



## HEALTH EDUCATIONAL NURSING ACTIONS RELATED TO HOMOPHOBIC BULLYING WITH STUDENTS: INTEGRATIVE REVIEW

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### ABSTRACT

In order to identify the actions of health education fulfilled by nurses related to homophobic bullying, search was accomplished, the databases: MEDLINE, SCOPUS, CINAHAL, IBECS, ADOLEC, CIDSAÚDE, ERIC, APA PYSICNET, SOCINDEX, LILACS, BDNF and WEB OF SCIENCE, from the descriptors (DeCS / MeSH): Students, bullying, homophobia and nursing, in the Portuguese, Spanish and English languages, in the period of 2011-2017. The selected studies were evaluated regarding methodological approach and level of evidence. The results revealed that the actions of nursing care and health education practices with a multi-professional aspect when focused on a holistic view of homophobic bullying, are presented as a resource capable of establishing dialogic spaces between students in their formation process of teaching learning, as well as between the family and the community from their cultural realities, stimulating new perceptions and behaviors before the integrality and the diversity of the other. It is concluded that nursing care actions and educational practices in health, besides fostering an interactive and integrative space, also allow new approaches to promote a healthy school environment that can reduce harmful effects on the health and well-being of teenagers.

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### INTRODUCTION

Violence is a public health problem with serious short-term and long-term consequences, especially in children and adolescents. Of particular importance is the occurrence of violence in the school context. This is a complex social problem and is probably the most frequent type of violence suffered in childhood and adolescence (LOPES, 2005).

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One of the forms of violence in the school context is the bullying that may present from words and phrases that have been used to intimidate, humiliate, threaten, defame, taunt, among others, and to manifest repetitive acts of oppression, discrimination, intimidation, name-calling, tyranny, aggression against people or groups (Malta et al, 2010; ISOLAN, 2014). In the school environment the term *bullying* related to homophobia, has been used to specifically name violence suffered by gay, lesbian, bisexual, transvestite and transsexual students. As a result, we observe the school dropout of students who express a sexual and gender identities different

from heteronormativity, suicide attempts, and prejudices and discrimination suffered in the school environment (DINIS, 2011). Beyond the physical damage, the act of *bullying* homophobic behavior can bring emotional damage to those who suffer from it, such as: psychosomatic symptoms, stress, anxiety, depression, low self-esteem, loneliness and social isolation (HAWKER *et al.*, 2000; POZZOLI, 2009; KALTIALA-HEINO *et al.*, 1999) but a higher incidence of these behaviors, is associated with victimization. These present a greater risk for the development of psychotic symptoms than individuals not involved in *bullying* (WINSPER, 2012; KPCKINOS, 2004; PANAYIOTOU, 2004). For the group of aggressors involved in *bullying*, there is a predisposition of behavioral disorders related to aggression, antisocial behavior, inattentive symptoms, hyperactivity, lack of self-control, and psychoactive substances abuse and/or dependence (SMITH *et al.*, 2007; TOPPER *et al.*, 2011). The act of *bullying* can be originated by affective deficiency, physical abuse, parental miseducation and emotional exploitation, evidencing a greater proportion in the classroom (FANTE, 2005). Thus, the educational process also presents the duty to promote a peaceful coexistence of tolerance and solidarity between its members and the community (FANTE, 2005; SANCHES, 2009). The school, therefore, has the role of support, in addition to highlighting the need for interdisciplinarity among education, health, family and community professionals to strengthen Advocacy actions for the prevention of homophobic *bullying* (TORTORELLI *et al.*, 2010). The broader the intersectoral network of strategies, the more effective the care offered to the mental health of adolescents, which, in turn, travel not only in school, but in health services, community centers and in their homes, which may or may not be healthy environments (ZAINÉ *et al.*, 2010). The incorporation of participative multiprofessional practices, welcoming and constant health education directed to the adolescent public, victims of school violence, also offered by nurses and other professionals who make up the family health team, can collaborate to bring about effective improvements in the behavior of children and adolescents OLIVEIRA *et al.*, 2009).

allow the connection between different realities that are transformed and improved to construct, guide and direct the formulation of strategies and multidisciplinary intervention techniques that can reduce this problem then the following guiding question arises : What educational actions in health developed by nurses related to homophobic bullying are being carried out with students? The objective is to identify the actions of health education carried out by nurses related to homophobic *bullying*.

## MATERIALS AND METHODS

It is an integrative review of the literature, which provides the synthesis of knowledge and the incorporation of the applicability of results of significant studies in the practice (SOUZA e SILVA, 2010). For this, a search was made between January, 2017 and March / 2017 for the databases MEDLINE, SCOPUS, CINAHL, IBECS, ADOLEC, CIDSAÚDE, ERIC, APA PYSICNET, SOCINDEX, CUIDEN, LILACS, BDEF and WEB OF SCIENCE through the descriptors (DeCS / MeSH): "Students", "bullying", "homophobia" and "nursing " and their analogues in Portuguese and Spanish with AND Boolean. The inclusion criteria defined for the selection of articles were articles published in Portuguese, Spanish and English in the period from 2011 to 2017 and that it answered the guiding question. Eleven articles were pre-selected through the reading of titles and abstracts. These were read in full in order to verify the adequacy to the inclusion criteria. To the eight studies included in the final sample (flowchart described in Figure 1), The instrument of Critical Appraisal Skills Programme (CASP) adapted by Mafra (2008) to evaluate their methodological quality. This instrument consists of 10 scoring items accounting for a maximum of 10 points, that address the following issues: aim of the study, adaptation of the study design in order, the methodological design coherence and the definition of the participants, data collection details, relationship between subject and researcher, compliance with ethical considerations, accuracy in data analysis, clarity in the

**Figure 1. Characterization of the scientific articles selected for the study. Recife / PE, 2017**

**Result after searching the bases:**

MEDLINE	SCOPUS	CINAHL	IBECS	ADOLEC	CIDSAÚDE	ERIC
04	01	01	00	00	00	00
APA PYSICNET	SOCINDEX	CUIDEN	LILACS	BDEF	WEB OF SCIENCE	
03	02	00	00	00	00	
Total: 13 databases and 11 studies.						

**Result after reading titles and summaries:**

MEDLINE	SCOPUS	CINAHL	APA PYSICNET	SOCINDEX
04	01	01	03	02
Total: 5 databases and 11 studies.				

**Result after reading the studies in full:**

MEDLINE	SCOPUS	CINAHL	APA PYSICNET	SOCINDEX
02	01	01	02	02
Total: 5 databases and 11 studies. Three studies were excluded because of duplicity.				

Given the evidence of school violence from homophobic *bullying*, its individual and collective consequences in the face of adversities centered on the student and community environment, understanding that the structures of education

presentation of results and importance of the research (MAFRA, 2008). Level A articles are those that reach 6 to 10 points. These have good methodological quality and reduced bias. Level B scores reach up to 5 points, and methodological

quality is considered satisfactory, but with increased risk of bias. Of the articles evaluated for methodological rigor, only one study was classified as level B. Consecutively, the data collection tool was applied, where a critical approach was carried out to the studies, evaluating the Evidence Level (EL) which is characterized hierarchical and based medium in the methodological features and adopted research design (URSI, 2005). Through this, it was possible to extract relevant information and minimize transcription errors, as well as to verify the level of evidence of the article ranging from level of Evidence 1 to level of Evidence 7, which: Level of Evidence 1: Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials or from clinical guidelines based on systematic reviews of randomized controlled trials; Level of Evidence 2: Evidence derived from at least one well-delineated randomized controlled trial; Level of Evidence 3: Evidence obtained from well-delineated clinical trials without randomization; Level of Evidence 4: Evidence from well-delineated cohort and case-control studies; Level of Evidence 5: Evidences originating from a systematic review of descriptive and qualitative studies; Level of Evidence 6: Evidence derived from a single descriptive or qualitative study. Level of Evidence 7: Evidence from the opinion of authorities and / or expert committees report<sup>19</sup> (URSI, 2005).

## RESULTS

According to methodological quality, seven articles expressed concept A, presenting good methodological quality, and one article presented concept B, but it was not disregarded due to a shortage in articles on the subject. All articles were in English; worked with the methodologies: quantitative, qualitative, reflexive study, experimental study and non-randomized study privileging the analysis of the actions developed. According to the evidence classification system, the articles were identified as follows: four articles presented level of evidence 3 because they focused on evidence obtained from well-designed clinical trials without randomization, an article presented the level of evidence 4 because it highlighted a study with characteristics from well-delineated cohort and case-control studies, two papers presented level of evidence 5, because they justified evidence originating from a systematic review of descriptive and qualitative studies, and one article presented a level of evidence 6, because it presented evidence derived from a the only descriptive or qualitative study (POMPEO *et al.*, 2009). In view of the results obtained through the aforementioned collection instruments, a frame with the following relevant information: title, author / year, objectives, methods, intervention and results.

## DISCUSSION

From the data in Table 1, the emergence of three categories related to the theme: Acquisition of new competencies for a professional practice with a holistic view of health care; Relationship between homophobic bullying and psychic suffering and Use of educational activities and health care to promote a healthy school environment.

**Acquisition of new skills for a professional practice with a holistic view of health care:** According to a 2005 study based on an online survey applied to a sample of 5,731 (6.5% aged 12 to 19 years) Japanese men who have sex with men, the following findings were identified: 45.1% had already

undergone some action related to homophobic bullying, 38.8% reported moderate levels of depression and stress, 21.4% reported experiencing at least one form of sexual victimization, and 14.0% had already performed some suicide attempt (HIDAKA *et al.*, 2014). Therefore, based on the interviewees' reports, a public health practice focused on the physiological aspects of care is observed, that is, there is an intensification of actions to promote STDs / HIV / AIDs and the identification of behaviors risk, in addition to strict professional reception centered from sexual orientation, with few resources references to a care service network (Hidaka *et al.*, 2014; Meyer, 2003). The presence of stressors and psychosocial factors was also evidenced, but access to mental health care services was very restricted. Mental health professionals, nurses, psychologists, and public health professionals who provide mental health counseling need a better training to understand the real needs of this population in order to provide culturally congruent, consistent, holistic, which can guarantee a reference network, online information, elaboration of educational materials in health to guarantee the integrality of the care and support the behavioral and psychosocial changes in the way imeditad<sup>23</sup> (SHIMANE *et al.*, 2012).

In a survey of a government report on American schools, nine out of ten teachers in high schools said they had no training in how to prevent and combat homophobic bullying and bullying. These reflected that violence would not only be confined to the classroom, but could also happen in other spaces of the institution, which makes it essential that all members of the school community have an understanding of what bullying is and what can be done to prevent from the skills and knowledge to do it<sup>24</sup> (TALLON, 2011). According to the school environment, there is also a need to promote training spaces for teachers and managers that enables technical discussions on the political, legal and educational aspects that involve homophobic bullying, as well as the structuring of a curriculum which incorporates the practice of tolerance, respect and solidarity in educational institutions as a way of guiding, directing and delineating multidisciplinary intervention techniques in front of the school community so that they can reduce the problem of bullying and its social and health consequences (ISOLAN, 2014; TALLON, 2011).

**Homophobic bullying and psychic suffering:** The negative effects of homophobia and heterosexism on the health of lesbian, gay, and bisexual youth (LGB) are well established in the literature<sup>25</sup> (HUGLES *et al.*, 2010). These young people experience a disproportionate burden of violence and victimization that can be experienced both at school and in the family environment, resulting in social isolation, challenges in mental health, suicide risks, depression, psychoactive substance use, criminal convictions, school failure, in addition to less economic prospects in an adult life (Hughes *et al.*, 2010; CALLUN; LAREN, 2011; MCDERMOLT *et al.*, 2008; MARTIN *et al.*, 2014). In a study of 618 students from English schools, where 93% declared themselves to be heterosexual, the potential effects of homophobic victimization on the mental health of these adolescents were evidenced by increased stress-related symptoms during the school year, as well as simultaneity of signs of anxiety. It was also observed that homophobic victimization increased throughout high school more for heterosexual boys than for girls. It was also found that victimization predicts superior suicidal ideation among

Table 1. Characterization of the articles in the analysis. Recife, Pernambuco, 2017

	Title / Authors / year	goal	Method	Intervention	Results
E1	Prevalence of Sexual Victimization and Correlates of Forced Sex in Japanese Men Who Have Sex with Men. <sup>21</sup> Authors: Hidaka Y, Operator D, Tsuji H, Takenaka M, Kimura H, Kamakura M, Ichikawa S. Year: 2014. BASE: MEDLINE Level of Evidence: 4 Methodological rigor: A	It will explore prevalence of different types of sexual victimization in a large sample of the population, and associations between sexual victimization and psychosocial and behavioral risk factors for the studied public.	An exploratory study, transverse, quantitative.	From the use of media resources an online survey could be conducted with 5,731 men who had sex with other men. Of these, 372 were aged 12-19 years and reported experiencing some types of violence and already report signs following these realities, such as: stress, anxiety, depression, suicidal ideation and suicide attempt.	There was little integration between the participants and their families to minimize their personal, behavioral and psychological conflicts. It was also verified that, based on the respondents' reports, health services and professionals can not perceive them through a holistic view of care. These are targeted at counseling actions focused solely on STD / HIV / AIDS-related prevention and treatment. Participants also recorded the need for physicians, psychologists and nurses to carry out training to work in mental health and community health services as a reference for this population, as well as to promote the development of Reference Networks, sites and information on appropriate and confidential services that allow them a look that values their cultural and behavioral issues.
E2	Tackling homophobic language: The responsibility of all staff. <sup>24</sup> Authors: Alastair Tallon. Year: 2011 BASE: SCOPUS Level of Evidence: 5 * Methodological rigor: B * (considered by the lack of study on the subject).	Highlight the need to implement an action plan eradicate discrimination and homophobic language in the school environment favoring the good coexistence in the relations.	Reflective study	Evaluation of the school environment against the reports of teachers and staff of school workers about the homophobic language index voiced by the students. It was also highlighted the insecurity of the professionals in dealing with the subject even aware of the evidences and consequences for the victims.	They were suggested by the school community: Promoting a safe school environment for students; effective implementation of antibullying policy in school space; teacher training on the subject and legal aspects of bullying; sensitization of student families; exchange of experiences with other professionals from different school environments and the use of technological and media resources (websites, blogs, videos and others) to share information between students and teachers.
E3	Internalized homophobia as a partial mediator between homophobic bullying and self-esteem among youths of sexual minorities in Quebec - Canada. <sup>28</sup> Authors: Martin B; Gervais J; Hébert, M. Year: 2014. BASE: CINAHL Level of Evidence: 2 Methodological rigor: A	To document verbal / psychological homophobic bullying among minority youths and to model the relationship of homophobic bullying, internalized homophobia and self-esteem.	Experimental Study	A sample of a community of 300 youngsters from sexual minorities, aged 14-20 years, was used, based on a structural equation model that showed that homophobic bullying has an impact on self-esteem directly or indirectly through internalized homophobia.	The results highlighted the importance of implementing initiatives and strategies for the prevention of homophobic bullying, avoiding the negative effects on the health and well being of young people from sexual minorities.
E4	Short-Term Prospective Effects of Homophobic Victimization on the Mental Health of Heterosexual Adolescents. <sup>29</sup> Authors: VP Poteat VP; Scheer JR; DiGiovanni CD. Mereish EH. Year: 2014 BASE: SOCINEX Level of Evidence: 1 Methodological rigor: A	Analyze the effects of homophobic victimization on mental health of heterosexual adolescents over a year and whether these effects are different for men and women.	Longitudinal Study	Longitudinal evaluation related to the effects of homophobic victimization in heterosexual youngsters of both sexes; Application of DASS scale to young participants.	It has been observed that the effects of homophobic victimization are associated with symptoms of anxiety and depression; It was found that homophobic victimization led to an increase in anxiety levels related to levels attributable to victimization in general; The effects of homophobic victimization are more evident in heterosexual males than females; It is necessary to provide more effective educational and health services for young people experiencing victimization to promote the development of these adolescents.

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E5	<p><u>Population-level evaluation of school-based interventions to prevent substance use problem among gay, lesbian and bisexual adolescents in Canada.</u><sup>30</sup></p> <p>Authors: Konishi C, Saewyc E, Homma Y, Poon C</p> <p>Year 2013.</p> <p>BASE: APA PSYCNET</p> <p>Level of Evidence: 3</p> <p>Methodological rigor: A</p>	<p>To examine the double probability of psychoactive substances related to satisfactory school coexistence between gay and heterosexual youth or in the existence of anti-homophobia policy.</p>	<p>Transverse study derived from clinical trial.</p>	<p>Evaluation of alcohol and other psychoactive substances consumption among young homosexuals and heterosexuals of both genders in school spaces that existed an anti-homophobia policy and youth groups / youths active in this area. The evaluation was carried out in a government database.</p>	<p>The existence of an anti-homophobia policy in the school environment was related to a recent reduction in alcohol use in relation to the previous period.</p> <p>The existence of an anti-homophobia policy can be beneficial in reducing the use of alcohol in heterosexual and homosexual young people.</p> <p>The existence of health interventions provides benefits to young people, irrespective of their sexual orientation, helping to prevent problematic consumption of alcohol and other substances among adolescents in school.</p>
E6	<p>Homophobic Name-Calling Among Secondary School Students and Its Implications for Mental Health.<sup>31</sup></p> <p>Authors: Collier KL;HMW Bos</p> <p>Year 2013</p> <p>BASE: SOCINEX</p> <p>Level of Evidence:2</p> <p>Methodological rigor: A</p>	<p>To describe the prevalence of homophobic curses in a sample of Dutch adolescents.</p> <p>Examine the experience of being targeted by homophobic curses and their relationship to psychic suffering.</p>	<p>Non-randomized study.</p>	<p>To know the prevalence of homophobic curses in a sample of Dutch adolescents from a school survey database conducted by a Dutch government body.</p> <p>To identify the relation of the appearance of suggestive signs to the psychic suffering related to the period of exposure to the homophobic curses in the school environment.</p>	<p>It was verified that the prevalence of suffering due to homophobic cursing is related to young male homosexuals; So many female adolescents, as male adolescents, showed signs of depression, stress, and suicidal ideation when experiencing homophobic curses.</p> <p>It is necessary to broaden the scientific evidence regarding the relationship between psychological suffering and homophobic curses experienced by young people.</p>
E7	<p>Challenging homophobia and heterosexism through storytelling and critical dialogue among Hong Kong Chinese immigrant parents in Toronto.<sup>34</sup></p> <p>Authors: Pui-Hing JW; Kwong-Lai MP</p> <p>Year 2013</p> <p>BASE: APA PSYCNET</p> <p>Level of Evidence: 6</p> <p>Methodological rigor: A</p>	<p>Uncovering homosexuality for Chinese immigrant parents; To promote an interactive and dialogical space to discuss heterosexuality and homophobia from Storytelling conducted by professionals and finalized by immigrants.</p>	<p>Qualitative study.</p>	<p>Storytelling with Chinese immigrant parents living in Toronto, from ten meetings where they could experience the sharing of experiences and realities supported by school professionals and the community environment.</p>	<p>Storytelling allowed the sharing of experiences among parents about homosexuality and heterosexuality; Through the stories told, collective awareness and an increase in the capacity to identify heteronormative and homophobic discourses among participants were observed; It was possible to develop materials for health promotion through community workshops, activities in the school environment and interviews in communication vehicles.</p>
E8	<p>Preventing Bullycides The School Nurse's Role in Breaking the Link Between Victimization of Sexual Minority Youth and Suicide.<sup>33</sup></p> <p>Authors: Reynolds, DVD.</p> <p>Year: 2011.</p> <p>BASE: MEDLINE</p> <p>Level of Evidence: 5</p> <p>Methodological rigor: A</p>	<p>What is the role of school nurses in bully-cide prevention?</p>	<p>Reflective study.</p>	<p>The study presents, from a bibliographical survey, the relationship between bullying and sexual orientation and gender issues, aimed at the young LGBT public and the consequences for their health. There is a fourfold incidence of stress illness, anxiety, suicidal ideation, school absenteeism, suicide attempts and suicide in LGBT youth in the face of harassment experienced through bullying. This is evidenced in school, community and family.</p>	<p>It highlights the importance of mediation of school conflicts from the family, teachers, community and employees of the school environment. It also defines some attributions for the school nurse in relation to the bullycide: to promote the well-being and prevention of suicide from educational practices in health, to foster the reception and listening in school space in order to identify mental changes (depression, stress, suicidal ideation , food pattern and sleep); carry out the dissemination of official information about bullying as well as spaces for the promotion of law and citizenship; To carry out educational health activities on bullying, sexual orientation, gender, suicide with professionals in the school environment and community and to promote safe environments in the school (restrooms, living spaces) for the school transit of LGBT youth.</p>

LGB youth but signs of stress and general distress were present among LGB and heterosexual youths (PATEAT *et al*, 2014; KONISHI *et al.*, 2013; COLLIER *et al*, 2013). According to the report of 63% of high school teachers in American schools from a Stonewall School report, it is recorded that homophobic bullying has a negative impact on school absenteeism, on students' school work, affects their preparation for the examinations and, consecutively, about their aspirations and work opportunities since they also identify the school dropout (TALLON, 2011). When analyzing a population-based sample in 2008 with 21,708 Canadian teenage students from a longitudinal study for 3 years, with the objective of testing the hypothesis of the existence of an anti-bullying policy in the school environment, together with the presence groups that favored alliances between gay and heterosexual students, and the relationship with alcohol and psychoactive substances consumption during this period, the following was observed: that the existence of anti-homophobic intimidation policies and the active presence of student groups formed by gay and heterosexual students significantly reinforced the reduction of alcohol consumption and abuse mainly at weekends between both students, as well as a reduction in the consumption of psychoactive substances in the LGB population (KONISHI *et al*, 2013). In order to avoid and reduce psychiatric illness and suffering among adolescents from sexual minorities due to homophobic *bullying*, the following strategies were identified: inclusion of policies and programs that promote safe and supportive school environments for young people of any sexual orientation<sup>31</sup> (COLLIER *et al*, 2013). The school then presents itself as the environment where the adolescents spend a significant part of their time, that is, it is an indispensable place for the realization of educational and assistance interventions. The promotion of student groups to provide support, early identification of *bullying* and support to students, fosters a healthy institutional environment, strengthens student empathy and bonding, and reduces health risks related to the stress (KONISHI *et al*, 2013, COLLIER *et al*, 2013).

**The use of educational and health care activities to promote a healthy school environment:** Educational and care programs aimed at homophobic *bullying* should be designed and structured to understand schools as dynamic and complex systems, considering their social, economic and cultural characteristics (ISOLAN, 2014). The school should be encouraged to chart bullying in its environment to determine the prevalence and severity of the problem. The engagement of teachers, employees, parents, health professionals, community and students are fundamental for the implementation and implementation of guidelines and uniform actions. These should prioritize the full awareness of this form of violence and support the victims of bullying so that they feel welcomed, understood and protected, using educational measures that guarantee a safe environment (KONISHI *et al*, 2013; COLLIER *et al*, 2013). Following the 2010 Equality Act passed in the USA / USA, it was requested that in 2012, all public spaces, including schools, would draw up a plan of action that would take steps to eradicate discrimination, promote equality and promote good social relations (TALLON, 2011). As an effective measure for anti-bullying actions in the area of education and health, it was implemented with a teacher orientation kit containing: books, DVDs, stickers, posters bringing questions about training and curricular guidelines focused on the theme of homophobia and on the

young LGB. We also developed a film containing daily situations experienced by LGB youth in school and family environment, which is used during the classes to discuss the impact of homophobic bullying and its consequences. According to social networks, a page called Anti-Bullying Week was also prepared, which presents guidelines and audiovisual resources for students and teachers (TALLON, 2011). Therefore, health professionals who work directly in the school environment play an important role in the early identification of psychic suffering, self-harm prevention and suicide (COLLIER *et al*, 2013; REYNOLDS, 2011). The nurses in the school environment present themselves as reference professionals, since reception spaces are partially recognized as safe for adolescents LGB (REYNOLDS, 2011). The presence of a systematic follow-up with this professional, based on the dialogue with the adolescents, allows the early identification of: signs of depression, changes in eating patterns and rest, isolation, mood alteration, suicidal ideation, consumption of psychoactive substances for elaboration of an individual, collective and family care plan (REYNOLDS, 2011; SENEHI *et al*, 2009). The carrying out of educational activities based on a more inclusive language with the youth promoted by the school nurse, allows to promote discussions with the student councils, centered on anti-bullying policies, their legal aspects, encouraging dialogic models for the promotion of citizenship in school environments. School nurses working with the school community provide the safest institutional environment, which is important for the reduction of homophobic bullies and suicide prevention (COLLIER *et al*, 2013; REYNOLDS, 2011). Collective identities are built through cultural phenomena in which society is built. The pattern of heterosexuality presents itself as the prototype of the human being and disregards any non-heterosexual behavior, which is strengthened as the dialogue is prevented in favor of conservative constructions<sup>34</sup> (WONG, POON, 2013). The purpose of this study was to provide a relational process based on cultural aspects experienced by a community of Chinese immigrants living in the city of Toronto, Hong Kong, who play an important role in shaping the attitudes of young people regarding gender, sexuality and *bullying* associated with homophobia in school and in the community. In order to minimize the consequences caused by victimization, it was elaborated by health professionals and teachers of this locality, in 2008 an educational strategy called *storytelling* (WONG; POON, 2013). This dialogic methodology aims to use a narrative space based on the creation of a story based on daily life experienced in order that narrators and listeners can discuss the implications of the problem addressed from a critical collective reflection that can promote social change. From the storytelling the participants allowed themselves to reconstruct their identities, sensitizing themselves in a collective approach, capable of identifying normative discourses, besides being able to dialogue with the diversities, welcoming them in their specificities. Based on this approach, professionals were able to expand their actions aimed at health promotion, bring the community closer to dialogue, break the silence on homophobia, and strengthen a new critical reading for collective empowerment in the face of new social practices for the environment school (SENEHI *et al*, 2009; WONG, POON, 2013).

### Final Considerations

From this study it is understood that educational and health care actions are presented as an innovative and guiding

resource for nurses' practices vis-a-vis homophobic bullying. This professional needs to appropriate these resources as a strategy to promote their educational, training and assistance practices aimed at integral health care, recognizing the cultural aspects of the subjects involved, ethical issues, citizenship and vulnerabilities for the reconstruction of values and redefinitions behavioral patterns. It was also observed that few studies correlated with the subject were identified, however, it was observed that their applications reflected the emotional and psychic consequences presented by students, as well as the repercussions of community and school educational actions. In Brazil, no study was identified that evidences the professional practice of the nurse as a coping strategy for homophobic *bullying*, that is, the proposal listed is little explored by scholars, evidencing gaps in knowledge. Therefore, the importance of future scientific investigations with preventive and interventional approaches, necessary to broaden the scientific evidence on the subject, is indicated.

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