

# Caregivers' Advice and Children's Bystander Behaviors During Bullying Incidents

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Many bullying prevention programs take a bystander approach, which encourages children to intervene when they are bystanders to bullying incidents. Little is known about how caregivers' advice to children might promote or undermine the positive bystander behaviors targeted by these programs. Accordingly, the aim of the current study was to investigate relations between caregivers' advice and children's bystander behavior during bullying situations. Participants were 106 racially/ethnically diverse 4th- and 5th-grade students ( $M$  age = 10.5 years,  $SD$  = .71 years), their classmates, and their caregivers. During classroom visits, peers reported on children's bystander behaviors. During home visits, caregivers and children completed a coded interaction task in which caregivers advised children about how to respond to bullying situations at school. Results suggested that (a) bystander intervention was positively predicted by caregivers' advice to help/comfort the victim, (b) bystander passivity was positively predicted by caregivers' advice to not intervene and negatively predicted by caregivers' advice to help/comfort the victim, and (c) bystander reinforcement/assistance of the bully was positively predicted by caregivers' advice not to intervene and not to tell adults. Results support a link between caregivers' advice at home and children's corresponding behavior when they are bystanders to bullying situations at school. These results emphasize the importance of collaboration between families and schools to reduce school bullying. Implications and directions for future research are discussed.

Bullying is a subtype of aggression involving repeated, intentional attacks toward a victim who cannot readily defend himself or herself (Olweus, 1999). Many bullying

prevention programs take a bystander orientation that encourages children to intervene when they are bystanders to bullying incidents. Currently, little is known about whether bystander intervention is either promoted or undermined by caregivers' advice to their children about how to respond when they witness bullying happen. Accordingly, the aim of this study was to explore relations between caregivers' advice and bystander children's behavior during

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bullying situations. We hypothesized correspondence between the content of caregivers' advice to children and children's bystander behaviors. That is, we predicted that children would intervene during bullying episodes more frequently when caregivers encouraged them to do so and that they would intervene less frequently when caregivers advised them to stay out of bullying situations.

### Peer Victimization

Approximately 10% of children are regularly victimized (Nansel et al., 2001). Victimization predicts negative outcomes in children's academic performance, psychosocial functioning, and physical health (for a review, see Hawker & Boulton, 2000). Victimized children earn lower grades and perform more poorly on standardized tests than their classmates; they also are more likely to feel lonely and to avoid school (Kochenderfer & Ladd, 1996; Nakamoto & Schwartz, 2010). Psychosocially, victimized children suffer higher rates of depression, anxiety, and suicidal ideation (Borowsky, Taliaferro, & McMorris, 2013; Card & Hodges, 2008). Victimized children also experience more frequent somatic and physical health-related concerns including headaches, stomachaches, and sleep difficulties (Biebl, DiLalla, Davis, Lynch, & Shinn, 2011; Knack, Jensen-Campbell, & Baum, 2011; Nixon, Linkie, Coleman, & Fitch, 2011). These and other negative outcomes have created an impetus for understanding the context in which peer victimization occurs.

### The Role of Bystanders in Bullying

A common misconception about bullying is that it occurs covertly. In fact, most bullying incidents (80%–88%; Craig & Pepler, 1997; Hawkins, Pepler, & Craig, 2001; Jones, Mitchell, & Turner, 2015) occur in the presence of bystanders. For example, more than two thirds of Canadian children reported witnessing bullying occur in the past year at school (Trach, Hymel, Waterhouse, & Neale, 2010) and in the past 3 weeks at summer camp (Cappadocia, Pepler, Cummings, & Craig, 2012). Similarly, in a series of playground observations of elementary-age students, O'Connell, Pepler, and Craig (1999) found that, on average, four peers were present during each bullying episode and the number of bystanders present positively related to the duration of bullying incidents.

Bullying is a group phenomenon in which most children have a definable participant role (Salmivalli, Lagerspetz, Björkqvist, Österman, & Kaukiainen, 1998). In addition to bullies and victims, bystander children may reinforce or assist bullies by joining in, laughing, cheering, or even just providing an audience. Alternately, bystander children can support victims by confronting bullies, offering help and comfort to victims, or involving adults. Bystander behavior can attenuate or escalate bullying (Saarento & Salmivalli, 2015). In fact, the frequency of classroom bullying is negatively linked to peers defending victims and positively linked to peers reinforcing bullies

(Salmivalli, Voeten, & Poskiparta, 2011). Unfortunately, bystanders often passively watch bullying without intervening (Craig & Pepler, 1997; O'Connell et al., 1999; Trach et al., 2010). However, when bystander children do intervene, their actions can be effective. Hawkins and colleagues (2001) observed that peer interventions in bullying stopped the bully within 10 seconds for the majority of episodes. Thus, encouraging bystanders to intervene on behalf of victims may be an effective strategy for decreasing bullying.

Bystander behavior also impacts victims directly, even when the bullying does not stop. Peer defense is positively linked to victims' adjustment (Sainio, Veenstra, Huitsing, & Salmivalli, 2010), whereas negative bystander reactions are associated with physical and emotional distress on the part of victims (Jones et al., 2015). Thus, bystander behavior is an important component of the complex social context in which bullying occurs.

### Bystander-Oriented School Bullying Prevention

The negative outcomes associated with peer victimization have motivated schools to adopt bullying prevention programs. Based on the work just reviewed, recent bullying prevention efforts have taken a bystander approach. This approach aims to create an environment where bullying is not accepted and to empower bystander children to stop bullying by teaching them how to confront the bully, involve adults, and comfort victims. A meta-analysis of school-based bystander-oriented programs suggested that these programs are effective in promoting positive bystander reactions to bullying (Polanin, Espelage, & Pigott, 2012).

### Caregivers and Children's Behavior With Peers

Most bullying prevention programs are school-based, with only minimal familial involvement. However, a child's social ecology includes multiple levels (e.g., family, friends, school, neighborhood, the society at large; Bronfenbrenner, 1989), and consistent messages across levels may encourage bystanders to intervene to help victims. The family is often the first social context in which a child is exposed to models for social interaction, which may shape the child's later behavior with peers. Caregivers may be particularly influential models. Numerous studies have suggested links between parenting practices and children's prosocial development (e.g., Eisenberg, Lennon, & Roth, 1983; Krevans & Gibbs, 1996) or disruptive behavior with peers (for reviews, see Dishion & McMahon, 1998; Hove et al., 2009).

In addition to modeling, advice giving (e.g., coaching or direct teaching) is another strategy that caregivers use to socialize children's peer interactions. Even into emerging adulthood, offspring receive both solicited and unsolicited parental advice about social issues (Carlson, 2014), and this advice is linked to children's social competence (Laird, Pettit, Mize, Brown, & Lindsey, 1994) and popularity with peers (Finnie & Russell, 1988). Although no studies have

examined whether caregivers' advice relates to children's bystander behavior when they witness bullying, children's perceptions of their parents as supportive has been linked to defending behavior (Li, Chen, Chen, & Wu, 2015), and a meta-analysis of bullying prevention programs suggests that those which include a parent component are the most effective (Ttofi & Farrington, 2011). To optimize bullying prevention programs, then, more information is needed about whether caregivers' advice to children promotes or undermines positive bystander behavior.

Unfortunately, though, empirical investigations of caregivers' influence on bullying have focused largely on bullies and victims. Research suggests that bullies are likely to have parents who are poor monitors and who practice harsh discipline techniques; these families tend to be characterized by marital conflict, poor problem-solving strategies, parental rejection (Loeber & Dishion, 1984), and low levels of cohesiveness (Berdondini & Smith, 1996; Bowers, Smith, & Binney, 1992). Families of victims have been characterized by permissive, intrusive parents who frequently argue with each other (Baldry & Farrington, 2005; Georgiou, 2008; Ladd & Ladd, 1998), as well as intense closeness (Ladd & Ladd, 1998) and mothers who are perceived by children as either overprotective or rejecting (Finnegan, Hodges, & Perry, 1998). These studies offer a window for understanding familial links to school bullying but neglect a large population of children who are neither bullies nor victims—bystander children.

## THE CURRENT STUDY

For these reasons, the aim of the current study was to examine links between caregivers' advice and children's behaviors during bullying situations in a sample of 106 fourth- and fifth-grade children and their caregivers. Children were participants in a larger study examining the effectiveness of a school bullying program but had not yet participated in the program when these data were collected. We selected a middle childhood sample because bystander-oriented bullying prevention programs have been found to be most effective during this developmental period (Kärnä et al., 2011). In audio-recorded interactions that were later coded, caregivers provided advice to children about how to respond if they saw hypothetical bullying situations take place at school. Classmates completed peer nominations of children's bystander behavior when bullying happened at school. We hypothesized that caregivers' advice would correspond with consistent child behavior. Specifically, we expected that children would be more likely to intervene during bullying situations at school when their caregivers advised them to do so and less likely to intervene when caregivers advised them to stay out of bullying situations.

## METHOD

### Overview

Data were collected as part of a larger study on the effectiveness of a bullying prevention program that was approved by the Institutional Review Board of the first author's university. All 12 elementary schools in the participating school district were invited to take part in the project and nine of the 12 agreed to do so. Data collection occurred in two phases: a classroom phase and a home-visit phase. Classroom data collection was conducted in 74 fourth- and fifth-grade classrooms before children had participated in the bullying prevention program; at this time, children completed peer nominations indexing bystander behaviors. Home-visit data collection occurred with a subsample of 106 children from these classrooms and their caregiver; during these visits, caregivers and children jointly completed a series of interactions in which caregivers advised children about how to respond to bullying situations.

### Participants

#### *Classroom Sample*

The classroom sample included all children with parental permission and child assent in 74 fourth- and fifth-grade classrooms in nine elementary schools in an urban/suburban school district in a mid-Atlantic state in the US. Seventy-five percent of the 1,910 children in these classrooms received parental permission to participate, resulting in a total sample size of 1,440. About half (50.3%) of these children were male. Caregivers identified children as 50.8% European American, 18.3% African American, 15.5%, Latino American, 7.6% Asian American, 0.3% American Indian or Alaska Native, and 5.9% more than one race. Race and ethnicity data were not reported for 1.6% of the sample. Children in the classroom sample were on average 10.15 years old ( $SD = .67$  years).

#### *Home Visit Sample*

The home visit sample included 106 children from the classroom sample whose caregivers gave permission to be contacted about future studies. The sample was stratified by child sex and school socioeconomic status (SES; low- vs. high SES according to percentage of students qualifying for free and reduced lunch). Within this stratification, we recruited families at random through a phone call in which we explained the study's purpose as "a research study about how parents talk to children about bullying," described the study's procedures, and invited the family to participate. Families were excluded if a caregiver did not speak English. We invited 137 families to participate; 77% agreed and 23% declined. Caregivers who expressed interest in participating were scheduled for a 90-min home visit,

during which participants signed a caregiver permission form, caregiver consent form, and child assent form. In the home visit subsample, caregivers identified children's race/ethnicities as 50% European American, 32.1% African American, 9.4% as more than one race, 6.6% Latino American, and 1.9% Asian American. Children in the home sample were on average 10.5 years old ( $SD = .71$  years). Children in the home visit sample did not differ from remaining children in the classroom sample on demographic variables or bystander behaviors.

Most of the caregivers were mothers (87.7%) of the child participants. Some fathers (8.5%) and grandmothers (1.9%) also participated. One caregiver was the romantic partner of the child participant's mother, and one caregiver declined to report her relationship to the child. *T* tests suggested that the content of caregivers' advice did not vary by whether the caregiver was a mother, father, grandmother, or romantic partner. Caregivers were, on average, 39.71 years of age ( $SD = 7.47$  years). Families comprised an average of two adults ( $SD = .83$ ) and 2.45 children ( $SD = 1.14$ ). Fifty-two percent of caregivers were married, 15% lived with a partner, 13% were divorced, 12% were single, 3% were separated, and 4% described their relationship status as "other." On average, caregivers completed 14.47 years of school ( $SD = 2.55$ ), with one third of caregivers having a high school education or less.

### Classroom Procedures and Measures

A graduate student and approximately four undergraduate research assistants conducted 1-hr visits in each classroom. Peer-report measures were group administered in a paper-and-pencil format. To protect the confidentiality of responses, children used upright manila folders on their desks as "privacy shields." Research assistants circulated throughout the room to answer questions, keep children on task, and ensure that privacy was maintained. Research assistants also worked individually with children teachers identified as needing reading help.

#### *Peer-Report Measure of Bystander Behavior*

Children's classmates completed six peer nomination items to assess bystander behavior to bullying (Stop the Bully: When another kid is bullied, who tries to stop the bully? Help/Comfort the Victim: When another kid is bullied, who tries to help or comfort the kid? Tell an Adult: When a kid is bullied, who gets an adult to help? Remain Passive: When another kid is bullied, who doesn't do anything? Assist the Bully: When another kid is bullied, who joins in or helps the bully? Reinforce the Bully: When another kid is bullied, who watches or laughs or cheers the bully on?). A class roster followed each item and children were permitted to circle an unlimited number of names of classmates who fit the description. Each of the six resulting variables was computed by dividing the number of nominations each child received by the number of children in

the classroom completing the nominations. Peer nomination procedures are well-established in the peer relations field and considered the "gold standard" for assessing a variety of peer constructs (e.g., Coie, Dodge, & Coppotelli, 1982; Crick & Grotpeter, 1995). Their strong psychometric properties are based on the aggregation of data across multiple sources. Furthermore, peer nominations are especially psychometrically strong when unlimited nominations are used, as was done here. Because a greater range of values is obtained, there is less skewness and kurtosis in the distribution of nominations, and measurement error is reduced (Terry, 2000). Of note, the peer nominations for bystander behavior used in the current study originated with Kärnä et al. (2011) in their evaluation of the KiVa Anti-Bullying Program in Finland.

### Home Visit Procedures

A graduate student and an undergraduate research assistant conducted 90-min home visits for each caregiver/child dyad. Families were compensated with \$50 and children selected a small toy. During the home visit, caregivers and children completed a task in which caregivers gave children advice about how to respond as a bystander to hypothetical bullying situations. Caregivers also reported on demographic variables including caregiver education attainment as an index of family SES. Because family income is difficult to measure accurately, other indices such as parental education attainment are often used to measure SES, because they can be assessed more accurately (Hauser, 1994).

#### *Caregivers' Advice Task*

Caregiver-child dyads completed five 2.5-min audio-recorded conversations in which caregivers were instructed to provide advice to their children about how to respond to bullying situations that they might witness. The experimenter introduced the task by saying,

I am going to tell you about some situations that your child might see at school. For each situation, I would like you to discuss what is going on in the situation. Caregiver, please give advice about what your child should do. I will be back in two and a half minutes. Please use the entire time until I return to discuss what is going on in the situation and what the child should do.

The experimenter read the first vignette to the family, provided an index card with the printed vignette and task instructions, left the room, and then started a stopwatch. After 2.5 min, the experimenter returned to the room and read the next vignette to the caregiver and child. This procedure continued until all vignettes were read. Although the vignettes were presented in the same order during each home visit, the beginning vignette number was randomized across caregiver-child dyads.

School bullying takes place in many forms including verbal victimization (e.g., teasing, taunting, and name

calling), social manipulation (i.e., behaviors aimed to harm children's relationships with peers), social rebuff (i.e., ignoring and excluding), property attacks (e.g., damaging, stealing, hiding, or destroying a child's belongings), and physical victimization (e.g., hitting, kicking, or otherwise causing bodily harm; Morrow, Hubbard, & Swift, 2014). Accordingly, the five vignettes each described the child witnessing a different form of bullying. We opted to provide separate vignettes for social manipulation and social rebuff, two related forms of relational aggression, because previous research suggests that a five-factor structure including these separate constructs provides a good fit to peer victimization data and that the five-factor structure is superior to higher order models (e.g., Morrow et al., 2014). The vignettes were as follows:

1. Verbal bullying: At school, you hear one kid chant to another child, "You're ugly, fatty fatty!" You saw this same thing happen the other day.
2. Social manipulation bullying: During project time, you overhear one kid say to another child, "If you don't let me have the green marker, I won't invite you to my birthday party." This is not the first time you have heard this kid say this type of thing to this child.
3. Property attack bullying: A child in your class just got a cool new backpack and brings the backpack to school. When the teacher is not looking, another kid tries to rip the backpack and then spits on it. You've seen this kid try to mess up this child's belongings at other times before as well.
4. Social rebuff bullying: During recess, you hear a kid say to another child, "No! I've already told you that you can't play with us." This is not the first time this kid has excluded this child from playing.
5. Physical bullying: You are working in groups to do a class project. As everyone is moving to form their group, you see one kid push another child so hard that the child falls to the ground. You saw this kid push this child the same way the other day.

### Coding of the Caregivers' Advice Task

Conversations from the caregivers' advice task were audio-recorded during the home visits and undergraduate research assistants transcribed each recording verbatim. Then caregivers' comments on the transcripts were divided into chunks. A new chunk occurred anytime the speaker changed or anytime a content code changed.

Each chunk was coded for context and content. Context codes referred to whether the caregiver's advice was made in the context of the child as a bystander, bully, or victim. As the bystander context was of interest to the current study, comments made in other contexts were excluded from

subsequent analyses. Reliability for the bystander context code was acceptable ( $\kappa = .63$ ).

### Advice Content Codes

The total number of times that an advice content code appeared was averaged across the five vignettes. Content codes were as follows:

- A Stop the Bully: This code was assigned when caregivers directed children to intervene in bullying situations by stopping the bully. Example: "Tell the bully to stop" ( $\kappa = .75$ ). This variable was labeled Advice: Stop the Bully.
- B Help/Comfort the Victim: This code was assigned when caregivers advocated for helping or comforting the victim (either emotionally or physically). Examples: "Try to help the victim feel better," "Tell the victim that the bully shouldn't have done that" ( $\kappa = .79$ ). This variable was labeled Advice: Help/Comfort.
- C Tell an Adult: This code was assigned when caregivers advocated for getting an adult involved to stop bullying. Examples: "Get a teacher to help," "Go tell an adult what is happening" ( $\kappa = .89$ ). This variable was labeled Advice: Tell.
- D Do Not Intervene: This code was assigned when caregivers instructed their children to stay out of bullying situations. Examples: "Don't get involved," "Walk away" ( $\kappa = .69$ ). This variable was labeled Advice: Do Not Intervene.
- E Do Not Tell an Adult: This code was assigned when caregivers instructed children not to involve adults. Examples: "Don't snitch," "Don't be a tattletale" ( $\kappa = .93$ ). This variable was labeled Advice: Do Not Tell.
- F Reinforce/Assist the Bully: This code was assigned when caregivers instructed children to join in with the bully. Examples: "Call the kid names yourself," "Join in and help the bully" ( $\kappa = 1.00$ ). This variable was labeled Advice: Reinforce/Assist.

### Reliability

Eight coders were trained by the first author in the coding scheme just described. The first author's coding was used as the "gold standard" for determining reliability. Coders were considered reliable if they achieved a Cohen's kappa of .80 or higher after independently coding transcripts from 10 caregiver-child dyads. Four of eight coders met this reliability criterion. All reliable coders were female. The racial/ethnic identities of the coders were Caucasian Non-Hispanic (75%) and Multiracial Hispanic (25%). These four coders then coded the transcripts from the remaining 96 dyads. Twenty-five percent of these transcripts were coded by two coders to assess reliability. Coders were not privy to

which transcripts constituted reliability trials. Kappa was acceptable for content codes ( $\kappa = .82$ ). Kappa values for individual codes are provided in the preceding sections.

## RESULTS

### Data Analytic Plan

We took a two-step approach to data analysis. First, we conducted preliminary analyses to aggregate peer nomination data, transform skewed variables, and examined descriptive statistics, sex and race/ethnicity differences, and correlations among variables. Second, we conducted regression analyses to test our primary hypothesis that caregivers' advice would predict children's bystander behavior. Specifically, we conducted three regression analyses, with the predicted variable in each analysis being one of three bystander behaviors (Bystander Intervention, Bystander Passivity, Bystander Reinforce/Assist) and the simultaneous predictors being the six caregiver advice variables (Advice: Stop the Bully, Advice: Help/Comfort, Advice: Tell, Advice: Do not Intervene, Advice: Do Not Tell, Advice: Reinforce/Assist). Based on preliminary analyses, child race, child sex, and caregiver education attainment were included as covariates. No data were missing for any study variables.

### Data Aggregation, Transformation, and Preliminary Analyses

#### Aggregating Bystander Behavior Variables

We examined positive bivariate correlations between the six peer nominations for bystander behavior to determine if aggregation was appropriate. A cut-point of  $r = .70$  was used for aggregation because correlations at this level or higher are typically described as high (Mukaka, 2012). Stop the Bully, Help/Comfort the Victim, and Tell an Adult were all correlated above this cut-point ( $r_s = .77-.83, p < .01$ ), and so these three variables were averaged to create an aggregate variable labeled Bystander Intervention Aggregate ( $\alpha = .92$ ). The correlations between both Passivity and Assist the Bully ( $r = .43, p < .01$ ) and Passivity and Reinforce the Bully ( $r = .67, p < .01$ ) did not reach the cut-point, so a separate variable was labeled Bystander Passivity. Finally, the correlation between Reinforce the Bully and Assist the Bully met the cut-point ( $r = .70, p < .01$ ), so these two variables were averaged to create an aggregate variable labeled Bystander Reinforce/Assist Aggregate ( $\alpha = .81$ ). In Tables 1 to 3, we present both the aggregated and nonaggregated bystander behavior variables.

#### Data Transformations

We identified skewed variables using a threshold of  $\pm 1.00$  (Hair, Anderson, Tatham, & Black, 1998); we then confirmed the significance of skewness for each variable that crossed this threshold by dividing the skew value by

its standard error and verifying that the resulting value exceeded 1.96 (Rose, Spinks, & Canhoto, 2014). We attempted to reduce skewness through log, square root, and inverse transformations (the latter for positively skewed variables only). Log transformations resulted in the least amount of skew for almost all variables and so were used in all cases. Using this criteria, the following variables were log-transformed: Advice: Stop the Bully, Advice: Do Not Intervene, Advice: Do Not Tell, Advice: Reinforce/Assist, Bystander Passivity, Bystander Reinforce, Bystander Assist, and Bystander Reinforce/Assist Aggregate. These transformed scores were used in all subsequent analyses and results were based on transformed scores.

#### Descriptive Statistics

We examined descriptive statistics (mean, standard deviation, range) for each variable (see Table 1).

#### Child Sex Differences

We examined child sex differences for study variables (see Table 2). The content of caregivers' advice did not differ for girls and boys. Peers rated girls as more likely than boys to intervene and less likely to be passive bystanders to bullying. As such, child sex was included as a covariate in regression analyses.

#### Child Race/Ethnicity Differences

We examined child race/ethnicity differences for study variables using  $t$  tests comparing European American participants to non-European American participants (see Table 2). Classmates rated European American children as more likely to intervene than non-European American children. In addition, caregivers of European American children were more likely to advise children to intervene to stop the bully than caregivers of non-European American children.

TABLE 1  
Descriptive Statistics

Variable	<i>M</i>	<i>SD</i>	Range
Bystander Intervention Aggregate	.29	.14	.03-.67
Bystander Intervention: Stop the Bully	.26	.15	.00-.72
Bystander Intervention: Help/Comfort	.29	.16	.00-.70
Bystander Intervention: Tell	.31	.15	.06-.70
Bystander Passivity	.06	.05	.00-.19
Bystander Reinforce/Assist Aggregate	.03	.04	.00-.22
Bystander Reinforce	.03	.04	.00-.22
Bystander Assist	.04	.04	.00-.22
Advice: Stop the Bully	.32	.18	.00-.89
Advice: Help/Comfort	1.42	.86	.00-4.00
Advice: Tell	1.99	1.00	.00-5.00
Advice: Do Not Intervene	.12	.12	.00-.51
Advice: Do Not Tell	.02	.06	.00-.26
Advice: Reinforce/Assist	.00	.02	.00-.15

Given these differences, race/ethnicity was included as a covariate in regression analyses.

**Correlations**

Correlations between caregivers' advice, children's bystander behaviors, and caregiver education attainment are reported in Table 3. Given that Caregiver Education Attainment related to several study variables, we included it as a covariate in subsequent regression analyses.

**Hypothesis Testing**

We hypothesized that caregivers' advice would correspond with consistent child behavior. That is, we predicted that

children would intervene during bullying episodes more frequently when caregivers encouraged them to do so and that they would intervene less frequently when caregivers advised them to stay out of bullying situations.

We tested this hypothesis by conducting three multiple linear regressions in which the three children's bystander behavior variables (Bystander Intervention, Bystander Passivity, and Bystander Reinforce/Assist) each served as the dependent variable in a separate regression equation. In each regression, the bystander behavior was regressed onto the six caregivers' behavioral advice variables (Advice: Stop the Bully, Advice: Help/Comfort, Advice: Tell, Advice: Do Not Intervene, Advice: Do Not Tell, and Advice: Reinforce/Assist) and three covariates (child sex, child race/ethnicity, caregiver education attainment). Results

TABLE 2  
Child Sex and Race/Ethnicity Differences

Variable	Girls M	Boys M	t	Cohen's d	European		t	Cohen's d
					American M	Non-European American M		
Bystander Intervention Aggregate	.33	.24	3.99*	.73	.31	.25	2.03*	.39
Bystander Intervention: Stop the Bully	.31	.22	3.02*	.57	.29	.23	2.04*	.39
Bystander Intervention: Help/Comfort	.36	.22	4.90**	.87	.32	.26	2.14*	.41
Bystander Intervention: Tell	.35	.27	2.98*	.56	.34	.28	1.73	.33
Bystander Passivity	.05	.08	-3.63*	.67	.06	.07	-1.69	.33
Bystander Reinforce/Assist Aggregate	.03	.04	-.36	.07	.03	.04	-1.63	.32
Bystander Reinforce	.02	.03	-1.18	.23	.02	.04	-2.62*	.50
Bystander Assist	.04	.04	.65	.13	.04	.04	.29	.06
Advice: Stop the Bully	.34	.30	1.08	.21	.37	.25	3.65**	.67
Advice: Help/Comfort	1.45	1.39	.40	.07	1.53	1.31	1.30	.26
Advice: Tell	2.05	1.94	.53	.11	2.10	1.88	1.12	.22
Advice: Do Not Intervene	.11	.13	-1.27	.24	.12	.12	-.09	.02
Advice: Do Not Tell	.02	.03	-.91	.17	.02	.03	-.36	.07
Advice: Reinforce/Assist	.00	.01	-1.68	.32	.00	.02	-.77	.15

\*p < .05. \*\*p < .01.

TABLE 3  
Correlations Between Caregivers' Advice Variables, Children's Bystander Behaviors, and Caregiver Education Attainment

	1.	2.	3.	4.	5.	6.	7.	7a.	7b.	7c.	8.	9.	9a.	9b.
1. Advice: Stop the Bully														
2. Advice: Help/Comfort	.17													
3. Advice: Tell	-.04	.28**												
4. Advice: Do Not Intervene	.01	.06	.21*											
5. Advice: Do Not Tell	-.10	.12	.14	-.02										
6. Advice: Reinforce/Assist	.31**	.06	.05	.18	-.07									
7. Bystander Intervention Aggregate	.26**	.23*	.03	-.13	-.12	-.07								
7a. Bystander Intervention: Stop the Bully	.30**	.18	.04	-.11	-.08	-.03	.93**							
7b. Bystander Intervention: Help/Comfort	.25*	.27**	.07	-.11	-.13	-.10	.94**	.83**						
7c. Bystander Intervention: Tell	.23*	.18	-.01	-.12	-.14	-.07	.92**	.77**	.80**					
8. Bystander Passivity	-.21*	-.26**	-.10	.26**	.16	.03	-.47**	-.41**	-.44**	-.45**				
9. Bystander Reinforce/Assist Aggregate	-.20*	-.07	-.03	.35**	.24*	.09*	-.09	-.06	-.07	-.12	.59**			
9a. Bystander Reinforce	-.22*	-.13	-.10	.32**	.24*	.07	-.29**	-.25*	-.27**	-.28**	.66**	.93**		
9b. Bystander Assist	-.15	.01	.05	.32**	.20*	.09	.16	.17	.17	.10	.41**	.90**	.66**	
10. Caregiver Education Attainment	.18	.08	-.00	-.08	-.02	.07	-.09	-.10	-.04	-.12	-.24*	-.29**	-.28**	-.24*

\*p < .05. \*\*p < .01.

are reported in Table 4. After accounting for other caregiver advice variables and demographic covariates, Bystander Intervention was uniquely positively predicted by Advice: Help/Comfort. Bystander Passivity was uniquely positively predicted by Advice: Do Not Intervene and negatively predicted by Advice: Help/Comfort. Finally, Bystander Reinforce/Assist was uniquely positively predicted by Advice: Do Not Intervene and Advice: Do Not Tell.

## DISCUSSION

In this study, we investigated relations between caregivers' advice to children about how to respond when they witness bullying incidents and children's bystander behavior during bullying situations at school. Although previous work has investigated familial links to children being bullies or victims at school, little is known about how caregivers advise their children to respond when they are bystanders to bullying incidents. As such, findings from the current study broaden the scope of previous research on families of bullies and victims by focusing on families of bystander children. This information is especially relevant considering that bystander children are present during most bullying situations (Hawkins et al., 2001) and bystander intervention is the focus of many bullying prevention programs (for a review, see Polanin et al., 2012).

### Prediction of Children's Bystander Behaviors From Caregivers' Behavioral Advice

#### *Prediction of Bystander Intervention*

As hypothesized, children whose caregivers advised them to help and comfort victims were more likely to intervene during bullying situations. This is a particularly promising finding as it suggests a cross-contextual connection between advice given in the home environment and behavior demonstrated in the school setting and indicates that caregivers may play a positive role in encouraging children to intervene when they see bullying happening. Further, the link between caregivers' advice and bystander children's behavior may be specific to the particular intervening behaviors that caregivers recommend. To reduce Type I error, we highlighted an analysis conducted using an aggregated bystander intervention variable as the dependent variable in Table 4. However, in the footnote to this table, we described how results differed when nonaggregated bystander intervention variables were used instead. In fact, caregivers' advice to help and comfort victims or stop the bully significantly predicted that children would engage in those specific forms of bystander intervention, as opposed the other two forms of bystander intervention. These findings suggest that, when children choose to intervene in bullying incidents, they tend to do so in the specific ways that their caregivers suggest to them.

TABLE 4  
Caregivers' Behavioral Advice Predicting Children's Bystander Behavior

Variable	$\beta$	SE	t Statistic
Dependent Variable: Bystander Intervention Aggregate <sup>a</sup> $R^2 = .30$ ; $F(9, 96) = 4.54$ , $p = .001$			
Advice: Stop the Bully	.18	.08	1.79
Advice: Help/Comfort	.21	.02	2.31*
Advice: Tell	-.02	.01	-.18
Advice: Do Not Intervene	-.11	.10	-1.21
Advice: Do Not Tell	-.10	.21	-1.18
Advice: Reinforce/Assist	-.08	.75	-.81
Child Sex (1 = Male)	-.32	.03	-3.52**
Child Race (1 = European American)	.19	.03	2.02*
Caregiver Education	-.21	.01	-2.34*
Dependent Variable: Bystander Passivity $R^2 = .31$ ; $F(9, 96) = 4.78$ , $p = .001$			
Advice: Stop the Bully	-.09	.03	-.95
Advice: Help/Comfort	-.22	.01	-2.47*
Advice: Tell	-.09	.00	-.99
Advice: Do Not Intervene	.24	.03	2.73*
Advice: Do Not Tell	.17	.07	1.94
Advice: Reinforce/ Assist	.02	.24	.22
Child Sex (1 = Male)	.26	.01	2.94*
Child Race (1 = European American)	-.04	.01	-.45
Caregiver Education	-.16	.00	-1.79
Dependent Variable: Bystander Reinforce/Assist Aggregate <sup>2</sup> $R^2 = .31$ ; $F(9, 96) = 4.79$ , $p = .001$			
Advice: Stop the Bully	-.18	.02	-1.88
Advice: Help/Comfort	-.05	.00	-.57
Advice: Tell	-.15	.00	-1.57
Advice: Do Not Intervene	.36	.03	4.04**
Advice: Do Not Tell	.27	.06	3.08*
Advice: Reinforce/Assist	.14	.19	1.46
Child Sex (1 = Male)	-.09	.01	-1.01
Child Race (1 = European American)	.01	.01	.08
Caregiver Education	-.23	.00	-2.57*

<sup>a</sup>When analyses were conducted with nonaggregated Bystander Intervention dependent variables, two effects changed. First, Advice: Help/Comfort remained a significant predictor of Bystander Intervention: Help/Comfort ( $\beta = .21$ ,  $t = 2.31^*$ ) but was not a significant predictor of Bystander Intervention: Stop the Bully or Bystander Intervention: Tell. Second, Advice: Stop the Bully significantly predicted Bystander Intervention: Stop the Bully ( $\beta = .24$ ,  $t = 2.29^*$ ). Otherwise, the significance of results addressing primary research questions remained the same.

<sup>b</sup>When analyses were conducted with nonaggregated Bystander Reinforce and Bystander Assist as dependent variables, the significance of results addressing primary research questions remained the same.

\* $p < .05$ . \*\* $p < .01$ .

Enhancing home-school collaboration may be particularly fruitful given that bullying often occurs outside of school hours, either in the neighborhood context or in the cyberworld. A meta-analysis suggests that, working together, parents and school personnel can effectively promote changes in academic performance and school-related behavior (Cox, 2005). Inconsistent advice from caregivers (e.g., advice to remain passive) may undermine school bullying prevention efforts to promote bystander intervention. Our results underscore the importance of home-school



collaboration and, with replication, may yield important implications for school-based bullying prevention programs. Namely, it is essential that schools communicate with caregivers about the targets of bystander-oriented bullying prevention programs. Enhanced communication could be accomplished by featuring information about bullying prevention programming on the school website, sending literature home, and hosting informational meetings in which school personnel and caregivers discuss mutual goals (e.g., reducing bullying), research-supported methods for reaching these goals (e.g., bystander-oriented strategies), anticipated barriers to implementing these strategies, and how caregivers can support these strategies and goals at home. When caregivers understand, agree with, and support bystander-oriented bullying prevention programs, these programs may be more efficacious. Other programs such as the PATHS Program (Kusche & Greenberg, 1994) and the Second Step Program (Grossman et al., 1997) provide strong models for school-based aggression prevention initiatives that also feature family components.

#### *Prediction of Bystander Passivity*

In support of our hypothesis, caregivers' advice not to intervene positively predicted bystander passivity, whereas caregivers' advice to help/comfort the victim negatively predicted bystander passivity. These findings further emphasize the link between caregivers' advice and children's behavior and highlight a way in which caregivers may inadvertently undermine the effectiveness of school-based bullying prevention programs that promote bystander intervention. It is culturally normative in the United States for caregivers to advocate that children "stay out of it," "walk away," or "don't get involved" when they witness bullying occur. However, this advice is exactly the opposite of what children learn in bystander-oriented prevention programs at school. When children receive such conflicting advice, they may choose to listen to their caregivers rather than school personnel and this choice may decrease the effectiveness of bullying prevention programs.

Understanding why some caregivers promote bystander passivity is a necessary first step in creating an optimized bullying prevention program that aligns caregiver advice with school efforts to promote bystander intervention. There are many reasons why caregivers may refrain from promoting bystander intervention and, instead, promote bystander passivity. Understanding these reasons may help guide collaboration efforts.

Some caregivers may hold inaccurate perceptions about the harmful effects of bullying on victims and about the powerful role of bystanders in stopping bullying. Specifically, some caregivers may believe that bullying "builds character" and prevention programs are not needed. In addition, caregivers may believe that bystander intervention will worsen bullying episodes and that ignoring bullying is the best way to reduce it. Bullying prevention

programs could be adapted to educate caregivers about research demonstrating the harmful effects of bullying, the reinforcing role of bystander passivity (Salmivalli et al., 2011), and the link between bystander intervention and bullying cessation (Hawkins et al., 2001). This education may increase caregivers' comfort in advocating intervention as opposed to passivity.

It also may be important to design the family component of bullying prevention programs to be culturally consistent with families' values (Grassetti & Hubbard, 2016). Of note, we found a negative correlation between caregiver education attainment and caregivers' advice to remain passive or reinforce/assist the bully when bullying occurs. In disadvantaged contexts, caregivers may fear that encouraging children to intervene could contribute to negative (e.g., being labeled a "tattletale" or a "snitch") or dangerous (e.g., being made the target of bullying) consequences for their child. These fears underlie sentiments like "snitches get stitches" and contribute to a code of silence that is evident in some schools and communities (Morris, 2010). Findings from the current study may suggest ways to adapt school-based bullying prevention programs for cultural consistency in such schools. Our data suggest that caregiver advice to help/comfort the victim negatively predicted bystander passivity. In contexts when bystander intervention through confronting the bully or telling adults are strategies that are believed to be dangerous, other strategies such as helping and comforting the victim could be emphasized. At the very least, a family intervention component could inform caregivers that children have various options for how to intervene to stop bullying; that children reinforce bullying simply by watching it happen; and that, in order to truly "stay out of it," bystander children must leave bullying situations.

#### *Prediction of Bystander Reinforce/Assist*

When caregivers' advised children not to intervene during bullying situations, either by trying to stop the bully or by telling an adult, peers reported that children were more likely not only to be passive bystanders but also to actually reinforce or assist the bully in his or her efforts. These findings further highlight the possible detrimental effects of caregivers' encouraging children to remain passive when they witness bullying. It seems that advice to "stay out of it" may encourage children not only to remain passive but also to engage in behaviors that help to maintain bullying, a finding that would likely be quite distressing to the caregivers who offer such advice. Of course, this interpretation implies a causal link that cannot be definitively determined by the correlational data reported here.

Even so, why might caregivers' advice to remain passive predict children reinforcing or assisting bullies? Two explanations come to mind. First, it is important to consider how we assessed bystander reinforce/assist. Based on conceptual similarities and a strong correlation between reinforce and assist

( $r = .70, p < .01$ ) we combined these constructs. Thus, assessment of this behavior included responses to both “When another kid is bullied, who joins in or helps the bully?” and “When another kid is bullied, who watches or laughs or cheers the bully on?” Joining in and helping the bully is clearly a deviation from parents’ advice to stay out of bullying situations, but children may believe that simply watching a bullying incident take place aligns with their caregiver’s advice to not intervene and not tell adults. Children and caregivers may not understand that children who bully may perceive passive watching as reinforcing. Second, perhaps when caregivers advise children to stay out of bullying situations, children perceive a lack of empathy for victims or even a pro-bullying attitude. It is difficult to imagine that caregivers who give this type of advice intend for children to support bullying in any way. Still, caregivers may be sending a much more negative message than they intended and may be implicitly encouraging children to reinforce bullying.

In sum, children *do* listen to caregivers’ advice and advice giving offers caregivers the opportunity to make bullying situations better or worse. The cross-contextual links between the home visit task of caregiver advice giving and classroom-based peer nominations are notable and, with replication, may motivate a call to add a caregiver component to school-based bullying prevention programs. At the same time, the strength of the relation between caregivers’ advice and children’s bystander behavior was modest, with the absolute value of significant betas ranging from .21 to .36. Thus, both replication and caution are needed to appropriately interpret these initial findings on links between caregivers’ advice and children’s bystander behavior.

### Limitations and Future Directions

The current study was a first step toward understanding the relation between caregiver advice at home and children’s bystander behavior during bullying incidents at school. Some design limitations should be acknowledged so that subsequent studies can address these issues and build on our results. First, we assumed that advice given during the parent–child interaction represented the content of advice that caregivers typically give to their children. We attempted to make this interaction as comfortable as possible by leaving the room during the discussion. Still, it may be that this parent–child interaction lacked ecological validity and did not reflect advice that caregivers typically give to their children. However, if the content of advice provided during the parent–child interaction was, in fact, different from the content of advice that caregivers typically provided to their children, our results suggesting links between caregiver advice given during the parent–child interaction and child behavior at school seem unlikely.

Second, we collected classmates’ peer nominations about specific bystander behaviors during bullying incidents, but we did not provide a definition of bullying or list specific behaviors that constitute bullying. Prevalence estimates of victimization

based on self-report depend on whether a definition or behavioral example of victimization is provided (Sawyer, Bradshaw, & O’Brennan, 2008). Specifying a definition could have improved precision in assessing bystander behavior. Still, it is unclear whether youth are able to discriminate between bullying and other forms of peer victimization even when they are provided with a definition (Land, 2003) and using the term “bullying” is more succinct than describing various forms of repeated, intentional aggression perpetrated against a less powerful child.

Third, interpretations of results were based on an assumption regarding the direction of effects; specifically, we assumed caregivers’ advice sequentially occurs before children interact with peers at school. However, the data were collected concurrently, and the temporal sequence of caregiver advice giving at home and child behavior at school was not assessed in this study. It is plausible that children’s behavior during bullying situations at school could impact the content of advice they elicit from their caregivers. Future studies should address this limitation by longitudinally assessing children’s interactions with peers and caregivers.

A fourth potential limitation is the sample’s restricted age range. On one hand, bullying becomes increasingly problematic during the late elementary school years (Murray-Close, Ostrov, & Crick, 2007; Salmivalli & Peets, 2009), and so it is important to understand all possible contributions to bystander behavior in middle childhood. On the other hand, fourth- and fifth-grade students are nearing adolescence, when caregivers’ advice may be less salient than peer influences. As such, we recommend that future studies examine the links between caregivers’ advice and children’s bystander behaviors in other age groups to determine whether a caregiver component to bullying prevention programs may be most effective in a particular developmental period.

Finally, it is important to acknowledge the risk for error in our study. Our study design includes a modest sample size, regression equations with multiple predictors, and sex differences on study variables, all of which increase the risk for error. Further, due to power concerns, we were not able to include interesting potential moderators such as vignette type or the style by which caregivers gave advice. We encourage future researchers to investigate these effects.

Despite these limitations, the current study adds to our understanding of the link between caregivers’ advice and children’s behavior during bullying situations. Future research should address the limitations in our design and continue to investigate links between these constructs. Knowledge from this and similar studies may help in the development of effective bullying prevention programs that integrate home and school influences.

### FUNDING

Funding was provided by the Fahs-Beck Fund for Research and Experimentation, the Philadelphia Society for Psychoanalytic Psychology, the Delaware Bar Foundation,

the University of Delaware General University Research Grant, and the Delaware Criminal Justice Council.

## REFERENCES

- Baldry, A. C., & Farrington, D. P. (2005). Protective factors as moderators of risk factors in adolescence bullying. *Social Psychology of Education, 8*, 263–284. doi:10.1007/s11218-005-5866-5
- Berdondini, L., & Smith, P. K. (1996). Cohesion and power in the families of children involved in bully/victim problems at school: An Italian replication. *Journal of Family Therapy, 18*, 99–102. doi:10.1111/j.1467-6427.1996.tb00036.x
- Biebl, S. J. W., DiLalla, L. F., Davis, E. K., Lynch, K. A., & Shinn, S. O. (2011). Longitudinal associations among peer victimization and physical and mental health problems. *Journal of Pediatric Psychology, 36*, 868–877. doi:10.1093/jpepsy/jsr025
- Borowsky, I. W., Taliaferro, L. A., & McMorris, B. J. (2013). Suicidal thinking and behavior among youth involved in verbal and social bullying: Risk and protective factors. *Journal of Adolescent Health, 53*, S4–12. doi:10.1016/j.jadohealth.2012.10.280
- Bowers, L., Smith, P. K., & Binney, V. (1992). Cohesion and power in the families of children involved in bully/victim problems at school. *Journal of Family Therapy, 14*, 371–387. doi:10.1046/j.1992.00467.x
- Bronfenbrenner, U. (1989). Ecological systems theory. In R. Vasta (Ed.), *Annals of child development: Vol. 6. Six theories of child development: Revised formulations and current issues* (pp. 187–249). London, UK: JAI Press.
- Cappadocia, M. C., Pepler, D., Cummings, J. G., & Craig, W. (2012). Individual motivations and characteristics associated with bystander intervention during bullying episodes among children and youth. *Canadian Journal of School Psychology, 27*, 201–216. doi:10.1177/0829573512450567
- Card, N. A., & Hodges, E. V. E. (2008). Peer victimization among schoolchildren: Correlations, causes, consequences, and considerations in assessment and intervention. *School Psychology Quarterly, 23*, 451–461. doi:10.1037/a0012769
- Carlson, C. L. (2014). Seeking self-sufficiency: Why adult college students receive and implement parental advice. *Emerging Adulthood, 2*, 257–269. doi:10.1177/2167696814551785
- Coie, J. D., Dodge, K. A., & Coppotelli, H. (1982). Dimensions and types of social status: A cross-age perspective. *Developmental Psychology, 18*, 557–570. doi:10.1037/0012-1649.18.4.557
- Cox, D. D. (2005). Evidence-based interventions using home-school collaboration. *School Psychology Quarterly, 20*, 473–497. doi:10.1521/scpq.2005.20.4.473
- Craig, W. M., & Pepler, D. J. (1997). Observations of bullying and victimization in the school yard. *Canadian Journal of School Psychology, 13*, 41–60. doi:10.1177/082957359801300205
- Crick, N. R., & Grotpeter, J. K. (1995). Relational aggression, gender, and social-psychological adjustment. *Child Development, 66*, 710–722. doi:10.2307/1131945
- Dishion, T. J., & McMahon, R. J. (1998). Parental monitoring and the prevention of child and adolescent problem behavior: A conceptual and empirical formulation. *Clinical Child and Family Psychology Review, 1*, 61–75. doi:10.1023/A:1021800432380
- Eisenberg, N., Lennon, R., & Roth, K. (1983). Prosocial development: A longitudinal study. *Developmental Psychology, 19*, 846–855. doi:10.1037/0012-1649.19.6.846
- Finnegan, R. A., Hodges, E. V. E., & Perry, D. G. (1998). Victimization by peers: Associations with children's reports of mother-child interaction. *Journal of Personality and Social Psychology, 75*, 1076–1086. doi:10.1037/0022-3514.75.4.1076
- Finnie, V., & Russell, A. (1988). Preschool children's social status and their mothers' behavior and knowledge in the supervisory role. *Developmental Psychology, 24*, 789–801. doi:10.1037/0012-1649.24.6.789
- Georgiou, S. N. (2008). Parental style and child bullying and victimization experiences at school. *Social Psychology of Education, 11*, 213–227. doi:10.1007/s11218-007-9048-5
- Grassetti, S. N., & Hubbard, J. A. (2016, July). Bystander-oriented school bullying prevention programs: Contextual considerations. *The SES Indicator: the E-Newsletter of the Public Interest Directorate's Office of Socioeconomic Status, 9*. doi:10.13140/RG.2.2.23569.22881
- Grossman, D. C., Neckerman, H. J., Koepsell, T. D., Liu, P. Y., Asher, K. N., Beland, K., ... Rivara, F. P. (1997). Effectiveness of a violence prevention curriculum among children in elementary school: A randomized controlled trial. *Journal of the American Medical Association, 277*, 1605–1611. doi:10.1001/jama.1997.03540440039030
- Hair, J. F., Jr., Anderson, R. E., Tatham, R. L., & Black, W. C. (1998). *Multivariate data analysis*. Upper Saddle River, NJ: Prentice-Hall.
- Hausser, R. M. (1994). Measuring socioeconomic status in studies of child development. *Child Development, 65*, 1541–1545. doi:10.2307/1131279
- Hawker, D. S., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology and Psychiatry, 41*, 441–455. doi:10.1111/1469-7610.00629
- Hawkins, D. L., Pepler, D. J., & Craig, W. M. (2001). Naturalistic observations of peer interventions in bullying. *Social Development, 10*, 512–527. doi:10.1111/1467-9507.00178
- Hoeve, M., Dubas, J. S., Eichelsheim, V. I., Van der Laan, P. H., Smeenk, W., & Gerris, J. R. M. (2009). The relationship between parenting and delinquency: A meta-analysis. *Journal of Abnormal Child Psychology, 37*, 749–775. doi:10.1007/s10802-009-9310-8
- Jones, L. M., Mitchell, K. J., & Turner, H. A. (2015). Victim reports of bystander reactions to in-person and online peer harassment: A national survey of adolescents. *Journal of Youth and Adolescence, 44*, 2308–2320. doi:10.1007/s10964-015-0342-9
- Kärnä, A., Voeten, M., Little, T. D., Poskiparta, E., Alanen, E., & Salmivalli, C. (2011). Going to scale: A nonrandomized nationwide trial of the Kiva Antibullying Program for grades 1–9. *Journal of Consulting and Clinical Psychology, 79*, 796–805. doi:10.1037/a0025740
- Knack, J. M., Jensen-Campbell, L. A., & Baum, A. (2011). Worse than sticks and stones? Bullying is associated with altered HPA axis functioning and poorer health. *Brain and Cognition, 77*, 183–190. doi:10.1016/j.bandc.2011.06.011
- Kochenderfer, B. J., & Ladd, G. W. (1996). Peer victimization: Cause or consequence of school maladjustment? *Child Development, 67*, 1305–1317. doi:10.2307/1131701
- Krevans, J., & Gibbs, J. C. (1996). Parents' use of inductive discipline: Relations to children's empathy and prosocial behavior. *Child Development, 67*, 3263–3277. doi:10.2307/1131778
- Kusche, C. A., & Greenberg, M. T. (1994). *The PATHS curriculum*. Seattle, WA: Developmental Research and Programs.
- Ladd, G., & Ladd, B. K. (1998). Parenting behaviors and parent-child relationships: Correlates of peer victimization in kindergarten? *Developmental Psychology, 34*, 1450–1458. doi:10.1037/0012-1649.34.6.1450
- Laird, R. D., Pettit, G. S., Mize, J., Brown, E. G., & Lindsey, E. (1994). Mother-child conversations about peers: Contributions to competence. *Family Relations, 43*, 425–432. doi:10.2307/585374
- Land, D. (2003). Teasing apart secondary students' conceptualizations of peer teasing, bullying, and sexual harassment. *School Psychology International, 24*, 147–165. doi:10.1177/0143034303024002002
- Li, Y., Chen, P. Y., Chen, F., & Wu, W. (2015). Roles of fatalism and parental support in the relationship between bullying victimization and bystander behaviors. *School Psychology International, 36*, 253–267. doi:10.1177/0143034315569566

- Loeber, R., & Dishion, T. J. (1984). Boys who fight at home and school: Family conditions influencing cross-setting consistency. *Journal of Consulting and Clinical Psychology, 52*, 759–768. doi:10.1037/0022-006X.52.5.759
- Morris, E. W. (2010). “Snitches end up in ditches” and other cautionary tales. *Journal of Contemporary Criminal Justice, 26*, 254–272. doi:10.1177/1043986210368640
- Morrow, M. T., Hubbard, J. A., & Swift, L. E. (2014). Relations among multiple types of peer victimization, reactivity to peer victimization, and academic achievement in fifth-grade boys and girls. *Merrill-Palmer Quarterly, 60*, 302–327. doi:10.13110/merrpalmquar1982.60.3.0302
- Mukaka, M. M. (2012). A guide to appropriate use of correlation coefficient in medical research. *Malawi Medical Journal: the Journal of Medical Association of Malawi, 24*, 69–71.
- Murray-Close, D., Ostrov, J. M., & Crick, N. R. (2007). A short-term longitudinal study of growth of relational aggression during middle childhood: Associations with gender, friendship intimacy, and internalizing problems. *Development and Psychopathology, 19*, 187–203. doi:10.1017/S0954579407070101
- Nakamoto, J., & Schwartz, D. (2010). Is peer victimization associated with academic achievement? A meta-analytic review. *Social Development, 19*, 221–242. doi:10.1111/j.1467-9507.2009.00539.x
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth: Prevalence and association with psychosocial adjustment. *Journal of the American Medical Association, 285*, 2094–2100. doi:10.1001/jama.285.16.2094
- Nixon, C. L., Linkie, C. A., Coleman, P. K., & Fitch, C. (2011). Peer relational victimization and somatic complaints during adolescence. *Journal of Adolescent Health, 49*, 294–299. doi:10.1016/j.jadohealth.2010.12.018
- O’Connell, P., Pepler, D., & Craig, W. (1999). Peer involvement in bullying: Insights and challenges for intervention. *Journal of Adolescence, 22*, 437–452. doi:10.1006/jado.1999.0238
- Olweus, D. (1999). Sweden. In P. K. Smith, Y. Morita, J. Junger-Tas, D. Olweus, R. Catalano, & P. Slee (Eds.), *The nature of school bullying: A cross-national perspective* (pp. 7–27). London, UK: Routledge.
- Polanin, J. R., Espelage, D. L., & Pigott, T. D. (2012). A meta-analysis of school-based bullying prevention programs’ effect on bystander intervention behavior. *School Psychology Review, 41*, 47–65.
- Rose, S., Spinks, N., & Canhoto, A. I. (2014). *Management research: Applying the principles*. New York, NY: Routledge.
- Saarento, S., & Salmivalli, C. (2015). The role of classroom peer ecology and bystanders’ responses in bullying. *Child Development Perspectives, 9*, 201–205. doi:10.1111/cdep.12140
- Sainio, M., Veenstra, R., Huitsing, G., & Salmivalli, C. (2010). Victims and their defenders: A dyadic approach. *International Journal of Behavioral Development, 35*, 144–151. doi:10.1177/0165025410378068
- Salmivalli, C., Lagerspetz, K., Björkqvist, K., Österman, K., & Kaukiainen, A. (1998). Bullying as a group process: Participant roles and their relations to social status within the group. *Aggressive Behavior, 22*, 1–15. doi:10.1002/(SICI)1098-2337(1996)22:1<1::AID-ABI>3.0.CO;2-T
- Salmivalli, C., & Peets, K. (2009). Bullies, victims, and bully-victim relationships in middle childhood and early adolescence. In K. H. Rubin, W. M. Bukowski, & B. Laurens (Eds.), *Handbook of peer interactions, relationships, and groups* (pp. 322–340). New York, NY: Guilford Press.
- Salmivalli, C., Voeten, M., & Poskiparta, E. (2011). Bystanders matter: Associations between reinforcing, defending, and the frequency of bullying behavior in classrooms. *Journal of Clinical Child & Adolescent Psychology, 40*, 668–676. doi:10.1080/15374416.2011.597090
- Sawyer, A. L., Bradshaw, C. P., & O’Brennan, L. M. (2008). Examining ethnic, gender, and developmental differences in the way children report being a victim of “bullying” on self-report measures. *Journal of Adolescent Health, 43*, 106–114. doi:10.1016/j.jadohealth.2007.12.011
- Terry, R. (2000). Recent advances in measurement theory and the use of sociometric techniques. In A. H. N. Cillessen & W. M. Bukowski (Eds.), *Recent advances in the measurement of acceptance and rejection in the peer system: New direction for child and adolescent development* (Vol. 88, pp. 27–53). San Francisco, CA: Jossey-Bass. doi:10.1002/cd.23220008805
- Trach, J., Hymel, S., Waterhouse, T., & Neale, K. (2010). Bystander responses to school bullying: A cross-sectional investigation of grade and sex differences. *Canadian Journal of School Psychology, 25*, 114–130. doi:10.1177/0829573509357553
- Ttofi, M. M., & Farrington, D. P. (2011). Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Journal of Experimental Criminology, 7*, 27–56. doi:10.1007/s11292-010-9109-1

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