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Children's Disclosure of School Bullying: The Relation Between Peer Victimization, Internalizing Symptoms, Negative Affect, and Gender

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Children's Disclosure of School Bullying: The Relation Between Peer Victimization,
Internalizing Symptoms, Negative Affect, and Gender

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of the requirements for the degree of
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by

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Abstract

Children who are bullied by their peers are at risk for several negative developmental outcomes and are therefore advised to tell an adult when they are. However, victims of school bullying are often reluctant to disclose to adults that they are being bullied. Some bullied children also experience symptoms of anxiety or depression, which could further reduce their likelihood of telling an adult. In this study, I tested the degree to which children's internalizing symptoms predicted their likelihood of telling adults about being bullied at school, and if this relation was exacerbated by children's negative feelings associated with telling an adult. I also tested whether this relation was different for boys and girls. Data were drawn from a short-term, longitudinal study (N = 375, 52% female, M age = 9.33 years, SD = 1.07) that spanned a single academic year. Findings suggest that boys with internalizing symptoms are less likely to tell an adult when bullied, compared to peers. Findings also indicate that children with internalizing symptoms likely feel heightened negative emotions when telling a teacher about being bullied. Implications are discussed.

Keywords: peer victimization, internalizing symptoms, disclosure of school bullying

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Children's Disclosure of School Bullying: The Relation Between Peer Victimization, Internalizing Symptoms, Negative Affect, and Gender

Peer victimization is a common occurrence during childhood and adolescence, with an estimated 90% of elementary-aged children experiencing some type of peer victimization or bullying in their lifetime (Stanford University Medical Center, 2007). Indeed, many instances of peer victimization and bullying happen within the school setting and can impact youths' academic achievement, mental wellbeing (e.g., anxiety, depression), as well as overall physical health (Hoglund & Leadbeater, 2007; Hong et al., 2020; Ladd et al., 2017; Mundy et al., 2017; Reijntjes et al., 2010; Schacter, 2021). *Peer victimization* is the process by which children are repeatedly exposed to peer interactions that convey harmful intent, produce harmful effects, and are sanctioned implicitly or explicitly by peer group members (Elledge et al., 2010; Gregus et al., 2020; Juvonen & Graham, 2001; Salmivalli & Voeten, 2004). Peer victimization is like bullying, and the two terms are often used interchangeably; however, peer victimization focuses on the plight of victims, whereas the focus of bullying often alludes to the aggressors (Gregus et al., 2020). Regardless, the impact of peer victimization can have severe consequences for the victim (e.g., suicidal ideation/attempts, non-suicidal self-injury, depression; Moore et al., 2017).

Indeed, the effects of peer victimization can be long lasting. Research provides evidence for the impact of prolonged peer victimization on children's internalizing symptoms, distress, and interpersonal relationships/social withdrawal (Denio et al., 2020; Hoglund & Leadbeater, 2007; Hong et al., 2020) – with additional support demonstrating a possible bidirectional relation between peer victimization and internalizing symptoms over time (Reijntjes et al., 2010).

Internalizing symptoms are those associated with disorders reflecting internal distress, including anxiety and depression (Forns et al., 2011). Children with internalizing symptoms are likely to

report social withdrawal, worry, fearfulness, and self-blame for everyday stressors (Kouros et al., 2020; Kovacs & Devlin, 1998; Tanzer et al., 2020). Without intervention, much of these behaviors can continue to increase in intensity over time, leading to significant implications for youth in all aspects of their lives.

Unfortunately, school bullying and victimization frequently occur in situations where adults are not present (e.g., recess, hallways between classes; Blomqvist et al., 2020; Fekkes et al., 2005); therefore, the onus of addressing bullying behavior often falls on the victims. However, the U.S. Department of Health and Human Services recommends that children who are bullied tell an adult (see <https://www.stopbullying.gov/resources/kids>) to reduce feelings of loneliness and create a plan to stop the bullying. Indeed, previous research has found that telling an adult about being bullied can serve a protective function (Shaw et al., 2019). Furthermore, positive relationship quality between teachers and at-risk children have been shown to protect children from continued peer victimization (Elledge et al., 2016). In fact, teachers are often considered the first line of defense against school bullying. Indeed, students who perceive their teachers as intolerant of bullying, their teachers and staff as more committed to prevent bullying, and their classrooms as safe and supportive reported fewer cases of bullying and increased likelihood of reporting instances of bullying (Blomqvist et al., 2020; Espelage et al., 2014). Teachers are also believed to be essential for intervening when bullying occurs (Fekkes et al., 2005). However, teachers often underestimate bullying frequency (Bradshaw et al., 2007); thus, victimized students must ultimately decide on their own how to respond (e.g., passively, with adult disclosure).

Although teachers are responsible for implementing school-based anti-bullying efforts, parents also play an important role in supporting bullied students. At home, children are likely to

view their parents as agents of emotional support and as sources for helpful advice (Oliver & Candappa, 2007). Previous research found that victimized children are more likely to tell a family member (e.g., a parent) than a member of the school staff (Oliver & Candappa, 2007; Smith & Shu, 2000). This could be due, in part, to the established trust and emotional support often found in parent-child relationships. Oliver and Candappa (2007) conducted focus groups with students in years 5 and 8 in the U.K. that centered on their responses to school bullying. In general, children reported trusting parents to listen to their concerns, to take those concerns seriously, to respect confidentiality, and to consider actions to be taken with the victim. Black et al. (2010) also found evidence that telling a parent or guardian was viewed by children as an effective strategy (i.e., approximately 71% of students who told parents reported the strategy to be helpful). And while evidence supports that children view telling a parent as helpful, less than half of children disclose their peer victimization (Black et al., 2010). Sadly, other research suggests that bullied students are often reluctant to tell an adult (Bjereld, 2018; Shaw, 2019; Skrzypiec et al., 2011), and state their most common response is to do nothing (Bjereld, 2018; DeLara, 2008).

Unfortunately, bullied children may not report due to their perceptions that adults are unlikely to help or provide help that is beneficial (Eliot et al., 2010; Shaw et al., 2019; Unnervet & Cornell, 2004). In line with these findings, Newman (2008) offered a framework for understanding adaptive and non-adaptive help-seeking for victims of peer harassment. Newman posited that victims of bullying engage in decision-making processes to determine whether it is in their best interest to seek help – as seeking help is both potentially helpful and harmful. Indeed, the perceived risk of harm can be a barrier to help seeking (e.g., children fearful that adults will not take them seriously; Bjereld, 2018). Reluctance to disclose to an adult about being

bullied might also be due to the perceived emotional costs of disclosure, such as feeling shame and embarrassment, being labeled a “tattle tale” by peers, feeling helpless, and self-blaming (Bjereld, 2018; Boulton & Boulton, 2017; DeLara, 2012; Newman, 2008). In fact, previous research suggests the perceived risks of disclosure might be different between boys and girls. Cortes & Kochenderfer-Ladd (2014) speculated that boys might be motivated to convey an image of self-reliance or being capable of handling peer problems on their own, which might reduce the likelihood of telling a teacher about being bullied. However, for girls, telling teachers about bullying is not just about getting help, but also about seeking sympathy and support (Cortes & Kochenderfer-Ladd, 2014). Thus, telling an adult about being bullied might be perceived as more socially acceptable for girls compared to boys, and might convey a sense of well-being and comfort for girls that are victimized. Blomqvist et al. (2020) found similar results, such that girls had an increased likelihood of telling an adult when bullied.

Newman’s (2008) framework also notes that emotion regulation is an important characteristic of coping during stressful situations. Children with internalizing symptoms have been found to experience more emotion dysregulation than children who do not have internalizing symptoms (Kovacs & Devlin, 1998). According to Weems (2008), emotion dysregulation in children with internalizing symptoms, specifically anxiety psychopathology, might involve an intense disabling worry in the anticipation of future danger, whether true or not. Another core feature in emotion dysregulation, as outlined by Weems (2008), is increased negative affect and avoidance. Children with internalizing symptoms may experience intense worry about future dangers (Weems, 2008). Along with perceived risks and consequences associated with disclosure (Bjereld, 2018; DeLara, 2012), individuals with internalizing symptoms may be even less likely to disclose when they are bullied.

The Current Study

The current study explored the relation between the following models: 1) if internalizing symptoms moderated the relation between peer victimization and youths' likelihood of disclosure, and 2) if negative affect related to anticipated experiences of disclosure would mediate the relation between child internalizing symptoms and youths' likelihood of disclosure. Furthermore, each of these models was independently explored for a) female and b) male students. After analyses were conducted, a fifth model examining gender's role in the relation between children's internalizing symptoms and their likelihood of disclosure was added. Therefore, in total, five models were conducted.

For the first model, I hypothesized that the effect of school bullying on likelihood of disclosure would depend on children's level of internalizing symptoms, such that victims of school bullying would be less likely to disclose if they experienced heightened internalizing symptoms (Weems, 2008). For the second model, I hypothesized that internalizing symptoms would predict decreased likelihood of disclosing to an adult about being bullied, but that this effect would be explained by children's negative affect related to disclosure. Given previous findings of gender differences in disclosure about peer victimization and the risks of disclosure (Blomqvist et al., 2020; Cortes & Kochenderfer-Ladd, 2014), I also explored gender differences within both models. I predicted that girls who are victims of school bullying would be less likely to disclose if they experienced subsequent internalizing symptoms compared to peers (Model 3). I also predicted that boys with internalizing symptoms would experience the most negative affect related to disclosure, thus making them the least likely to disclose when bullied compared to peers (Model 4).

Method

Participants

Participants were students in third through fifth grades enrolled in one of five local elementary schools in Northwest Arkansas ($N = 375$, 52% female, M age = 9.33 years, $SD = 1.07$). Given the small age range of participants, and evidence from previous research suggesting disclosure processes in third through fifth graders are not significant enough to warrant differential treatment (see Kochenderfer-Ladd & Pelletier, 2008), the current study did not examine differences between age groups. Participants self-reported race/ethnicity was as follows: Hispanic/Latina/o, 46.67%, White/Non-Hispanic/Latina/o, 27.2%, Marshallese/Pacific Islander, 11.73%, Black, 2.13% Asian American, 2.4%, Multiracial, 5.87%, and Other, 1.33%, with 2.67% of participants not reporting race and ethnicity data.

Procedures

The current study is a secondary data analysis from a larger study about children's peer victimization during elementary school. The previous, larger study received approval from the Institutional Review Board of the University of Arkansas, as well as approval from school district administration including school principals, teachers, and counselors in the Springdale School District. Written parent and teacher consent and child assent were received for all participants. Trained graduate and undergraduate research assistants administered measures to students in third through fifth grades at two time points (timepoint one (T1) = December 2018; timepoint two (T2) = April/May 2019) spanning one academic year. Measures were administered to students in one sitting, with teachers present to assist with completion. Students within the same classroom completed measures on the same day; however, individual classrooms were administered measures on different days. Parents and children were not incentivized in this study. Classrooms with high numbers of child consent forms turned in (65% or more, regardless

of participation in the study) were given a \$15 gift card to be used towards the classroom. Time 2 had low participation rates due to the amount of time required during class time to administer measures, so the current study used data from only the first time point.

Measures

Peer Victimization

A 9-item scale adapted from the *School Experiences Questionnaire* (Kochenderfer-Ladd, 2004) was used to measure children's self-reported peer victimization. Children rated the frequency (0 = *never*; 4 = *always*) with which they experienced physical (e.g., "How much do kids in your class push you?"), verbal (e.g., "How much do kids in your class call you mean names?"), and relational (e.g., "How much do kids in your class tell you that you CAN'T play with them?") forms of victimization by peers, with each type assessed using three items. Scores on the victimization items were averaged to form a single self-report of peer victimization, which demonstrated strong internal consistency ($\alpha = .88$) based on data from the current sample.

Internalizing Symptoms

The Revised Child Anxiety and Depression Scale (RCADS; Chorpita et al., 2005) is a 47-item, self-report questionnaire which yields a Total Anxiety Scale (sum of the 5 anxiety subscales) and a Total Internalizing Scale (sum of all 6 subscales). Subscales on the RCADS include separation anxiety disorder (SAD), social phobia (SP), generalized anxiety disorder (GAD), panic disorder (PD), obsessive compulsive disorder (OCD), and major depressive disorder (MDD). The six scales are derived from the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, revised* (DSM-IV-TR; American Psychiatric Association, 2000). The current study uses a shortened version of RCADS to assess children's symptoms of anxiety, depression, and social phobia ($N = 16$ items) by omitting items assessing for OCD and SAD.

Children used a 4-point scale (0 = *Never* to 3 = *Often*) to rate the extent to which they experienced each symptom (e.g., “I worry about things,” “I feel sad or empty”). This version of the RCADS demonstrated good reliability ($\alpha = .86$) based on data from the current sample.

Likelihood of Disclosure

Children’s willingness to tell a teacher about victimization was assessed using an adapted version of the *What Would I Do Scale* (Cortes & Kochenderfer-Ladd, 2014; Kochenderfer-Ladd & Pelletier, 2008). This measure was adapted for this study to assess likelihood of disclosing about three types of victimization (i.e., relational, physical, and verbal), resulting in a 6-item questionnaire. Children were asked to imagine being bullied by a peer and asked the likelihood of telling teachers or parents about being bullied. Items were rated on a 3-point scale (1 = *Never*, 3 = *Most of the time*). The measure was shown to have good reliability ($\alpha = .85$) based on data from the current sample.

Affect Related to Disclosure

A 4-item questionnaire was developed by the research team to assess the degree to which children were likely to experience negative emotions when telling an adult about being victimized. Due to time constraints, items were limited to situations in which the adult was a teacher (and not a parent). All four items used the following stem: “I would not tell the teacher if I was bullied or teased because I would feel _____,” with the response options of guilty, embarrassed, ashamed, and humiliated. Items were rated on a 5-point Likert scale (1 = *Strongly Disagree* to 5 = *Strongly Agree*). The measure was found to have adequate reliability ($\alpha = .76$) based on data from the current sample.

Data Analysis Plan

All analyses were run using RStudio version 1.4.1717 (RStudio Team, 2021) with the *psych* (Revelle, 2022), *apaTables* (Stanley et al., 2018) and *tidyverse* (Wickham et al., 2019) packages. Preliminary analyses included both descriptive statistics (i.e., means, standard deviations) as well as bivariate correlations among key variables (see Table 1). Next, standardized variables (z-scores) were computed based on the averages of each study variable (i.e., peer victimization, internalizing symptoms, negative affect surrounding disclosure, likelihood of disclosure).

Four models were conducted. The first model was a moderation exploring if the relation between peer victimization and likelihood of disclosure was dependent on children's levels of internalizing symptoms. Using computed standardized variables, a hierarchical multiple regression analysis was conducted. First, two variables were included: level of self-reported peer victimization and likelihood of disclosure. Next, the interaction term between internalizing symptoms and likelihood of disclosure was added to the regression model. Lastly, gender was added into the model to test a two-way interaction between internalizing symptoms, likelihood of disclosure, and gender.

Using the *psych* package in RStudio (Revelle, 2022) and bootstrapped confidence intervals, the indirect or mediational effects of negative affect related to disclosure on the association between internalizing symptoms and likelihood of disclosure were tested. A moderated mediation model was then tested using the *JSmediation* package in Rstudio (Batailler et al., 2021) with gender as a moderator. This model assessed gender differences on the indirect effects of negative affect related to disclosure in the association between internalizing symptoms and likelihood of disclosure. Lastly, a post-hoc power analysis using the statistical software package G*Power (Faul & Efrelder, 1992) was conducted to determine the statistical power of

results from the current study. The recommended effect sizes used for the assessment were: small ($f^2 = .02$), medium ($f^2 = 0.15$), and large ($f^2 = .35$; Cohen, 1977), and a significance criterion of $\alpha = 0.05$. The post-hoc analyses revealed the statistical power for this study exceeded .99 for the detection of all three possible effect sizes (small, medium, large).

Results

Preliminary Analyses

Preliminary analyses included bivariate correlations of key variables using Pearson's R . Correlations with confidence intervals, as well as descriptive statistics of each variable (e.g., M , SDs) can be found in Table 1. Bivariate correlations found a significant, positive relation between internalizing symptoms and negative affect surrounding disclosure ($r = 0.19, p < .01$). Consistent with previous research (e.g., Hernandez Rodriguez et al., 2020), internalizing symptoms were also found to be significantly related to peer victimization, such that increased levels of peer victimization were related to heightened levels of internalizing symptoms ($r = 0.45, p < .01$). Although internalizing symptoms appeared to be negatively associated with children's likelihood of disclosure about bullying, results did not meet the threshold for significance ($r = -0.08, p = 0.26$). Likelihood of disclosure was also negatively related to children's level of peer victimization; however, that relation was also not statistically significant ($r = -0.04, p = 0.46$).

Gender differences between key variables were assessed using Welch's Two Sample t -tests. Results of analyses found a significant difference in likelihood of disclosure to teachers about bullying, such that girls were more likely to disclose than boys, $t(331) = -2.83, p < .05$. Significant differences between gender were not found in children's negative affect relative disclosure, $t(256) = -0.24, p = 0.8$, or children's levels of internalizing symptoms, $t(207) = -$

1.74, $p = 0.08$. Nor were gender differences found in children's levels of victimization experienced, $t(347) = 0.80$, $p = 0.43$.

Moderation Analysis: Models 1 & 2

A moderation model was conducted to determine the effect of internalizing symptoms on the relation between peer victimization and children's likelihood of disclosure to a teacher about bullying (Model 1). An interaction term of internalizing symptoms and peer victimization was created using standardized variables, then a hierarchical regression model was tested. Outcomes yielded a non-significant moderation, $\beta = -0.06$, $p = 0.39$ (Figure 1). A second interaction term was then added to the model (Model 2) to test gender differences on the interaction between internalizing symptoms, peer victimization, and children's likelihood of disclosure to a teacher (Figure 2). Gender also did not moderate the relation, $\beta = 0.09$, $p = 0.54$. Additionally, there was no significant interaction between gender and children's internalizing symptoms, $\beta = -0.25$, $p = 0.11$. However, analyses suggested that gender significantly predicted children's likelihood of disclosure, such that girls were more likely to tell a teacher when bullied compared to boys, $\beta = 0.47$, $p < .001$.

Mediation Analysis: Models 3 & 4

A mediation model (Model 3) was run to determine the effect of negative affect related to the anticipation of disclosure of bullying (variable M) in the relation between children's level of internalizing symptoms (variable X) and their likelihood of disclosure to a teacher when bullied (variable Y). To test this, indirect effects modeling with bootstrapping was conducted using the *psych* package in RStudio (Revelle, 2022). Analyses of the indirect effects found that negative affect related to disclosure did not significantly mediate the relation between children's level of internalizing symptoms and their likelihood of disclosure, $\beta = -0.07$, $p = 0.21$ (Figure 3). Next, a

moderated mediation (Model 4) was conducted to determine the effect of children's internalizing symptoms (variable *X*) on their likelihood of disclosure to teachers when bullied (variable *Y*), via their self-reported negative affect related to disclosure (variable *M*), and whether this relation differs depending on the child's gender (variable *W*). The moderated mediation model was tested using the *JSmediation* package in RStudio (Batailler et al., 2021). The analysis first revealed that gender did not significantly moderate the effect of children's internalizing symptoms on negative affect surrounding disclosure, $t(203) = 0.13, p = 0.89$ (Figure 4). It also revealed that gender did not significantly moderate the relation between negative affect surround disclosure and children's likelihood of disclosure about bullying, $t(199) = 1.18, p = 0.24$. However, analyses revealed a significant effect of gender on the *c'* path, suggesting that gender significantly moderated the relation between children's internalizing symptoms and likelihood of disclosure about bullying $t(199) = -1.97, p < .05$. To reduce likelihood of a Type 1 error and confirm results, a separate moderation model of the effect of gender on the relation between children's level of internalizing symptoms and likelihood of disclosure about bullying was run (Figure 5). Results confirmed that children's likelihood of telling a teacher when bullied was greatly affected by their level of internalizing symptoms, depending on their self-reported gender, $t(199) = -1.97, p < .05$.

Discussion

The current study tested the interplay between five variables: children's experiences of peer victimization at school, level of internalizing symptoms, likelihood of telling an adult about school bullying, negative affect surrounding anticipation of disclosure to adults about bullying, and self-reported gender. I first hypothesized that children who were victimized by peers would be less likely to tell an adult when bullied if they experienced concurrent internalizing

symptoms, and that this relation would be more robust for girls. This hypothesis was tested using a moderation analysis (Model 2) examining the two-way interaction between gender (variable W_1), peer victimization (variable W_2) and children's level of internalizing symptoms (variable X) on their likelihood of telling an adult when bullied (variable Y). Next, I examined whether children's negative emotions experienced in anticipation to telling an adult when bullied would exacerbate the effect of their internalizing symptoms on their likelihood of telling an adult. I tested a moderated mediation model (Model 4) to determine whether boys (variable W) would be least likely to disclose to teachers when bullied (variable Y) if they experienced subsequent internalizing symptoms (variable X), and this would be due to the negative emotions felt when determining whether to disclose (variable M). Results did not reveal a significant association between children's internalizing symptoms and likelihood of disclosure as it pertained to their negative affect related to disclosure, and gender was also not found to significantly moderate this association. However, results revealed that the effect of children's internalizing symptoms on their likelihood of telling an adult when bullied was greatly dependent on their gender in that girls with internalizing symptoms were more likely to tell an adult when bullied than their male peers.

Outcomes from Model 1, which examined whether the effect of children's internalizing symptoms on their likelihood of disclosure was dependent on their level of experienced peer victimization were not significant; however, outcomes were trending in the direction of significance. Previous research suggests that children with higher levels of internalizing symptoms are less likely to tell an adult when bullied, especially if their level of victimization is high (Cortes & Kochenderfer-Ladd, 2014). Cortes and Kochenderfer-Ladd (2014) found that classrooms can typically be distinguished one of two ways: positive, which exhibits high

amounts of telling and low amounts of victimization, or negative, which exhibits low amounts of telling but high amounts of victimization within the classroom. It is possible that the lack of significant results in the current study's moderation model might have been due to inconsistency with child reporting such that some participating classrooms may have fit the "positive" category set forth by Cortes & Kochenderfer-Ladd (2014), and some may have fit the "negative" category. Future research should further examine perceptions of the classroom environment from the perspective of the students, which might shed light as to what factors influence children's disclosure to teachers about bullying.

In addition to the "tone" of the classroom, Cortes & Kochenderfer-Ladd (2014) also found that children's perceptions of their teacher's response to bullying was predictive of telling the teacher. Specifically, teachers may tell victims to ignore their bully, encourage children to assert themselves in bullying situations, involve parents of the victimized child and bully, or punish the bully (Cortes & Kochenderfer-Ladd, 2014). Although outside the scope of the current study, further examination is warranted to determine if children who are victimized and experience internalizing symptoms might be less likely to tell an adult due to their perception of the teacher's response. Cortes & Kochenderfer-Ladd (2014) speculated that children might be sensitive to social cues within the classroom, which influences their relational schemas and determines whether they find their classroom teacher as someone safe to whom they could disclose. Unfortunately, this perception may also vary based on child gender (Model 2). For example, teachers might treat boys and girls differently and might tend to be more dismissive of boys' feelings when disclosing than girls (Hunter et al., 2004). Previous research has also shown that children who perceive their teachers to be unlikely to help, or that their school climate is permissive of bullying, are less likely to tell a teacher when bullied (Eliot et al., 2010; Unnever

& Cornell, 2004). Thus, the likelihood of disclosure may be more complicated and nuanced due to a combination of factors that interplay within a classroom setting. While the present study focused on five factors, future research may benefit from incorporated additional variables to determine how child disclosure is determined.

Alternatively, Hong et al. (2020) suggests that peer victimization might be better explained through a trauma lens, and children who are persistently victimized by peers might have greater negative psychosocial effects than peers who have limited experiences with peer victimization. Interestingly, Unnever & Cornell (2004) suggest that children who experience victimization over longer periods of time (e.g., a year) are more likely to tell an adult when bullied than children who are bullied over shorter periods of time (e.g., a week). Taken together, it is possible that although children who are persistently victimized experience more negative psychosocial effects (e.g., internalizing symptoms), they are more likely to seek help from teachers. While the present study veered from this outcome, it may be due to the sample's average rate of responding on items related to bullying. Indeed, children's ratings on bullying experiences in the current study were low, suggesting that either most children in the sample were not persistently victims or that persistent victims of bullying were removed from analyses as they may have been conceptualized in the parent study as outliers compared to other participant responses. Thus, the negative trend of results might have been due to endorsements from children who were occasionally bullied but not persistently.

Albeit results were not significant, the tested two-way interaction between gender, peer victimization, and children's level of internalizing symptoms (Model 3) suggested that girls who have been bullied and experience concurrent internalizing symptoms may have been more likely to tell an adult than boys. This outcome parallels previous findings within the literature

(Blomqvist et al., 2020; Cortes & Kochenderfer-Ladd, 2014). Blomqvist et al. (2020) speculated that these differences might be due to social norms in the peer group, as boys are often expected to handle problems on their own and might even cope by reacting aggressively instead of seeking help from others. Girls also might be more likely to tell a teacher when bullied because seeking social support has long been deemed more socially acceptable (Cortes & Kochenderfer-Ladd, 2014). Cortes & Kochenderfer-Ladd (2014) noted that boys are often socialized to display an image of independence and self-reliance, which might further deter them from help-seeking in the face of bullying. They also found that peer ratings of boys' bullying tendencies predicted a decreased likelihood of telling a teacher when bullied, such that boys who were labeled as a "bully" were less likely to tell a teacher about bullying. Specifically, the researchers speculated that boys might be more likely to view their own aggressive behaviors as self-defense; therefore, they might not believe they need to tell a teacher when bullied. Girls, on the other hand, have been found to be less aggressive than boys in general (Card et al., 2008; Ostrov & Keating, 2004). This tendency may make their victimization experiences even more distressing thus leading to a higher likelihood of disclosure. However, encouraging boys to tell a teacher when bullied instead of reacting aggressively might be doing more harm than good. Kochenderfer-Ladd and Skinner (2002) found that help-seeking when bullied served a protective function for girls but placed boys at a higher risk of peer rejection and other negative consequences. Cortes and Kochenderfer-Ladd (2014) note that future research should try to examine and identify alternate strategies for boys to seek help, and how to improve teacher interventions to prevent further rejection and victimization for those who seek help.

Next, it was hypothesized that children's negative affect experienced in anticipation to telling an adult would mediate the relation between children's level of internalizing symptoms

and their likelihood of disclosure (Model 2), and these findings would be more robust in boys (Model 4). However, results found that children with internalizing symptoms were more likely to report heightened negative affect in anticipation to disclosure but were no less likely to tell a teacher when bullied, compared to peers. Gender did not significantly influence results either. As such, it is possible that children's internalizing symptoms may not act as a barrier to disclosure, but children with internalizing symptoms would likely feel worse while doing so. According to the *Diagnostic and Statistical Manual of Mental Disorders- 5th Edition Text Revision* (DSM-5-TR; American Psychological Association, 2022), an important characteristic of social anxiety disorder (SAD) is a significant fear of negative evaluation. However, the DSM-5-TR also notes that those with social anxiety are not always avoidant of particular social situations, but instead might endure them with great distress. The measure used to determine levels of internalizing symptoms in the current study assessed for symptoms characteristic of social anxiety, generalized anxiety, and depression. Although not assessed in the current study, it is possible that participants high in internalizing symptoms might have greater likelihood of experiencing symptoms characteristic of SAD, which might explain their likelihood of telling a teacher when bullied while enduring with greater negative affect, or distress, than peers. McDonagh and Hennessy (2022) speculate that help-seeking in children with social anxiety or other internalizing symptoms might be particularly intimidating, and children with internalizing symptoms might be likely to perceive help-seeking behaviors as humiliating or embarrassing. Future research should examine children's likelihood of disclosure as it pertains to different internalizing symptoms and disorders separately, as it is possible that results from the current study might have been significant had I not examined the broader concept of internalizing symptoms, but more so the

specific effects of each internalizing disorder (e.g., social anxiety, generalized anxiety, depression).

Alternatively, it is possible that the present study's sample did not often disclose bullying to their teacher regardless of internalizing symptoms. If rates of disclosure are low, those with internalizing symptoms and those without may look quite similar regarding their likelihood of disclosure. Therefore, much of the present study's outcomes could be due to the sample obtained.

Indeed, the present study should be interpreted considering several limitations. One possible explanation for the lack of hypotheses support may be due to the skewed participant responding. A closer look at the frequencies of responses to each item on the RCADS revealed that children in this study did not report high levels of internalizing symptoms; in fact, most did not endorse any internalizing symptoms at all. It is possible that exploring the small subset of children reporting internalizing symptoms may have yielded differing results; however, due to the small sample size, their experiences were likely overshadowed by their peers. Future research should examine children's likelihood of disclosure in populations with higher amounts of internalizing symptoms, such as subclinical or outpatient populations of children with anxiety or depressive disorders. Frequencies of responses also indicated that children were highly likely to tell a teacher when bullied which is consistent with other samples exploring elementary students (Newman, 2008). It is possible though that the frequencies of such responses might also be due to a response bias, such as a social desirability bias. According to Camerini & Shulz (2018), children are especially prone to providing socially desirable answers on questionnaires when in the presence of adults. The authors speculated that children might be more likely to respond to questions in a way that pleases adults to receive social approval (Camerini & Shulz, 2018;

Crandall et al., 1965). In the present study, children may have responded by overreporting their likelihood of disclosure and underreporting levels of bullying in the classroom while in the presence of their teacher/s and the study staff.

Another possibility for bias in responding may have been due to the utilized questionnaires. Specifically, items on the Disclosure Affect questionnaire administered may have been worded in a way to exacerbate potential biases. The Disclosure Affect scale (Cavell et al., 2018) assumes that participants in the study *will not* tell a teacher when bullied, due to the negative feelings assumed to be associated with telling. The scale does not consider the possibility that regardless of negative emotions experience, children might still be likely to tell a teacher when bullied, as evidenced by the results of this study. With this, the scale used to examine children's likelihood of disclosure to teachers about bullying was a modified version of a validated measure, and the version used in the current study was not validated. Although the Cronbach's alpha for this measure showed adequate reliability, it is possible that the measure used demonstrated only face validity and might not have measured what was intended. More specifically, the WWID measure was modified in a way to measure intent to disclose but might have been instead measured children's perceptions of what was expected of them when bullied.

Further, the current study was limited in that it did not examine racial/ethnic differences in children's internalizing symptoms and their likelihood of disclosure. Findings from Rodriguez Hidalgo (2019) suggest that students of color are reluctant to disclose to teachers when bullied if their teacher is not of the same racial or ethnic group. Previous research has also found that students of color are significantly less likely than white students to report having a supportive relationship with their schoolteacher (Saft & Pianta, 2001), which might further deter them from seeking help when bullied. Redding (2019) noted the stronger relationship children had with

teachers from similar ethnic or cultural backgrounds may be explained by shared cultural beliefs. Although participants in the current study were racially and ethnically diverse, the current study did not examine teacher race/ethnicity. However, according to the Arkansas Department of Education (2022) about 91.9% of teachers within the Springdale school district are white. Future research should examine broader differences in racial and ethnic group attitudes towards telling a teacher when bullied as well as if children who are bullied are more likely to feel safe telling a teacher of similar cultural, racial, or ethnic backgrounds.

Overall, findings from this study indicated that children with internalizing symptoms might experience more negative affect regarding telling a teacher when bullied. Findings also suggest that boys with internalizing symptoms are the least likely to tell a teacher when bullied, compared to peers. It is postulated that the current study's findings diverged from the literature for several reasons including the lack of exploration into important contributing factors in disclosure such as teacher characteristics (e.g., support), classroom tone, desirability bias, and racial or cultural factors. Extensive work needs to be done to capture the complexity of child disclosure of bullying within classroom settings. This knowledge can then help inform how to increase safety and lower instances of bullying in schools to make it a safer place for all children.

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Table 1*Means, standard deviations, and correlations with confidence intervals*

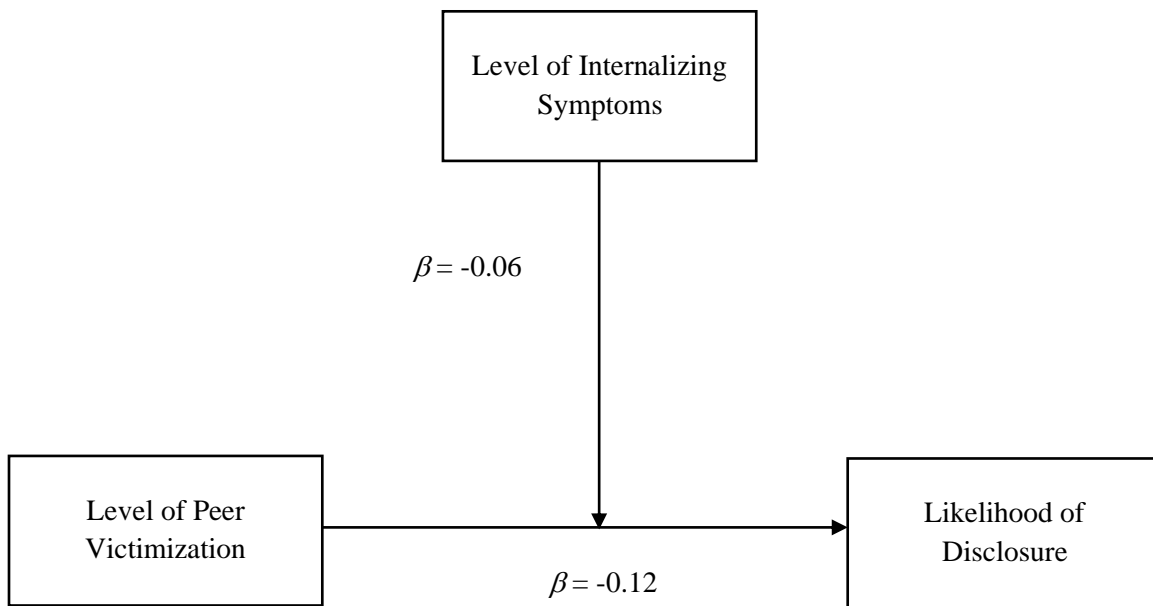
Variable	<i>M</i>	<i>SD</i>	1	2	3
1. Likelihood of Disclosure	2.89	0.79			
2. Negative Affect	2.56	1.14	-.09 [-.21, .04]		
3. Internalizing Symptoms	2.10	0.56	-.08 [-.21, .06]	.19** [.06, .32]	
4. Peer Victimization	0.90	0.82	-.04 [-.15, .07]	.11 [-.02, .23]	.45** [.33, .55]

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The confidence interval is a plausible range of population correlations that could have caused the sample correlation (Cumming, 2014).

* = $p < .05$. ** = $p < .01$.

Figure 1

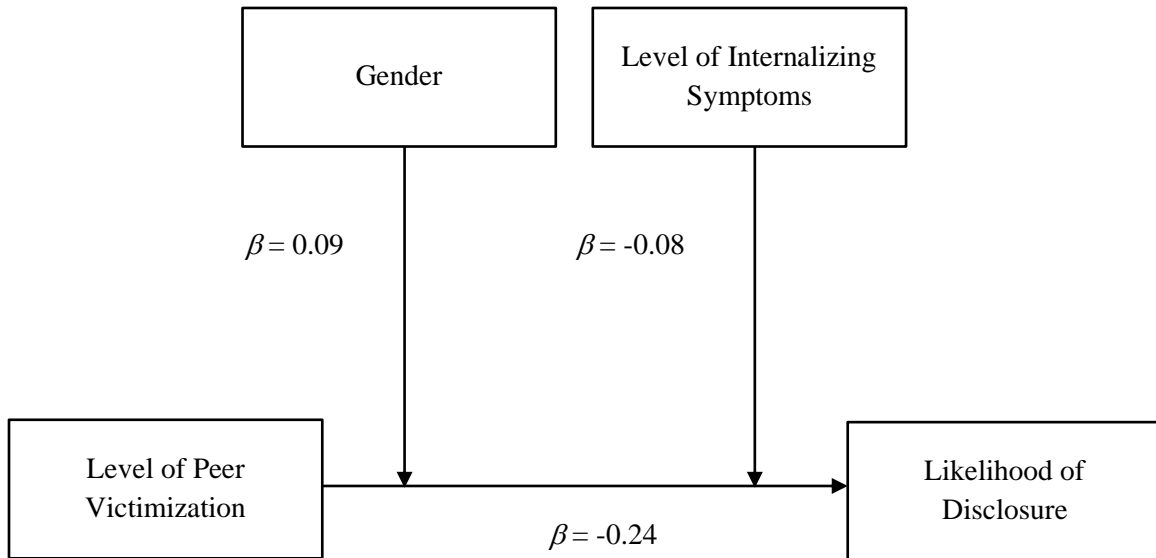
Children's Level of Internalizing Symptoms as A Moderator in The Interaction Between Peer Victimization and Likelihood of Disclosure



Note. * = $p < .05$. ** = $p < .01$.

Figure 2

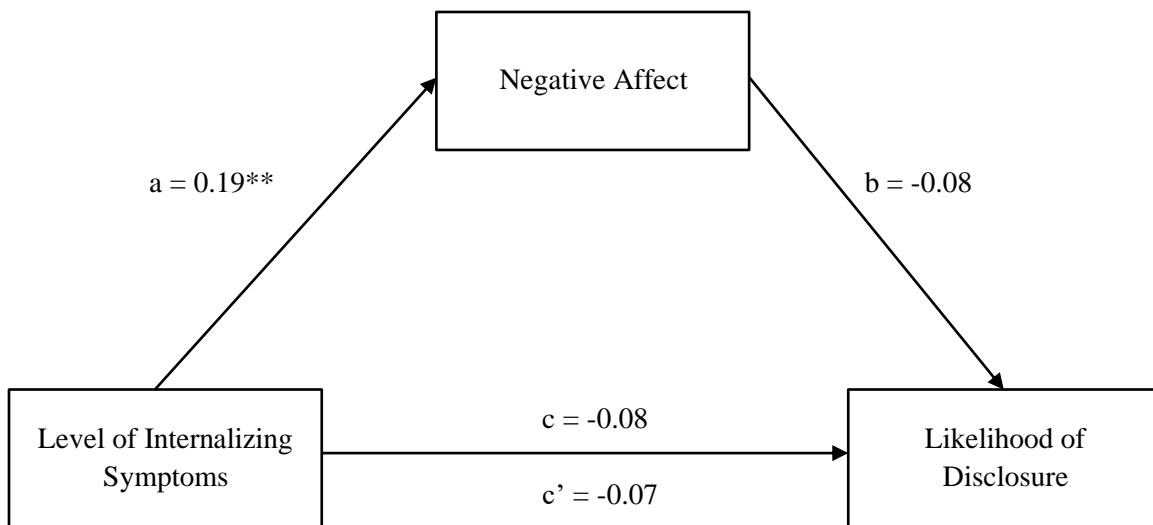
The Two-Way Interaction of Gender and Internalizing Symptoms on The Relation Between Children's Peer Victimization and Likelihood of Disclosure



Note. * = $p < .05$. ** = $p < .01$.

Figure 3

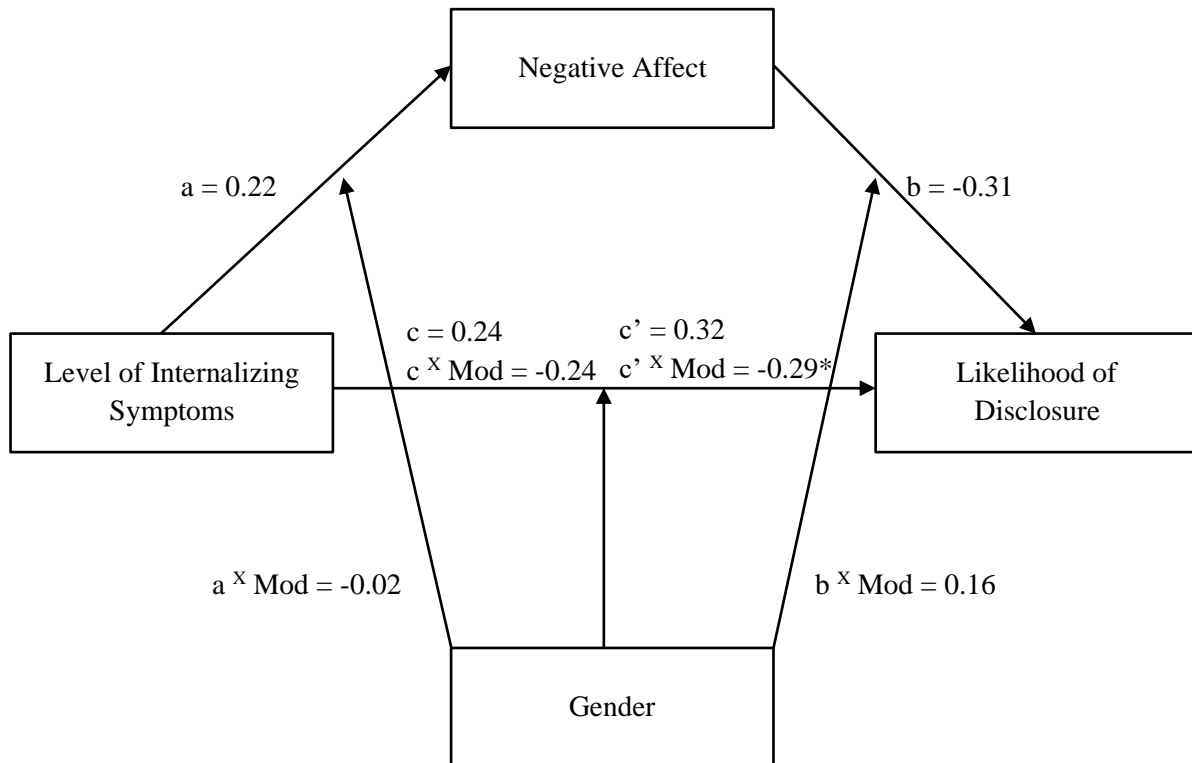
Children's Negative Affect Surrounding Disclosure as A Mediator in The Relation Between Internalizing Symptoms and Likelihood of Disclosure



Note. * = $p < .05$. ** = $p < .01$.

Figure 4

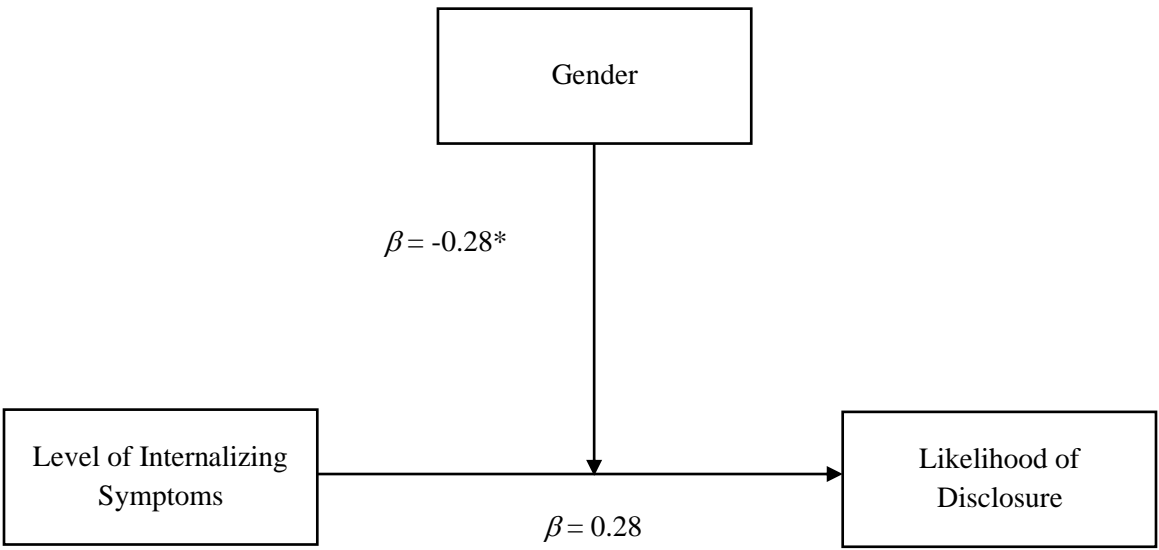
A Moderated Mediation Model of Gender, Internalizing Symptoms, Negative Affect Surrounding Disclosure, and Likelihood of Disclosure



Note. $*$ = $p < .05$. $**$ = $p < .01$.

Figure 5

Gender Moderates The Relation Between Children's Internalizing Symptoms and Likelihood of Disclosure



Note. * = $p < .05$. ** = $p < .01$.

Appendix A

SEQ

Please read the statements below and circle the number that shows how often each of these things happens to you. Follow the number scale shown in the box below. There are no right or wrong answers.

1. How much do the kids in your class call you mean names?				
0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
2. How much do the kids in your class hit you?				
0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
3. How much do the kids in your class like each other as friends?				
0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
4. How much do the kids in your class say hurtful things to you?				
0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
5. How much do YOU tease other kids, or call them mean names, or say hurtful things to them?				
0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
6. How much do the kids in your class say mean things or tell lies about you to other kids?				
0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
7. How much do the kids in your class kick you?				
0	1	2	3	4

Never	A Little	Sometimes	Often	Very Often
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8. How much do the kids in your class try to help you if you are being picked on by other kids?

0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
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9. How much do the kids in your class tell you that you CAN'T play with them?

0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
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10. How much do YOU tell other kids they can't play with you, or NOT invite them to things to get back at them, or say mean things or tell lies about them to other kids?

0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
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11. How much do the kids in your class get along with each other?

0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
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12. How much do the kids in your class tease you at school?

0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
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13. How much do the kids in your class NOT invite you to things to get back at you for something?

0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
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14. How much do the kids in your class push you?

0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often
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15. How much do YOU hit, or push, or kick other kids in your class?

0	1	2	3	4
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Never	A Little	Sometimes	Often	Very Often
16. In my class, EVERYBODY is my friend.				
0 Never	1 A Little	2 Sometimes	3 Often	4 Very Often

Appendix B

RCADS

Please read the statements below and circle the number that shows how often each of these things happens to you. Follow the number scale shown in the box below. There are no right or wrong answers.

1. I worry about things.			
1 Never	2 Sometimes	3 Often	4 Always
2. I feel sad or empty.			
1 Never	2 Sometimes	3 Often	4 Always
3. Nothing is much fun anymore			
1 Never	2 Sometimes	3 Often	4 Always
4. I have trouble sleeping.			
1 Never	2 Sometimes	3 Often	4 Always
5. I worry that something awful will happen to someone in my family.			
1 Never	2 Sometimes	3 Often	4 Always
6. I have problems with my appetite.			
1 Never	2 Sometimes	3 Often	4 Always
7. I have no energy for things.			
1 Never	2 Sometimes	3 Often	4 Always

8. I am tired a lot.			
1 Never	2 Sometimes	3 Often	4 Always
9. I worry that bad things will happen to me.			
1 Never	2 Sometimes	3 Often	4 Always
10. I cannot think clearly.			
1 Never	2 Sometimes	3 Often	4 Always
11. I worry that something bad will happen to me.			
1 Never	2 Sometimes	3 Often	4 Always
12. I feel worthless.			
1 Never	2 Sometimes	3 Often	4 Always
13. I worry about what is going to happen.			
1 Never	2 Sometimes	3 Often	4 Always
14. I think about death.			
1 Never	2 Sometimes	3 Often	4 Always
15. I feel like I don't want to move.			
1 Never	2 Sometimes	3 Often	4 Always
16. I feel restless.			
1 Never	2 Sometimes	3 Often	4 Always

Appendix C

WWID?

Please read the statements below and circle the number that you most agree with. Follow the number scale shown in the box below. There are no right or wrong answers.

1. If I was hit, pushed, or kicked I would tell the teacher what happened.				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree
2. If I was called mean names behind my back I would tell the teacher what happened.				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree
3. If I was yelled at or teased I would tell the teacher what happened.				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree
4. If I was hit, pushed, or kicked I would tell my parents what happened.				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree
5. If I was called mean names behind my back I would tell my parents what happened.				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree
6. If I was yelled at or teased I would tell my parents what happened.				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree

Appendix D

D-A

Please read the statements below and circle the number that you most agree with. Follow the number scale shown in the box below. There are no right or wrong answers.

I would not tell the teacher if I was bullied or teased because I would feel...

1. Guilty				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree
2. Embarrassed				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree
3. Ashamed				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree
4. Humiliated				
1 Strongly Disagree	2 Disagree	3 Neither	4 Agree	5 Strongly Agree