

Formation of protagonist adolescents to prevent bullying in school contexts

Formação de adolescentes protagonistas para a prevenção do bullying no contexto escolar
Formación de adolescentes protagonistas para la prevención del acoso en el contexto escolar

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How to cite this article:

Brandão-Neto W, Silva CO, Amorim RRT, Aquino JM, Almeida Filho AJ, Gomes BMR, et al. Formation of protagonist adolescents to prevent bullying in school contexts. Rev Bras Enferm. 2020;73(Suppl 1):e20190418. doi: <http://dx.doi.org/10.1590/0034-7167-2019-0418>

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EDITOR IN CHIEF: Dulce Barbosa
ASSOCIATE EDITOR: Hugo Fernandes

Submission: 05-31-2019 **Approval:** 10-07-2019

ABSTRACT

Objective: to develop a participative strategy of health education in the formative process of protagonist adolescents aimed at preventing school bullying. **Method:** qualitative interventive-participatory research, based on the Community-Based Participatory Research and in the Culture Circles of Paulo Freire. The sample was intentional, with the participation of 12 adolescents who were considered leaders. For data production at the moment of educational intervention, observation techniques were employed with note-taking in a field diary, plus photographic and video records. **Results:** the pedagogical intervention model raised the opportunity for the adolescents' active participation, aiming at the development of skills that create pro-social behaviors, empathetic and assertive relations, which are able to face bullying and transform the school environment. **Final considerations:** the use of participative methodologies, in the youth protagonism perspective, has the potential to support educational practices of school nurses in collaboration and leadership of antibullying programs.

Descriptors: Violence; Bullying; Adolescent Health; School Nursing; Community-Based Participatory Research.

RESUMO

Objetivo: desenvolver uma estratégia participativa de educação em saúde no processo de formação de adolescentes protagonistas para a prevenção do bullying escolar. **Método:** pesquisa de intervenção participativa, de natureza qualitativa, fundamentada no modelo da *Community-Based Participatory Research* e nos Círculos de Cultura de Paulo Freire. A amostra foi intencional mediante a participação de 12 adolescentes considerados líderes. Para a produção dos dados no momento da intervenção educativa, foram empregadas as técnicas de observação, com anotações em diário de campo, registro fotográfico e filmagem. **Resultados:** o modelo de intervenção pedagógica oportunizou a participação ativa dos adolescentes, com vistas ao desenvolvimento de competências geradoras de comportamentos pró-sociais, relações empáticas e assertivas, capazes de enfrentar o bullying e transformar o ambiente escolar. **Considerações finais:** a utilização das metodologias participativas, na perspectiva do protagonismo juvenil, tem potencial para subsidiar práticas educativas da(o) enfermeira(o) escolar na colaboração e liderança de programas antibullying.

Descritores: Violência; Bullying; Saúde do Adolescente; Serviços de Enfermagem Escolar; Pesquisa Participativa Baseada na Comunidade.

RESUMEN

Objetivo: desarrollar una estrategia participativa de educación para la salud en el proceso de capacitación de protagonistas adolescentes para la prevención del acoso escolar. **Método:** investigación cualitativa de intervención participativa basada en el modelo de *Community-Based Participatory Research* y en los Círculos Culturales de Paulo Freire. La muestra fue intencional con la participación de 12 adolescentes considerados líderes. Para la producción de datos en el momento de la intervención educativa, se utilizaron técnicas de observación, con notas en el diario de campo, registro fotográfico y filmación. **Resultados:** el modelo de intervención pedagógica permitió la participación activa de los adolescentes, con el objetivo de desarrollar habilidades que generen comportamientos pro-sociales, relaciones empáticas y asertivas, capaces de enfrentar el acoso y transformar el entorno escolar. **Consideraciones finales:** el uso de metodologías participativas, desde la perspectiva del protagonismo juvenil, tiene el potencial de subsidiar las prácticas educativas de la enfermera escolar en la colaboración y liderazgo de los programas anti-acoso.

Descriptores: Violencia; Acoso Escolar, Salud del Adolescente; Servicios de Enfermería Escolar; Investigación Participativa Basada en la Comunidad.

INTRODUCTION

Discussions about violence involving children and adolescents have raised the interest of society, with agendas and debates in governmental policies, given its consequences to human development and life quality, besides standing as a serious violation of children's and youth's rights⁽¹⁾. It is of pivotal importance to understand adolescence as a phase with opportunities to develop strategies that are potentially able to face vulnerability-creating situations, such as living in exposure to violence and drug dealing, conflicting interpersonal and family relations and antisocial behaviors⁽²⁾.

Bullying is considered a subcategory of school violence, more widely studied in the last years and spread in all levels of education, in public and private schools⁽³⁾. It is characterized as a group of aggressive, intentional, repetitive actions, which hold inequality in relations between peers⁽⁴⁾, that is practiced directly through physical, verbal or material aggression; and, indirectly, through social isolation, defamation, rumors and messages spread on the internet/by cellphone⁽⁵⁾. All involved parties in a bullying experience, either as victims, victim-bullies (students who are bullied, but also bully others), bullies or witnesses, suffer psychologic, social and emotional consequences with repercussions throughout human development⁽⁶⁾.

Studies show that students involved in bullying episodes suffer short-term effects, such as insomnia, anxiety symptoms⁽⁷⁾, internalization problems and substance abuse⁽⁸⁾, rejection by peers⁽⁶⁾, academic difficulties and/or low school performance⁽⁹⁾; and on the long term, it can cause mental health problems, such as depression⁽¹⁰⁾, suicidal ideation and behaviors⁽¹¹⁾, besides higher rates of legal infractions and involvement with criminality during adult life⁽¹²⁾.

Regarding prevalence, a study conducted by Global School-Based Student Health Survey (GSHS), in 19 low- and average-income countries, found that 34% of students aged from 11 to 13 years old reported having suffered bullying in the last month and, out of them, 8% reported suffering it daily⁽¹³⁾. A historical series of the Brazilian National Research of Student Health (*PENSE – Pesquisa Nacional de Saúde do Escolar*) found an increase in prevalence of suffering bullying, in Brazilian capital cities, from 5.4% in 2009 to 7.2% in 2012 and 7.4% in 2015, what represents a 37% growth in that timeframe, with predisposition for male students at 13 years old, on average⁽¹⁴⁾. That setting reveals that the issue is present in educational establishments in Brazil, affecting learning quality and the perception of school as a safe place that is pleasant for social interaction.

Studies about this theme in Brazil are recent, with a predominance of observational ones, however there is a necessity to broaden studies of preventive and interventive character, or even studies that assess prevention programs⁽¹⁵⁾. An important landmark in Brazilian law was the publication of Law n. 13,185 of November 2015, which tuned "systematic intimidation" (bullying) a school health problem and that must be fought through collective and intersectoral efforts, considering school, health services and other community sectors⁽¹⁶⁾.

Intervention programs have been in development in several countries, mainly in Europe, aiming at promoting antibullying action. Upon examination of their design, it is noticed that there is a concern with the inclusion of students in group activities, parents' participation, teachers' and managers' training, development

of clear coexistence rules and systematic strategies for conflict mediation⁽¹⁷⁻¹⁸⁾. Thinking of strategies, the necessity to incentivize teenager participation is made evident, consisting in capitalizing on adolescents' tendency to form groups, in the sense of supporting their personal and social development, requiring the development of certain abilities so they can become fully-rounded citizens⁽¹⁹⁾.

In that perspective, it is justified to invest in innovative, interdisciplinary educational strategies which promote adolescents' protagonism in bullying prevention. The presence of nurses in school settings has potentialized prevention strategies of several problems experienced by children and adolescents, such as bullying⁽²⁰⁾.

OBJECTIVE

To develop a participative strategy of health education in the formative process of protagonist adolescents for the prevention of school bullying.

METHODS

Ethical aspects

This project was approved by the Research Ethics Committee of *Universidade Federal de Pernambuco's* Health Sciences Center. For data collection, the research used an Agreement Form for adolescents and a Free and Informed Consent Term for parents/legal guardians, both in two copies. Participants' anonymity was preserved by referring to them in code (A = adolescent), followed by a number referring to the order of speech, sex, and age.

Theoretical-methodologic framework

Theoretical-methodological contributions were adopted from Community-Based Participatory Research (CBPR)⁽²¹⁾ and from Paulo Freire's method of Culture Circles⁽²²⁾. CPBR is considered a collaborative research and intervention approach that involves equitably, community members in the knowledge production process, aiming at empowerment and skill acquisition that lead the paths to health promotion⁽²³⁾. This approach finds support in Freirean thinking, because it emphasizes interactive processes of action, reflection and experience learning to identify and solve problems that are experienced in the community. The active participation of all subjects in the model is indispensable in order to ensure critical, globalized and significative comprehension of the experienced context, having as a goal the construction of change.

The contributions of qualitative design, delimiting interventions, in the health field, that support interdisciplinary study objects, have been encouraged by scientific literature⁽²⁴⁾.

Type of study

Participative intervention study, with qualitative approach, based on the principles of CBPR.

Methodologic procedures/Study setting and data source

Data used in this study comprise the second step experienced during the implementation of Antibullying Program of Health

Education (PATES – *Programa Antibullying de Educação em Saúde*), in a state public school located in the Metropolitan Area of Recife, state of Pernambuco, Brazil, in the timeframe from June 2017 to May 2018.

In order to select a school, the following eligibility criteria were adopted: being part of a vulnerable community, presenting low Development Index of Basic Education, and absence of social programs and public policy actions.

In order to form the group of protagonist adolescents, initially the class representatives (6th to 8th grade) were recruited, as well as those who were part of the student council, with later inclusion of other students who showed interest in being part of the group. Teachers were the ones who assisted in the selection of adolescents who took leadership roles or were influent in the school. This decision was supported by studies that highlight, among the motivations to practice bullying, the wish to reach higher social status or prestige among peers⁽²⁵⁻²⁶⁾. Therefore, the idea is to use adolescents' popularity and offer them opportunities to rethink coexistence stances, enjoying social status to contribute with the recovery of moral values and to deconstruct the notion that aggression is an effective way to stand out, be popular, and acquire respect.

In order to guide work with the adolescents, from a protagonism perspective, the following criteria were chosen: 1 – Identification of youth leaderships with the ability to guide the group to carry out educational activities that make them a reference point; 2 – Leader's learning covers how to deal with differences, how to use critical judgment, and how to have the ability to articulate collectively with their peers.; 3 – Use of strategies for conflict and difficulty solving, based on dialog, that take into consideration the specificities and expectations presented by each member of the group⁽¹⁹⁾.

A total of 12 adolescents from Middle School were brought to the Culture Circles, being 7 girls and 5 boys, aged from 13 to 16 years old. Four meetings happened in the auditorium and/or in a classroom made available by school direction, after the regular pedagogical activities of the students. The day, time and duration of each activity was agreed upon with all the adolescents. Each meeting lasted approximately two hours and thirty minutes.

Data collection and organization

Culture Circle as a methodologic framework was conducted in a systematized way, according to the phases suggested by Monteiro and Vieira⁽²⁷⁾: discovery of vocabulary universe, sensibilization and welcoming dynamic, construction of situations for problematization (working the guidance question(s)), theoretical-scientific grounding encouraging critical reflection, experience synthesis, and assessment. Those phases are dialectically connected and they suggest a dialogical and political tool in the sense of unveiling contradictions and limit-situations immersed in life paths that push forward interventions that are sensitive to the transformation of reality.

Data production within the Culture Circles involved the following collection techniques: participant observation, with the assistance of a script that directed the records, in a field diary, of the meaning of the educational experience for the researchers and adolescents; photographic records of the ludic materials produced by participants; and video shootings to record the

testimonials, postures, stances and artistic/cultural productions. The use of photography and video records has been a particularly valuable resource in qualitative nursing research, since they grant studies higher rigor and reliability⁽²⁸⁾.

For Culture Circle development, the assistance of two nursing undergraduate students was obtained; while one of them took notes in the field diary, the other one, with a photographic camera and camcorder, recorded information as a whole. Both were guided about how to carry out the activity. The researcher mediated dialog and ensured the fulfillment of each method phase.

Data analysis

In order to organize and filter data, the researchers proceeded to the detailed description of all the events and happenings occurred in the Culture Circles, by narrating the information held in the field diary, photographic records and by transcribing the material captured in video. Compilation of that material contributed to outline a single, homogeneous and representative transcription (consolidation of research *corpus*)⁽²⁹⁾ that was presented according to the application sequence of Culture Circles. The material was discussed and analyzed through the theme-pertinent literature in a critical-dialectic movement, considering the individual and contextual aspects implied in the bullying phenomenon.

RESULTS

Planning the Antibullying Program of Health Education (PATES)

In order to develop PATES, there was a use of pedagogical models of critical-social nature and of public policy strategies of health promotion supported by intersectional action. The UNESCO report published in 2017⁽¹³⁾ highlighted that prevention proposals for school violence must be supported in inclusive and leadership approaches for bullying management, holding a strong point on the involvement of children and adolescents as partners in intervention programs.

It was specifically in the second phase of the program that the educational actions took place, focusing on adolescent participation, when the educational path was outlined in the Culture Circles referring to the main themes: youth protagonism role and bullying prevention.

1st Culture Circle: the role of a protagonist adolescent faced with a bullying situation

The adolescents were prompted to produce a stage play based on theater-forum⁽³⁰⁾, where the scene presented the following characters: victim, observer, bully, teacher, manager, family, protagonist-adolescent 1, protagonist-adolescent 2, and the bullying case (an adolescent that symbolized the bullying context and was characterized with pieces of paper stuck to his whole body, with negative writings that portrayed the phenomenon). The scene was developed with the characters organized in a circle, except the bullying case, who stood in the center, and the protagonists, who stood near the characters, observing the scene unfold.

Chart 1 – Testimonials and stances of the protagonist-adolescents faced with a bullying scene, Recife, Brazil, 2017

Bullying characters and other involved actors	Protagonist-adolescents' stances to change the scene
Teacher and Management	Protagonist 1 approaches teachers and managers and says: "My my, huh, teachers and managers! What a beautiful thing is going on in our school, students are victims of bullying and you are just standing there, doing nothing, you don't move a finger, you turned your back on our youth, what will become of this child if she goes into depression? Do something, make a stand."
Observers	Protagonist 1: "You there, you're just watching what's going on, huh? Did you know you're a part of this? You're practically supporting what he [the bully] is doing, this is ridiculous. You should try to be better informed and help people, and seek the school principal."
Victim	Protagonist 2 hugs and consoles the victim and says: "Don't accept your role as a victim, seek help, seek your family, seek the school manager, take a stance and end this, don't allow this person to demean you."
Bully	Protagonist 1: "And you're there laughing out loud, would you like it if it happened to you? Imagine if the roles were inverted, if the guy gets mad and slaps you in the face [...] sometimes even words are enough to hurt, bullying is not playtime, bullying is serious business!"
Family	Protagonist 2: "And you, why don't you try and know about your daughter, why don't you go there and help her, be more interested in knowing what she does in school, do you have any idea of what she suffers in school? Do you have any idea what she is going through?"

The theater director/activity presenter asked the characters to express themselves through non-verbal communication, with stances, gestures and facial expressions, faced with a reminding reflection of an experienced bullying situation. The family, represented by two girls, showed surprise; the bully made a mocking gesture; the victim expressed sadness; the observers expressed a lack of interest in the situation; the teacher and the manager acted naturally; and the bullying case showed a tired countenance.

After that, the protagonist adolescents were prompted to intervene on the frozen scene. In that moment, the protagonists took position before each involved character and adopted specific stances, showing messages of support, denunciation, recrimination, encouragement, revindication. Chart 1 portrays the full body of descriptions and actions expressed by the protagonists.

After the scene was wrapped up, participants returned to the Culture Circle for a reflexive and critical discussion about the moment they experienced.

The family didn't seem to have any grasp about their child's school life, I think they didn't even know what bullying is, nor how much he suffered... (A1, F, 13yo)

[...] the student who's suffering changes his behavior towards parents, changes his behavior towards relatives and friends, sometimes you ask them why and they cannot speak because

they're afraid and even the school management is closing their and his family's eyes to this problem [...] (A4, F, 15yo)

The protagonists analyzed the situation and stood in the other's shoes, and in fact you're growing sensitivity and no longer seeing the situation like just a play [...] (A10, M, 15yo)

All adolescents were prompted to express their understanding of the protagonist's role and the possibilities of decision making and transformation of the violence context.

The protagonist was the person who showed up, who made a difference, who saw the situation in a different way and took action, who put himself in the other's position. (A2, F, 16yo)

They were patient and mature enough to not fight back with violence [...] (A3, M, 14yo)

The adolescents perceived the protagonist as the individual who is able to influence positive changes to the school context, playing a leadership role and taking critical stance before reality. Moreover, the protagonist has certain characteristics that make him/her a reference for his/her peers and that contribute to collective growth. The adolescents also commented that the protagonist needs to observe and analyze the context, as not to reinforce bullying actions, establishing empathetic relations with others and trying to deconstruct labels and stereotypes about subjects, which intensify relations of inequality and of power/dominance over others.

2nd Culture Circle: how to face and prevent bullying

In order to develop the protagonism of adolescents when facing bullying, a problematization moment was established with the guiding question: how to prevent and face bullying situations in school? – where each adolescent could analyze the role of all the characters involved in the phenomenon and the main possible actions to be taken (photo 1), identifying the potentialities of school environment, according to the following excerpts:

Talking more about bullying, the school direction and even us adolescents, promoting lectures and explaining the subject to our classmates [...] because we have their language. (A3, M, 14yo)

We have to use things that draw attention for the sake of fighting bullying, such as theater, dance, music. Many of our classmates here have talents; instead of just doing repetitive and uninteresting activities, it has to be something that draws attention and that makes them feel good. (A5, F, 16yo)

I think some psychologic support is due, more to avoid that the victims end up cutting themselves [self-mutilation], suiciding or becoming bullies too. (A7, F, 15yo)

Encouraging denouncement, because he [the bully] will see that there was a consequence, and then he'll think twice before doing it again. (A9, F, 13yo)

We thought of lectures, dialogs with the family and the school, because family is our base. Dynamic actions, rules for social coexistence, pamphlet distribution, public stage plays, videos related to bullying (A11, F, 14yo)

These actions may make things better, because the people who suffer, sometimes, they feel down in the classroom, so it will help so those people have better score cards [academic performance].
(A12, M, 16yo)



Figure 1 – Antibullying strategies suggested by the adolescents

The potential of each protagonist was then explored by the teachers, and they counted on the support of other students; it was that way they managed to bring into the classroom themes to be approached such as: respect to differences, prejudice, discrimination, peace and solidarity. Throughout three months of continuous activities, the adolescents produced theater, rap, debate videos, quizzes, posters with antibullying messages hung all over the school, and also made spaces of free expression available to other students who might wish to contribute with bullying prevention ideas.

DISCUSSION

This study brought adolescent students, who were considered influential by their teachers, to carry out health education actions and to explore academic and artistic-cultural activities that aimed at increasing awareness about the impacts of bullying and promoting the creation of rules among groups and intervention methods that are appropriate to reality. It was made evident that bullying as a theme consists of a challenge to the school community, since many acknowledge this practice as “normalized”, given its recurrent frequency among peers, harming relationships, including during the teaching-learning process in the classroom.

As a sociocultural phenomenon, bullying can be discouraged, starting with the development of protagonism in students to deal with the complexity that involves social relations in specific contexts of human development. Because they present characteristics marked by dynamism and disposition to interact with other youth, ideal conditions must be established so adolescents may make use of critical thinking and collective spirit. It is therefore necessary to consider the adoption of active methodologies and innovative strategies in health education^(19, 27) that awaken interest, motivation and participation, since that is the indispensable condition to make adolescent protagonism happen.

As they interpreted the scene they played at the problematization moment of the first Circle, the adolescents denounced the silence of social actors faced with a bullying episode, but they also attempted to highlight coping mechanisms in consonance with the expectations for a change in attitude and greater involvement of those who are considered support points for the adolescents. Some indications were an increased interest of parents in their children's school life, the deconstruction of bullying as a social norm of peer interaction, victim empowerment, anger management, fear management and sensitization to defend victims by those who observe.

The adolescents touched situations that are mentioned by literature as potent resources to prevent bullying, that relational aspects are at stake in the drive to keep or protect a privileged position within the group⁽³¹⁾, going against the idea of isolated harmful and aggressive intentionality⁽³²⁾. They went forward, still, in the sense of not blaming the victim or of not characterizing that person as different or socially weak, but rather of encouraging the victim to leave that situation and demand communication spaces with an adult around him/her, whether it is a teacher, a health professional or a family member⁽³³⁾.

Culture Circles, in their educational perspective, were directed at overcoming an initial naïve awareness about the perception of bullying towards a critical awareness about the plurality and consequences of that practice. In that sense, the adolescents saw themselves as responsible parties in the construction of collective knowledge that may be converted in pro-social behaviors. In a protagonism posture, the adolescent preserves his/her role as a diffuser of conducts and stances that are more assertive, respect-gathering, sympathetic, empowering to citizenship and to interpersonal relations that are more empathetic and harmonious. It was from that moment onwards that they could notice the characteristics shown in the stage play and that turned them into agents of change for reality⁽³⁴⁻³⁵⁾.

Studies in this field have been showing benefits of the participation of students with high popularity or with a status of group leadership among peers so they act as efficient defenders/protectors of a healthy environment as they increase empathy among classmates and improve the levels of moral engagement, where they may even benefit prevention strategies^(17, 36). In this study, the opportunity to involve students, who were considered highly popular by their teachers, allowed them a critical review about their roles in interactions with their peers. Moreover, it promoted the inclusion of those adolescents in prevention actions, sparking their interest in contributing to face bullying and with the establishment of a culture of peace.

The protagonist was pointed out by the adolescents as someone who is responsible to make decisions to ensure the collective well-being. To do so, he/she is required to develop social skills, to have a leadership posture, and emotional balance. It was also emphasized that protagonists are part of reality, i.e., they are the school students themselves, who can take on this role of caring for others and for the environment. Furthermore, it opened space to potentialize resilience, broaden active listening and give a voice so adolescents can act as managers of their processes of self-discoveries.

The development of resilience, in vulnerability settings, appears as an ingrained requisite to the individual who is able to create

abilities that assist healthy coping with adverse circumstances, being associated to better quality of life among adolescents⁽³⁷⁾. Adolescents' involvement with the construction of critical and reflexive knowledge of challenging situations in the school routine encourages their ability to intervene upon intimidation and violence.

One of the strategies to consolidate the continuity of health promotion programs in schools is to close the gap between the education and health fields, strengthening the support to interventive, preventive and restorative actions through the identification of priority demands⁽³⁸⁾. Nevertheless, it is known that there are challenges to the establishment of a partnership between the two sectors, which could act as a reinforcement to the care process of students in health promotion. Facing the challenges, the involvement of school nurses is highlighted, leading prevention strategies by raising awareness, strengthening teachers' roles and supporting students to deal with bullying. The actions of nurses in the school space improves relations between health and education, in the sense of amplifying interdisciplinary prevention approaches with the whole school, educational interventions based on dialog, school community formation, adoption of monitoring instruments, promotion of administrative policies to manage aggression, and promotion of healthy behaviors⁽³⁹⁻⁴⁰⁾.

The Culture Circles produced living knowledge by capturing the concrete reality, in a growing movement of dialog that creates disquiet for the transformation of context. Given the theme broached in the second Culture Circle: facing/preventing bullying, the adolescents presented actions that can modify the logic of relations and educational processes in the school, prompt more involvement from teachers, parents and management, encourage recreation and enjoyment of free time, gather investment in students' artistic-cultural talents and skills, bring health professionals closer to monitor the students who are most affected by bullying, and encourage more denouncement of bullies and more support to victims.

The logic of all proposed educational processes pointed out a reality of limitation to the possibilities of knowledge construction in the school setting, and the necessity to make strategies available that add, to formal knowledge, ways to express feelings and emotions related to the integral development of adolescents, valuing the principle of equity.

It was made evident that actions and activities suggested by the adolescents are possible to be carried out and they ensure the engagement of all, because they not only involve collective interests and confidence in school management and teachers, but they also acknowledge the importance of taking a protagonist's posture, building a social network to face bullying in articulation with the teaching-learning process and adolescents' citizenship formation.

Study limitations

This study involved the process of local educational intervention, conducted in a public school and, therefore, its findings reflect a particular setting, what requires caution and assessments in the sense of transferring interpretations to other sociocultural

contexts. The concept of youth protagonism is broad and holds several socio-educational actions; in this study, it contains the description of critical-reflexive strategies that the adolescents wished to carry out. It is recommended that other researches invest and assess the impacts of interventions based on youth protagonism as a form of bullying prevention.

Contributions to nursing, health or public policies

This research brings contributions to school nurses' practice and brings back important principles from the Health in School Program (PSE – *Programa Saúde na Escola*), that supports the urgent necessity of bullying prevention actions and of health promotion in the formation of a peace culture in schools. In this context, nurses have the possibility to lead educational health interventions that make use of adolescents' ability to develop means to face bullying in vulnerability contexts. It is reinforced that the formative processes that ensured adolescents' role as protagonists were part of an innovative strategy that may be used to contribute to make successful programs stronger, benefiting the installation of healthier environments, at the same time it expands nurses' role as an articulating element in the social network of antibullying actions in school.

FINAL CONSIDERATIONS

The use of the pedagogical intervention model, in the Freirean perspective, promoting bullying prevention mechanisms, focusing on youth protagonism, may be considered new. With this study, it was possible to engage students in a set of strategies that enhanced their broad participation in formative spaces committed to critical and reflexive dialog, without losing sight of valuing specificities, interests, and expectations of the group. Moreover, it was made possible to broaden the comprehension of benefits offered by participative methodologies, electing adolescents as managers of antibullying actions that propagated pro-social behaviors, assertive stances, politeness and empathy, besides the incentive to creative potential to reflect on the transformation possibilities into an environment that is little conducive to bullying episodes.

Working from the perspective of youth protagonism within a school violence prevention program was a challenge, since it implied reviewing the concept of adolescence that fits the processes of autonomy, citizenship and ability to change. Meanwhile, it was within the Culture Circles that the adolescents' evolution was identified regarding the process of critical reading of reality, committing to the collective construction of knowledge that could boost stances of self-care and of care for others, based on the cultivation of relations that recover human values.

FUNDING

This study was financed by the Coordination for the Improvement of Higher Education Personnel (CAPES – *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*), Sandwich Doctor's Degree Program Abroad (PSDE - *Programa de Doutorado Sanduíche no Exterior*) (Process n. 8212/2014-07).

REFERENCES

1. Ministério da Saúde (BR). Diretrizes Nacionais para a Atenção Integral à Saúde de Adolescentes e Jovens na Promoção, Proteção e Recuperação da Saúde [Internet]. Brasília- DF; 1ª Edição; 2010[cited 2018 Dec 22]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/diretrizes_nacionais_atencao_saude_adolescentes_jovens_promocao_saude.pdf
2. Monteiro EMLM, Brandão-Neto WB, Lima LS, Aquino JM, Gontijo DT, Pereira BO. Culture Circles in adolescent empowerment for the prevention of violence. *Int J Adolesc Youth* [Internet]. 2015 [cited 2018 Mar 10];20(2):167-84. Available from: <https://doi.org/10.1080/02673843.2014.992028>
3. García-Fernández CM, Romera-Félix VM, Córdoba-Alcaide F, Ortega-Ruiz R. Agresión y victimización: la percepción del alumnado y factores asociados. *Electron J Res Educ Psychol* [Internet]. 2018 [cited 2018 Dec 22];16(2):367-87. Available from: <http://dx.doi.org/10.25115/ejrep.v16i45.2098>
4. Olweus D. School bullying: development and some important challenges. *Ann Rev Clin Psychol* [Internet]. 2013 [cited 2018 Feb 22];9:751-80. Available from: <https://doi.org/10.1146/annurev-clinpsy-050212-185516>
5. Sampaio JMC, Santos GV, Oliveira WA, Silva JL, Medeiros M, Silva MAI. Emotions of students involved in cases of bullying. *Texto Contexto Enferm* [Internet]. 2015 [cited 2018 Aug 22];24(2):344-52. Available from: <http://dx.doi.org/10.1590/0104-07072015003430013>
6. Menesini E, Salmivalli C. Bullying in schools: the state of knowledge and effective interventions. *Psychol Health Med* [Internet]. 2017 [cited 2018 Oct 10];22(1):240-53. Available from: <https://doi.org/10.1080/13548506.2017.1279740>
7. Malhi P, Bharti B, Sidhu M. Peer Victimization Among Adolescents: Relational and Physical Aggression in Indian Schools. *Psychol Stud* [Internet]. 2015 [cited 2019 Jan 10];60(1):77-83. Available from: <https://doi.org/10.1007/s12646-014-0283-5>
8. Gaete J, Tornero B, Valenzuela D, Rojas-Barahona CA, Salmivalli C, Valenzuela E, et al. Substance use among adolescents involved in bullying: a cross-sectional multilevel study. *Front Psychol* [Internet]. 2017 [cited 2018 Sep 22];8:1056. Available from: [10.3389/fpsyg.2017.01056](https://doi.org/10.3389/fpsyg.2017.01056)
9. Zequinão MA, Cardoso AA, Silva JL, Medeiros P, Silva MAI, Pereira B et al. Academic performance and bullying in socially vulnerable students. *J Human Growth Develop*[Internet]. 2017 [cited 2018 Jun 22];27(1):19-27. Available from: <http://dx.doi.org/10.7322/jhgd.127645>
10. Moore SE, Norman RE, Suetani S, Thomas HJ, Sly PD, Scott JG. Consequences of bullying victimization in childhood and adolescence: a systematic review and meta-analysis. *World J Psychiatr* [Internet]. 2017 [cited 2018 Oct 10];7(1):60-76. Available from: [10.5498/wjpv.v7.i1.60](https://doi.org/10.5498/wjpv.v7.i1.60)
11. Baiden P, Kuuie VZ, Shrestha N, Tonui BC, Dako-Gyeke M, Peters KK. Bullying victimization as a predictor of suicidal ideation and suicide attempt among senior high school students in Ghana: results from the 2012 Ghana Global School-Based Health Survey. *J School Violence* [Internet]. 2019 [cited 2019 Mar 10];18(2):300-17. Available from: <https://doi.org/10.1080/15388220.2018.1486200>
12. Klomek AB, Sourander A, Elonheimo H. Bullying by peers in childhood and effects on psychopathology, suicidality, and criminality in adulthood. *Lancet* [Internet]. 2015 [cited 2017 Oct 10];2(10):930-41. Available from: [https://doi.org/10.1016/S2215-0366\(15\)00223-0](https://doi.org/10.1016/S2215-0366(15)00223-0)
13. United Nations Educational, Scientific and Cultural Organization. School Violence and Bullying: Global Status Report. Paris, France: UNESCO, 2017 [cited 2018 Dec 19]. 54 p. Available from: <http://unesdoc.unesco.org/images/0024/002469/246970e.pdf>
14. Mello FCM, Malta DC, Santos MG, Silva MMA, Silva MAI. Evolution of the report of suffering bullying among Brazilian schoolchildren: National Scholl Health Survey - 2009 to 2015. *Rev Bras Epidemiol* [Internet]. 2018 [cited 2018 Dec 20];21(Suppl 1):e180015. Available from: <http://dx.doi.org/10.1590/1980-549720180015.supl.1>
15. Pigozi PL, Machado AL. Bullying during adolescence in Brazil: an overview. *Ciênc Saúde Coletiva* [Internet]. 2015 [cited 2018 Nov 15];20(11):3509-22. Available from: <http://dx.doi.org/10.1590/1413-812320152011.05292014>
16. Palácio do Planalto (BR). Lei n. 13.185, de 6 de novembro de 2015. Institui o programa de combate à intimidação sistemática (bullying). *Diário Oficial da União* [Internet]. 2015 [cited 2017 Jul 20];152(213):1-2. Available from: <http://www.presidencia.gov.br/legislacao>
17. Salgado FS, Senra LX, Lourenço LM. Effectiveness indicators of bullying intervention programs: a systematic review of the international literature. *Estud Psicol* [Internet]. 2014 [cited 2018 Nov 22];31(2):179-90. Available from: <http://dx.doi.org/10.1590/0103-166X2014000200004>
18. Silva FR, Assis SG. [Prevention of school violence: a literature review]. *Educ Pesqui*. 2018;44:e157305. doi: 10.1590/s1517-9702201703157305 Portuguese.
19. Ministério da Saúde (BR). Proteger e cuidar da saúde de adolescentes na Atenção Básica [Internet]. Brasília: Ministério da Saúde, 2017[cited 2018 Nov 22]. [234 p]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/proteger_cuidar_adolescentes_atencao_basica.pdf
20. Kub J, Feldman MA. Bullying prevention: a call for collaborative efforts between school nurses and school psychologists. *Psychol Sch* [Internet]. 2015 [cited 2018 Jul 20];52(7):658-71. Available from: <https://doi.org/10.1002/pits.21853>
21. Wallerstein N, Duran B. Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *Am J Public Health* [Internet]. 2010 [cited 2018 Feb 10];100(suppl 1):40-6. Available from: [10.2105/AJPH.2009.184036](https://doi.org/10.2105/AJPH.2009.184036)
22. Freire P. Educação como prática de liberdade. 34ª ed. São Paulo: Paz e terra; 2011. 192p.
23. Wallerstein N, Giatti L, Bógus CM, Akerman M, Jacobi PR, Toledo RF, et al. Shared participatory research principles and methodologies: perspectives from the USA and Brazil-45 years after Paulo Freire's "pedagogy of the oppressed. *Societies* [Internet]. 2017 [cited 2018 Ago 22];7(6):1-17. Available from: <https://doi.org/10.3390/soc7020006>

24. YJ, Foets MM, Bont AA. The contribution of qualitative research to the development of tailor-made community-based interventions in primary care: a review. *Eur J Public Health* [Internet]. 2010 [cited 2017 Jun 10];20(2):220–6. Available from: <https://doi.org/10.1093/eurpub/ckp085>
25. Salmivalli C. Bullying and the peer group: a review. *Aggress Violent Behav* [Internet]. 2010 [cited 2017 Feb 10];15(2):112–20. Available from: <https://doi.org/10.1016/j.avb.2009.08.007>
26. Pouwels JL, Lansu TAM, Cillessen AHN. A developmental perspective on popularity and the group process of bullying. *Aggress Violent Behav* [Internet]. 2018 [cited 2017 Feb 10];43:64–70. Available from: <https://doi.org/10.1016/j.avb.2018.10.003>
27. Monteiro EMLM, Vieira NFC. Educação em saúde a partir de Círculos de Cultura. *Rev Bras Enferm*. 2010;63(3):397–403. doi: 10.1590/S0034-71672010000300008
28. Glaw X, Inder K, Kable A, Hazelton M. Visual methodologies in qualitative research: autophotography and photo elicitation applied to mental health research. *Int J Qualit Method* [Internet]. 2017 [cited 2018 May 10];16(1):1–8. Available from: <https://doi.org/10.1177/1609406917748215>
29. Santos PRM, Araujo LFS, Bellato R. The observation field on research of the family experience of the caretaker. *Esc Anna Nery*. 2016;20(3):e20160055. doi: 10.5935/1414-8145.20160055
30. Boal A. *Teatro do oprimido e outras poéticas políticas*. 2ª ed. São Paulo: Cosac Naify; 2013. 224p.
31. Mazzone A, Nocentini A, Menesini E. Bullying in residential care for children: qualitative findings from five European countries. *Child Youth Serv Rev*. 2019;100:451–60. doi: 10.1016/j.chilyouth.2019.03.025
32. Strindberg J, Horton P, Thornberg R. Coolness and social vulnerability: Swedish pupils' reflections on participant roles in school bullying. *Res Papers Educ*. 2019. doi: 10.1080/02671522.2019.1615114
33. Thornberg R, Delby H. How do secondary school students explain bullying?, *Educ Res* [Internet]. 2019 [cited 2019 Apr 29];61(2):142–60. Available from: <https://doi.org/10.1080/00131881.2019.1600376>
34. Brandão Neto W, Silva MAI, Aquino JM, Lima LS, Monteiro EMLM. Violence in the eye of adolescents: education intervention with Culture Circles. *Rev Bras Enferm*. 2015;68(4):617–25. doi: 10.1590/0034-7167.20156804071
35. Silva KVLG, Gonçalves GAA, Santos SB, Machado MFAS, Rebouças CBA, Silva VM et al. Training of adolescent multipliers from the perspective of health promotion core competencies. *Rev Bras Enferm*. 2018;71(1):89–96. doi: 10.1590/0034-7167-2016-0532
36. Longobardi C, Borello L, Thornberg R, Settanni M. Empathy and defending behaviours in school bullying: the mediating role of motivation to defend victims. *Br J Educ Psychol*. 2019. doi: 10.1111/bjep.12289
37. Simón-Saiz MJ, Fuentes-Chacón RM, Garrido-Abejar M, Serrano-Parra MD, Larrañaga-Rubio E, Yubero-Jiménez S. Influence of resilience on health-related quality of life in adolescents. *Enferm Clin*. 2018;28(5):283–91. doi: 10.1016/j.enfcli.2018.06.003
38. Lopes IE, Nogueira JAD, Rocha DG. Eixos de ação do Programa Saúde na Escola e promoção da saúde: revisão integrativa. *Saúde Debate*. 2018;42(118):773–89. doi: 10.1590/0103-1104201811819
39. Fisher K, Cassidy B, Mitchell AM. Bullying: effects on school-aged children, screening tools, and referral sources. *J Community Health Nurs* [Internet]. 2017 [cited 2019 Mar 10];34(4):171–9. Available from: <https://doi.org/10.1080/07370016.2017.1369801>
40. Silva MAI, Monteiro EMLM, Braga IF, Ferriani MG, Pereira B, Oliveira WA. Intervenciones antibullying desarrolladas por enfermeros: revisión integradora de la literatura. *Enferm Global*. 2017;16(48):532–47. doi: 10.6018/eglobal.16.4.267971