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Social Support as a Protective Factor for Bullied Children and Adolescents

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SOCIAL SUPPORT AS A PROTECTIVE FACTOR FOR BULLIED CHILDREN AND ADOLESCENTS

A Thesis

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Abstract

The impact of bullying on children's self-esteem, confidence, and social acceptance has become increasingly recognized. Considerable research has evaluated the deleterious effects of bullying and protective and risk factors as a result of victimization. Past research has shown social support to be a protective factor for children and adolescents who have been subjected to negative experiences, such as experiencing traumatic events (Vigna, Hernandez, Paasch, Gordon, & Kelley, 2009). However, research has not evaluated whether social support buffers the impact of bullying on children and adolescents. The current study investigated perceived social support and its role as a protective factor against low self-esteem and internalizing problems in bullied children and adolescents. Hierarchical regression and simple slope analysis revealed that social support was significant in moderating anxiety, but did not protect against depression or low self-esteem. Additionally, there was a stronger association between bullying and anxiety with high social support compared to low social support. Strengths, limitations, and directions for future research were addressed.

Introduction

A significant number of children experience bullying on and off school grounds. According to the National Crime Prevention Council (2013), six out of ten children witness bullying daily and it has been reported that one in three students in middle and high school suffer psychologically from bullying (National Educational Association, 2012). The prevalence of bullying has increased over the past 10 years by approximately 25% (National Center of Education Statistics, 2013). Bullying, especially cyberbullying, has had substantial media coverage over the past decade. Some of the most devastating cases include child or adolescent suicide as a result of persistent bullying (Klomek, Sourander, & Gould, 2011; Hertz, Donato, & Wright, 2013). Bullying has been recently regarded as a public health issue, and though many interventions have been established, much effort is still necessary.

Olweus (1993) provided a standard definition of bullying which includes two basic constructs: Bullying is an imbalance of power between two individuals in which one dominates the other physically, emotionally, or psychologically and the bullying is a negative, repeated behavior. Bullying can include physical acts such as pushing, punching, kicking, and tripping, as well as verbal assaults or teasing (Ericson, 2001). Thirty to sixty percent of children and adolescents experience traditional bullying, with 6-15% reporting being bullied at least once a week (Rigby, 2000; Smith & Shu, 2000; Jackson & Cohen, 2012). Psychosocial functioning is thought to be affected by traditional bullying. For example, Jackson & Cohen (2012) found that bullying victimization is related to increased feelings of loneliness, lowered optimism regarding social relationships, and decreased social acceptability. A study conducted by Wang, Iannotti, and Nansel (2009) found that the number of friends a victim has is a protective factor against traditional and relational bullying. Research has shown that bullied children may be less socially

skilled than non-bullied children. For example, Camodeca, Goossens, Schuengel, and Meerum Terwogt (2003) found that children not involved in bullying respond to provocation more assertively than bullies and victims.

Relational bullying is most often committed by girls and includes spreading rumors, gossiping, and social exclusion from peers (Underwood, 2003). Zopito, Dane, and Bosacki (2006) found that students who experienced relational bullying reported greater internalizing problems and peer relational issues than bystanders and victims of confrontational bullying. Relational bullies have also been found to have less externalizing behavior problems but were rated less prosocial when compared to traditional bullies (Wolke, Woods, Bloomfield, & Karstadt, 2000). This finding could explain how relational bullies are more inclined to go unnoticed by authority figures than direct bullies. Relational bullying is suggested to be most prevalent and detrimental during puberty because peer acceptance is imperative and social skills are newly developed (Xie et al., 2002; Underwood, 2003; Stassen Berger, 2007).

Bullying has become a significant concern of school administrators and parents over the last decade. These concerns have grown exponentially with the onset of cyberbullying. Cyberbullying is defined as "an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself'' (Smith et al., 2008, pg. 376). Cyberbullying prevalence has been accepted by most researchers to be between 20% and 40% (Tokunaga, 2010). There appears to be significant overlap between cyberbullying and direct bullying, as adolescents who participate in cyberbullying typically also engage in direct bullying (Wachs, 2012; Smith et al., 2008). In his study, Wachs (2012) also found that feelings of loneliness, lack of social support, and perceptions of being unpopular were risk factors to victimization of cyberbullying. Ortega et al.

(2012) found that an alarming 93% of cyberbullying victims reported experiencing symptoms of depression, anxiety, or hopelessness. Cyberbullying can occur at any time of the day and, unlike traditional bullying, there are no restrictions to a specific place (e.g. school grounds). This increases a victim's vulnerability because it is difficult to escape cyberbullying (Kowalski & Limber, 2007; Patchin & Hinduja, 2006). With the increase of internet usage and lack of parental supervision, cyberbullying is becoming an increasingly common source of bullying (Juvonen & Gross, 2008).

Psychological Effects

The literature consistently finds that bullying is strongly associated with internalizing disorders such as depression and anxiety in children and adolescents (Hawker & Boulton, 2000). Banks (2013) reported that victims of bullying are more anxious, more socially isolated, less socially skilled, and have lower self-esteem than their non-bullied peers. Consequently, these children are vulnerable targets for bullies who prey upon their idiosyncrasies and, in turn, their interpersonal difficulties and psychological distress worsens in a circular manner (Reijntjes, Kamphuis, Prinzie, & Telch, 2010). Bullied children also experience significant fear and stress while at school. A single bullying incident is related to increased levels of anxiety in school-age children (Nishina & Juvonen, 2005). Some children have reported fear of going to school, riding the bus, and going to the bathroom (InformED, 2013). The stress bully victims endure while at school can affect their ability to learn, either by skipping school or not being able to concentrate while in class (Buhs & Ladd, 2001).

Depression and bullying are also strongly associated (Wang, Iannotti, Luk, & Nansel, 2010; Roland, 2002). Depression developed from bullying can have lasting effects and can be present several years later (Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007). Research

has consistently indicated that bullying can contribute to suicidal ideation or behavior (Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Prinstein, Boergers, Spirito, Little, & Grapentine, 2000; Shaffer, Garland, Gould, Fisher, & Trautman, 1988).

Self Esteem

Low self-esteem in children and adolescents can negatively affect various areas of life. Research has shown that low self-esteem is associated with poor family and peer relations, academics, and physical health (Cook, Williams, Guerra, Kim, & Sadek, 2010). Researchers have shown that low self-esteem does not necessarily cause poor future adjustment (Trzesniewski et al., 2006), but it may play a role in an individual's ability to cope with and persist through adverse events (Baumeister, Campbell, Krueger, & Vohs, 2003). A study conducted by Trzesniewski et al. (2006) found that adolescents with low self-esteem had a greater likelihood of having poor mental and physical health and higher instances of criminal behavior later on in adulthood.

Previous research has shown that there is an association between self-esteem and bullying. A study conducted by O'Moore and Kirkham (2001) found that victims of bullying had lower self-esteem than bullies and bystanders. An early study found that adolescent delinquency and low self-esteem share a reciprocal effect; low self-esteem promotes delinquency which in turn may improve self-esteem (Rosenberg, Schooler, & Schoenbach, 1989). This idea helps to explain the relationship behind bully-victims; children who have been victims of bullying but also bully other children (Dulmus, Sowers, & Theriot, 2006). Bullying also appears to have an effect on self-esteem later in life. Ledley et al. (2006) found that recollected teasing in childhood was correlated with lower social self-esteem in early adulthood.

Social Support

Social support has been shown to be a protective factor for children and adolescents when subjected to deleterious events. Social support can be presented by multiple sources including parents, teachers, friends, and classmates as psychological or physical assistance (Rueger, Malecki, & Demaray, 2008; Kleiman & Riskind, 2013; Lakey & Orehek, 2011). The different sources of social support can have varying effects on children and adolescents. Demaray and Malecki (2002) found that parent and teacher support significantly predicted school maladjustment for adolescents and found only parent support predicted adolescents' individual adjustment.

Gender differences in perceived social support have also been investigated. According to Rueger, Malecki, & Demaray (2008), girls reported experiencing greater social support from friends and classmates than boys. Age differences and perceived social support have also been researched. Furman & Buhrmester (1992) found that younger children rely on their parents and authority figures for social support while older adolescents rely more on peer and friend social support. Perceived social support can lead to positive characteristics such as increased self-esteem (Kleiman & Riskind, 2013), increased resiliency (Richman & Fraser, 2001), and overall better physical and mental health (Vandervoort, 1999). On the other hand, lack of social support can have detrimental effects. Low familial support is consistently recognized as a risk factor for bullying and victimization (Perren & Hornung, 2005).

Summary and Purpose

Numerous studies have evaluated the deleterious effects of bullying. Although the literature consistently finds associations between children's adjustment and social support, the role of social support as a protective factor has not been addressed. The current study integrated

the two concepts by examining perceived social support as a protective factor against low self-esteem and internalizing problems (i.e. anxiety and depression) in children and adolescents who are victims of bullying. The five social supports that were explored included (a) parent, (b) relative, (c) sibling, (d) peer, and (e) non-relative adult. Based on previous research regarding the protective nature of perceived social support for children and adolescents (Auerbach, Bigda-Peyton, Eberhart, Webb, & Ho, 2011; Demaray and Malecki, 2002), it was hypothesized that perceived social support would protect against the impact of bullying with regard to severity of anxiety, depression, and lowered self-esteem.

Method

Participants

The participants were 200 children and adolescents between the ages of 11 and 18 (M =15.26, SD =1.9). Demographic characteristics of the participants can be found in Table 1. The sample was primarily Caucasian (74.1%), with 7.9% African American and the remaining 16.4% comprised of other ethnicities. Almost 70% of participants indicated their parents being married. The participants primarily attended public schools.

Table 1. Demographic Characteristics of the Sample

	Total Sample
	N = 189
Age in years of child	
Mean (SD)	15.26 (1.9)
Range	11-18
Gender	
Male	75 (39.7%)
Female	114 (60.3%)
Ethnicity	
Caucasian/White	140 (74.1%)
African American/Black	15 (7.9%)
Asian/Pacific Islander	14 (7.4%)
Biracial/Multiracial	10 (5.3%)
Hispanic/Latino	6 (3.2%)
American Indian/Alaskan	1 (0.5%)
Decline to Answer	3 (1.6%)
Parents' Marital Status	
Married	132 (69.8%)
Divorced	31 (16.4%)
Single	19 (10.1%)
Living with Partner	3 (1.6%)
Widowed	3 (1.6%)
Other	1 (0.5%)
Type of School	
Public	126 (66.7%)
Private Religious	49 (25.9%)
Private Non-Religious	8 (4.2%)
Charter	3 (1.6%)
Other	3 (1.6%)

Procedure

Students were recruited from middle and high schools, medical and psychology clinics, and through freshman students enrolled in an Introductory to Psychology course at Louisiana State University. Parental informed consent and child assent were obtained (see Appendix A and B) and the children were administered questionnaires measuring experiences of bullying, amount of social support, anxiety, depression, and self-esteem. Administration of all test measures was conducted through paper packets or via Survey Monkey. The children completed the questionnaires and their names were entered into a raffle for the chance to receive a gift card. IRB approval was obtained through Louisiana State University and Southeastern Louisiana University (see Appendix F).

Measures

Demographic Questionnaire. Participants completed a brief demographic questionnaire which prompted responses regarding contact information, age, race, gender, parents' marital status, and type of school they attend.

Personal Experiences Checklist (PECK). The PECK is a 32-item self-report instrument used to measure personal experiences of children and adolescents who are bullied (Hunt, Peters, & Rapee, 2012). This measure yields four factors of bullying: Physical, relational-verbal, cyberbullying, and bullying based on culture. Items are rated on a five-point scale ranging from "never" to "every day" and children rate the frequency with which they experience different types of bullying. The PECK demonstrates adequate to excellent internal consistency, with alphas ranging from .78-.91. Test-rest reliability was also shown to be adequate, with *r* ranging from .61-.86 (Hunt, Peters, & Rapee, 2012).

Behavioral Assessment System for Children – 2 (BASC-2). The BASC-2 is a multi-modal, multi-dimensional assessment administered to individuals between the ages of 2 and 25 and is used to evaluate behaviors, thoughts, and feelings. The full battery includes information provided by multiple sources, but for the purposes of this study, only the Self-Report of Personality (SRP) was administered. Forms are available for three age levels: child (ages 8–11 years), adolescent (ages 12–21 years), and college (ages 18–25 years). The adolescent version encompassed the entire age group of the targeted population and was therefore utilized for the study. The SRP includes a variety of clinical scales; 16 primary and 5 composite. In order to target the self-esteem variable, only the Self-Esteem scale was utilized for the purposes for this study. The Self-Esteem scale is a primary clinical scale and includes 8 items for adolescents. Four items are on a True or False scale and four are on a five-point Likert scale ranging from "never" to "almost always" (Reynolds & Kamphaus, 2004). T-scores on the BASC-2 have been nationally normed and scores within the 60-69 range place children "at-risk" for low self-esteem and scores above 70 represent clinically significant levels of low self-esteem. The Self-Esteem scale demonstrated acceptable internal reliability for adolescents, with alphas ranging from .82-.83 (Reynolds & Kamphaus, 2004). Additionally, the test-retest reliability for the Self-Esteem scale is considered adequate for the adolescents form with an alpha of .78.

Social Support Questionnaire for Children (SSQC). The SSQC is a 50-item self-report measure that assesses a child's perceived social support and positive regard from a variety of sources between the ages of 8 and 18 (Gordon, 2011). The items are rated on a four-point Likert scale, ranging from "never or rarely true" to "always true". Five significant others are measured in this questionnaire: Parent, Relative, Peer, Adult, and Sibling. All subscales demonstrated high

internal consistencies with alphas ranging from .88-.97 and adequate concurrent validity when compared to the BASC-2 SPR Personal Adjustment scale (r =.81, p<.001) (Gordon, 2011).

Reynolds Adolescent Depression Scale 2nd Edition (RADS-2). The RADS-2 is a 30-item self-report screening measure used to identify depression in adolescents ages 11 to 20 (Reynolds, 2002). The items are rated on a four-point Likert scale ("almost never", "hardly ever", "sometimes", "most of the time"). The RADS-2 depression total score is calculated and converted to a t-score using a total restandardization sample. According to Reynolds (2002), a t-score of 61 can be considered the clinical severity cutoff score. The RADS-2 demonstrated strong internal consistency (α = .93) and high test-retest reliability (r =.85) (Reynolds, 2002).

Multidimensional Anxiety Scale for Children (MASC). The MASC is a 39-item self-report measure designed to assess anxiety dimensions in children and adolescents ages 8 to 19 years old. The range and severity of physical, cognitive, and behavioral symptoms typically associated with anxiety are assessed (March, 1998). The items are rated on a four-point Likert scale ("never true about me", "rarely true about me", "sometimes true about me", and "often true about me"). The questionnaire yields a total anxiety score, anxiety disorders index, and four subscale scores: Physical Symptoms, Harm Avoidance, Social Anxiety, and Separation/Panic. For the purposes of this study, the total anxiety score was examined. The MASC total score is calculated and converted to a t-score using a standardized normative sample for males and females and three age groups (8-11 year olds, 12-15 year olds, and 16-19 year olds). A t-score of 65 or greater indicates moderate to severe anxiety (March, 1997).

Results

Missing Values

Eleven participants were excluded from the final analyses due to missing responses. One participant did not complete any items of the survey while seven participants did not complete over 10% of the items on any given measure. Three participants did not provide demographic information. For the participants who had missing responses but were less than 10%, the item mean was substituted for the missing values.

Descriptive Statistics

Table 2 provides descriptive information regarding the totals of all continuous variables. Table 3 provides descriptive information regarding the different subtypes of bullying while Table 4 presents the various types of social support. Higher scores represent a higher degree of the continuous variable, except for self-esteem (higher t-score represents lower self-esteem).

Table 2. Means and Standard Deviations for Totals of Continuous Variables

Variable	Mean	*SD*
1. Total Bullying	14.71	14.37
2. Total Social Support	107.46	21.54
3. Depression (t-score)	49.34	11.33
4. Anxiety (t-score)	51.57	12.74
5. Self-Esteem (t-score)	51.02	8.52

Table 3. Means and Standard Deviations for Types of Bullying (PECK)

Variable	Mean	*SD*
1. Physical	2.29	3.70
2. Relational	8.43	7.58
3. Cyber	2.48	3.55
4. Cultural	1.21	1.89

Table 4. Means and Standard Deviations for Types of Social Support

Variable	Mean	*SD*
1. Parent Support	25.33	6.68
2. Relative Support	21.71	7.92
3. Adult Support	22.96	7.79
4. Peer/Friend Support	22.30	6.97
5. Sibling Support	21.42	7.44

Anxiety, depression, and self-esteem were interpreted in terms of T-scores (M = 50, Range = 1-100). As shown in Table 2, majority of children and adolescents reported levels of anxiety, depression, and self-esteem within the average range (M = 51.57, SD = 12.74), (M = 49.34, SD = 11.33), and (M = 51.02, SD = 8.52) respectively. With a range of 50 to 200, children and adolescents from the sample reported relatively moderate levels of social support from all areas (M = 107.46, SD = 21.54). The SSQC ranges from 0 "never true" to 3 "always true" and the total average item response was 2.28 (SD = .85). With a range of 0 to 30, all variables of social support had similar means; sibling social support was the lowest (M = 21.42, SD = 7.44) and parental social support was the highest (M = 25.33, SD = 6.68). Children and adolescents from the sample endorsed experiencing low levels of bullying (M = 14.71, SD = 14.37) with a range of 0 to 128. Cultural bullying was the lowest rated (M = 1.21, SD = 1.89) and relational bullying was most highly rated (M = 8.43, SD = 7.58).

Correlational Analyses

Results of bivariate correlational analyses are presented in Table 5. Significant negative relationships between the outcome measures, anxiety and depression, and all social support variables ranged from -.24 to -.52. Low self-esteem was significantly associated with lowered levels of peer social support (r = -.16, p<.05). Depression (r = .55, p<.01), anxiety (r = .43, p<.01), and low self-esteem (r = .47, p<.01) were all positively and significantly associated with

bullying. All social support variables were negatively and significantly associated with bullying, with coefficients ranging from -.23 to -.40. Concerning the control variables, being female was associated with higher depression and anxiety scores. Age did not influence the outcome measures, but was significantly associated with all social support variables except sibling social support.

Regression Analyses

Three hierarchical regressions were conducted to determine the association between bullying and the outcome variables (i.e. anxiety, depression, and low self-esteem) and whether social support moderated these associations. As recommended by Aiken and West (1991), the predictor and moderator variables were centered in order to minimize the impact of multicollinearity prior to analyses. Centering was managed by subtracting the variable mean from individual scores, which created variables with means of zero. The interaction terms were created by multiplying the centered predictor variables by the centered moderating variable. As shown in Table 6, the first hierarchical regression analyses examined the association between bullying and anxiety when moderated by social support. Child gender was entered in the first step and it was not significant, $F(1,187) = .015$, $p = .903$. The social support and bullying variables were entered in the second step, and taken together, significantly predicted anxiety, $F(3,185) = 17.94$, $p < .01$, and accounted for 25.5% of the variance. The interaction between bullying and social support was entered in the third step and this model was significant, $F(4,184) = 15.78$, $p<.01$. The inclusion of this interaction predicted 3% more variance in anxiety and was significantly more predictive of anxiety than each of the predictors separately, $F_{change}(1,184) = 7.41$, $p<.01$. Bullying (B = .439, $p<.01$) was a significant predictor of anxiety.

Table 5. Bivariate Correlations of the Predictor Variables, Criterion Variables, and Control Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
Gender	__	.011	-.009	-.105	-.032	.035	-.055	.030	-.071	-.214**	-.152*	-.009
Age	__	__	.003	-.069	-.242**	-.223**	-.170*	-.238**	-.002	.121	.141	-.031
SS.Sib	__	__	__	.510**	.451**	.550**	.726**	.536**	-.229**	-.303**	-.240**	-.073
SS.Peer	__	__	__	__	.655**	.649**	.768**	.626**	-.398**	-.487**	-.442**	-.162*
SS.Ad	__	__	__	__	__	.811**	.752**	.701**	-.282**	-.455**	-.379**	-.115
SS.Rel	__	__	__	__	__	__	.822**	.730**	-.367**	-.517**	-.416**	-.138
SS.Parent	__	__	__	__	__	__	__	.791**	-.390**	-.467**	-.406**	-.141
SS.Total	__	__	__	__	__	__	__	__	-.404**	-.491**	-.386**	-.055
Bullying	__	__	__	__	__	__	__	__	__	.545**	.425**	.472**
Dep	__	__	__	__	__	__	__	__	__	__	.690**	.646**
Anx	__	__	__	__	__	__	__	__	__	__	__	.492**
S.E.	__	__	__	__	__	__	__	__	__	__	__	__

Note. SS.Sib = Sibling Social Support; SS.Peer = Peer Social Support; SS.Ad = Adult Social Support; SS.Rel = Relative Social Support; SS.Parent = Parental Social Support; SS.Total = Social Support total score; Bullying = Bullying total score; Dep. = Depression t-score; Anx = Anxiety t-score; S.E. = Low self-esteem t-score. *$p < .05$ ** $p < .01$.

While social support alone was not predictive, the interaction between bullying and social support was significant (B = .007, $p<.01$). Follow up simple slope analyses were conducted for the significant interaction between bullying and social support. Post-hoc probing with t-tests was performed to determine if each slope was significantly different from zero and under which conditions of social support the interaction with bullying is significant. Analyses revealed that the interaction was significant at both higher levels of social support, t(188) = 6.64, $p<.01$ and lower levels of social support, t(188) = 4.9, $p<.01$. As shown in Figure 1, bullying was positively correlated with anxiety at both low and high levels of social support. The study's hypothesis was partially supported by these results.

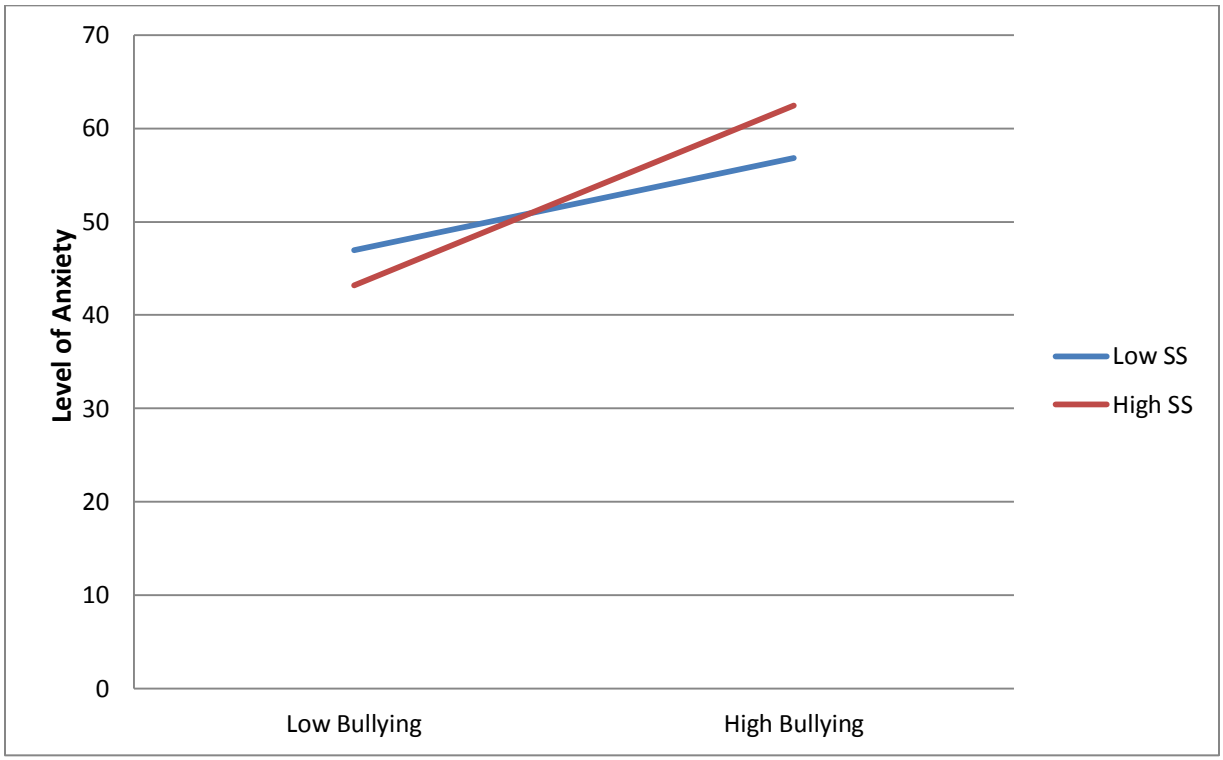

Figure 1. The interaction between bullying and social support predicting level of anxiety

Table 6. Regression Analyses Predicting Child-Reported Anxiety

Variable	Step One		Step Two		Step Three	
	B	β	*B*	β	*B*	β
Gender	-.231	-.009	.758	.029	.044	.002
SS total			.032	.054	.024	.040
B total			.439**	.495	.494**	.557
SS X B					.007**	.189

Note. SS total = Social Support total score; B total = Bullying total score.
R^2 = .000 for Step 1; ΔR^2 = .225** for Step 2; ΔR^2 = .030** for Step 3. *p < .05 ** p < .01.

Table 7 shows the second hierarchical regression which examined the same association but with depression as the outcome variable. Gender was entered in step one and was significant $F(1,187) = 8.96$, $p<.01$. Being female was more predictive of depression than being male. This accounted for 4.6% of the variance. Social support and bullying were entered into the second step, and taken together, the second step was significant, $F(3,185) = 43.47$, $p<.01$ and accounted for an additional 36.8% of the total variance. Social support (B = -.168, $p<.01$) and bullying (B = .320, $p<.01$) were both significant predictors of depression. The third step consisted of the social support and bullying interaction, which was not significant (B = .001, $p = .68$). The inclusion of the interaction was not significantly more predictive of depression than social support and bullying alone, $F_{change}(1,184) = .17$, $p = .68$.

Table 7. Regression Analyses Predicting Child-Reported Depression

Variable	Step One		Step Two		Step Three	
	B	β	*B*	β	*B*	β
Gender	-4.938**	-.214	-4.675**	-.202	-4.76**	-.206
SS total			-.168**	-.319	-.169**	-.321
B total			.320**	.406	.327**	.414
SS X B					.001	.025

Note. SS total = Social Support total score; B total = Bullying total score.
R^2 = .214** for Step 1; ΔR^2 = .368** for Step 2; ΔR^2 = .001 for Step 3. *p < .05 ** p < .01.

The final regression analyses examined low self-esteem as the outcome. Gender was entered in the first step and the first step was significant, $F(1,187) = 4.43$, $p<.05$. Being female was more predictive of low self-esteem than being male. Social support and bullying were entered into the second step and, taken together, the second step was significant, $F(3,185) = 22.85$, $p<.01$. These variables accounted for 24.7% of the variance in children's report of low self-esteem. Social support (B = -.118, $p<.01$) and bullying (B = .177, $p<.01$) were both predictive of low self-esteem. The third step included the interaction term, which was not significant (B = -.001, $p = .52$). This moderating variable only accounted for .2% of the variance and was not significantly more of predictive of lower self-esteem than social support or bullying alone, $F_{change}(1,184) = .41$, $p = .52$.

Table 8. Regression Analyses Predicting Child-Reported Low Self-Esteem

Variable	Step One		Step Two		Step Three	
	B	β	*B*	β	*B*	β
Gender	-2.644*	-.152	-2.557*	-.147	-2.446*	-.141
SS total			-.118**	-.297	-.116**	-.294
B total			.177**	.299	.169**	.284
SS X B					-.001	-.044

Note. SS total = Social Support total score; B total = Bullying total score.
R^2 = .023** for Step 1; ΔR^2 = .247** for Step 2; ΔR^2 = .002 for Step 3. *p < .05 ** p < .01.

Discussion

Considerable research has been conducted examining the deleterious effects of bullying. Studies have consistently shown a significant association between bullying and problems such as depression, anxiety, and low self-esteem (Hawker & Boulton, 2000; Wang, Iannotti, Luk, & Nansel, 2010; Roland, 2002). Various studies have also examined the association between children's adjustment and level of social support (Demaray and Malecki, 2002). The current study contributes to the existing literature by integrating these two concepts. The study hypothesized that perceived social support would serve as a protective factor against internalizing problems for children and adolescents who have been bullied. The hypothesis was not fully supported; social support significantly moderated anxiety in children who were bullied, but did not moderate depressive symptoms or low self-esteem.

Results show that bullying has a negative effect and social support has a positive effect on all outcome variables. Additionally, when youth endorsed higher social support, there was a stronger association between bullying and anxiety than when youth endorsed lower social support. Social support does not moderate the effect of bullying on depression and self-esteem, and surprisingly, high social support may make the effect of bullying worse on anxiety. This result was opposite of what was expected in that higher social support was presumed to be a stronger moderator of anxiety than low levels of social support. Contrary to popular belief, higher social support may have a negative effect on children or make them less able to tolerate bullying without becoming more anxious. High amounts of social support may decrease a child's independence and ability to problem-solve when faced with adversity. Based on this theory, moderate levels of social support would be ideal.

Contrary to the hypotheses, the interaction between bullying and social support was not significant for depression and self-esteem. Results show that bullying has a negative effect and social support has a positive effect on all outcome variables, but that social support does not moderate the effect of bullying on depression and self-esteem. Although the main analysis did not support the hypothesis, two main effects were found. When examined separately, social support and bullying had a main effect upon depression and low self-esteem. As social support increased, adolescents reported decreased levels of depression and low self-esteem. These results are consistent with other findings, in which social support has a positive influence on characteristics such as self-esteem and resiliency (Kleiman & Riskind, 2013). Additionally, bullying had a main effect on adolescent-reported internalizing problems. As children experienced greater levels of bullying, depression and low self-esteem increased. This is also consistent with the vast amount of literature that has documented the association between bullying victimization and internalizing problems (Olweus, 1993; Salmon, James, & Smith, 1998; Hawker & Boulton, 2000; O'Moore & Kirkham, 2001). This contributes to existing literature by illustrating that bullying still negatively affects children and adolescents, regardless of the lower prevalence or establishment of bullying intervention programs in schools and communities.

Social Support

Although the main analyses involved total social support, the relationship between types of support and the predictor and outcome variables were investigated. Results indicated all types of social support examined were inversely and significantly associated with bullying. These findings are consistent with previous research assessing social support in children. Richman and Fraser (2001) found that high social support can lead to increased resiliency while low social

support has been associated with bully victimization (Perren & Hornung, 2005). All types of social support were also inversely and significantly related to the outcome variables, anxiety and depression, but peer social support was the only social support variable that was significantly associated with low self-esteem. This was surprising because given prior research, it was expected that self-esteem would increase when social support as a whole increased (Kleiman & Riskind, 2013). Trzesniewski, Donnellan, and Robins (2003) explained that self-esteem stability is comparable to personality traits and has considerable permanence. It has low stability during childhood but increases during adolescence. Given the age range for this study (ages 11-18), this could be a possible explanation as to why self-esteem was not affected by the moderation of social support when bullied.

Bullying

It is important to note that the sample population reported experiencing low levels of bullying. This study supports the notion that bullying may not pose as great a public health crisis as it has been and could be explained by the other sources who report an overall decline of bullying. Rigby and Smith (2011) examined bullying data from the 1990's to 2009 in 27 different countries, and found that bullying has decreased over time. This decline could be explained by the ongoing efforts to increase awareness and implement zero tolerance policies and anti-bulling programs in communities and schools (Molcho et al., 2009). Relational bullying was endorsed at a significantly higher rate when compared to the other types of bullying (i.e. physical, cyberbullying, and cultural). This finding is consistent with Wang, Iannotti, and Nansel (2009) who found the prevalence rates of social (51.4%) and verbal (53.6%) bullying to be much higher than non-relational types.

Gender

Regarding gender differences, it was not surprising that being female was more predictive of depression and low self-esteem than being male. Countless studies have found that young females report higher levels of depression and decreased levels of self-esteem (Kling, Hyde, Showers, & Buswell, 1999; Marcotte, Fortin, Potvin, & Papillon, 2002). An unexpected finding of this study was that gender was not predictive of anxiety. Research has consistently shown that girls typically endorse higher rates of anxiety symptoms compared to boys (Leikanger, Ingul, & Larsson, 2012; Lewinsohn, et al., 1998). A potential explanation could be that the male participant pool may have been significantly different than the general population and endorsed greater levels of anxiety, which would support the lack of difference between male and female anxiety levels.

Strengths and Limitations

This study contained an adequate sample size and a diverse population of children which appears representative of the general population. This study not only offered confirmation data to prior research, but also provided novel and useful information regarding social support and its impact on internalizing problems for children and adolescents who experience bullying. The hypothesis was not fully supported and showed that higher social support increased the associated between bullying and anxiety and did not moderate depression or low self-esteem. These results can assist in educating community officials, school systems, and families on the unanticipated nature of social support.

Although this study included useful information regarding variables associated with social support, bullying, and internalizing problems in children, several limitations should be considered. The administration of the questionnaires was not standard across the entire sample.

Though a majority of the participants completed the survey online (via Survey Monkey), some children completed a paper survey packet. This administrative change was approved by the IRB and was enacted as an option for convenience and preference of some families. The online survey required forced responses, while the paper packet allowed for missing or skipped responses which slightly affected the amount of sufficient data collected. Another limitation is that this study implemented correlational relationships between the internalizing problems and bullying and social support variables of interest. Though correlations provide beneficial information, causal conclusions cannot be inferred between these relationships. Finally, the study was based solely on self-report data. Though self-report seemed to be the most adequate way to assess participants' experience with bullying, social support, and internalizing problems, it also allowed for deceit, exaggeration, and socially desired responding. Despite the limitations, future studies can expand, modify, and improve upon the information resulted from the current study.

Future Research

Future research on this topic should investigate the different types of social support and if they serve as protective factors on their own, rather than social support as a whole. It would be interesting to examine if peer social support moderates internalizing problems in older adolescents and if parent social support moderates for younger children. This is based on the idea that older adolescents depend more on their peers for social support while children rely on authority figures (e.g. parents) for their social support (Furman & Buhrmester, 1992). Furthermore, future research should examine the relationship between social support and bullying in different school structural contexts. Watt (2003) found that, despite previous claims, small and private schools are not any better for a child's emotional adjustment than large and/or public schools. Additionally, these small or private schools may actually be detrimental to their

mental health, including higher rates of depression and suicide attempts in male students. Researchers could use the same framework from the current study and examine the moderating effect of social support on internalizing problems in children who are bullied in private and public schools. In order to contribute to preventative and reactive interventions to bullying, it is imperative that further research investigates risk and protective factors of children who are or may become bullied.

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Appendix A: Consent Form

1. **Study Title:** Social Support as a Protective Factor for Bullied Children and Adolescents
2. **Performance Sites:** Schools in Louisiana and Texas
3. **Name and Telephone Numbers of Investigators:** The following investigators are available for questions about the study:

   Mary Lou Kelley, Ph.D. (225) 578-8745 Seandra J. Cosgrove (225) 578-6731

4. **Purpose of the Study:** This study will examine the role of various types of social support and if they play a protective role against low self-esteem and other internalizing problems in bullied children and adolescents.
5. **Participant Inclusion:** Children and adolescents aged 11-18 who have been bullied
6. **Number of Participants:** 300
7. **Study Procedures:** Your child will spend approximately one hour during school answering questions about themselves and their experiences with bullying. At the end of the data collection period, a raffle drawing will occur and two participants will win gift cards.
8. **Benefits:** The outcome of this research study will provide practitioners, school officials, and families with information that will help them better understand the effects of bullying and how to better protect our youth from these deleterious effects.
9. **Risks:** Your child may become upset after recollecting previous bullying experiences. In this case, the investigators will provide him or her with phone numbers and addresses of clinics that may help them.
10. **Right to Refuse:** Your child may choose not to complete the measures or quit the study at any time without any consequences.
11. **Right to Privacy:** This study may be published, but you and your child's names will not be included in the publication. No information provided by you or your child will be linked back to you. Contact information will only be used in scheduling data collection appointments. Once data collection is completed, all identifying information (e.g., contact information) will be replaced by a code and deleted from the data file.

This study has been discussed with me and all my questions have been answered. I may direct additional questions regarding study specifics to the investigators. If I have questions about participants' rights or other concerns, I can contact Robert C. Mathews, Chairman of

the LSU Institutional Review Board, at (225) 578-8692. I agree to participate in the study described above and acknowledge the researchers' obligation to provide me with a copy of this consent form if signed by me.

_____ _____

Signature of Parent Participant Date

I also grant permission for my adolescent to participate in this study if he/she decides to do so. I understand that my adolescent's identifying information will be removed and coded to ensure privacy of the information.

_____ _____

Signature of Parent Participant Date

Appendix B: Assent Form

1. **Study Title:** Social Support as a Protective Factor for Bullied Children and Adolescents

12. **Performance Sites:** Schools in Louisiana

13. **Name and Telephone Numbers of Investigators:** The following investigators are available for questions about the study:

    Mary Lou Kelley, Ph.D. (225) 578-8745 Seandra J. Cosgrove (225) 578-6731

14. **Purpose of the Study:** This study will examine the role of various types of social support and if they play a protective role against low self-esteem and other internalizing problems in bullied children and adolescents.

15. **Participant Inclusion:** Children and adolescents aged 11-18 who have been bullied

16. **Number of Participants:** 300

17. **Study Procedures:** You will spend approximately one hour during school answering questions about themselves and their experiences with bullying. At the end of the data collection period, a raffle drawing will occur and two participants will win gift cards.

18. **Benefits:** The outcome of this research study will provide practitioners, school officials, and families with information that will help them better understand the effects of bullying and how to better protect our youth from these harmful effects.

19. **Risks:** You may become upset after recollecting previous bullying experiences. In this case, the investigators will provide you with phone numbers and addresses of clinics that may help you.

20. **Right to Refuse:** You may choose not to complete the measures or quit the study at any time without any consequences.

21. **Right to Privacy:** This study may be published, but your name will not be included in the publication. No information you provide will be linked back to you. Contact information will only be used in scheduling data collection appointments. Once data collection is completed, all identifying information (e.g., contact information) will be replaced by a code and deleted from the data file.

Adolescent's Age: _____

_____	_____
Adolescent's Name	Adolescent's Signature

Appendix C: Demographics Questionnaire

Code:_____ Date: _____

Name: _____ Gender: Male / Female

Current school:_____ Current grade:_____

D.O.B. / Age: _____ / _____

Current Address: _____
Street City Zip

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

What is your racial heritage (select all that apply)?

_____ American Indian / Alaskan Native

_____ Asian / Pacific Islander

_____ Black / African American

_____ Caucasian / White

_____ Hispanic / Latino

_____ Other

_____ Decline to answer

What is your parents' marital status?

_____ Married _____ Living with Partner _____ Widowed

_____ Divorced _____ Single

What type of school do you attend?

_____ Private Religious _____ Private Non-Religious _____Public

_____ Charter _____ Other (Please specify)

Appendix D: Personal Experiences Checklist

Thinking about the last month or so at school, **how often** do the following things happen? Please **circle** the best response.

1. Other kids play nasty practical jokes on me where I might get hurt or injured.	Never	Rarely	Sometimes	Most days	Every day
2. The other kids ignore me on purpose	Never	Rarely	Sometimes	Most days	Every day
3. Other kids try to turn my friends against me	Never	Rarely	Sometimes	Most days	Every day
4. Other kids say nasty things to me on an instant messenger, chat room, or bulletin board	Never	Rarely	Sometimes	Most days	Every day
5. Other kids make fun of my language	Never	Rarely	Sometimes	Most days	Every day
6. Other kids tease me about things that aren't true	Never	Rarely	Sometimes	Most days	Every day
7. Other kids punch me	Never	Rarely	Sometimes	Most days	Every day
8. Other kids make fun of my culture	Never	Rarely	Sometimes	Most days	Every day
9. Other kids make prank calls to me	Never	Rarely	Sometimes	Most days	Every day
10. Other kids threaten me over the phone	Never	Rarely	Sometimes	Most days	Every day
11. Other kids tell people not to hang around with me	Never	Rarely	Sometimes	Most days	Every day
12. Other kids won't talk to me because of where I'm from	Never	Rarely	Sometimes	Most days	Every day
13. Other kids make death stares at me	Never	Rarely	Sometimes	Most days	Every day
14. Other kids say nasty things to me by SMS	Never	Rarely	Sometimes	Most days	Every day
15. Other kids tell people to hit me	Never	Rarely	Sometimes	Most days	Every day
16. Other kids send me nasty emails	Never	Rarely	Sometimes	Most days	Every day
17. Other kids kick me	Never	Rarely	Sometimes	Most days	Every day
18. Other kids say mean things about me behind my back	Never	Rarely	Sometimes	Most days	Every day
19. Other kids make rude gestures at me	Never	Rarely	Sometimes	Most days	Every day
20. Other kids say they'll hurt me if I don't do things for them	Never	Rarely	Sometimes	Most days	Every day
21. Other kids shove me	Never	Rarely	Sometimes	Most days	Every day
22. Other kids say nasty things about me on websites	Never	Rarely	Sometimes	Most days	Every day
23. Other kids wreck my things	Never	Rarely	Sometimes	Most days	Every day
24. Other kids send me computer viruses on purpose	Never	Rarely	Sometimes	Most days	Every day
25. Other kids tease me about my voice	Never	Rarely	Sometimes	Most days	Every day
26. Other kids trip me over	Never	Rarely	Sometimes	Most days	Every day
27. Other kids tell people to make fun of me	Never	Rarely	Sometimes	Most days	Every day
28. Other kids call me names because I'm a bit different	Never	Rarely	Sometimes	Most days	Every day
29. Other kids hit me	Never	Rarely	Sometimes	Most days	Every day
30. Other kids harass me over the phone	Never	Rarely	Sometimes	Most days	Every day
31. Other kids make fun of my friends	Never	Rarely	Sometimes	Most days	Every day
32. Other kids call me names because I can't do something	Never	Rarely	Sometimes	Most days	Every day

Appendix E: SSQC

PARENT: An adult who lives with you and takes care of you most of the time (ex. mom, dad, grandparent, step-parent).
RELATIVE: An **ADULT** who is related to you by blood or marriage, someone other than a parent.
ADULT: Refers to a teacher, coach, religious leader, club leader, neighbor, close family friend or other person **over the age of 18 who you do not live with, and you are not related to**.
PEER: Anyone around your age who you associate with such as a friend, classmate, or teammate.
SIBLING: A full (biological), half, or step-brother or sister.
SOCIAL SUPPORT: Emotional comfort given to us by another person that lets us know we are cared for and valued.

Directions: Please read each item and rate how often each statement is true. **For sibling items only, if you DO NOT have a sibling, select the "N/A" (not applicable) option.**

		Never or Rarely True	Sometimes True	Often or Very True	Always True	Not Applicable
1.	I have a relative who gives me good advice.	0	1	2	3	
2.	I enjoy spending time with a sibling.	0	1	2	3	N/A
3.	I have a sibling who treats me fairly.	0	1	2	3	N/A
4.	A relative helps me feel good about myself.	0	1	2	3	
5.	A peer comforts me when I am upset.	0	1	2	3	
6.	A peer cares about me and makes me feel wanted.	0	1	2	3	
7.	A sibling helps me when I need it.	0	1	2	3	N/A
8.	A parent shows me affection.	0	1	2	3	
9.	A relative is there when I need them.	0	1	2	3	
10	A peer gives me good advice.	0	1	2	3	
11	I have a relative who shows me how to do things.	0	1	2	3	
12	I have an adult in my life who really cares about me.	0	1	2	3	
13	A sibling will let me borrow money if needed.	0	1	2	3	N/A
14	A peer accepts me for who I am.	0	1	2	3	
15	A parent makes sure I have what I need.	0	1	2	3	
16	A peer supports my decisions.	0	1	2	3	
17	A relative helps me when I need it.	0	1	2	3	
18	I have a peer I can count on.	0	1	2	3	
19	A peer encourages me.	0	1	2	3	
20	A sibling comforts me when I am upset.	0	1	2	3	N/A

21	A parent helps me feel good about myself.	0	1	2	3	
22	I have a parent who encourages me.	0	1	2	3	
23	I have a parent who treats me fairly.	0	1	2	3	
24	A parent helps me when I need it.	0	1	2	3	
25	A relative explains things I don't understand.	0	1	2	3	
26	I have a sibling who supports my decisions.	0	1	2	3	N/A
27	An adult comforts me when I am upset.	0	1	2	3	
28	An adult spends time with me when I need it.	0	1	2	3	
29	A relative comforts me when I am upset.	0	1	2	3	
30	A parent shows me how to do things.	0	1	2	3	
31	I have an adult in my life who I can really count on.	0	1	2	3	
32	I have a parent that I can count on.	0	1	2	3	
33	A sibling gives me affection.	0	1	2	3	N/A
34	A parent cares about my feelings.	0	1	2	3	
35	A relative listens when I want to talk.	0	1	2	3	
36	A parent listens when I want to talk.	0	1	2	3	
37	An adult shows me how to do things.	0	1	2	3	
38	I have a sibling who cares about me.	0	1	2	3	N/A
39	A relative helps take care of things I can't do alone.	0	1	2	3	
40	An adult helps me when I need it.	0	1	2	3	
41	An adult helps me feel good about myself.	0	1	2	3	
42	I have a peer who understands me.	0	1	2	3	
43	I have a peer who will lend me money if I need it.	0	1	2	3	
44	A peer praises me when I've done something well.	0	1	2	3	
45	I have a sibling I can trust to keep a secret.	0	1	2	3	N/A
46	An adult gives me good advice.	0	1	2	3	
47	A sibling accepts me for who I am.	0	1	2	3	N/A
48	An adult shows me affection.	0	1	2	3	
49	A relative helps me cope with my problems.	0	1	2	3	
50	An adult cares about my feelings.	0	1	2	3	

Appendix F: IRB Approval Forms

ACTION ON PROTOCOL APPROVAL REQUEST

Institutional Review Board
Dr. Robert Mathews, Chair
130 David Boyd Hall
Baton Rouge, LA 70803
P: 225.578.8692
F: 225.578.5983
irb@lsu.edu | lsu.edu/irb

TO: Mary Lou Kelley
Psychology

FROM: Robert C. Mathews
Chair, Institutional Review Board

DATE: March 6, 2014
RE: **IRB#** 3457

TITLE: Social Support as a Protective Factor for Bullied Children and Adolescents

New Protocol/Modification/Continuation: New Protocol

Review type: Full ___ Expedited _X__ **Review date:** 3/7/2014

Risk Factor: Minimal __X____ Uncertain _____ Greater Than Minimal_____

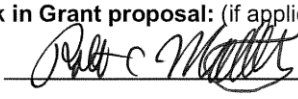
Approved_____X_____ **Disapproved**_____

Approval Date: 3/7/2014 **Approval Expiration Date:** 3/6/2015

Re-review frequency: (annual unless otherwise stated)

Number of subjects approved: 300

Protocol Matches Scope of Work in Grant proposal: (if applicable)_____

By: Robert C. Mathews, Chairman 

PRINCIPAL INVESTIGATOR: PLEASE READ THE FOLLOWING –
Continuing approval is CONDITIONAL on:

1. Adherence to the approved protocol, familiarity with, and adherence to the ethical standards of the Belmont Report, and LSU's Assurance of Compliance with DHHS regulations for the protection of human subjects*
2. Prior approval of a change in protocol, including revision of the consent documents or an increase in the number of subjects over that approved.
3. Obtaining renewed approval (or submittal of a termination report), prior to the approval expiration date, upon request by the IRB office (irrespective of when the project actually begins); notification of project termination.
4. Retention of documentation of informed consent and study records for at least 3 years after the study ends.
5. Continuing attention to the physical and psychological well-being and informed consent of the individual participants, including notification of new information that might affect consent.
6. A prompt report to the IRB of any adverse event affecting a participant potentially arising from the study.
7. Notification of the IRB of a serious compliance failure.
8. SPECIAL NOTE:

**All investigators and support staff have access to copies of the Belmont Report, LSU's Assurance with DHHS, DHHS (45 CFR 46) and FDA regulations governing use of human subjects, and other relevant documents in print in this office or on our World Wide Web site at http://www.lsu.edu/irb*

Application for Approval of Projects Which Use Human Subjects

This application is used for projects/studies that cannot be reviewed through the exemption process.

Institutional Review Board
Dr. Robert Mathews, Chair
130 David Boyd Hall
Baton Rouge, LA 70803
P: 225.578.8692
F: 225.578.5983
irb@lsu.edu | lsu.edu/irb

-- Applicant, Please fill out the application in its entirety and include two copies of the competed application as well as parts A-E, listed below. Once the application is completed, please submit to the IRB Office for review and please allow ample time for the application to be reviewed. Expedited reviews usually takes 2 weeks. Carefully completed applications should be submitted 3 weeks before a meeting to ensure a prompt decision.

-- A Complete Application Includes All of the Following:

(A) Two copies of this completed form and two copies of part B thru F.
(B) A brief project description (adequate to evaluate risks to subjects and to explain your responses to Parts 1&2)
(C) Copies of all instruments to be used.
*If this proposal is part of a grant proposal, include a copy of the proposal and all recruitment material.
(D) The consent form that you will use in the study (see part 3 for more information.)
(E) Certificate of Completion of Human Subjects Protection Training for all personnel involved in the project, including students who are involved with testing or handling data, unless already on file with the IRB. Training link: (http://phrp.nihtraining.com/users/login.php)
(F) IRB Security of Data Agreement: (https://sites01.lsu.edu/wp/ored/files/2013/07/Security-of-Data-Agreement.pdf)

1) Principal Investigator*: Dr. Mary Lou Kelley **Rank** Full Professor

*PI **must be** an LSU Faculty Member

Dept: Psychology **Ph:** 578-8745 **E-mail:** mkelley@lsu.edu

2) Co Investigator(s): please include department, rank, phone and e-mail for each

Seandra Jean Cosgrove
Department of Psychology, Graduate Student
225-578-6731
seandra.cosgrove@gmail.com

IRB# 3457 LSU Proposal #

○ Full ☑ Expedited

☑ Complete Application

☑ Human Subjects Training

☑ IRB Security of Data Agreement

3) Project Title: Social Support as a Protective Factor for Bullied Children and Adolescents

4) Proposal Start Date: 2/8/2014 **5) Proposed Duration Months:** 18

6) Number of Subjects Requested: 300 **7) LSU Proposal #:** N/A

8) Funding Sought From: N/A

ASSURANCE OF PRINCIPAL INVESTIGATOR named above

I accept personal responsibility for the conduct of this study (including ensuring compliance of co-investigators/co-workers) in accordance with the documents submitted herewith and the following guidelines for human subject protection: The Belmont Report, LSU's Assurance (FWA00003892) with OHRP and 45 CFR 46 (available from http://www.lsu.edu/irb). I also understand that copies of all consent forms **must be maintained at LSU for three years after the completion of the project**. If I leave LSU before that time, the consent forms should be preserved in the Departmental Office.

Signature of PI Mary L Kelley Date 1.17.14

ASSURANCE OF STUDENT/PROJECT COORDINATOR named above. If multiple Co-Investigators, please create a "signature page" for all Co-Investigators to sign. Attach the "signature page" to the application.

I agree to adhere to the terms of this document and am familiar with the documents referenced above.

Signature of Co-PI (s) Date 1/17/14

SOUTHEASTERN
LOUISIANA UNIVERSITY

Institutional Review Board
Box 11851
Phone: 549-2077

Campus Correspondence
www.selu.edu/irb
Fax: 549-3640

DATE: September 26, 2014

TO: Dr. Mary Lou Kelley
Dr. Monique LeBlanc
Seandra Cosgrove
Psychology

FROM: Dr. Michelle Hall, Chair

RE: IRB Action on Proposed Project

This memo is to inform you of the IRB action with regard to your proposal:

Title: Social Support as a Protective Factor for Bullied Children and Adolescents

This proposal was given: Expedited Review:_____

Full Committee Review:___X___

Exempt:_____

The result was: Full Approval:__X____

Denied Approval:_____

If anything other than Full Approval is recommended, it is your responsibility, as investigator, to submit changes/corrections or plans to accommodate conditions listed below to the Institutional Review Board prior to initiating the project. This approval is valid for one year from the date above, if data is to be collected after that time frame, the PI must submit a Continuation of Research Form.

Failure to acquire full approval by IRB before implementation for any project which involves humans means that the PI is not acting in "good faith" with university policy and is not, therefore, guaranteed the protection of the university.

Committee Comments:

Written permission from each institution will need to be submitted to IRB before data is collected.

IRB Number:2015-023

Vita

Seandra Jean Cosgrove graduated with a Bachelor of Science degree in psychology from Colorado State University in 2011. She began her graduate studies at Louisiana State University under Dr. Mary Lou Kelley in August of 2012. She is currently a third-year student working towards her Doctorate of Philosophy degree in clinical child psychology and is expecting to receive her Masters of Arts degree in May of 2015. She is currently studying the effects of bullying and childhood trauma and violence.