

Exploring PTSD in Adolescents: A Study of Senior High School Students in Bandung

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Abstrak. *Post-traumatic stress disorder (PTSD) adalah gangguan psikologis yang terjadi sebagai respons terhadap peristiwa traumatis. Kondisi ini rentan terjadi pada remaja karena perkembangan psikologis mereka yang sedang berlangsung. Penelitian ini bertujuan untuk mengungkap profil PTSD pada remaja di Kota Bandung. Metode yang digunakan adalah desain survei kuantitatif. Subjek penelitian yang terlibat pada penelitian ini adalah siswa aktif yang bersekolah di Kota Bandung dengan total responden 200 siswa. Penelitian ini menggunakan kuesioner PTSD yang terdiri dari tujuh item dan dikembangkan berdasarkan konstruk PTSD untuk mengungkap profil PTSD pada remaja. Kuesioner tersebut telah diuji reliabilitasnya dengan nilai Cronbach's Alpha sebesar 0.794. Hasil penelitian menunjukkan bahwa faktor paling signifikan dari PTSD yang memengaruhi siswa adalah pengalaman 'dihantui oleh peristiwa traumatis'. Sementara pada aspek 'rendahnya harapan untuk masa depan' memiliki dampak yang lebih kecil. Temuan ini menunjukkan bahwa, meskipun siswa sangat terpengaruh oleh gejala PTSD seperti ingatan yang mengganggu dan tekanan emosional, sebagian besar masih mempertahankan pandangan positif terhadap masa depan mereka. Penelitian ini diharapkan dapat memberikan kontribusi terhadap manifestasi PTSD pada remaja dan memiliki potensi yang signifikan sebagai fondasi untuk memperkuat perspektif remaja terhadap masa depan mereka.*

Abstract. *Post-traumatic stress disorder (PTSD) is a psychological disorder that occurs in response to traumatic events. This condition is prone to occur in adolescents due to their ongoing psychological development. This study aims to reveal the profile of post-traumatic stress disorder in adolescents in Bandung City. The methods use a quantitative survey design. The research subjects involved in this study were active students attending school in Bandung City. This study used a PTSD questionnaire consisting of seven items and developed based on the PTSD construct to reveal the profile of PTSD in adolescents. The questionnaire has been tested for reliability with a Cronbach's Alpha value of 0.794. The results showed that the most significant factor of PTSD affecting students was the experience of being "haunted by traumatic events." Meanwhile, the aspect of 'low expectations for the future' had a smaller impact. These findings indicate that, although students are greatly affected by PTSD symptoms such as intrusive memories and emotional distress, most still maintain a positive outlook on their future. This study expected to contribute for understanding of PTSD manifestations in adolescents and has significant potential as a foundation for strengthening adolescents' perspectives on their future.*

Key word: Post-Traumatic Stress Disorder; High School; PTSD Profile.

INTRODUCTION

Adolescence is a crucial transitional phase with significant physical, emotional, and social changes, during which individuals begin to form identities and face various mental health challenges (McGorry et al., 2024). Post-traumatic stress disorder (PTSD) is a complex psychological disorder that arises in response to traumatic events and can significantly impact adolescents' mental well-being (Westerveld et al., 2025; McGorry et al., 2024).

PTSD in adolescents can arise in response to traumatic experiences such as physical violence, sexual abuse, natural disasters, bullying, or accidents (Fadhila e al., 2025). While trauma can affect anyone, adolescents are particularly vulnerable during the developmental stage of adolescence due to their still-developing psychological state. Trauma, coupled with the formative stages of adolescent psychological development, has profound emotional consequences for adolescents and long-term psychological consequences that can impact their psychological well-being, such as frequent anxiety, depression, and changes in behavioral patterns (Yuan et al., 2023; Goger et al., 2021). In more detail, adolescents with PTSD are typically more prone to stress and difficulty adapting, experience high levels of anxiety and severe emotional distress, experience depressive symptoms, and experience various post-traumatic symptoms (Kalogeratos et al., 2024).

Research Publications have shown adolescents suffer an increasing number of manifestations of PTSD. The prevalence and manifestations vary by location and unique experience trauma. Studies show 5% of adolescents within the ages of 13-18 are estimated to suffer PTSD with rates higher in girls than boys (8% v 2.3%). The PTSD symptom complex is resultant from the cumulative negative impact of adversity events, abuse and violence, trauma, and the loss from natural disaster, conflict. The most significant unaddressed mental health sequela (Astine & barkat, 2021; Olff et al., 2025). The most recent studies have established the profiles of adolescents who are most likely to suffer from PTSD and the significant harmful demographic factors (Tamir et al., 2025; Astine & Barkat, 2021).

In addition, demographic characteristics are also important in studying how and why adolescent PTSD occurs and manifests. Studies indicate that children and teens between the ages of 12 and 18 are particularly at risk and have PTSD prevalence rates of between 3 and 57%, depending on age, gender, and ethnicity (Kazlauskas et al., 2023). Among differences in gender, particularly in relation to their risk of developing PTSD, females are more vulnerable, as their prevalence rates are about twice as high as those of males (Hiscox et al., 2021). Interpersonal trauma, such as abuse and accidents and natural disasters, also impact the presence of PTSD and PTSD related symptoms in adolescents (Davis et al., 2023). Additionally, the members of certain violence- and gender-biased communities of the minority population are also at a high risk for developing PTSD (Mora et al., 2021).

The presence of PTSD symptoms in Adolescents is related to their economic status as well. Considering the studies conducted in low-income families households, or children of divorced families are hypothesized to be more likely to experience PTSD symptoms (Erol & Seçinti, 2022). There is a direct correlation between the severity of PTSD and the adolescents who have been or who have lost a parent who lived in a residential foster care and have been or witnessed a domestic violence (Bruckmann et al., 2020). In addition, the culture of a country impacts the traumatic psychosocial consequences (Kazlauskas et al., 2022).

In Bandung, adolescents are also subjected to a variety of social and economic and violent pressures, and as a result, they have a high prevalence of PTSD. There is a great deal of family violence and social disorder in their neighborhoods, and they experience considerable pressure because of their studies. PTSD is more common among adolescents from the lower-middle economic class, especially those living in high-violence areas like urban Bandung. Hence, it is essential to pinpoint and comprehend the local conditions that drive adolescents in Bandung to more effectively tackle PTSD.

However, the lack of understanding and up-to-date information regarding PTSD remains very limited. A comprehensive understanding and overview of PTSD is essential to prevent the worsening of PTSD in adolescents. Furthermore, recognizing early symptoms and prompt and appropriate treatment can help adolescents recover

and lead healthier mental lives. Given the importance of this issue, further research is needed on the profile of PTSD in adolescents in Bandung through demographic studies as a first step toward developing more targeted and locally context-based interventions through a deeper understanding of demographic characteristics.

METHODS

In this study, a quantitative survey design was employed to assess post-traumatic stress disorder (PTSD) among adolescents. The disorder was measured using a structured questionnaire originally developed by Prof. Nandang Rusmana, which was subsequently adapted by the researchers to ensure its suitability for adolescent populations. The instrument was administered alongside a demographic questionnaire to capture key background variables. Collecting these demographic characteristics was essential for examining potential factors that may influence the prevalence and manifestation of PTSD among adolescents.

The participants for this study included students from four different high schools from the Bandung region. One class from each of the schools was randomly chosen, which totaled 200 students for the study. The sampling method used was a simple random method so that each class has the same opportunity to be chosen. This eliminates bias and guarantees that the Bandung students will be fairly represented.

This study employed two types of instruments. The primary instrument consisted of thirty items with dichotomous response options (yes/no). Reliability testing yielded a Cronbach's Alpha value of 0.794, and all Corrected Item-Total Correlation values exceeded the 0.30 threshold, indicating that all items demonstrated adequate validity and reliability.

In addition, a problem checklist was utilized to capture a broader range of symptoms across physical, emotional, and spiritual domains. This checklist was completed independently by respondents based on the conditions they were experiencing at the time of assessment, thereby providing complementary and comprehensive insight into their subjective symptomatology.

Data collection was conducted by distributing the questionnaire directly to participants without any intervention or treatment. The collected data were then processed and analyzed using SPSS version 26.0. Prior to hypothesis testing, normality tests with Kolmogorov-Smirnov and Shapiro-Wilk indicated that the data were not normally distributed ($p < 0.05$). Consequently, non-parametric statistical models were applied, including the Spearman Rank correlation test and Mann-Whitney/Kruskal-Wallis tests, to meet the research objectives.

RESULT AND DISCUSSION

Based on the respondent's characteristic, the proportion of female student (53,5%) was slightly higher than male student (46.5%). This Proportion indicates a relatively balance representation between the two groups, allowing the findings to represent gender perspective proportionally.

Based on The Mann-Whitney U test revealed a significant difference in PTSD symptom levels between male and female students. Female students (Mean Rank = 111.74, $n = 107$) demonstrated higher PTSD scores compared to male students (Mean Rank = 87.57, $n = 93$). This difference was statistically significant, $U = 3773.00$, $Z = -2.949$, $p = .003$, indicating that gender is associated with differing levels of PTSD symptoms in this sample.

The significant Mann-Whitney result suggests that female students experience higher levels of PTSD symptoms than their male counterparts. This pattern, reflected in the substantially higher mean rank among female respondents, aligns with existing literature indicating that adolescent girls often report greater emotional distress and heightened sensitivity to traumatic events. Biological, social, and psychological factors such as greater emotional expressiveness, higher exposure to interpersonal stressors, and gendered coping patterns may contribute to these elevated scores. In the context of Bandung senior high schools, the finding highlights the need for gender-responsive trauma interventions and screening procedures that pay particular attention to the vulnerability of female students.

Beyond identifying gender-based differences in PTSD severity, it was also important to understand how the individual symptom dimensions relate to one another and to the overall PTSD construct. While the Mann–Whitney test clarified group disparities, it does not explain the internal structure or interdependence of PTSD symptom domains. Therefore, to further explore the relational patterns within the data, a Spearman rank-order correlation analysis was conducted. This additional analysis provides insight into how each symptom cluster contributes to overall PTSD levels and whether certain domains co-occur more strongly among adolescents.

The Spearman rank-order correlation analysis demonstrated consistently strong and significant associations between all PTSD symptom domains (Aspects 1–6) and the total PTSD score. The correlations ranged from moderate to very strong, with coefficients spanning from $r_s = .673$ (Aspek 5) to $r_s = .853$ (Aspek 6), all at $p < .001$. Among the subscales, Aspek 3 ($r_s = .846$) and Aspek 6 ($r_s = .853$) showed the strongest relationships with the total score, indicating their substantial contribution to overall PTSD severity. Inter-correlations among the aspects were also significant across all pairs ($p < .001$), suggesting that the symptom domains are closely interconnected within this adolescent sample.

The strong correlation patterns observed among the PTSD symptom dimensions indicate that adolescents who report elevated symptoms in one domain tend to experience heightened symptoms across other domains as well. The particularly high correlations of Aspect 3 and Aspect 6 with the overall PTSD score suggest that these dimensions may represent core features of trauma responses among high school students in Bandung, potentially reflecting heightened re-experiencing, hyperarousal, or emotion dysregulation. The significant inter-aspect correlations further highlight the multifaceted yet interdependent nature of PTSD in adolescents, consistent with existing literature emphasizing that trauma rarely manifests in isolated symptom clusters. These findings underscore the importance of holistic assessment and intervention approaches that address the interconnected symptom patterns rather than focusing on discrete domains in isolation.

To provide an initial overview of the data, descriptive statistics were examined to capture the distribution and central tendencies of PTSD symptoms among the 200 participating adolescents. These descriptive measures offer a foundational understanding of how the symptom scores vary across individuals and highlight the general pattern of trauma responses prior to conducting inferential analyses. By outlining the mean, median, standard deviation, and variability of each PTSD dimension, this section establishes the empirical context for interpreting subsequent group comparisons and correlation findings.

Table 1. Descriptive Statistics of PTSD Variables (N=200)

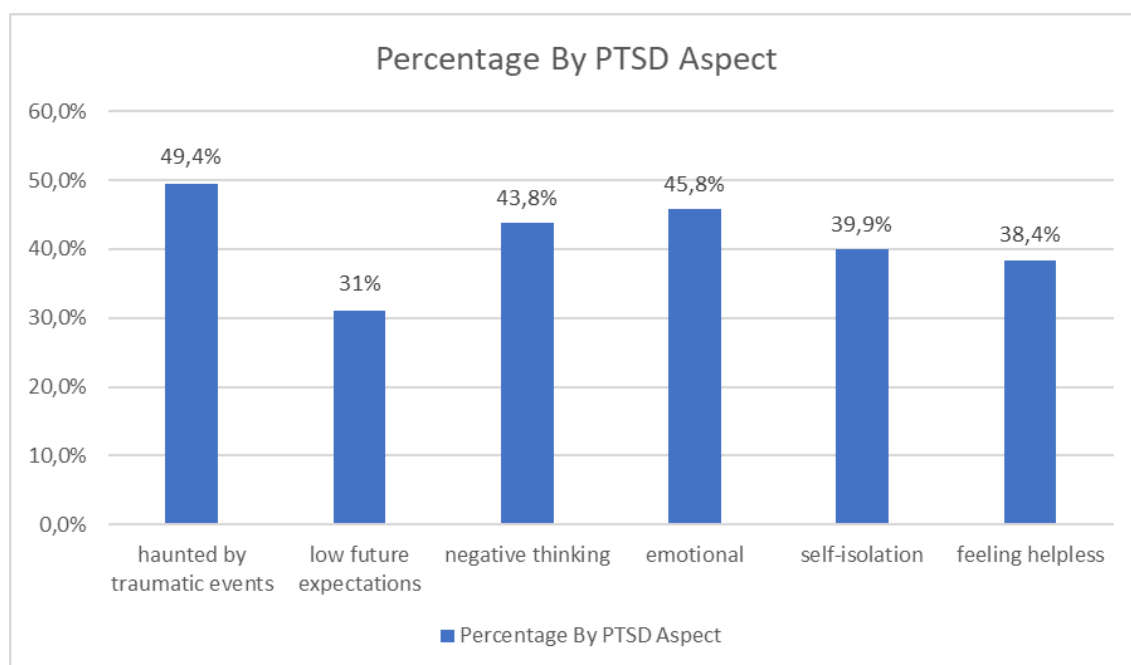
Variable	Mean	SD	Median	Variance	Skewness	Kurtosis
A. Haunted by traumatic events	2.47	1.473	2.00	2.170	0.050	-0.747
B. Low hope for future	1.55	1.668	1.00	2.781	0.739	-1.118
C. Negative thinking	2.19	1.520	2.00	2.310	0.285	-0.892
D. Emotional distress	2.29	1.495	2.00	2.235	0.210	-0.865
E. Self-isolation	2.00	1.540	2.00	2.372	0.340	-0.920
F. Feeling helpless	1.92	1.558	2.00	2.427	0.415	-0.955

Note: All variables measured on 0-5 scale

The descriptive analysis indicates that intrusive symptoms, particularly the experience of being “haunted by traumatic events,” constitute the most prominent aspect of PTSD among students. This suggests that recurrent traumatic memories are the primary psychological burden for adolescents, aligning with common symptom patterns observed in school-aged populations. In contrast, the dimension of “low hope for the future” emerges as the least pronounced. This implies that despite experiencing emotional distress and other trauma-related symptoms, most students retain a positive future outlook, which may serve as an important protective factor in their recovery. The high variability within this future-orientation dimension also shows that students’ responses are not uniform: while many remain hopeful, a smaller subgroup exhibits pronounced pessimism and may require more targeted mental-health support.

Overall distribution patterns suggest that PTSD symptoms among students fall along a continuum, rather than presenting in extreme or clustered forms. The concentration of lower scores in future-related pessimism further reinforces that negative expectations about the future are not widespread, but specific to certain individuals. Taken together, these findings highlight that intrusive symptoms should be

prioritized in school-based interventions, while the generally preserved sense of hope can be leveraged to strengthen resilience. At the same time, early identification of students with marked future pessimism is crucial, as they may be at greater risk for developing more severe PTSD-related difficulties without timely support.



Picture 1. Distribution patterns of PTSD variables

To deepen the interpretation of the findings, each ptsd indicator is discussed individually, allowing for a more precise examination of how specific symptom dimensions emerge within the adolescent population.

1. Intrusive Symptoms (Haunted by Traumatic Events)

The dominance of intrusive symptoms—particularly the experience of being “*haunted by traumatic events*” reflects a central feature of adolescent PTSD. This aligns with findings from Zhao et al. (2024), who reported that intrusive symptoms among middle school students were more prominent than avoidance behaviours after a flood disaster. Similar patterns are consistently noted across trauma types and populations. Tian et al. (2020) identified re-experiencing as a core PTSD symptom, while Ham et al. (2022) reported recurring flashbacks in hospital workers following workplace violence. These studies collectively affirm that intrusive memories, distressing dreams, and flashbacks are fundamental responses to unresolved trauma in adolescents (Cardoso et al., 2020).

2. Cognitive Symptoms (Negative Thinking)

Cognitive distortions such as negative thinking emerged as a significant secondary dimension in the students' PTSD profile. These patterns are consistent with research showing that intrusive memories often trigger maladaptive interpretations of the traumatic event, which can intensify emotional distress. Previous cross-cultural findings indicate that negative cognitions frequently accompany exposure to interpersonal trauma and community violence, as highlighted in Lewis and Wu (2021) and in the phenomenological accounts of North Korean refugees reported by Kim et al. (2023). The presence of these cognitive symptoms reinforces the need for interventions targeting thought patterns that may reinforce trauma-related fear or avoidance.

3. Emotional Distress

Emotional distress also appears as a notable PTSD indicator among adolescents in this study. Trauma research has long documented that emotional dysregulation such as fear, sadness, irritability, or sudden anxiety, reflects the emotional imprint of traumatic events. Vasiliadis et al. (2020) emphasized how intrusive thoughts directly contribute to emotional disturbances, which can escalate into more severe consequences if unaddressed. The emotional symptoms observed in this sample underscore the importance of early detection and the inclusion of emotion-regulation strategies within school-based trauma interventions.

4. Self-Isolation

Self-isolation, although not the most dominant symptom, remains a meaningful behavioral response among adolescents. Withdrawal from peers or daily routines often reflects attempts to avoid trauma reminders or regulate overwhelming emotions. Research shows that adolescents exposed to abuse or community violence frequently exhibit social withdrawal as a coping pattern (Davis et al., 2023; Lee & Seo, 2021). In school settings, such isolation can reduce help-seeking, weaken peer connections, and disrupt academic engagement. Therefore, even moderate levels of self-isolation warrant proactive monitoring and early support from school counselors.

5. Feelings of Helplessness

Feelings of helplessness represent another important PTSD indicator in this population. Although not as prominent as intrusive symptoms, they reflect diminished perceived control, which has been linked to trauma severity, especially in individuals exposed to repeated or interpersonal trauma (Lu et al., 2022). Such helplessness has been associated with increased risk for depression and decreased resilience. While not widespread across the sample, its presence among a subset of students warrants focused, individualized intervention to prevent long-term psychological impairment.

6. Future Orientation (Low Hope for the Future)

The lowest scores in pessimistic future orientation indicate that most students maintained a hopeful outlook despite trauma exposure. This aligns with developmental findings showing that positive future orientation promotes lower anxiety, greater resilience, and healthier psychological functioning in adolescents (Chen et al., 2021; Seginer & Shoyer, 2023). Hope has also been identified as a protective factor that buffers the negative impact of trauma (Arnau et al., 2020). Although hopelessness is common in clinical trauma populations, the school environment may provide structure and social support that help sustain optimism (Snyder et al., 2020). However, the variability in this dimension suggests that a subgroup of students still struggles with future pessimism, underscoring their need for targeted support (Kwon & Kim, 2022).

7. Distribution Patterns and Implications for Intervention

The overall distribution of PTSD symptoms suggests that adolescent trauma responses fall along a continuum rather than forming discrete clinical categories. This supports dimensional models of PTSD, which argue that symptom severity varies along a spectrum and reflects multiple response trajectories rather than a single uniform pattern (Forbes et al., 2020; Cloitre et al., 2021). The near-normal distribution observed across most indicators reinforces this perspective, indicating that symptoms among adolescents tend to differ in intensity and expression rather than clustering into extreme, clearly separated groups. Such variability aligns with findings from latent profile and dimensional analyses of youth trauma, which consistently show overlapping patterns of distress rather than categorical distinctions (Tian et al., 2020; Hyland et al., 2017). However, the slight

deviation seen in the future hope dimension reveals a vulnerable subgroup whose pessimistic future orientation may signal elevated risk for more severe psychological outcomes. This pattern is consistent with literature indicating that adolescents with low hope or negative future expectations are more susceptible to depression, suicidality, and prolonged trauma-related impairment (Kwon & Kim, 2022; Arnau et al., 2020). Identifying this subgroup early is essential because pessimistic future thinking often mediates the relationship between trauma exposure and long-term mental health difficulties (Seginer & Shoyer, 2023).

These distribution patterns reinforce the need for multi-tiered school-based mental health services using a public health approach. Multi-tiered systems, comprising universal screening, targeted early intervention, and intensive individualized support, are widely recommended in adolescent trauma research to accommodate diverse symptom presentations (Fazel et al., 2014; Hoover & Bostic, 2021). Evidence-based strategies such as trauma-focused counseling, resilience-building programs, and academic support are particularly relevant in school contexts, especially given findings that academic control significantly reduces PTSD symptoms and enhances emotional regulation in adolescents (Zhao et al., 2024). Together, these approaches highlight the importance of early detection and differentiated support to address the continuum of trauma responses within school populations.

CONCLUSION

The research findings indicate that the most influential aspect of PTSD affecting students is “being haunted by traumatic events,” whereas the aspect of “low hope for the future” shows the least influence on students. This finding suggests that although students are significantly affected by PTSD aspects such as intrusive traumatic memories and emotional distress, the majority still maintain a positive outlook on their future. The analysis also reveals that the greatest variation occurs in the variable “low hope for the future,” indicating heterogeneous responses among students. Considering most of the variables, this strengthens the understanding that post-traumatic responses in adolescents tend to be continuous.

Theoretically, this finding reinforces the evidence that intrusive traumatic memories are a core symptom of PTSD. However, in the school context, education plays a protective role that helps students maintain their orientation toward the future. Practically, the results provide important implications for the development of mental health services in schools. Interventions emphasizing PTSD management and academic resilience are considered potentially effective in reducing PTSD symptoms.

Thus, this study contributes to the understanding of PTSD manifestations in adolescents, particularly that traumatic experiences can coexist with high and preserved hope for the future. Moreover, the educational context holds significant potential as a foundation for strengthening adolescents' perspectives on their future.

For the field of guidance and counseling, this study offers several practical contributions. First, school counselors can utilize valid and reliable PTSD screening instruments to systematically identify at-risk students requiring early intervention. Second, the findings inform the development of trauma-focused counseling protocols that address intrusive symptoms while building upon students' preserved hope and future orientation. Third, counselors can design psychoeducation programs for teachers and parents to recognize trauma symptoms and provide appropriate support. Fourth, the implementation of resilience-based therapeutic approaches in individual and group counseling settings can leverage students' existing strengths in future orientation while addressing symptom burden. Finally, counselors play a crucial role in coordinating referrals to specialized mental health services when symptoms exceed school-based intervention capacities.

For future research, it is recommended to conduct a deeper exploration of the role of schools, teachers, and peer social support as protective factors that can strengthen academic resilience and mitigate the impact of PTSD. In addition, it is important to develop preventive programs as well as intervention services that focus on reducing PTSD symptoms, particularly in relation to being haunted by traumatic events.

To enhance the practical applications of future research, several specific recommendations are proposed. First, longitudinal studies examining the trajectory of PTSD symptoms across academic years would provide insights into natural recovery

patterns and critical intervention windows within school settings. Second, intervention research testing the effectiveness of specific trauma-focused counseling approaches adapted for school environments is essential to establish evidence-based practices for BK professionals. Third, qualitative investigations exploring students' lived experiences of maintaining hope despite trauma would deepen understanding of protective mechanisms that can be systematically integrated into counseling interventions. Fourth, comparative studies examining differences in PTSD manifestations across various school types (public vs. private, urban vs. rural) would inform context-specific intervention strategies. Fifth, research evaluating the effectiveness of comprehensive school-based mental health programs that integrate screening, counseling, and referral systems would provide practical implementation models. Sixth, studies investigating the role of specific protective factors including teacher support, peer relationships, academic engagement, and school climate would identify concrete intervention targets for counselors. Finally, development and validation research creating culturally adapted, school-appropriate PTSD assessment and intervention tools specifically designed for Indonesian adolescent populations would enhance the applicability and effectiveness of guidance and counseling services in addressing trauma-related issues.

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