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Lived psychological experiences of adolescents exposed to bullying: Implications for nursing practice

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ABSTRACT

Introduction: Bullying among adolescents is a psychosocial health issue that significantly affects emotional well-being and self-identity development. Although its prevalence and impact have been widely reported, limited research has explored how adolescents interpret and give meaning to their lived experiences of being bullied, particularly within their socio-cultural context. Objective: This study aims to explore the psychological meaning of adolescents lived experiences of bullying using an Interpretative Phenomenological Analysis (IPA) approach.

Research Methodology: This qualitative study employed an IPA approach and was conducted in Makassar, South Sulawesi, Indonesia. Ten adolescents aged 16–19 years were recruited through purposive sampling based on predefined inclusion criteria. Data were collected using in-depth semi-structured interviews and analyzed following IPA procedures. Trustworthiness was ensured through member checking and peer debriefing.

Results: Four main themes emerged: (1) body image and self-identity as sources of social stigma, (2) emotional responses to bullying experiences, (3) diminished self-esteem and emotional vulnerability, and (4) efforts to seek safe spaces and self-recovery strategies. These findings indicate that bullying is internalized as a stigmatizing social experience that shapes adolescents' identity, emotional regulation, and interpersonal relationships.

Conclusion: This study highlights the importance of culturally sensitive, empathetic, and family-centered nursing interventions that address adolescents' identity development and emotional resilience. The findings contribute to a deeper understanding of bullying as a meaning-making process and support the development of holistic psychosocial care in adolescent nursing.

Keywords: bullying; adolescents; lived experiences; interpretative phenomenological analysis; nursing practice.

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INTRODUCTION

Bullying among adolescents is a global mental health issue that significantly impacts psychosocial well-being and individual development. Bullying is defined as repeated aggressive behavior involving an imbalance of power between the perpetrator and the victim, whether in physical, verbal, relational, or psychological forms (Olweus, 2013). Empirical evidence indicates that experiences of bullying are strongly associated with an increased risk of mental health disorders in adolescents, including anxiety, depression, reduced self-esteem, and a tendency toward negative self-perception (WHO, 2022; UNESCO, 2019).

Adolescence is a critical developmental phase in the formation of self-identity, self-concept, and social relationships. Exposure to negative experiences such as bullying during this period can have lasting psychological effects into adulthood. Recent studies indicate that adolescents who are victims of bullying face a higher risk of experiencing depression, anxiety, and affective disorders, as well as difficulties in interpersonal relationships and social adjustment in later life (Erskine et al., 2025; Han et al., 2025). From a nursing perspective, bullying must be understood as a social determinant of adolescent mental health that requires an integrated promotive, preventive, and rehabilitative approach.

In Indonesia, bullying among adolescents remains a concerning phenomenon. National data indicate that psychological and social violence are the most common forms of violence experienced by school-aged children and adolescents (KemenPPPA RI., 2022). Various bullying prevention policies in educational settings generally still focus on regulatory and disciplinary aspects, thus failing to address the psychological experiences of victims fully. In fact, understanding the subjective experiences of victims is crucial in supporting the mental health recovery process. Therefore, a more empathetic, victim-centered approach is needed, particularly in adolescent nursing and health services.

Research on bullying among adolescents has largely employed quantitative approaches that focus on prevalence, risk factors, and statistical associations between bullying and psychological outcomes such as depression and anxiety (Biswas et al., 2020; Cosma et al, 2020; Feng et al., 2024). While providing important epidemiological insights, quantitative approaches have limitations in explaining how victims interpret bullying experiences and how these experiences shape adolescents' self-identity and coping strategies. Qualitative research on bullying among adolescents has grown. However, most studies still focus on describing victims' experiences and impacts and have not deeply explored the interpretive processes and subjective meanings of these experiences (Horton & Lyng, 2022; Marcos & Esteca, 2025).

In Indonesia, several qualitative studies have examined adolescents' experiences with bullying. However, most of these studies still focus on describing the forms of bullying, its contributing factors, and the behavioral and socio-emotional impacts experienced by victims. Exploration of deeper psychological meanings, personal interpretation processes, and how victims rebuild their identities after bullying experiences remains relatively limited (Hidayati & Amalia, 2021; Permata, 2022).

Given this gap, this study aims to explore the psychological experiences of adolescents who are victims of bullying using the Interpretative Phenomenological Analysis (IPA) approach. This approach allows for a deep understanding of how adolescents interpret their experiences of bullying, including emotional responses, changes in self-perception, and social relationships. This study contributes by presenting the subjective perspectives of victims, which have been limited in previous studies. It is expected to serve as a foundation for the development of nursing

interventions and school health services that are more empathetic, contextual, and oriented toward psychosocial recovery and the strengthening of adolescent resilience.

RESEARCH METHODOLOGY

Study Design

This study is a qualitative study employing an interpretive phenomenological approach using Interpretative Phenomenological Analysis (IPA). This approach was chosen to explore in depth the psychological experiences of adolescents as victims of bullying and to understand how participants interpret these experiences within the context of their lives (Jonathan & Larkin, 2021; Nollaig Frost, 2021).

Place and Time of Research

The research was conducted in Makassar, South Sulawesi, Indonesia, from January to February 2025.

Population and Sample

The study population consisted of adolescents who had experienced bullying. Participants were selected using purposive sampling with the following inclusion criteria: (1) adolescents aged 16–19 years, (2) identified as bullying victims based on screening results using the Adolescent Peer Relations Instrument (APRI) with a high score (≥27), (3) able to communicate verbally well, and (4) willing to participate by signing an informed consent form. A total of 10 participants were involved in this study, with the number determined by data saturation, namely, when additional interviews no longer yield new relevant information.

Data Collection

Data collection was conducted through semi-structured in-depth interviews lasting 30–40 minutes with each participant. The researcher served as the primary instrument (human instrument) using an interview guide. The entire interview process was recorded with an audio recorder and supplemented with field notes to document the interaction's context and participants' nonverbal responses. The researcher has a background in nursing, specifically in psychiatric and pediatric nursing, and experience in qualitative research on adolescent mental health. To minimize potential bias, the researcher practiced continuous reflexivity, maintained openness, set aside initial assumptions (bracketing), and focused the analysis on the meaning of the participants' subjective experiences. The researcher also used reflective notes to document the thought process and potential biases during the study. Before data collection began, all participants received an explanation of the objectives, procedures, benefits, and their right to withdraw from participation at any time without consequences. Participant confidentiality and anonymity were maintained throughout the entire research process, and all participants signed an informed consent form.

Data Analysis and Processing

Data analysis was conducted following the IPA stages, including (1) reading and rereading interview transcripts, (2) initial noting, (3) developing emerging themes, (4) identifying relationships between themes, and (5) identifying cross-case patterns.

Trustworthiness of the Study

Data validity was ensured through several strategies: credibility through member checking, dependability through peer debriefing, confirmability through an audit trail, and transferability through detailed contextual descriptions.

Ethical Approval

This study has received ethical approval from the Health Research Ethics Committee of the Makassar Ministry of Health Polytechnic under number 0093/M/KEPK-PTKMS/II/2025. All

participants provided written informed consent before participating in the study, and data confidentiality was ensured throughout the research process.

RESULT

Participant Characteristics

Table 1. Participant Characteristics and Screening Results Scores

Participant's code	Age (year)	Score
P1	16	29
P2	18	31
P3	17	28
P4	18	29
P5	19	27
P6	17	29
P7	18	27
P8	18	30
P9	17	27
P10	19	27

Based on Table 1, the respondents were aged 16–19 years, and their screening scores using the Adolescent Peer Relations Instrument (APRI) ranged from 27 to 31. The results of the analysis using Interpretative Phenomenological Analysis yielded four main themes representing the psychological experiences of adolescents as victims of bullying, namely (1) the body and self-identity as sources of social stigma, (2) emotional responses to bullying, (3) changes in self-esteem and emotional health vulnerability, and (4) seeking safe spaces and self-recovery as coping strategies.

Theme 1. The Body and Self-Identity as Sources of Social Stigma

This theme explores how adolescents who are victims of bullying perceive their bodies and personal characteristics as the primary sources of social stigma. The experience of bullying is not understood merely as acts of ridicule or exclusion but as a social process that gradually shapes participants' self-perception as individuals who are out of place, unworthy, or inferior compared to their peers. In this context, the body and personal attributes become symbols of vulnerability that are constantly questioned and attacked.

Most participants revealed that physical taunts—such as those regarding weight, skin color, height, or body shape—not only cause emotional harm but also foster excessive self-awareness (hyper self-awareness). The body is no longer perceived as a neutral part of the self but rather as a "problem" that is constantly monitored and judged by the social environment.

> "…I was teased because of my weight, teased with comments like, 'Eww, she's so fat'" (P1).
>
> "…I used to be fat and dark-skinned" (P3).
>
> "…I was called fat and short in front of a crowd" (P10).

In these quotes, the participants not only recount incidents of ridicule but also implicitly reveal the internalization of negative labels attached to their bodies. The researchers interpret that repeated ridicule caused the participants to adopt the perpetrators' point of view so that their self-identity was constructed through the lens of other people's judgments.

In addition to physical characteristics, personal traits such as academic ability or social roles are also targets of bullying. Participants interpret this treatment as a rejection of their existence within the social group.

"...if there is something I know, then I tell them. They say I'm a know-it-all..." (P2)

"...My opinion is not listened to because I am considered a know-it-all..." (P5)

This experience is interpreted as an identity dilemma because abilities that should be valued positively are instead perceived as threats by the environment. Participants find themselves in an ambiguous position: between wanting to be accepted and fearing becoming a target again. Researchers interpret this condition as a form of intrapersonal conflict that forces adolescents to hide their potential for social security.

The most painful form of bullying for some participants was not only verbal ridicule but also implicit and continuous social exclusion.

"...I was excluded and shunned..." (P6)

"...when I came, they immediately avoided me..." (P7)

"...they formed a new circle without me..." (P9)

Exclusion is interpreted as existential rejection, not merely a refusal to interact. In this experience, participants feel invisible and unrecognized within the group. Researchers interpret that the experience of exclusion reinforces feelings of worthlessness and fosters the belief that one is not worthy of equal social relationships.

Overall, this theme shows that bullying is interpreted by adolescents not only as a series of negative events but also as an experience that shapes their identity. The body, character, and social existence become the main arenas in which the meaning of "who I am" is negotiated within unequal, judgmental relationships.

Theme 2. Emotional Responses to Bullying

This theme describes how adolescent victims of bullying interpret their emotional responses not merely as fleeting reactions but as enduring psychological experiences that shape how they view themselves and the social world around them. Emotions such as fear, shame, discomfort, and feelings of worthlessness are repeatedly experienced and internalized, thereby limiting participants' scope of action both physically and socially.

Fear emerges as the dominant emotion in the school environment. An environment that should be a safe space is instead perceived as a source of emotional threat. This fear is not only related to the possibility of experiencing bullying again but also to anticipatory anxiety—anxiety about negative judgments and treatment that may not actually occur but are constantly imagined.

"…afraid to go to school, it feels uncomfortable…" (P1)

The researcher interprets this fear as serving as both a protective and a limiting mechanism, as it drives participants to withdraw from social situations to avoid repeated emotional pain.

In addition to fear, shame is a central emotion that significantly influences the participants' self-identity. Shame is not only felt as a response to ridicule but also as an internal judgment that they indeed deserve to be humiliated. This emotion drives avoidant behavior and the desire to disappear from social spaces.

"…I was so ashamed that I once refused to go to school…" (P3)

Repeated experiences of shame indicate the internalization of stigma, in which negative judgments from the environment are gradually adopted as truths about oneself. This becomes increasingly evident when participants begin to express self-rejection.

"…I don't like myself…" (P4)

In this context, emotions are no longer merely a reaction to bullying but become part of a fragile identity construction. The researcher interprets these emotional experiences as reflecting a deep

intrapersonal conflict, in which participants struggle between the need to be accepted and the belief that they are unworthy of acceptance.

Feelings of worthlessness also emerge as the deepest and most painful emotional consequence. Participants interpret their experiences of bullying as proof that they are unworthy of equal social relationships, thereby calling their social existence into question.

"…I feel unworthy of having friends…" (P6)

This experience illustrates how bullying is interpreted as an existential rejection, not merely a social one. The researcher interprets that feelings of worthlessness narrow participants' social worlds and reinforce patterns of self-isolation, ultimately worsening their emotional well-being.

Overall, this theme suggests that emotional responses to bullying do not exist in isolation but are interconnected, forming a psychological cycle that traps the participants. Fear, shame, and feelings of worthlessness become ongoing emotional experiences that gradually erode adolescents' self-confidence and their ability to engage healthily in social relationships.

Theme 3. Changes in Self-Esteem and Emotional Well-Being

This theme describes how adolescents interpret experiences of bullying as a process that gradually erodes their self-esteem and disrupts their emotional well-being. The psychological impact does not manifest as an immediate reaction but rather develops into a lasting experience that shapes how participants perceive their own worth and their relationships with others.

Most participants interpreted bullying as an experience that fundamentally altered their self-perception. Repeated taunts and negative treatment caused participants to begin questioning their worth as individuals, eroding their self-confidence and replacing it with feelings of never being good enough or imperfect.

"…I became less confident, feeling that I wasn't perfect…" (P1)

Researchers interpret this statement as an indication of a shift in self-identity, in which participants no longer view themselves as whole individuals but as people who are always lacking in others' eyes. This process demonstrates how bullying functions as an experience that shapes a negative self-narrative.

The erosion of self-esteem becomes increasingly evident as participants begin to use language that affirms their own unworthiness in social relationships. Self-esteem does not merely decline; it is interpreted as something that has been "lost" or "damaged."

"…my self-esteem is low; I feel unworthy…" (P3)

In this context, the researcher interprets bullying as leading to the internalization of negative judgments, in which the standards of social acceptance are placed entirely outside the participant. Consequently, social relationships are viewed as spaces fraught with the risk of rejection, rather than as sources of support.

Participants' emotional impact was characterized by persistent sadness, feelings of disappointment, and an urge to escape from perceived painful situations. These emotions indicate emotional exhaustion resulting from constant psychological pressure.

"…I often feel sad, disappointed, and just want to leave…" (P6)

This statement is interpreted as an expression of emotional despair, in which the participant feels they lack sufficient psychological resources to cope with their social environment. The researcher interprets the desire to "leave" as reflecting an urge to end exposure to emotional pain, whether through social withdrawal or psychological detachment.

Overall, this theme indicates that bullying is perceived as an experience that undermines the psychological foundation of adolescents. Fragile self-esteem and disrupted emotional well-being

shape defensive and vigilant patterns of social interaction. This experience not only affects current emotional states but also has the potential to shape adolescents' long-term views of themselves and their social world.

Theme 4: Coping Strategies and Psychological Recovery

This theme illustrates how adolescent victims of bullying interpret coping strategies not merely as a way to avoid the perpetrator but as an active effort to protect themselves, maintain self-esteem, and restore emotional well-being. The strategies developed by the participants demonstrate reflective awareness aimed at rebuilding a sense of safety amid social experiences previously perceived as threatening.

Some participants interpreted distancing themselves from the perpetrators as a form of self-protection rather than a sign of weakness. Creating distance was understood as a conscious decision to reduce exposure to repeated emotional harm.

"…I don't get too close to them anymore…" (P2)

The researcher interprets this strategy as an emotional regulation mechanism through which participants strive to regain control of their psychological space. Distancing oneself does not mean giving up, but rather a form of self-affirmation that prioritizes emotional safety.

In addition to avoiding the perpetrator, participants also viewed the search for a more supportive social environment as a fundamental psychological need. A safe environment is one in which participants can express themselves without fear of being judged or belittled.

"…I chose to look for a more supportive environment…" (P1)

"… I associate with those who accept me…" (P10)

This statement indicates that the participant is not merely reacting to experiences of bullying but is actively rebuilding their social network. The researcher interprets this process as an effort to reconstruct social identity, in which the participant chooses relationships that affirm their existence and self-worth.

Emotional support from close others—such as friends, parents, and siblings—is perceived as a source of psychological strength that helps participants cope. The presence of significant figures provides a sense of acceptance and understanding, which plays a crucial role in neutralizing the negative effects of bullying.

"...luckily I have friends to confide in and my parents..." (P4)

"…my older sibling always offers support…" (P6)

The researcher interprets this support as not only a space for sharing emotions but also a positive mirror that helps participants rebuild their shattered self-esteem. Supportive relationships allow participants to perceive themselves as individuals who remain valuable, regardless of the negative treatment they have experienced.

Overall, this theme indicates that coping strategies are understood as a dynamic process toward recovery. Adolescents do not merely strive to "survive" in a passive sense but actively create safe spaces and relationships that help rebuild their self-confidence.

These strategies reflect psychological resilience, even though they developed in the context of stressful and vulnerable experiences.

DISCUSSION

The Body and Self-Identity as Sources of Social Stigma

The findings of this study indicate that adolescents perceive bullying not merely as a negative event but as a social experience that shapes self-identity, where the body and

personal characteristics become the focal point of stigma. Teasing about physical attributes triggers hyper-self-awareness, leading the body to be perceived as a source of problems that is constantly monitored and evaluated in social interactions.

Research indicates that body-based stigma among adolescents is closely linked to the internalization of negative self-image and reduced self-esteem (Puhl, 2020). In this context, repeated teasing can drive adolescents to internalize external judgments, thereby shaping self-identity through a demeaning social perspective. This reinforces the findings affirming that bullying functions as a social mechanism that reproduces hierarchies and power imbalances among adolescents (Horton & Lyng, 2022). In addition to the body, academic ability can also be a source of stigma when perceived as a threat in peer relationships. This situation places adolescents in a dilemma between expressing their potential and maintaining social safety. Consequently, outstanding abilities actually trigger psychosocial stress. In such situations, victims tend to engage in self-silencing as a protective strategy.

These findings are consistent with studies showing the use of emotion-focused coping and expressive suppression to avoid further victimization (Wang et al, 2024; Yang et al., 2024). This situation calls for pediatric, mental health, and community nurses to conduct early detection, comprehensive psychosocial assessments, and promotive and preventive interventions to protect adolescents' identity development and mental health.

Emotional Responses to Bullying

This theme indicates that emotional responses to bullying are experienced as enduring psychological states, such as fear, shame, and worthlessness. Fear transforms the perception of school from a safe place into a source of threat, reflecting anticipatory anxiety regarding social interactions (Erskine et al., 2025; Gaffney et al., 2021). Shame serves as a key emotion driving the internalization of stigma and social withdrawal. In bullying victims, chronic shame is associated with self-rejection and relational barriers, forming a psychological cycle that limits social engagement (Bernasco, 2022).

The persistent emotional response in bullying victims can be understood as emotional entrapment, in which negative emotions such as fear, shame, and worthlessness reinforce one another through maladaptive cognitive and affective processes. This condition triggers psychological constriction that limits emotional expression, relationships, and help-seeking, causing victims to become increasingly invisible within the school system and healthcare services (Han et al., 2025)

The implications for pediatric nursing and mental health nursing are the importance of trauma-sensitive emotional assessment, early detection of internalized distress, and interventions based on emotion regulation and therapeutic relationships. Empathetic, trauma-informed, and collaborative nursing approaches have been shown to play a role in restoring a sense of emotional safety, strengthening self-esteem, and supporting adaptive psychosocial development in adolescents (Oram et al., 2022 ; Nursing & Midwifery Council, 2021).

Changes in Self-Esteem and Emotional Well-Being

This theme indicates that bullying undermines adolescents' psychological foundations, particularly self-esteem and emotional well-being, where declining self-esteem evolves into a persistent negative self-narrative. These findings align with longitudinal studies linking bullying to self-esteem disorders and internalizing problems into young adulthood (Giuliani et al., 2025; Simsek et al., 2025). Prolonged sadness and the desire to "escape" reflect emotional exhaustion resulting from constant pressure as a subjective experience. Bullying correlates with emotional distress and reduced well-being, particularly when social support is limited (Erskine et al., 2025; Zaen et al., 2022). The erosion of self-esteem in bullied adolescents reflects psychological maladjustment that affects emotional regulation, self-identity, and long-term well-being through the internalization of stigma, self-blame, and negative self-narratives when social support is low (Feng et al., 2024).

In mental health and child nursing, these findings emphasize the importance of early assessment of self-esteem, coping, distress, and bullying as developmental stressors, as well as therapeutic interventions, social support, and empowerment to enhance adolescent resilience (Schacter et al., 2023). These findings underscore the role of mental health and pediatric nurses in the early detection of declining self-esteem and distress through psychosocial assessments in schools, families, and communities, as well as through therapeutic, trauma-informed, and resilience-building approaches.

Coping Strategies and Psychological Recovery

Theme 4 indicates that adolescents interpret coping strategies as active efforts to recover and rebuild a sense of safety. Distancing oneself from the perpetrator is not perceived as a sign of weakness but rather as an emotion-regulation strategy to protect oneself from repeated exposure to stress. This finding aligns with the adaptive coping approach, which emphasizes the role of individual agency in addressing psychosocial stress (Compas et al., 2020). Seeking a supportive social environment, as well as support from family and peers, plays a crucial role in restoring the self-esteem of adolescents who are victims of bullying. Social support functions as a protective factor that helps rebuild a positive self-identity and enhances psychological well-being (Erskine et al., 2025). In this context, coping strategies not only reflect efforts to survive emotionally but also the process of reconstructing a more adaptive social identity.

Furthermore, the coping strategies adopted by adolescents in the context of bullying experiences can be understood as part of a dynamic and ongoing process of psychosocial recovery. From a mental health nursing perspective, adaptive coping mechanisms, such as distancing oneself from sources of stress, seeking emotional support, and building safe relationships, constitute healthy forms of self-regulation and reflect an individual's capacity for resilience (Zhang, 2023). These strategies are not passive but demonstrate self-awareness and internal control, which are crucial in preventing the escalation of psychological distress such as chronic anxiety, depression, or suicidal ideation among adolescents who are victims of bullying.

In pediatric and adolescent nursing, the recovery process focuses not only on reducing psychological symptoms but also on strengthening developmental tasks, particularly the formation of self-identity and a sense of social competence. Social support, whether from peers or family, has been shown to mitigate the negative association between peer victimization and internalizing symptoms such as anxiety and depression in adolescents (Feng, 2023; Perret, 2021; Balluerka et al., 2023). Peer support, in particular, acts as a buffer against the depressive effects following peer victimization, reducing the risk of further psychopathology. Longitudinally, supportive environments, including those involving friends and school, can reduce the negative consequences of victimization on the mental health of children and adolescents (Martínez et al., 2025). Additionally, qualitative studies indicate that peer support aids in the restoration of self-esteem and emotional regulation among adolescents who are victims of bullying (Sekar & Fauzia, 2023).

From the perspective of mental health nursing practice, these findings underscore the importance of a strength-based and recovery-oriented approach, in which nurses act as facilitators to help adolescents identify sources of personal and social support, develop emotional coping skills, and build a sense of psychological safety through therapeutic relationships. This approach aligns with the framework for promoting mental health in children and adolescents, which emphasizes collaboration between the individual, family, and social environment as an integrated support system for psychosocial recovery. Additionally, participants' coping strategies reflect a process of reconstructing a more adaptive social identity. Adolescents no longer define themselves solely as victims but as individuals with the capacity to grow and recover. This process aligns with the concepts of positive adaptation and developmental resilience in child mental health nursing, where negative experiences, when supported by a safe and supportive environment, can strengthen psychological resilience and emotional regulation skills (Masten, 2023; Luthar, 2020).

Thus, this study underscores that coping strategies among adolescents who are victims of bullying are not merely short-term defensive mechanisms but an integral part of the process of psychosocial recovery and resilience. These findings have important implications for mental health and pediatric nursing practice, particularly in the development of promotive and preventive interventions to strengthen adaptive coping, support families, and create a safe social environment for adolescent growth and development.

Limitations and Cautions

This study has several limitations that should be considered when interpreting the findings. The relatively small sample size and the use of purposive sampling limit the generalizability of the results. Additionally, data were obtained through subjective interviews and are therefore potentially influenced by participants' memory biases and interpretations. Consequently, the findings of this study should be understood within the context of individual experiences and are not intended to be broadly generalized.

Recommendations for Future Research

Future research is recommended to involve a larger, more diverse sample and to use different methodological approaches, such as mixed-methods or longitudinal designs, to enrich understanding of the dynamics of bullying experiences. Furthermore, research is needed that focuses on the development and evaluation of evidence-based nursing interventions to support the psychosocial recovery of adolescents who are victims of bullying across various cultural contexts.

CONCLUSION

This study examines the psychological experiences of adolescent bullying victims to explore their subjective meanings through Interpretative Phenomenological Analysis (IPA). The findings indicate that bullying functions as a psychosocial process that shapes self-identity, emotional responses, self-esteem, and coping strategies through the internalization of stigma and social rejection. This experience constructs negative self-narratives and defensive relational patterns. These findings underscore the importance of an empathetic and trauma-informed nursing approach, as well as integrated psychosocial interventions, to support the recovery and resilience of adolescents. The limitations of the study include a small sample size and a qualitative design. Future studies need to use longitudinal or mixed-method designs and evaluate evidence-based interventions to strengthen adolescent mental health practices and policies.

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Conflict of interest
The authors declare that there are no conflicts of interest in this study.

Authors' Contributions
All authors made substantial contributions to this study. Mery Sambo was responsible for study design, data collection, and manuscript drafting. Kristia Novia, Nikodemus Sili Beda, Ria Setia Sari, and Triwira Siagian contributed to data collection, data analysis, interpretation of results, and critical revision of the manuscript. All authors approved the final version of the manuscript.

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Declaration of Generative AI Use
During the preparation of this manuscript, the authors used AI to assist with language refinement and manuscript organization. All content was critically reviewed, revised, and validated by the authors, who take full responsibility for the accuracy, interpretation, and integrity of the published work.

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