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Brief antibullying intervention for adolescents in public schools

Intervenção breve antibullying para adolescentes em escolas públicas

Intervención breve antibullying para adolescentes en escuelas públicas

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ABSTRACT

Objectives: To assess the results of a brief antibullying intervention for adolescents in public schools.

Method: This was a controlled experimental study whose subjects were 1,043 students in 5th through 9th grades from public schools in Porto Alegre/State of Rio Grande do Sul, conducted between April and November 2015. Adolescents and school teachers randomly assigned to the intervention group participated in two meetings focused on educative aspects of bullying. Outcome was assessed using the Bullying Questionnaire - victim and perpetrator version. Generalized Estimating Equations was used to evaluate the effect of the intervention.

Results: Average age of subjects was 12.5 (SD=1.62) years. A total of 613 (58.7%) adolescents participated in interventions. They were compared to 430 (41.3%) participants in the control group. The study did not observe any significant difference in bullying scores after the intervention.

Conclusions: This study indicates the usefulness of clarifying precisely what bullying is in schools as part of an initial approach to an educative strategy on this topic.

Keywords: Bullying. Adolescent. School health services.

RESUMO

Objetivos: Avaliar os resultados de uma intervenção breve *antibullying* para adolescentes de escolas públicas.

Método: Estudo experimental controlado, com 1.043 estudantes do 5º ao 9º ano de escolas públicas de Porto Alegre/RS, realizado entre abril e novembro de 2015. Os adolescentes e os professores das escolas sorteados para o grupo intervenção participaram de dois encontros com foco em aspectos educativos sobre *bullying*. O desfecho foi avaliado por meio do Questionário de Bullying versão vítima e versão agressor. Utilizou-se o *Generalized Estimating Equations* para avaliar o efeito da intervenção.

Resultados: A média de idade foi de 12,5 (DP=1,62) anos. Um total 613 (58,7%) adolescentes receberam a intervenção e foram comparados com 430 (41,3%) participantes do grupo controle. Não foi observada diferença significativa nos escores de *bullying* após a intervenção.

Conclusões: Os resultados indicam a utilidade de se esclarecer o que é o *bullying*, como uma estratégia educativa inicial sobre o tema.

Palavras-chave: Bullying. Adolescente. Serviços de saúde escolar.

RESUMEN

Objetivos: Evaluar los resultados de una intervención breve *antibullying* para adolescentes de escuelas públicas.

Método: Se trata de estudio experimental controlado, con 1.043 estudiantes del 5º al 9º año de escuelas públicas de Porto Alegre/RS, realizado entre abril y noviembre de 2015. Los adolescentes y los profesores de las escuelas sorteados para el grupo la intervención participaron de dos encuentros con enfoque en aspectos educativos sobre *bullying*. Los demás adolescentes participaron del grupo control. El resultado se evaluó utilizando Bullying Questionnaire versión para víctimas y la versión para agresores. Se utilizaron Generalized Estimating Equations para evaluar el efecto de la intervención.

Resultados: El promedio de edad fue de 12,5 (DP=1,62) años. Un total 613 (58,7%) adolescentes recibieron la intervención y fueron comparados con 430 (41,3%) participantes del grupo control. No se observó diferencia significativa en los resultados de *bullying* después de la intervención.

Conclusiones: Los resultados indican la utilidad de aclarar en las escuelas precisamente que es el *bullying*, como una estrategia educativa inicial sobre el tema.

Palabras clave: Acoso escolar. Adolescente. Servicios de salud escolar.

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INTRODUCTION

Bullying is understood as a repeated aggressive behavior perpetrated by a more powerful individual or group against a less powerful individual or group, with a hostile intent[1–2]. The classification of bullying behavior is determined according to the type and form of behaviors involved. Thus, the one who practices the behavior is the perpetrator, while those who suffer it are called victims [1]. Regarding the type of aggression, bullying can be defined as direct physical or verbal, when there is face-to-face interaction between victim and perpetrator (for example: hitting, cursing, etc.) or indirect, when there is no face-to-face contact, e.g. defaming, destroying objects, etc.)[2].

Bullying is a prevalent problem in Brazilian schools. According to the National School Health Survey (PeNSE), conducted in 2015 with more than 100 thousand 9th grade students from public and private schools in five regions of the country, it was found that 40% of the students had been victims of bullying, with 7.4% almost always or always in the last month of the survey[3]. Compared with data from the 2009 edition of PeNSE, and using the same collection method of that year, the result indicated that there was a 37% increase in the reports of this type of occurrence over six years.

The negative impact of bullying among young people, both victims and perpetrators, has been evident in the short and long term. The most common consequences of bullying are learning difficulties and school dropout, substance abuse and externalizing mental health problems (such as conduct disorder) and internalizing problems (such as depression and anxiety)[4–6]. Due to the harmful effect of bullying on those involved and its high prevalence, especially in schools, the development of anti-bullying intervention programs for children and adolescents has been the subject of many studies[7–8].

The result of a systematic review aimed to assess the effects of anti-bullying interventions indicated that the programs implemented are generally effective in reducing cases of bullying. Among the main strategies, closer supervision during break time, training of teachers for handling the problem in the classroom, establishing clear rules and involving the family proved to be effective in minimizing bullying. The review also highlighted that the intensity and duration of anti-bullying programs were associated with effectiveness, and that multiple approaches - involving teachers, parents and students - were more effective than single approaches[7]. In this context, interventions aimed at preventing and reducing such occurrences in the school environment have been put into practice in Europe and the United States[8].

In Brazil, there are few studies on anti-bullying interventions. In 2015, Brazil's legislature enacted Law No.13,185, which institutes a national program to combat systematic intimidation (Bullying) nationwide - to Combat Systematic Intimidation (Bullying) throughout the national territory (*Programa de Combate à Intimidação Sistemática*). Among its objectives, the following stand out: preventing and combating the practice of systematic intimidation across society; the training of teachers and pedagogical teams to implement the actions of discussion, prevention, guidance and solution of the problem[9]. Health actions in public schools are carried out through the Health at School Program (PSE)[10], and the anti-bullying policy can be implemented through the multidisciplinary teams of Basic Health Units (UBS) and Family Health Program Strategies (ESF).

One of the objectives of the PSE is to promote health and the culture of peace, emphasizing not only the prevention of health problems, but also the coordination of actions in the health and education sectors, taking advantage of the school space and its resources to strengthen addressing vulnerabilities[10]. In addition, the program aims to establish an interface between health and education, promoting interdisciplinary and inter-sector work with concrete possibilities of interventions. Nursing plays a key role in this scenario, as it can work with teachers in the stages of identification and prevention of bullying and in the implementation of anti-bullying interventions[11].

Given the relevance of studies on bullying in schools, this study aims to evaluate the results of a brief anti-bullying intervention for adolescents in public schools. The research hypothesis assumes that a brief intervention can reduce the occurrence of bullying among adolescents in public schools.

METHODS

This is a controlled experimental study[12]. The sample was selected in October 2014, based on a list of nine schools that adhered to the PSE provided by the Municipal Department of Education of Porto Alegre, Rio Grande do Sul. The sample size was calculated using the WINPEPI Program version 11.43, with the minimum calculated sample consisting of 280 individuals for each group. Considering an average of 250 students from the 5th to the 9th grade per school, two schools were selected for the intervention group and two schools for the control group.

The following criteria were defined for the inclusion of the adolescents in the study: individuals aged 10-17 years, of both sexes, enrolled in the selected schools and who were present in the classroom on the days of data collection. The

exclusion criteria were individuals diagnosed with cognitive impairment or global developmental disorder, with such diagnosis known to the school and properly informed by it, and non-completion of the instruments in the initial stage of the research. According to the criteria established, the analyzed sample consisted of 1,043 adolescents, 613 in the intervention group and 430 in the control group.

Undergraduate and graduate students in nursing, psychology and psychiatry made up the research team. These students were properly trained in the use of the instruments described below. The parents or guardians of the subjects received a term of dissent, and were given seven days to respond if they did not authorize the participation of the child(ren) in the study. The students authorized by their parents and who agreed to participate in the study signed a consent form.

Data was collected in the classroom one month before and two months after the intervention, between April and November 2015. The tools applied and the period of their application were the same in the intervention group and in the control group.

The tools used in the study are a protocol of sociodemographic data and school performance. Bullying behavior was assessed with the self-report Bullying Questionnaire (BQ), consisting of 23 items about bullying (BQ-bully version) and 23 items on victimization (BQ-victim version), in the last 30 days prior to the survey. Each item concerns an attitude and the frequency with which it occurred (1. never; 2. once or twice a month and 3. one or more times a week). For example: "I hit, kicked or pushed someone" (bully version); "I was hit, kicked or pushed" (victim version). QB versions can also be used to define the form of direct physical, direct verbal and indirect bullying[13–14]. Thus, the higher the score, the greater the involvement with the practice of bullying, according to the type (bully or perpetrator, victim and victim-bully) and the form (physical direct, verbal direct and indirect).

The brief intervention proposed was applied by the researchers across the school. Two meetings were held (average duration of 90 minutes each) with the adolescents in their respective classes and with the teachers of the schools randomly selected for the intervention by drawing lots from a wider sample of schools. In the first meeting with the adolescents issues related to bullying, prejudice and victimization were addressed through a dynamic aimed to raise awareness of the topic. In the second meeting with each class, the main rules on what is acceptable or not in the classroom were established, so that the participants could exercise the social skills of civility and empathy.

In the first meeting with the teachers, the same themes and dynamics that had been developed with the adolescents were also addressed. It aimed to make teachers aware of the situation that their students could be going through - either as victims or as perpetrators. In the second meeting, the conceptual differences on bullying and other types of violence, and viable strategies to cope with bullying at school, were explained through a dialogic lecture. At the end of the intervention, a folder with information on the topic of bullying was handed to the students (who were instructed to share the folders with their parents) and to the teachers.

Data were described as mean and standard deviation for continuous variables with normal distribution and as median and interquartile range for asymmetric variables. Categorical variables were presented in absolute frequency and percentage. To compare sociodemographic characteristics, aspects related to school performance and initial bullying scores between groups, Fisher's or Pearson's exact chi-square tests and t-test or Mann-Whitney test were used, according to the distribution verified in the Shapiro Wilk test.

To analyze the result of the intervention between the times before and after, the effects of these two variables were compared and the group x time interaction effect. In this case, the Generalized Estimating Equations (GEE) model was used with an unstructured work correlation matrix, a robust estimator covariance matrix and a gamma distribution with a function linked to identity. The data were analyzed in the January-August 2016 period using the statistical program PASW, version 18.0. A level of significance of 0.05 was adopted.

The study was approved by the Research Ethics Committee (CEP) of Universidade Federal do Rio Grande do Sul (UFRGS) and by the CEP of Secretaria Municipal de Saúde de Porto Alegre (CAEE no 19651113.5.3001.5347).

RESULTS

The final sample consists of 1,043 (74.4%) adolescents, of which 526 (50.4%) were female, with a mean (standard deviation) age of 12.5 (SD = 1.62) and a predominance of self-declared white ethnicity (n = 481; 46.8%). Regarding school performance, the majority of participants denied repeating a grade (n = 638; 61.3%) or suspension/expulsion from school (n = 966; 93.5%).

After the random selection of the schools, 613 (58.7%) adolescents were assigned to the intervention group and 430 (41.3%) to the control group. The comparisons between the sociodemographic, school performance and total bullying scores of both groups are shown in Table 1.

There was a significant difference between the groups regarding repetition (p = 0.017) and the total scores of aggressive bullying (p = 0.022), with higher scores in the control group compared to the intervention group. However, the

Table 1 – Sample characterization and comparison between the intervention and control groups (Porto Alegre/RS, Brazil)

Characteristics		Intervention	Control	p-value
		n=613 (58.8%)	n=430 (41.2%)	
Sociodemographic				
Sex*	Female	322 (52.5)	204 (47.4)	0.120
	Male	291 (47.5)	226 (52.6)	
Age**		12.51 (1.66)	12.69 (1.56)	0.088
Ethnicity*#	White	268 (44.4)	213 (50.2)	0.279
	Black	147 (24.4)	93 (21.9)	
	Brown	162 (26.9)	95 (22.4)	
	Others	26 (4.2)	23 (5.3)	
School Performance				
Repetition*	Yes	218 (35.6)	185 (43.1)	0.017
	No	394 (64.4)	244 (56.9)	
Expulsion/suspension*##				
	Yes	38 (6.3)	29 (6.8)	0.823
	No	569 (93.7)	397 (93.2)	
Bullying				
Victim**	Total	28.3 (24.4; 32.2)	29.1 (24.7;32.4)	0.138
Perpetrator***	Total	25.36 (22.4;28,8)	26.3 (22.4;29.6)	0.022

Source: Research data, 2018.
* Categorical variables presented in frequency and percentage, analyzed with Fisher's or Pearson's exact test.
** Continuous variable presented as mean and standard deviation (SD), analyzed with t test for independent samples.
*** Continuous variable presented in median and percentiles (P25; P75), analyzed with Mann Whitney test.
# Students who did not declare themselves: 10 (1%) adolescents in the intervention group and 6 (0.6%) in the control group.
Students who did not answer: 6 (0.6%) adolescents in the intervention group and 4 (0.4%) in the control group.

difference in the mean score was not clinically relevant. In the other variables, no significant differences were observed between the groups.

Analysis of the results showed that there was no significant group x time interaction in the comparison of the BQ scores between the students in the intervention group and those in the control group (Tables 2 and 3), i.e., there was no effect of the intervention over time on the different forms of victim (Table 2). However, in the forms of direct physical, direct verbal and indirect bullying of the victims, there was a significant increase in the scores in the second assessment for both groups. The total score of the BQ-victim version did not show significant difference in time, in the group and in group x time interaction.

The bullying behavior was significant only in the over time effect in the direct physical, direct verbal and indirect bullying forms, with a higher average in the second moment (Table 3). Also, the time effect obtained a higher mean in the second moment in the variables mentioned, and the adolescents in the control group obtained higher scores than those in the intervention group. However, the difference in the mean score did not have clinical relevance.

Table 2 – Result of the anti-bullying intervention, considering the different forms of victim bullying (Porto Alegre/ RS, Brazil)

Time	Group			p-value		
	Intervention	Control	Total	Group	Time	Interaction
Direct physical						
Before	10.3[10.1;10.4]	10.6[10.4;10.8]	10.4[10.3;10.6]	0.001	<0.001	0.068
After	10.5[10.3;10.7]	11.2[10.8;11.5]	10.8[10.6;11.1]			
Total	10.4[10.2;10.5]	10.9[10.6;11.1]				
Direct verbal						
Before	10.5[10.3;10.7]	11.2[10.9;11.5]	10.8[10.6;11.0]	<0.001	<0.001	0.742
After	10.9[10.6;11.2]	11.6[11.2;12.1]	11.3[11.0;11.5]			
Total	10.7[10.5;10.9]	11.4[11.1;11.7]				
Indirect						
Before	7.7 [7.5; 7.8]	7.9 [7.7; 8.2]	7.8 [7.6; 7.9]	0.047	0.005	0.760
After	7.9 [7.7; 8.1]	8.2 [7.9; 8.5]	8.1 [7.8; 8.2]			
Total	7.8 [7.6; 7.9]	8.1 [7.8; 8.3]				
Total						
Before	28.4[28.0;28.8]	28.9[28.5;29.4]	28.7[28.4;29.0]	0.070	0.320	0.994
After	28.6[28.2;29.0]	29.1[28.6;29.6]	28.8[28.5;29.2]			
Total	28.5[28.1;28.9]	29.1[28.6; 9.4]				

Source: Research data, 2018.
Data presented as mean and 95% confidence interval (CI).
Analysis performed with Generalized Linear Models (GLM), gamma distribution and identity link.
Model adjusted for school grade and sex variables.

DISCUSSION

The present study evaluated the results of a brief anti-bullying intervention for adolescents in public schools. However, the results showed that the proposed intervention model did not have a significant effect on the occurrence of bullying behavior among adolescents. One of the hypotheses to explain this finding is the fact that the intervention was brief, with few meetings to discuss the topic and with the participation of all the adolescents, without focusing on the groups involved in the intervention. In other words, as this was a whole school intervention, there was no concern of whether the students were involved or not with bullying. Nevertheless, addressing the topic in the school environment is extremely positive, since it provides clarification and discussion about bullying[1].

Regardless of the impact on the decrease in the scores of the BQ, the intervention is a starting point for discussion on this this topic, and it can help students and teachers to clarify what bullying really is. For example, certain behaviors were probably not considered bullying due to ignorance on the issue. However, after answering the questionnaire, the adolescents started to identify these behaviors: in both groups, the average bullying scores increased compared to the initial scores.

The scores obtained in the BQ by the participants in the control group increased more than the scores of the participants in the intervention group, which may be related to

Table 3 – Result of the anti-bullying intervention, considering the different forms of perpetrator bullying (Porto Alegre / RS, Brazil)

Time	Control			p-value		
	Intervention	Group	Total	Group	Time	Interaction
Direct physical						
Before	9.9[9.8;10.1]	10.1[9.9;10.2]	10.0 [9.8; 10.1]	0.162	0.001	0.556
After	10.1[9.9;10.3]	10.3[10.0; 10.6]	10.2[10.1;10.4]			
Total	10.0[9.9;10.2]	10,2[10.0; 10.4]				
Direct verbal						
Before	9.5[9.3; 9.7]	9.7[9.5;10.0]	9.6 [9.5; 9.8]	0.080	0.026	0.767
After	9.7[9.5; 9.9]	9.9 [9.65; 10.23]	9.8[9.6; 10.0]			
Total	9.6[9.4; 9.8]	9.8 [9.65; 10.09]				
Indirect						
Before	6.7[6.6; 6.8]	6.7[6.6;6.9]	6.7[6.6; 6.8]	0.284	0.025	0.378
After	6.8[6.6; 6.9]	6.9[6.7;7.1]	6.8[6.7; 6.9]			
Total	6.7[6.6; 6.8]	6.8[6.7;6.9]				
Total						
Before	26.3[26.0;26.6]	26.7[26.3;27.0]	26.5[26.2;26.7]	0.081	0.880	0.707
After	26.3[26.0;26.6]	26.7[26.3; 27.0]	26.5[26.2;26.7]			
Total	26.3[26.1;26.6]	26.7[26.3;27.0]				

Source: Research data, 2018.
Data presented as mean and 95% confidence interval (CI).
Analysis performed with Generalized Linear Models (GLM), gamma distribution and identity link.
Model adjusted for school grade and sex variables.

the short time to raise awareness about the topic and obtain significant changes in behavior. According to systematic review studies on anti-bullying interventions, the effectiveness of these programs also depends on the frequency of the sessions and the duration throughout the school year[7]. In another study, the authors claimed that multiple approaches, involving teachers, parents and students, are more effective than single approaches[15].

In fact, anti-bullying interventions are heterogeneous, especially in terms of application, which makes comparison between studies difficult. Nevertheless, there is a consensus that properly trained schoolteachers and headmasters, as well as health professionals, are key for the early identification of this type of behavior and hence the implementation of interventions over time in the school environment[16].

Since bullying is considered a collective health problem, public policies that define effective early prevention strategies must be implemented to minimize individual suffering and the costs incurred with the treatment of diseases triggered by such occurrences[17]. In Brazil, although Law No.13,185, which established a national program to combat intimidation across the country[9], was enacted in 2015, so far there are no systematic measures to detect and prevent bullying behavior.

Therefore, due to the specificity and complexity of the problem, bullying behavior must be the object of

interdisciplinary, multidisciplinary and inter-sector action[10]. The reference adopted by the PSE recognizes health as multidetermined, since socio-environmental processes are transversal and should be considered, especially in adolescence[18].

According to the PSE, the school environment is now perceived as a privileged place for the establishment of relationships and a space for the development of health actions that prioritize the cultivation of healthy habits, positive relationships, emancipation of the subjects and construction of their autonomy. In this context, the role of primary health care nurses can assist and support both teachers and other education and health professionals to identify and intervene in bullying situations[11].

CONCLUSIONS

Although the hypothesis that the proposed intervention would reduce the occurrence of bullying among adolescents has not been confirmed, the need to address this issue in public schools is evident. In this regard, talking about the problem, clarifying precisely what bullying is, addressing the types and ways of this behavior, is part of the initial actions aimed to promote changes to prevent school bullying.

One limitation of this study was the use of a self-report questionnaire applied only to adolescents, which did not allow to confirm the information provided with parents or teachers. The short time between evaluations can also interfere with changes in behavior. Moreover, the intervention was applied briefly and indistinctly to all the students, without considering those involved and those not involved with bullying. It should be noted that the study was carried out in public schools, spaces where situations of individual and social vulnerability that can contribute to the practice of bullying are not uncommon.

Studies on the effectiveness of anti-bullying intervention programs adapted to the Brazilian reality must be developed. In addition to a robust design, a larger sample with activities for teachers, parents and the community should be considered. The duration of the intervention and the focus on those involved with bullying should also be addressed in future studies. Finally, the present study confirmed the importance of the approach in bullying prevention for the nursing practice, demonstrating the complexity of its coping in the school environment.

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On page 1, Authors:

where it reads:
Pâmela Francine Oliveira Alves

should read:
Pâmela Franciele Oliveira Alves