

Preventing school violence: an evaluation of an intervention program*

PREVENÇÃO DA VIOLÊNCIA ESCOLAR: AVALIAÇÃO DE UM PROGRAMA DE INTERVENÇÃO

PREVENCIÓN DE LA VIOLENCIA ESCOLAR: EVALUACIÓN DE UN PROGRAMA DE INTERVENCIÓN

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ABSTRACT

School violence (bullying), is currently considered a growing public health issue across the globe. It is essential to intervene in order to improve the quality of life of children/adolescents at school. Therefore, it should be a research priority to include the issue in the agenda of nurses. The objective of this study was to evaluate the results of an anti-violence program implemented with 307 secondary level students in a school in Lisbon. The evaluation before and after the program was performed using a questionnaire that was elaborated and validated for this study. We found that before the intervention, there was a high level of bullying (50% victims and 35% aggressors), and that the aggressions also included teachers (7%) and other school workers (9%). The program consisted of building awareness/preparation in teachers and parents and practicing social competencies among the students. After the intervention significant results were observed in the global reduction of school violence.

DESCRIPTORS

Violence
Schools
Students
Nursing

RESUMO

A violência escolar (bullying), é hoje considerada um problema de saúde pública crescente em todo o mundo. Intervir sobre este fenómeno é essencial para melhorar a qualidade de vida das crianças/adolescentes escolarizados, devendo por isso, constituir uma prioridade de pesquisa a incluir na agenda dos enfermeiros. Este estudo teve como objectivo avaliar os resultados de um programa anti-violência escolar, implementado em 307 estudantes do 2º ciclo de uma escola de Lisboa. A avaliação pré e pós Programa, foi feita por questionário, elaborado e validado para este estudo. Constatamos que antes da intervenção, existia um elevado nível de bullying (50% vítimas e 35% agressores), verificando-se também agressões dirigidas a professores (7%) e outros funcionários (9%). O Programa aplicado consistiu na sensibilização/formação de docentes e pais e no treino de competências sociais dos estudantes. Após a intervenção verificaram-se resultados significativos na redução global da violência escolar.

DESCRITORES

Violência
Escolas
Estudantes
Enfermagem

RESUMEN

La violencia escolar (bullying) es hoy considerada un problema de salud pública creciente en todo el mundo. Intervenir sobre este fenómeno es esencial para mejorar la calidad de vida de niños/adolescentes escolarizados, debiéndose constituir en prioridad investigativa a incluirse en la agenda de los enfermeros. Estudio que objetivó evaluar los resultados de un programa anti-violencia escolar, implementado con 307 estudiantes de segundo ciclo de escuela de Lisboa. La evaluación pre y post Programa se hizo por cuestionario, elaborado y validado para el estudio. Constatamos que antes de la intervención existía elevado nivel de bullying (50% víctimas y 35% agresores), verificándose también agresiones dirigidas a profesores (7%) y otros colaboradores (9%). El Programa aplicado se constituyó en la sensibilización/formación de docentes y padres y en entrenamiento de competencias sociales de los estudiantes. Luego de la intervención, se verificaron resultados significativos en la reducción global de la violencia escolar.

DESCRIPTORES

Violencia
Escolas
Estudiantes
Enfermería

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INTRODUCTION

Although the issue of school violence has been undervalued by various generations, it is currently considered an important and increasing public health problem in the world⁽¹⁾. School violence is one of the main concerns of students, educators, and health professionals, especially nurses, who, as elements of an interdisciplinary team, are increasingly committed to identifying and intervening in this phenomenon.

Nursing assumes as its object of study the human responses involved in the transitions generated by the development processes or significant events that occur in life and that require adaptation⁽²⁾. Transitions result in changes in life, health, relationships, and a person's environment, whether in regard to a process or as the result of a complex interaction between a person and his/her environment. Transitions are understood as a passage, or movement from one phase of life to another, from one condition or status to another⁽³⁾. Experiencing school violence can constitute one of these transitions, with markedly negative consequences in the lives of those involved. The role of nurses includes helping people deal with such transitions and promoting their process of reconstructing autonomy. Hence, identifying signs of risk, behavior and external signs that might indicate an individual is in difficulty, warning families of the consequences that school violence has on the health and quality of life of students and then intervening and guiding them are important measures in the sphere of nursing practice. Also of importance is to encourage and collaborate with schools in the implementation of prevention programs and the reduction of violence, especially in the case of nurses who are experts in child and pediatric health, and school nurses. This fact was demonstrated in a study carried out in Denmark⁽⁴⁾, in which 95% of victims of school violence reported their situation improved after the intervention of a school nurse.

The concern to intervene in school violence is also seen as a priority in current Portuguese health policies in the scope of the National Program of School Health implemented through multi-professional health teams that belong to Primary Health Care Units, led by one nurse and one physician who assume an active role in the management of determinants of health in the educational community in the unit's scope area. This contributes to improving health at medium and long terms. The current School Health Program is composed of a set of strategies based on national priorities and the most prevalent health problems identified in the youth population, among which is school violence, including self-destructive behaviors and bullying⁽⁵⁾. The latter represents a phenomenon with significant expression among Portuguese students as shown by a study

performed with 4,000 students from the North and South of Portugal. The study revealed that about 22% of students are victims of bullying and 16% are bullies⁽⁶⁾.

Bullying is the most frequent type of school violence among students and encompasses all the aggressive, intentional and repetitive attitudes that occur without evident motivation, adopted by one or more students against other(s), causing pain and distress, within a unequal relationship of power⁽⁷⁾. Bullying can also be classified as direct and indirect. The first is more easily identifiable and includes verbal abuse such as name-calling or threatening, or even physical abuse such as hitting, pushing and pulling. The second includes a more dissimulated type of abuse such as social exclusion and isolation, telling private histories and spreading rumors⁽⁸⁾, which is more difficult to identify.

The consequences generated by bullying are so severe that American children aged between 8 and 15 years old identified this type of violence as a problem worse than racism and sexual pressure or consumption of alcohol and drugs⁽⁹⁾. A child that suffers regular and repetitive abuse can present severe sequelae such as anxiety disorders, chronic depression and even suicide⁽¹⁰⁾ and homicide⁽⁷⁾. The younger the aggressor, the greater the risk of this individual presenting problems associated with anti-social behavior in adult life and the greater the loss of opportunities such as those that derive from instability at work and the inability to form long-lasting affective relationships⁽¹¹⁾. Simply witnessing bullying is sufficient to cause discontent with school and compromise one's scholastic and social development⁽⁸⁾. Financial and social damage caused by bullying also affect families and society in general. The family relationship can also be seriously compromised if parents experience feelings of guilt and an inability to stop bullying against their children. This may become the main concern of their lives, giving origin to depressive symptoms, affecting their performance at work and in personal relationships⁽¹²⁾.

Individuals involved in such phenomena might need multiple services such as mental health care, juvenile justice, special education and social programs. The most recent and important study⁽¹⁰⁾ addressing school-based anti-violence programs indicates a reduction of 50% or more of abusive behavior among peers and also other forms of anti-social behavior such as disruption or vandalism. However, the global involvement of the educational community is essential in the search for solutions to the problems identified, such as the promotion of skills in students that encourage behavior conducive to greater and healthier social interactions. Different programs might have good results and similar programs might have results very different among countries and even among schools in the same country. Hence, before intervening, a diagnosis portraying the local context is required⁽¹⁰⁾.

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In Portugal, an intervention of greater impact in reducing bullying took place in schools in the North of the country. The program consisted of sensitizing teachers in relation to the problem, providing schools breaks with several playful materials, and greater supervision by adults. The intervention achieved moderate success in relation to persistent victimization and abuse, not expressed in the reduction of bullying, but in containing and preventing new cases⁽⁷⁾.

This study is the first in Portugal to evaluate the results of the implementation of a program; the main characteristic of which is the training of social skills in students, specifically intended to reduce/prevent school violence, systematically applied by professors over a school year.

OBJECTIVES

This study's objectives were: to characterize the phenomenon of school violence in a group of young individuals and evaluate the results of the implementation of a school-based anti-violence program.

METHOD

This is an action research study: the prevalence of and students' behavior of abuse and victimization was determined in the first phase (October and November 2006). The initial diagnosis of the situation allowed us to plan and implement a program appropriate to the context of a public primary school in downtown Lisbon, Portugal (December 2006 to May 2007). The results were later evaluated (June to July 2007). The selection criteria included: the school belonging to the scope area of the School Health Team in which the author is a member; the teachers' acknowledgement of and expressed concern with the students' increased abusive behavior; and their willingness to intervene.

The study's population was composed of all the students from the 5th and 6th grades, totaling 307 participants. These grades were selected because these students' age ranges correspond to a greater prevalence of the studied phenomenon⁽¹³⁾.

The following ethical procedures were complied with during the study: authorization from the Regional Directorate of Education in Lisbon and from the School Board was obtained, as well as the consent of the students' legal guardians and/or parents.

Data were collected through a questionnaire developed and validated by the authors. Its development followed the concepts and guidelines based on the development of research in the field^(6,8), the instruments of which were important references. Experts in the subject were also interviewed and informal conversations were held with students and teachers of the studied grades, who greatly contributed to the instrument's development. The instrument was then submitted to a pretest (September 2006) with 54 stu-

dents from another school in the same area and with characteristics similar to those participating in the study. The result of the pretest contributed to its final version: a self-applied and anonymous structured questionnaire. This instrument, which achieved good internal validity (0.8136) determined with Cronbach's alpha⁽¹⁴⁾, permitted the assessment of the perceptions of students in relation to school violence via the condition of victims, abusers and/or witnesses, in relation to three types of abuse: direct bullying, indirect bullying, and vandalism (harm caused to the school property) with a total of 37 questions divided into four blocks: 1) *socio-demographic characteristics* (age, grade, gender, family type); 2) *Student victim* (number of times the student was abused in the last month with direct and/or indirect bullying; who was the abuser; who supported him/her at the time of the abuse; attitude in relation to the abuser); 3) *Student abuser* (number of times the student abused peers, teachers, and/or the school staff with direct and/or indirect bullying and/or practiced vandalism acts; and what were the reasons); 4) *Student witness* (number of times the student witnessed direct and/or indirect bullying and/or vandalism carried out by other students; identification of victims and abusers; behavior as observer of this type of behavior). In the last three blocks of questions, the validation of the situations *victim*, *abuser* and *witness* was performed with *yes/no* answers. The answers to the frequency of abuse was quantitatively translated, written in numbers by the respondents and measured in ratio scales. Answers to the remaining questions were qualitatively translated, chosen from a set of alternatives and measured on nominal scales. A total of 590 questionnaires (307 pre-program and 283 post-program) were applied and statistically analyzed from two independent samples through the Statistical Package for Social Sciences. The smaller number of individuals in the post-program was due the fact that some students were no longer at the school whether because they had moved to another address and consequently changed schools or because they failed due to an excessive number of absences.

Quantitative analysis was used with the descriptive analysis of variables followed by the application of non-parametric statistical tests: Chi-square and Wilcoxon-Mann-Whitney test. The level of significance was fixed at 0.05.

School-based anti-violence program - From development to implementation

Determining the prevalence of violent behavior of the study's population and characterizing it, (the results will be presented later) emerged from the need to create an intervention based not only on the total involvement of the school community but also an intervention directed to the class and individual interventions focused on the victims and abusers, based on training up their social competences.

The coordination of this program was the responsibility of the nurse from the local school health team, who

was in communication with the school's principal, as well as training teachers, heading meetings with students' parents/family members and performing pre- and post-program evaluations. The physicians and the psychologist of the school health team collaborated with the program's planning process, which was implemented by eight 5th and 6th grade teachers, responsible for the subject of 'civic education' in the studied school. The teachers also collaborated in the evaluation phase through the application of the questionnaires. Taking into account the main results of the search for intervention programs implemented in various European countries⁽¹⁰⁾, as well, we developed and implemented this program according to the following stages:

1 – Involvement of the School's Board

There is current evidence that bullying can be reduced through school^(6,8) policies, involving the entire educational community in the resolution of the problem and the creation of non-tolerance measures toward violence. Therefore, after the school board and the pedagogical council approved the project, the program was included as part of the overall educational project of the studied school.

2 – Training of the teachers

Four theoretical-practical training sessions were administered to teachers who taught the topic 'civic education', totaling 20 hours. Strategies and techniques to be used in the classroom in order to promote the students' social skills were addressed in these sessions aiming to reduce/prevent violence.

3 - Involvement of the Family

Three meetings were held with the students' parents or family members aiming to sensitize them to the issue of bullying and obtain their collaboration in the implementation of the program. The students themselves initially invited their parents to the meetings, then a personalized letter was sent, and lastly they were invited through the Parent Teacher Association. Despite the different strategies used, only 5% of the families attended the meetings.

4 – Intervention with classes

During 18 weeks (December 2006 to May 2007) of *civic education* classes, the teachers implemented group activities based on the *Program to Promote Social Skills* from the Ministry of Education⁽¹⁵⁾ with a workload of 90 minutes/week. Training social skills seeks to improve one's self-control, interpersonal relationships, and increase one's repertoire of responses, enabling individuals to decide and opt for the best behavior in the face of situations of tension such as those that include violence.

Various techniques have been used in the attempt to change less positive behavior of students in the school context⁽¹⁶⁾ such as the techniques of positive reinforcement, social and material reinforcement, modeling, extinction and differential reinforcement of target behavior, self-control techniques, role-playing, and directed games. This program included all these techniques, which were implemented by the teachers in classroom.

5 – Intervention with abusers and/or recurrent victims

The students with recurrent abusing/victimization behavior (more than three occurrences in the same week) identified by the teachers during the program's implementation were accompanied by a psychologist at school. Counseling techniques such as problem-solving techniques and the method of shared concern were used with bullies. On the other hand, assertiveness training was used with victims. Even though there was a possibility of students to be accompanied by a psychiatrist, a child psychiatrist or a family doctor, no situations requiring such professionals were identified.

RESULTS

The results are presented through tables and a descriptive and comparative analysis between the pre and post-program phases. The socio-demographic characteristics revealed that 52.8% of the students attended the 5th grade and 47.2% of the students attended the 6th grade; 57% were female and 43% were male; they were aged between 9 and years old, while the average and median age was both 12 years old; the mode was 11 years old; 55% belonged to nuclear families, 27% had single parent, 13% lived with extended families, and 5% had some other status.

In relation to the prevalence of violent behaviors at school identified in the pre-program phase, more than half of the students were victims of indirect (53.4%) and direct (51%) bullying and about one third indirectly (35%) and directly (27%) bullied their peers, and also practiced vandalism (23%). Such behavior, bullying among peers, was also witnessed by a large percentage of students (90%). These results were significantly reduced in the post-program phase as shown in Table 1.

To characterize bullies and victims, we opted to work with the variable *grade* instead of *age* since these were highly related. Most of the bullies belonged to the 5th grade (63%) and victims belonged to the 6th grade (58%). This phenomenon is more evident among boys than among girls, whether they were bullies (72%) or victims (51%). Most bullies come from single parent families (49.6%) and victims from nuclear families (58.6%). These results are not significantly different between the pre and post phases of the programs (Table 2).

Table 1 - Prevalence of violent behavior during the last months of classes in the opinion of the victims, bullies and witnesses - Beato, Lisbon, Portugal - 2006

Variables		Pre	Post	Significance level P
		%	%	
Victims				
	direct bullying	51	40.2	0.008
	indirect bullying	53.4	37.1	0.000
Bullies				
peers	direct bullying	27	18.4	0.016
	indirect bullying	35	20.1	0.000
teachers	direct bullying	0.7	0	NS
	indirect bullying	7	2.1	0.006
school staff	direct bullying	3	0	0.004
	indirect bullying	9	4.2	0.013
Vandalism		23	7	0.000
Witnesses				
dos pares	direct bullying	90.2	65	0.000
	indirect bullying	91.9	71.7	0.000
dos professores	direct bullying	6	0	0.000
	indirect bullying	37	19.4	0.000
dos funcionários	direct bullying	21	0.7	0.000
	indirect bullying	51	31	0.000
Vandalism		86	47	0.000

NS – Not significant

Table 2 - Characterization of school violence abusers and victims: grade, gender and family type - Beato, Lisbon, Portugal - 2006

Variables	Pre		Post		Significance Level	
	Victims	Bullies	Victims	Bullies	Victims	Bullies
Grade						
5 th	42	63	39.4	62.6	NS	NS
6 th	58	37	60.6	37.4	NS	NS
Gender						
Male	51	72	52.1	72.4	NS	NS
Female	49	28	47.9	27.6	NS	NS
Family type						
Nuclear	58.6	41.6	58.2	41	NS	NS
Single parent	30.3	49.6	30.7	50.2	NS	NS
Extended	7.8	6	7.3	5.3	NS	NS
Others	3.3	2.8	3.8	3.5	NS	NS

NS – Not significant

In relation to how victims responded to abusers at the time of aggression: 41.7% of the victims in the pre-program phase also attacked the aggressor and 36.5% of the victims opted not to tell anyone they were abused. A significant reduction of victims (23.3%) who attacked the abuser in turn and those who (7.1%) did not tell anyone they were abused was observed in the post-program phase, while the number of those who (55.1%) reported the abuse to an adult (professor or school staff) with sufficient influence to reprehend the aggressor significantly increased (Table 3).

The victims identified their own classmates (27%) as the main abusers and then older students (20.8%) from other classes. When questioned as to who were their main sup-

porters when they are abused at school in the presence of others, 63% reported no one supported them and 37% reported their classmates were their main supporters. Students from other classes (2%), teachers (4.2%) and school staff (2%) were indicated as those who least supported victims when abused in their presence. The number (15.2%) of abusers from the same classroom significantly diminished in the post-program phase while the number of supporters in the same classroom significantly increased (52%). We also verified that the number of victims who were not supported by anyone when abused in the presence of others at school significantly diminished (26%) and that support provided by teachers (12.7%) and the school staff (8.8) significantly increased (Table 3).

Table 3 - Opinion of victims concerning their attitudes in the face of the abuser, main abusers and supporters - Beato, Lisbon, Portugal - 2006

Variables	Pre	Post	Significantly level p
	%	%	
Attitudes of victims in the face of the abuser			
Runs away	13.4	13.4	NS
Attacks back	41.7	23.7	0.000
Expresses he/she does not like it	6.2	13.8	0.002
Cries for help	6.8	8.1	NS
Reports a complaint	15.6	55.1	0.000
Tells anyone at all	36.5	7.1	0.000
Tells someone in particular	20.2	38.5	0.000
Other	0	0	NS
Main Abusers			
Classmates	27	15.2	0.000
Students from another class, same grade	8.5	5.3	0.01
Younger students from another grade	1.6	0	NS
Older students from another grade	20.8	23.3	0.004
Unfamiliar person who entered the school	2	0	NS
Someone else	0	0	NS
Main Supporters			
Nobody	63	26	0.000
Classmates	37	52	0.000
Students from other grades	2	3.5	NS
Professors	4.2	12.7	0.000
Staff	2	8.8	0.000

NS – Not significant

When students were asked, in the pre-program phase, about the reasons that led them to have aggressive behavior at school, *I lose control and get furious* was the reason reported by most bullies (73%) followed in close proportions by *I want attention* (21.3%) and *I am unhappy* (21%), while 12% of the bullies reported *Nobody cares about me*. The number of bullies who reported these same reasons to explain their aggressive behavior significantly diminished in the post-program phase (Table 4).

Table 4 - Opinion of abusers about the main reasons for their aggressive behavior - Beato, Lisbon, Portugal - 2006

Variables	Pre	Post	Significantly level p
	%	%	
Aggression reasons			
I want to show that I am the one in charge	2.6	1.7	NS
I am unhappy	21	14.2	0.004
I like being bad	2	1.7	NS
Nobody cares for me	12	9.6	0.028
I want attention	21.3	8.1	0.000
I lose control and get furious	73	31.5	0.000
Other	3.4	3	NS

NS – Not significant

In relation to the attitudes of students who witness situations of aggression at school, 32.6% immediately call an adult, 30.3% do nothing but feel they should intervene and help the victim, 19.9% do nothing because the situation is not their concern, while 17.2% intervene and help the victim. In the post-program phase, a significant reduction was observed in the two groups of witnesses who reported doing nothing (13.8% and 8.5%) and also a significant increase in the number of witnesses who immediately call an adult (64.3%) (Table 5).

Table 5 - What the students do when they witness situations of abuse at school - Beato, Lisbon, Portugal - 2006

Variables	Pre	Post	Significantly level p
	%	%	
Witnesses attitudes			
Nothing, it is not my business	19.9	13.8	0.049
Nothing, but I guess I should help	30.3	8.5	0.000
I try to defend the victim	17.2	20	NS
I immediately call an adult	32.6	64.3	0.000
Other	2	2.3	NS

NS – Not significant

DISCUSSION

The prevalence of violent behavior in the study's population in the pre-program phase was high and such behaviors displayed significant reduction in the post-program phase. These findings corroborate the results of other studies, mainly international studies, where implemented programs were also based on the training of students' social skills^(1,8).

In relation to socio-demographic characteristics associated with bullies and victims, scientific evidence indicates that bullying behavior diminishes with age and is more prevalent among male students—whether they are victims or abusers—than among female students⁽¹³⁾. Only one result in this study contradicted this evidence: the fact that 6th grade students (older students) presented a larger percentage of victims than 5th grade students (younger students). The family structure is one of the variables considered in the etiology of juvenile violence, in particular the lack of one of the parents at home⁽¹⁷⁾. This study confirmed that situation in its results, which showed that a higher percentage of bullies originated from single parent families.

In relation to the main attitudes of victims when abused, most attacked the abuser back, a situation that caused definite concern because this type of behavior can easily lead to a chain of aggression and counter-aggression. The second attitude most reported by the victims is to hide the situation, which confirms we are in the face of a phenomenon that, in addition to causing suffering, is also silent⁽¹⁸⁾. On the other hand, the fact that classmates are indicated by the victims as the main abusers and also the main supporters confirm the results found in other studies^(6-8,12,18) and reinforces

the theory that a class is a social group regulated by its own and specific set of standards where the network of relationships that are established among students generates and reinforces their behaviors and attitudes⁽¹⁹⁾. Similarly, the promotion of this network of relationships enables us to prevent less positive attitudes and behavior, in which violence is included. That is why this program included a set of specific activities directed to the class as a group. The significant reduction in the number of victims who attack the abuser back and who hide the aggression, and also significant reduction in the number of bullies and significant increase of supporters in the post-program phase, demonstrate the success of the activities developed. These results are similar to those found in a study in which a program based on peer support groups and cooperative work in the classroom was implemented in the United Kingdom. That study's results showed that all children participating in it improved their self-confidence, teamwork ability, sense of responsibility, being thoughtful and sense of solidarity⁽²⁰⁾.

Models of aggressive behavior experienced in the familial-socio environment, jointly with affective and emotional conditions experienced within the family, facilitate learning aggressive behavior and in some cases lead children to experience frustration and a deficit of self-control of aggressive manifestations⁽¹⁷⁾. This fact might be at the genesis of the reasons reported by the aggressors: *I lose control and get furious; I want attention; I am unhappy; Nobody cares for me* to explain their aggressive behavior. Therefore, the active participation of families in the school life of their children can favor the development of healthier relationships between both and contribute to the construction of a less violent school environment. This is the reason the objective of this program was to promote the involvement of the students' families in the program. However, the participation of families was very reduced, which leads us to the conclusion that new strategies should be devised to promote families' adherence in future programs.

In relation to the type of attitude of students who witness violent situations at school, most displayed a passive attitude, which reinforces the testimony of the victims concerning lack of support when they are abused in the presence of others, particularly in the pre-program phase. This fact corroborates the results of a study joint carried out in the United Kingdom, Portugal, Spain and Italy that demon-

strated that most children do not like bullying but are incapable of intervening⁽²⁰⁾. Children feel that it is possible to intervene in bullying and also prevent it and express their desire to do so⁽¹⁸⁾, which is an opinion also expressed by one third of the students in this study. One of main purposes of the program was to train social skills to enable individuals to decide and opt for the best attitude in the face of a tense situation. The program's techniques have produced a modification in student behavior in the school context⁽¹⁶⁾. This situation was also confirmed in this study. After the intervention, we verified a significant reduction of attitudes such as *do nothing* in the face of someone who is being a victim of abuse at school and a significant increase of students who *immediately call an adult* in such situations, aiming to stop the aggression.

CONCLUSION

The evaluation of the prevalence of bullying and vandalism allowed us to confirm the existence of a high level of violence in the studied population and also to construct an intervention program adjusted to the school context, the results of which were very positive. Again, there is evidence that this phenomenon can be stopped, in which the intervention of nurses integrated into a multidisciplinary team has relevant importance. The privileged relationship established with children, families and the community allows nurses to be a key element in the early detection of situations that can negatively affect the health of children and their quality of life, as happens when they are involved in situations of school violence. The interest and effort shown by the entire team participating in this study was essential to its success. A fact particularly gratifying was that the sharing and joint reflection provided everyone an important opportunity to grow. This study also resulted in the creation of a personalized space in the school to care for students with recurrent aggression/victimization behavior. The creation of this space was an initiative of teachers and the school's psychologist and it remains functioning even now. This study is not an end in itself, but rather a challenge to all schools' principals, teachers, educators, and health technicians. It is necessary for them to combine their efforts and work together in a concerted and articulated way in order to reduce violence at school because the quality of the future of all depends on it.

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