CAREGIVERS' ADVICE AND

CHILDREN'S VALUES ABOUT BULLYING

AND BYSTANDER BEHAVIORS

DURING BULLYING INCIDENTS

by

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ACKNOWLEDGMENTS

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ABSTRACT

School bullying is a concerning phenomenon to children, families, and educators. The KiVa Antibullying Program (KiVa) reduces school bullying by heightening children's anti-bullying attitudes, empathy toward victims, and self-efficacy to support victims—values that empower children to intervene when they are bystanders to bullying incidents. Little is known about how caregivers' advice to children might promote and/or undermine the values and bystander behaviors targeted by KiVa. Accordingly, the primary aim of the study was to investigate relations between caregivers' advice and children's values about bullying and behavior during bullying situations. Secondary aims were to explore how family economic factors, child sex, and caregivers' advice-giving style moderated relations between caregivers' advice and children's values and behaviors. Participants were 106 4th- and 5th- grade students, their classmates, and their caregivers. Data were collected during classroom and home visits via child self-report, parent-report, peer-report questionnaires, and 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 stop the bully, especially for children whose families have experienced a high or average level of stressful life events, b) bystander passivity was positively predicted by caregivers' advice to not intervene and not tell

adults and negatively predicted by caregivers' advice to help/comfort the victim, and

c) bystander reinforcement/assistance was positively predicted by caregivers' advice

not to intervene and not to tell adults and negatively predicted by advice to stop the

bully, especially for girls from average and low income families. Additional

moderation results suggested that: a) a directive advice-giving style promoted child

behavior that was consistent with parental behavioral advice, and b) a questioning

style promoted values about bullying that were consistent with caregivers' value-based

advice. Results point to the importance of collaboration between families and schools

to reduce school bullying. Implications and directions for future research are

discussed.

Chapter 1

BACKGROUND

School bullying is a concerning phenomenon to children, families, and educators. Research suggests that the KiVa Antibullying Program (KiVa) reduces school bullying by heightening children's anti-bullying attitudes, empathy toward victims, and self-efficacy to support victims—values that empower children to intervene when they are bystanders to bullying incidents. However, little is known about how caregivers' advice to their children might promote and/or undermine the values and behaviors targeted by KiVa. Accordingly, the primary aim of this study was to explore relations between caregivers' advice and both children's values about bullying and their behavior during bullying situations. We hypothesized correspondence between the content of caregivers' advice to children and children's values about bullying and their behaviors as bystanders to bullying (e.g., we hypothesized that children would report more empathy for victims when caregivers' advice stressed empathy for victims, children would intervene in bullying episodes more when caregivers encouraged them to do so). Secondary aims of the study were to test whether family economic factors, child sex, and the style by which caregivers convey advice moderated relations between caregivers' advice and children's values about bullying and behaviors during bullying incidents.

School Bullying

      Approximately ten percent of children are regularly victimized at school

(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). At school, victimized children earn lower grades and perform more

poorly on standardized tests than do their classmates. They are also more likely to be

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 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 bullying occurs so as to develop effective interventions.

      A common misconception about bullying is that it occurs covertly. In fact, most

bullying incidents (88%; Hawkins, Pepler, & Craig, 2001) occur in the presence of

other children. In a series of playground observations, O'Connell and colleagues (1999)

found that, on average, four peers were present during each bullying episode and that

the number of peers present predicted the duration of the bullying incident. These

bystander children (i.e., those who are neither victims nor bullies) have substantial

implications for the maintenance of bullying and for the feelings of victims (Salmivalli,

Voeten, & Poskiparta, 2011). Typically, bystanders tend to just watch bullying episodes

without intervening on behalf of the victim (O'Connell, Pepler, & Craig, 1999). However, Pepler and Craig (1995) found that, when a bystander actively expressed disapproval during a bullying incident, bullies stopped aggressing about 50% of the time. This finding highlights the need for bullying interventions that empower bystander children to take actions to decrease school bullying.

The KiVa Antibullying Program (KiVa)

The KiVa Antibullying Program (KiVa) is a school-based program that rests on the theoretical perspective that a) children bully to gain status in the peer group, b) bullying is reinforced by positive reactions from bystanders, and c) if bystanders intervene to support victims, then bullying will be reduced. In short, KiVa reduces bullying by increasing bystander children's antibullying attitudes, empathy toward victims, and self-efficacy to support victims. These values motivate bystanders to intervene during bullying situations, bystander intervention reduces the rewards of bullying, and thus levels of bullying are reduced.

Evaluation of KiVa. Empirical studies strongly support the efficacy and effectiveness of KiVa. To date, the program has been evaluated in two large-scale trials in Finland. In a randomized controlled trial of 78 intervention schools and 79 control schools, participation in KiVa was found to be associated with significant increases in children's anti-bullying attitudes, empathy toward victims, and self-efficacy to support victims of bullying. Additionally, peers reported significant increases in bystander defending behavior and decreases in bystanders reinforcing or assisting bullies. These values and bystander behaviors were associated with significant reductions in self- and

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peer-reported victimization (Karna et al., 2011b). Following the initial trial, the KiVa

program was disseminated throughout Finland. Nationwide data suggested that the

program largely maintained its effects at the dissemination stage (Karna et al., 2011a).

These rigorous findings make KiVa the most evidence-based bullying prevention

program to date.

KiVa values. Through classroom-based lessons, KiVa promotes children's anti-

bullying attitudes, empathy toward victims of bullying, and self-efficacy to support

victims of bullying. Evidence described below supports each of these values as

important in encouraging positive bystander behaviors in bullying episodes and

ultimately reducing bullying.

Anti-bullying attitudes. It is no surprise that when children feel that bullying is

acceptable behavior, bullying is more likely to occur. A wealth of empirical evidence

shows that positive attitudes about bullying predict children's tendency to bully others

and the general level of bullying within a school (Endresen & Olweus, 2001; Rigby,

1997; Salmivalli & Voeten, 2004; Vernberg, Jacobs, & Hershberger, 1999). Moreover,

antibullying attitudes have been found to mediate the effects of the KiVa bullying

prevention program on bullying (Saarento, Boulton, & Salmivalli, 2015). This research

provides motivation for including anti-bullying attitudes as a target for change in KiVa.

In order to create a school climate that is against bullying, it is necessary to promote

anti-bullying attitudes.

Empathy. Research on bystander children's reactions to bullying has suggested

that children vary in the extent to which they physiologically and emotionally react to

such incidents. Some children are quite strongly affected while other children are not overly bothered. Physiological and emotional reactions to bullying videos have been shown to predict peer reports about whether or not children typically intervene in bullying situations at school (Barhight, Hubbard, & Hyde, 2013). Self-reported empathy also relates to bullying and defending behavior such that boys who report low empathy also report being likely to bully others while boys who report high levels of empathy are more likely to intervene to stop bullying situations (Gini, Albiero, Benelli, & Alto, 2007). Thus, increasing empathic responses to bullying might be a particularly important target when attempting to promote bystander intervention.

   Self-efficacy. Adoption of anti-bullying beliefs and feelings of empathy toward victims are necessary steps to encourage bystanders to intervene during bullying situations; however, unless children believe that their actions will be effective, they may have little incentive to intervene when bullying occurs (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). Social self-efficacy refers to beliefs that an individual holds about the likelihood that he or she will succeed in social situations. Previous research links high levels of social self-efficacy to helping behavior and low levels of social self-efficacy to passive bystander behavior (Gini, Albiero, Benelli, & Altoe, 2008). Accordingly, to increase the likelihood that children will intervene to help victims when they are bystanders to bullying, it is important to enhance children's beliefs that they would be successful in doing so.

Caregivers' Influence on Bullies, Victims, and Bystanders

Currently, KiVa's school-based protocol contains only minimal familial involvement. Achild's social ecology includes multiple levels (e.g., family, friends, school, neighborhood, the society at large, Bronfenbrenner, 1989) and consistent messages across levels may help to promote KiVa values and behaviors. The family is often the first social context in which a child experiences live models and advice for how to interact with others. These models may be influential in shaping children's later values about and behavior with peers. Yet, to date, little is known about how caregivers might promote and/or undermine KiVa values and behaviors in interactions with their children. Accordingly, the primary purpose of the current study was to explore relations between caregivers' advice and children's values and behaviors that are targeted by KiVa.

Empirical investigations of caregivers' influence on bullying have focused largely on bullies and victims. Research suggests that children who bully other children at school are likely to have parents who are poor monitors and who practice harsh disciple 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 mothers (Georgiou, 2008), conflicting parents (Baldry & Farrington, 2005), and high levels of enmeshment (Bowers, Smith, & Binney, 1992; Finnegan, Hodges, & Perry, 1998; Ladd & Ladd, 1998). These studies offer a window for understanding familial influences on school bullying, but neglect a

large population of children who are neither bullies nor victims—bystander children. The current study built upon existing literature by extending research on familial links to bullying beyond bullies and victims to the role of caregivers' influence on the values and behaviors of bystander children.

Intergenerational Transmission of Anti-bullying Attitudes, Empathy, and Self-Efficacy

 Children enter KiVa with varying levels of anti-bullying attitudes, empathy toward victims, and self-efficacy to support victims. To understand variance in starting levels of these constructs, it may be important to consider how caregivers' conversations with children about how to respond to bullying incidents relates to children's attitudes, empathy, and self-efficacy.

Caregivers' own attitudes about bullying may predict both their children's attitudes about bullying and their children's behavior. Extant research suggests a link between parental attitudes about violence and aggression and child aggressive behavior. One study found that parental attitudes about fighting predicted youth aggressive behavior even after controlling for youth's own attitudes towards fighting and aggression (Solomon, Bradshaw, Wright, & Cheng, 2008). Caregivers' own attitudes about bullying may be transmitted through advice they give their children and may influence children's values about bullying and bystander behavior.

Caregivers also might be influential in helping their children to develop empathy towards others. Caregivers' expressivity of emotions has been found to relate to children responding empathically to peers (Valiente et al., 2004), and maternal empathy

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has been found to relate negatively to preschool children bullying their peers (Curtner-Smith et al., 2006). Thus, it may be important to examine whether caregivers convey empathy in advice to their children and if such expression of empathy contributes to children's empathy and behavior during bullying situations.

Furthermore, it has been proposed that caregivers are instrumental in fostering a sense of self-efficacy in children by shaping children's social control beliefs (Schneewind, 1995). In fact, prior research suggests that the quality of children's relationships and interactions with their caregivers associates with children's self-efficacy. For example, girls who are securely attached to their fathers have been shown to exhibit higher social self-efficacy in middle childhood (Coleman, 2003). In the context of parent-child interactions, a controlling maternal style has been found to negatively relate to adolescents' sense of self-efficacy (Schneider et al., 2009). In addition, maternal engagement in educational activities at home has been found to be predictive of preschool children's academic self-efficacy beliefs (Mantzicopoulos, 1997). In sum, associations between caregiver factors and children's social self efficacy are established in the literature. As such, it may be important to examine whether advice-giving is one way in which caregivers promote children's self-efficacy for intervening during bullying situations and whether this advice contributes to children intervening when they are bystanders to bullying incidents.

Moderators of Caregivers' Advice

Family economic factors. A secondary aim of the study was to test whether family economic factors moderated the relations between caregivers' advice and

children's values and behaviors. Prior research supports class-related differences both in parent-child conversational styles (Keel Shinn & O'Brien, 2008) and in values about bullying and behavior during bullying situations. McLoyd (1990, 1998) argued that economic hardship adversely affects children's socioemotional functioning through both exposure to acute and chronic stressors and through the impact of economic hardship on parents' behaviors toward children (harsh, inconsistent parenting). As such, it is important to understand how both family's socioeconomic status (SES, defined by adjusted family income) and stressful life events experienced in the family (SLE) relate to the links between caregivers' advice and children's values and behaviors. Economic factors may impact all three KiVa values so that children's levels of anti-bullying attitudes, empathy, and self-efficacy prior to the start of KiVa all depend on the economic backgrounds of their families. However, existing research motivates contradictory hypotheses about whether economic disadvantage may positively or negatively relate to these values.

On one hand, economic disadvantage may negatively relate to the development of anti-bullying attitudes. The association between economic disadvantage and aggressive behavior has been well-documented such that rates of aggressive, antisocial, and criminal behavior are higher in more disadvantaged environments (Conger et al., 1992; Dodge, Pettit & Bates, 1994; Farrington, 1990; Fergusson, Swain-Campbell, & Horwood, 2004; Fitzpatrick, 1997; Kazempiur & Halli, 2000; Kramer, 2000; Levine, 2011; Ludwig, Duncan, & Hirschfield, 2001; Rutter, Giller, & Hagell, 1998; Sampson & Laub, 1993; VanDusen Mednick, Gabrielli, & Hutchings 1983). Likewise, attitudes

about violence vary by SES such that those in more disadvantaged communities believe that aggression is more normative and acceptable. For example, in Mexican-American communities, social capital (e.g., neighborhood conditions) has been found to relate to negative attitudes about violence (Kelly et al., 2010). If a child learns that aggression is acceptable and appropriate in peer interactions, it may be more difficult for this child to adopt anti-bullying beliefs at school.

Similarly, economic disadvantage may negatively relate to children's sense of self-efficacy. It has been proposed that living in disadvantaged homes may interfere with children developing a sense of competency or self-efficacy to influence and cope with their surroundings (White, 1959). In fact, economic disadvantage has been associated with diminished mastery beliefs (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001; Battle & Rotter, 1963), learned helplessness (Evans, Gonnella, Marcynyszyn, Gentile, Salpekar, 2005), and low self-efficacy (Whitbeck et al., 1997). Thus, low levels of self-efficacy may be especially prominent in economically disadvantaged communities and may relate to children opting not to intervene when they are bystanders to bullying.

On the other hand, economic disadvantage may *positively* relate to empathy toward victims and helping behaviors (e.g., bystander intervention) such that children from lower SES backgrounds may be more empathic and more likely to help than those from higher SES backgrounds. Kraus, Cote, & Keltner (2010) found that adults from lower socioeconomic environments decipher the emotions of others more accurately than adults from higher socioeconomic environments. In other studies, adults from

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disadvantaged backgrounds reported higher dispositional empathy and also exhibited higher physiological reactivity to emotionally evocative stimuli than did their counterparts from more advantaged communities (Stellar, Manzo, Kraus, & Keltner, 2012). To date, little is known about whether the positive relation between economic disadvantage and empathy generalizes to children.

Thus, questions remain about whether family economic factors including SES and SLE relate to children's levels of anti-bullying attitudes, empathy toward victims, and self-efficacy to support victims. Prior research suggests that these factors may link positively to some constructs but negatively to others. Given the scarcity of research on the topic, no specific hypotheses will be tested; instead, we will conduct exploratory analyses to examine whether these economic indicators moderate relations between caregivers' advice and both children's values about bullying and their behavior during bullying situations.

Child sex. An additional secondary aim of the current study was to examine sex differences in the study's constructs as well as the possibility that sex moderates the links between caregivers' advice and children's values and behaviors during bullying. We hypothesized that girls would display stronger KiVa values and behaviors than boys because prior research suggests that girls are more likely to take positive actions (e.g., directly intervening, helping the victim, or involving an adult) when they are bystanders to bullying than are boys (Trach, Hymel, Waterhouse, & Neale, 2010). Furthermore, we predicted that the relations between caregivers' advice and children's values and behaviors would be stronger for girls than for boys. Girls have been shown to be more

likely than boys to seek and follow maternal advice on social issues (Greene & Grimsley, 1990), and Keel Shinn & O'Brien (2008) found that parents tend to use more assertive speech with daughters than with sons. For these reasons, a secondary aim of the current study was to investigate whether child sex moderated the hypothesized relations.

Advice-giving style. In addition to exploring whether the content of caregivers' advice related to children's values and behaviors around bullying, we also examined whether advice-giving style moderated the proposed relations. Some prior research suggests that younger children respond best to advice-giving that is concrete, specific, and direct. For example, Laird, Pettit, Mize, Brown, and Lindsey (1994) found that maternal behavioral advice predicted preschoolers' social competence beyond simply discussing peer situations. On the other hand, research with older children suggests that they respond better to a caregiver style characterized by warmth, support for the child's autonomy and ideas, and Socratic questioning rather than commands or directives. For example, McDowell, Parke, and Wang (2003) found that older children whose caregivers adopted a controlling conversational style were rated lower in social competence by both teachers and peers. Thus, a secondary aim of the current project was to examine whether relations between caregivers' advice and children's values and behaviors to bullying were moderated by the style of caregivers' advice-giving. These analyses were exploratory given the lack of existing research on caregivers' conversational styles and outcomes in middle childhood, as well as the fact that the

developmental period of the current investigation was somewhat between those studied in the investigations described above.

The Current Study

In sum, children begin the KiVa program with varying levels of anti-bullying attitudes, empathy toward victims, and self-efficacy to support victims and there is variation in the behaviors that children display when they witness bullying situations. To our knowledge, no prior research has examined how caregivers' advice contributes to children's values about bullying and behavior during bullying situations. Accordingly, the primary aim of this study was to examine links between caregivers' advice and children's values about bullying and behaviors during bullying situations. We hypothesized that caregivers' advice would correspond with consistent child values and behavior. The secondary aims were to test whether family economic factors, child sex, and caregiver advice-giving style moderated these relations. Based on previous research, we hypothesized that girls would be more likely to follow caregivers' advice than would boys. Family economic factors and caregiver advice-giving style analyses were exploratory.

Chapter 2

METHOD

Overview

Data collection occurred in two phases, a classroom phase and a home-visit phase. Classroom data collection was conducted from mid-September through mid-October 2013 in 74 4th and 5th grade classrooms. During the 1-hour data collection in each classroom, children completed a self-report questionnaire assessing anti-bullying attitudes[1]. During the same visit, classmates completed peer nominations indexing bystander behaviors.

Home-visit data collection occurred from January 2014 through May 2014 with a subsample of 106 children from these classrooms and their caregiver. During 90-minute home visits, children completed additional self-report measures assessing self-efficacy and empathy[1]. Caregivers completed a measure of family demographics. Caregivers and children jointly completed a series of interactions in which caregivers advised children about how to respond to bullying situations[2].

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 the Red Clay Consolidated School District (see Appendices A and B for

Classroom Parental Permission Form and Classroom Child Assent Form). A fourth- and fifth-grade sample was chosen because KiVa has been found to be most effective during this developmental period (Karna et al., 2011a; Salmivalli & Peets, 2009). Seventy-five percent of the 1,910 children in these classrooms received parental permission to participate, resulting in an *N* of 1,440. About half (50.3%) of these children were male. Caregivers identified children in this sample 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.

The Red Clay Consolidated School District is particularly well-suited for exploring questions related to SES as schools within the district vary extensively in terms of the percentage of the school population considered "low income" based on rate of qualification for free and reduced lunch. In the most affluent school, only 3.9% of the student body was classified as "low income" whereas 85.4% of the student body was classified as "low income" in the least affluent school.

Home visit sample. The home-visit sample included 106 fourth- and fifth-grade children from the classroom sample whose caregivers gave permission to be contacted about future studies. The sample was stratified by school SES (low-and high-SES according to percent of students who qualified for free and reduced lunch) and by child sex. Half of the children were male (50%). This subsample was recruited through a telephone call to the child's caregiver in which the purpose and procedures of the study were described (see Appendix C for telephone recruiting script). Caregivers who

expressed interest in participating were scheduled for a ninety-minute home visit, during which the Home-Visit Parental Permission Form and Home-Visit Child Assent Form were completed (see Appendices D and E). In the subsample, caregivers identified children's race/ethnicities as 48.1% European American, 31.1% African American, 8.5% as more than one race, 6.6% as Latino American, and 1.9% Asian American. Caregivers declined to provide race and ethnicity data for 3.8% of the children in the subsample.

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. One caregiver declined to report her relationship to the child participant. Caregivers were an average of 39.71 years old (SD=7.47 years).

Classroom Procedures and Measures

A graduate student and approximately four undergraduate research assistants conducted 1-hour visits in each classroom. Self- and peer-report measures were group-administered in a paper-and-pencil format. To protect the confidentiality of responses, children received a manila folder to stand upright on their desk as a "privacy shield." Research assistants circulated throughout the room to answer questions, to keep children on task, and to ensure that privacy was maintained. Research assistants also worked individually in a private setting with any children whom teachers identified as requiring reading assistance.

Self-report measure of anti-bullying attitudes. Children completed the 10-item self-report Pro-Victim Scale (Rigby & Slee, 1991; see Appendix F) to assess the variable Anti-Bullying Attitudes[1]. The scale has been found to have adequate internal consistency (Cronbach's $\alpha = .78$), as well as discriminant validity in distinguishing between children who supported intervening in bullying situations versus children who supported ignoring bullying (Rigby & Slee, 1991). In our subsample of 106 children, internal consistency was acceptable (Cronbach's $\alpha = .70$) when item 3 was removed. This and all subsequent self-report variables were computed by reverse-scoring items when necessary and averaging across all items of the scale. In all cases, higher scores represented greater levels of the construct of interest.

Peer-report measure of bystander behavior. Children's classmates completed six peer nomination items to assess children's behavior when they were bystanders 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?; Get an Adult: When a kid is bullied, who gets an adult to help?; Assist the Bully: When another kid is bullied, who joins in or helps the bully?; No Action: When another kid is bullied, who doesn't do anything?; 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 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.

The Stop the Bully, Help the Victim, and Get an Adult variables were all strongly correlated (rs = .77 - .83, $p < .01$). As such, these three variables were averaged to create an aggregate variable labeled Bystander Intervention.

The Passivity variable was not strongly correlated with the Assist the Bully variable ($r=.43$, $p < .01$) and only moderately correlated with Reinforce the Bully variable ($r=.67$, $p < .01$). Thus, it remained separate and was labeled Bystander Passivity.

The Reinforce the Bully and Assist the Bully variables were strongly correlated with each other ($r=.70$, $p<.01$) and so these variables were averaged to create an aggregate variable labeled Bystander Reinforcement/Assistance.

Home Visit Procedures and Questionnaires

A graduate student and an undergraduate research assistant conducted ninety-minute home visits for each caregiver/child dyad. The graduate student and undergraduate research assistant worked with the caregiver and child both together and separately to complete a series of tasks. At the conclusion of the home visit, children and caregivers were debriefed and given the opportunity to ask questions (see Appendix G for debriefing script). Families were compensated with $50 and children received a small toy of their choosing from a collection of desirable toys.

The home visit took place in three parts. In the first part, children and caregivers were separated to complete paper-and-pencil measures privately. In the second part, children and caregivers completed the Caregiver-Child Interaction together. In the third part, children and caregivers were separated again to complete additional paper-and-

pencil measures privately. The rationale for this three-part procedure was to order the measures and tasks so that those completed later were unlikely to influence those completed earlier. See Appendix H for the ordering of measures and tasks, as well as an explanation of whether the graduate student or undergraduate assistant worked with the caregiver or child as they complete each measure.

When working with the child, the experimenter (graduate student or undergraduate assistant) read all items of all measures aloud, the child responded verbally, and the experimenter recorded the child's response. When working with the caregiver, the experimenter offered two options; the caregiver could complete the measures independently or the experimenter could read the items aloud and record the responses for the caregiver. This choice was intended to increase the validity of responses from caregivers who struggle with literacy without bringing undue attention to their difficulty with reading. Examiners also monitored caregivers and children for signs of distraction or fatigue and offered breaks when necessary.

Child self-report measures. Children completed measures to assess self-efficacy and empathy.[1]

Self-efficacy. Children completed the 7-item Self-Efficacy Questionnaire for Children (SEQ-C; Muris, 2001; Appendix I) to assess Self-Efficacy. The scale has yielded good internal consistency (Cronbach's α=.85; Muris, 2001). In addition, self-efficacy as measured by the SEQ-C has been found to be negatively related to depression (Muris, 2001). In the current study, internal consistency was acceptable (Cronbach's α=.68) when item 5 was omitted.

Empathy. Children completed the 20-item Basic Empathy Scale (BES; Jolliffe & Farrington, 2006; Appendix J) to assess Empathy. Acceptable 3 week test-retest reliability has been supported for the BES (r=.66, D'Ambrosio et al., 2009). Supporting its convergent validity, the BES' affective empathy subscale has been found to correlate strongly with two other measures of emotional empathy (Albiero et al., 2009). Additionally, the BES is not significantly correlated with social desirability (D'Ambrosio et al., 2009). In the current subsample, internal consistency was good (Cronbach's α=.78 respectively).

Caregiver-report measure of family demographics and economic factors. Caregivers completed a demographic form to assess demographic variables (Appendix K)[3]. This measure was completed at the end of the home visit to ensure that rapport was established before asking caregivers to respond to potentially sensitive questions. Adjusted family income was calculated by dividing the family's reported income by the total number of people in the family, and this was used as our measure of family socioeconomic status (SES). The measure also included items selected from the Life Experiences Survey (Sarason, Johnson, & Siegel, 1978) to assess stressful life events that have occurred in the family the past year. These events were summed to create a cumulative risk score for the variable Stressful Life Events (SLE).

Caregiver-child interaction. Caregiver-child dyads completed five 2.5-minute audio-recorded conversations in which caregivers were asked to provide advice to their children about 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 graduate student 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 minutes, the graduate student returned to the room and read the next vignette to the caregiver and child. This procedure continued until all vignettes were read. While 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., verbal offenses including teasing, taunting, and name calling; Mynard & Joseph, 2000), social manipulation (i.e., behaviors aimed to harm children's relationships with peers), social rebuff (i.e., social manipulation that includes 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:

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 Caregiver-Child Interaction

Conversations from the Caregiver-Child Interaction were audio-recorded during the home visits, and undergraduate research assistants transcribed each transcript verbatim. Caregivers' comments on the transcripts were divided into chunks. A new chunk occurred anytime the speaker changed (from caregiver to child) or anytime a caregiver code changed.

Each chunk was coded for context, content, and style. Context codes referred to whether the caregiver's advice was made in the context of the child as a bystander, bully, or victim. As bystander contexts were 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). Content codes referred to the content of the caregivers' comment (e.g., Did the caregiver tell their child to tell an adult? Did the caregiver support the child's plan?). Style codes referred to the way in which a caregiver made a comment (e.g., Did the caregiver ask the child what he or she would do? Did the caregiver make a statement?). The total number of times that a code appeared was averaged across five vignettes to arrive at a final quantified variable for each code.

Advice content codes. Content codes were divided into values codes and bystander behavior codes and were as follows:

Values codes.

A. Anti-Bullying Attitudes: This code was assigned when caregivers conveyed beliefs that bullying is unacceptable. Examples: "That kind of behavior is wrong."; "Kids shouldn't bully each other like that." (Kappa=.79). This variable was labeled Advice: Antibully Attitudes.

B. Empathy: This code was assigned when caregivers directed children to think about the feelings of the victim. Examples: "That poor child must feel so sad."; "How do you think this situation makes her feel?" (Kappa=.80). This variable was labeled Advice: Empathy.

Bystander behavior codes.

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 the caregiver 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 tattle-tale." (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.

Advice style codes. There were three possible styles by which caregivers could communicate values or behavioral advice to children:

A. General Statement: A general statement is a remark in which no specific advice is given about how to respond behaviorally to bullying situations (e.g., "That's not right!" or "That poor kid must feel so sad.") (Kappa=.83). This variable was labeled Style: General Statement.

B. Advice: Advice is a statement or question in which a caregiver advocates for a specific behavioral response to bullying ("You would tell the teacher if you saw this, right?" or "You need to tell that kid to stop.") (Kappa=.80). This variable was labeled Style: Advice.

C. Question: A question could be related to either feelings or behavioral responses to bullying (e.g., "How do you think that child feels?" "What do you think you should do here?"). Importantly, no specific behavioral advice is given with a Question. (Kappa=.87). This variable was labeled Style: Question.[4]

Reliability. Eight coders were trained by the author in the coding scheme described above. The 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 ten caregiver-child dyads. Four out of eight coders met this reliability criterion. 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 blind to which transcripts constituted reliability trials. Kappas were acceptable for both overall Content (Kappa=.82) and overall Style (Kappa=.82) codes. Kappas for individual codes are provided in the sections above.

Chapter 3

RESULTS

Analytic Strategy

We took a four step approach to data analysis. First, we conducted preliminary analyses to examine psychometric properties, descriptive statistics, sex group differences, and correlations amongst variables. Second, we tested hypothesized path models using Structural Equation Modeling (SEM). Third, we conducted regression analyses to determine if caregivers' advice predicted children's values and bystander behavior about bullying. Finally, we examined whether family SES, child sex, and advice-giving style moderated the links between caregivers' advice and children's values and behaviors.

Preliminary Data Analysis

Psychometric properties. We examined the psychometric properties of each measure by calculating internal consistencies (reported in the method section); we excluded individual items if doing so improved the internal consistency of the scale. In addition, given that most of our measures were validated on middle-income children and families, we divided our sample in half by SES and calculated internal consistencies for each measure within low-SES and high-SES groups. Alpha values by SES are reported in Table 1. In most cases, alpha values were acceptable for both SES groups.

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Descriptive statistics. We examined descriptive statistics (mean, standard deviation, range, skewness), for each variable. These statistics are reported in Table 2.

Data transformations. We identified variables with a skew value + or - .5 and attempted to reduce skewness through transformations including log, square root, and inverse (the latter for positively skewed variables only). Log transformations resulted in the least amount of skew for the almost all variables. As such, log transformations were used in subsequent analyses. The original and corrected skew values are reported in Table 2.

Sex group differences. We examined sex differences for all final variables and results are listed in Table 3. Girls reported significantly higher levels of Antibully Attitudes and Empathy than boys. Peers rated girls as more likely than boys to intervene and less likely to be passive bystanders to bullying. The content of caregivers' advice did not differ for girls and boys; however, caregivers used an advice-giving style more frequently with girls than boys.

Correlations. SES and SLE were significantly but weakly correlated with each other (r=-0.30, $p < .01$). Correlations of all other variables with Family SES and Family SLE are reported in Table 4. SES correlated positively with Self-Efficacy, Advice: Stop the Bully, Style: General Statement, and Style: Question, and negatively with Bystander Passivity and Bystander Reinforcement/Assistance. Family SLE correlated negatively with Antibully Attitudes and Self-Efficacy. Moreover, all significant correlations occurred for Family SES or Family SLE, but not both, with the exception of correlations with Self-Efficacy, which were both significant but in opposite directions.

For these reasons, we did not attempt to combine Family SES and Family SLE in further analyses.

Correlations between caregivers' advice and both children's values about bullying and behaviors when they are bystanders to bullying incidents are reported in Table 5. For caregivers' advice and children's values, results revealed: a) both Advice: Stop the Bully and Advice: Help/Comfort were positively correlated with Antibully Attitudes, and b) Advice: Help/Comfort was positively correlated with Self-Efficacy. For caregivers' advice and children's behaviors, results revealed: a) Advice: Stop the Bully correlated positively with Bystander Intervention and negatively with both Bystander Passivity and Bystander Reinforcement/Assistance, b) Advice: Help/Comfort correlated negatively with Bystander Passivity and positively with Bystander Intervention, c) Advice: Do Not Intervene correlated negatively with Bystander Passivity and positively with Bystander Reinforcement/Assistance and, d) Advice: Do Not Tell correlated positively with Bystander Reinforcement/Assistance.

Correlations between children's values about bullying and children's bystander behaviors are reported in Table 6. Anti-bullying attitudes correlated positively with Bystander Intervention and negatively with Bystander Passivity and Bystander Reinforcement/Assistance. Empathy correlated positively with Bystander Intervention and negatively with Bystander Passivity. Self-Efficacy correlated positively with Bystander Intervention and negatively with Bystander Passivity.

There were also some significant correlations within these three categories of variables. Correlations within caregivers' advice variables are reported in Table 7.

Within the caregiver advice variables, the following correlations were significant: a) Advice: Antibully Attitudes correlated positively with Advice: Empathy b) Advice: Tell correlated positively with Advice: Empathy, Advice: Help/Comfort and Advice: Do Not Intervene and c) Advice: Stop the Bully correlated positively with Empathy and Advice: Reinforce/Assist. Within the child values variables, Antibully Attitudes correlated positively with Empathy ($r=.25$, $p < .01$). Within the child bystander behavior variables, Bystander Passivity correlated negatively with Bystander Intervention ($r=-.48$, $p < .01$) and positively with Bystander Reinforcement/Assistance ($r=.60$, $p < .01$).

Hypothesis Testing

      Path models. We first attempted to test the relations between caregivers' advice, children's values about bullying, and children's bystander behavior using path models. Models were tested using Mplus Version 7.2 (Muthén & Muthén, 1998-2014). Model fit was assessed using the chi-square goodness of fit statistic, the Standardized Root Mean Squared Residual (SRMR; Bentler, 1995), the Bentler Comparative Fit Index (CFI; Bentler, 1990), the Root Mean Square Error of Approximation (RMSEA), and the Tucker-Lewis Index (TLI). According to Hu & Bentler (1999), non-significant chi-square values may indicate appropriate model fit, because the statistic is sensitive to sample size. Interpretation of the remaining fit statistics is as follows: For RMSEA, values of .05 or less indicate good model fit, and values between .05 and .08 indicate adequate fit. For CFI, values of .95 or higher indicate good fit, and values between .90 and .95 indicate adequate fit. For TLI, values above .95 indicate adequate fit. For

SRMR, values of .08 or lower indicate good fit. Models were estimated using full information maximum likelihood (FIML) to handle missing data.

We developed and tested two path models. First, we tested a model about the influence of caregivers' KiVa-consistent advice on children's KiVa-consistent values and behaviors (see Figure 1). This model specifies that caregivers' advice that is consistent with the KiVa program (Advice: Antibully Attitudes, Advice: Empathy, Advice: Stop the Bully, Advice: Help/Comfort, Advice: Tell) positively predicts children's values variables (Antibully Attitudes, Empathy, Self-Efficacy), which then positively predict child bystander behaviors that are consistent with KiVa (Bystander Intervention). Unfortunately, this model provided a poor fit to the data; $\chi2=17.49$ (8), $p=0.03$, RMSEA=0.11, CFI=0.74, TLI= 0.16, SRMR= 0.05.

Second, we tested a model about the influence of caregivers' KiVa-inconsistent advice on children's KiVa-inconsistent values and behaviors (see Figure 2). This model specifies that advice that is inconsistent with the KiVa program (Advice: Do Not Intervene, Advice: Do Not Tell, Advice: Reinforce/Assist) negatively predicts children's values (Antibully Attitudes, Empathy, Self-Efficacy), which then negatively predict children's bystander behavior that is inconsistent with KiVa (Bystander Passivity and Bystander Reinforcement/Assistance). The model also provided a poor fit to the data; $\chi2=27.50$ (9), $p=0.00$, RMSEA=0.14, CFI=0.77, TLI= 0.36, SRMR= 0.08.

Regressions. When these models failed to provide good fit to the data, we elected to test hypotheses using regression. We separated the caregivers' advice variables into advice about values (Advice: Antibully Attitudes and Advice: Empathy)

and advice about behaviors (Advice: Stop the Bully, Advice: Help/Comfort, Advice: Tell, Advice: Do Not Intervene, Advice: Do Not Tell, and Advice: Reinforce/Assist). We then tested two sets of regressions, one for caregivers' values-based advice and children's values and the second for caregivers' behavioral advice and children's behaviors.

In the first set of regressions, the children's values variables (Antibully Attitudes and Empathy) each served as the dependent variable in a separate regression, with the predictor variables in each regression being the corresponding caregivers' values-based advice (Advice: Antibully Attitudes predicted Antibully Attitudes, Advice: Empathy predicted Empathy). Caregivers' value-based advice did not predict children's values variables in either of these regressions (see Table 8).

In the second set of regressions, the children's bystander behavior variables (Bystander Intervention, Bystander Passivity, and Bystander Reinforcement/Assistance) each served as the dependent variable in a separate regression, with the predictor variables in each regression being caregivers' behavioral advice (Advice: Stop the Bully, Advice: Help/Comfort, Advice: Tell, Advice: Do Not Intervene, Advice: Do Not Tell, and Advice: Reinforce/Assist). Bystander Intervention was positively predicted by Advice: Stop the Bully, although this relation did not hold following a Bonferroni correction. Bystander Passivity was positively predicted by Advice: Do Not Intervene and Advice: Do Not Tell and negatively predicted by Advice: Stop the Bully and Advice: Help/Comfort; only the relation with Advice: Do Not Intervene remained following Bonferroni correction. Bystander Reinforcement/Assistance was positively

predicted by Advice: Do Not Intervene and Advice: Do Not Tell and negatively

predicted by Advice: Stop the Bully; both positive predictions remained following

Bonferroni correction (see Table 9).

Moderation.

SES moderation.

SES moderation of the link between caregivers' value-based advice and

children's values. We tested whether SES moderated the link between caregivers'

value-based advice and children's values in two regressions. Each regression predicted

one of the two children's values variables (Antibully Attitudes, Empathy) from the

corresponding caregivers' values-based advice variable (Advice: Antibully Attitudes

predicted Antibully Attitudes, Advice: Empathy predicted Empathy), SES, and the

interaction of SES and the caregivers' values-based advice variable. There was no

significant moderation effect for either regression (see Table 10).

SES moderation of the link between caregivers' behavioral advice and

children's bystander behavior. Next, we tested whether SES moderated the link

between caregivers' behavioral advice and children's bystander behavior in 18

regressions. Each regression predicted one of the three bystander behavior variables

(Bystander Intervention, Bystander Passivity, orBystander Reinforcement/Assistance)

from one of the six caregivers' behavioral advice variables (Advice: Stop the Bully,

Advice: Help/Comfort, Advice: Tell, Advice: Do Not Intervene, Advice: Do Not Tell,

Advice: Reinforce/Assist), SES, and the interaction of SES and the caregivers' advice

variable. Two of the 18 moderation effects were significant, with one maintaining

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significance after Bonferroni correction (see Table 11). We probed these interaction effects and all subsequent interaction effects using the statistical program Interaction (Soper, 2006) at high (+1 SD), mean, and low (-1 SD) values of the moderator (Aiken & West, 1991). First, SES significantly moderated the link between Advice: Do Not Intervene and Bystander Reinforcement/Assistance. At high levels of SES, the relation between Advice: Do Not Intervene and Bystander Reinforcement/Assistance was not significant (β=0.03, p= $n.s.$). However, at mean (β=0.09, p=.00) and low levels of SES (β=0.15, p=.00), the relation was positive (see Figure 3). Secondly, SES significantly moderated the link between Advice: Do Not Intervene and Bystander Passivity. Although the interaction term was significant, the relationship between Advice: Do Not Intervene and Bystander Passivity was not significant at high (β=-0.07, p= $n.s$), mean (β=0.10, p= $n.s.$), or low (β=0.28, p= $n.s$) levels of SES.

Stressful Life Events (SLE) moderation.

SLE moderation of the link between caregivers' value-based advice and children's values. We tested whether SLE moderated the link between caregivers' value-based advice and children's values in two regressions analogous to the ones described above for SES moderation. Neither moderation effect was significant (See Table 12).

SLE moderation of the link between caregivers' behavioral advice and children's bystander behavior. Next, we tested whether SLE moderated the link between caregivers' behavioral advice and children's bystander behavior in 18 regressions analogous to the ones described above for SES moderation. Two of the 18

moderation effects were significant, with one maintaining significance after Bonferroni correction (see Table 13). First, SLE moderated the link between Advice: Stop the Bully and Bystander Intervention. At high (β=0.13, p=.00) and mean levels of SLE (β=0.07, p=.01), the relation between Advice: Stop the Bully and Bystander Intervention was positive; however, at low levels of SLE, the relation was not significant (β=0.01, p=n.s.; see Figure 4). Secondly, SLE moderated the link between Advice: Tell and Bystander Intervention. Although the interaction term was significant; the relationship between Advice: Tell and Bystander Intervention was not significant at high (β=-0.09, p= n.s), mean (β=-0.01, p= n.s.), or low (β=0.07, p= n.s) levels of SLE.

Sex moderation.

Child sex moderation of the link between caregivers' value-based advice and children's values. We tested whether child sex moderated the link between caregivers' value-based advice and children's values in two regressions analogous to the ones described above for SES moderation. There was no significant moderation effect for either regression (See Table 14).

Child sex moderation of the link between caregivers' behavioral advice and children's bystander behavior. Next, we tested whether child sex moderated the link between caregivers' behavioral advice and children's bystander behavior in 18 regressions analogous to the ones described above for SES moderation. One of the 18 moderation effects was significant, although this effect did not maintain significance after Bonferroni correction (see Table 15). Child sex moderated the link between Advice: Do Not Intervene and Bystander Reinforcement/Assistance. For girls, the

relation was positive (β=0.18, *p*<.01). For boys, the relation was not significant (β=0.01, *n.s.;* see Figure 5).

Advice style moderation.

Advice style moderation of the link between caregivers' value-based advice and children's values. We tested whether advice-giving style moderated the link between caregivers' value-based advice and children's values in two regressions analogous to the ones described above for SES moderation. Each of the equations contained two interaction terms because caregivers could convey value-based advice using two styles (Questions, Statements). There was one significant moderation, although this effect did not maintain significance after Bonferroni correction (see Table 16). Style: Question moderated the relation between Advice: Antibully Attitudes and Antibully Attitudes. At high levels of Style: Question, this relation was positive (β=0.22, *p*= .01); however, at mean levels of Style: Question, this relation was not significant, (β=-0.00, *p*= *n.s*.), and at low levels of Style: Question, this relation was negative (β=-0.22, *p*= .03; see Figure 6).

Advice style moderation of the link between caregivers' behavioral advice and children's bystander behavior. Next, we tested whether advice-giving style moderated the relations between caregivers' behavioral advice and children's bystander behavior in 18 regression analogous to the ones described above for SES moderation. Each of the equations contained two interaction terms because there were two styles by which caregivers could convey behavioral advice (Style: Advice, Style: Question). There were three significant interaction terms, although none of these effects maintained

significance after Bonferroni correction (see Table 17). First, Style: Advice moderated the relation between Advice: Help/Comfort and Bystander Intervention. At high levels of Style: Advice, the relation between Advice: Help/Comfort and Bystander Intervention was positive (β=.10, p=.01); however, at mean (β=.05, p= *n.s.*) and low levels (β=0.002, p= *n.s.*) the relationship was not significant (See Figure 7). Second, Style: Advice moderated the relation between Advice: Help/Comfort and Bystander Passivity. At high levels of Style: Advice, there was a negative relation between Advice: Help/Comfort and Bystander Passivity (β=-0.11, p= .00); however, at mean (β=-0.05, p= *n.s.*) and low levels (β=0.00, p=*n.s.*), the relation was not significant (See Figure 8). Finally, Style: Question moderated the relation between Advice: Do Not Intervene and Bystander Reinforcement/Assistance. At high levels of Style: Question, the relation between Advice: Do Not Intervene and Bystander Reinforcement/Assistance was not significant (β=0.06, p= *n.s.*); however, at mean (β=0.11, p=.00) and low levels (β=0.17, p=.00) the relation was positive (See Figure 9).

Chapter 4

DISCUSSION

In this study, we investigated relations between caregivers' advice about bullying and bystander children's corresponding values and behaviors. We also tested whether family economic factors, child sex, and caregivers' advice-giving style moderated these relations. Children self-reported their values (anti-bullying attitudes, empathy, and self-efficacy), and peers reported how children behaved when they were bystanders to bullying incidents at school. Caregivers' advice to children about how to respond as bystanders to bullying incidents was coded from a task in which caregivers and children discussed hypothetical bullying situations. Findings 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, Pepler, & Craig, 2001), and bystander intervention is the focus of many bullying prevention programs (for a review, see Polanin, Espelage, & Pigott, 2012).

Given the exploratory nature of this study, all findings will be discussed, even those that do not hold with Bonferroni corrections. However, readers should use caution in interpreting findings that do not hold with Bonferroni corrections; these findings present an increased risk of Type 1 error.

Prediction of Children's Bystander Behaviors from Caregivers' Behavioral Advice

A primary aim of this study was to examine links between caregivers' advice and bystander children's behavior during bullying situations. We predicted that caregivers' advice would correspond to consistent child behavior. Specifically, we hypothesized that caregivers' advice to intervene during bullying situations (e.g., through stopping the bully, helping/comforting victims, or telling an adult) would predict bystander child intervention. We hypothesized that caregivers' advice to stay out of bullying situations (e.g., through not intervening or not telling an adult) would predict bystander child passivity. Finally, we hypothesized that caregivers' advice to join in the bullying (e.g., through reinforcing/assisting the bully) would predict bystander reinforcement/assistance.

A secondary aim was to test whether family economic factors, child sex, and caregiver advice-giving style moderated these relations. We made no specific predictions about how family SES and SLE would moderate hypothesized relations. Since prior research suggests that girls are more likely to follow parental advice than are boys (Greene & Grimsley, 1990), we predicted that relations between caregivers' advice and bystander children's behavior would be stronger for girls than for boys. Finally, we examined caregiver advice-giving style as a potential moderator of relations between caregiver advice and bystander child behavior. Prior research suggests that adolescents respond well to a flexible, open-ended conversational style (McDowell, Parke, & Wang, 2003), while very young children respond well to clear, directive advice (Laird, Pettit, Mize, Brown, & Lindsey, 1994). Because participants in this study

were between these two age groups, we made no specific hypotheses about how advice-giving style might moderate relations between caregivers' advice and children's bystander behavior.

Prediction of bystander intervention. As hypothesized, we found that caregivers' advice to support victims linked to bystander child intervention. Specifically, children whose caregivers advised them to stop the bully were more likely to intervene during bullying situations. This is a particularly promising finding as it suggests a cross-context connection between advice given in the home environment and behavior demonstrated in the school setting. This link emphasizes the important role that caregivers play in promoting bystander intervention and shows that advice-giving at home is one way that caregivers may influence children's behavior during bullying situations at school.

In fact, a meta-analysis suggests that, working together, parents and school personnel can effectively promote changes in academic performance and school-related behavior (Cox, 2005). Home-school collaboration may be particularly helpful in reducing bullying, especially given that bullying often occurs outside of school hours, either in the neighborhood context or in the cyberworld. With replication, findings from the current study may warrant the development of a caregiver-component to school-based bullying prevention programs like KiVa that target bystander behavior. Other programs such as the PATHS Program (Kusche & Greenberg, 1995) and The Second Step Program (Grossman et al., 1997) provide strong models for school-based aggression prevention initiatives that also include family components.

Moderation of effects for bystander intervention. Interestingly, this positive

relation between caregivers' advice to stop the bully and children's bystander

intervention was moderated by the number of stressful life events that the family had

encountered. Specifically, the link between caregivers' advice to stop the bully and

bystander children intervening was significant only at high and mean levels of stressful

life events, but not at low levels. This finding suggests that children who have

experienced an average or high level of stressful life events may be more likely to heed

caregivers' advice to intervene. Children who have experienced hardships may feel

more empathy towards others and, thus, may be more receptive to caregivers' advice to

help others who are experiencing social hardships. This interpretation aligns with the

idea of "altruism born of suffering" (Staub & Vollhardt, 2008), research suggesting that

adults from disadvantaged backgrounds have higher dispositional empathy than adults

from more advantaged communities (Stellar, Manzo, Kraus, & Keltner, 2012), and

research demonstrating that stress predicts anonymous helping behaviors (McGinley et

al., 2010). This moderation effect also may yield clinical relevance; children who have

not experienced many stressful life events may need more help in developing empathy

for victims and motivation for intervening; it may be harder for these children to

understand this socially stressful experience if they have not experienced many stressors

themselves.

Furthermore, a link was found between caregivers' advice to help or comfort the

victim and children's bystander intervention, but only for those caregivers who

displayed high levels of directive advice-giving (as opposed to questioning) in their

conversations with their children. This finding suggests that it is helpful for caregivers to provide clear, directive advice when urging their children to intervene when they witness bullying and when giving children suggestions for how to help. Straightforward behavioral advice may be particularly helpful in middle childhood when children still lack the abstract and hypothetical reasoning skills that develop in adolescence; in contrast, adolescents may be better able to respond to a questioning style of behavioral encouragement.

Prediction of bystander passivity. In support of our hypothesis, we found that when caregivers advised children not to get involved in bullying situations, children were more likely to be passive bystanders, and when caregivers advised children to support victims, children were less likely to be passive bystanders. Specifically, caregivers' advice to not intervene and not tell adults positively predicted bystander passivity, whereas caregivers' advice to stop the bully and 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 be inadvertently undermining 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 are taught in these prevention programs at school. When children receive such conflicting advice, they may choose to listen to the caregivers

rather than school personnel, and this choice may decrease the effectiveness of KiVa and other bullying prevention programs. Through anecdotal conversations with our colleagues in Finland, we learned that it is uncommon for Finnish caregivers to tell their children to stay out of bullying situations. Understanding why some US caregivers promote bystander passivity is a necessary first step in creating a US adaptation of the KiVa program in which caregiver advice aligns with school efforts to promote bystander intervention.

There are many reasons why caregivers may promote bystander passivity. First, caregivers may believe that bystander intervention will worsen bullying episodes. If so, adapted bullying prevention programs could educate caregivers about research that indicates both that bystander children may reinforce and maintain bullying by simply observing (Salmivalli, Voeten, & Poskiparta, 2011) and that when bystanders actively express disapproval, bullies often stop (Pepler & Craig, 1995). Knowledge of this research may increase some caregivers' comfort in advocating active intervention as opposed to bystander passivity. Caregivers also may encourage their children to stay out of bullying situations because they fear that intervention will contribute to negative (e.g. being labeled a "snitch") or even dangerous (e.g., being the target of bullying) consequences for their child. These fears underlie sentiments like "snitches get stitches" and contribute to an "anti-snitch phenomenon" that has permeated into a code of silence that is evident in some communities (Morris, 2010). If the anti-snitch phenomenon is more prevalent in school environments where telling adults or intervening is perceived as dangerous, findings from the current study may suggest ways to adapt school-based

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bullying prevention programs for cultural consistency in such schools. For example, as advice to stop the bully and help/comfort the victim negatively predicted bystander passivity, it may be more helpful to promote these bystander intervention strategies in communities where informing authority figures could be dangerous.

In sum, it appears that caregivers have considerable power in influencing children's behavior at school. 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 the classroom-based peer nominations are remarkable. These links motivate a call to add a caregiver component to school-based bullying prevention programs such as KiVa.

Moderation of effects for bystander passivity. The negative relation between caregiver's advice to help and comfort the victim and children's tendency to be passive bystanders to bullying episodes was moderated by caregivers' use of a directive advice-giving style, such that the relation held only at high levels of this style. This finding aligns nicely with the previously-discussed style moderation finding for prediction of bystander intervention; children are most likely to help and comfort victims, and least likely to remain passive, when their parents instruct them to do so in a clear and straightforward manner.

Prediction of bystander reinforcement/assistance. When caregivers' advised children not to intervene in 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 to actually reinforce or assist the bully in his/her efforts. Similarly, when

caregivers advised children to intervene by trying to stop the bully, children were less likely not only to be passive bystanders, but also to reinforce or assist the bully. These findings are striking and further highlight the possible detrimental effects of caregivers' encouraging children to remain passive when they witness bullying. It seems that this advice leads children not only to remain passive but in fact may encourage children 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 between caregivers' advice and children's bystander behavior, one that cannot be definitively determined by the correlational data reported here.

Even so, why might caregivers' advice to remain passive lead children to reinforce or assist bullies? Two explanations come to mind. First, it is important to consider how we assessed bystander reinforcement/assistance. Based on conceptual similarities and a strong correlation between reinforcement and assistance ($r=.70$, $p < .01$) 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. Laughing and cheering the bully on certainly do not convey support for the victim. However, simply watching a bullying incident take place could potentially align with caregivers' advice to not intervene and not tell adults. In fact, reinforcing was correlated strongly with bystander passivity ($p=.67$, $p < .01$). This finding brings to light an important distinction. Specifically, children and caregivers may not understand that

other children may perceive passive watching as reinforcing of bullying. If caregivers truly want their children to do nothing, they should advise children to walk away and not witness the situation at all. 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.

Moderation of effects for bystander reinforcement/assistance. The relations between caregivers' non-involvement advice and children reinforcement of bullying were moderated by family SES, child sex, and caregivers' advice-giving style. The positive relation between caregivers' advice to not intervene and bystanders reinforcing/assisting bullies was significant at mean and low SES levels, but not significant at high SES levels. Specifically, in families with low and mean income levels, when caregivers tell children not to intervene on victims' behalves, children are more likely to reinforce or assist bullying. This finding may reflect the tendency toward higher levels of aggression in lower income communities (Pabayo, Molnar, Kawachi, 2014; Romero, Richards, Harrison, Garbarino, & Mozley, 2015). Children who grow up in communities with higher levels of aggression may be desensitized to the impact of aggression on others. As such, advice not to intervene during bullying situations may be interpreted as a suggestion that aggression towards others is both normative and

acceptable. In these contexts especially, caregivers may need more information about how bystander passivity can perpetuate bullying.

The positive relation between caregivers' advice not to intervene and children reinforcing and assisting bullies was only significant for girls. Previous research shows that girls are more likely than boys to follow parental advice (Greene & Grimsley, 1990). As such, it is surprising that when girls are told to stay out of bullying situations, they are more likely to join with the bully. This moderation finding is consistent with the interpretation above that suggests that children may believe that they *are* following caregivers' advice to stay out of bullying situations when they passively watch bullying take place. For this reason, a parent component to bullying prevention programs could not only teach parents to encourage their children to intervene but could also advise them that, if they insist of telling their children to "stay out of it," they should clarify that they mean to leave the situation entirely and not watch passively.

A questioning style moderated the positive relation between caregivers' advice not to intervene and bystander reinforcement/assistance, such that this relation was significant at mean and low levels of questioning, but not at high levels of questioning. This finding aligns with previously-discussed findings suggesting that children believe that they are following their caregivers' advice to stay out of bullying by simply watching and that children follow their caregivers' advice most closely when the caregiver uses a straightforward style as opposed to a questioning style.

Prediction of Children's Values about Bullying from Caregivers' Value-Based Advice

Another primary aim of this study was to examine links between caregivers' value-based advice and children's values about bullying. We predicted that caregivers' values as expressed in an advice-giving task would correspond to parallel child values. Specifically, we hypothesized that caregivers' advice conveying antibullying attitudes would predict children's antibullying attitudes and that caregivers' empathy-related advice would predict children's feelings of empathy. As a secondary aim, we tested whether family economic factors, child sex, and caregiver advice-giving style moderated these relations. Our predictions for moderation followed the predictions we made regarding moderation of the links between caregivers' behavioral advice and children's behavior.

Unlike the strong links we found between caregivers' advice about bystander behavior and children's actual bystander behavior, we were surprised to find that caregivers' value-based advice and children's values about bullying were unrelated, with the exception of one moderation effect discussed below. These null results suggest that children's values about bullying may be developed through pathways other than caregivers' advice. For example, children's values may be based on their own experiences with bullying, modeling from others, or advice from sources other than caregivers. For example, bullied children have been shown to frequently disclose to older siblings that they have been bullied and to respond favorably to receiving advice from siblings (Honig & Zdunowski-Sjoblom, 2014$_b$). Even so, these null findings

contrast to other literature suggesting links between caregivers' values and children's values in related domains. For example, maternal support, an empathy-related behavior, has been shown to predict adolescents' empathy-related responding (Soenens, Duriez, Vansteenkiste, & Goossens, 2007), and maternal empathy has been shown to longitudinally predict female adolescents' development of empathy (van Lissa et al., 2014).

It is also possible that these null findings resulted from the procedures that we used during the parent-child task. In our prompt following the bullying vignettes, we asked caregivers to "discuss what is going on in the situation" and to "give advice about what to do." We did not specifically ask caregivers to discuss feelings, beliefs, and values about bullying. While many caregivers did convey antibullying attitudes and empathy during the vignette discussion, it is plausible that some caregivers omitted these ideas in an attempt to focus on providing behavioral advice as instructed by the prompt.

One significant moderation effect did emerge for the link between caregivers' value-based advice and children's values about bullying. Specifically, the link between caregivers' conveyance of antibullying attitudes and children's own antibullying attitudes was positive when caregivers' style was characterized by a high level of questioning, non-significant when their style used an average level of questioning, and negative when their style was characterized by a low level of questioning. This result stands in contrast to our previously reported moderation findings for behavioral advice, in which straightforward advice-giving promotes children following caregivers'

behavioral advice. Instead, this finding seems to suggest that a questioning style is most helpful in promoting children's antibullying attitudes. Questions are thought to be particularly useful in encouraging higher-order and independent thinking. As opposed to straight-forward advice from parents, questions may be particularly helpful for inspiring children to consider their values, as questions provide opportunities to reflect on rationales for multiple perspectives and to further elaborate on and define beliefs. This contrast between the questioning caregiver style that appears to promote antibullying attitudes in children and the directive caregiver style that seems to encourage positive bystander behaviors in children may play an important role when considering how best to design a caregiver component to bullying prevention programming. In addition, to our knowledge, researchers have not yet examined the effectiveness of different styles in which teachers discuss bystander values and behaviors; the findings reported here suggest that such investigations may prove fruitful and may help to enhance the effectiveness of school-based bullying prevention programs such as KiVa as well.

Limitations and Future Directions

The current study had several limitations that should be acknowledged. First, we assumed that advice given during the parent-child interaction represented the content and style 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. We also found that a measure of social desirability was not associated with

any of the conversational content codes. Still, it may be that this parent-child interaction lacked ecological validity and did not reflect advice that caregivers typically give to their children. If that's the case, though, it seems unlikely that such strong relations would emerge between caregivers' advice and children's behavior.

Secondly, 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 collected were concurrent, and the temporal sequence of advice-giving and interacting with peers 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 third limitation is the heightened potential for type I error given the multiple predictors in our regression and moderation analyses. To reduce the likelihood of false positives, we ran Bonferroni corrections to require a higher significance threshold for individual comparisons. Many of our findings remained significant even with a higher significance threshold (see Tables), but those that did not should be interpreted with particular caution.

A fourth potential limitation of the current study 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). As such, it is important to understand all possible contributions to children's

behavior during bullying incidents 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 values and behaviors in other age groups to determine whether a caregiver component to bullying prevention programs may be most effective in a particular developmental time period.

Despite these limitations, the current study adds to our understanding of the link between caregivers' advice and children's values about bullying and behavior during bullying situations. Future research should expand upon 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.

TABLES

Table 1 *Internal Consistency by Family SES Category*

Construct	Low Family SES	High Family SES
Antibully Attitudes	.71	.69
Empathy	.73	.80
Self-Efficacy	.56	.75

Table 2 *Descriptive Statistics*

Variable	Mean	Standard Deviation	Range	Skew	Corrected Skew
Antibully Attitudes	4.55	.54	2.67	-1.55	-.83
Empathy	3.70	.48	2.15	.30	*
Self-Efficacy	3.49	.77	3.83	-.56	.28
Bystander Intervention	.29	.14	.64	.51	.27
Bystander Passivity	.17	.13	.56	1.09	.79
Bystander Reinforcement/Assistance	.08	.10	.67	2.96	2.47
Advice: Antibully Attitudes	.92	.76	4	1.16	.28
Advice: Empathy	.59	.57	4	1.78	.56
Advice: Stop the Bully	1.25	1.04	7	1.89	.33
Advice: Help/Comfort	1.42	.86	4	.65	-.20
Advice: Tell	1.99	1.00	5	.71	-.30
Advice: Do Not Intervene	.36	.42	2	1.62	.88
Advice: Do Not Tell	.07	.17	1	2.78	2.51
Advice: Reinforce/Assist	.01	.05	.05	6.86	6.63
Style: General Statement	10.77	26	5.69	.64	-.93
Style: Advice	4.53	14	2.64	.82	-.52
Style: Question	8.09	23	5.20	.91	-.75

Notes: *Variable was not transformed.

Table 3 *Child Sex Differences in Final Variables*

Variable	Girls *M*	Boys *M*	*t*
Antibully Attitudes	-.11	-.16	2.10*
Empathy	3.82	3.57	2.72*
Self-Efficacy	-.36	-.39	1.05
Bystander Intervention	.11	.08	3.88*
Bystander Passivity	.05	.08	-3.51*
Bystander Reinforcement/Assistance	.03	.04	-.34
Advice: Antibully Attitudes	.27	.24	.93
Advice: Empathy	.17	.19	-.73
Advice: Stop the Bully	.34	.29	1.25
Advice: Help/Comfort	.36	.36	.10
Advice: Tell	.46	.45	.36
Advice: Do Not Intervene	.11	.13	-1.13
Advice: Do Not Tell	.02	.03	-.95
Advice: Reinforce/Assist	.00	.01	-1.70
Style: General Statement	1.05	.98	1.60
Style: Advice	.74	.65	2.12*
Style: Question	.82	.89	-1.14

Notes: *p<.05

Table 4 *Relations between Final Variables and Family SES and Family SLE*

Variable	Correlation with Family SES	Correlation with Family SLE
Antibully Attitudes	.08	-.33**
Empathy	.09	-.06
Self-Efficacy	.24*	-.30**
Bystander Intervention	.04	-.05
Bystander Passivity	-.29**	.18
Bystander Reinforcement/Assistance	-.23*	.07
Advice: Antibully Attitudes	.05	.07
Advice: Empathy	.11	-.07
Advice: Stop the Bully	.28**	-.17
Advice: Help/Comfort	.07	-.11
Advice: Tell	.07	.03
Advice: Do Not Intervene	-.12	.04
Advice: Do Not Tell	.02	-.04
Advice: Reinforce/Assist	-.04	-.01
Style: General Statement	.25**	-.06
Style Advice	-.08	-.03
Style: Question	.28**	-.03

Notes: *p<.05,**p<.01*

Table 5 *Correlations between Caregivers' Advice and Children's Values and Behaviors*

	Advice: Antibully Attitudes	Advice: Empathy	Advice: Stop the Bully	Advice: Help/ Comfort	Advice: Tell	Advice: Do Not Intervene	Advice: Do Not Tell	Advice: Reinforce /Assist
Antibully Attitudes	.05	.05	.19*	.20*	.08	-.15	-.05	-.00
Empathy	.17	.17	.13	.03	.11	-.08	-.16	-.10
Self-Efficacy	-.09	.17	.15	.22*	.05	-.01	-.06	-.01
Bystander Intervention	.05	-.05	.26**	.20*	.02	-.12	-.14	-.07
Bystander Passivity	-.11	-.02	-.23*	-.22*	-.09	-.24*	.17	.04
Bystander Reinforcement /Assistance	-.04	-.03	-.20*	-.06	-.02	.35**	.24*	.09

Notes: *$p<.05$, **$p<.01$*

Table 6 *Correlations between Children's Values and Behaviors*

	Antibully Attitudes	Empathy	Self- Efficacy
Bystander Intervention	.26**	.29**	.26**
Bystander Passivity	-.31**	-.26**	-.25**
Bystander Reinforcement/ Assistance	-.34**	-.18	-.15

Notes: *p<.05; **p<.01*

Table 7 *Correlations within Caregivers' Advice Variables*

	1.	2.	3.	4.	5.	6.	7.
1. Advice: Antibully Attitudes							
2. Advice: Empathy	.29**						
3. Advice: Stop the Bully	-.06	.22*					
4. Advice: Help/Comfort	.14	.08	.18				
5. Advice: Tell	.09	.28**	-.02	.24*			
6. Advice: Do Not Intervene	-.14	.01	-.01	.04	.20*		
7. Advice: Do Not Tell	.01	.05	-.09	.15	.12	-.01	
8. Advice: Reinforce/Assist	-.12	.07	.31**	.07	.07	.18	-.07

Notes: *p<.05; **p<.01*

Table 8 *Caregivers' Value-Based Advice Predicting Children's Values*

Variable	Standardized Beta	Std. Error	t-statistic
Dependent Variable: Antibully Attitudes; $R^2 = .003$; $F(1,103) = .29$, $p= n.s.$			
Advice: Antibully Attitudes	.05	.09	.54
Dependent Variable: Empathy; $R^2 = .03$; $F(1,103) = 3.20$, $p=n.s.$			
Advice: Empathy	.17	.34	1.79

Notes: *$p<.05$, **$p<.01$

Table 9 *Caregivers' Behavioral Advice Predicting Children's Bystander Behavior*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Bystander Intervention $R^2 = .15$; $F(6,98) = 2.95$, $p=.01$			
Advice: Stop the Bully	.27	.03	2.65**
Advice: Help/Comfort	.18	.03	1.85
Advice: Tell	.04	.03	.35
Advice: Do Not Intervene	-.11	.04	-1.09
Advice: Do Not Tell	-.16	.08	-1.65
Advice: Reinforce/Assist	-.16	.27	-1.62
Dependent Variable: Bystander Passivity $R^2 = .20$; $F(6,98) = 4.19$, $p=.001$			
Advice: Stop the Bully	-.21	.03	-2.12*
Advice: Help/Comfort	-.20	.03	-2.11*
Advice: Tell	-.13	.03	-1.36
Advice: Do Not Intervene	.26	.04	2.73**[+]
Advice: Do Not Tell	.21	.07	2.24*
Advice: Reinforce/ Assist	.09	.25	.95
Dependent Variable: Bystander Reinforcement/ Assistance $R^2 = .05$; $F(6,98) = 2.55$, $p=n.s.$			
Advice: Stop the Bully	-.20	.02	-2.15*
Advice: Help/Comfort	-.05	.02	-.58
Advice: Tell	-.12	.02	-1.34
Advice: Do Not Intervene	.36	.03	3.93**[+]
Advice: Do Not Tell	.26	.06	2.89**[+]
Advice: Reinforce/Assist	.11	.20	1.20

Notes: *$p<.05$,**$p<.01$, [+]remains significant with Bonferroni correction ($p<.008$)

Table 10 *SES Moderation of the Link between Caregivers' Value-Based Advice and Children's Values.*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Antibully Attitudes; $R^2 = .01$; $F(3,100) = .25$, *p= n.s.*			
Advice: Antibully Attitudes	.14	.29	.43
Family SES	.10	.03	.52
Advice: Antibully Attitudes x Family SES	-.09	.07	-.26
Dependent Variable: Empathy; $R^2 = .04$; $F(3,100) = 1.53$, *p= n.s.*			
Advice: Empathy	.66	1.57	1.47
Family SES	.21	.08	1.17
Advice: Empathy x Family SES	-.54	.39	-1.12

Notes: *p<.05, **p<.01

Table 11 *SES Moderation of the Link between Caregivers' Behavioral Advice and Children's Bystander Behavior*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Bystander Intervention; $R^2 = .08$; *F* (3,100) = 2.86, *p=*.04			
Advice: Stop the Bully	.64	.13	1.33
Family SES	.11	.01	.50
Advice: Stop the Bully x Family SES	-.42	.03	-.78
Dependent Variable: Bystander Intervention; $R^2 = .04$; *F* (3,100) = 1.42, *p= n.s.*			
Advice: Help/Comfort	-.14	.18	-.22
Family SES	-.18	.01	-.64
Advice Help/Comfort x Family SES	.39	.04	.56
Dependent Variable: Bystander Intervention; $R^2 = .00$; *F* (3,100) = .04, *p= n.s.*			
Advice: Tell	-.14	.16	-.29
Family SES	-.11	.02	-.30
Advice: Tell x Family SES	.20	.04	.31
Dependent Variable: Bystander Intervention; $R^2 = .04$; *F* (3,100) = 1.28, *p= n.s.*			
Advice: Do Not Intervene	-.96	.23	-1.72
Family SES	-.08	.01	-.70
Advice: Do Not Intervene x Family SES	.87	.06	1.53
Dependent Variable: Bystander Intervention; $R^2 = .02$; *F* (3,100) = .59, *p= n.s.*			
Advice: Do Not Tell	-1.27	1.09	-1.03
Family SES	.00	.00	.03
Advice: Do Not Tell x Family SES	1.19	.27	.96
Dependent Variable: Bystander Intervention; $R^2 = .01$; *F* (3,100) = .19, *p= n.s.*			
Advice: Reinforce/Assist	-.03	11.11	-.01
Family SES	.01	.00	.07
Advice Reinforce/Assist x Family SES	-.05	2.73	-.01
Dependent Variable: Bystander Passivity; $R^2 = .07$; *F* (3,100) = 2.38, *p= n.s.*			
Advice: Stop the Bully	.05	.12	.10
Family SES	.04	.01	.18
Advice: Stop the Bully x Family SES	-.32	.03	-.58
Dependent Variable: Bystander Passivity; $R^2 = .05$; *F* (3,100) = 1.80, *p= n.s.*			
Advice: Help/Comfort	-.25	.17	-.42
Family SES	-.10	.01	-.35
Advice: Help/Comfort x Family SES	.06	.04	.09

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Bystander Passivity; R^2 = .02; F (3,100) = .56, p= *n.s.*			
Advice: Tell	-.04	.15	-.07
Family SES	-.09	.02	-.23
Advice: Tell x Family SES	-.04	.04	-.06
Dependent Variable: Bystander Passivity; R^2 = .16; F (3,100) = 6.52, p=.00			
Advice: Do Not Intervene	1.91	.20	3.68**[+]
Family SES	.06	.01	.53
Advice: Do Not Intervene x Family SES	-1.72	.05	-3.25**[+]
Dependent Variable: Bystander Passivity; R^2 = .05; F (3,100) = 1.79, p= *n.s.*			
Advice: Do Not Tell	2.07	1.01	1.72
Family SES	-.11	.00	-1.09
Advice: Do Not Tell x Family SES	-1.97	.24	-1.63
Dependent Variable: Bystander Passivity; R^2 = .04; F (3,100) = 1.21, p= *n.s.*			
Advice: Reinforce/Assist	-5.89	10.28	-1.45
Family SES	-.12	.00	-1.20
Advice: Reinforce/Assist x Family SES	5.94	2.52	1.46
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .05; F (3,100) =1.92, p= *n.s.*			
Advice: Stop the Bully	-.38	.09	-.78
Family SES	-.12	.01	-.56
Advice: Stop the Bully x Family SES	.19	.02	.34
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .01; F (3,100) = .32, p= *n.s.*			
Advice: Help/Comfort	.12	.14	.19
Family SES	-.03	.01	-.09
Advice: Help/Comfort x Family SES	-.17	.03	-.23
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .01; F (3,100) = .35, p= *n.s.*			
Advice: Tell	-.16	.12	-.33
Family SES	-.23	.01	-.62
Advice: Tell x Family SES	.25	.03	.38

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .18; F (3,100) = 7.36, p=.00			
Advice: Do Not Intervene	1.36	.15	2.64**[+]
Family SES	-.01	.00	-.12
Advice: Do Not Intervene x Family SES	-1.01	.04	-1.94*
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .04; F (3,100) = 1.26, p= *n.s.*			
Advice: Do Not Tell	1.40	.78	1.15
Family SES	-.10	.00	-.95
Advice: Do Not Tell x Family SES	-1.27	.19	-1.04
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .04; F (3,100) = 1.20, p= *n.s.*			
Advice: Reinforce/Assist	-5.19	7.91	-1.27
Family SES	-.10	.00	-1.02
Advice: Reinforce/Assist x Family SES	5.29	1.94	1.30
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .04; F (3,100) = 1.26, p= *n.s.*			
Advice: Do Not Tell	1.40	.78	1.15
Family SES	-.10	.00	-.95
Advice: Do Not Tell x Family SES	-1.27	.19	-1.04
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .04; F (3,100) = 1.20, p= *n.s.*			
Advice: Reinforce/Assist	-5.19	7.91	-1.27
Family SES	-.10	.00	-1.02
Advice: Reinforce/Assist x Family SES	5.29	1.94	1.30

Notes: *p<.05, **p<.01, [+]remains significant with Bonferroni correction (p<.02)

Table 12 *SLE Moderation of the Link between Caregivers' Value-Based Advice and Children's Values*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Antibully Attitudes; $R^2 = .14$; $F(3,101) = 5.29$, *p=*.00			
Advice: Antibully Attitudes	-.09	.15	-.54
Family SLE	-.51	.08	-3.09**[+]
Advice: Antibully Attitudes x Family SLE	.27	.27	1.19
Dependent Variable: Empathy; $R^2 = .05$; $F(3,101) = 1.63$, *p= n.s.*			
Advice: Empathy	-.03	.67	-.14
Family SLE	-.21	.27	-1.28
Advice: Empathy x Family SLE	.26	1.12	1.18

Notes: **p<.05, **p<.01,* [+]remains significant with Bonferroni correction (*p<*.02)

Table 13 *SLE Moderation of the Link between Caregivers' Behavioral Advice and Children's Bystander Behavior*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Bystander Intervention; R^2 = .11; *F* (3,101) = 4.17, *p*=.01			
Advice: Stop the Bully	-.09	.05	-.46
Family SLE	-.39	.03	-1.92
Advice: Stop the Bully X Family SLE	.52	.09	2.16*
Dependent Variable: Bystander Intervention; R^2 = .04; *F* (3,101) = 1.42, *p*= n.s.			
Advice: Help/Comfort	.22	.05	1.25
Family SLE	.00	.04	.02
Advice: Help/Comfort x Family SLE	-.04	.11	-.14
Dependent Variable: Bystander Intervention; R^2 = .06; *F* (3,101) = 2.28, *p*= n.s.			
Advice: Tell	.37	.05	2.23*
Family SLE	.69	.05	2.26*
Advice: Tell x Family SLE	-.86	.11	-2.55*[+]
Dependent Variable: Bystander Intervention; R^2 = .04; *F* (3,101) = 1.52, *p*= n.s.			
Advice: Do Not Intervene	.21	.09	.95
Family SLE	.10	.02	.78
Advice: Do Not Intervene x Family SLE	-.40	.15	-1.67
Dependent Variable: Bystander Intervention; R^2 = .03; *F* (3,101) = 1.17, *p*= n.s.			
Advice: Do Not Tell	-.13	.08	-1.30
Family SLE	.14	.03	.69
Advice: Do Not Tell x Family SLE	-.22	.06	-1.11
Dependent Variable: Bystander Intervention; R^2 = .01; *F* (3,101) = .41, *p*= n.s.			
Advice: Reinforce/Assist	.10	.75	.37
Family SLE	-.04	.02	-.44
Advice: Reinforce/Assist x Family SLE	-.19	1.73	-.67
Dependent Variable: Bystander Passivity; R^2 = .08; *F* (3,101) = 2.72, *p*=.05			
Advice: Stop the Bully	-.23	.05	-1.20
Family SLE	.12	.03	.57
Advice: Stop the Bully x Family SLE	.03	.09	.14
Dependent Variable: Bystander Passivity; R^2 = .08; *F* (3,101) = 3.05, *p*=.03			
Advice: Help/Comfort	-.07	.05	-.40
Family SLE	.39	.04	1.56
Advice: Help/Comfort x Family SLE	-.27	.10	-1.00

Variable	Standardized Beta	Std. Error	t-statistic
Dependent Variable: Bystander Passivity; R^2 = .04; F (3,101) = 1.48, p= n.s.			
Advice: Tell	-.12	.05	-.69
Family SLE	.14	.05	.46
Advice: Tell x Family SLE	.05	.10	.14
Dependent Variable: Bystander Passivity; R^2 = .09; F (3,101) = 3.17, p=.03			
Advice: Do Not Intervene	.25	.08	1.15
Family SLE	.18	.02	1.38
Advice: Do Not Intervene x Family SLE	-.02	.14	-.07
Dependent Variable: Bystander Passivity; R^2 = .07; F (3,101) = 2.59, p= n.s.			
Advice: Do Not Tell	.19	.08	1.92
Family SLE	.34	.03	1.77
Advice: Do Not Tell x Family SLE	-.18	.06	-.93
Dependent Variable: Bystander Passivity; R^2 = .05; F (3,101) = 1.85, p= n.s.			
Advice: Reinforce/Assist	-.31	.70	-1.16
Family SLE	.17	.02	1.72
Advice: Reinforce/Assist x Family SLE	.38	1.61	1.39
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .04; F (3,101) =1.52, p= n.s.			
Advice: Stop the Bully	-.22	.04	-1.13
Family SLE	.01	.03	.06
Advice: Stop the Bully x Family SLE	.04	.07	.14
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .01; F (3,101) = .28, p= n.s.			
Advice: Help/Comfort	-.08	.04	-.46
Family SLE	.02	.03	.07
Advice: Help/Comfort x Family SLE	.06	.09	.20
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .03; F (3,101) = .99, p= n.s.			
Advice: Tell	.19	.04	1.10
Family SLE	.53	.04	1.70
Advice: Tell x Family SLE	-.53	.08	-1.54
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .14; F (3,101) = 5.60, p=.00			
Advice: Do Not Intervene	.61	.06	2.93**+
Family SLE	.17	.02	1.39
Advice: Do Not Intervene x Family SLE	-.31	.11	-1.39

Variable	Standardized Beta	Std. Error	t-statistic
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .08; F (3,101) = 3.05, p=.03			
Advice: Do Not Tell	.26	.06	2.70**[+]
Family SLE	.32	.03	1.63
Advice: Do Not Tell x Family SLE	-.27	.05	-1.39
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .04; F (3,101) = 1.52, p= $n.s.$			
Advice: Reinforce/Assist	-.37	.57	-1.36
Family SLE	.06	.01	.58
Advice: Reinforce/Assist x Family SLE	.49	1.30	1.79

*p<.05, **p<.01, [+]remains significant with Bonferroni correction (p<.02)

Table 14 *Child Sex Moderation of the Link between Caregivers' Value-Based Advice and Children's Values*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Antibully Attitudes; R^2 = .04; *F* (3,101) = 1.57, *p= n.s.*			
Advice: Antibully Attitudes	.09	.13	.61
Child Sex	-.12	.05	-.67
Advice: Antibully Attitudes x Child Sex	-.10	.17	-.50
Dependent Variable: Empathy; R^2 = .11; *F* (3,101) = 4.01, *p=.01*			
Advice: Empathy	.14	.49	1.02
Child Sex	-.33	.15	-2.16*[+]
Advice: Empathy x Child Sex	.09	.66	.49

Notes: *p<.05, **p<.01, [+]remains significant with Bonferroni correction (*p<.02*)

Table 15 *Child Sex Moderation of the Link between Caregivers' Behavioral Advice and Children's Bystander Behavior*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Bystander Intervention; R^2 = .20; F (3,101) = 8.33, *p*=.00			
Advice: Stop the Bully	.37	.03	2.93**[+]
Child Sex	-.07	.02	-.40
Advice: Stop the Bully x Child Sex	-.32	.05	-1.65
Dependent Variable: Bystander Intervention; R^2 = .17; F (3,101) = 6.75, *p*=.00			
Advice: Help/Comfort	.23	.04	1.86
Child Sex	-.28	.02	-1.22
Advice: Help/Comfort x Child Sex	-.09	.06	-.38
Dependent Variable: Bystander Intervention; R^2 = .14; F (3,101) = 5.30, *p*=.01			
Advice: Tell	.09	.04	.74
Child Sex	-.08	.03	-.26
Advice: Tell x Child Sex	-.30	.06	-.98
Dependent Variable: Bystander Intervention; R^2 = .15; F (3,101) = 5.89, *p*=.00			
Advice: Do Not Intervene	-.20	.05	-1.55
Child Sex	-.47	.01	-3.58**[+]
Advice: Do Not Intervene x Child Sex	.21	.08	1.30
Dependent Variable: Bystander Intervention; R^2 = .14; F (3,101) = 5.43, *p*=.00			
Advice: Do Not Tell	-.13	.12	-.88
Child Sex	-.36	.01	-3.56**[+]
Advice: Do Not Tell x Child Sex	.04	.16	.24
Dependent Variable: Bystander Intervention; R^2 = .13; F (2,102) = 7.48, *p*=.00			
Advice: Reinforce/Assist^			
Child Sex	-.36	.01	-3.79**[+]
Advice: Reinforce/Assist x Child Sex	-.01	.25	-.14
Dependent Variable: Bystander Passivity; R^2 = .15; F (3,101) = 5.76, *p*=.00			
Advice: Stop the Bully	-.23	.03	-1.78
Child Sex	.24	.02	1.29
Advice: Stop the Bully x Child Sex	.08	.05	.40
Dependent Variable: Bystander Passivity; R^2 = .15; F (3,101) = 6.15, *p*=.00			
Advice: Help/Comfort	-.22	.04	-1.77
Child Sex	.33	.02	1.44
Advice: Help/Comfort x Child Sex	-.01	.05	-.03

Variable	Standardized Beta	Std. Error	t-statistic
Dependent Variable: Bystander Passivity; R^2 = .13; F (3,101) = 5.03, p=.00			
Advice: Tell	-.20	.04	-1.58
Child Sex	-.07	.03	-.24
Advice: Tell x Child Sex	.43	.06	1.39
Dependent Variable: Bystander Passivity; R^2 = .17; F (3,101) = 6.87, p=.00			
Advice: Do Not Intervene	.34	.05	2.73**[+]
Child Sex	.45	.01	3.48**[+]
Advice: Do Not Intervene x Child Sex	-.26	.07	-1.60
Dependent Variable: Bystander Passivity; R^2 = .13; F (3,101) = 4.87, p=.00			
Advice: Do Not Tell	.12	.12	.81
Child Sex	.31	.01	3.05**[+]
Advice: Do Not Tell x Child Sex	.02	.15	.15
Dependent Variable: Bystander Passivity; R^2 = .11; F (2,102) = 6.12, p=.00			
Advice: Reinforce/Assist^			
Child Sex	.33	.01	3.48**[+]
Advice: Reinforce/Assist x Child Sex	-.02	.24	-.19
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .05; F (3,101) =1.72, p= n.s.			
Advice: Stop the Bully	-.29	.03	-2.07*
Child Sex	-.14	.01	-.70
Advice: Stop the Bully x Child Sex	.18	.04	.85
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .01; F (3,101) = .19, p= n.s.			
Advice: Help/Comfort	-.03	.03	-.23
Child Sex	.11	.02	.42
Advice: Help/Comfort x Child Sex	-.08	.05	-.32
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .01; F (3,101) = .31, p= n.s.			
Advice: Tell	-.10	.03	-.76
Child Sex	-.24	.02	-.73
Advice: Tell x Child Sex	.29	.05	.88
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .16; F (3,101) = 6.53, p=.00			
Advice: Do Not Intervene	.54	.04	4.29**[+]
Child Sex	.20	.01	1.50
Advice: Do Not Intervene x Child Sex	-.35	.06	-2.18*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .08; F (3,101) = 2.71, p=.05			
Advice: Do Not Tell	.08	.10	.53
Child Sex	-.04	.01	-.39
Advice: Do Not Tell x Child Sex	.21	.13	1.30
Dependent Variable: Bystander Reinforcement/Assistance; R^2 = .01; F (2,102) = .39, p= *n.s.*			
Advice: Reinforce/Assist^			
Child Sex	.02	.01	.20
Advice: Reinforce/Assist x Child Sex	.08	.21	.42

Notes: **p<.05, **p<.01,* [+]remains significant with Bonferroni correction (*p<.02*), ^Variable was excluded because collinearity statistics tolerance=.000

Table 16 *Advice Style Moderation of the Link between Caregivers' Value-Based Advice and Children's Values*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Antibully Attitudes; $R^2 = .08$; $F(5,99) = 1.76$, *p= n.s.*			
Advice: Antibully Attitudes	-.35	.43	-.72
Style: General Statement	.31	.11	1.68
Style: Question	-.64	.11	-2.90**[+]
Advice: Antibully Attitudes x Style: General Statement	-.63	.39	-1.16
Advice Antibully Attitudes x Style: Question	1.07	.37	2.49*
Dependent Variable: Empathy; $R^2 = .05$; $F(3,100) = 1.12$, *p= n.s.*			
Advice: Empathy	.36	1.53	.83
Style: General Statement	.07	.28	.52
Style: Question	-.19	.24	-1.27
Advice: Empathy x Style: General Statement	-.43	1.40	-.97
Advice Empathy x Style: Question	.28	1.00	.89

Notes: *p<.05, **p<.01, [+]remains significant with Bonferroni correction (*p*<.01)

Table 17 *Advice Style Moderation of the Link between Caregivers' Behavioral Advice and Children's Bystander Behavior*

Variable	Standardized Beta	Std. Error	*t*-statistic
Dependent Variable: Bystander Intervention; R^2 = .01; F (5,99) = 2.13, *p= n.s.*			
Advice: Stop the Bully	-.03	.13	-.06
Style: Advice	-.18	.04	-.98
Style: Question	-.10	.03	-.48
Advice: Stop the Bully x Style: Advice	.44	.11	1.26
Advice: Stop the Bully x Style: Question	-.06	.09	-.16
Dependent Variable: Bystander Intervention; R^2 = .10; F (5,99) = 2.29, *p= .05.*			
Advice: Help/Comfort	-.87	.14	-1.85
Style: Advice	-.44	.05	-1.89
Style: Question	-.44	.04	-1.87
Advice: Help/Comfort x Style: Advice	.87	.12	2.07*
Advice: Help/Comfort x Style: Question	.65	.10	1.62
Dependent Variable: Bystander Intervention; R^2 = .01; F (5,99) = .26, *p= n.s.*			
Advice: Tell	-.14	.16	-.30
Style: Advice	.13	.08	.37
Style: Question	-.27	.05	-.82
Advice: Tell x Style: Advice	-.14	.16	-.24
Advice: Tell x Style: Question	.34	.12	.69
Dependent Variable: Bystander Intervention; R^2 = .03; F (5,99) = .64, *p= n.s.*			
Advice: Do Not Intervene	.23	.23	.42
Style: Advice	.17	.03	1.17
Style: Question	-.01	.02	-.07
Advice: Do Not Intervene x Style: Advice	-.34	.19	-.83
Advice: Do Not Intervene x Style: Question	-.07	.15	-.20
Dependent Variable: Bystander Intervention; R^2 = .04; F (5,99) = .89, *p= n.s.*			
Advice: Do Not Tell	.71	.82	.71
Style: Advice	.12	.02	1.01
Style: Question	-.05	.02	-.50
Advice: Do Not Tell x Style: Advice	-.66	.64	-1.12
Advice: Do Not Tell x Style: Question	-.22	.47	-.42
Dependent Variable: Bystander Intervention; R^2 = .03; F (5,99) = .62, *p= n.s.*			
Advice: Reinforce/Assist	.39	1.69	.63
Style: Advice	.07	.02	.68
Style: Question	-.05	.02	-.52
Advice: Reinforce/Assist x Style: Advice	-.78	2.17	-1.29
Advice: Reinforce/Assist x Style: Question	.31	.95	.77

Variable	Standardized Beta	Std. Error	t-statistic
Dependent Variable: Bystander Passivity; R^2 = .07; F (5,99) = 1.52, p= n.s.			
Advice: Stop the Bully	-.29	.12	-.59
Style: Advice	-.05	.04	-.28
Style: Question	.11	.03	.54
Advice: Stop the Bully x Style: Advice	.04	.10	.12
Advice: Stop the Bully x Style: Question	.01	.09	.03
Dependent Variable: Bystander Passivity; R^2 = .11; F (5,99) = 2.46, p=.04.			
Advice: Help/Comfort	.63	.14	1.34
Style: Advice	.46	.05	2.02*
Style: Question	.28	.04	1.21
Advice: Help/Comfort x Style: Advice	-.93	.12	-2.21*
Advice: Help/Comfort x Style: Question	-.31	.10	-.77
Dependent Variable: Bystander Passivity; R^2 = .04; F (5,99) = .85, p= n.s.			
Advice: Tell	.56	.15	1.18
Style: Advice	.35	.07	.99
Style: Question	.43	.05	1.29
Advice: Tell x Style: Advice	-.64	.15	-1.08
Advice: Tell x Style: Question	-.48	.11	-.99
Dependent Variable: Bystander Passivity; R^2 = .09; F (5,99) = 1.88, p= n.s.			
Advice: Do Not Intervene	.76	.21	1.41
Style: Advice	-.07	.03	-.54
Style: Question	.09	.02	.69
Advice: Do Not Intervene x Style: Advice	-.27	.18	-.69
Advice: Do Not Intervene x Style: Question	-.28	.14	-.83
Dependent Variable: Bystander Passivity; R^2 = .05; F (5,99) = 1.05, p= n.s.			
Advice: Do Not Tell	.03	.78	.03
Style: Advice	-.09	.02	-.84
Style: Question	.05	.02	.50
Advice: Do Not Tell x Style: Advice	-.05	.60	-.08
Advice: Do Not Tell x Style: Question	.21	.45	.39
Dependent Variable: Bystander Passivity; R^2 = .04; F (5,99) = .88, p=. n.s.			
Advice: Reinforce/Assist	.48	1.60	.77
Style: Advice	-.07	.02	-.69
Style: Question	.10	.02	.94
Advice: Reinforce/Assist x Style: Advice	.21	2.05	.35
Advice: Reinforce/Assist x Style: Question	-.67	.89	-1.68

Dependent Variable: Bystander Reinforce/Assistance; $R^2 = .06$; $F(5,99) = 1.23$, $p= n.s.$			
Advice: Stop the Bully	-.30	.10	-.61
Style: Advice	.16	.03	.84
Style: Question	-.09	.03	-.46
Advice: Stop the Bully x Style: Advice	-.17	.08	-.48
Advice: Stop the Bully x Style: Question	.27	.07	.67
Dependent Variable: Bystander Reinforce/Assistance; $R^2 = .01$; $F(5,99) = .29$, $p= n.s.$			
Advice: Help/Comfort	.15	.12	.31
Style: Advice	.16	.04	.65
Style: Question	.10	.03	.40
Advice: Help/Comfort x Style: Advice	-.14	.10	-.33
Advice: Help/Comfort x Style: Question	-.19	.08	-.46
Dependent Variable: Bystander Reinforcement/Assistance; $R^2 = .05$; $F(5,99) = 1.03$, $p= n.s.$			
Advice: Tell	.70	.12	1.47
Style: Advice	.31	.06	.89
Style: Question	.61	.04	1.87
Advice: Tell x Style: Advice	-.33	.12	-.57
Advice: Tell x Style: Question	-.93	.09	-1.93
Dependent Variable: Bystander Reinforcement/Assistance; $R^2 = .16$; $F(5,99) = 3.89$, $p=.00$			
Advice: Do Not Intervene	1.19	.16	2.30*
Style: Advice	.04	.02	.30
Style: Question	.04	.02	.36
Advice: Do Not Intervene x Style: Advice	-.27	.14	-.72
Advice: Do Not Intervene x Style: Question	-.63	.11	-1.95*
Dependent Variable: Bystander Reinforcement/Assistance; $R^2 = .09$; $F(5,99) = 2.05$, $p= n.s.$			
Advice: Do Not Tell	1.22	.61	1.26
Style: Advice	.08	.02	.74
Style: Question	-.05	.01	-.44
Advice: Do Not Tell x Style: Advice	-.88	.48	-1.54
Advice: Do Not Tell x Style: Question	-.13	.35	-.26
Dependent Variable: Bystander Reinforcement/Assistance; $R^2 = .05$; $F(5,99) = .97$, $p= n.s.$			
Advice: Reinforce/ Assist	.16	1.28	.26
Style: Advice	.05	.02	.49
Style: Question	-.01	.01	-.09
Advice: Reinforce/Assist x Style: Advice	.63	1.65	1.06
Advice: Reinforce/Assist x Style: Question	-.72	.72	-1.79

Notes: *$p<.05$, **$p<.01$; [+]remains significant with Bonferroni correction ($p<.01$)

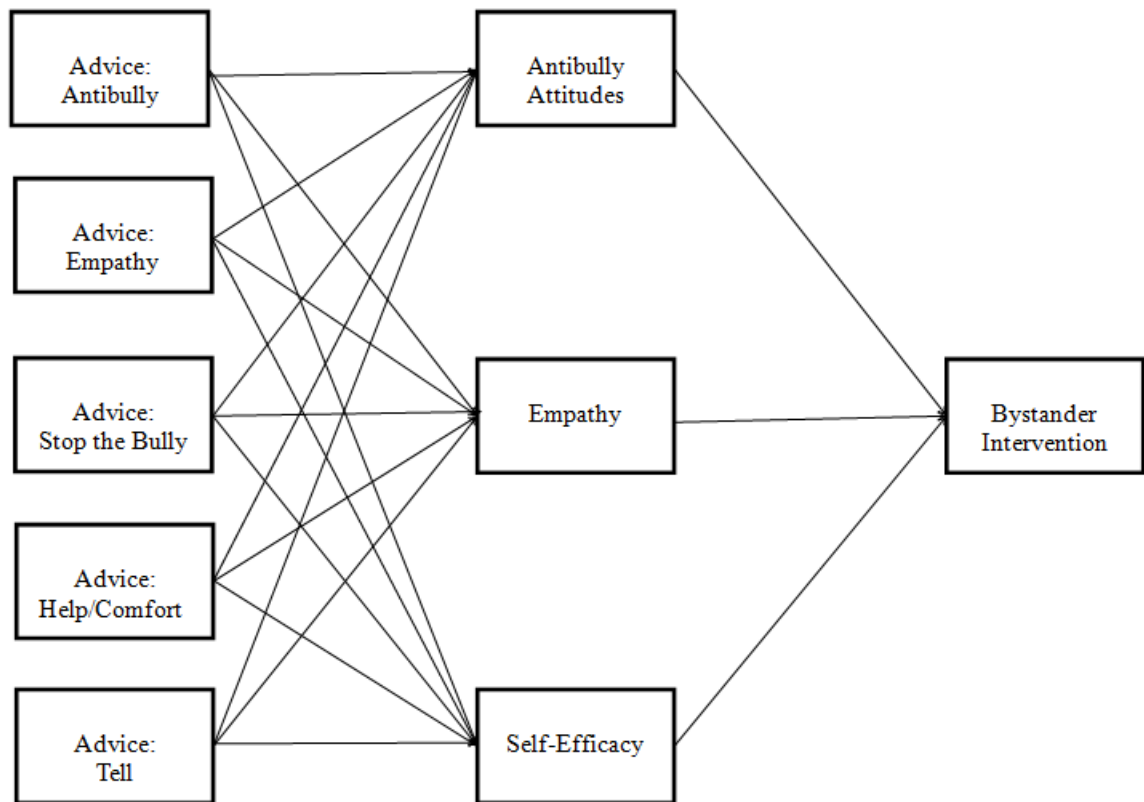Figure 1 *Consistent With KiVa Path Model*
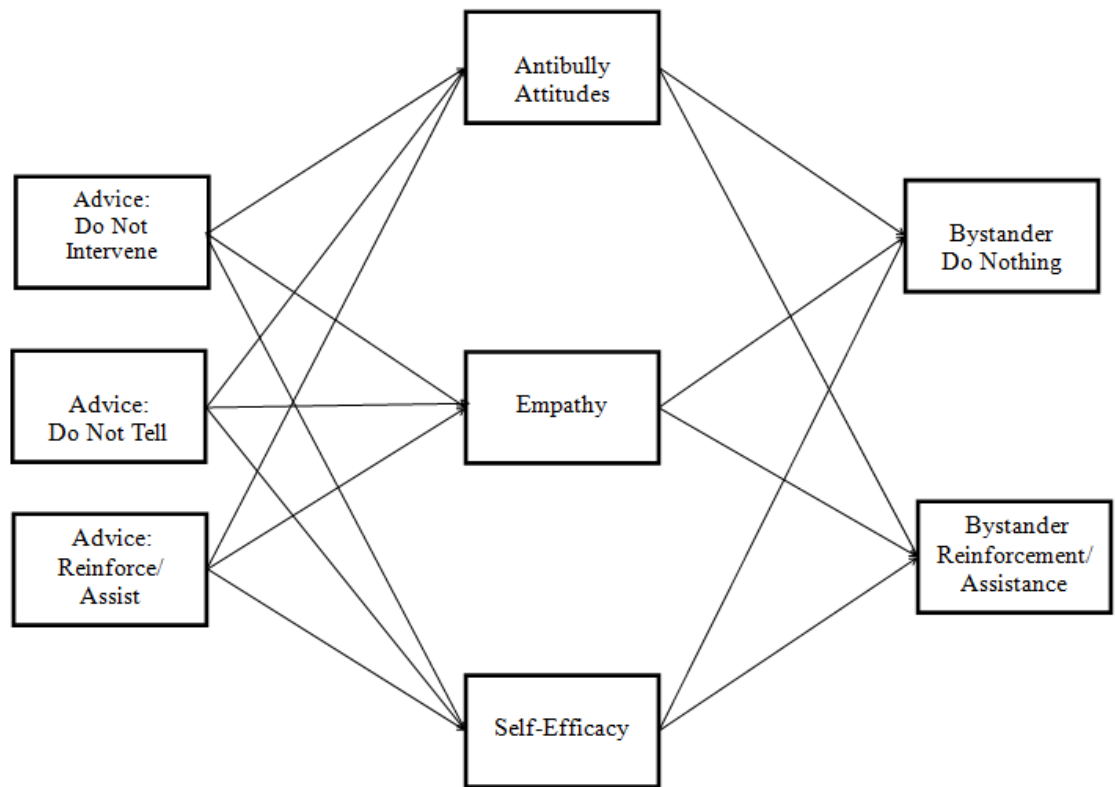
Figure 2 *Inconsistent With KiVa Path Model*

Figure 3 *SES Moderation of the Relation between Advice: Do Not Intervene and Bystander Reinforcement/Assistance*
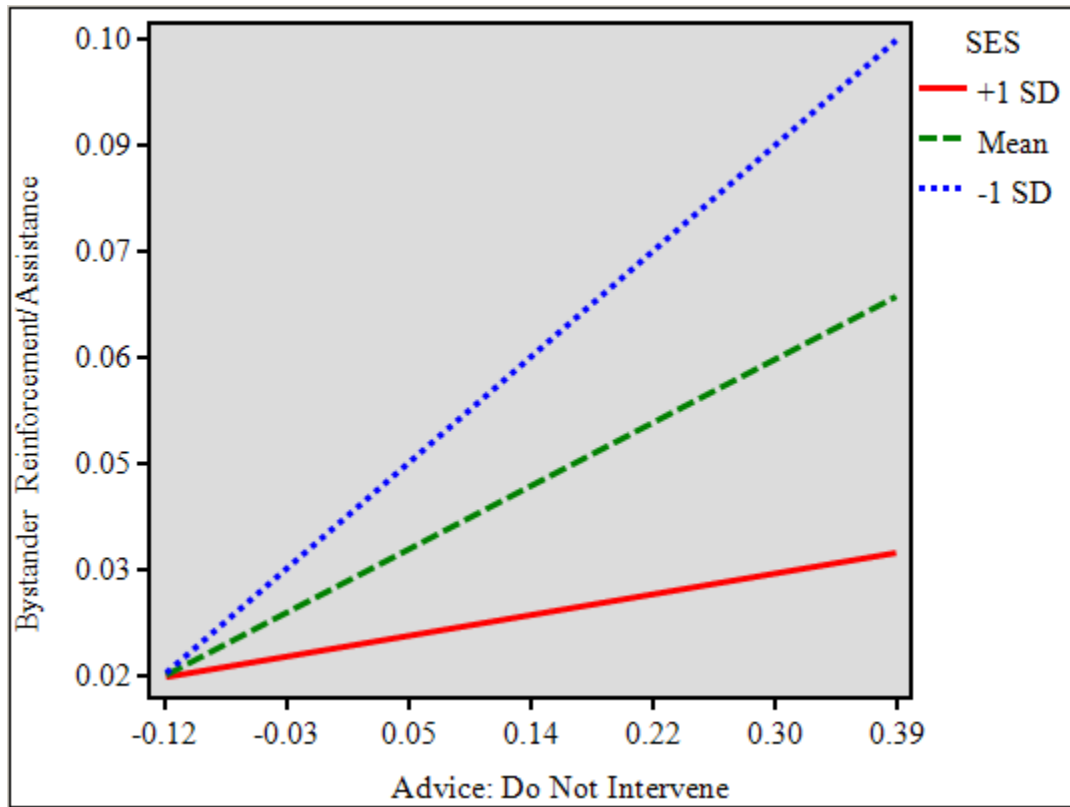
Figure 4 *SLE Moderation of the Link between Advice: Stop the Bully and Bystander Intervention*
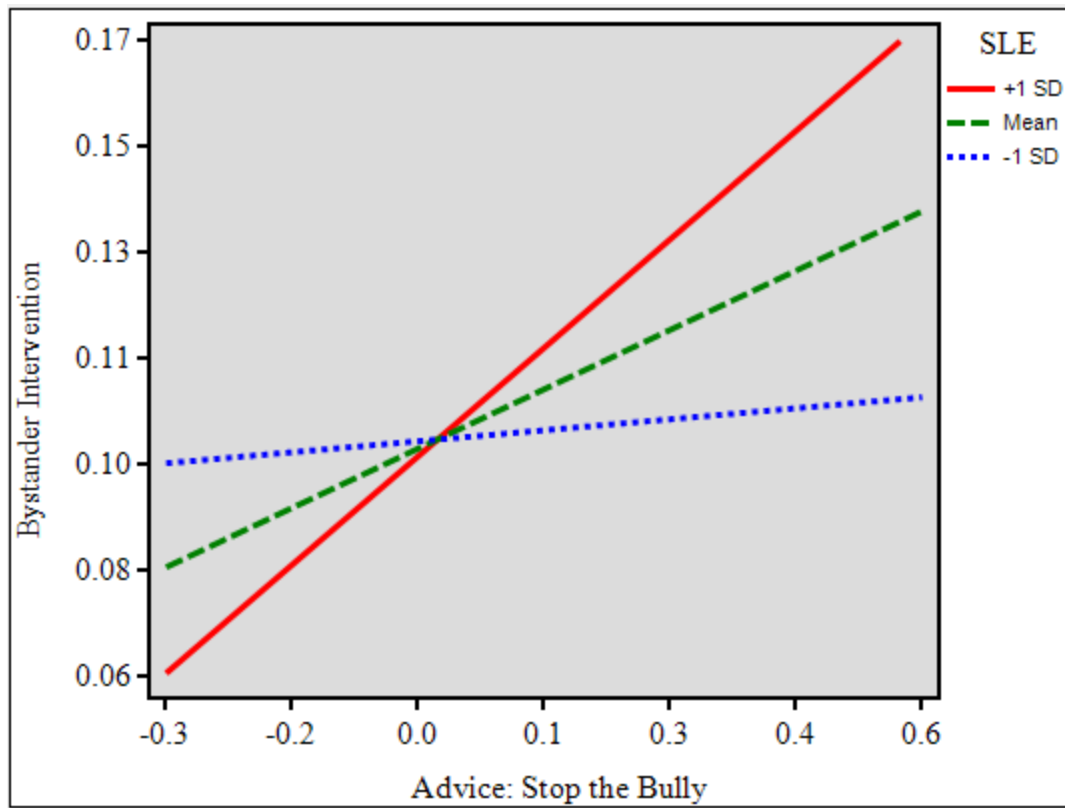
Figure 5 *Sex Moderation of the Link between Advice: Do Not Intervene and Bystander Reinforcement/Assistance*
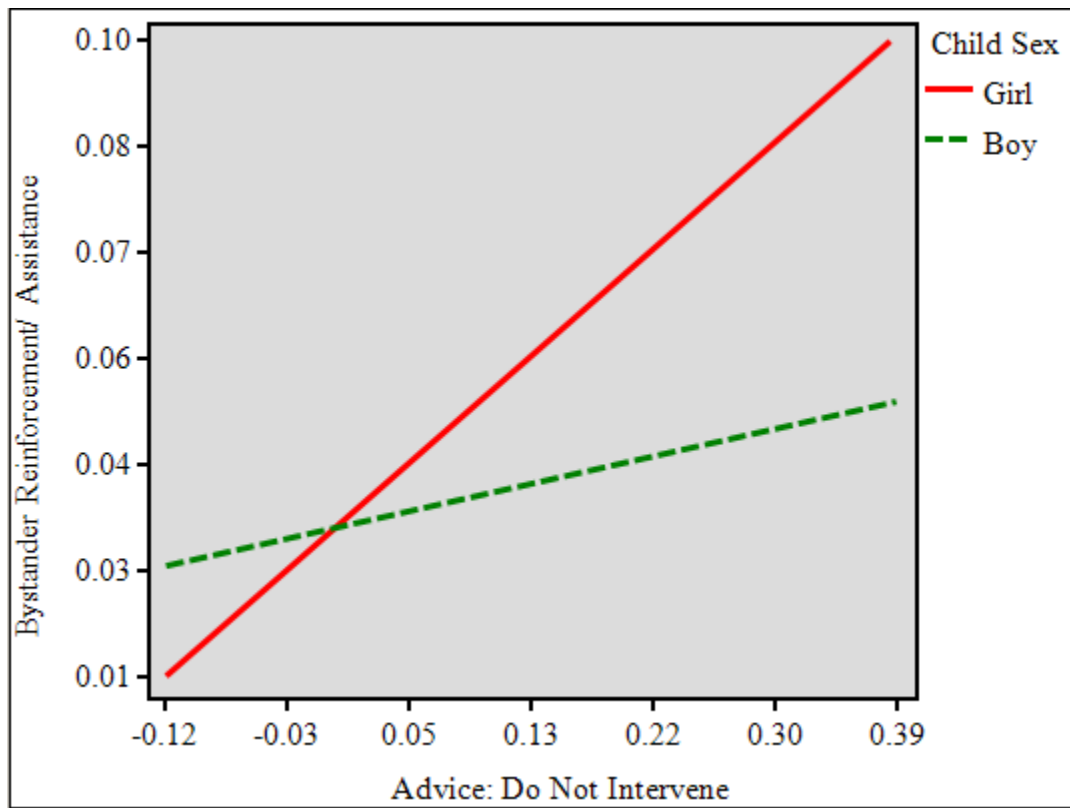
Figure 6 *Style: Question Moderation of the Link between Advice: Antibully Attitudes and Antibully Attitudes*
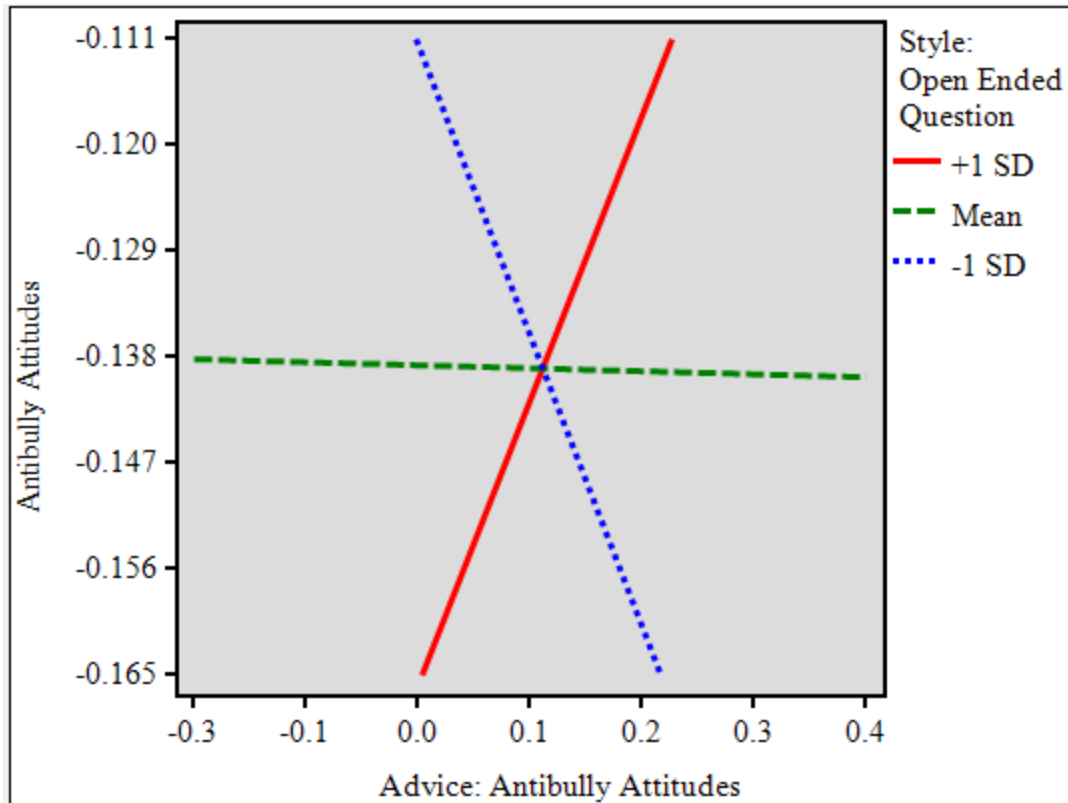
Figure 7 *Style: Advice Moderation of the Link between Advice: Help/Comfort and Bystander Intervention*
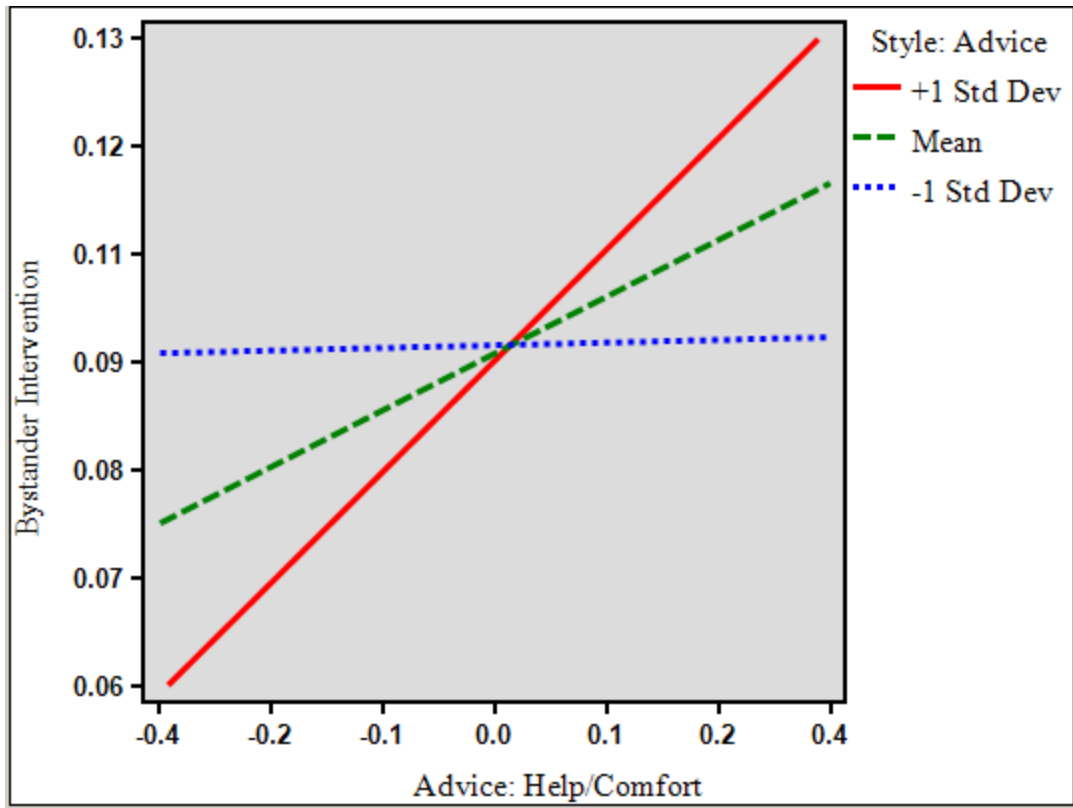
Figure 8 *Style: Advice Moderation of the Link between Advice: Help/Comfort and Bystander Passivity*
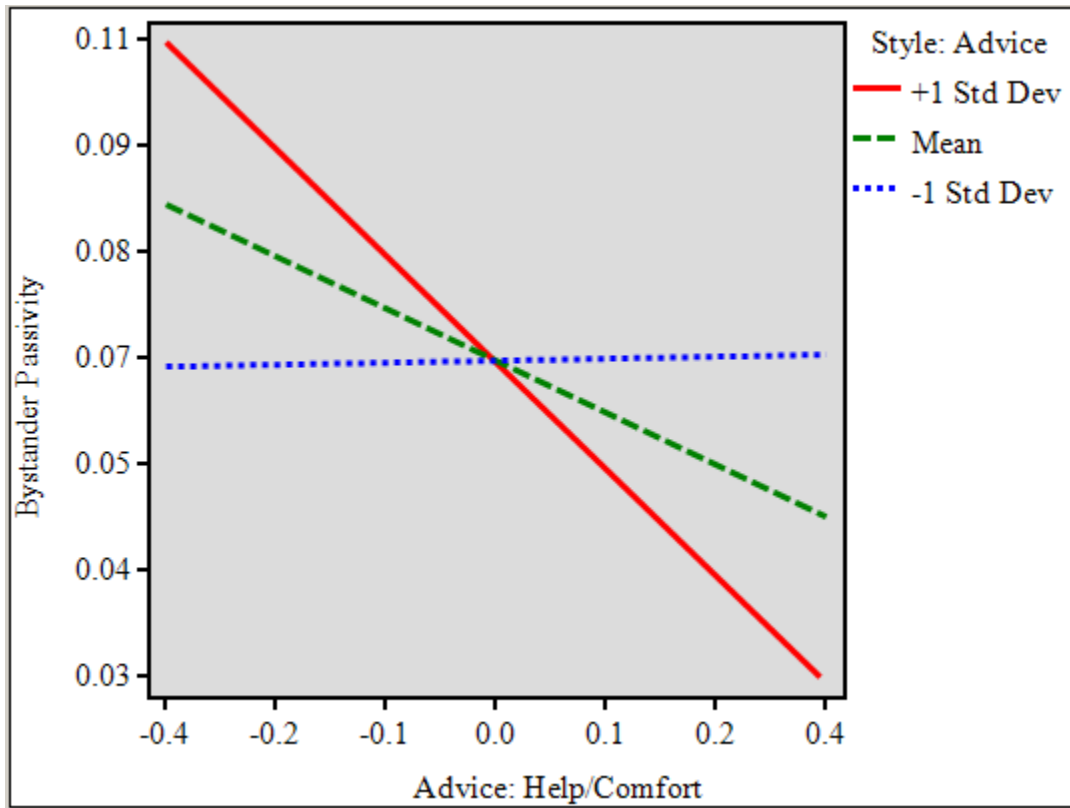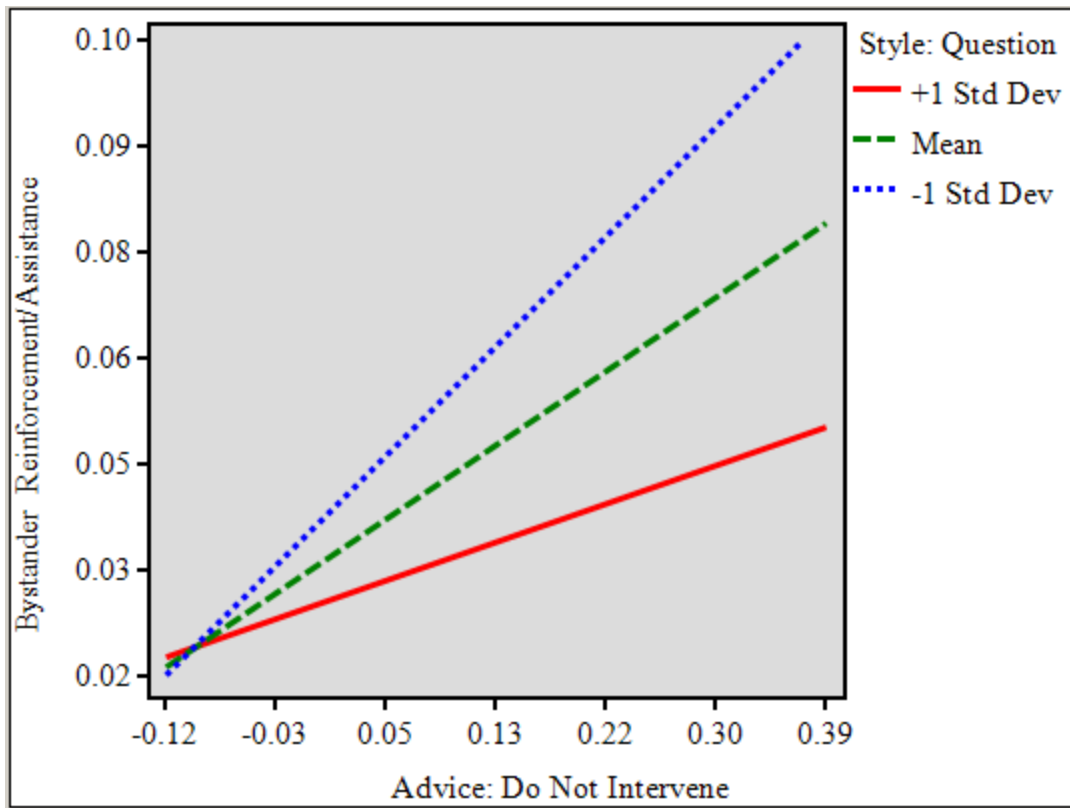
Figure 9 *Style*: *Question Moderation of the Link between Advice: Do Not Intervene and Bystander Reinforcement/Assistance*

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Footnotes

[1] Children also completed three other measures, which were omitted for the following reasons. First, children completed the Reading the Mind of the Eyes Task (RME; Baron-Cohen, Wheelwright, Hill, Raste, & Plumb, 2001) to assess Emotion Recognition. Internal consistency was lower than expected for this measure (Cronbach's $\alpha=.48$). As such, this measure was excluded from subsequent analyses. Research suggests an intra-cultural advantage in mental state decoding on the Reading the Mind in the Eyes Task (Adams et al., 2010), which may suggest that the exclusively Caucasian eyes featured on the task cards are not an appropriate measure to use with racially diverse children. Second, we measured bullying-specific versions of the variables empathy and social self- efficacy. In particular, children completed the Empathy toward Victims Scale (Poyhonen, Karna, & Salmivalli, 2008) to assess Empathy Toward Victims and the Self-Efficacy for Defending Behavior Scale (Poyhonen, Juvonen, & Salmivalli, 2010) to assess Self-Efficacy to Support Victims. We tested measurement models to determine whether the bullying-specific variables could be aggregated with the matching general variables, but unfortunately, these models suggested that these constructs should not be aggregated. Analyses revealed the same pattern of findings when these bullying-specific variables were substituted for the general variables, although correlations between the general variables and other variables in the study were stronger than correlations between the bullying-specific variables and other variables. As such, we omitted the bullying-specific variables Empathy toward Victims and Self-Efficacy to Support Victims from the study.

[2] Caregivers also completed a measure about their child (to assess Caregiver-Report of Child General Empathy). A Pearson's bivariate correlation showed that caregivers' reports and children's reports of child empathy were only weakly related; $r=.28$, $p=.000$. Results of a measurement model suggested that these two constructs should not be combined. We elected to retain only the self-report measure of child empathy because this measure had stronger psychometric properties and because assessing feelings such as empathy through self-report rather than caregiver-report has greater face validity.

[3] Caregivers also completed several measures about themselves (to assess Caregiver Anti-Bullying Atittudes, Caregiver Efficacy to Support Victims, Caregiver Empathy toward Victims, Caregiver Social Self-Efficacy, Caregiver General Empathy, Caregiver Emotion Recognition, Caregiver Parenting Efficacy, and Caregiver Socially Desirable Responding). We excluded these measures from analyses for two reasons. First, many of the instruments used to measure these constructs have not been validated on adults and did not demonstrate strong psychometric properties in preliminary analyses. Second, these variables were not correlated with many other variables in the model and, thus, did not appear to be predictive of our outcomes of interest.

[4] Content codes that did not reach acceptable reliability standards were omitted from analyses. Omitted content codes included: Advice: Pro-bullying attitudes, Advice: Self-Efficacy, Advice: Lack of Self Efficacy, Advice: Lack of Empathy, Advice: Do Not Help/Comfort, and Advice: Do Not Reinforce/ Assist. The style of some statements were coded as "style uncodable" because they were comprised of a combined style (statement and question) that did not fit neatly into one of our style code categories. Additionally, for all content codes present on each transcript, an independent coder rated the intensity of the caregiver's statements coded in that category (1 = very weak to 9 = very strong). These intensity ratings incorporated the number and length of statements in that category, the tone of voice used when making statements in that category, and the rationale or reasoning the caregiver used. Because reliability was not achieved for intensity codes, these codes were omitted from subsequent analyses.

Appendix A

CLASSROOM PARENTAL PERMISSION FORM

UNIVERSITY OF DELAWARE® | College of Arts & Sciences
DEPARTMENT OF PSYCHOLOGY

108 Wolf Hall
Newark, DE 19716-2577
Phone: 302-831-2271
Fax: 302-831-3645

September, 2013

Dear Parent or Guardian,

Bullying has become an important concern in today's classrooms. This school year, the Peer Relations Research Group from the University of Delaware and the staff of your child's school will implement the KiVa bullying prevention program in 4th and 5th grade classrooms. We believe that the program will help to create a positive environment in which all children feel safe and enjoy attending school. At the same time, we are conducting a research project to evaluate how well the program is working and whether any changes are needed to improve it.

We would like to ask your permission for your child and your child's teacher to participate in this research project. Written permission is required for participation. We also would like for you to provide us with brief demographic information about your child. This information includes your child's height and weight. Our work suggests that overweight children are particularly likely to experience problems with bullying, and we are working to understand this problem and find ways to help these children have a positive school experience.

Children who participate in the project will be asked to fill out a packet of questionnaires twice—once in September/October and again in April/May. Each time, the packet will take about an hour to complete. All children with parental permission will complete the questions during a visit to your child's classroom by our project staff. In the questionnaires, children will be asked about how much they bully and get bullied by other kids, how they handle bullying when they see it happen to others, and their feelings (e.g., sadness, fear, concern about weight). Lastly, they will answer questions which children in their class they like/dislike and which children engage in different positive and negative behaviors.

Teachers will be asked to complete similar questionnaires in September/October and April/May about each participating child. In these questions, we will ask the teacher about your child's experience with bullying, feelings (e.g., sadness, fear), and friendships. To thank classrooms for participating, teachers will receive $100 to use on classroom supplies and activities in September and again in May.

At the end of the school year, school administrators will provide us with information on your child's achievement and attendance. This information will help us evaluate whether the KiVa program helps children succeed in school.

Responses to all questions will be entirely confidential. None of the information will be viewed by other students, teachers, or school personnel. Children's names on all of the forms will be replaced by identification numbers to ensure that no one except the Peer Relations Research Group staff can link responses about your child with his/her name. All information will be stored in locked offices at the University of Delaware, accessible only to our staff. Reports of the project results will never include children's names, and the results will be based on information gathered from groups of children rather than individual children.
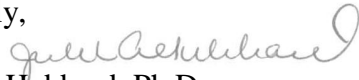
Your child's participation is voluntary. Your child will also have the choice to participate in the project or not. On the day that we visit your child's classroom, we will explain in detail the purpose of the project and what is involved in participating. Children who have parental permission to participate will be told that they can choose not to participate, can stop answering the questions at any time, and can skip any questions they do not want to answer. Children will also be told that all of their responses are confidential. They will then indicate their choice about participating on a written assent form. If either you or your child chooses not to participate, this decision will not have any negative consequences whatsoever, including any negative effects on your child's grades or relationship with school personnel. Children who do not participate will be assigned an activity by their teacher or given a booklet of games and puzzles to complete.

Participating in our project will most likely be a positive experience for your child. In fact, many children report that they enjoy participating and that they learn more about themselves through answering our questions. It is possible, though, that some children may feel uncomfortable or that classmates may interact differently following our visit. However, we consider these risks to be very slight. We have conducted similar studies with over 11,000 children in Delaware schools over the past several years, and not a single child, teacher, or parents has reported any concern to us following participation. To further minimize these risks, we will take a number of steps, including monitoring children closely for any signs of discomfort and stressing the importance of keeping answers private.

If you have any questions about this project, please do not hesitate to contact the project supervisor, **Dr. Julie Hubbard (302-831-4191)**. If you have general concerns about your rights or your child's rights as a participant in research conducted by the University of Delaware, please contact the Human Subjects Review Board chairperson (302-831-2137). A report of the results from this project will be available in the summer of 2013.

Thank you for your time and your consideration of our project.
Sincerely,

Julie A. Hubbard, Ph.D.
302-831-4191
jhubbard@psych.udel.edu

Please complete the form on the next page.
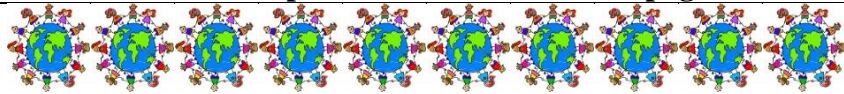
Regardless of whether you **do** or **do not** want your child to participate, please do the following:

1. Initial the top of each page of this letter.
2. Complete the information below.
3. Send this whole letter (3 pages) back to school with your child.

Child's Name: _____

I have read and understand the request for my child's participation in the study described above.

☐ **Yes**, I give permission for my child to participate in this project.
☐ **No**, I do not give permission for my child to participate in this project.

Parent Signature: _____

Parent Name (Print): _____

Date: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email: _____

Address: _____

May we contact you by phone, mail, or email about participating in future projects?

☐ Yes

☐ No

During this project, we may learn of a few children who are being seriously bullied. If your child were one of these children, do you want us to contact you regarding our concerns and potential resources for help?

☐ Yes

☐ No

Appendix B

CLASSROOM CHILD ASSENT FORM

We want to learn about bullying. One way we learn is by doing a study. We are doing a study, and we are asking you if you want to be in it.

If you decide that you want to be in the study, we will ask you to answer some questions on paper. We will ask about things like bullying, your behaviors, your feelings, your thoughts, and your friendships. Finally, we will ask you some questions about the other kids in your class, how you feel about them, and things that they may do.

Answering the questions will take about an hour. This is not a test. There are no right or wrong answers. We just want to know what you think. If you are in the middle of answering questions and you decide that you want to stop, or that you want to skip a question, that's fine. Just tell me if you want to stop, or just skip the question. I won't be upset at all, and neither will your teacher.

An important thing to know is that we will keep all of your answers private. We will not tell your answers to anyone – not your parents, teachers, or classmates. It's very important that you keep your answers private, too.

Your parent has said that it is okay for you to answer our questions. But, it is up to you if you want to or not. You do not have to be in this study if you do not want to. No one will be upset with you if you decide not to be in the study—not us, or your teacher, or your parents. If you want to be in the study, then I'm going to ask you to sign your name at the bottom of this page. But, if you don't want to be in the study, then you can tell me right now, and that will be just fine too.

I, _____, want to be in this study.
  (Print your name here)

_____   _____
Sign your name here   Date
The Peer Relations Research Group

Appendix C

TELEPHONE RECRUITING SCRIPT

Hello, may I please speak with the parent or guardian of *CHILD'S NAME?* My name is *GRA'S NAME* and I'm calling from the Peer Relations Lab at the University of Delaware. Earlier this year, when you signed a permission form about the KiVa Bullying Prevention Program, you gave permission for our lab to contact you about future studies. Is now a good time to talk?

(IF NO): When would be a better time to call back?
(IF YES): Our lab is conducting a study to learn more about how children feel about bullying and how parents talk to children about bullying. We would like to invite you and your child to participate. If you are interested, we would schedule a time for two members of our lab to come to your home for two hours. While we are there, we will ask you and your child to fill out questionnaires, we will audiotape you talking to your child about situations in which he/she sees other children being bullied, and your child will play a computer game called Cyberball. We will pay you *$20-$50 (amount to be determined based on available funding)* for your time, and your child will receive a desirable toy. Is this something you would be interested in hearing more about?

(IF NO): Okay, thank you for your time. Goodbye.
(IF YES): Great! At the beginning of the visit, we will provide more details about all of the parts of the study. Now, I want to take just a moment to tell you a little more about the computer game that your child will play. It is called Cyberball. Your child will believe that he/she is playing Cyberball over the Internet with two other children. However, in truth, the other children will not exist but will be computer-simulated, or what we call virtual peers. Sometimes, these virtual peers will include your child in the ball-tossing game, but other times the virtual peers will exclude your child from the game for a very brief time (less than five minutes). We include this experience in our study because it helps us learn more about how children feel when they are excluded and how we can increase children's empathy for peers who are excluded in real-life situations at school. It is fine to tell your child that he/she will be playing a computer game with other children. However, it would be better if you did not share the fact that the virtual peers are not "real" with your child before our visit. Providing children with these details will make it harder for them to behave naturally and for us to learn what we can from them. During our visit, we'll talk to you more to help you decide whether

you want to tell your child about the virtual peers at a later point, or whether you would prefer not to tell your child at all. Do you have any questions for me at this time?

IF YES: *Answer questions*
IF NO: Are you interested in scheduling a time to participate?

If NO: Thank you so much for talking to me and considering participating.
IF YES: Thank you so much for agreeing to participate. *Schedule visit, secure contact information, ask if will need childcare during visit.* Thank you! We will send you a reminder email and phone call the day before your home visit. We look forward to seeing you at *date and time.* Please call us at 302-831-0355 if you have any questions or need to reschedule.

HOME-VISIT PARENTAL PERMISSION FORM

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Newark, DE 19716-2577
Phone: 302-831-2271
Fax: 302-831-3645

Fall, 2013

Dear Parent or Guardian,

Bullying has become an important concern in today's classrooms. This school year, the Peer Relations Research Group from the University of Delaware and the staff of your child's school will implement the KiVa Bullying Prevention Program in 4th and 5th grade classrooms. At the same time, we are conducting a research project to learn more about how children feel about bullying and how parents talk to children about bullying.

We would like to ask your permission for you and your child to participate in this research project. Written permission is required for participation. We anticipate that participation will require about two hours of your time and your child's time during our home visit today, as well as two five-minute phone calls for your child over the next week.

If you agree to participate, we will ask you to do two things today. First, we will ask you to answer questionnaires about yourself and your child. The questions about your child will involve his/her feelings and experiences with peers. The questions about yourself will focus on your thoughts and feelings about children's peer relationships, your understanding of emotions, your parenting, and other demographic information about your family. We will be here to answer any questions that you may have about the questionnaires or to read the questionnaires to you if you prefer.

Second, we would like to audiotape you talking to your child about situations in which he/she sees other children being bullied. We will describe these situations to you and your child, and then we will leave you alone to discuss the situations. We will

later listen to, transcribe, and code these conversations to learn more about how parents and children talk about bullying together.

We will also ask your child to do two things today, in addition to taking part in the conversation with you described above. First, he/she will answer questionnaires about him/herself. These questions will involve his/her feelings, understanding of emotions, and relationships with peers.

Second, your child will play a ball-tossing computer game called Cyberball. Your child will believe that he/she is playing Cyberball over the Internet with two other children. In this game, your child will throw a virtual ball to either of the other two players on the screen by clicking on that player's icon. However, in truth, the other children will not exist but will be computer-simulated, or what we call virtual peers. Sometimes, these virtual peers will include your child in the ball-tossing game, but other times the virtual peers will exclude your child from the game. These exclusion incidents will be brief (less than 5 minutes) and are designed to be similar to situations that your child may encounter in everyday life. We include this experience in our study because it helps us learn more about how children feel when they are excluded and how we can increase children's empathy for peers who are excluded in real-life situations at school.

It is fine to tell your child that he/she will be playing a computer game with other children (or to ask if he/she would like to do so). However, we would prefer that that you not share information about the fact that the virtual peers are not "real" with your child. Providing children with these details will make it harder for them to behave naturally and for us to learn from them. It is our experience that most parents prefer not to share this information with their children at any point. However, a few parents may choose to tell their child about the virtual peers, if they are worried that their child was concerned about being excluded during the computer game. Of course, it is your right to tell your child about the virtual peers at any point; however, if you tell him/her before our last phone call, we ask that you call us at 302-831-0355 to let us know. We would be happy to speak with you in person or by phone to discuss the decision about whether or not to share this information with your child, and we would also be happy to speak to your child in person or by phone should he/she have any questions at all for us about the computer game.

Finally, we will call your child twice over the next week (tomorrow, one week from today) to ask him/her brief follow-up questions about the activities he or she did today. Each phone call will take less than 5 minutes. We will schedule the time of these calls with you at the end of our visit today so that they will be convenient for you.

All of your responses and your child's responses to questions and participation in activities (computer game, conversation) will be entirely confidential. None of the

information will be viewed by anyone at your child's school. Although identifying information (e.g., names) will be gathered, this information will be replaced by arbitrary identification numbers, and all identifying information will be deleted. Once audio recordings are transcribed, the recordings themselves will be destroyed. All information will be stored in locked offices at the University of Delaware, accessible only to our staff. Reports of the project results will never include children's names, and the results will be based on information gathered from groups of children rather than individual children. Because the data will be stored only under identification numbers, we plan to keep the data indefinitely. There is only one exception to our rule that everything will be entirely confidential. That is, if we suspect or find evidence of abuse or neglect, we are obligated to inform appropriate authorities, as necessary, to prevent serious harm to your child or others.

Participating in our project will most likely be a positive experience for you and your child. In fact, many children and parents report that they enjoy participating and that they learn more about themselves through answering our questions and taking part in our activities. It is also possible that you or your child will feel uncomfortable answering our questions or being audiotaped, or that your child will feel sad if he/she is excluded by the virtual peers while playing Cyberball. However, we consider these risks to be very slight. We have conducted similar studies with many children in Delaware schools over the past several years, and not a single child, teacher, or parents has reported any concern to us following participation.

To further minimize these risks, we want to stress that your participation and your child's participation are voluntary. You may skip any question or activity that you choose, and you may stop participating altogether at any point. Your child will also make his/her own choice about participating, and he/she will indicate that choice on a written assent form, after we tell him/her about the things that we plan to do today (the questionnaires, the computer game, the conversation with you). Children will also be told that they can skip any questions or activities, and that they can stop participating at any point. Finally, children will also be told that all of their responses are confidential. If either you or your child chooses not to participate, this decision will not have any negative consequences whatsoever, including any negative effects on your child's grades or relationship with school personnel.

To thank you for helping us, we will pay you $50 ($20) today and let your child choose a toy from our treasure chest. We will also enter your child's name in a lottery for a $20 prize each time he/she participates in a follow-up phone call with us. Your child will earn five entries in the lottery for his/her first phone call and ten more entries in the lottery for his/her second phone call.

If you have any questions about this project, please do not hesitate to contact the project supervisor, **Dr. Julie Hubbard (302-831-4191)**, or the project coordinators, Marissa

Smith   (msmith@psych.udel.edu;   302-831-0355)   and   Stevie   Grassetti
(sgrassetti@psych.udel.edu; 302-831-0355). If you have general concerns about your
rights or your child's rights as a participant in research conducted by the University of
Delaware, please contact the Human Subjects Review Board chairperson (302-831-
2137). A report of the results from this project will be available in the summer of 2014.
Thank you for your time and your consideration of our project.

Sincerely,

Julie A. Hubbard

Julie A. Hubbard, Ph.D.

302-831-4191
jhubbard@psych.udel.edu

Please complete the form on the next page.
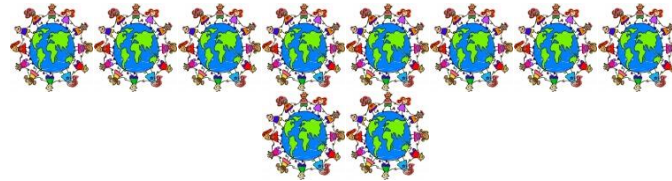
Regardless of whether you **do** or **do not** want your child to participate,
please do the following:

       1. Initial the top of each page of this letter.
       2. Complete the information below.

Child's Name: _____

*I have read and understand the request for my participation and my child's participation
in the study described above.*

☐ **Yes**, I consent to participate in this study, and I give permission for my child to
participate in this study.

☐ **No**, I do not consent to participate in this study, and I do not give permission for my
child to participate in this study.

Parent Signature: _____

Parent Name (Print): _____

Date: _____

Home Telephone Number: _____

Cell Phone Number: _____

Email: _____

Address: _____

Appendix E

HOME-VISIT CHILD ASSENT FORM

We are from the University of Delaware. We are interested in learning about children's feelings and behaviors and about how children and parents talk to one another. We are especially interested in learning more about how children feel about bullying and how parents talk to children about bullying. One way we learn is by doing a study. We are doing a study, and we are asking you if you want to be in it. We are asking 100 families to be in our study. If you decide that you want to be in our study, you will answer some questions about your thoughts, feelings, and things that might happen to you. Next, you will play a ball-tossing computer game with other kids over the internet. Finally, you and your parent will talk about different situations that happen to kids. In addition, we will call you on the phone two times in the next week to ask you a few short questions about the things you did today.

There are some things about this study that you should know. We will be here for about 2 hours today, and when we are done, we will let you pick a toy out of our treasure chest for helping us out. When we call you on the phone, each phone call will take less than five minutes. At the end of each phone call, your name will be entered into a lottery to earn a $20 prize. You will earn 5 entries into the lottery at the end of the first phone call, and you will earn 10 entries into the lottery at the end of the second phone call. Three out of the 100 children who take part in our study will win a $20 prize.

Another thing to know is this: If you don't want to do one of the activities we are doing today, or if you don't want to talk when I call you on the phone, you can just tell me. We'll skip that part, and that will be fine. Also, if you decide that you just want to stop all of the activities, you can tell me that too. We'll just stop everything, and I won't be upset with you at all.

Your parent has said that it is ok for you to do these activities. But, it is up to you if you want to do them or not. You do not have to do these activities if you do not want to. If you want to do these activities, then I'm going to ask you to sign your name at the bottom of this page. Signing your name means that you want to participate, and that you understand all of the things that I've just told you. But, if you don't want to do these activities, then you can tell me right now, and that will be just fine, too.

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I, _____, want to be in this research study.
    (Print your name here)

_____   _____

Sign your name here   Date

Appendix F

PRO-VICTIM SCALE

Self-Report Measure of Anti-Bullying Attitudes
(Rigby & Slee, 1991)

Here are some sentences about different things that you might think. For each item, please circle the number that shows how much you think that way. If you think that way a whole lot, circle 5. If you think that way a lot, circle 4. If you think that way sometimes, circle 3. If you think that way a little, circle 2. If you do not think that way at all, circle 1.

	1 Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somewhat	**5** Agree Completely
1. It is okay to call some kids nasty names.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somewhat	**5** Agree Completely
2. It is funny to see kids get upset when they are teased.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somewhat	**5** Agree Completely
3. A bully is really a coward.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somewhat	**5** Agree Completely
4. Kids who get picked on a lot usually deserve it.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somewhat	**5** Agree Completely
5. Kids who are weak are just asking for trouble.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somewhat	**5** Agree Completely

6. Kids who cry and get scared easily make me sick.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somew hat	**5** Agree Completely
7. Nobody likes a wimp.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somew hat	**5** Agree Completely
8. I like it when someone stands up for kids who are being bullied.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somew hat	**5** Agree Completely
9. It is a good thing to help children who can't defend themselves.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somew hat	**5** Agree Completely
10. It irritates me when nobody defends a bullied child.	**1** Disagree Completely	**2** Disagree Somewhat	**3** Don't Agree Or Disagree	**4** Agree Somew hat	**5** Agree Completely

Appendix G

DEBRIEFING SCRIPT

Thank you both so much for helping us out today! From your help, we can learn a lot about kids
and bullying and what parents can do to help. This information is very important because we are working to make programs against bullying as good as they can be. In addition to school-based programs, we believe that parent involvement is important to making anti-bullying programs a success. From your help today, we will learn a lot about how to make this possible. Do you have any questions for me now? *(If yes, answer questions).* Thanks again for your help! Do not hesitate to contact us at (302) 831-0355 should you have any questions in the future."

Appendix H

ORDER OF ALL MEASURES AND TASKS

1. Parent completed the Parental Consent Form with the GRA and child completed the Child Assent Form with the URA.

2. The child (with the GRA) completed questionnaires in a separate room from his or her parent.
    a. Child Questionnaires:
        i. Child Self-Report Measure of Empathy

3. Child and GRA completed the Cyberball task and Child Empathy Vignette task.

4. Parent, child, and GRA completed the Caregiver-Child Interaction Task.

5. Child (with GRA) and parent (with URA) completed the remaining questionnaires in separate rooms.
    a. Child Questionnaires:
        i. Child Self-Report Measure of Self-Efficacy
    b. Parent Questionnaires:
        i. Caregiver Self-Report Measure of Family Demographics

6. The GRA debriefed the parent and child together, answered questions, thanked them for their participation, and provided them with compensation.

**SOCIAL SELF-EFFICACY SUBSCALE OF THE SELF-EFFICACY
QUESTIONNAIRE FOR CHILDREN**
Self-Report Measure of Self-Efficacy
(Muris, 2001)

	1	2	3	4	5
1. How easy it for you to express your opinions when other classmates disagree with you?	1 Not At All Easy	2 A Little Easy	3 Somewhat Easy	4 Mostly Easy	5 Very Easy
2. How easy is it for you to become friends with other children?	1 Not At All Easy	2 A Little Easy	3 Somewhat Easy	4 Mostly Easy	5 Very Easy
3. How easy is it for you to talk to an unfamiliar person?	1 Not At All Easy	2 A Little Easy	3 Somewhat Easy	4 Mostly Easy	5 Very Easy
4. How easy is it for you to work well and cooperate with other your classmates?	1 Not At All Easy	2 A Little Easy	3 Somewhat Easy	4 Mostly Easy	5 Very Easy
5. How easy is it for you to tell other children that they are doing something that you don't like?	1 Not At All Easy	2 A Little Easy	3 Somewhat Easy	4 Mostly Easy	5 Very Easy
6. How easy is it for you to tell a funny story or a joke to a group of children?	1 Not At All Easy	2 A Little Easy	3 Somewhat Easy	4 Mostly Easy	5 Very Easy
7. How easy is it for you to stay friends with other children?	1 Not At All Easy	2 A Little Easy	3 Somewhat Easy	4 Mostly Easy	5 Very Easy

Appendix J

BASIC EMPATHY SCALE

Self-Report Measure of Empathy
(Jolliffe & Farrington, 2006)

The following are characteristics that may or may not apply to you. Please check one answer for each statement to indicate how much you agree or disagree with each statement. Please answer as honestly as you can.

1. My friend's feelings don't have much effect on me.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
2. After being with a friend who is sad about something, I usually feel sad.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
3. I can understand my friend's happiness when she/he does well at something.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
4. I get frightened when I watch characters in a good scary movie.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
5. I get caught up in other people's feelings easily.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
6. I find it hard to know when my friends are frightened.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
7. I don't become sad when I see other people crying.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
8. Other people's feelings don't bother me at all.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5

9. When someone is feeling "down," I can usually understand how they feel.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
10. I can usually figure out when my friends are scared.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
11. I often become sad when watching sad things on TV or in movies.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
12. I can often understand how people are feeling even before they tell me.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
13. Seeing a person who is angry no effect on my feelings.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
14. I can usually figure out when people are happy.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
15. I tend to feel scared when I am with friends who are afraid.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
16. I can usually realize quickly when a friend is angry.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
17. I often get caught up in my friend's feelings.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
18. My friend's unhappiness doesn't make me feel anything.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
19. I am not usually aware of my friend's feelings.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5
20. I have trouble figuring out when my friends are happy.	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5

DEMOGRAPHIC QUESTIONNAIRE

Caregiver-Report Measure of Family Demographics

Demographic Questionnaire

Your Home Zip Code _____

Your Home Address _____

We would like to learn more about the child's home environment and about the child's primary caregiver. Please read all options before choosing an answer. If you are unsure of an answer, please choose the option that best describes your situation.

1. How are you related to the child?

      a. mother

      b. father

      c. grandmother

      d. grandfather

      e. other _____

Primary Language spoken at home:

_____

Part I: Information about the primary caregiver.

5. What is your age? _____

6. What is the highest grade that you completed in school? _____

7. What is your current relationship status?

a. living with a partner	d. separated
b. single	e. divorced
c. married	f. other _____

8. How many major changes in relationship status have you experienced over the past two years? Examples include marriage, divorce, separation, moving in with partner, moving away from partner.

<div align="center">

0   1   2   3   4+

</div>

9. If you work, what is your job? _____

Part II: Information about the child's home environment.

11. How many adults (18 and older) currently live in the child's household, including yourself?

<div align="center">

1   2   3   4   5+

</div>

12a. How many children currently live in the child's household, including the child?

<div align="center">

1   2   3   4   5+

</div>

13. Please approximate your family's total **yearly income from all sources** (including employment, child support, disability, social security, welfare, worker's compensation, and retirement) Include income from employment **for all adults living in the home**. Please circle your answer.

None

$ 1 - $10,000

$10,001 - $20,000

$20,001 – $30,000

$30,001 – $40,000

$40,001- $50,000

$50,001-$60,000

$60,001-$70,000

$ 70,001-$80,000

$80,001-$90,000

$90,001-$100,000

$100,001-$110,000

$110,001-$120,000

$120,001-130,000

$130,001-$140,000

$140,001--$150,000

More than $150,001.

Part III. Life Events

Listed below are a number of events, which sometimes bring about changes in families. For each event that happened to your family in the past year, indicate the extent to which you viewed the event as having either a positive or negative impact on your life at the time the event occurred. A rating of -3 would indicate an extremely negative impact. A rating of 0 suggests no impact either positive or negative. A rating of +3 indicates an extremely positive impact. If the event did not happen to your family in the past year, please circle "This event did not happen."

1. Romantic relationship changes (e.g., marriages, break ups, divorce, separations)	**-3** Extremely Negative	**-2** Mostly Negative	**-1** Somewhat negative	**0** No impact	**1** Somewhat positive	**2** Mostly Positive	**3** Extremely positive	This event did not happen
2. Other changes in number of people living in the home (e.g., adoptions, births, family members moving in or out)	**-3** Extremely Negative	**-2**	**-1**	**0**	**1**	**2**	**3** Extremely positive	This event did not happen
3. Change of residence (e.g., moving)	**-3** Extremely	**-2**	**-1**	**0**	**1**	**2**	**3** Extremely	This event
4.Child participating in this study changing school	**-3** Extremely Negative	**-2**	**-1**	**0**	**1**	**2**	**3** Extremely positive	This event did not happen
5. Change in family financial situation (e.g., making a lot more money or a lot less money than before)	**-3** Extremely Negative	**-2**	**-1**	**0**	**1**	**2**	**3** Extremely positive	This event did not happen

6. Illness or Injury for anyone who lives in the household	**-3** Extremely Negative	**-2**	**-1**	**0**	**1**	**2**	**3** Extremely positive	This event did not happen
7. Change in employment for anyone who lives in the household (new job, loss of job)	**-3** Extremely Negative	**-2**	**-1**	**0**	**1**	**2**	**3** Extremely positive	This event did not happen
8.Troubles with the law/ legal difficulties for anyone who lives in the household (e.g., detention or jail, court)	**-3** Extremely Negative	**-2**	**-1**	**0**	**1**	**2**	**3** Extremely positive	This event did not happen
9. Emotional/ mental difficulties for anyone who lives in the household (e.g., anxiety, depression, difficulties with drugs/alcohol)	**-3** Extremely Negative	**-2**	**-1**	**0**	**1**	**2**	**3** Extremely positive	This event did not happen

Appendix L

IRB APPROVAL LETTER

UNIVERSITY OF DELAWARE   RESEARCH OFFICE

210 Hullihen Hall
University of Delaware
Newark, Delaware 19716-1551
Ph: 302/831-2136
Fax: 302/831-2828

DATE: September 16, 2013

TO: Julie Hubbard, Ph.D.
FROM: University of Delaware IRB

STUDY TITLE: [500595-1] Children's Bystander Responses to Bullying: The Roles of
                       Empathy and Parental Advice

SUBMISSION TYPE: New Project

ACTION: APPROVED
APPROVAL DATE: August 23, 2013
EXPIRATION DATE: August 20, 2014
REVIEW TYPE: Full Committee Review

Thank you for your submission of New Project materials for this research study. The University of
Delaware IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit
ratio and a study design wherein the risks have been minimized. All research must be conducted in
accordance with this approved submission.

This submission has received Full Committee Review based on the applicable federal regulation.

Please remember that underlined informed consent is a process beginning with a description of the study and
insurance of participant understanding followed by a signed consent form. Informed consent must
continue throughout the study via a dialogue between the researcher and research participant. Federal
regulations require each participant receive a copy of the signed consent document.

Please note that any revision to previously approved materials must be approved by this office prior to
initiation. Please use the appropriate revision forms for this procedure.

All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the
appropriate adverse event forms for this procedure. All sponsor reporting requirements should also be
followed.

Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office.

Please note that all research records must be retained for a minimum of three years.

Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use
the appropriate renewal forms for this procedure.

- 1 -   Generated on IRBNet

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If you have any questions, please contact Nicole Farnese-McFarlane at (302) 831-1119 or nicolefm@udel.edu. Please include your study title and reference number in all correspondence with this office.