

# Bullying and behavior problems reported by victims and teachers: Brazilian findings

Felipe Alckmin-Carvalho  
Renatha El Rafihi-Ferreira  
Márcia Helena da Silva Melo

*Universidade de São Paulo, SP, Brasil*

## Abstract

This study aimed to evaluate the occurrence of bullying in a Brazilian public school and to compare the behavior problems reported by the victims to the informed by their teachers. The School Violence Scale was used to identify bullied students. For behavioral problems, Youth Self Report and Teacher Report Form were used. From 154 adolescents assessed, 30 (19.4%) were identified as targets of bullying, (M age=12.4 yr., SD=.7), 24 males (80%). From those, 16 (53.3%) reached clinical levels on internalizing problems, 11(36.6%) on externalizing and 13 (43.3%) on total problems. This subsample reported more internalizing problems (F=13.40,  $p<.001$ ) and less externalizing problems (F=6.63,  $p<.01$ ) compared to the rated by teachers. The high frequencies of victims of bullying as well as the high scores of internalizing and externalizing problems in this subsample point to the urgency of preventing bullying and treating the victims.

**Keywords:** Bullying; Victimization; Violence in school; Behavioral problems.

## ***Bullying e problemas de comportamento referidos pelas vítimas e professores: Resultados brasileiros***

### Resumo

Este estudo teve como objetivo avaliar a ocorrência de *bullying* em uma escola pública brasileira e comparar os problemas de comportamento relatados por vítimas ao informado por seus professores. A Escala de Violência Escolar foi utilizada para identificar os alunos vítimas de *bullying*. Para avaliar problemas comportamentais foram utilizados o *Youth Self Report* e o *Teacher Report Form*. Dos 154 adolescentes avaliados, 30 (19,4%) foram identificadas como alvos de *bullying*, (M idade=12,4 anos, DP=0,7), sendo 24 meninos (80%). Desses, 16 (53,3%) atingiram níveis clínicos de problemas internalizantes, 11(36,6%) de externalizantes e 13 (43,3%) de problemas totais. Esta sub-amostra relatou mais problemas de internalização (F=13,40,  $p<0,001$ ) e menos problemas de externalização (F=6,63,  $p<0,01$ ) em comparação ao reportado pelos professores. A alta frequência de vítimas de *bullying* e os elevados escores de problemas internalizantes e externalizantes nessa sub-amostra apontam para a urgência de prevenir o *bullying* e tratar as vítimas.

**Palavras-chave:** *Bullying*; Vitimização; Violência na escola; Problemas de comportamento.

## ***Bullying y problemas de comportamiento reportados por las víctimas y maestros: Resultados de Brasil***

### Resumen

Este estudio tuvo como objetivo evaluar la incidencia de *bullying* en una escuela pública brasileña y comparar los problemas de comportamiento reportados por las víctimas a lo informado por sus profesores. Para identificar estudiantes víctimas de *bullying* se utilizó la Escala de Violencia en la Escuela. Para los problemas de comportamiento, se utilizaron *Youth Self Report* y *Teacher Report Form*. De 154 adolescentes evaluados, 30(19,4%) fueron identificados como víctimas de *bullying* (M edad=12,4 años, SD=0,7), 24 chicos (80%). De esos, 16(53,3%) alcanzaron niveles clínicos en problemas de internalización, 11(36,6 %) de externalización y 13(43,3%) de total de problemas. Esta submuestra informó más problemas de internalización (F=13,40,  $p<0,001$ ) y menos problemas de externalización (F=6,63,  $p<0,01$ ) en comparación con los profesores. La alta frecuencia de víctimas de *bullying*, así como las altas puntuaciones de internalización y externalización en esta submuestra señala la urgencia de la prevención *bullying* y el del tratamiento de las víctimas.

**Palabras clave:** *Bullying*; Victimización; Violencia en la escuela; Problemas de conducta.

Bullying is a type victimization, described as episodes of violence that occur repeatedly in a relation in which there is an imbalance of power between the victim and the aggressor, making it difficult for the individual intimidated to defend himself (Lopes Neto, 2005; Olweus, Limber, & Mihalic, 1999). Bullying behaviors may occur in physical or verbal forms. Directly by using nicknames, insults, racist and homophobic remarks and based on religious, physical, economic, social, cultural and political differences; and indirectly by exclusion or social isolation (Olweus et al., 1999). The term is inappropriate when the teasing is done in a friendly and playful way or when fights or disputes occur between two students of the same age range, physical condition and cognitive development. Such behaviors are understood as being usual in social interactions (Olweus et al., 1999).

Researchers have identified four different forms by which children and adolescents are involved in bullying: a) victims or targets of bullying, b) offenders or perpetrators, c) victims-aggressors and d) witnesses (Olweus et al., 1999). The targets of bullying may not have repertoire to react or stop the violence aimed at them. Generally, they tend to be less sociable, unsure, passive, withdrawn, anxious and may have few friends. Moreover, they show a low level of self-esteem. In some cases, the self-esteem of the victims is so low that they believe they deserve mistreatment (Lopes Neto, 2005; Ravens-Sieberer, Kökönyei, & Thomas, 2004).

Researchers also point out that being a target of bullying is associated with signs of psychiatric disorders such as post-traumatic stress disorders (Albuquerque, Williams, & D'Afonseca, 2013), anorexia and bulimia nervosa (George, 2013), or poor academic performance and truancy (Olweus et al., 1999; Sourander, Helstelä, Helenius, & Piha, 2000). Further, have been a target of bullying during childhood is associated with being subjected to physical violence (Björkqvist, Österman, & Berg, 2011) and unemployment for long periods in adulthood (Varhama & Björkqvist, 2005). Recent studies have also identified a strong association between having been a victim of bullying and suicidal ideation and suicide attempts. (eg Espelage & Holt, 2013). In addition, the literature has consistently shown that being bullied in childhood and adolescence is an important risk factor for several internalizing behavior problems, such as isolation, depression and anxiety (Alckmin-Carvalho, Izbicki, & Melo, 2014; Ledwell & King, 2013), and externalizing problems, such as aggressiveness (Vaillancourt, Brittain, McDougall, & Duku, 2013).

Questionnaires comprised by the Achenbach System of Empirically Based Assessment (ASEBA) have been widely used by different research groups around the world. The Child Behavior Checklist (CBCL), the Youth Self-Report (YSR) and Teacher's Report Form (TRF) are standardized questionnaires that are part of ASEBA system (Achenbach, & Rescorla, 2001). These instruments assess behavioral problems of children and adolescents from the perspective of different informants, as parents, youth and teachers. They are also one of the most used tools in mental health screening studies with children and adolescents in Brazil (eg: Paula, Miranda, & Bordin, 2010; Rocha, 2012).

ASEBA has recently been used to identify behavioral problems in children and adolescents involved in bullying, both in Brazil and in other countries. For example, Jiang, Walsh and Augimeri (2011) identified bullying behavior using item 16 of the CBCL ("The child is cruel, intimidating or does evil to others?"). The results showed that aggressors had higher levels of externalizing behavior problems such as aggressive behaviors and breaking rules.

Albores-Gallo, Saucedo-Garcia, Ruiz-Velasco and Roque-Santiago (2011) used the BULL-S test (Ramírez, 2006) to identify children and adolescents (n=1,092) involved in bullying and the CBCL to assess their behavior problems. It was found that involvement in bullying situations was associated with the clinical behavior problems. Victims-aggressors were the ones who most presented difficulties such as oppositional behavior and ADHD indicators, followed by the offenders, who had internalizing behavioral problems, especially anxiety, and then by the victims, with clinical scores in the depression and anxiety scales. In this study, victims and victim-aggressor showed higher scores on opposition scales and of ADHD than the control group.

A longitudinal study with children (n=580) from 8 to 16 years old, using the CBCL and the YSR as a tool for screening behavioral problems, pointed that being victim of bullying in childhood was strongly associated with internalizing behavior problems at the age of 16, especially depression and anxiety (Sourander et al., 2000). A meta-analysis of 18 studies (involving approximately 14,000 students) on behavior problems of bullying victims found that internalizing problems happened before and after successive victimization (Reijntjes, Kamphuis, Prinzie, & Telch, 2010). This indicates that these behavior problems operate both as a risk factor for being victimized and are also maximized when the child is bullied at school. Findings of Zwierzyńska, Wolke and Lereya (2013),

in a sample of 3,962 Canadian children, point to the same trend.

Salbach-Andrae, Lenz and Lehmkuhl (2009) investigated the similarity of observer ratings by teachers, parents and children/adolescents on a group of children and adolescents sent to the psychiatric department of a children's hospital by their parents or by the school. The correlation in ratings found among the three groups of raters from TRF, the CBCL and YSR ranged from low to moderate. In general, parents reported more behavioral problems, followed by teachers and then by the students. Weaker correlations were found between teachers and students with low similarity in the total scores of behavior problems, especially in internalizing behavior problems such as depression, isolation and anxiety. Students reported fewer internalizing and externalizing problems than their teachers. According to the self-report the levels were in the normal range, and according to teachers, in the borderline or clinical range. Grigorenko, Geiser, Slobodskaya and Francis (2010) also found low correlation-between teachers and 841 youngsters.

The studies on correlation among informants, outlined above, indicated consistent differences between youngsters' and teachers' perceptions. De Los Reyes (2011, 2013) pointed out that the most accepted explanations among researchers and clinicians about differences between the informants refer not only to variations in the way young people interact with their peers but also to the differences between the informant's perception of the adequacy (teachers and young people) of these behaviors in social interactions. Differences between informants may also be due to variations in age and ethnicity of the respondents as well as the type of behavior problem. In addition, the presence of depression and stress of raters seems to increase the discrepancy between them, as pointed out Youngstrom, Loeber and Stouthamer-Loeber (2000). De Los Reyes, Thomas, Goodman, and Kundey (2013) also found that parents and teachers' reports on child's behavior are biased when they consider that the child needs psychiatric care.

The literature indicates that knowing the behavior of children and adolescents in different contexts, especially in the family and at school, is essential to develop preventive actions and to provide appropriate treatment (De Los Reyes, 2013; Kerr, Lunkenheimer, & Olson, 2007; Rocha, Ferrari, & Silveira, 2011). However, there is a shortage of Brazilian studies using multiple raters in different contexts to assess behavioral problems.

Considering specifically the problems associated with bullying victimization, more accurate studies

of the convergence between reports seem to be relevant to produce a better understanding which can be consistently used to identify and reduce behavior problems in bullying targets. In addition, this knowledge can also be used to develop better social relations and higher levels of learning among students.

Research assessing behavior problems reported by victims of bullying and the convergences and divergences reported by their teachers are scarce in Brazil. We verified it in a search in the Scientific Electronic Library Online (SciELO) and the Electronic Psychology Journals Portal (PePSIC) during the first half of 2014. By combining the keywords "bullying + teachers" and "bullying + review", followed by "bullying + review" and "bullying + multiple informants", no issue comparing bullying victims pupils' reports with their teachers' account on behavioral problems was found in the available literature.

Considering the information gap mentioned above, this study aimed to compare the scores of behavioral problems reported by adolescent victims of bullying with the ones reported by their teachers and also to analyse the convergence and divergence consequences.

## Method

### Participants

154 adolescents aged between 12 and 14 years and enrolled in six different classes (2 from the 6th, 7th and 8th grades) of a public secondary school were assessed. Besides the students, two teachers also rated the children: the one in charge of Math courses and the other of Language education. Both teachers had been teaching in these classes for at least six months before the survey, being with the students for about 8 hours a week, which is the period of time necessary to have sufficient knowledge of the individual students according to the authors who developed the assessment method here used (Achenbach & Rescorla, 2001).

### Ethical considerations

The project was approved by the Ethics Committee at the University in the research was linked, in the process CEP/IP210822, CAAE 04741913.3.0000.5561. The participants (institution, teenagers, parents and teachers) received information about the aims and methods of the study and sign the documents provided by the National Board of Health regarding research with human subjects. At the end of the study, a feedback interview with students, parents and teachers was held and that the results found in the study were

properly informed. In addition, participants evaluated as targets of bullying were referred for counseling in clinical psychology school or other public health service.

## Measures

*School Violence Scale – Student version (EVE)* (Stelko-Pereira, 2012). Self-report scale in which the students are asked to answer 18 closed questions in relation to violence they have been involved in. The Likert scale comprises: no time, 1 or 2 times, 3 or 4 times, 5 or 6 times, 7 times or more). Evidence of adequate validity (content validity and internal consistency indicators) was verified in a sample of 2,668 Brazilian students from 6th to 9th grade of elementary school (Stelko-Pereira, Williams, & De Freitas, 2010). The Cronbach Alpha Coefficient for global scale and subscale ranged from .61 to .95, indicating that the frequency items of the instrument were consistent to evaluate different aspects of violence, providing an indicator of reliability or reliability to the instrument studied, based on the homogeneity of its items. Teenagers are considered victims of bullying when the scores are in two standard deviations above the class average.

*Youth Self Report (YSR/11-18; Achenbach & Rescorla, 2001)*. A self-assessment screening tool which consists of two parts: the first evaluates the adaptive functioning and the second evaluates students' behavioral problems. The adolescent is oriented to quantify the behaviors presented in a scale of 0 to 2 points, which indicate: 0 – false item or behavior absent; 1 – partially true item or behavior sometimes presented; 2 – fairly true item or often presented behavior. The Brazilian version of the YSR was translated and validated (content, internal consistency and psychometric properties) in a sample of 540 Brazilian adolescents watched in mental health services and 2,836 non-referred adolescents, aged between 11 and 18 years, from four of the five Brazilian regions (Rocha, 2012). The internal consistency values found for the Brazilian sample are very similar to those reported in several countries, with Cronbach Alpha values ranging from .533 (Anxiety Problems) to .935 (Total Emotional / Behavioral Problems Scale). Scores of behavior problems can be classified into non-clinical (<60), borderline (between 60-63) and clinical (>63).

*Teacher Report Form/6-18 (TRF/6-18)* (Achenbach & Rescorla, 2001). The Behavioral Checklist for Teachers was developed to obtain teachers' reports on students behaviors aged 6-18 years. It is a screening instrument which consists of two parts: the first

evaluates the adaptive functioning and the second evaluates students' behavioral problems. The teachers are oriented to quantify the students behaviors presented in a scale of 0 to 2 points, which indicate: 0 – false item or behavior absent; 1 – partially true item or behavior sometimes presented; 2 – fairly true item or often presented behavior. Till now, there are no psychometric studies testing the TRF cutoff points for Brazilians. For this reason, we used the American normative sample (Achenbach & Rescorla, 2001), that indicates the behavior problems can be classified into non-clinical (<60), borderline (between 60-63) and clinical (>63).

## Procedures

The assessment was performed in classrooms with all the students present, with the exception of teachers who completed the TRF individually at school, during the working time, in a room made available for this purpose. The evaluations took place in two stages: in the first, teenagers were asked to answer to the EVE scale (Stelko-Pereira, 2012), designed to identify bullying; in the second, once bullied were identified, the victims had their behavioral profile assessed by YSR and TRF application.

## Analysis

Victims of bullying were identified from two standard deviations above the class average in EVE. The behavior problems mean/median scores were obtained and analyzed by the Assessment Data Manager software (ADM) used for ASEBA instruments correction. The inferential statistical analysis was performed using the *Statistical Package for Social Sciences (SPSS)*, version 17. The difference in proportion of participants who reached clinical levels from self-report and the teachers' report was evaluated using the Z score test. The distribution of scores for internalizing and externalizing behavior problems presented normal distribution, verified by graphical analysis and by Shapiro-Wilk test. Thus, to compare the difference of the average reported by students and teachers, the Analyses of Variance (ANOVA) in repeated measures was used.

Subscales of behavior problems presented a non-parametric distribution which was also verified by graphical analysis and the Shapiro-Wilk test. The median and the maximum and minimum scores of data were verified. Once the same sample was assessed twice by different raters, the Wilcoxon-Z test was used. We have adopted the probability level of 95% ( $p < .05$ ) for the rejection of the null hypothesis for every analysis.



## Results

We evaluated 154 adolescents, aged 12 to 14, from six different secondary classes located in a middle-income region of São Paulo City. Among these adolescents, 30 (19.4%) were identified as targets of bullying, 24 males (80%) and six female (20%), with an average age of 12.4 years (SD=.7). Their median household income was 2.6 Brazilian minimum wages, ranging between 1.4 and 5.1.<sup>1</sup>

Table 1 shows the proportion of adolescents classified in both clinical and non-clinical groups, according to the ratings of bullied students and their teachers.

In Internalizing Problems, students' ratings indicated a higher number of participants in the clinical range compared to reported by teachers (53.3% vs. 23.3%,  $Z=2.39$ ,  $p<.01$ ). There were no significant

differences in Externalizing Problems (36.6% vs 40%,  $Z=0.26$ ,  $p<.79$ ) nor in Total Problems (43.3% vs 36.6%,  $Z=0.53$ ,  $p<.59$ ). Table 2 presents the average behavior problems assessed by teachers and students.

The median scores for internalizing behavior problems rated by teachers were lower than those reported by the 30 students identified as being bullied ( $F=13.40$ ,  $p<.001$ ). The mean for externalizing behavior problems rated by teachers was higher than the score rated by the victims ( $F=6.63$  and  $p<.01$ ). Table 3 presents the medians, maximum and minimum values of the scores of subscales of YSR and TRF.

Statistically significant differences were found between ratings by victims and teachers for Depression and Anxiety ( $Z=-4.011$ ,  $p<.0001$ ), Somatic Complaints ( $Z=-4.092$ ,  $p<.0001$ ) and Thought Problems ( $Z=-1.895$ ,  $p<.05$ ). For other subscales, differences were not significant.

TABLE 1  
Students bullied with clinical scores assessed by self-report and the report of their teachers (n=30).

	Internalizing			Externalizing			Total		
	Students (YSR)	Teachers (TRF)	Z	Students (YSR)	Teachers (TRF)	Z	Students (YSR)	Teachers (TRF)	Z
Clinical	16 (53.3)	7(23.3)	2.39*	11(36.6)	12(40)	.26	13 (43.3)	11 (36.6)	.53
Non-clinical	14 (46.7)	23(76.7)	2.39*	19(63.3)	18(60)	.26	17 (56.7)	19 (63.3)	.53
Total	30 (100)	30(100)	-	30(100)	30(100)	-	30 (100)	30 (100)	-

\*  $p<.05$ .

TABLE 2  
Average internalizing and externalizing problem behavior assessed by bullying target students and their teachers (n=30).

Behavior Problems	Informant	Mean	Fd <sup>a</sup>	Sd <sup>b</sup>	CI <sup>c</sup> (95%)	F
Internalizing	Student	58.6	66.2	1.3	[54.6-62.6]	13.40*
	Teacher	50.7	64.4	1.4	[48.0-53.5]	
Externalizing	Student	55.1	66.3	2.0	[50.9-59.3]	6.63*
	Teacher	58.4	64.8	1.7	[54.8-61.9]	

<sup>a</sup> Freedom Degree; <sup>b</sup> Standard Deviation; <sup>c</sup> Confidence Interval; \*  $p<.05$ .

TABLE 3  
Median, maximum and minimum scores of syndromes scales according to the students bullied and to their teachers (n=30).

Syndrome Scales	Students (YSR)			Teachers (TRF)			Z
	Median	Max <sup>a</sup>	Min <sup>b</sup>	Median	Max	Min	
Depression / Anxiety	64	79	50	52	71	50	-4.01*
Isolation	56	79	50	56	74	50	- .91
Somatic Complaints	56	80	50	50	58	50	-4.09*
Social Issues	57	75	50	57	68	50	-1.25
Thinking Problems	54	75	50	50	74	50	-1.89*
Attention Problems	53	77	50	56	69	50	-1.24
Breaking Rules	53	69	50	54	81	50	- .89
Aggressive Behavior	56	89	50	59	92	50	- .82

<sup>a</sup> Maximum Value; <sup>b</sup> Minimum; \*  $p<.05$ .

<sup>1</sup> In 2014, when the research was done, the minimum wage “the national income defining the poverty line” was \$ 315. According to DIEESE, a statistic office, a family with 2.6 minimum wages income is classified in the medium lower level.

## Discussion

This study compared the reports of teenagers and teachers concerning bullying and behavioral problems. Among the findings, stands out the large number of participants' victims of bullying (19.4%). This result corroborates the data found by Santos, Cabral-Xavier, Paiva and Leite-Cavalcanti (2014) that evaluated the prevalence of victims of bullying, using the Training and Mobility on Research (TMR), and found 23.6% of victims of bullying in a sample of 525 students aged 13 to 17 years in northern Brazil. In southern Brazil the study of Moura Cruz and Quevedo (2011) also found similar prevalence of 17.6% of victims of bullying among 1,075 students from 12 to 18 who answered the Kidscape questionnaire. However, unlike the results found in a study (Rech, Halpern, Tadesco, & Santos, 2013) also conducted in southern Brazil, where the prevalence of bullying victims was lower, with 10.2% among the 1,230 participants from 11 to 14 years who responded to Kidscape. These findings reinforce the universal nature of the problem, but one limitation of this type of comparison can be due to different definitions of bullying.

Targets of bullying often reached clinical scores on internalizing, externalizing and total behavior problems, according to themselves and to their teachers. This result corroborates the data that shows bullying related to behavioral problems (Albores-Gallo et al., 2011; Ledwell & King, 2013; Sourander et al, 2000; Vaillancourt et al., 2013), and that victim position is both a risk factor and a consequence of those problems (Reijntjes et al, 2010; Zwierzyńska et al, 2013).

These results put in evidence the interaction patterns of the assessed group, confirming the importance of studies related to this subject, especially those aiming to reduce and prevent bullying at school. It is relevant to highlight that even though ASEBA tools were conceived for screening, not for diagnosis, the scores in clinical range indicate that those children need professional health care.

It was also found that teachers rated fewer internalizing behavior problems and more externalizing behavior problems compared to the ones reported by the victims, with statistically significant differences in both categories. This result is consistent with the findings of a national study in which the same tools were used for tracking victims and for the assessment of behavior problems in the sample (Alckmin-Carvalho, et al., 2014).

The findings of this study also corroborate the results of previous studies involving the broader population, showing that teachers tend to identify more

externalizing behavior problems and less internalizing ones (eg Grigorenko et al, 2010; Salbach-Andrae et al, 2009). Due to the most frequent identification of externalizing behavioral problems reported by teachers, it is worth thinking about teacher's expectations of student's behavior, what they consider to be socially desirable (promoters of healthy neurological development) and yet, how students respond to the standards and demands of the school. It would seem likely that externalizing behavior problems are more easily observed by teachers because they interfere with the normal functioning of classes.

According to the same reasoning, teachers pay not enough attention to internalizing behavior problems because these are related to the students' behavioral repertoire deficit or, in other words, because their desirable behavior is emitted in low frequency. Moreover, these problems don't interfere with the normal functioning of classes and don't have influence on the student's performance. That is probably the reason it is harder for teachers to identify this kind of behavior in students. It also should be noted that high scores of internalizing behavior problems rated by the students may be underestimated since some students with lower levels of self-observation repertoire may not even realize they suffer from such things.

Studies have concentrated on the global analysis (internalizing, externalizing and total scores) of behavior problems and those comparing the 8 subscales of the assessment tool are less frequent. Considering that more specific evaluation is necessary, this study examined the differences among the behavior problem subscales scores. It was observed that the scores of depression and anxiety, somatic complaints and problems of thought, reported by students and teachers, reached statistically significant differences, most often being reported by victims. Alckmin-Carvalho, et al. (2014) found statistically significant differences in the subscales somatic complaints and problems of thought, but not in the subscale of depression and anxiety. The authors pointed out that the reduced size of the sample may have influenced the result. Thus, it points to the importance of research to seek a broader understanding of the differences and the development of strategies that help teachers to identify these difficulties in their students.

Even seen as inadequate, behavior problems play a role. They were selected and maintained in the behavioral repertoire because they produce consequences considered good or because they avoid aversive stimuli, and so doing, they have the tendency to be repeated in similar situations in the future (Todorov & Henriques, 2013). Although this relationship exists, it

is often difficult to describe the environmental variables that control the inappropriate behavior of students. In this sense, it is important to train teachers to identify not only the form of the responses as inadequate, but also its function to describe and manage the environmental variables that lead to behavior problems.

The educator's perceptions of students' behavior can have negative implications in their relationships (Del Prette & Del Prette, 2001) as well as a negative impact to their academic, emotional and social development (Dee, 2005; Luckner & Pianta, 2011; Rolland, 2012). Therefore, it is necessary to promote positive actions to improve social interactions in the benefit of those involved in a context where misbehavior and mistreatment occur.

The present study also found significant differences in the reports of teachers and students regarding students' behavior problems. Further studies would be necessary to investigate why these divergences happen and then create interventional strategies aimed at preventing or reducing behavioral problems associated with bullying.

In this sense, we suggest, for instance, to verify if those differences stem from the fact that the behavior reported by students had occurred inside or outside the school. In the first case, it would be because teachers are unable to identify these problems or because some behaviors, seen as problems, stem from teachers' expectations.

The analysis of the results here presented must consider the limits of this study. The TRF, used to assess behavioral problems in students, from the perspective

of their teachers, is translated into Portuguese and has been used nationally. However, until now, there is no evidence of validity demonstrated for the Brazilian population. In addition, it is known that in Brazil, teachers are subjected to a series of adverse conditions in their daily life at school, such as high workload, low remuneration, large number of students per class. These conditions can produce stress and burnout in teachers, and, consequently, affect the assessment they make of their students.

Although it assesses the frequency of behavioral problems, it does not get the measure of the intensity or level of associated pain/impairment. Besides new research that tests the validity of the TRF, further studies using other tools to assess students' behavior problems from the perspective of teachers are recommended. Finally, along with the use of indirect behavior assessment tools such as self-report instruments and peer nomination report, we recommend the use of direct assessment instruments in order to produce more comprehensive evaluations.

It is noteworthy that the differences reported by raters should not be understood an error that requires a methodological resolution. Like De Los Reyes et al. (2013), it is assumed here that the differences between the raters are valuable since it tells us to look at the prospects, specific features and needs of each informant; in other words, one cannot know and intervene on the behavior of a child without making the same in relation to their physical and social environments that largely selects and retains its behavioral repertoire.

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**Autores:**

Felipe Alckmin-Carvalho – Mestre, Universidade de São Paulo.  
Renatha El Rafihi-Ferreira – Doutora, Universidade de São Paulo.  
Márcia Helena da Silva Melo – Doutora, Universidade de São Paulo.

**Endereço para correspondência:**

Av. Professor Mello Moraes, 1721, sala 19  
Cidade Universitária  
05508030 São Paulo, SP – Brasil  
<felipcarvalho@usp.br>

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