BULLYING AT SCHOOL: ANALYSIS OF CONFLICT RELATIONS BETWEEN ADOLESCENTS

ABSTRACT

Objective: analyze the frequency of bullying among students from the 6th to 9th grade at a state school in the countryside of São Paulo, Brazil, and the relations between peers. Method: descriptive study, with a cross-sectional design, conducted with 232 students by means of a questionnaire. Data underwent electronic processing in the software Statistical Package for the Social Sciences (SPSS), version 13.0, and they are displayed into tables. The study was approved by the Research Ethics Committee of the School of Nursing of Ribeirão Preto of the University of São Paulo (EERP/USP), under the Protocol n. 1.422/2011. Results: there was a high number of students involved in the bullying phenomenon, as victims, perpetrators, or both (39%). In contrast to international studies, data pointed out the classroom as the place with greater frequency of bullying (33.30%), and its most common manifestation is nicknaming a colleague. Some of the victims reported not telling anyone they have experienced violence (28.84%). Conclusion: the need for developing and deploying an intervention plan that involves the whole school community to prevent and reduce bullying was found out.

Descriptors: Bullying; Adolescent Behavior; School Health.
INTRODUCTION

In Brazil, in terms of the attention aimed at violence in the school environment, the 1980s stand out as for the concern related to education against school violence; however, only from the 1990s and early 2000s studies on aggressive interpersonal relations involving students, teachers, and other agents in the school environment are observed. School violence is an old phenomenon worldwide, set up through attitudes such as indiscipline, delinquency, problems in the relation teacher/student or even student/student, among others, which are conceptualized as antisocial behavior, conduct disorder, and bullying.1

Scholars have focused their studies on the bullying phenomenon that has, among its consequences, issues of concern, both due to its growth and the fact it reaches increasingly lower age groups, at the early years of schooling.2,3

Bullying is the systematic abuse of power, characterized as psychological or physical violence, whose original word comes from the English bully, which is a synonym for daredevil, brawler. In short, it is an aggressive way of behavior, between peers, usually malicious, deliberate, and often persistent, which can last for weeks, months, or years, making it difficult for victims to defend themselves.1,3-5 Continuously and intentionally, it seems to affect children and adolescents in their development and the results of international studies point out as the most common site of manifestation the school break times. Also in this sense, school failure seems to be associated with the percentage increase in children involved in bullying, either as aggressors or victims.3,5

The bullying phenomenon occurs more frequently among groups of individuals with specific physical, socioeconomic, ethnic, and sexual orientation, with higher incidence and prevalence of bullying in the early years of education, which decreases at later school years.6-11 Several factors are referred to regarding the bullying practice, especially economic, social, and cultural factors, those related to the personality of an individual, influence of family and colleagues, as well as inequality and power relations found in the school environment and in the community.12,13

Regarding the studies that point out how this problem has taken place among adolescents in the final cycles of Primary Education in Brazil, so far, only 2 Brazilian surveys provided research results involving this particular group of students as for the bullying phenomenon among students from the 5th grade of Primary Education to the 3rd grade of High School.14 In a study conducted with 5,428 students from the 5th to 8th grades in 11 schools in Rio de Janeiro city, 28.3% of surveyed students reported to have been bullied within the period of analysis, and the most common bullying types are nicknaming, physical aggression, defamation, menace, and taking belongings, and the place with the highest number of occurrences is the classroom, something which differs from the international studies referred to.14 As for gender, boys victimized more than girls and they used more physical aggression, resorting to physical and verbal confrontation and deliberate aggressive behavior, and girls, when aggressors, use more indirect aggression, such as exclusion from the group, spreading rumors and humiliating stories, for instance.6,15,16

This study is justified by addressing this phenomenon, which has become prominent in the literature, given its endemic manifestation today, and it has become a suffering trigger for many children and adolescents, being associated with failure, school dropout, and the emergence of emotional and psychic issues. Since continuous exposure to bullies may lead to a number of very specific signs and symptoms, even characterizing a new pathology named repetitive abuse syndrome (SMAR), contributing to the emergence and development of long-term issues, as well as to immediate unhappiness.17

Thus, the occurrence of bullying in the lives of children and adolescents contributes to the development of physical and emotional issues that affect their self-esteem and mental health, also highlighting the possibility of giving rise to conditions of anxiety and depression, feelings related to sadness and inability, among other difficulties that may emerge in the future behavior of victims and aggressors, in addition to preventing the healthy growth of subjects involved in these episodes.

We observe that child and adolescent care and health care model need to be (re)constructed to meet the changes experienced in the relations and in the current institutions. From this perspective, there is also a requirement that health professionals increase their knowledge, acquire new theories and practices, aimed at the school as a possible space of their professional practice that has to be addressed in an intersectoral and coordinated way, in order to make tangible an effective and
cohesive work, also regarding issues related to the theme bullying.

Nurse’s role includes taking action along with adolescents based on the principles of interinstitutional coordination, interdisciplinarity, instrumentality of training activities, mobilization for constructing emancipatory practices, and cross-sectional approach aimed at promoting adolescents’ health at various action places.

By considering the magnitude and the results presented by the current studies on bullying in the school environment, and seeing that the health field, especially nursing, as a social practice, must establish a caregiving dimension from the perspective of promoting the individual and collective health, through interdisciplinary and intersectoral practice, we decided to carry out this study. In this sense, we seek to answer the following questions: “What is the prevalence of bullying among adolescents?”; and “How is the behavior of aggression and victimization characterized among students?”. Thus, we adopted as the study objective:

● Analyze the frequency of bullying among students from the 6th to 9th grade in a public state school in the countryside of São Paulo, Brazil, and the relations between peers.

**METHOD**

This is a cross-sectional study, through which an epidemiological survey was made, allowing us to know the occurrence of bullying between peers in a public state school providing Primary and High School education in the countryside of São Paulo.

Data collection was conducted with students/adolescents randomly invited and selected by means of a stratified sample, duly enrolled from the 6th to 9th grade of Primary School, by using a self-administered questionnaire on 3 dimensions: identification, victimization, and aggression.

The questionnaire proposed for this study was constructed through evidence and standardized instruments that had already been used in other studies on bullying in the school environment, national and international ones.6,3,14,18 This questionnaire was submitted to assessment by 3 expert and scholarly judges from the field of adolescence and school violence, thus making up a theoretical and content analysis, in August and September 2009.

After these procedures, the questionnaire ended up consisting in 19 questions divided into 3 parts, namely: respondent identification (5 questions); questions aimed at victims of the phenomenon, covering the frequency, places of occurrence, bullying types, age and sex of possible aggressors, support in face of a bullying episode, and feelings related to the aggressors (10 questions); and questions aimed at the aggressors (bullies), covering the frequency of occurrence, bullying types, and the feelings expressed in this place (4 questions).

The following parameters were considered to calculate the sample size: population of school students equal to 571, prevalence of outcome (occurrence of 3 or more bullying episodes equal to 50%), sample error of 5 percentage points, and 95% confidence interval ($\alpha = 0.05$). By considering adjustment for finite population and adding 15% related to potential losses or refusals, a final sample of 232 students was obtained.

The collected data underwent electronic processing, using the software Statistical Package for the Social Sciences (SPSS), version 13.0, first summarizing data descriptively and then performing an inferential analysis of the variables associated with the outcome concerned.

As inclusion criterion, the adolescent should be enrolled and present at the day when the instrument was applied.

The study was approved by the Research Ethics Committee of the School of Nursing of Ribeirão Preto of the University of São Paulo (EERP/USP), under the Protocol 1,422/2011. It also meets the requirements of Resolution 196/1996, from the National Health Council (CNS), with consent from the adolescents participating in the research and their parents or guardians, by signing the free and informed consent term.

**RESULTS**

Data were collected along with 232 adolescents, in the first half of 2011.
It is observed that there was greater participation of 8th and 9th graders (54.31%) and, out of the total number of respondents, 53.01% were girls. Concerning participants’ age, there was a predominance of the range between 13 and 15 years (Table 1).

Considering as bullying the involvement in this violence type with a frequency equal to or greater than 3 times, 91 (39.22%) of the students interviewed said they had experienced this phenomenon, out of which 52 (22.41%) as victims and 39 (16.81%) as aggressors. We did not consider as bullying the frequency of exposure below 2 times. As for the exposure time, 61.54% of the victims said they had experienced aggression within the last 30 days and 84.61% reported not recalling when they were bullied.

Regarding the place where bullying occurs, we observed that, among the victims, the classroom (78.84%) and the break time (25.00%) were the most frequent ones (Table 3).
Regarding the most frequent menace, aggression, or humiliation forms among victims, stood out mocking, which correspond to 71.15% of attacks, followed by nicknaming (65.38%) and gossiping (26.92%); as for taking something without permission, we observed that 19.23% of victims reported experiencing this intimidation type (Table 4).

Among aggressors, we noticed that they reported committing more frequently attacks related to nicknames (53.84%), followed by physical attacks (43.59%) and mocking (41.02%). We observe the fact that 26.64% of aggressors did it through gossips (Table 4).

Regarding the attitude taken by the person whom the victim asked for help, we notice that 19.23% directly rebuked the aggressor. In turn, 21.15% did not take any action and 3.84% did not believe the victim (Table 6). Thus, this violence modality becomes a matter of concern, because it has consequences for all those involved in its practice, aggressors, victims, and observers, who demand attention and help, in order to subvert attitudes and behaviors that put strength, power, intolerance to difference as the only values. In this sense, we believe that the inclusion of health professionals in adolescent health promotion actions at the various working spaces, such as those of nursing, allows thinking through the practice in the school context, which must be grounded in a comprehensive view on the child, adolescent, and family, able to relate individual, and even higher rates of self-mutilation, suicide, emotional and behavioral issues.

Table 4. Distribution of students who were victims or aggressors, by gender and types of experienced or deliberate menace, aggression, or humiliation. Ribeirão Preto, 2011.

<table>
<thead>
<tr>
<th>Type*</th>
<th>Victims (n = 52)</th>
<th>Aggressors (n = 39)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Girls</td>
<td>Boys</td>
</tr>
<tr>
<td>Physical aggression</td>
<td>03 5.77</td>
<td>05 9.61</td>
</tr>
<tr>
<td></td>
<td>17 43.59</td>
<td></td>
</tr>
<tr>
<td>Nicknaming</td>
<td>20 38.46</td>
<td>14 26.92</td>
</tr>
<tr>
<td>Mocking</td>
<td>23 44.23</td>
<td>14 26.92</td>
</tr>
<tr>
<td>Gossiping</td>
<td>11 21.15</td>
<td>03 5.77</td>
</tr>
<tr>
<td>Taking something without permission</td>
<td>04 7.70</td>
<td>06 11.54</td>
</tr>
<tr>
<td>Cyberbullying</td>
<td>0 0.00</td>
<td>00 0.00</td>
</tr>
<tr>
<td>Frightening/intimidating</td>
<td>01 1.92</td>
<td>02 3.85</td>
</tr>
<tr>
<td>Isolating</td>
<td>02 3.85</td>
<td>01 1.92</td>
</tr>
<tr>
<td>Humiliating/cursing due to skin color</td>
<td>01 1.92</td>
<td>03 5.77</td>
</tr>
<tr>
<td>Humiliating/cursing due to another problem</td>
<td>09 17.30</td>
<td>06 11.54</td>
</tr>
</tbody>
</table>

Table 5. Distribution of the students who have experienced bullying*, according to the attitude of the person to whom the occurrence was reported. Ribeirão Preto, 2011.

<table>
<thead>
<tr>
<th>To whom the victim told it</th>
<th>Girls (n = 27)</th>
<th>Boys (n = 25)</th>
<th>Total (n = 52)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I told no one</td>
<td>44 14.81</td>
<td>11 44.00</td>
<td>15 28.84</td>
</tr>
<tr>
<td>I told my friends</td>
<td>18 54.55</td>
<td>06 24.00</td>
<td>24 46.15</td>
</tr>
<tr>
<td>I told the teacher, coordinator, or another school employee</td>
<td>12 44.44</td>
<td>08 32.00</td>
<td>20 38.46</td>
</tr>
<tr>
<td>I told my father or my mother</td>
<td>9 33.33</td>
<td>2 8.00</td>
<td>11 21.15</td>
</tr>
<tr>
<td>I told another person in my family</td>
<td>4 14.81</td>
<td>1 4.00</td>
<td>5 9.61</td>
</tr>
</tbody>
</table>

Table 6. Distribution of the students who have experienced bullying*, according to the attitude of the person to whom the occurrence was reported. Ribeirão Preto, 2011.

<table>
<thead>
<tr>
<th>Attitude</th>
<th>Girls (n = 27)</th>
<th>Boys (n = 25)</th>
<th>Total (n = 52)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I told no one</td>
<td>62 22.22</td>
<td>10 40.00</td>
<td>16 30.77</td>
</tr>
<tr>
<td>Did not believe me</td>
<td>0 0.00</td>
<td>2 8.00</td>
<td>2 3.84</td>
</tr>
<tr>
<td>Did nothing</td>
<td>6 22.22</td>
<td>5 20.00</td>
<td>11 21.15</td>
</tr>
<tr>
<td>Talked to me</td>
<td>7 25.92</td>
<td>1 4.00</td>
<td>8 15.38</td>
</tr>
<tr>
<td>Rebuffed my colleague</td>
<td>7 25.92</td>
<td>3 12.00</td>
<td>10 19.23</td>
</tr>
<tr>
<td>Helped otherwise</td>
<td>7 25.92</td>
<td>3 12.00</td>
<td>10 19.23</td>
</tr>
</tbody>
</table>

* It is characterized as bullying the frequency of 3 or more aggression/victimization episodes.
programmatic, and social factors that interfere with relations and with determining individual and collective well-being. Since the professionals are those who can put into practice interdisciplinary and intersectoral interventions, interconnecting knowledge inside and outside the school environment, preventing, monitoring existing cases, and creating strategies to cope with the bullying issue.

A study showed that the frequency of bullying decreases as age increases, something which was also found out in our study. As for the bullying types, verbal bullying stood out, expressed as nicknaming and mocking. This practice can be observed in both genders. Among girls, these facts were followed by gossip and taking something without permission (physical). Verbal aggression was followed directly by physical, among boys, a finding that is in line with other authors who point out verbal aggression as more prevalent, followed by physical. Thus, we found out, in the study, that attacks committed by girls, most of them, were indirect and those committed by boys were direct.

Another bullying type that, even not common, can cause immediate and serious effects, in the short and medium terms, are the insults related to skin color issues and ethnicity, or also those situations where the child is not allowed to join the group, in addition to other forms of victimization that occur at low percentages, but which, due to their features, reveal their seriousness.

Concerning the place where the phenomenon occurs, studies indicate that most attacks occur when there is no adult supervision. However, in this survey, we observed that the classroom was the location more frequently pointed out by students as where the attacks occur, a place regarded as supervised. Nevertheless, the same students reported more than one place for the occurrence, thus, the school break time, school gate, school corridors, and the way home stand out, places where supervision is difficult.

The school needs to provide training moments so that its professionals intervene in bullying situations or even make correct referrals, leading the subject to be discussed with the whole school community, besides encouraging the emergence of coping strategies for these situations. It is important to have an interconnection between the school and the family in relation to the diagnosis, prevention, and intervention in bullying, as some victims told what have happened to their parents or other people in the family group, so that these families are advised and able to understand the impact of bullying on the lives of children and adolescents involved.

As for gender, we observed that although there is an almost uniform distribution between the attacks committed by girls and boys, it is possible to find out that male aggression is still greater, a fact which corresponds to literature findings. It is noticed that the issue of bullying requires intersectoral action, able to reach the school context, but there are also experiences of adolescents in the material life context where they are inserted. This perspective may be obtained through the work of professionals from various areas (education, health, social work, for instance) and also by proposing policies and programs that turn into coping options for the phenomenon.

The aggressors, in turn, require a look with affection, as they also suffer the consequences of bullying. They may also suffer emotional consequences, have learning difficulties, among others. It is common, among aggressors, to experience detachment and lack of adaptation to school goals, overvaluation of violence as a means of obtaining power, in addition to the projection of violent behaviors in adult life. In this sense, analyzing the results of this study, we noticed that most feelings expressed among girls are related to wish of not coming back to the school after committing some aggression, followed by sadness, anger, and shame. In turn, among boys stand out the feelings of anger, sadness, and wish of not going to the school anymore.

Based on the above, it is clear that violence in the school environment constitutes a public health issue, and bullying can be precursor of antisocial personality disorders and other violent behaviors during adolescence and adulthood, as well as an education issue, as it may be associated with school failure and dropout.

The child and adolescent health care model that we must (re)construct requires nurses to increase their knowledge, acquiring new theories and practices that, at the school, as a possible space for their professional practice, intersectoral and interconnected, can increase an effective and cohesive work against bullying, working in the prevention and treatment of possible health problems and in child and adolescent growth, besides considering families and friends, and this is done in a comprehensive way. Within this
context, nurse’s professional practice may and should comprise care and educational actions in order to prevent or minimize this problem, having as one of its many goals to prevent stress and its actual or potential effects, such as bullying, which is a barrier to the adaptation and socialization ability, therefore, nurse’s role includes taking action along with adolescents, not only with the target group, but also with the school members, teachers, coordination, staff, and students, as well as with parents and the community.

CONCLUSION

It was found that violence in the school environment constitutes a public health issue and bullying may be a precursor of antisocial personality disorders and other violent behaviors in adolescence and adulthood, as well as an education issue, as it may be associated with school failure and dropout.

Nursing work proves to be crucial at the school, either in health promotion and prevention or in providing support to existing cases. It is worth noticing that the work must be developed in an interdisciplinary and intersectoral way, involving other health and education professionals, students, as well as parents and the community.

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