

Boise State University

ScholarWorks

Counselor Education Faculty Publications and
Presentations

Department of Counselor Education

12-2021

The Relationship Between Witnessing Bullying, Defending Targets, and Internalizing Symptoms: An Analysis of Gender Differences Among Sixth-Grade Students

Aida Midgett

Boise State University

Diana M. Dumas

Boise State University

Matt Peck

Boise State University

Amanda Winburn

University of Mississippi

Publication Information

Midgett, Aida; Dumas, Diana M.; Peck, Matt; and Winburn, Amanda. (2021). "The Relationship Between Witnessing Bullying, Defending Targets, and Internalizing Symptoms: An Analysis of Gender Differences Among Sixth-Grade Students". *Professional School Counseling*, 25(1). <https://doi.org/10.1177/2156759X211058159>

This article is protected by copyright and reuse is restricted to non-commercial and no derivative uses. Users may also download and save a local copy for the user's personal reference.

Midgett, A., Dumas, D.M., Peck, M., and Winburn, A. "The Relationship Between Witnessing Bullying, Defending Targets, and Internalizing Symptoms: An Analysis of Gender Differences Among Sixth-Grade Students", *Professional School Counseling*, 25(1). Copyright © 2021, American School Counselor Association. Reprinted by permission of SAGE Publications. <https://doi.org/10.1177/2156759X211058159>

**The Relationship Between Witnessing Bullying, Defending Targets, and Internalizing
Symptoms: An Analysis of Gender Differences Among Sixth Grade Students**

Aida Midgett*

Boise State University
aidamidgett@boisestate.edu

Diana M. Dumas

Boise State University

Matt Peck

Boise State University

Amanda Winburn

University of Mississippi

Abstract

We examined the moderating effect of gender on witnessing bullying, defending, and internalizing symptoms among sixth grade students ($N = 137$) at one Northwestern middle school. Results indicated for females, witnessing bullying was positively associated with depressive symptoms and social anxiety, whereas for males, defending was positively associated with depressive symptoms. Findings suggest the importance of equipping females with strategies to cope with witnessing bullying and providing males with appropriate intervention skills for defending targets.

Keywords: bullying; bystander; defending behavior; depressive symptoms; social anxiety

Bullying, which is defined as “unwanted aggressive behavior(s) by another youth or group of youths, who are not siblings or current dating partners, that involves an observed or perceived power imbalance, and is repeated multiple times or is highly likely to be repeated” (2020, p. 1) is a significant problem for youth in the United States (U.S. Department of Education, 2019). Although bullying reaches its peak in 6th grade, it is problem for elementary school students with as many as XX of elementary school students reporting bullying to an adult.

Much research has been conducted establishing the association between bullying victimization and negative associated outcomes for elementary school students including: somatic symptoms (Ching et al., 2015; Rivers et al., 2009; van Geel et al., 2016), post-traumatic stress (Nielsen et al., 2015), social anxiety (Pabian & Vanderbosch, 2016; Silberg et al., 2016; Storch et al., 2005), anxiety, depression (Copeland et al., 2013; Evans et al., 2019; Rivers et al., 2009), suicidal ideation, and suicide attempts (Copeland et al., 2013; Holt et al., 2015; Nielsen et al., 2015). Additionally, negative outcomes extend beyond those who are target to students who witness bullying as bystanders.

The Role of Bullying Bystanders

Researchers have documented that the vast majority of students, approximately 80%, report observing bullying as a bystander (Wu et al., 2016). A bystander is a student who witnesses a bullying situation but is not the target or perpetrator (Twemlow et al., 2004). Bystanders can engage in bullying by encouraging the bully or bullies acting as “assistants” or “reinforcers,” walking away from bullying situations acting as “outsiders,” or attempting to intervene acting as “defenders” on behalf of targets (Salmivalli et al., 1996, p. 15). Because bullying often occurs with a peer audience (Espelage et al., 2011; Salmivalli et al., 1996), when bystanders intentionally or unintentionally act as “assistants” of “reinforcers,” they reinforce the

perpetrator (Salmivalli et al., 2011), thereby increasing the social status of the perpetrator. However, a single high status student or a group of students acting as “defenders” can shift attention and power away from the perpetrator (Salmivalli et al., 2011), discontinuing reinforcement, modeling pro-social behavior, and providing social support for targets. Students can use defending behavior to directly intervene to stop bullying, comfort the target, or ask for the help of an adult (Cowie, 2000). Researchers have identified gender differences among bystanders, with study findings suggesting that relative to male students, female students are more likely to witness bullying (Lambe et al., 2017) and are more likely to defend targets (Porter & Smith-Adcock, 2018).

The majority of studies investigating bystander behavior focus on what motivates bystanders to intervene (e.g., Espelage et al., 2012; Porter & Smith-Adcock, 2018; Pozzoli et al., 2012; Thornberg & Jungert, 2013; van der Ploeg et al., 2017). For example, pro-victim attitudes (Pozzoli et al., 2012), perceived pressure to intervene (Porter & Smith-Adcock, 2018; Pozzoli et al., 2012), basic moral sensitivity to bullying (Thornberg & Jungert, 2013), self-efficacy (Thornberg & Jungert, 2013; van der Ploeg et al., 2017), and empathy (van der Ploeg et al., 2017) are positively associated with defending behavior. In contrast, pro-aggressive attitudes (Datta et al., 2016) and pro-bullying norms (Machackova & Pfetsch, 2016) are positively related to bystander reinforcement of bullies and perceived peer pressure and pro-bullying norms are related to passive bystander behavior (Pozzoli et al., 2012). Further, researchers have found that students who overestimate peers’ approval of bullying report lower levels of defending behavior and higher levels of joining in (Sandstrom et al., 2013).

Mental Health Risks associated with Witnessing Bullying and Defending Behavior

In contrast to the extensive literature on motivations for bystander behavior, very few studies have investigated the relationship between witnessing bullying, defending behavior, and mental health outcomes. The limited research indicates that witnessing school bullying is positively related to depressive symptoms and anxiety (Midgett & Doumas, 2019; Rivers et al., 2009). Defending behavior is also positively related to depressive symptoms (Lambe et al., 2017; Wu et al., 2016), anxiety (Lambe et al., 2017), and social anxiety (Wu et al., 2016). . Additionally, both cumulative experiences of witnessing and engaging in defending behavior are positively associated with depression and anxiety (Evans et al., 2019). Researchers have also documented gender differences in the relationship between defending behavior and mental health outcomes, with males reporting depression and anxiety associated with defending behavior, while females do not report similar difficulties (Lambe et al., 2017).

Although results from these studies (i.e., Evans et al., 2019; Lambe et al., 2017; Midgett & Doumas, 2020; Rivers et al., 2009; Wu et al., 2016) provide initial evidence for school counselors and researchers to understand the experience of students who witness and intervene in school bullying, they each have limitations. For example, although depression and anxiety are both related to bullying perpetration and victimization (Fekkes et al., 2004; Hawker & Boulton, 2000), Lambe et al. (2017) and Evans et al. (2019) did not control for experiences with bullying in their analyses. Similarly, among these studies, only Lambe et al., (2017) examined gender differences in the relationship between witnessing bullying and internalizing symptoms. Lambe et al., (2017), however, measured internalizing symptoms with a 2-item scale with a low Cronbach's alpha ($\alpha = .64$). Additionally, only Wu et al. (2016) examined the construct of social anxiety. Although research indicates that perpetrators and targets of bullying are all at elevated risk for both anxiety (e.g., Rivers et al., 2009) and social anxiety (e.g., Pabian & Vandebosch,

2016), research suggests that when deciding to intervene, students who witness bullying may experience social anxiety related to fears of negative peer evaluation due to perceived pro-bullying social norms (Wu et al., 2016). Finally, the majority of these studies have been conducted with international samples (Lambe et al., 2017; Rivers et al., 2009; Wu et al., 2016), and with the exception of Midgett and Doumas (2019), study samples spanned middle school to high school. More research is needed to learn specifically about middle school students' experiences with witnessing bullying in the U.S., when bullying is at its peak.

The Role of the School Counselor

School counselors are well positioned to help combat bullying through prevention and intervention strategies. According to Goodman-Scott et al., (2013) school counselors recognize the importance of their role in school-wide bullying prevention in providing not only leadership, but also conducting classroom guidance, school-wide curriculum, and resources to support positive social behavior. Additional researchers have also found that professional school counselors are best suited within K-12 stakeholders to lead anti-bullying programs (Bauman, 2008; McCormac, 2014). School counselors can also be instrumental in developing policies that establish a school climate where bullying is perceived as unacceptable and consistently results in disciplinary action for perpetrators. School counselors can help develop shared bullying definitions for all school stakeholders (i.e., students, teachers, staff, administrators, and parents).

School counselors also play a vital role in selecting and implementing empirically supported bullying programming and training and encouraging students to intervene appropriately when they witness bullying (American School Counseling Association [ASCA], 2019). School counselors can implement empirically-supported programs that are proactive, providing targeted interventions or universal prevention programs for all students, the majority

of which report witnessing bullying as bystanders (Mariani, et al., 2015). For example, school counselors can implement programs such as social skills programs (i.e., Student Success Skills; Brigman & Webb, 2010) and brief bullying bystander interventions (i.e., STAC; Midgett et al., 2015) to reduce bullying behaviors. Researchers have found that when school counselors teach students prosocial skills through classroom programming, students report decreases in bullying behaviors (Mariani et al, 2015). Additionally, counselor-delivered bystander interventions in which students are taught to utilize developmentally appropriate skills to intervene in bullying situations, are effective in reducing bullying perpetration, (Midgett & Dumas, 2020; Midgett et al., 2017a; Midgett et al., Midgett et al., 2017a; 2017b) victimization (Dumas et al., 2021; Moran et al., 2020; Midgett et al., 2017b), and bias-based victimization (Moran et al., 2020). Data from a recent study, however, suggest that only half of the school counselors surveyed reported that they had received adequate training in bullying prevention (Swank et al., 2019). Because research indicates that school counselors are informed about bullying more than other mental health professionals in the school setting (i.e., school psychologists) (Blake et al., 2018), it is important for school counselors to understand the experience of bystanders, including the mental health risks associated with witnessing bullying and defending behavior.

The Present Study

To date, we could find no study that has examined gender as a moderator of the relationship between witnessing school bullying, defending behavior and internalizing symptoms while controlling for experiences with bullying perpetration and victimization. The purpose of the current study is to address this gap in the literature. To achieve this aim, we used a cross-sectional design to examine the relationship between witnessing bullying, defending behavior, depressive symptoms and social anxiety in a sample of middle school students in the U.S. We

selected depressive symptoms and anxiety as a primary outcome variable as these are the mental health risks reported across the limited studies examining witnessing bullying (Evans et al., 2019; Midgett & Doumas, 2019; Rivers et al., 2009) and defending behavior (Evans et al., 2019; Lambe et al., 2017). We were particularly interested in social anxiety as researchers have documented that bystanders and defenders may be particularly vulnerable to this form of anxiety, due to anticipated negative peer evaluation related to perceived pro-bullying norms (Wu et al., 2016). Additionally, we selected sixth grade students because prevalence data indicates that bullying peaks in sixth grade when students transition from elementary to middle school (U.S. Department of Education, 2019). We were interested in answering the following research questions: (a) Does gender moderate the relationship between witnessing bullying and depressive symptoms and social anxiety over and above the effects of bullying victimization and perpetration? and (b) Does gender moderate the relationship between defending and depressive symptoms and social anxiety over and above the effects of bullying victimization and perpetration?

Methods

Research

We used a cross-sectional survey design with a convenience sample recruited from one middle school in the Northwest. Participants completed a brief survey assessing experiences with school bullying perpetration and victimization, witnessing school bullying, defending behavior, depressive symptoms, and social anxiety. The University Institutional Review Board and the School District approved all research procedures.

Participants

The research team invited all sixth grade students from one Northwestern middle school to participate in the study. The middle school had a total student enrollment of 972 students, with a student body comprised of 52.0% of students identifying as White, 43.1% Hispanic, 3.0% Multiracial, 0.8% Asian American, 0.7% Black/African American, and 0.3% Native American or Alaska Native. In addition, 57.0% of the school's population qualified for free or reduced lunch. Of the 147 participants in the sample, 59.2% reported their gender as female and 38.8% reported as male, and 2.0% did not report gender. Participant ages ranged from 11-12 years old ($M = 11.45$, $SD = .50$), with reported ethnic or racial backgrounds of 52.1% White, 30.7% Hispanic, 2.2% African American, 1.4% Asian American, and 13.6% Multiracial or Other. We conducted an a priori power analysis using the G*Power 3.1.3 program (Faul et al., 2007) for a hierarchical regression. Results of the power analysis indicated a sample size of 92 is needed for power of 0.80 to detect a medium effect size of .15 for the R^2 increase with an alpha level of .05. Thus, our sample is adequate for our analyses.

Procedures

The team recruited all sixth grade students ($N = 354$) from one Northwestern middle school to participate in the study. The school was selected because the school counselor was interested in partnering with the university to deliver a bullying intervention. This study was part of a larger project the research team (i.e., two faculty members in counselor education, a doctoral student in Counselor Education and Supervision, and several MA in Counseling students) engaged in with the school. In addition to the partnership with the research team, the school was implementing an online program to teach students life-skills across a variety of topics including bullying, violence, and anger. Further, all teachers in the district were trained in fostering trauma sensitive classrooms and resilient learners.

Parents/guardians received an email from the principal with information about the study and an informed consent form for them to sign if they agreed to their child's participation. The school counselor also visited all sixth grade classrooms and hand delivered consent forms to students to take home to their parents/guardians if they were interested in participating. School personnel reminded students during morning announcements to return the signed informed consent form to their teacher or school counselor if they were interested in participating in the study. Students who returned a completed informed consent form received one piece of candy from their teacher or school counselor to incentivize their participation. Immediately prior to data collection, students with parental consent provided assent before completing the study survey. A total of 147 (41.5%) students returned a signed parent-guardian consent form and assented to participate. Students completed self-report surveys during class time in their first period classroom. Doctoral and MA in Counseling students collected the data on the same day of the same week for all students. Data collection occurred in the fall semester, in paper/pencil form, and took approximately 30 minutes to complete. A faculty member and a doctoral student in counselor education, as well as several master's level students in counseling collected the data. While participants completed the research packet, non-participants completed crossword puzzles.

Measures

Bullying Perpetration, Victimization, and Witnessing Bullying

We utilized the global items from the Olweus Bullying Questionnaire (OBQ; Olweus, 1996) to measure the frequency of bullying perpetration, victimization, and witnessing bullying in the past 30 days. As part of the questionnaire, participants were provided with a definition of bullying that includes specific examples of different types of bullying (i.e., physical, verbal, and relational bullying). Further the definition clarifies what bullying is (e.g., actions happen

repeatedly, difficult for student being bullied to defend themselves, or being teased repeatedly in a mean or hurtful way) and what bullying is not (e.g., teasing in a friendly way or two students of equal power arguing or fighting). Students are then asked to complete the following item: “How often have you taken part in bullying another student at school in the past 30 days?” to measure bullying perpetration, “How often have you been bullied at school in the past 30 days?” to measure bullying victimization, and “How often have you seen another student being bullied at school in the past 30 days?” to measure witnessing bullying. Participants rated the items on a 5-point Likert Scale ranging from 0 (*I Have Not*) to 4 (*Several Times a Week*). This 3-item measure takes approximately 3 minutes to complete. The Olweus global bullying items have been used in prior research with K-12 students to assess bullying (e.g., Axford et al., 2020; Olweus et al., 2019; DeSmet et al., 2018). The global items have strong psychometric properties including construct validity demonstrated with high correlations with other measures of bullying victimization and internalizing symptoms (Solberg & Olweus, 2003) and peer nominations of students who perpetrate bullying behaviors (Lee & Cornell, 2010). The OBQ was designed to be used by students ranging from 3rd through 12th grade (Olweus, 2007).

Defending Behavior

We utilized the 3-item defender subscale of the Participants Roles Questionnaire (PRQ; Salmivalli et al., 2005) to measure defending behavior students may use when witnessing bullying. The subscale includes the following items: “I comfort the victim or encourage him/her to tell the teacher about the bullying,” “I tell the others to stop bullying,” and “I try to make the others stop bullying” to measure defender behavior. Participants rated the items on a 3-point Likert Scale ranging from 0 (*Never*) to 2 (*Often*). Items are summed to create a total score. The subscale takes approximately 2 minutes to complete. High scores reflect higher levels of

defending behavior. The scale was designed to be used by students aged 9-12 (Salmivalli et al., 2005). Researchers have demonstrated moderate test-retest reliability for the defender scale (.53 over a two year period) and construct validity between self-reported roles and sociometric status (e.g., popular, rejected, average) and peer-nominations (Goossens et al., 2006). The defender subscale has moderate to good internal reliability ranging from $\alpha = .79$ to $.93$ (Camodeca & Goossens, 2005; Salmivalli et al., 2005). For the current sample, $\alpha = .87$.

Depressive Symptoms

We utilized the 20-item Center for Epidemiological Studies Depression Scale for Children (CES-DC; Weissman et al., 1980) to measure depressive symptoms. The CES-DC uses a 4-point Likert Scale where participants rate items ranging from 0 (*Not at All*) to 3 (*A Lot*). Example items include “I was bothered by things that usually don’t bother me,” “I felt like I was too tired to do things,” and “I felt sad.” All items are summed to obtain a total score. The scale takes approximately 5 minutes to complete. The scale was designed to be used by children and adolescents aged 6-17; a score of 15 or above is considered to be indicative of clinically significant depressive symptoms (Weissman et al., 1980). Researchers have demonstrated construct validity between the CES-DC and the Children's Depression Inventory and the Social Adjustment Scale (Weissmann et al., 1980) and good (.70 over 1-3 weeks) to moderate (.53 over 3-9 months) test-re-test reliability (Gonzalez et al., 2017). Researchers have reported good internal reliability with a Cronbach α coefficient of .89 (Fendrich et al., 1990). For the current sample, $\alpha = .90$.

Social Anxiety

We measured social anxiety using the 22-item Social Anxiety Scale for Adolescents (SAS-A; La Greca & Lopez, 1998). For this study, we used a 9-item scale comprised of items

from the Social Avoidance and Distress Scale – General (SAD-General) and Fear of Negative Evaluation Scale (FNE) (see Willford et al., 2012). The SAD-General Scale is measures social distress and avoidance of peers; the FNE Scale measures fear, concern, and worry regarding negative evaluation from peers. Participants rate items on a 5-point Likert Scale ranging from 0 (*Not at All*) to 4 (*All the Time*). Example items include “I’m worried about what others say about me,” “I stay quiet when I am in a group of people,” and “I’m afraid others won’t like me.” Researchers sum items for a total score. The scale takes approximately 3 minutes to complete. High scores reflect higher levels of social anxiety. The scale was designed to be used by adolescents and has been normed on sixth through eleventh grade students (Inderbitzen-Nolan & Walters, 2000). Researchers have reported good construct validity through demonstrated associations between social anxiety and reported poorer social functioning (La Greca & Lopez, 1998), depressive symptoms (Inderbitzen-Nolan & Walters, 2000), and fewer friendships, less intimacy, companionship, and support in close friendships for girls (La Greca & Lopez, 1998). Researchers have also demonstrated moderate test-retest reliability (.62 for SAD-General; .55 for FNE over a 12-month period) (Storch et al., 2004) and adequate to good internal reliability with a Cronbach α coefficients ranging from .76 for SAD-General and .91 for FNE (Inderbitzen-Nolan & Walters, 2000). For the current sample, $\alpha = .94$.

Results

Data Analytic Plan

We examined all variables to confirm that distributions had acceptable skew and kurtosis and calculated bivariate correlations among predictor and dependent variables prior to conducting the main regression analyses. We examined the data for missing values and imputed missing data using linear interpolation (Sayin et al., 2017). Our aim was to assess the relationship

between witnessing school bullying, defending behavior, depressive symptoms, and social anxiety and the moderating effect of gender. To test this aim, we conducted two hierarchical regression analyses using interaction effects to test for moderation. We mean centered predictor variables to reduce problems of multicollinearity introduced into equations containing interaction terms (Aiken & West, 1991). We entered frequency of bullying perpetration and bullying victimization as control variables on Step 1. On Step 2, we entered gender, frequency of witnessing school bullying, frequency of defending behavior, and the two-way interaction terms gender x witnessing school bullying and gender x defending behavior. We plotted simple slopes to examine the direction and degree of significant interactions (Aiken & West, 1991). We set alpha levels for all tests at $p < .05$. We calculated effect size using the R^2 with .01 considered small, .09 considered medium, and .25 considered large (Cohen, 1969). We conducted all analyses using SPSS version 25.

Descriptive Statistics and Preliminary Analyses

Two participants did not indicate their gender and eight participants did not complete the bullying survey; we removed these ten participants from the sample resulting in a final sample of $N = 137$. We present means and standard deviations for outcome and predictor variables by gender and race/ethnicity in Table 1. Skew and kurtosis were satisfactory and did not substantially deviate from the normal distribution for all variables. Prior to conducting the regression analyses, we examined bivariate correlations for outcome and predictor variables (see Table 2). Although the correlation between the predictor variables was significant at $p < .05$ and $p < .01$, the variance inflation factor (VIF) ranged between 1.11 – 1.80, with corresponding tolerance levels ranging from .55 - .90. The VIF is well below the rule of thumb of $VIF < 10$ (Norman & Streiner, 2008), suggesting acceptable levels of multicollinearity.

Depressive Symptoms

We present results for the regression analyses for depressive symptoms in Table 3. The adjusted R^2 for the model was $R^2 = .24$. This is a large effect size. As seen in Table 3, the main effect for witnessing school bullying and defending behavior were not significant when controlling for bullying victimization and perpetration. However, the gender x witnessing school bullying and gender x defending behavior interaction terms were both significant. We present the significant two-way interactions for gender x witnessing school bullying and gender x defending behavior in Figure 1. Examination of the slopes in Figure 1 indicates for females, higher levels of depressive symptoms were related to higher levels of witnessing school bullying ($p = .001$), whereas the relationship between depressive symptoms and witnessing school bullying was not significant for males ($p = .06$). In contrast, as seen in Figure 2, for males, higher levels of depressive symptoms were related to higher levels of defending behavior ($p = .006$), whereas the relationship between depressive symptoms and defending behavior was not significant for females ($p = .53$).

Social Anxiety

We present results for the regression analyses for social anxiety in Table 3. The adjusted R^2 for the model was $R^2 = .11$. This is a medium effect size. As seen in Table 3, the main effect for witnessing school bullying and defending behavior were not significant when controlling for bullying victimization and perpetration. However, the gender x witnessing school bullying interaction term was significant. We present the significant two-way interaction for gender x witnessing school bullying in Figure 3. Examination of the slopes in Figure 3 indicates for females, higher levels of social anxiety were related to higher levels of witnessing school

bullying ($p = .03$), whereas the relationship between social anxiety and witnessing school bullying was not significant for males ($p = .37$).

Discussion

The purpose of this study was to examine the moderating effect of gender on witnessing school bullying and defending behavior on internalizing symptoms among sixth grade students in the U.S. We included previous experiences of bullying perpetration and victimization as control variables to examine the unique effect of bystander experiences on depressive symptoms and social anxiety. Results indicate that gender significantly moderated the relationship between witnessing school bullying and defending behavior and mental health risks over and above the effects of bullying perpetration and victimization. Moderation effects, however, were different for witnessing school bullying and defending behavior. Specifically, witnessing bullying was positively associated with both depressive symptoms and social anxiety for female students but not for male students. In contrast, defending behavior was positively associated with depressive symptoms for male students but not for female students and there were no effects for social anxiety.

To our knowledge, this is the first study to examine gender differences in the relationship between witnessing school bullying and internalizing symptoms specifically among sixth grade students. Results from this study parallel prior research indicating witnessing school bullying is positively associated with internalizing symptoms among middle school students (Evans et al., 2019; Midgett & Dumas, 2019; Rivers et al., 2009), even when controlling for the effects of bullying perpetration and victimization (Midgett & Dumas, 2019; Rivers et al., 2009). The current study extends the literature by replicating these finding among sixth grade students, suggesting that the mental health risks associated with witnessing bullying are evident in the

earliest year of middle school when school bullying is at its peak. Additionally, to our knowledge, this is the first study to examine gender effects, demonstrating the relationship between witnessing school bullying and internalizing symptoms among females only.

One explanation for the association between females witnessing school bullying and internalizing symptoms is that females report witnessing bullying more frequently than males (Lambe et al., 2017). Research indicates cumulative exposure to witnessing bullying is associated with both depression and anxiety. Thus, it is possible that exposure to bullying may exacerbate mental health risks for females. Although we did not find gender differences in frequency of witnessing bullying in the current sample, our measure only captured witnessing bullying in the past month. Had we measured witnessing bullying over a longer period of time, we may have seen gender differences in exposure. Alternatively, female students report higher levels of interpersonal sensitivity and empathy for others, as well as being more relationship-focused relative to male students (Rose & Rudolph, 2006). Thus, witnessing bullying may be more likely to evoke internalizing symptoms in females relative to males. Additionally, the prevalence of reports that bullying victimization negatively impacted their relationships, self-esteem, and physical health is higher for female students than male students (U.S. Department of Education, 2019). This relational stance, coupled with heightened sensitivity towards bullying victimization may lead female students to experience psychological co-victimization with the bullying target when witnessing bullying or re-victimization if they have experienced past bullying victimization (Kuther, 1999), thereby increasing depressive symptoms and social anxiety.

Regarding defending behavior, findings from the current study are consistent with prior research indicating defending behavior is associated with depressive symptoms for male students

but not for female students (Lambe et al., 2017). The current study extends the literature by demonstrating that defending behavior is uniquely associated with depressive symptoms, above and beyond students' experiences with bullying victimization and perpetration. One explanation for gender differences in the association between defending behavior and depressive symptoms is that males are more likely than females to be socially rejected by peers when they act as "defenders" (Salmivalli et al., 1996). Thus, it is possible that males may experience depressive symptoms following defending behavior because of the social rejection they experience within their peer group. Additionally, males tend to use direct forms of aggression in social situations, such as pushing or using profanity (Björkqvist et al., 1992), compared to females who are more likely to use nonaggressive defending behaviors (Hawkins et al., 2001). Thus, male students may be using more maladaptive defending behaviors (e.g., physical aggression) compared to females, which may be associated with depressive symptoms. Additionally, having an emotional reaction to witnessing bullying may be a critical factor in the decision to intervene. Females may choose to defend due to social pressures, while males may choose to defend because the bullying elicited distress (Cappadocia et al., 2012).

In contrast to prior research (Evans et al., 2019; Lambe et al., 2017; Wu et al., 2016), we did not find effects for social anxiety for defending behavior for males or females. This may be due to differences in the study sample (e.g., country of sample or age of sample) or the use of different constructs of anxiety, including anxiety specific to witnessing bullying (Lambe et al., 2017), combined depression and anxiety (Evans et al., 2019), and a different measure of social anxiety (Wu et al., 2016). Wu et al. (2016) measured social anxiety using a combination of items from the Social Phobia and Anxiety Inventory for Children (SPAI-C; Beidel et al., 1995) and the Social Anxiety Scale for Children (SASC-R; La Greca & Stone, 1993). Examination of the items

reveals that those used by Wu et al. (2016) reflected fear of negative evaluation, social distress, and avoidance of peers, as well as items more consistent with social phobia (e.g., “feeling afraid to perform or answer questions in public”) and social rejection (e.g., feeling afraid someone is laughing at you). Thus, it is possible that defending behavior may be related to more serious forms of fear of negative evaluation (e.g., social rejection) and social avoidance (e.g., social phobia) than the social anxiety construct measured in the current study. Had our measure of social anxiety included more serious feelings of social rejection, we may have found significant effects, particularly for males, as they are more likely to experience social rejection when they defend bullying targets (Salmivalli et al., 1996).

Limitations and Future Directions

Although this study adds to the limited research examining the moderating effects of gender on witnessing bullying and defending behavior on internalizing symptoms among middle school students, there are some limitations. First, because we utilized cross-sectional methodology, we cannot make statements about the causal direction of the relationship between witnessing and defending behavior and depressive symptoms and social anxiety. We recommend future research using a longitudinal design to determine the casual direction of the relationship between witnessing and defending behavior and depressive and social anxiety symptoms. Next, we recruited students from one middle school in the Northwest and our final sample was relatively small and predominantly White and Hispanic. Thus, future research with more diverse samples from multiple schools is needed to increase generalizability. We used a single item to measure each bullying construct (i.e., perpetration, victimization, witness). Although researchers often use the Olweus global items to measure bullying roles, use of a multiple-item scale may improve reliability and validity. Also, because the school was implementing concurrent

programming (i.e., social skills programming for students and teacher training in promoting trauma sensitive classrooms) during the time of our study, these programs could have influenced students experiences with bullying, depressive symptoms, and social anxiety, thereby limiting the generalizability of our findings.

Further, examination of mediators of the relationship between witnessing bullying and defending behavior and internalizing symptoms was beyond the scope of this study. Future research should examine the process by which witnessing bullying is related to internalizing symptoms for females and defending behavior is related to depressive symptoms for males. Additionally, identification of gender-specific protective factors is warranted to aid researchers and school counselors in future design and implementation of bullying prevention programs. Finally, studies testing the efficacy of gender specific interventions could be an important next step adding to the literature of bullying bystander interventions.

Implications for Practice

Findings from this study have important implications for middle school counselors. First, results indicate that being a bystander of school bullying is associated with internalizing symptoms over and above the effects of bullying perpetration and victimization. School counselors and personnel can benefit from understanding that the impact of bullying not only affects targets, but also extends to bullying bystander. Further, the gender differences that emerged in this study point to important differences for female and male bystanders. Specifically, for females, witnessing bullying is associated with mental health risks, whereas for males, the risks are associated with defending behavior. Because the vast majority of students (i.e., 80%) witness bullying as bystanders (Wu et al., 2016), it is imperative to address mental health risks for bystanders within prevention programs for bullying and to tailor these programs

based on student gender and associated mental health risk (i.e., depressive symptoms or social anxiety).

Results of this study replicate research indicating witnessing bullying is associated with depression and anxiety (Evans et al., 2019; Midgett & Doumas, 2019; Rivers et al., 2009). Thus, it is important for school counselors to recognize that students who witness bullying may be at risk for internalizing symptoms. For females, witnessing bullying in of itself is related to depressive symptoms and social anxiety, whereas male students report depressive symptoms related to defending behavior. These finding suggests regardless of gender, school counselors need to assess witnessing bullying with students who are experiencing internalizing symptoms. However, school counselors may need to address gender differences in their bullying prevention and intervention programs. For example, working with female students to identify feelings associated with witnessing bullying may be an appropriate strategy. Equipping female students with coping mechanisms to buffer mental health risks associated with witnessing bullying may help to reduce depressive symptoms and social anxiety. In contrast, male students may need specific training on how to effectively defend bullying targets. Providing males with appropriate intervention strategies for defending targets of bullying may help reduce overall bullying while minimizing the distress of the bystander. Additionally, creating a school climate supportive of defending behavior may buffer the association between defending behavior and male depressive symptoms. Students who attend schools in which intervening is a normative behavior report more defending behavior (Pozzoli et al., 2012). Further, defending behavior may be associated with fewer difficulties (or none at all) when youth feel supported by their peers and this may be protective, particularly for male students who experience social rejection as a result of defending behavior (Salmivalli et al., 1996).

School counselors can play a prominent role in providing counseling interventions to increase defending behavior (Porter & Smith-Adcock, 2018). Research evaluating bullying prevention programs that include bystander training have demonstrated significant reductions in internalizing symptoms among middle school students trained in the program (Midgett & Dumas, 2020; Midgett et al., 2016; Midgett et al., 2020; Williford et al., 2012). These effects may become even more pronounced when training is specific to student needs (e.g., equipping females with coping mechanisms to manage distress related to witnessing bullying and providing males with appropriate intervention strategies for defending targets). Implementing school-based programs that emphasize a bystander component (e.g., KiVA, Salmivalli et al., 2011) or stand-alone bullying bystander interventions (e.g., STAC, Midgett et al., 2015) can provide students with education about bullying and equip students with skills to reduce both bullying and the mental health risks for bystanders. However, tailoring programs to meet the specific needs of males and females may also be useful to address socio-emotional and behavioral processes related to witnessing bullying and intervening in bullying incidents that may be different for female and male students.

Implications from this study can be used to guide preventative programming for middle school counselors. School counselors are instrumental in their roles as leaders of school wide bullying prevention (Goodman-Scott et al., 2013). The ASCA National Model (2019), describes the role of the school counselor as being one that delivers a comprehensive school counseling program that focuses on academic, career, and social emotional development. The model also identifies school counselor who work within the model as being systemic change agents within their schools and school district. Although the American School Counseling Association (ASCA) National Model (2019) does not currently include specific recommendations related to bullying

prevention, the National Model does include the delivery of direct services such as individual counseling, classroom guidance, and small groups. Further, the ASCA Mindsets & Behaviors for Students Success (ASCA, 2021) include standards on social skills and self-management including fostering respect, empathy, sensitivity and communication skills among students. Implementation of these standards assist school counselors in the facilitation of their comprehensive school counseling program that include direct services focusing on topics such as bullying prevention, including bystander training.

Conclusion

This is the first study to examine the moderating effect of gender on witnessing bullying and defending behavior on internalizing symptoms among middle school students while controlling for bullying perpetration and victimization. Findings indicate for female students, witnessing bullying is positively associated with both depressive symptoms and social anxiety, whereas for male students, defending behavior is positively associated with depressive symptoms. Results underscore the importance of implementing gender specific bullying bystander interventions to reduce the negative outcomes among bystanders in a middle school population.

References

- Agirdag, O., Demanet, J., Van Houtte, M., & Van Avermaet, P. (2011). Ethnic school composition and peer victimization: A focus on the interethnic school climate. *International Journal of Intercultural Relations*, *35*(4), 465-473. <https://doi.org/10.1016/j.ijintrel.2010.09.009>
- Aiken, L. S., & West, S. G. (1991). *Multiple regression: Testing and interpreting interactions*. US Sage Publications, Inc.
- American School Counselor Association. (2019). ASCA National Model: A framework for school counseling programs (4th ed.). Alexandria, VA: Author
- American School Counseling Association. (2015). The school counselor and peer support programs. *Position Statements*. <https://schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Peer-Support-Programs>
- American School Counselor Association (2021). *ASCA Student Standards; Mindsets and Behaviors for Student Success*. Alexandria, VA: Author. <https://wvde.us/wp-content/uploads/2020/03/MindsetsBehaviors.pdf>
- Axford, N., Bjornstad, G., Clarkson, S., Ukoumunne, O.C., Wrigley, Z., Matthews, J., Berry, V., & Hutchings, J. (2020). The effectiveness of the KiVa bullying prevention program in wales, UK: Results from a pragmatic cluster randomized controlled trial. *Prevention Science* *21*(5), 615–626. <https://doi.org/10.1007/s11121-020-01103-9>
- Bauman, S. (2008). The role of elementary school counselors in reducing school bullying. *The Elementary School Journal*, *108*(5), 362–375. <https://doi.org/10.1086/589467>
- Beidel, D.C., Turner, S.M., & Morris, T.L. (1995). A new inventory to assess childhood social anxiety and phobia: The social phobia and anxiety inventory for children.

Psychological Assessment, 7(1), 73-79. <https://doi.org/10.1037/1040-3590.7.1.73>

Blake, J. J., Banks, C. S., Patience, B. A., & Lund, E. M. (2014). School-based mental health professionals' bullying assessment practices: A call for evidence-based bullying assessment guidelines. *Professional School Counseling*, 18(1).

<https://doi.org/10.1177/2156759X0001800102>

Björkqvist, K., Österman, K., & Kaukiainen, A. (1992). The development of direct and indirect aggressive strategies in males and females. In K. Bjorkqvist & P. Niemela (Eds.), *Of mice and women: Aspects of female aggression* (pp. 51-64). Academic Press.

Brigman, G., & Webb, L. (2010). *Student success skills: Classroom manual* (3rd ed.).

Atlantic Education Consultants.

Cappadocia, M. C., Pepler, D., Cummings, J. G., & Craig, W. (2012). Individual motivations and characteristics associated with bystander intervention during bullying episodes among children and youth. *Canadian Journal of School Psychology*, 27(3), 201–216.

<http://doi.org/10.1177/0829573512450567>

Camodeca, M., & Goossens, F. (2005). Children's opinions on effective strategies to cope with bullying: The importance of bullying role and perspective. *Educational Research*, 47(1), 93-105. <https://doi.org/10.1080/0013188042000337587>

Center for Disease Control and Prevention. (2020). *#StopBullying*.

<https://www.cdc.gov/injury/features/stop-bullying/index.html>

Ching, C. B., Lee, H., Mason, M. D., Clayton, D. B., Thomas, J. C., Pope, J. C., IV, Adams, M. C., Brock, J. W., III, & Tanaka, S. T. (2015). Bullying and lower urinary tract symptoms: Why the pediatric urologist should care about school bullying. *Journal of Urology*, 193(2), 650–654. <https://doi.org/10.1016/j.juro.2014.08.103>

- Cohen, J. (1969). *Statistical power analysis for the behavioural sciences*. Academic Press.
- Copeland, W. E., Wolke, D., Angold, A., & Costello, E. J. (2013). Adult psychiatric and suicide outcomes of bullying being bullied by peers in childhood and adolescence. *JAMA Psychiatry*, *70*(4), 419–426. <https://doi.org/10.1001/jamapsychiatry.2013.504>
- Cowie, H. (2000). Bystanding or standing by: Gender issues in coping with bullying in English schools. *Aggressive Behavior*, *26* (1), 85–97. [https://doi.org/10.1002/\(SICI\)1098-2337\(2000\)26:1<85::AID-AB7>3.0.CO;2-5](https://doi.org/10.1002/(SICI)1098-2337(2000)26:1<85::AID-AB7>3.0.CO;2-5)
- Datta, P., Cornell, D., & Huang, F. (2016). Aggressive attitudes and prevalence of bullying bystander behavior in middle school. *Psychology in the Schools*, *53*(8), 804-816. <https://doi.org/10.1002/pits.21944>
- DeSmet, A., Rodelli, M., Walrave, M., Soenens, B., Cardon, G., & De Bourdeaudhuij, I. (2018). Cyberbullying and traditional bullying involvement among heterosexual and non-heterosexual adolescents, and their associations with age and gender. *Computers in Human Behavior*, *83*, 254-261. <https://doi.org/10.1016/j.chb.2018.02.010>
- Doumas, D. M., & Midgett, A. (2020). Witnessing cyberbullying and internalizing symptoms among middle school students. *European Journal of Investigation in Health, Psychology and Education*, *10*(4), 957-966. <https://doi.org/10.3390/ejihpe10040068>
- Doumas, D. M., Midgett, A., & Hausheer, R. (2021). A pilot study testing the efficacy of a brief, bystander bullying intervention: Reducing bullying victimization among high school students. *Professional School Counseling*. *25*(1), <https://doi.org/10.1177/2156759X211018651>
- Doumas, D. M., Midgett, A., & Watts, A. D. (2019). The impact of a brief, bullying bystander intervention on internalizing symptoms: Is gender a moderator of intervention effects?

School Psychology International, 40(3), 275–293.

<https://doi.org/10.1177/0143034319830149>

Espelage, D., Green, H., & Polanin, J. (2012). Willingness to intervene in bullying episodes among middle school students: Individual and peer-group influences. *The Journal of Early Adolescence*, 32(6), 776-801. <https://doi.org/10.1177/0272431611423017>

Evans, C., Smokowski, P. R., Rose, R. A., Mercado, M. C., & Marshall, K. J. (2018). Cumulative bullying experiences, adolescent behavioral and mental health, and academic achievement: An integrative model of perpetration, victimization, and bystander behavior. *Journal of Child and Family Studies*, 28(9), 2415-2428. <https://doi.org/10.1007/s10826-018-1078-4>

Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175-191. <https://doi.org/10.3758/BF03193146>

Fekkes, M., Pijpers, F. I. M., & Verloove-Vanhorick, S. P. (2004). Bullying behaviour and associations with psychosomatic complaints and depression. *Journal of Pediatrics*, 144(1), 17 – 22. <https://doi.org/10.1016/j.jpeds.2003.09.025>

Fendrich, M., Weissman, M. M., & Warner, V. (1990). Screening for depressive disorder in children and adolescents: Validating the center for epidemiologic studies depression scale for children. *American Journal of Epidemiology*, 131(3), 538-551. <https://doi.org/10.1093/oxfordjournals.aje.a1155299>

González, P., Nuñez, A., Merz, E., Brintz, C., Weitzman, O., Navas, E. L., Camacho, A., Buelna, C., Penedo, F. J., Wassertheil-Smoller, S., Perreira, K., Isasi, C. R., Choca, J., Talavera, G. A., & Gallo, L. C. (2017). Measurement properties of the Center for Epidemiologic

- Studies Depression Scale (CES-D 10): Findings from HCHS/SOL. *Psychological assessment*, 29(4), 372–381. <https://doi.org/10.1037/pas0000330>
- Goodman-Scott, E., Doyle, B., & Brott, P. (2013). An action research project to determine the utility of bully prevention in positive behavior support for elementary school bullying prevention. *Professional School Counseling*, 17(1), 120–129. <https://doi.org/10.1177/2156759X1301700101>
- Goossens, F. A., Olthof, T., & Dekker, P. H. (2006). New participant role scales: Comparison between various criteria for assigning roles and indications for their validity. *Aggressive Behavior*, 32(4), 343–357. <https://doi.org/10.1002/ab.20133>
- Hawker, D. S. J., & Boulton, M. J. (2000). Twenty years' research on peer victimization and psychosocial maladjustment: A meta-analytic review of cross-sectional studies. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 41(4), 441 – 455. <https://doi.org/10.1111/1469-7610.00629>
- Hawkins, D. L., Pepler, D. J., & Craig, W. M. (2001). Naturalistic observations of peer interventions in bullying. *Social Development*, 10(4), 512–527. <http://dx.doi.org/10.1111/1467-9507.00178>
- Holt, M. K., Vivolo-Kantor, A. M., Polanin, J. R., Holland, K. M., DeGue, S., Matjasko, J. L., Wolfe, M., & Reid, G. (2015). Bullying and suicide ideation and behaviors: A meta-analysis. *Pediatrics*, 135(2), 1–14. <https://doi.org/10.1542/peds.2014-1864>
- Inderbitzen-Nolan, H. M., & Walters, K. S. (2000). Social Anxiety Scale for Adolescents: Normative data and further evidence of construct validity. *Journal of Clinical Child Psychology*, 29(3), 360–371. https://doi.org/10.1207/S15374424JCCP2903_7
- Kaltiala-Heino, R., Rimpelä, M., Rantanen, P., & Rimpelä, A. (2000). Bullying at school—An

- indicator of adolescents at risk for mental disorders. *Journal of Adolescence*, 23(6), 661–674. <https://doi.org/10.1006/jado.2000.0351>
- Kelly, E. V., Newton, N. C., Stapinski, L. A., Slade, T., Barrett, E. L., Conrod, P. J., & Teesson, M. (2015). Suicidality, internalizing problems and externalizing problems among adolescent bullies, victims and bully-victims. *Preventive Medicine*, 73(2015), 100–105. <https://doi.org/10.1016/j.ypmed.2015.01.020>
- Kuther, T. L. (1999). A developmental-contextual perspective on youth covictimization by community violence. *Adolescence*, 34(136), 699–714. <https://www.thefreelibrary.com/A+DEVELOPMENTAL-CONTEXTUAL+PERSPECTIVE+ON+YOUTH+COVICTIMIZATION+BY...-a059810228>
- Kyriakides, L., Kaloyirou, C., & Lindsay, G. (2006). An analysis of the Revised Olweus Bully/Victim Questionnaire using the Rasch measurement model. *British Journal of Educational Psychology*, 76(4), 781–801. <https://doi.org/10.1348/000709905X53499>
- La Greca, A. M., & Lopez, N. (1998). Social anxiety among adolescents: Linkages with peer relations and friendships. *Journal of Abnormal Child Psychology*, 26(2), 83–94. <https://doi.org/10.1023/A:1022684520514>
- La Greca, A. M., & Stone, W. L. (1993). Social Anxiety Scale for Children—Revised: Factor structure and concurrent validity. *Journal of Clinical Child Psychology*, 22(1), 17–27. https://doi.org/10.1207/s15374424jccp2201_2
- Lambe, L. J., Hudson, C. C., Craig, W. M., & Pepler, D. J. (2017). Does defending come with a cost? Examining the psychosocial correlates of defending behaviour among bystanders of bullying in a Canadian sample. *Child Abuse and Neglect*, 65(2017), 112–123.

<https://doi.org/10.1016/j.chiabu.2017.01.012>

Lee, T., & Cornell, D. (2010). Concurrent validity of the olweus bully/victim questionnaire.

Journal of School Violence, 9(1), 56–73. <https://doi.org/10.1080/15388220903185613>

Juvonen, J., Nishina, A., & Graham, S. (2006). Ethnic diversity and perceptions of safety in urban middle schools. *Psychological Science, 17*(5), 393-400.

<http://www.jstor.org/stable/40064555>

Machackova, H., & Pfetsch, J. (2016). Bystanders' responses to offline bullying and cyberbullying: The role of empathy and normative beliefs about aggression.

Scandinavian Journal of Psychology, 57(2), 169-176. <https://doi.org/10.1111/sjop.12277>

Mariani, M., Webb, L., Villares, E., & Brigman, G. (2015). Effect of participation in student success skills on prosocial and bullying behavior. *The Professional Counselor, 5*(3), 341–353. <https://doi.org/10.15241/mm.5.3.341>

McCormac, M. E. (2014). Preventing and responding to bullying: An elementary school's 4-year journey. *Professional School Counseling, 18*(1), 1–14.

<https://doi.org/10.1177/2156759X0001800112>

Midgett, A., & Dumas, D. M. (2019). Witnessing bullying at school: The association between being a bystander and anxiety and depressive symptoms. *School Mental Health, 11*(3),

454-463. <https://doi.org/10.1007/s12310-019-09312-6>

Midgett, A., & Dumas, D. M. (2020). Acceptability and short-term outcomes of a brief, bystander bullying program implemented in an ethnically-blended school in low-income community. *Contemporary School Psychology, 24*, 508-517.

<https://doi.org/10.1007/s40688020-00321-w>

- Midgett, A., Doumas, D. M., & Johnston, A. D. (2017). Establishing school counselors as leaders in bullying curriculum delivery: Evaluation of a brief, school-wide bystander intervention. *Professional School Counseling, 21*(1), 1-9.
<https://doi.org/10.1177/2156759X18778781>
- Midgett, A., Doumas, D. M., & Johnston, A. D. (2018). Establishing school counselors as leaders in bullying curriculum delivery: Evaluation of a brief, school-wide bystander intervention. *Professional School Counseling, 21*, 1-9.
<https://doi.org/10.1177/2156759X18778781>
- Midgett, A., Doumas, D. M., Peralta, C., Bond, L., & Flay, B. (2020). The impact of a culturally adapted bullying intervention on reducing depressive symptoms among bystanders. *Journal of Prevention and Health Promotion, 1*(1), 80-103.
<https://doi.org/10.1177/2632077020942959>
- Midgett, A., Doumas, D. M., Sears, D., Lundquist, A., & Hausheer, R. (2015). A bystander bullying psychoeducation program with middle school students: A preliminary report. *The Professional Counselor, 5*(4), 586-500. <https://doi.org/10.15241/am.5.4.48>
- Midgett, A., Doumas, D. M., & Trull, R. (2016). Evaluation of a brief, school-based bullying bystander intervention for elementary school students. *Professional School Counseling, 20*(1), 172-183. <https://doi.org/10.5330/1096-2409-20.1.172>
- Moran, M., Midgett, A., & Doumas, D. M. (2020). Evaluation of a brief, bystander bullying intervention (STAC) for ethnically-blended middle schools in low-income communities. *Professional School Counseling, 23*(1), 1-12. <https://doi.org/10.1177/2156759X20940641>
- Norman, G. R., & Streiner, D. L. (2008). *Biostatistics: The bare essentials* (3rd ed.). B.C. Decker, Inc.

- Olweus, D. (1996). *The Revised Olweus Bully/Victim Questionnaire*. University of Bergen, Research Center for Health Promotion (HEMIL Center).
- Olweus, D. (2007). *Olweus bullying questionnaire*. Center City: Hazelden.
- Olweus, D., Limber, S. P., & Breivik, K. (2019). Addressing specific forms of bullying: A large-scale evaluation of the olweus bullying prevention program. *International Journal of Bullying Prevention, 1* (1), 70-84. <https://doi.org/10.1007/s42380-019-00009-7>
- Pabian, S., & Vandebosch, H. (2016). An investigation of short-term longitudinal associations between social anxiety and victimization and perpetration of traditional bullying and cyberbullying. *Journal of Youth and Adolescence, 45*(2), 328–339. <https://doi.org/10.1007/s10964-015-0259-3>
- Porter, J. R., & Smith-Adcock, S. (2016). Children’s tendency to defend victims of school bullying. *Professional School Counseling, 20*(1), 1-13. <https://doi.org/10.5330/1096-2409-20.1.1>
- Pozzoli, T., Gini, G., & Vieno, A. (2012). The role of individual correlates and class norms in defending and passive bystanding behavior in bullying: A multilevel analysis. *Child Development, 83*(6), 1917–1931. <http://doi.org/10.1111/j.1467-8624.2012.01831.x>
- Rivers, I., Poteat, V. P., Noret, N., & Ashurst, N. (2009). Observing bullying at school: The mental health implications of witness status. *School Psychology Quarterly, 24*(4), 211-223. <https://doi.org/10.1037/a0018164>
- Rose, A. J., & Rudolph, K. D. (2006). A review of sex differences in peer relationship processes: Potential trade-offs for the emotional and behavioral development of girls and boys. *Psychological Bulletin, 132*(1), 98-131. <http://dx.doi.org/10.1037/0033-2909.132.1.98>
- Salmivalli, C., Kaukiainen, A., & Voeten, M. (2005). Anti-bullying intervention: Implementation

and outcome. *British Journal of Educational Psychology*, 75(3), 3, 465-487.

<https://doi.org/10.1348/000709905X26011>

Salmivalli, C., Voeten, M., & Poskiparta, E. (2011). Bystanders matter: Associations between reinforcing, defending, and the frequency of bullying behavior in classrooms. *Journal of Clinical Child & Adolescent Psychology*, 40(5), 668–676. <https://doi.org/10.1080/15374416.2011.597090>

Salmivalli, C., Lagerspet, K., Björkqvist, K., Österman, K., & Kaukiainen, A. (1996). Bullying as a group process: Participant roles and their relations to social status within the group. *Aggressive Behavior*, 22(1), 1–15. [https://doi.org/10.1002/\(SICI\)1098-2337\(1996\)22:1<1::AID-AB1>3.0.CO;2-T](https://doi.org/10.1002/(SICI)1098-2337(1996)22:1<1::AID-AB1>3.0.CO;2-T)

Sandstrom, M., Makover, H., & Bartini, M. (2013). Social context of bullying: Do misperceptions of group norms influence children's responses to witnessed episodes?. *Social Influence*, 8(2-3), 196-215. <https://doi.org/10.1080/15534510.2011.651302>

Sayin, A., Yandi, A., & Esra, O. Y. A. R. (2017). Examination the effect of missing data techniques of item parameters. *Journal of Measurement and Evaluation in Education and Psychology*, 8(4), 490-510. <https://doi.org/10.21031/epod.355506>

Silberg, J. L., Copeland, W., Linker, J., Moore, A. A., Roberson-Nay, R., & York, T. P. (2016). Psychiatric outcomes of bullying victimization: A study of discordant monozygotic twins. *Psychological Medicine*, 46(9), 1875–1883. <https://doi.org/10.1017/S0033291716000362>

Solberg, M. E., & Olweus, D. (2003). Prevalence estimation of school bullying with the Olweus

Bully/Victim Questionnaire. *Aggressive Behavior*, 29(3), 239-268.

<https://doi.org/10.1080/15388220903185613>

Storch, E.A., Masia-Warner, C., Crisp, H., & Klein, R.G. (2005). Peer victimization and social anxiety in adolescence: A prospective study. *Aggressive Behavior*, 31(5), 437-452.

<https://doi.org/10.1002/ab.20093>

Storch, E. A., Masia-Warner, C., Dent, H. C., Roberti, J. W., & Fisher, P. H. (2004).

Psychometric evaluation of the Social Anxiety Scale for Adolescents and the Social Phobia and Anxiety Inventory for Children: Construct validity and normative data. *Journal of Anxiety Disorders*, 18(5), 665-679.

<https://doi.org/10.1016/j.janxdis.2003.09.002>

Swank, J. M., Smith-Adcock, S., & Weaver, J. L. (2019). School counselors' roles and responsibilities in bullying prevention: A national survey. *Professional School*

Counseling, 22(1), 1-11. <https://doi.org/10.1177/2156759X19851465>

Thornberg, R., & Jungert, T. (2013). Bystander behavior in bullying situations: Basic moral sensitivity, moral disengagement and defender self-efficacy. *Journal of Adolescence*,

36(3), 475-483. <https://doi.org/10.1016/j.adolescence.2013.02.003>

U.S. Department of Education: National Center for Educational Statistics. (2019). *Student reports of bullying: Results from the 2017 school crime supplement to the national crime victimization survey* (NCES 2017-015).

<https://doi.org/nces.ed.gov/pubs2019/2019054.pdf>

van der Ploeg, R., Kretschmer, T., Salmivalli, C., & Veenstra, R. (2017). Defending victims: What does it take to intervene in bullying and how is it rewarded by peers? *Journal of school psychology*, 65(1), 1-10. <https://doi.org/10.1016/j.jsp.2017.06.002>

- van Geel, M., Goemans, A., & Vedder, P. H. (2016). The relations between peer victimization and sleeping problems: A meta-analysis. *Sleep Medicine Review, 27*(2016), 89–95.
<https://doi.org/10.1016/j.smr.2015.05.004>
- Vitoroulis, I., & Georgiades, K. (2017). Bullying among immigrant and non-immigrant early adolescents: School-and student-level effects. *Journal of Adolescence, 61*, 141-151.
<https://doi.org/10.1016/j.adolescence.2017.10.008>
- Weissman, M. M., Orvaschel, H., & Padian, N. (1980). Children's symptom and social functioning: Self-report scales. *Journal of Nervous and Mental Disorders, 168*(12), 736-740.
<https://doi.org/10.1097/00005053-198012000-00005>
- Williford, A., Boulton, A., Noland, B., Little, T. D., Karna, A., & Salmivalli, C. (2012). Effects of the KiVa anti-bullying program on adolescents' depression, anxiety and perception of peers. *Journal of Abnormal Child Psychology, 40*(2), 289-300.
<https://doi.org/10.1007/s10802-011-9551-1>
- Wu, W. C., Luu, S., & Luh, D. L. (2016). Defending behaviors, bullying roles, and their associations with mental health in junior high school students: A population-based study. *BMC Public Health, 16*(1), 1066. <https://doi.org/10.1186/s12889-016-3721-6>

Table 1

Means and Standard Deviations for Outcome and Predictor Variables by Gender and Race/Ethnicity

Measure	Gender		Race/Ethnicity			Total Sample
	Female	Male	White	Hispanic	Multi-Racial/Other	
Depressive Symptoms	15.11 (11.40)	13.51 (9.64)	14.49 (10.16)	13.84 (10.09)	14.00 (11.84)	14.21 (10.36)
Social Anxiety	7.44 (7.44)	5.65 (6.69)	6.86 (6.40)	6.44 (7.74)	7.44 (8.95)	6.82 (7.25)
Bullying Perpetration	0.09 (0.42)	0.12 (0.39)	0.11 (0.43)	0.03 (0.16)	0.18 (0.59)	0.10 (0.41)
Bullying Victimization	0.34 (0.80)	0.62 (1.21)	0.49 (0.91)	0.15 (0.67)	0.86 (1.49)	0.46 (0.99)
Witnessing Bullying	0.68 (0.84)	0.88 (1.02)	0.93 (0.92)	0.40 (0.66)	0.91 (1.20)	0.76 (0.93)
Defending Behavior	2.73 (1.83)	2.74 (2.02)	2.87 (1.87)	2.30 (1.85)	2.96 (2.10)	2.71 (1.91)

Table 2

Bivariate Correlations for Outcome and Predictor Variables by Gender

Measure	Females					
	1	2	3	4	5	6
1. Depressive Symptoms	-					
2. Social Anxiety	.76**	-				
3. Bullying Perpetration	.07	.07	-			
4. Bullying Victimization	.36**	.32**	-.06	-		
5. Witnessing Bullying	.38**	.24*	.05	.22*	-	
6. Defending Behavior	.07	.05	.08	.15	.23*	-

Measure	Males					
	1	2	3	4	5	6
1. Depressive Symptoms	-					
2. Social Anxiety	.35**	-				
3. Bullying Perpetration	.25	-.09	-			
4. Bullying Victimization	.28	.22	.12	-		
6. Witnessing Bullying	.26	.12	.27	.52**	-	
7. Defending Behavior	.36**	.24	.31*	.36*	.38**	-

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

Table 3

Summary of Hierarchical Regression Analyses for Depressive Symptoms and Social Anxiety

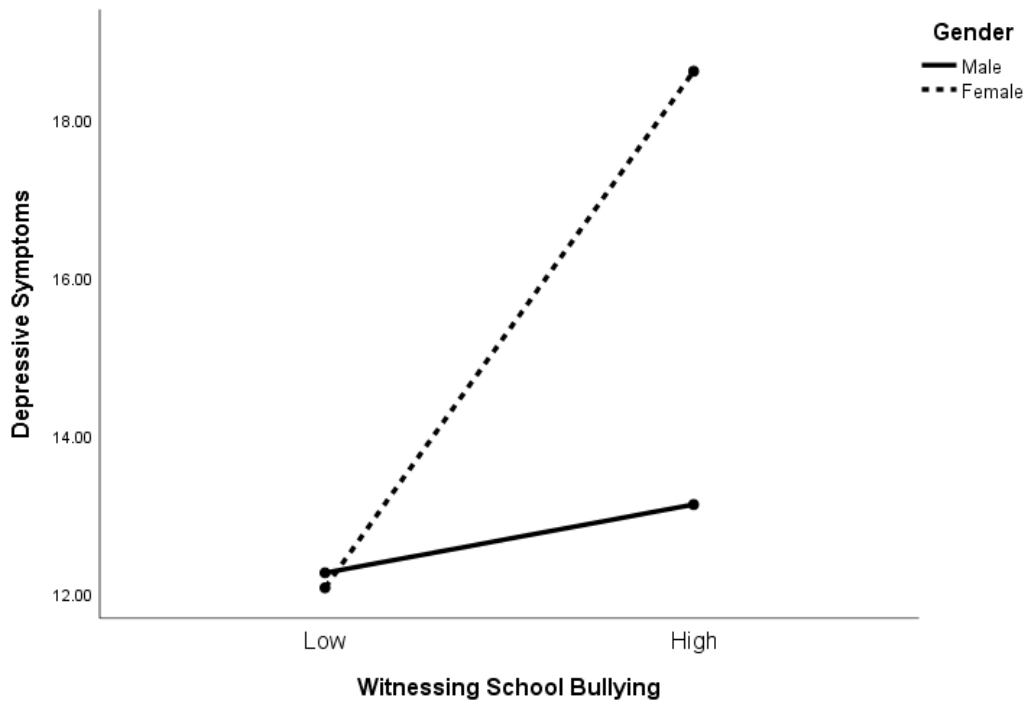
Predictor	Depressive Symptoms					Social Anxiety				
	ΔR^2	B	SE B	β	95% CI	ΔR^2	B	SE B	β	95% CI
Step 1	.16***					.08***				
Bullying Perpetration		6.30	2.19	.24**	[1.97, 10.62]		3.33	1.53	.19*	[-.30, 6.37]
Bullying Victimization		3.07	.91	.28***	[1.26, 4.87]		1.43	.64	.19*	[-.17, 2.69]
Step 2	.08**					.03				
Gender		-1.11	.86	-.10	[-2.81, .59]		-1.01	.62	-.14	[-2.24, .22]
Witness Bullying		.49	1.12	.04	[-1.79, 2.77]		-.29	.83	-.04	[-1.94, 1.36]
Defending Behavior		.78	.47	.14	[-.16, 1.71]		.29	.34	.08	[-.39, .97]
Gender x Witnessing Bullying		-3.01	.98	-.26**	[-4.95, -1.07]		-1.46	.71	-.18*	[-2.86, -.05]
Gender x Defending Behavior		1.20	.48	.21**	[-.25, 2.15]		.47	.35	.12	[-.22, 1.16]
Total R ²	.24***					.11**				

Note. *N* = 137. SE = standard error. CI = confidence interval.

* *p* < .05, ***p* < .01, ****p* < .001.

Figure 1.

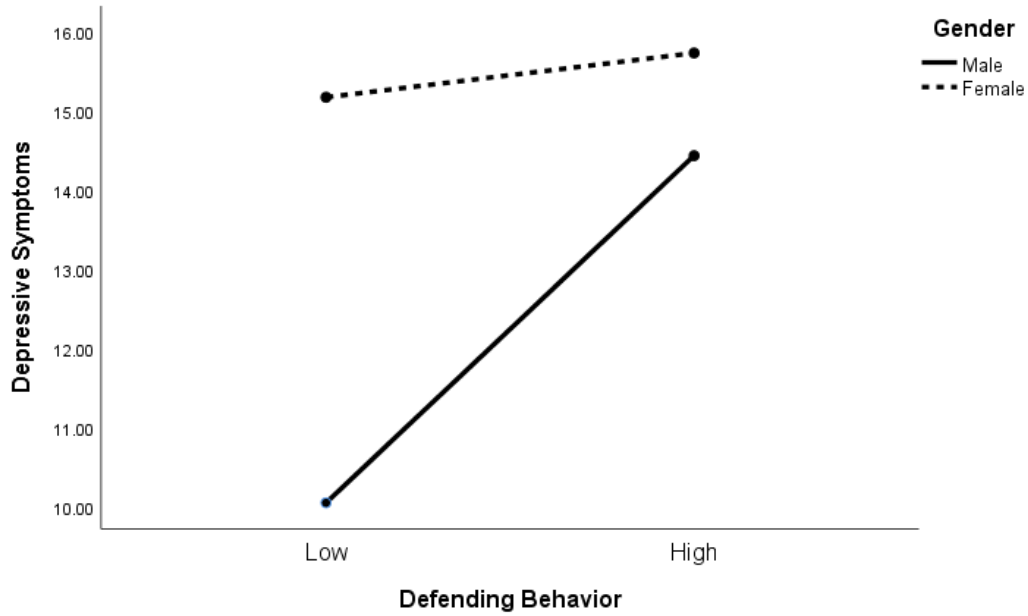
Means for Depressive Symptoms by Gender and Witnessing School Bullying



Note. Simple slopes are shown depicting the direction and degree of the significant interaction testing moderator effects ($p = .01$). Witnessing school bullying was significantly related to depressive symptoms for females ($p = .001$) but not for males ($p = .06$).

Figure 2.

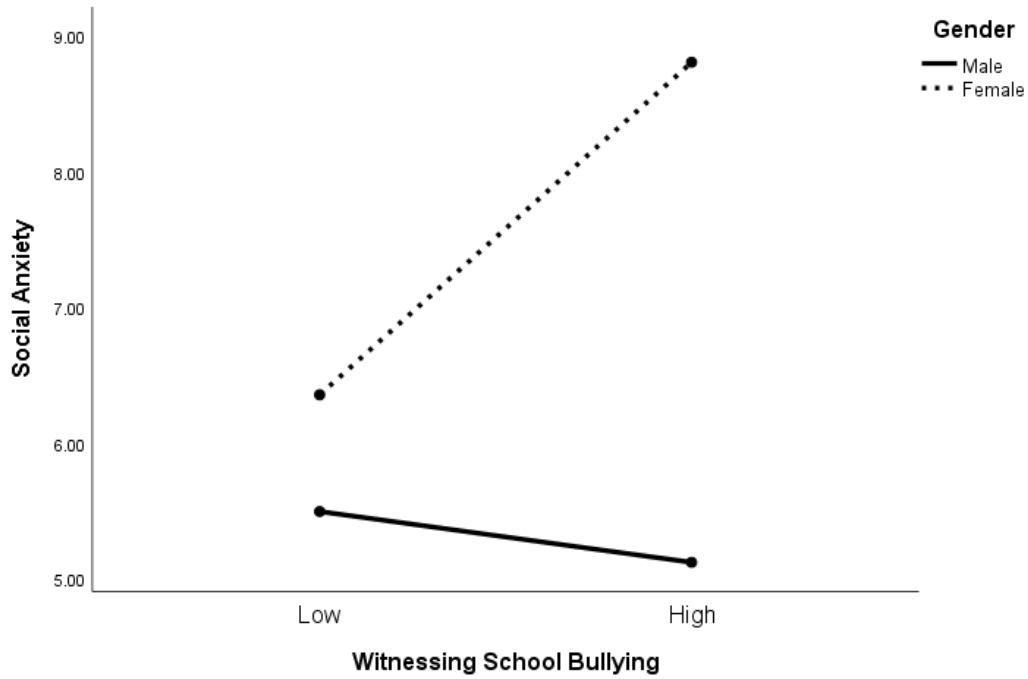
Means for Depressive Symptoms by Gender and Defending Behavior



Note. Simple slopes are shown depicting the direction and degree of the significant interaction testing moderator effects ($p = .01$). Defending behavior was significantly related to depressive symptoms for males ($p = .006$) but not for females ($p = .53$).

Figure 3.

Means for Social Anxiety by Gender and Witnessing School Bullying



Note. Simple slopes are shown depicting the direction and degree of the significant interaction testing moderator effects ($p = .05$). Witnessing school bullying was significantly related to social anxiety for females ($p = .03$) but not for males ($p = .37$).