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Maladjustment Among Victims of Bullying

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MALADJUSTMENT AMONG VICTIMS OF BULLYING

By

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ABSTRACT

Bullying has garnered attention from educators, social scientists, and the public at large for nearly 50 years, but the dilemma persists. We have seen that bullying is a high-risk factor for psychological adjustment across the lifespan. The current study has surveyed college students to ascertain their perceptions of adjustment in adult life. The study has added to the existing literature in addressing the role of reduced perceived control in the maladjustment of bully victims. A novel contribution was made by comparing the strength of this potential mediator to another documented correlate of poor adjustment among bullying victims, thwarted belonging.

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Maladjustment Among Victims of Bullying

Media and academic literature alike have demonstrated a concern by many of the world's cultures with issues surrounding bullying and its effects on development. Issues stemming from bullying victimization have been researched for nearly fifty years (Olweus, 1973). Though research suggests a promising recent reduction in bullying in schools (Goldstein et al., 2021), bullying is still an important problem to which researchers need to remain attentive. Many people report concerns regarding the threat of bullying to safety (e.g., Kann et al., 2018; Mowen & Freng, 2019; Waasdorp et al., 2017; Wang, et al., 2021). A myth also exists that bullying is just a normal part of growing up (Pacer, 2020). Researchers document a vast array of adjustment difficulties that are common among bullying victims (Noret et al., 2018; Tu et al., 2015; Dijkstra & Homan, 2016), such as the argument that victimization activates an inner verbal monitoring and coping via emotion regulation and self-reflection (Kiefer, 2021). Adjustment difficulties are attributed to maladaptive interpretations or appraisals that victims derive from their bullying experience (e.g., Noret et al., 2018; Terranova et al., 2011; Turanovic & Pratt, 2013). The current study focuses on the role of reduced perceived control as an appraisal that will correlate with internalizing and externalizing symptoms among victims of bullying.

Victimization and Maladjustment

It is possible that some may downplay bullying due to an assumption that the

negative consequences only last for a brief period of time (e.g., several days or weeks). On the contrary, a meta-analysis by Sandoval et al. (2015) suggested long-lasting mental health concerns associated with bullying victimization. Researchers noted significant correlates such as suicidality, psychological distress, increased risk-taking behaviors, diagnoses of depression, anxiety disorders, and alcohol dependence, as well as a risk of decreased cognitive functioning, social relationships, socio-economic status, overall health, and poorer perceived quality of life. One longitudinal study of childhood bullying indicated that victims experience social and emotional difficulties up to 40 years after bullying has been experienced (Takizawa et al., 2014). Neuropsychological studies have also been conducted that suggest bullying affects neurological changes such as abnormalities in the corpus callosum, a structure that connects the two hemispheres of the brain together (e.g., Teicher et al., 2010) and poor neurological feedback that typically hinders effective emotion regulation and positive social interactions (Nelson et al., 2014).

These structural changes to the brain are believed to predict increased antisocial behaviors, poor interpersonal relationships, and poor academic achievement. Young adults exposed to peer victimization are more likely to experience both internalizing symptoms (e.g., depression, anxiety; Leadbeater et al., 2016) and externalizing symptoms (e.g., aggression, violent offending; Turanovic & Pratt., 2013). The current study examined victimization in an adult population. Previous research has shown that victimization and other interpersonal stressors are associated with reduced perceived control in young adults (Wang et al., 2021; Williams et al., 2000). Reduced perceived

control has also been implicated as a risk factor for poor emotion regulation and psychological maladjustment (e.g., Andrews & Debus, 1978; Grolnick & Ryan, 1987; Hartley, et al., 2013; Leotti et al., 2010; Perry et al., 2010).

Victim Maladjustment and Reduced Perceived Control

Perceived control is defined as an individual's belief in their abilities that determines whether they can achieve goals and/or control factors that may interfere with the achievement of those goals (Lachman & Weaver, 1998). Reduced perceived control has been implicated as an appraisal that may be particularly problematic among targets of bullying victimization and other interpersonal stressors (Wang et al., 2021, Williams et al., 2000, and Catterson & Hunter, 2010). High levels of perceived control on the other hand have been linked to resilience (e.g., Bhanji et al., 2016; Sandler et al., 1995; Terranova et al., 2011). Transactional theories of coping (Lazarus & Folkman, 1984) have been useful in improving understanding of adjustment in bullying victims. Lazarus and Folkman (1984) argue that appraisals (the cognitive interpretations of potential stressors) determine how an individual adjusts to a stressful situation. Appraisals are made regarding the threat of the potential stressor itself (primary appraisals) and what the individual is able to do in response to the stressor and how well they feel they can implement appropriate strategies to handle a stressor (secondary appraisals).

Folkman (1984) suggested that perceived control is a secondary appraisal. Appraisals of greater perceived control are correlated with problem-focused coping in adults (e.g., support seeking, Blanchard-Fields & Irion, 1988; Folkman et al., 1986;

Forsythe & Compas, 1987). Though research with adolescents and children has documented this association less consistently (Terranova et al., 2011), some evidence suggests that appraisals of greater control longitudinally predict increased support seeking and reduced externalizing symptoms (Terranova et al., 2009). Hunter and colleagues have documented that reduced perceived control mediates internalizing symptoms in child victims (Hunter & Boyle, 2002; Hunter et al., 2010), though the mediation of externalizing symptoms is yet to be explored. A notable gap in our understanding of reduced perceived control among bullying victims thus appears to involve the nature of its association with psychological adjustment. It is unclear whether reduced perceived control is a stronger predictor of internalizing or externalizing symptoms in young adult bullying victims. There may be developmental differences in appraisals of control and their association with internalizing versus externalizing symptoms, thus exploring these distinct associations in young adults is warranted.

Another useful theory in understanding perceived control and maladjustment in bullying victims is the Need-Threat Model. According to the Need-Threat Model, control is one of the four basic needs (i.e., self-esteem, meaningful existence, belongingness, and control) that rejection, experienced by many victims of bullying, threatens (Williams et al., 2009). Williams theorizes that rejection can damage psychological well-being by depleting these four basic psychological needs. Rejection can undermine a person's sense of agency pertaining to the current victimization experience, subsequent victimization, or the surrounding peer environment. Freedman et al. (2016) and Terranova et al. (2011)

argue that this lack of agency can promote "acting out," or antisocial behavior, among victims.

Wang et al. (2021) explored whether electronic victimization experienced by college students would be associated with lower general perceived control. Their findings supported this association and suggested that reduced belief in a just world may underlie this association. The relationship between bully victimization and reduced perceived control is, however, not well established in young adults and questions remain regarding whether reduced perceived control is associated with psychosocial maladjustment (e.g., internalizing symptoms, externalizing symptoms, attentional problems).

One reason it is particularly important to understand perceived control as an adjustment related risk factor in bully victims is that it is also a modifiable cognitive risk factor for health risk behaviors. These health risk factors range anywhere from difficulty sleeping (Fekkes et al., 2006; Vernberg et al., 2011), weight gain (Van Geel et al., 2014; Waasdorp et al., 2018), and overall higher reports of somatic complaints (e.g., Fekkes et al., 2004; Gini, et al. 2014; Gini & Pozzoli 2009; Graham et al., 2003; Låftman et al. 2013; Rigby, 1998; Sesar & Sesar, 2012; Vernberg et al. 2011). Fostering high levels of perceived control increases overall resilience in repeated bully victims and warrant inclusion in comprehensive intervention or prevention efforts that aim for efficiency as well as breadth of benefits.

Another notable weakness of previous work is that it is unclear how reduced perceived control compares to other predictors of maladjustment in victims. One such

predictor is thwarted belonging. When one feels poorly connected to others and that they lack reciprocal, caring relationships, this can result in a psychologically painful mental state of thwarted belongingness (Van Orden et al., 2012). Thwarted belongingness is correlated with loneliness, depression, helplessness, and suicidal ideation (e.g., Hill et al., 2015; Williams, 2009).

Since one of the four basic needs in the Needs Threat Model is belonging, thwarted belonging is implicated as a trigger of maladjustment that may be particularly common among bullying victims (Williams, 2009). A large body of research demonstrates that rejection negatively impacts belongingness (DeWall et al., 2008; Hawkley et al., 2011; Romero-Canyas et al., 2010; van Beest & Williams, 2006; Zadro et al., 2004). Evidence suggests that due to their desire for belonging, rejected individuals may engage in risky behaviors to make friends (e.g., smoking when it seems to be the norm; DeWall & Pond, 2011) and experience attentional biases for social information at the expense of other information (Maner et al., 2007). Though individually problematic, these reactions exacerbate psychological distress in bullying victims.

The Current Study

Because there is a need for further investigation of factors which underlie maladjustment in victimized young adults, the goal of the current thesis was to replicate previous work linking victimization to reduced perceived control and explore whether reduced perceived control mediates maladjustment in victimized young adults. In addition to direct and indirect forms of victimization, victimization measures assessed

electronic victimization, which is a form of victimization that young adults are most vulnerable to (Wang et al., 2021). A parallel mediation analysis explored perceived control's strength as a mediator relative to another potential mediator, thwarted belonging. Building on previous work (e.g., Hunter & Boyle, 2002; Hunter et al., 2010), maladjustment was assessed using measures of internalizing symptoms, externalizing symptoms, and attentional problems.

Method

Participants

Participants were undergraduate psychology students from Stephen F. Austin State University (SFA) and additional adults that received a link via social media that consented to take part in an online survey. One hundred eighty participants were recruited through SONA, SFA's participant recruitment website, and announcements were made in introductory undergraduate courses at SFA. The two were combined to create a sample size of 293 participants. Student participants received extra credit or course credit for participation. Participants were informed that participation was not mandatory, nor was the completion of the survey. Based on a power analysis completed with the G power analysis application, a power set at .8, and an effect size of .15, a total sample size of 158 was needed.

The sample was moderately diverse in terms of race (70.7% white, 10.5% multiracial, 10.0% black, 6.3% other, 1.7% native American, and 0.8% Asian), sexual orientation (67.4% heterosexual, 7.1% bisexual, 6.7% other, 4.6% pansexual, 2.9% multisexual, 2.9% questioning, 1.7% lesbian, 1.7% asexual, 1.3% gay, 0.8% same-gender-loving, and 0.4% queer), gender (68.6% women, 21.3% men, 3.3% non-binary, 0.8% questioning, 0.8% gender fluid, and 5% preferred not to answer), and socioeconomic status (annual income: 26.8% $0-$49,999, 23.4% unsure, 23.4% $50,000-$99,999, 15.1% $100,000-$149,999, 5.9% $175,000+, and 5.4% $150,000-$174,999).

The average age for the student population was 20 years of age, while the average for the social media sample was 41 years of age.

Measures

Victimization

Victimization was measured using the Direct and Indirect Aggression Scales – Victimization Versions (*a* = .955; DIAS; Appendix A; Bjorkqvist et al., 1992), in conjunction with the Cyberbullying Victimization Scale (*a* = .900; CVS; Appendix B; Patchin and Hinduja, 2010). The combination of these scales formed a 33-item self-report measure with subscales of physical victimization, verbal victimization, indirect victimization, and electronic victimization. Participants rated how often a person or group enacted a range of bullying behaviors toward them (e.g., "gossiped about you," "pushed you down to the ground," "spread rumors about you online") using scales ranging from 0 (*never*) to 4 (*very often*). Previous research with the DIAS has documented internal consistency of both the direct victimization scales (physical: α =.792, and verbal: α = .827) and the indirect aggression scale (social manipulation: 11 items; α = .889; Miller & Vaillancourt, 2007) in samples including undergraduate students. The internal consistency of the CVS has been documented in previous work with samples of college students and adolescents (αs ranging from .71-.93; Na et al., 2015; Patchin & Hinduja, 2010). Composite scores were created by computing a sum for all items on the two scales. Larger values represent higher levels of victimization. Theoretical range being anywhere from 0 to 132.

Psychological Maladjustment

Maladjustment, in the last seven days, was measured utilizing the Brief Problem Monitor 18-59 (BPM; Appendix C; Achenbach & Ivanova, 2018). Participants were presented with an 18-item self-report measure rated on a scale ranging from 0 (*not true/applicable*) to 2 (*very true*) within the last seven days. This measure comprises three subscales for internalizing symptoms (a = .830; e.g., "feel worthless or inferior"), externalizing symptoms (a = .820; e.g., "get upset too easily"), and attention problems (a = .828; e.g., "trouble setting priorities"). Achenbach and Ivanova (2018) report this measure to have high test-retest reliability (.79-.87) and high internal consistency (αs = .75 - .89). Subscale composites were computed by summing item responses. Larger values represent a higher level of maladjustment.

Reduced Perceived Control

Reduced General Self Control. General self-control was measured using the Self-Control Scale (a = .820; TSCS; Tangney et al., 2008; Appendix D). Participants were presented with a 13-item measure (e.g.,"I have a hard time breaking bad habits"), rated using a response scale from 1 (*not at all*) to 5 (*very much*). The TSCS has shown good reliability and validity among college students (de Ridder et al., 2012; Tangney, Baumeister, & Boone, 2004). Scores on this measure correlate with a range of behaviors believed to require self-control (school/work, eating/weight) as well as interpersonal functioning, and wellbeing/adjustment (de Ridder et al., 2012). Composite scores were reverse summed, such that higher scores indicate lower levels of general self-control.

Reduced Control Over Victimization. Appraisals of self-control over victimization was measured using four items (e.g., "you reminded yourself that you knew what to do," "you told yourself you have taken care of things like this before") adapted from the control subscale of the Children's Coping Strategies Checklist - Revision 1 (*a* = .938; Appendix E; Program for Prevention Research, 1999). The four self-report items will be adapted following Terranova et al. (2011) by adding the stem, ''When bullied, ...'' to the beginning of each item to measure appraisals of control regarding the specific stressor of bullying victimization. Responses were made using a scale from 1 (*never*) to 5 (*always*). A composite score was computed by reverse coding and summing the four items, such that higher scores indicate lower levels of self-control. The factor structure, predictive validity, and internal consistency of the Children's Coping and Strategies Checklist has been documented in previous work (e.g., Ayers et al., 1996; Sandler et al., 1995; Sandler et al., 2000).

Thwarted Belonging

The *Interpersonal Needs Questionnaire* (INQ; Appendix F; Van Orden et al., 2012) is a 15-item self- report measure used to assess perceived thwarted belonging and burdensomeness. Only the perceived thwarted belonging subscale was used for the current study (*a* = .911). Participants indicated how true 15 statements are for them on a scale from 1 (*not at all true for me*) to 7 (*very true for me*). Responses were computed by reverse coding and summing the 15 items, such that higher scores indicate lower levels of belonging. The INQ's thwarted belonging subscale has adequate reliability and validity

(Van Orden et al., 2012), with αs ranging from .85-.88 in college student samples (Douglas et al., 2021a; Douglas et al., 2021b).

Demographic Information

Participants completed self-report items to indicate their age, academic status, major, race, ethnicity, gender, sex, sexual orientation, and any disability status (Appendix G).

Procedure

Participants completed all measures via an online survey using the Qualtrics survey platform. The participants were directed to the Qualtrics platform following signup in SONA or receiving the Qualtrics survey link. Upon accessing the survey, participants were presented with a consent page (Appendix H). Consenting participants were then presented with the survey measures in counterbalanced order followed by a demographics section and debriefing section (Appendix I).

Results

Data Cleaning, Screening, and Assumptions

Data were cleaned, screened, tested for assumptions, and analyzed using SPSS statistical software. Two attention checks were used to test if participants were paying attention during the survey. Those that did not respond correctly were removed from the analysis. A total of 54 participants (42 students and 12 social media participants) were removed from analysis for not passing attention checks. Independent samples t-tests indicated no significant differences in primary study variables for participants who passed versus did not pass the attention check (all p's > .05).

Univariate outliers were addressed by identifying participants whose responses were 2.68 standard deviations above or below the mean (Tabachnick & Fidell, 2012). One participant's score on the thwarted belonging composite was more than 2.68 standard deviations above the mean and was replaced with a Winsorized value (Tabachnick & Fidell, 2012). One participant's score on the self-control composite was more than 2.68 standard deviations above the mean and was replaced with a Winsorized value. Three participant's scores on the victimization composite were more than 2.68 standard deviations above the mean and were replaced with Winsorized values. No multivariate outliers were identified when assessed using Mahalanobis distances as

criteria. The final participant total was 239 (138 students and 101 social media participants).

Use of a multiple regression model requires testing several common data assumptions: normality, linearity, independence, and lack of multicollinearity and heteroscedasticity. Univariate normality was assessed using skew and kurtosis statistics. Skewness statistics for composite scores for the primary study variables all fell between -1 and 1, and kurtosis statistics for composite scores for the primary study variables all fell between -2 and 2. Linearity was tested with visual inspection of the scatterplots for each variable combination. No non-linear patterns were identified, indicating the assumption of linearity was met. Homoscedasticity was assessed with a visual inspection of the P-P Plots (plotting residuals against predicted values). No patterns were present indicating heteroscedasticity. All variable combinations had a Durbin-Watson value close to 2, with all values ranging between 1.5 to 2.5 indicating the assumption of independence was met. Tolerance and variance inflation factors were used to test for multicollinearity. For each of our regression models, the tolerance values were all above .2 and the variance inflation factors were all below 10, indicating no multicollinearity in the data (Field, 2013; Tabachnick & Fidell, 2012).

Descriptives, Bivariate Correlations, and Demographic Group Differences

Table 1 presents the bivariate correlations for the independent variable, dependent variables, and mediators. Traditional victimization means were not significantly different across the two subsamples (p = .878), college students (M = 48.58, SD = 15.23) and

social media participants (M = 48.89, SD = 15.09). The same was the case for cyberbullying (p = .422; college students, M = 13.97, SD = 13.98: social media participants, M = 13.41, SD = 5.73). Table 2 presents descriptives for the independent variable, dependent variables, and mediators.

Table 1

Bivariate Correlations for Survey Measures

Variables	1	2	3	4	5	6	7
1. Victimization	-						
2. Reduced Self-Control	.318**	-					
3. Reduced Self-Control over Victimization	-.041	-.024	-				
4. Thwarted Belonging	.304**	.350**	.189**	-			
5. Internalizing Symptoms	.380**	.452**	.116	.587**	-		
6. Externalizing Symptoms	.386**	.522**	-.046	.375**	.543**	-	
7. Attention Problems	.242**	.573**	.007	.386**	.585**	.555**	-

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

Table 2

Descriptive Statistics for Survey Measures

	M	*SD*	*Range*
Victimization	62.21	17.81	32.00 – 112.00
Reduced Self-Control	37.48	8.83	14.00 – 59.00
Reduced Self-Control over Victimization	10.96	4.78	4.00 – 20.00
Thwarted Belonging	26.56	11.34	9.00 – 56.00
Internalizing Symptoms	4.15	2.99	.00 – 12.00
Externalizing Symptoms	3.48	2.43	.00 – 10.00
Attention Problems	4.47	3.02	.00 – 12.00

The results suggest that internalizing symptoms are moderately and positively correlated with victimization (r = .380, $p < .001$), strongly and positively correlated with thwarted belonging (r = .587, $p < .001$), moderately and positively correlated with reduced self-control (r = .452, $p < .001$), whereas they are weakly correlated with reduced self-control over victimization (r = .116, p = .073). The results also suggest that

externalizing symptoms are moderately and positively correlated with victimization (r = .386, p < .001), moderately and positively correlated with thwarted belonging (r = .375, p < .001), strongly and positively correlated with reduced self-control (r = .522, p < .001), whereas they were weakly and negatively correlated with reduced self-control over victimization (r = -.046, p = .483). Table 3 presents descriptive statistics for victimization.

Table 3

Descriptive Statistics by Victimization

	M	*SD*	Range
Traditional	48.712	15.124	23.00 - 112.00
Cyberbullying	13.729	5.303	9.00 - 45.00

Additionally, the results suggest that attention problems were weakly and positively correlated with victimization (r = .242, p < .001), moderately and positively correlated with thwarted belonging (r = .386, p < .001), strongly and positively correlated with reduced self-control (r = .573, p < .001), whereas they were not significantly correlated with self-control over victimization. A series of analyses of variances were run to test for significant differences in study variables across demographic groups (race, ethnicity, disability status, sexual orientation, and gender). Bivariate correlations were used to test for study variables' associations with age and socioeconomic status. Age was weakly and negatively correlated with reduced self-control (r = -.269, p < .001), weakly and negatively correlated with reduced self-control over victimization (r = -.179, p = .008), weakly and negatively correlated with internalizing symptoms (r = -.266, p < .001),

weakly and negatively correlated with externalizing symptoms (r = -.279, p < .001), and weakly and negatively correlated with attention problems (r = -.334, p < .001). Socioeconomic was not significantly correlated with any of the study variables. Table 4 presents descriptive statistics by sexual orientation.

Table 4

Descriptive Statistics by Sexual Orientation

	Heterosexual		Bisexual		Pansexual		Questioning		Multisexual		Other	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Victimization	59.52	16.56	68.67	18.48	78.00	24.86	59.53	11.20	70.95	23.50	60.82	13.29
Self-Control	35.86	8.55	41.85	9.09	44.12	8.37	41.14	7.20	46.71	8.30	36.81	6.99
Self-Control on Victimization	10.75	4.80	11.00	4.49	10.55	3.91	11.71	5.44	10.02	5.74	13.52	4.64
Thwarted Belonging	25.35	10.69	28.52	13.24	32.52	12.24	31.79	17.56	25.90	7.10	26.08	10.36
Internalizing	3.57	2.83	5.06	2.61	6.64	2.84	7.29	3.99	7.00	7.29	4.40	2.86
Externalizing	3.12	2.23	4.63	2.51	6.09	2.84	4.57	2.76	4.86	2.55	3.22	2.24
Attentional	3.97	2.94	5.96	2.67	6.97	2.38	5.43	3.10	7.29	2.43	4.93	2.83

There were significant differences in externalizing symptoms across ethnicity (F[1, 221] = 6.318, p = .013). Table 5 describes the descriptive statistics by Ethnicity. There were also significant differences in victimization across disability status (F[1, 223] = 9.336, p = .003).

Table 5

Descriptive Statistics by Ethnicity

	Hispanic		Non-Hispanic	
	M	*SD*	*M*	*SD*
Victimization	56.45	14.78	64.02	18.39
Self-Control	26.45	11.39	26.59	11.37
Self-Control on Victimization	36.45	8.61	38.11	8.88
Thwarted Belonging	11.16	5.46	10.81	4.58
Internalizing Symptoms	4.24	2.85	4.15	3.02
Externalizing Symptoms	2.77	1.82	3.77	2.56
Attention Problems	4.06	2.57	4.65	3.12

Table 6 illustrates descriptive statistics by gender. Across gender there were significant differences in victimization (F[5, 238] = 5.769, p < .001), in self-control (F[5,238] = 2.326, p =.044), as well as in internalizing symptoms (F [5,238] = 3.218, p = .008). Across sexual orientation, there were significant differences in victimization (F[5, 218] = 3.533, p = .004), self-control (F[5,218] = 5.408, p < .001), internalizing symptoms (F[5, 218] = 6.590, p < .001), externalizing symptoms (F[5,218] = 5.263, p < .001), internalizing symptoms (F[5,218] = 6.590, p < .001), and attention problems (F[5,218] = 5.114, p < .001).

Table 6

Descriptive Statistics by Gender

	Man		Woman		Genderfluid		Non-Binary		Questioning		Other	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Victimization	61.21	17.22	61.42	16.94	88.50	28.99	88.44	18.80	37.83	1.65	59.55	14.34
Self-Control	38.56	9.19	50.00	11.31	42.04	10.28	42.04	10.28	48.00	5.66	35.64	7.27
Self-Control on Victimization	9.89	4.72	11.16	4.73	5.00	1.41	10.63	4.53	11.83	10.14	13.94	4.15
Thwarted Belonging	27.50	11.29	25.83	11.26	37.00	25.46	35.00	10.57	32.00	8.49	24.27	9.58
Internalizing	3.65	3.00	4.10	2.95	10.00	2.83	6.38	2.62	7.00	<.05	4.03	2.44
Externalizing	3.23	2.59	3.48	2.29	5.50	4.95	5.38	3.29	3.50	4.95	2.88	2.10
Attentional	4.40	2.74	4.29	3.07	7.00	5.66	6.83	2.44	7.00	<.05	4.74	3.04

There were no significant differences for mediators as well as independent and dependent variables across race. Table 7 describes the descriptive statistics by race.

Table 7

Descriptive Statistics by Race

	White		Black		N. American		Asian		Multiracial		Other	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Victimization	62.44	17.49	67.06	21.73	55.58	13.76	84.33	15.09	58.90	15.69	56.23	16.75
Self-Control	37.81	8.88	38.70	8.74	33.75	5.56	37.00	4.24	34.61	9.95	37.67	7.34
Self-Control on Victimization	11.04	4.71	9.38	4.54	9.50	1.73	7.50	.71	12.19	5.78	11.47	4.50
Thwarted Belonging	26.32	11.47	28.35	10.36	19.58	7.82	25.00	14.14	29.80	13.16	23.03	7.43
Internalizing	4.17	2.96	4.23	3.53	2.25	2.63	4.50	6.36	4.49	3.17	3.73	2.02
Externalizing	3.51	2.47	4.06	2.91	2.75	.50	6.50	2.12	2.86	1.92	3.00	1.77
Attentional	4.46	3.00	4.85	3.27	5.25	2.22	4.00	4.24	4.47	3.40	3.83	2.46

Note. N. American= North American

Mediation Analyses

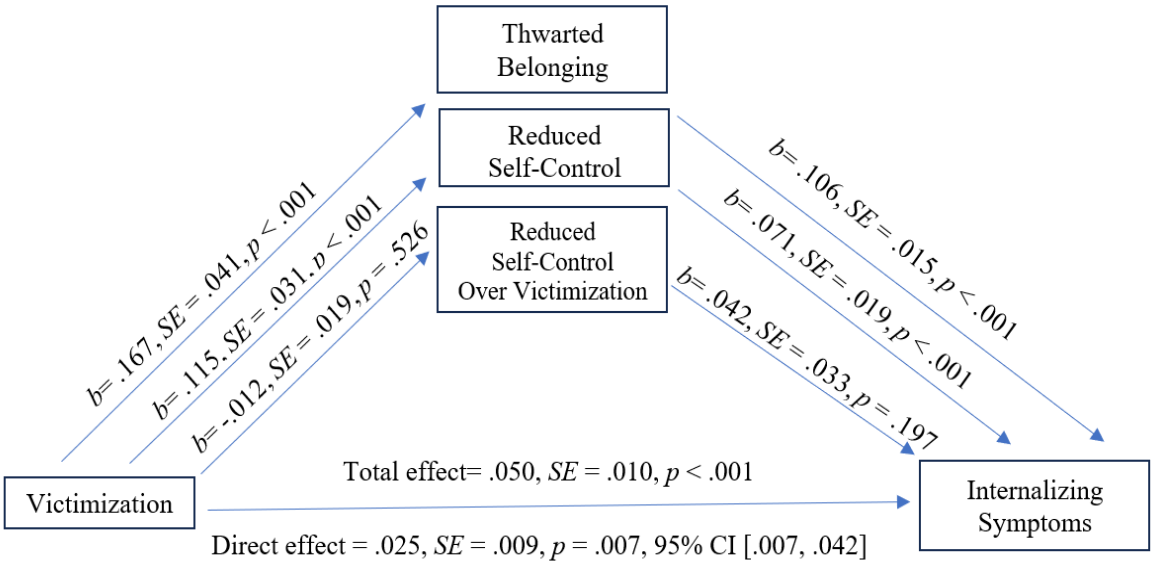
Internalizing Symptoms

Because age was correlated with victimization and internalizing symptoms and because victimization and internalizing symptoms varied across gender groups, age and gender were entered as covariates in the mediation analysis for internalizing symptoms. Controlling for age and gender, the total effect for the relation between victimization and internalizing symptoms, or the sum of the direct and indirect effects, had a point estimate of .050. While the direct effect of victimization on internalizing symptoms remained significant (point estimate of .025; 95% CI [.007, .042]) in this model (see Figure 1), the indirect effects for two of the three mediators were significant. Controlling for age and gender, the relation between victimization and general level reduced self-control was significant and positive. Higher levels of victimization were associated with reduced self-control. The regression analysis also revealed a positive correlation between self-control and internalizing symptoms. Higher levels of reduced self-control were associated with

higher levels of internalizing symptoms. The indirect effect, assessing the variance explained by reduced self-control in the relation between victimization and internalizing symptoms was significant (point estimate of .009; *SE* = .004 95% CI [.003, .017]). This suggests that victimization may positively correlate with internalizing symptoms through its association with reduced self-control.

Figure 1

Mediation Model for Victimization on Internalizing Symptoms



Controlling for age and gender, the relation between victimization and reduced self-control over victimization was not significant. Reports of victimization did not correlate with reduced self-control over victimization. The regression analysis also revealed a nonsignificant correlation between reduced self-control over victimization and

internalizing symptoms. The indirect effect, assessing the variance explained by reduced self-control over victimization in the relation between victimization and internalizing symptoms was nonsignificant (point estimate of -.001; *SE* = .001; 95% CI [.-.003, .002]). This suggests that while victimization positively related to internalizing symptoms, reduced self-control over victimization does not account for a significant portion of this relationship.

Controlling for age and gender, I found that the relation between victimization and thwarted belonging was significant and positive. Higher reports of victimization were associated with higher levels of thwarted belonging. The regression analysis also revealed a positive correlation between thwarted belonging and internalizing symptoms. Higher levels of thwarted belonging were associated with higher levels of internalizing symptoms. The indirect effect, assessing the variance explained by thwarted belonging in the relation between victimization and internalizing symptoms was significant (point estimate of .018; *SE* = .006; 95% CI [.008, .031]). This suggests that victimization may positively correlate with internalizing symptoms through its association with thwarted belonging.

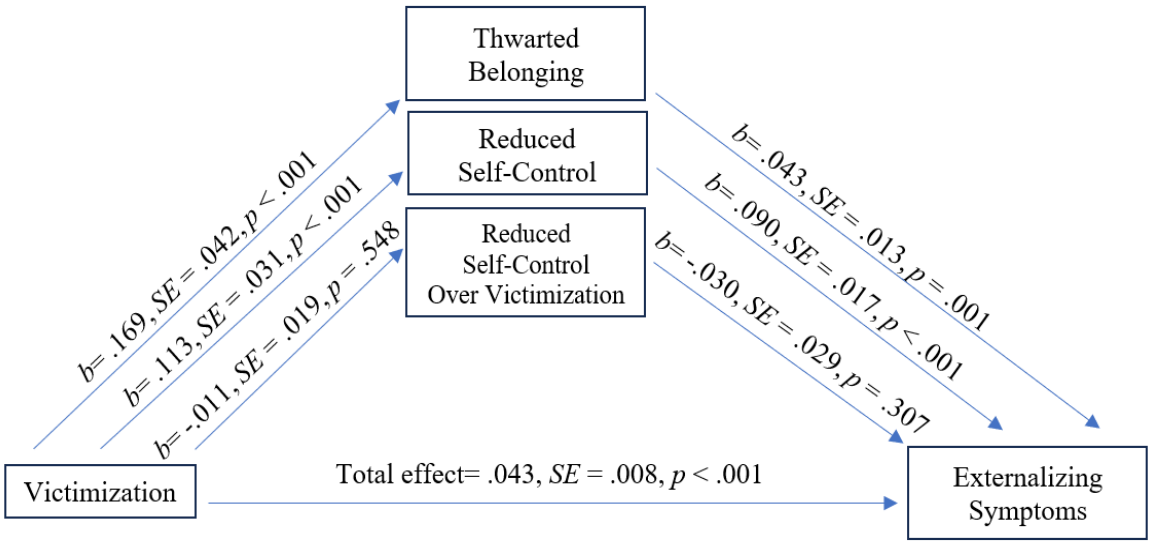
Externalizing Symptoms

Because age was correlated with victimization and externalizing symptoms and because victimization and externalizing symptoms varied across ethnicity groups, age and ethnicity were entered as covariates in the mediation analysis for externalizing symptoms. Controlling for age and ethnicity, the total effect for the relation between

victimization and externalizing symptoms, had a point estimate of .043. While the direct effect of victimization on externalizing symptoms remained significant (point estimate of .025; 95% CI [.009, .041]) in this model (see Figure 2), the indirect effects for two of the three mediators were significant.

Figure 2

Mediation Model for Victimization on Externalizing Symptoms



Direct effect= .025, *SE* = .008, *p* = .002, 95% CI [.009, .041]

Thwarted Belonging Indirect effect= .007, *SE* = .003, 95% CI [.002, .015]

Reduced Self-control Indirect effect= .010, *SE* = .004, 95% CI [.004, .018]

Self-control over Victimization Indirect effect < .001, *SE* = .001, 95% CI [-.001, .002]

Controlling for age and ethnicity, the relation between victimization and reduced self-control was significant and positive. Higher levels of victimization were associated with reduced self-control. The regression analysis also revealed a positive correlation between self-control and externalizing symptoms. Higher levels of reduced self-control were associated with higher levels of externalizing symptoms. The indirect effect,

assessing the variance explained by reduced self-control in the relation between victimization and externalizing symptoms was significant (point estimate of .010; *SE* = .004 95% CI [.004, .018]). This suggests that victimization may positively correlate with externalizing symptoms through its association with reduced self-control.

Controlling for age and ethnicity, the relation between victimization and reduced self-control over victimization was not significant. Reports of victimization did not correlate with reduced self-control over victimization. The regression analysis also revealed a nonsignificant correlation between reduced self-control over victimization and externalizing symptoms. The indirect effect, assessing the variance explained by reduced self-control over victimization in the relation between victimization and externalizing symptoms was nonsignificant (point estimate of <.001; *SE* = .001; 95% CI [.-.001, .002]). This suggests that while victimization is positively related to externalizing symptoms, reduced self-control over victimization does not account for a significant portion of this relationship.

Controlling for age and ethnicity, I found that the relation between victimization and thwarted belonging was significant and positive. Higher reports of victimization were associated with higher levels of thwarted belonging. The regression analysis also revealed a positive correlation between thwarted belonging and externalizing symptoms. Higher levels of thwarted belonging were associated with higher levels of externalizing symptoms. The indirect effect, assessing the variance explained by thwarted belonging in the relation between victimization and externalizing symptoms was significant (point

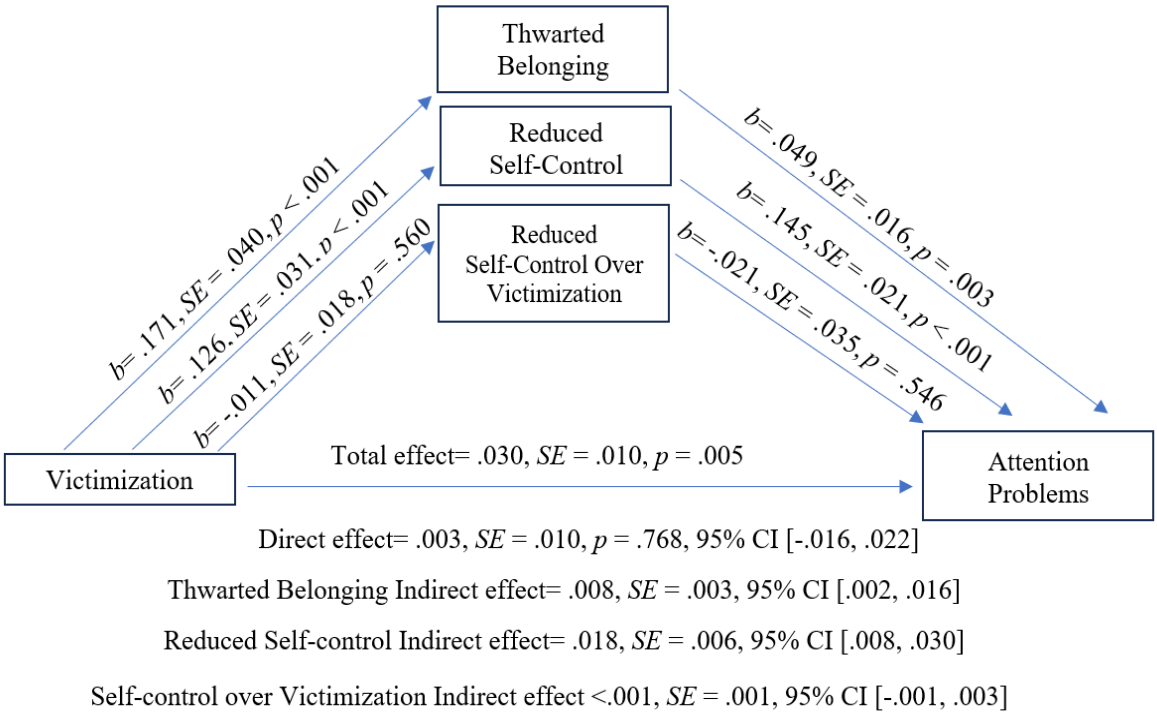
estimate of .007; *SE* = .003; 95% CI [.002, .015]). This suggests that victimization may positively correlated with externalizing symptoms through its association with thwarted belonging.

Attention Problems

Age was correlated with both victimization and attention problems. We thus entered age as a covariate in the mediation analysis for attention problems. Controlling for age, the total effect for the relation between victimization and attention problems, had a point estimate of .030. The direct effect of victimization on attention problems did not remain significant (point estimate of .003; 95% CI [-.016, .022]) in this model (see Figure 3). The indirect effects for two of the three mediators were significant. Controlling for age, the relation between victimization and general level of reduced self-control was significant and positive. Higher levels of victimization were associated with reduced self-control. The data also suggests a positive correlation between self-control and attention problems. Higher levels of reduced self-control were associated with higher levels of attention problems. The indirect effect, assessing the variance explained by reduced self-control in the relation between victimization and attention problems was significant (point estimate of .018; *SE* = .006; 95% CI [.008, .030]). This suggests that victimization may be positively correlated to attention problems through its association with reduced self-control.

Figure 3

Mediation Model for Victimization on Attention Problems



Controlling for age, the relation between victimization and reduced self-control over victimization was not significant. Reports of victimization did not correlate with reduced self-control over victimization. The regression analysis also revealed a nonsignificant correlation between reduced self-control over victimization and attention problems. The indirect effect, assessing the variance explained by reduced self-control over victimization in the relation between victimization and attention problems was nonsignificant (point estimate of <.001; *SE* = .001; 95% CI [.-.001, .003]). This suggests that while victimization positively relates to attention problems, reduced self-control over victimization does not account for a significant portion of this relationship.

Controlling for age, we found that the relation between victimization and thwarted belonging was significant and positive. Higher reports of victimization were associated with higher levels of thwarted belonging. The regression analysis also revealed a positive correlation between thwarted belonging and attention problems. Higher levels of thwarted belonging were associated with higher levels of attention problems. The indirect effect, assessing the variance explained by thwarted belonging in the relation between victimization and attention problems was significant (point estimate of .008; *SE* = .003; 95% CI [.002, .016]). This suggests that victimization may be positively correlated to attention problems through its association with thwarted belonging.

Discussion

The current study replicated previous work linking victimization to reduced perceived control. The data also support reduced perceived control mediates maladjustment in victimized young adults. Victimization measures assessed electronic victimization, or more commonly known as cyberbullying as well. A parallel mediation analysis explored perceived reduced self-control's strength as a mediator relative to another mediator, thwarted belonging. Maladjustment was assessed using measures of internalizing symptoms, externalizing symptoms, and attentional problems.

In the current study, victimization correlated with reduced self-control. Adults who had more frequent experiences of victimization reported more reduced self-control. Reduced self-control mediated victimization's association with several indicators of maladjustment, including internalizing symptoms, externalizing symptoms, and attention problems, as did thwarted belonging. Moreover, the strength of reduced self-control as a mediator was comparable to that of thwarted belonging. The results replicate Hunter and colleagues' previous research implicating reduced perceived control as a mediator of internalizing symptoms in victims (Hunter & Boyle, 2002; Hunter et al., 2010) with an extension to include significant mediation of both externalizing symptoms and attention problems.

Perceived control could mediate the relationship between victimization and maladjustment because, if one feels they have less control, they may experience more stress and more pressure to strive for balance or security. A person may struggle to recuperate from victimization if they believe they have less control over their daily life and the process of adjusting to the consequences of victimization (e.g., shame, loss of social status, physical injury). If reduced perceptions of self-control are intense or repetitive, this struggle might manifest as internalizing symptoms, externalizing symptoms, or attention problems.

Because the transactional theories of coping argue that appraisals determine how an individual adjusts to a stressful situation (Lazurus & Folkman, 1984); either regarding the threat of the potential stressor itself (self-control on victimization) or regarding how they feel they can implement appropriate strategies to handle a potential stressor (general self-control), perceived self-control was warranted to be included as a possible mediator. The strength of the results suggest that these appraisals are as important in the research of the bullying phenomenon.

Thwarted belonging could mediate the association between victimization and maladjustment because as someone becomes a victim of bullying, they could feel less and less like they belong to a group. As previously discussed, thwarted belonging has been shown to mediate victimization and maladjustment (Van Orden et al., 2012; Hill et al., 2015; Williams, 2009). The results of the current study demonstrated that reduced self-control was supported as a unique mediator of internalizing symptoms, externalizing

symptoms, and attention problems beyond the variance accounted for by thwarted belonging. These effects were also present after controlling for other variables such as age, gender, socioeconomic status, and ethnicity. These results suggest that reduced self-control should be further explored as a unique mechanism through which victimization experience precipitates maladjustment.

Among the results of the present study were also some unanticipated results. While the direct effects for victimization on internalizing symptoms and externalizing symptoms were still significant after entering the mediators in the model, the direct effect for victimization on attention problems was not. This suggests that reduced self-control's mediation of attention problems may be stronger than its mediation of internalizing and externalizing symptoms. One possible explanation could be that attention problems result from fear of re-victimization among victims who perceive less self-control. Alternatively, work, studying, and other attention-oriented tasks may be seen as too demanding for victims who believe they have depleted levels of self-control. In other words, reduced self-control may have stronger associations with attention problems due to the implications that cognitive control has for maintaining attention. Future studies might explore the need for cognitive control interventions among victims who perform poorly in attention-demanding tasks. Further, counseling regarding stress of past victimization or fear of future victimization may benefit victims who experience attention problems. Coefficients for the indirect effect of reduced self-control on internalizing and externalizing symptoms were very similar. While our results fall in line with arguments

that lack of control can promote “acting out,” or antisocial behavior, among victims (Freedman et al., 2016; Terranova et al., 2011), our results suggest that lack of control may be just as likely to promote sadness or anxiety.

Another unanticipated finding was that self-control over the victimization experience itself was not a significant mediator of internalizing symptoms, externalizing symptoms, or attention problems. This was somewhat surprising given the consistent mediation observed for general self-control. One possible explanation could be that low levels of perceived control over victimization alone do not create the same degree of stress that low levels of general self-control do. Trajectories of stress may be more pervasive across various contexts in victims who experience reduced general self-control. An alternative explanation could be that how much a person feels in control of their surroundings when going through the process of being victimized could simply not be enough to counter the maladjustment symptoms the same way general self-control could. Another consideration should be that the questions asked in the victimization-specific measure of self-control may have been difficult for some participants to answer. These items required the participant to think back on what they were thinking when they were victimized. This may have been particularly difficult for those who experienced victimization in their more distant pasts. The victimization-specific control measure was also designed for children, thus the nonsignificant results involving this measure should be interpreted with caution.

Future work should explore whether victimization-specific self-control is a

stronger predictor of adjustment in individuals who are currently experiencing victimization. It could be argued that our results call into question the attribution of adjustment difficulties to maladaptive interpretations or appraisals that victims derive from their bullying experience (e.g., Noret et al., 2018; Terranova et al., 2011; Turanovic & Pratt, 2013); however, perceived reduced control over victimization may not be the only maladaptive appraisal that victimization prompts. Reduced control regarding the social and emotional consequences of victimization, for example, (which were not assessed in our chosen measure for perceived self-control over victimization) may also develop following victimization.

Potential Strengths and Limitations

The current study replicated and extended previous work linking reduced self-control to maladjustment in bullying victims. By testing reduced self-control as a mediator of maladjustment in victimized young adults, the current study has strengthened our understanding of this pathway. The parallel mediation analysis revealed perceived control's relative strength as a predictor of maladjustment adding to our understanding of how important perceived control is to the psychological adjustment of bullying victims.

The current study also addresses psychological adjustment and perceived control comprehensively by selecting measures that assess internalizing and externalizing symptoms as well as measure general self-control and perceived control over victimization. Finally, the current study used measures that have been selected due to their use by previous researchers and corresponding reports of reliability and validity.

These findings can not only contribute to the body of literature on victimization, but be considered by parents, educators, school administrators, counselors, therapists, from those working with children to those working with others well into adulthood.

The current study is not without limitations. The predictor and criterion variables were measured using only self-report measures, thus self-presentation bias and common method bias may compromise the validity of the current study. Direct measures of victimization (e.g., behavioral observations), for example, could yield very different results. Because this study was completed online, the normally controlled conditions of a laboratory could not be replicated. If the current study were completed in a laboratory environment, we would have greater control over the participants' experience with the survey content.

Due to the cross-sectional nature of data collection, causal conclusions and information regarding the temporal precedence of variables cannot be drawn from the current study. With longitudinal data, researchers could examine temporal precedence to determine if victimization precedes reduced self-control and maladjustment.

While reduced self-control did mediate adjustment with strength comparable to the previously documented mediator, thwarted belonging, the beta coefficients for both of these variables' indirect effects were small. That is, the mediating relationships are weak, not strong. These small indirect effects suggest that continued research is needed to fully understand factors which underlie maladjustment among victims.

It is also important to note that the current study does not aim to address

predictors of maladjustment comprehensively. Reduced perceived control was chosen as primary variable of interest due to gaps in the previous literature regarding its role as a potential mediator. This study is thus not intended to identify a single determinant solution for the bullying phenomenon. Rather, the goal was to determine whether perceived control might warrant inclusion with other predictors in a streamlined model of maladjustment in bullying victims. The mediating strength of reduced perceived control being similar to that of thwarted belonging, adds credence to addressing self-control when designing prevention efforts or working with young adults who experience psychological adjustment and report previous bullying victimization.

Conclusion

Bullying is a risk factor for psychological adjustment across the lifespan (e.g., Nelson et al., 2014; Leadbeater et al., 2016; Sandoval et al., 2015; Teicher et al., 2010; Takizawa et al., 2014; Turanovic & Pratt., 2013). The current study aimed to build on the existing literature addressing the role of reduced perceived control in the maladjustment of bully victims and accomplished this.

A novel contribution was made by comparing the strength of this potential mediator to another documented correlate of poor adjustment among bullying victims, thwarted belonging. Understanding the relative strength of perceived control in this way is an important goal because it could inform future development of efficient intervention and prevention efforts targeting the psychological well-being of victims.

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Appendix A

Appendix A. Direct and Indirect Aggression Scales – Victimization Versions (DIAS; Bjorkqvist et al., 1992).

Please indicate how frequently someone or a group directed each of the following behaviors at you.

0 = never, 1 = seldom, 2 = sometimes, 3 = quite often, 4 = very often

1. Hit you? ……0 1 2 3 4
2. Shut you out of the group? ……...0 1 2 3 4
3. Yelled at or argued with you? ……..0 1 2 3 4
4. Became friends with another person as a kind of revenge? …….0 1 2 3 4
5. Kicked you? …….0 1 2 3 4
6. Ignored you? ……0 1 2 3 4
7. Insulted you? ……0 1 2 3 4
8. Gossiped about you? ……0 1 2 3 4
9. Tripped you? ……0 1 2 3 4
10. Told bad or false stories about you? ….……0 1 2 3 4
11. Said he/she was going to hurt you? ……0 1 2 3 4
12. Planned secretly to bother you? ……..……..……0 1 2 3 4
13. Shoved you? ……...0 1 2 3 4
14. Said bad things behind you back? ……..0 1 2 3 4
15. Called you names? …….0 1 2 3 4
16. Said to others "Let's not be around him/her!"? ……..0 1 2 3 4
17. Took things from you? ……...0 1 2 3 4
18. Told your secrets to a third person? ……...0 1 2 3 4
19. Teased you? ……...0 1 2 3 4
20. Wrote small notes, which criticized you? ……..0 1 2 3 4
21. Pushed you down to the ground? ……...0 1 2 3 4
22. Criticized your hair or clothing (or something else about your appearance)? ……...0 1 2 3 4
23. Pulled at you? …….0 1 2 3 4
24. Tried to get others to dislike you? ……..0 1 2 3 4

Appendix B

Appendix B. Cyberbullying Victimization Scale (Patchin and Hinduja, 2010).

Please indicate how frequently someone or a group directed each of the following behaviors at you.

0 = never, 1 = seldom, 2 = sometimes, 3 = quite often, 4 = very often

1. Someone or a group posted mean and hurtful comments about you online. …….. 0 1 2 3 4
2. Someone or a group posted a mean or hurtful picture of you online. …….0 1 2 3 4
3. Someone or a group posted a mean or hurtful video of you online. …….. 0 1 2 3 4
4. Someone or a group created a mean or hurtful web page about you. ……... 0 1 2 3 4
5. Someone or a group spread rumors about you online. …….. 0 1 2 3 4
6. Someone or a group threatened to hurt you through a cell phone text message. .. 0 1 2 3 4
7. Someone or a group threatened to hurt you online. …….. 0 1 2 3 4
8. Someone or a group pretended to be you online. …….. 0 1 2 3 4
9. Someone or a group acted in a way that was mean or hurtful to you online.……..0 1 2 3 4

Appendix C

Appendix C. Brief Problem Monitor for Ages 18-59 (BPM/18-59; Achenbach & Ivanova, 2018).

Below is a list of items that describe people. Please rate each item to describe yourself within the past 7 days. Please select the 2 if the item is very true. Select the 1 if the item is somewhat true. If the item is not true, select 0. Please rate all items as well as you can, even if some do not seem to apply.

0= Not true (as far as you know) 1= Somewhat true 2= Very true

1. I can't concentrate, can't pay attention for long. _____
2. I feel worthless or inferior. _____
3. I am impulsive or act without thinking. _____
4. I lacks self-confidence. _____
5. I am not liked by others. _____
6. I have trouble planning for the future. _____
7. I fail to finish things that should be done. _____
8. I have poor work performance. _____
9. I have trouble setting priorities. _____
10. I have trouble making or keeping friends. _____
11. I have very changeable behavior. _____
12. I have trouble making decisions. _____
13. I have a hot temper. _____
14. I threaten to hurt people. _____
15. I am unhappy, sad, or depressed. _____
16. I feel I can't succeed. _____
17. I get upset too easily. _____
18. I am too impatient.Additional items: _____

Appendix D.

Appendix D. Trait Self-control Scale (Tangney et al., 2008).

Please answer the following items as they apply to you. Use the following scale to refer to how much each question is true about you.

		Not at all like me		Sometimes like me		Very Much Like Me
1	I have a hard time breaking bad habits.	1	2	3	4	5
2	I am lazy.	1	2	3	4	5
3	I say inappropriate things.	1	2	3	4	5
4	I do certain things that are bad for me, if they are fun.	1	2	3	4	5
5	I refuse things that are bad for me.	1	2	3	4	5
6	I wish I had more self-discipline.	1	2	3	4	5
7	I am good at resisting temptation.	1	2	3	4	5
8	People would say that I have iron self-discipline.	1	2	3	4	5
9	I have trouble concentrating.	1	2	3	4	5
10	I am able to work effectively toward long-term goals.	1	2	3	4	5
11	Sometimes I can’t stop myself from doing something, even if I know it’s wrong.	1	2	3	4	5
12	I often act without thinking through all the alternatives.	1	2	3	4	5
13	Pleasure and fun sometimes keep me from getting work done.	1	2	3	4	5

Appendix E

Appendix E. Children's Coping Strategies Checklist-Revision 1 (Camisasca et al., 2012).

Never	Sometimes	Often	Nearly always	Always
1	2	3	4	5

Scale	Value	Items
CON 19	____	When bullied, you told yourself you could handle this problem.
CON 24	____	When bullied, you told yourself you have taken care of things like this before.
CON 29	____	When bullied, you told yourself you could handle whatever happens.
CON 34	____	When bullied, you reminded yourself that you knew what to do.

Appendix F

Appendix F. Interpersonal Needs Questionnaire – Thwarted Belonging Subscale (Van Orden et al., 2012).

The following questions ask you to think about yourself and other people. Please respond to each question by using your own current beliefs and experiences, NOT what you think is true in general, or what might be true for other people. Please base your responses on how you've been feeling recently. Use the rating scale to find the number that best matches how you feel and circle that number. There are no right or wrong answers: we are interested in what you think and feel.

1	2	3	4	5	6	7
Not at all True for me			**Somewhat true for me**			**Very true for me**

1. These days, other people care about me
2. These days, I feel like I belong
3. These days, I rarely interact with people who care about me
4. These days, I am fortunate to have many caring and supportive friends
5. These days, I feel disconnected from other people
6. These days, I often feel like an outsider in social gatherings
7. These days, I feel that there are people I can turn to in times of need
8. These days, I am close to other people
9. These days, I have at least one satisfying interaction every day

Appendix G

Appendix G. Demographics Questionnaire.

What is your age (in years)? _____

What is your academic status? Select one:

☐ Freshman

☐ Sophomore

☐ Junior

☐ Senior

What is your major? _____

(Drop box listing SFA's 71 majors, e.g., psychology, English, agriculture, etc.)

How would you classify your ethnicity?

☐ Hispanic

☐ Latin(o/a/ae)

☐ Non-Hispanic

☐ Prefer not to answer

In reference to your race, select any/all that apply:

☐ Native American/Alaskan native

☐ White/Caucasian

☐ Black/African American

☐ Asian

☐ Native Hawaiian/Pacific Islander

☐ Prefer not to answer

How would you identify your gender?

☐ agender

☐ genderfluid

☐ man

☐ non-binary

☐ questioning or unsure

☐ woman

☐ prefer not to disclose

☐ additional gender category/identity not listed (please specify below)

Gender Identity _____

☐ Prefer not to answer

What is your biological sex?

☐ Male

☐ Female

☐ Prefer not to answer

How would you identify your sexual orientation? (Select all that apply)

☐ aromantic

☐ asexual

☐ bisexual

☐ fluid

☐ gay

☐ lesbian

☐ pansexual

☐ queer

☐ questioning or unsure

☐ same-gender-loving

☐ straight (heterosexual)

☐ Prefer not to answer

Do you struggle with functional difficulties (seeing, speaking, hearing, walking, self-care etc), or suffer from a disability/impairment?

☐ Yes

☐ No

If yes, are these due to age?

☐ Yes

☐ No

What is your current employment status?

☐ Not employed- part-time student

☐ Not employed- full-time student

☐ Part-time employed- part-time student

☐ Part-time employed- full-time student

☐ Full-time employed- part-time student

☐ Full-time employed- full-time student

☐ Other: _____

☐ Prefer not to answer

Appendix H

CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Title of Project: Maladjustment in victims of bullying

Research Description

You are invited to participate in a research study conducted by Dr. Sarah Savoy and Jack Bryant. The overall purpose of this research is to analyze any relationships between victimization and more effective coping: Perceived control, belongingness, and victimization type. During this study you will be given a questionnaire and asked to answer the questions with as much accuracy as possible. There are no wrong answers, so please just select the first answer that feels right.

Risks and Benefits

The risks of participating in this study are minimal and related to sensitivity for some in answering questions about bullying. However, if any of the questions make you feel uncomfortable, you are free to withdraw from the study at any time without penalty. The amount of time required for your participation will be an approximately 20-30 minutes. In addition, if you are participating for research participation credit, you will receive 1 SONA credit for participation.

Voluntary Participation

Your participation is entirely voluntary, and you may choose not to participate in this study or withdraw your consent at any time. You will not be penalized in any way should you choose not to participate or withdraw. You may skip any question that makes you uncomfortable or any question you do not wish to answer. You will be compensated for your time, even if you do not complete the study.

Privacy and Confidentiality

We will do everything we can to protect your privacy. As part of this effort, your identity will not be revealed in any publication that may result from this study. No identifying information will be collected from you as part of your participation. The data will be stored anonymously.

Contact Information

If you have any questions or concerns regarding this study or feel that you have been harmed in any way by your participation in this research, please contact Jackie Bryant at Bryantjd2@jacks.sfasu.edu and/or Dr. Sarah Savoy at Savoysc@sfasu.edu.

If you wish to talk with someone else or if you have questions about your rights as a research participant, you may contact The Office of Research and Sponsored Programs at (936) 468-6606.

I have read this consent form and have been given a chance to ask questions. I agree to participate in the research study described above titled, Maladjustment in Victims of Bullying.

VITA

Jackie “Jack” Bryant was born in Paris, Tx. on September 5, 1985, and Elementary and High School in Detroit, Tx. In May 2004 he received a High School diploma from Detroit High School. He attended Paris Junior college 2013 through 2015. Jack later transferred to Stephen F. Austin State University in the spring of 2017. In December of 2019 he received a Bachelor of Science degree in Psychology and began pursuing a Master’s degree. He received a Master of Science degree in psychology from Stephen F. Austin State University in August 2023.

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This thesis was typed by Jackie D. Bryant.