullying (Karna et al., 2013).

On the basis of the previous research, the participants in the current study were expected to increase their feelings of efficacy and become more confident to intervene bullying situations after taking part in the I CARE training. The training program was conducted over the course
of three days, for a total of 6 h. The training material was delivered through experiential learning methods such as discussions, observation, reflections, and role-playing.

Caprara and colleagues (cited in Gini, Albiero, Benelli, & Altoe, 2008) repeatedly found that confident beliefs about self-efficacy positively affected prosocial behavior. By contrast, low levels of self-efficacy tend to cause students to remain on the sidelines as avoidant bystanders because they do not believe that they can intervene with efficacious actions. Caprara’s research on 294 adults in Italy concluded that, whereas high self-efficacy was related to helping behaviors in bullying situations, low self-efficacy was associated with bystanders who did nothing when bullying occurred. Furthermore, the researchers found that children who were helpful in elementary school were good at understanding what other people thought, wanted, and believed. Thus, those who have high self-efficacy tend to be high in pro-social behavior as well because they believe that their actions can be of help to victims (Thornberg et al., 2012; Tsang, Hui, & Law, 2011).

Although students with high self-efficacy will try to help victims of bullying, students with low levels of self-efficacy are more reluctant to intervene, regardless of their level of empathy for the victim. Even if peer bystanders know what needs to be done in a bullying situation, they will less likely take action against it if they believe that they will be ineffective or that other bystanders are more competent (Tsang, Hui, & Law, 2011).

According to Thornberg et al. (2012), there are five factors that influence a person’s prosocial behavior when bullying occurs: 1) the person’s perception of how dangerous the situation is, 2) the person’s emotional reaction and whether the person empathizes with the victim, 3) the person’s social evaluation of the relationship with the victim, 4) the person’s moral evaluation of whether bullying is a wrong behavior and should not occur, and 5) the person’s level of self-efficacy.

High self-efficacy promotes a prosocial orientation, cooperation, helpfulness, and interest in the welfare of others. By contrast, low self-efficacy individuals have pessimistic feelings, and they may view a bullying situation as a source of stress, which exacerbates their inability to help. The present research is focused on examining self-efficacy training I CARE to increase bystander self-efficacy and on examining the correlation between self-efficacy and the prosocial behavior of bystanders.

**Methods**

**Participants**

Twenty-four second year middle school students (95.8% female and 4.2% male) participated in this study. The purposive sampling technique was used to select the participants. The inclusion criteria were as follows: a) 11–16 years old, based on the research conclusion that anti-bullying programs work better with children aged 11 years or older because of their increased cognitive abilities, decreased impulsiveness, and increased capability to make rational decisions compared to younger children (Farrington & Ttofi, 2009), b) no past
history of bullying or being victims of bullying, based on peer rating analysis and teachers’ suggestions, c) possessing a low to moderate self-efficacy score, and e) willing to sign an informed consent to be an active participant. The participants in Study 1 were retained as the participants for Study 2.

Participant Selection
Students at a private school in Sleman in the Yogyakarta Special Region of Indonesia were used as participants in this research. Ninety-one students from three different classes were tested using self-efficacy and peer rating scales. On the basis of the data analysis of the testing results, 72 students were identified as having low to moderate levels of self-efficacy. Of those 72 students, 37 fit the inclusion criteria, and 26 of those students were willing to take part in the training. Owing to the illness of some participants, only 23 participants completed the training.

Design
Study 1 used a one-group pre-test, post-test, and follow-up quasi-experimental design consisting of a pre-test (O1) administered several days before the training, an experimental phase (X) with participation in a three-day I CARE training program, a post-test (O2) done shortly after the training was complete, and a follow-up session (O3) three weeks after the I CARE training (Shaughnessy, Zechmeister, & Zechmeister, 2012). The post-test was administered shortly after the training to avoid the influence of extraneous variables (Myers, 2002).

Intervention
The purpose of this study was to improve the self-efficacy of bystanders using the I CARE training program. The training modules were set up based on the dimensions of self-efficacy such as magnitude, strength, and generality and Bandura’s sources of self-efficacy, including mastery, vicarious experiences, social persuasion, and positive appraisals. The training consisted of eight 2-h sessions overall scheduled across three days. The sessions were title Opening, All About My Self, I Believe in My Self, Case Analysis, Watching Videos, Role Play, Simulation, and Closing.

In the first session, a trainer introduced the participants and the other trainers. Participants made hope trees, and they wrote learning contracts. For the second session, the participants were invited to understand themselves, know their strengths and weaknesses, and describe their achievements to the group. The purpose of this session was to help the participants better understand themselves before attempting to understand others.

The third session was I Believe in Myself, which consists of positive self-talk, affirmation exercises, and watching short videos. The purpose of this session was to increase the participants’ self-efficacy by giving positive words and ways of looking at themselves as well as teaching them how to improve self-confidence with self-talk.
Then, the fourth session was Case Analysis and Discussion. In this session, the participants analyzed a case study that featured bullying problems and gave their opinions on what they could do when seeing their friends being bullied. The purpose of this activity was for the participants to think about ways to deal with bullying and how to determine behavior priorities when they see someone being bullied.

The fifth session involved with Watching Videos. The first video was about bullying and its effects on victims. Next, the second video was about how to help friends who were bullied. After they watched the video, the participants were asked to give feedback by answering questions from the trainer such as the following: “What did you feel when watching the film?,” “Have they ever been in that position?,” “What should the person in the film do?” This activity sought to help the participants better understand how the victim of bullying feels and how to help their friends who are being bullied.

The sixth session included Role Play, where the participants were put into groups and they made a vignette about bullying events. This activity tried to give the participants a direct experience of bullying and increase the participants’ experience in how to deal with bullying so that they could apply possible solutions for an actual situation.

The seventh session was Simulation. In this session, the trainers gave more information about what to do in a bullying situation. The trainers asked the students to speak up to the bully (e.g., “Stop, it’s not funny!” and “That behavior is not good; you make her/him sad”) and then tell the teachers and support their friends who become the victims.

The eighth session was the closing session, in which the participants evaluated the training and took the post-test. The details of the program are shown in Table 1 below.

<table>
<thead>
<tr>
<th>Days</th>
<th>Sessions</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td>Session 1: Opening</td>
<td>An introducing</td>
</tr>
<tr>
<td></td>
<td>Session 2: All about myself</td>
<td>Writing an achievement and failures</td>
</tr>
<tr>
<td></td>
<td>Session 3: I believe in my self</td>
<td><strong>Self-talk and affirmation training</strong></td>
</tr>
<tr>
<td><strong>Day 2</strong></td>
<td>Session 4: Case analysis</td>
<td>Participants discussed about bullying and how they solve it.</td>
</tr>
<tr>
<td></td>
<td>Session 5: Watching videos</td>
<td>Video 1: The negative impact of bullying</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Video 2: The role of bystanders of bullying</td>
</tr>
<tr>
<td><strong>Day 3</strong></td>
<td>Session 6: Role play</td>
<td>Role play as a bullied, a victim, and a bystander.</td>
</tr>
<tr>
<td></td>
<td>Session 7: Simulation</td>
<td>The script was made by themselves in group</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Simulation by the trainer about how to face bullying</td>
</tr>
<tr>
<td></td>
<td>Session 8: Closing</td>
<td>Writing an action plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Post-test</strong></td>
</tr>
</tbody>
</table>
Measures and Data Analysis

Study 1
The effectiveness of the I CARE training was evaluated using the Self-Efficacy Scale modified from a self-efficacy scale created by Pabiban (2007). The self-efficacy scale was also arranged based on Bandura’s self-efficacy theory (1977). The reliability test in this study used the Rasch Model on the Winstep software program and produced a Cronbach alpha value of 0.84. The researcher used a Wilcoxon Signed-Rank Test to determine the effectiveness of the intervention. The researchers also interviewed the participants to assess the changes that they made after the training.

Study 2
The relationship between variables was evaluated using the Self-Efficacy Scale modified from Pabiban (2007) and the Prosocial Behavior Scale created by the researcher based on the aspects of prosocial behavior (sharing, helping, cooperating, and comforting) presented by Jackson and Tisak (2001). The Rasch Model was used to assess reliability using the Winstep software program, and the result was a Cronbach alpha value of 0.86. The Spearman Correlation analysis was used to determine the correlation between self-efficacy and the prosocial behavior of bystanders.

Results
The results obtained from the measurement of pre-test and post-test, pre-test and follow-up, and post-test and follow-up are reported in Table 2.

<table>
<thead>
<tr>
<th>Data</th>
<th>Mean</th>
<th>Z</th>
<th>p (2-tailed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test and post-test</td>
<td>−3,252</td>
<td>−1,721</td>
<td>0,085</td>
</tr>
<tr>
<td>Pre-test and follow-up</td>
<td>−5,462</td>
<td>−3,267</td>
<td>0,001</td>
</tr>
<tr>
<td>Post-test and follow-up</td>
<td>−2,21</td>
<td>−2,164</td>
<td>0,030</td>
</tr>
</tbody>
</table>

Table 2 shows that there was no significant difference between the pre-test and post-test scores on self-efficacy (p = 0.085; p > 0.05, respectively). However, the results of the statistical tests between pre-test and follow-up, and post-test and follow-up showed the existence of a significant difference. From these results, we can conclude that increased efficacy takes time to develop after taking part in the I CARE training.

The results of the Wilcoxon signed-rank test analysis showed that, between the pre-test and post-test, 14 participants had increased self-efficacy scores, nine participants had decreased self-efficacy scores, and one participant had the same score. Furthermore, the results between the pre-test and follow-up showed that 18 participants had increased self-efficacy scores, four
participants had decreased self-efficacy scores, and two participants had the same scores. Overall, the results of the Wilcoxon Signed-Rank Test analysis showed that 16 participants had an increase in self-efficacy scores, six had a decrease, and two participants had the same scores. The details of this comparison are shown in Table 3.

Table III. Comparison of the Participant’s Self-Efficacy Score During Pre-Test, Post-Test, and Follow-Up

<table>
<thead>
<tr>
<th>Participant</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>DSN (S3)</td>
<td>43 (M)</td>
<td>45 (M)</td>
<td>50 (M)</td>
</tr>
<tr>
<td>FI (S6)</td>
<td>44 (M)</td>
<td>51 (M)</td>
<td>53 (M)</td>
</tr>
<tr>
<td>PD (S15)</td>
<td>54 (M)</td>
<td>55 (M)</td>
<td>50 (M)</td>
</tr>
<tr>
<td>WM (S17)</td>
<td>50 (M)</td>
<td>43 (M)</td>
<td>50 (M)</td>
</tr>
<tr>
<td>DAN (S18)</td>
<td>51 (M)</td>
<td>49 (M)</td>
<td>53 (M)</td>
</tr>
<tr>
<td>MN (S19)</td>
<td>40 (L)</td>
<td>51 (M)</td>
<td>55 (M)</td>
</tr>
<tr>
<td>SZ (S20)</td>
<td>46 (M)</td>
<td>59 (H)</td>
<td>53 (M)</td>
</tr>
<tr>
<td>RA (S26)</td>
<td>56 (M)</td>
<td>59 (H)</td>
<td>60 (H)</td>
</tr>
<tr>
<td>ND (S29)</td>
<td>55 (M)</td>
<td>55 (M)</td>
<td>60 (H)</td>
</tr>
<tr>
<td>TR (S36)</td>
<td>50 (M)</td>
<td>45 (M)</td>
<td>44 (M)</td>
</tr>
<tr>
<td>PA (S37)</td>
<td>46 (M)</td>
<td>45 (M)</td>
<td>52 (M)</td>
</tr>
<tr>
<td>MRD (S41)</td>
<td>49 (M)</td>
<td>59 (H)</td>
<td>61 (H)</td>
</tr>
<tr>
<td>FK (S42)</td>
<td>47 (M)</td>
<td>51 (M)</td>
<td>52 (M)</td>
</tr>
<tr>
<td>SV (S43)</td>
<td>49 (M)</td>
<td>46 (M)</td>
<td>53 (M)</td>
</tr>
<tr>
<td>INN (S44)</td>
<td>41 (L)</td>
<td>50 (M)</td>
<td>53 (M)</td>
</tr>
<tr>
<td>AHM (S45)</td>
<td>44 (M)</td>
<td>50 (M)</td>
<td>44 (M)</td>
</tr>
<tr>
<td>YN (S48)</td>
<td>56 (M)</td>
<td>52 (M)</td>
<td>52 (M)</td>
</tr>
<tr>
<td>NW (S49)</td>
<td>46 (M)</td>
<td>45 (M)</td>
<td>54 (M)</td>
</tr>
<tr>
<td>VT (S57)</td>
<td>56 (M)</td>
<td>59 (H)</td>
<td>55 (M)</td>
</tr>
<tr>
<td>AR (S60)</td>
<td>49 (M)</td>
<td>45 (M)</td>
<td>55 (M)</td>
</tr>
<tr>
<td>DW (S61)</td>
<td>32 (L)</td>
<td>53 (M)</td>
<td>52 (M)</td>
</tr>
<tr>
<td>RF (S63)</td>
<td>56 (M)</td>
<td>51 (M)</td>
<td>59 (H)</td>
</tr>
<tr>
<td>LS (S71)</td>
<td>43 (M)</td>
<td>60 (H)</td>
<td>61 (H)</td>
</tr>
<tr>
<td>SB (S82)</td>
<td>48 (M)</td>
<td>51 (M)</td>
<td>51 (M)</td>
</tr>
<tr>
<td>Mean</td>
<td>47,958</td>
<td>51,21</td>
<td>53,42</td>
</tr>
</tbody>
</table>

L (Low), M (Medium), H (High)

In addition, the research also found an improvement in the mean self-efficacy scores across the pre-tests, post-tests, and follow-up tests, as shown in Fig. 1.
As shown in Fig. 1, there was an overall increase in post-test measurement results, which means that there was an improvement in the participant’s beliefs about their ability to help victims of bullying after the intervention. Furthermore, at the follow-up measurement, participants’ belief in their capabilities continued to increase after the intervention.

The results of the analysis of Study 2 are shown in Table 4.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Self-efficacy</th>
<th>Pro-social behavior</th>
<th>p</th>
<th>Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-efficacy</strong></td>
<td>Correlation coefficient sig.</td>
<td>1.000</td>
<td>0.572**</td>
<td>p &lt; 0.05</td>
</tr>
<tr>
<td><strong>Pro-social behavior</strong></td>
<td>Correlation coefficient sig.</td>
<td>0.572**</td>
<td>1.000</td>
<td>p &lt; 0.05</td>
</tr>
</tbody>
</table>

Table 4 shows that the hypothesis was accepted in both pre- and post-tests. This concludes that there was a positive correlation between the self-efficacy and prosocial behavior of participants and that the hypothesis was accepted.

The results of the test measurement in the follow-up session are shown in Table 5.
Table V. Result of the Spearman Correlation Test in Follow-Up

<table>
<thead>
<tr>
<th>Variable</th>
<th>Self-efficacy</th>
<th>Pro-social behavior</th>
<th>p</th>
<th>Hypothesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-efficacy</td>
<td>Correlation</td>
<td>1,000</td>
<td>0,532**</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td></td>
<td>coefficient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>sig.</td>
<td></td>
<td>0,007</td>
<td></td>
</tr>
<tr>
<td>Pro-social</td>
<td>Correlation</td>
<td>0,532**</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>behavior</td>
<td>coefficient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>sig.</td>
<td></td>
<td>0,007</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

**Study 1**

The results showed that I CARE training can improve the self-efficacy of participants. According to the measurements between pre-test and follow-up and between post-test and follow-up, there were differences in participants. However, there was no overall difference in the self-efficacy scores of participants between the pre-test and the post-test.

The effectiveness of I CARE Training after three weeks (follow-up) was consonant with Silberman’s finding (as cited in Fakhruddiana & Kumara, 2010) that the effectiveness of a training can still be seen 3–4 weeks later. Moreover, participants who faced bullying situations after the training had begun to apply what they had learned during the training. According to social learning theory, when participants took part in the training, reciprocal determinations occurred between individuals, cognitive, and the environment during and after the training.

Participants’ experience with ideas about bullying in the training can be used in dealing with real-life bullying situations because, from a learning perspective, experience is one of the factors that influence behavior (Tavris, 2009). According to Kreitner and Kinicki (2005), the experiences related to cognitive, physical, language, and social abilities will also serve to construct increased self-efficacy. This improvement in self-efficacy can then encourage confidence in making the decision to help others.

In this training, participants used a worksheet to learn about how to understand themselves better and how to know their strengths, weaknesses, achievements, and failures. This method is based on looking at the magnitude of self-efficacy required. Individuals’ self-efficacy can increase as they gain knowledge and understanding about themselves. This is consistent with Iffah’s (2012) finding that, by understanding themselves, participants could estimate their behavior based on their abilities. This finding is also resonant with Bandura (1994), saying that self-efficacy could be developed by mastery experiences. An experience of successful achievements in the past can increase personal efficacy. Furthermore, the concepts of the training were delivered in visual, auditory, and kinesthetic modalities, such as videos, role-plays, and simulations on how to face bullying situations effectively. These vicarious experiences were resources for the development of self-efficacy, that is, vicarious experiences provided by social models.
When someone knows that similar people have succeeded with sustained effort, that observer will believe in his or her own ability to succeed in comparable activities. Thus, self-efficacy will increase when people observe the success of others (Alwisol, 2014). In this training, participants watched a video about a student who helped her friend with bullying. The video gave viewers a look at successful figures to increase their optimism so that they can develop confidence in their abilities. Moreover, the models in the I CARE training not only come from the characters in videos but also from other participants and the trainers.

The participants had role-playing in groups, taking on the roles of bullies, victims, and bystanders. With this activity, the participants mastered self-efficacy to prevent bullying. According to Sugito, Asrowi, and Makhmudah (2015), role-playing is quite effective with regard to self-efficacy.

The participants learned about self-talk to develop self-efficacy. Bandura (1977) referred to it as verbal persuasion a third way of strengthening people’s beliefs in their ability to succeed. Self-talk has been shown to not only increase a person’s confidence but also change that person’s negative thoughts to more positive modes of thinking (Permatasari, Kartini, & Hakim, 2013). Furthermore, self-talk can make people feel that they can do their job well (Hatzigeorgiadis, Zourbanos, Goltzios, & Theodorakis, 2008). In the current training, the trainers also used positive reinforcement and motivation as a part of verbal persuasion.

The I CARE training not only focuses on theory but also involves experience during training. This learning process is called experiential learning. The four components of the process of experiential learning are concrete experiences, observation and reflection, abstract conceptualization, and active experiences (Kolb, David, Boyatzis, & Mainemelis, 2001). Fig. 2 shows a chart of the experiential learning cycle according to Kolb:

The participants engaged new experiences through concrete experiences, emotional reactions, and direct involvement in the training. The participants learned to understand themselves, believe in their abilities, and understand others more through case analysis, watching the video, role-playing, and doing a simulation about the importance of helping others.

In the observation and reflection process, the participants observed the experiences of others and reflected on it. They also observed and reflected on how the other participants and
trainers acted and reacted. According to Bandura (1994), perception is the cognitive part of self-efficacy. To integrate their cognitions, the participants learned about abstract conceptualization by explaining their observations and experience. The participants learned from their experience, analyzed them, and came to conclusions based on their observations. Thus, the cognitive processes were used so that self-efficacy could be enhanced, ultimately affecting behavior.

Active experimentation was introduced in the training as a process for solving problems and making decisions. This could then be applied in the daily life situations of the participants in their interactions with their peers. To facilitate this process, the researcher provided the participants with an action plan worksheet on which the participants wrote down how they intended to respond in a week, a month, and six months after the training was completed. This activity helped the participants make targets or plans to follow through on their training. The study said that the goal assumed affect development of self-efficacy, whereas self-efficacy and expectation of results on turn will affect the inside choose one goal and business that issued in pursuit of goals (Iffah, 2012). Furthermore, these action plans were targeted to help the participants stay motivated and guide themselves to think about their future, so they could have increased confidence about what they could accomplish, particularly regarding dealing with bullying. If the participants’ self-confidence is strengthened, it is likely that they could strengthen their commitment to the goal of helping the victims of bullying (Iffah, 2012).

According to Bandura’s (1977) Social Learning Theory, learning occurs through the observation of other’s behaviors. This observational learning involves several stages—attention, retention, production, and motivation. In attentional processes, before modeling an action for others, a person should give special attention. Retention involves an active process of transforming and restructuring the information conveyed by modeled events into rules and conceptions for memory representation. Production is how symbolic conceptions are translated into appropriate courses of action. During the training, after the participants understood how a behavior should be done, they were asked to imitate the observed behavior through repetition or feedback in role-playing and simulations. Motivational processes aim to gather strength from others and build a connection between the observer and the observed. To proceed through this process, the participants were asked to imitate a sample behavior of the trainers when encountering bullying. The trainers praised the participants for being cooperative in the training, so the participants were motivated to apply the modeled behavior in real-world situations. In this way, the learning process allowed the participants to acquire new attitudes, values, and emotional tendencies, along with new styles of thinking and behaving (Bandura, 2016).

On the basis of the description above, the I CARE self-efficacy training had a significant effect on increasing the self-efficacy of student bystanders. After following the I CARE training, the participants became more confident to help their friends and others during bullying.
On the basis of the results from the follow-up interview three months after the experiment and from the daily journals of the participants, the knowledge and beliefs of the participants improved after doing the I CARE training. Some of the findings included that participants who have done what they had written in the action plan they made, became had high self-efficacy, because they knowing what to do and committing to do what they was planned; the participants began to realize that bullying is a problem, and they started advising their peers not take part in bullying; the participants were confident about telling their peers not to engage in bullying, even if they did not listen; and the participants helped each other and other witnesses of bullying to stop bullying when it occurred.

Having past experiences related to cognitive, physical, language, and social abilities in helping victims will develop the self-efficacy of bystanders (Pabiban, 2007), and they will become more confident with their abilities to help their friends who are bullied. A supportive environment was also shown to be very important in maintaining and strengthening the participants’ self-efficacy. The positive results of the training program included the following: 1) the participants knew what to do when bullying occurred, 2) the participants tried to stop the bullying regardless of the perceived risks of doing so, and 3) the participants were more confident in their ability to help the victims of bullying. Thus, the I CARE training could increase the self-efficacy of bystanders in helping victims. This finding is supported by the results of a study by Kärnä et al. (2013), which showed that the effectiveness of KiVa anti-bullying programs is based on the goal of improving self-efficacy for potential witnesses of bullying. In this program, the participants identified how easy or difficult it was to defend and support victims of bullying, and they discussed and planned with friends to act and to help, whether directly or indirectly.

This study has limitations in that almost all of the participants were female. In addition, the participants hesitated in taking an active part in training, despite the efforts of the trainers. Furthermore, because of the brevity of the training, some of the sessions could not be delivered optimally. Several suggestions for future research include improving rapport building with participants, adding more engaging activities, extending the training time, adding a larger number of participants, giving homework to compensate for memory deficits, and teaching instructors and guidance counselors how to apply the program at school.

**Study 2**

The results of the data analysis showed that self-efficacy has a positive correlation with the pro-social behavior of bystanders. A bystander with high self-efficacy also had high levels of pro-social behavior. The results of the current study are consistent with previous studies that found that high self-efficacy was related to the pro-social behavior and low self-efficacy was associated with the passive behavior by bystanders (Frey et al., 2005; Padgett & Notar, 2013). These researchers found that self-efficacy is a key factor that distinguishes whether a person will intervene on behalf of a victim or remain passive.

Self-efficacy has a positive correlation with the pro-social behavior because the participants felt confident about what to do when bullying occurred. The participants would assess the
situation based on the difficulty level of the task. They will begin to interpret the situation, whether he can do the incident or not. If bystanders considered that the incident was dangerous to them, then they will tend to avoid the situation.

When bullying occurs, there are several things that bystanders can do to help victims (i.e., support their friends after the bullying occurred, tell their teacher, or defend the victim from the perpetrator). Through the training programs, the participants learned that helping the victims was a task that they could do within their level of ability.

The moral understanding of the participants will be increased by the training through repeated social interactions. After following the training, the participants will understand that bullying can harm other people. This belief will encourage behaviors that help victims. Narvaez and Lapsley (2005) said that moral structures in individuals are formed through repeated social interactions which perceive that bullying is dangerous for victims. Therefore, it will bring a helping attitude. Bandura said that, even though bullying is felt by witnesses as something that should not happen to the victim, without a strong belief that they are able to intervene successfully in the situation, they will not engage in helping behaviors (Thornberg & Jungert, 2013). Conversely, if witnesses believe that they will be able to make a positive impact on the situation, then helping behaviors will emerge.

When bystanders feel confident in their ability to organize and take actions, they will take part in the victim’s struggle. Jackson and Ford (cited in Della Cioppa, 2014) were convinced that this sharing behavior would ease the burden felt by victims. In particular, when people have sensitive feelings toward the needs of others, it has been shown to have a significant influence on the prosocial behavior. Witnesses’ belief in their abilities can lead them to comforting and caring behaviors (Caprara, Alessandri, & Eisenberg, 2012).

When bystanders are able to identify what they can do and when they have certainty that they can do it well, they will be encouraged to help. On the basis of the results of this study, increased self-efficacy encourages prosocial behavior, and this will encourage participants to help, share, comfort, and care for victims and report on bullying situations.

**Conclusion**

The conclusion of study 1 showed that the training was effective for increasing the respondent’s self-efficacy for 3–4 weeks after training (follow-up). The results showed the following: 1) the participants knew what to do when bullying occurs, 2) the participants tried to stop the bullies, although it is risky, and 3) the participants were more confident with their ability to help the victims. Then, the conclusion of study 2 was that self-efficacy had a positive correlation with the pro-social behavior of bystanders. A bystander with higher self-efficacy also has higher pro-social behavior.
References

Della Cioppa, V. (2014). Priming Prosocial Behavior To Augment Bystander Interventions In Bullying Situations.


