

## ADOLESCENT'S PERSPECTIVE ON BULLYING PREVENTION AND HEALTH PROMOTION

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### Abstract

This article analyzes adolescents' perceptions of school bullying practices, considering victimization, perpetration, and strategies for prevention and health promotion. A study was conducted with 85 students from the 6th to the 9th grade of elementary school at a private school in São Paulo, through the application of a questionnaire based on the School Bullying Assessment Scale (EAB-E) and the realization of focus groups by grade level. The results indicate a relevant frequency of exclusion, unwanted nicknames, and derogatory comments mainly associated with body-related aspects and skin color, in addition to barriers to seeking help from reference adults. Greater recognition of the suffering related to victimization was observed than of one's own involvement in aggressive behaviors, suggesting the naturalization of such behavior as "joking." Conversation circles expanded the understanding of the findings and fostered reflection and communication. It is concluded that preventive and dialogical interventions, with the active participation of Psychology in schools, are essential for the promotion of mental health in adolescence.

*Keywords: Bullying, school violence, adolescent health, prevention, health promotion.*

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### 1. Introduction

Bullying is a complex phenomenon that permeates the school context and may compromise the emotional, social, and academic development of children and adolescents. According to Olweus (1993), it is characterized by aggressive, intentional, and repetitive behaviors, carried out by an individual or group against someone at a disadvantage of power. It manifests itself in direct forms (physical and verbal aggression) and indirect/relational forms (social exclusion, spreading rumors, and isolation), and may include practices in the digital environment (Smith et al., 2004; UNICEF, n.d.; SaferNet Brazil, 2009).

In adolescence, a period marked by bodily and identity changes and by the greater centrality of peer groups, aggressions and derogatory nicknames related to the body, skin color, and other social markers tend to produce significant impacts on self-esteem, belonging, and mental health (Fante, 2005; Machado Júnior, 2016). In Brazil, Law No. 13,185/2015 established the Program to Combat Systematic Intimidation, reinforcing the need for preventive and educational actions in the school environment.

However, the identification of bullying is hindered when practices occur in a veiled manner or when students avoid reporting incidents due to fear, shame, or disbelief in adult responses. Thus, assessment instruments such as the EAB-E may support screening and intervention planning. Nevertheless, understanding the phenomenon also requires listening and dialogue devices; in this sense, conversation circles and focus groups foster critical reflection and the elaboration of experiences, in line with a dialogical perspective in education and health (Freire, 1996; Kitzinger, 2000).

### 2. Objective

To identify and analyze experiences and perceptions of bullying victimization and perpetration among adolescents from the 6th to the 9th grade, articulating standardized assessment and focus groups, with the aim of supporting prevention and health promotion actions in the school context.

### 3. Methodology

This is a mixed-methods study (quantitative and qualitative), conducted with 85 adolescents aged 11 to 15 years from lower secondary education (6th to 9th grade) at a private school in São Paulo. The sample was distributed by grade level as follows: 6th grade (n=10), 7th grade (n=23), 8th grade (n=25), and 9th grade (n=27).

**Quantitative instrument and procedure.** A self-administered questionnaire based on the School Bullying Assessment Scale (EAB-E) was used, composed of 47 closed-ended items (“always,” “sometimes,” “never”). The items were organized into two blocks: (a) victimization (e.g., exclusion, nicknames, humiliation, rumors, threats, and derogatory comments about body/skin color) and (b) perpetration (e.g., giving nicknames, mocking, fighting, hitting/pushing, spreading lies, threatening, and taking out anger on others). Responses were analyzed descriptively using percentages.

**Qualitative stage.** After completing the questionnaire, students participated in focus groups/conversation circles, separated by age group and grade level, with mediation by facilitators. This stage aimed to deepen the understanding of the findings and to foster the expression of feelings, meanings attributed to the practices, and possibilities for coping (Kitzinger, 2000; Freire, 1996).

### 4. Results and discussion

Regarding sample characterization, overall, 51.9% of participants were female. Most lived with both parents (75.3%), followed by those living only with their mother (17.3%).

With respect to victimization and suffering, the most frequent indicators involved experiences of distancing after suffering harm (48.1% “sometimes”), feelings of exclusion (54.2%), and the occurrence of unwanted nicknames (39.9%). Among those who experienced nicknames and offensive joking, 23.5% reported crying as a result of these situations, and 38.9% “sometimes” (13.8% “always”) reported discomfort with tasteless jokes. Negative comments about body parts or skin color were also highlighted (48.1% “sometimes” and 6.2% “always”), suggesting an association between bullying and identity and bodily markers, which are particularly sensitive during puberty (Fante, 2005; Machado Júnior, 2016).

Issues related to coping, silence, and seeking support were also addressed by the questionnaire. The perception of threat was relatively low (19.8% “sometimes” and 1.2% “always”); nevertheless, important barriers to communication with adults emerged. Some adolescents indicated difficulty in confronting those who made them feel bad (24.7% “sometimes” and 17.3% “always”) and fear of telling someone about hurtful jokes due to concern that the situation would worsen (17.3% “sometimes” and 6.2% “always”). Additionally, 12.3% reported fear of going to school, and 29.6% “sometimes” (14.8% “always”) reported fear of telling their parents what happens. These findings support the hypothesis that suffering is intensified when there are no safe channels for listening and institutional response, fostering isolation and avoidance.

Regarding perpetration, compared to victimization, there was less explicit recognition of aggressive behaviors. Twenty-one percent reported that they had “sometimes” been perpetrators of bullying; 23.5% reported “sometimes” mocking others; and 27.2% reported “sometimes” hitting, pushing, or hurting someone. At the same time, ambivalence regarding nicknames was observed, as many reported liking to give nicknames but not to receive them (87.7%). The discrepancy between recognizing suffering and recognizing perpetration suggests the naturalization of aggressive practices as “joking” and reinforces the importance of psychoeducational interventions that name violence, promote accountability, and expand empathy and emotional self-regulation.

The conversation circles, as an investigative and at the same time therapeutic action, deepened the questionnaire data by fostering the expression of feelings related to nicknames, jokes about the body, and the need to be heard. At the end, adolescents summarized the experience using terms such as respect, reflection, communication, and understanding, indicating the potential of dialogical devices to promote critical awareness, coexistence agreements, and the strengthening of bonds in the school context (Freire, 1996).

### 5. Final considerations

The results indicate that bullying, especially in its relational and verbal forms, remains associated with experiences of exclusion, nicknames, and derogatory comments about body and skin color, with relevant emotional repercussions. Difficulty in seeking help and communicating the problem to reference adults was also observed, which may perpetuate violence and isolation.

The integration of standardized assessment and conversation circles proved to be a promising strategy to identify patterns of victimization and perpetration and, at the same time, to promote listening, reflection, and accountability. In this process, the role of the psychologist in the school environment stands out, acting in the promotion of mental health, conflict mediation, strengthening of socioemotional skills, and articulation with families and the pedagogical team for continuous prevention.

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