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Recalled Childhood Bullying Victimization and Shame in Adulthood: The Influence of Attachment Security, Self-Compassion, and Emotion Regulation

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Bullying during childhood can have negative effects on mental health that last into adulthood and can manifest as shame, but little is known about factors that could attenuate the relationship between bullying in childhood and shame in adulthood. Three hundred twenty-two college students completed surveys regarding bullying and cyberbullying in childhood, attachment security, ability to regulate emotions, self-compassion, and shame. A structural model that was based on an integration of attachment theory and cognitive adaptation theory was tested and compared with an alternate model that did not include the attachment variable or theory. Results from structural equation modeling provided evidence that the primary model was a better fit to the data than the alternate model. Further, attachment was found to relate to shame both directly and indirectly through the path of self-compassion. Results from this study support that shame in adulthood for survivors of childhood bullying is significantly influenced by attachment security, amount of childhood bullying, emotion regulation, and self-compassion. Results also provided evidence of a relationship between attachment security and emotion regulation and between attachment security and self-compassion.

Keywords: attachment, bullying, emotion regulation, self-compassion, shame

Childhood experiences of traditional bullying have been linked to many negative mental health outcomes in adulthood including depression and anxiety (Roth, Coles, & Heimberg, 2002). Although little research has examined the negative effects of being cyberbullied into adulthood, there is an increasing body of literature identifying negative impacts of cyberbullying on the mental health of children and adolescents (Bonanno & Hymel, 2013; Ortega et al., 2012). Some studies have indicated that not all survivors of childhood bullying experience negative outcomes (Olweus, 1993). In fact, some survivors even report that their experiences of bullying strengthened them in some ways (Carlisle & Rofes, 2007). Few studies have examined factors that could attenuate the relationship between experiences of bullying or cyberbullying and long-term negative mental health outcomes. Investigating these factors can help us understand why some survivors of childhood bullying fare better than others as adults and can assist mental health professionals in treatment and intervention planning.

Individuals may internalize shame as a way to cope with being bullied (Greene, Britton, & Fitts, 2014). Lewis (1971) proposed the idea that shame is a negative global evaluation of the self. Shame is typically characterized by a feeling of inferiority and worthlessness, which motivates defensiveness and avoidance (Muris et al., 2014). Thus, in the present study, we defined shame as a negative global evaluation of the self, including feelings of inferiority and worthlessness. Shame has been consistently positively associated with mental health issues, including depression (Thompson & Berenbaum, 2006), posttraumatic stress disorder (Andrews, Brewin, Rose, & Kirk, 2000), anxiety (Fergus, Valentiner, McGrath, & Jencius, 2010), personality disorders (Schoenleber & Berenbaum, 2010), suicidal and self-injurious behavior (Brown, Linehan, Comtois, Murray, & Chapman, 2009), and substance abuse (Dearing, Stuewig, & Tangney, 2005).

Only a few researchers have examined shame as an outcome of childhood experiences of being bullied. Greene et al. (2014) studied the relationship between shame-focused coping and fears of negative evaluation among adult lesbian, gay, bisexual, and transgender survivors of bullying. They found that for survivors of bullying, the methods of coping by attacking and shaming the self, withdrawing, or attacking others fully mediated the relationship between being bullied and fear of negative evaluation in adulthood. In addition, adult men have reported feelings of shame related to childhood experiences of being bullied (Carlisle & Rofes, 2007). Researchers have found that experiences of shame mediated the relationship between bullying about appearance during childhood and body dissatisfaction in adult women with eating disorders (Sweetingham & Waller, 2008). However, some researchers have discovered that not all survivors of childhood bullying experience shame in adulthood (Olweus, 1993), and some survivors even reported that their experiences of bullying actually strengthened them (Carlisle & Rofes, 2007).

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Few studies have examined factors that could attenuate the relationship between experiences of bullying or cyberbullying and shame. The purpose of the current study is to explore the relationships between experiences of being bullied in childhood, attachment security, self-compassion, and emotion regulation to examine these constructs as possible factors that may buffer against experiences of shame in adulthood. The proposed relationships between these constructs are explained in the following text. Attachment theory and cognitive adaptation theory provided a framework to create a model for understanding how individuals may cope with experiences of being bullied.

A Model of Bullying and Shame

Attachment Theory

The theoretical framework for this study is provided by an integration of attachment theory (Bowlby, 1969) and cognitive adaptation theory (Taylor, 1983). Attachment theory was proposed by Bowlby (1969, 1973), who emphasized the importance of a child's early bonding to a caregiver, which can influence relationships throughout the life span (Sroufe, 2005). Attachment security in adulthood is defined by levels of anxiety and avoidance experienced in intimate relationships (Simpson, Rholes, & Phillips, 1996). Bowlby (1969) proposed that attachment security affects our expectations and beliefs about relationships through cognitive structures called internal working models. Bowlby (1979) indicated that these mental representations of the self and others carry forward from the child–caregiver relationship to influence our thoughts, feelings, and behaviors in other relationships. Internal working models have been recently approached in research as cognitive schemas (Collins & Read, 1994), which are mental structures for identifying, interpreting, categorizing, and evaluating information (Clark & Beck, 2010). These schemas provide children with expectations about their self-efficacy, self-worth, and the availability and responsiveness of others (Renken, Egeland, Marvinney, Mangelsdorf, & Sroufe, 1989). For example, a child who experiences a secure attachment with a caregiver in childhood may develop a schema for themselves that indicates "I am worthy of love," whereas a child with insecure attachment may have a schema that indicates "I deserve to be hurt by others."

Research indicates that children with insecure attachment styles may be more likely to be bullied. They may have schemas that lead them to expect that others will mistreat them or be unavailable (Walden & Beran, 2010) and have low self-worth from parental inconsistency that makes them appear more vulnerable to personal attacks from other children (Georgiou, 2008). In one study, children with lower quality attachment relationships were more likely to be victimized by bullies than children with better quality attachment relationships (Walden & Beran, 2010).

Cognitive Adaptation Theory

In cognitive adaptation theory, Taylor (1983) proposed that stressful and traumatic life events challenge a person's sense of self-esteem, personal control, and hope for the future. Taylor (1983) posited that individuals use cognitive resources to replenish areas that have been depleted to deal with these threatening experiences. Taylor proposed that mildly positive cognitive distortions help individuals develop an optimistic outlook, regain mastery over a stressful event, and restore their self-esteem in response to a stressful event.

Without adaptive cognitive coping strategies to regain mastery or self-esteem in a situation, individuals who are bullied may experience low self-compassion and increased shame. One study on the relationship between cyberbullying experiences and self-compassion in 232 undergraduates found that victimization experiences negatively correlated with three aspects of self-compassion: self-judgment, isolation, and overidentification (Potts & Weidler, 2015). Boulton (2013) used retrospective measures to study the effects of childhood experiences of being bullied on social anxiety in adults, looking at self-blame and style of coping as moderators. He found that higher levels of social exclusion bullying and relational bullying in childhood predicted greater social anxiety in adulthood, and that this relationship was moderated by the use of self-blame as a strategy for coping. Shaming the self as a way to cope with experiences of bullying leads to negative interpersonal outcomes and may place one at risk for developing depression (Andrews, Qian, & Valentine, 2002).

From the lens of attachment theory, we see that the positive cognitive distortions from cognitive adaptation theory may come from adaptive schemas that were learned in childhood, such as self-compassion strategies (thinking "I am worthy of love and kindness" to restore self-esteem) and emotion regulation strategies (thinking "I have the control over how I react to this situation" to regain a sense of control). Thus, attachment security may lay the foundation for how individuals cognitively cope with bullying through their cognitive schemas that incorporate levels of self-compassion and emotion regulation.

Self-Compassion

Self-compassion is defined as attitudes and acts of self-kindness, self-acceptance, and mindfulness. Secure attachment styles may help individuals develop interpersonal schemas that lead to self-compassion, as secure attachment styles have been correlated with the development of self-compassion (Gilbert & Procter, 2006; Neff & Beretvas, 2013). In one study, self-compassion mediated the relationship between attachment orientation (levels of anxiety and avoidance) and mental health, with those with higher degrees of anxiety and avoidance exhibiting lower levels of self-compassion (Raque-Bogdan, Ericson, Jackson, Martin, & Bryan, 2011). Neff and McGehee (2010) found that adolescents and young adults with a secure attachment style reported higher levels of self-compassion. They proposed that the sense of worth and emotional connection that securely attached individuals experience may help them develop self-compassion, whereas insecurely attached individuals may experience a lack of trust in others and low self-worth that makes it difficult for them to be kind to themselves. In addition, Neff and McGehee (2010) suggested that self-compassion can be seen as an internal representation of the parent–child relationship. For example, children who experience critical parents may become self-critical and children who experience compassion may be more able to be self-compassionate.

Additionally, self-compassion has been found to directly affect experiences of shame. Self-compassion can buffer against self-critical thoughts related to negative events, which could lead to

negative mental health outcomes (Neff, 2011). In a study by Johnson and O'Brien (2013), individuals were asked to recall an experience of shame and write about it self-compassionately or were assigned to control conditions. Participants who wrote about their shameful experience self-compassionately three times per week reported less state shame and negative affect and had reduced shame-proneness and depressive symptoms at 2-week follow-up.

Emotion Regulation

Attachment security may help individuals develop schemas that include helpful emotion regulation strategies and experiences. Specifically, a secure attachment style has been found to be associated with less guilt, contempt, and shame, and with greater joy, sadness interest, fear, and anger (Consedine & Magai, 2003; Muris et al., 2014). In contrast, insecure attachment can lead to emotional regulation strategies of anxiety and avoidance, which are developed as means of self-protection, as children may not learn how to self-soothe after difficult events (Gilbert, 2005). Insecure attachment styles have been correlated with the highest reported posttraumatic stress disorder symptomatology in adulthood for survivors of childhood abuse (Muller, Sicoli, & Lemieux, 2000). Overall, the research on attachment and coping has supported that secure attachment is related to problem-solving behavior and turning to others for support, avoidant attachment is related to distancing behaviors, and ambivalent attachment is related to emotion-focused approaches to coping such as self-blame and wishful thinking (Alexander, Feeney, Hohaus, & Noller, 2001).

Attempts to gain control over the bullying experience through emotion regulation may be an adaptive way of coping that helps survivors alter attributions about the bullying behavior in a way that gives them confidence in their ability to effectively deal with adversity (Wilkins, 2014). Gross and John (2003) discussed two forms of emotion regulation: cognitive reappraisal and expressive suppression. Cognitive reappraisal involves intentionally focusing one's thoughts on positive aspects of a situation to lessen the negative emotional impact of a stressful event (Gross & John, 2003). Expressive suppression involves intentionally concealing or inhibiting one's emotional responses so that others will not observe one's emotional reaction to a stressful event. Gross and John (2003) concluded from five studies on emotion regulation strategies that individuals who engage in cognitive reappraisal cope with stress through optimism and positive self-talk, have fewer depressive symptoms, higher self-esteem, and report higher overall life satisfaction than those who suppress their emotions. Consistent with Gross and John's conceptualization, better emotion regulation is defined as higher use of cognitive reappraisal strategies and lower use of expressive suppression strategies in the present study.

Hypotheses

Using structural equation modeling (SEM), we created a primary model, in which attachment theory and cognitive adaptation were integrated, such that attachment security was expected to have a negative relationship with shame and a positive relationship with self-compassion and emotion regulation in adult survivors of childhood bullying. First, we hypothesized that childhood experiences of being bullied would have a significant direct effect on experiences of shame in adulthood. Previous research has supported this relationship (Carlisle & Rofes, 2007). Second, we hypothesized that childhood experiences of being bullied would have a significant direct effect on shame, and this effect would be partially mediated by ability to regulate emotion and self-compassion, because according to cognitive adaptation theory, attempts to restore control and attempts to restore self-esteem are effective ways of coping with traumatic events, which can lead to better adjustment after these events (Taylor, 1983). Third, we hypothesized that higher attachment security would have a significant direct effect on self-compassion and emotion regulation, and a significant indirect effect on shame. Attachment theory indicates that having a secure attachment style positively impacts the interpersonal and intrapersonal views of a person as they grow into adulthood (Bowlby, 1969). In addition, previous research has supported that secure attachment styles are related to positive styles of coping, self-compassion, and more positive emotional outcomes (Alexander et al., 2001; Consedine & Magai, 2003; Muris et al., 2014). Fourth, we hypothesized, based on the proposed integration of attachment theory and cognitive adaptation theory, that the primary model, which includes attachment security, would better fit the data in comparison with the alternate model.

We also created an alternate model, which was nested within the primary model (with attachment variable removed), using cognitive adaptation theory alone (Taylor, 1983). Removal of the attachment security variable in the alternate model helps us determine whether attachment theory makes a significant contribution above and beyond cognitive adaptation theory for these data.

Method

Participants

Participants were 322 graduate and undergraduate students who were enrolled at a large university in Indiana. After obtaining institutional review board approval, participants were recruited via e-mail to participate for research credit for an undergraduate interpersonal relations minor or for one of 10 $10 gift cards. The age range of participants included in the present study was 18 to 25 with a mean of 20.68 (SD = 1.84). Most participants identified as female (n = 246; 76.40%), 71 identified as male (22.05%), three identified as trans male (.93%), and two identified as agender (.6%). The participants' sexual orientation was reported as follows: 270 heterosexual (83.85%), 24 bisexual (7.45%), 13 gay or lesbian (4.04%), six pansexual (1.87%), five asexual (1.55%), and four gave no response (1.24%). The majority of participants were Caucasian (n = 269; 83.50%), 27 identified as African American/Black (8.40%), 12 identified as Latinx/Hispanic (3.70%), eight identified as Biracial (2.48%), two identified as Asian (.60%), two identified as Middle Eastern (.60%), and one identified as Native American (.30%). The participants' year in school were reported as follows: one doctoral student (.30%), 35 master's students (10.90%), one fifth-year student (.30%), 97 seniors (30.10%), 72 juniors (22.40%), 50 sophomores (15.50%), and 66 freshmen (20.50%). Four students reported that they were international students (1.20%).

Instruments

Demographic questionnaire. Participants were asked open-ended questions about their age, gender, and sexual orientation. They were also asked multiple-choice questions regarding their status as an international student, their current year in school, race, and educational setting between the ages of 11 to 18 (public school, nonreligious private school, religious-affiliated private school, homeschooled, or other).

Recalled childhood experiences of being bullied. Research has supported that cyberbullying should be subsumed under the more general definition of bullying (Thomas, Connor, & Scott, 2015), especially because many young adults likely have experienced bullying in the form of both cyberbullying and in-person bullying (Juvonen & Gross, 2008). In one study, adolescents who experienced both traditional bullying and cyberbullying experienced the highest levels of negative mental and emotional outcomes (Gradinger, Strohmeier, & Spiel, 2009). Thus, in the current study, retrospective recall of previous bullying experiences were defined as recalled experiences of indirect and direct forms of aggression in person and over the Internet (e-mail, phone, websites, apps, and text message) from ages 11 to 18.

The Multidimensional Offline and Online Peer Victimization Scale (MOOPVS; Sumter, Valkenburg, Baumgartner, Peter, & Van der Hof, 2015) is a 20-item self-report measure of direct and indirect forms of online and offline peer victimization that was normed on 9- to 18-year-olds in the Netherlands. Previous studies support the validity and reliability of the measure (Sumter et al., 2015). Exploratory and confirmatory factor analysis found support for the four-factor structure of the scale, including indirect offline, direct offline, indirect online, and direct online forms of bullying. A total score for the MOOPVS was created by totaling scores on the four subscales, with higher scores indicating greater frequency of bullying. Instructions were given separately for items related to the Internet (via computer, laptop, and cell phone) and in person with peers.

As the MOOPVS was originally normed in English on children ages 9 to 18 from the Netherlands, a pilot study was conducted with 124 undergraduate students at Ball State University to determine whether the MOOPVS would be psychometrically sound for use with undergraduate students. The MOOPVS was adapted with instructions to ask participants to recall how often the following things happened to them from ages 11 to 14, and another time with instructions to recall how often the following things happened to them from ages 15 to 18. The scale was administered with the following Likert-type scale (1 = *never*, 2 = *rarely*, 3 = *sometimes*, 4 = *most days*, 5 = *every day*). The adapted version of the MOOPVS was found to have convergent validity, divergent validity, and internal consistency reliability. The two administrations of the MOOPVS (ages 11 to 14, and ages 15 to 18) were significantly positively correlated at the .01 level, with a correlation of .74. Thus, we decided to combine these administrations to ask individuals to reflect on ages 11 to 18 for the final scale. Two additional questions regarding experiences of being bullied were asked to gather qualitative data and correlational data for the sample: "1. To what extent do you feel like you were bullied between the ages of 11 and 18?" (1 = *not at all*, 2 = *very little*, 3 = *somewhat*, 4 = *a great deal*); and "2. If possible, please provide one example of a specific time that you felt bullied between the ages of 11–18."

Attachment security. The Experiences in Close Relationships Scale–Short Form (Wei, Russell, Mallinckrodt, & Vogel, 2007) is a 12-item self-report measure that assesses the degree in which individuals report anxiety (six items) and avoidance (six items) in close relationships. Participants rated items on a 7-point Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). Higher scores on each subscale indicate higher levels of relational anxiety or relational avoidance. After reverse scoring Items 1, 5, 8, and 9, items from both subscales were combined to yield a total score of attachment security, where higher scores indicate greater attachment insecurity. For the purpose of this study, we reverse scored the items (except for Items 1, 5, 8, and 9) so that higher scores indicated greater attachment security. Previous studies have demonstrated the validity and reliability of the Experiences in Close Relationships Scale–Short Form (Wei et al., 2007).

Self-compassion. The Self-Compassion Scale–Short Form (Raes, Pommier, Neff, & Van Gucht, 2011) consists of 12 self-report items that assess self-compassion through six subscales: Self-Kindness, Self-Judgment, Common Humanity, Isolation, Mindfulness, and Overidentification. However, Raes et al. (2011) recommended the use of a single total score over the subscales. A total self-compassion score is computed by reversing the negative subscale items (Self-Judgment, Isolation, and Overidentification; Items 1, 4, 7, 8, 9, 11, and 12) and then adding all subscale scores. Higher scores indicate higher perceptions of self-compassion. Participants respond on a 7-point response scale for how often they exhibit these qualities (1 = *almost never*, 7 = *always*). Raes et al. (2011) found support for reliability and validity of the Self-Compassion Scale–Short Form.

Emotion regulation. The Emotion Regulation Questionnaire (Gross & John, 2003) assesses two dispositional strategies of emotion regulation: Suppression (four items; "I keep my emotions to myself") and Reappraisal (six items; "When I want to feel less negative emotion, I change the way I'm thinking about the situation"). Participants rated how much they agree with items on a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*). A total score of ability to regulate emotions is calculated by totaling the responses on the Reappraisal subscale with reverse scored responses from the Suppression subscale (Items 2, 4, 6, and 9; Perrone-McGovern, Simon-Dack, Beduna, Williams, & Esche, 2015). Gross and John (2003) found support for the validity and reliability of the Emotion Regulation Questionnaire.

Shame. The Internalized Shame Scale (ISS; Cook, 1987) was created to measure negative global evaluations of the self. The ISS is a 30-item self-report questionnaire that consists of two factors: Shame (24 items) and Self-Esteem (six items). Examples of items from the Shame factor include "Compared to other people, I feel like I somehow never measure up" and "I feel as if I am somehow defective as a person, like there is something basically wrong with me." An item from the Self-Esteem factor is, "I feel I have much to be proud of." Participants rated how much they agree with the statements on a 5-point Likert scale (1 = *never*, 5 = *almost always*). A total score for the scale is created by reverse scoring items from the Self-Esteem subscale (4, 9, 14, 18, 21, and 28) and totaling all 30 item scores. The ISS has been demonstrated to have good reliability and validity (del Rosario & White, 2006; Rybak & Brown, 1996).

Table 1
Observed Variables, Means, Standard Deviations, Ranges, and Cronbach's Reliability Coefficients

Measured variable	*M*	*SD*	Scale score range	Reliability coefficient	% Cases ($N = 322$)
AT1	4.17	1.15	3–21	.43	100% ($N = 322$)
AT2	4.82	1.07	5–21	.35	100% ($N = 322$)
AT3	4.62	1.01	4–21	.23	100% ($N = 322$)
AT4	4.31	1.13	5–21	.34	100% ($N = 322$)
SCO1	2.78	0.78	3–14	.47	100% ($N = 322$)
SCO2	2.79	0.77	3–15	.44	100% ($N = 322$)
SCO3	2.96	0.79	4–15	.47	100% ($N = 322$)
SCO4	2.86	0.78	3–15	.54	100% ($N = 322$)
SH1	2.89	0.82	11–50	.92	100% ($N = 322$)
SH2	2.75	0.79	11–48	.88	100% ($N = 322$)
SH3	2.39	0.85	11–49	.92	100% ($N = 322$)
EM1	4.34	0.91	6–27	.20	100% ($N = 322$)
EM2	4.38	0.92	6–20	.42	100% ($N = 322$)
EM3	4.82	0.94	6–21	.42	100% ($N = 322$)
OFFD	2.36	0.72	5–23	.87	100% ($N = 322$)
OFFI	2.55	0.88	5–25	.92	100% ($N = 322$)
OND	2.00	0.76	18–30	.91	100% ($N = 322$)
ONI	1.92	0.81	5–22	.91	100% ($N = 322$)

Note. AT1–AT4 = parcels of the Experiences in Close Relationships Scale–Short Form; SCO1–SCO4 = parcels of the Self-Compassion Scale–Short Form; SH1–SH3 = parcels of the Internalized Shame Scale; EM1–EM3 = parcels of the Emotion Regulation Questionnaire; OFFD = Offline Direct Bullying Subscale; OFFI = Offline Indirect Bullying Subscale; OND = Online Direct Bullying Subscale; ONI = Online Indirect Bullying Subscale.

Results

Hypotheses were tested using SEM in AMOS. In SEM, it is preferable to use at least three or four indicators per latent construct to ensure identification, increase the chances of proper solutions, and allow latent error estimation (Hall, Snell, & Foust, 1999). Balanced parcels were created by examination of the item to construct relations from factor analyses, using the loadings to create parcels for each scale that had similar cumulative rotated factor loadings. Items with the highest loadings were used to anchor each parcel and then matched with the next items with the highest loadings in an inverted order, until all of the items were placed onto parcels (Little, Cunningham, Shahar, & Widaman, 2002). These parcels were created instead of using item-level observed variables, as research supports that there are many empirical benefits of using parcels as opposed to items for SEM (Little et al., 2002).

Preliminary Analyses

Using listwise deletion, 80 cases were removed due to missing data on at least one scale. The missing values for each variable were missing completely at random, and listwise deletion has been shown to yield unbiased parameter estimates under missing completely at random (Arbuckle, 1996). In addition, this method was used due to comparability of univariate statistics (Enders & Bandalos, 2001). Preliminary analyses were conducted on the data, and it was determined that the assumptions of multivariate normality and multicollinearity were met. Descriptive statistics for the observed variables are presented in Table 1. Before examining the full structural model, it is necessary to examine the adequacy of the measurement model through confirmatory factor analysis (Weston & Gore, 2006). We found that all paths from latent to measured variables, in the primary model and alternate model were significant ($p < .001$), and had adequate factor loadings for each latent variable. Thus, all of the latent variables were adequately measured and represented by the latent variables. Results of the confirmatory factor analysis are presented in Tables 2 and 3.

Evaluation of Model Fit

Maximum likelihood estimation was used to estimate the current models, as it is a commonly used, unbiased, consistent, efficient and well-defined model of parameter estimation (Mueller, 1997). Unstandardized and standardized parameter estimates are included in Table 2 for the primary model and Table 3 for the alternate model. The primary model resulted in $\chi^2(126, N = 322) = 408.65$, $p = .00$, and the alternative model resulted in $\chi^2(72, N = 322) = 327.09$, $p = .00$. Significant chi-square scores indicate a less than adequate fit with the data. However, the chi-square statistic is sensitive to sample size. Thus, we did not consider it alone as an indicator of goodness of fit. The fit statistics are displayed in Table 4 and indicate satisfactory fit for both the primary model (comparative fit index [CFI] = .91) and the alternate model (CFI = .90). For the Tucker–Lewis index (TLI), the fit of the primary model is slightly less than adequate at .89 and the fit of the alternate model is poor at .87. The primary model displays a root mean square error of approximation (RMSEA) of .08, and the alternate model displays an RMSEA of .11, indicating that the primary model has an adequate fit, but the alternate model has a poor fit. Finally, the standardized root mean square residual (SRMR) for the primary model was .07, and the SRMR for the alternate model was .09. For SRMR, a value less than .08 is considered a good fit (Hu & Bentler, 1999). Thus, for the primary

Table 2
Primary Model Maximum Likelihood Estimates: Unstandardized and Standardized Parameter Estimates or Regression Weights, Standard Error, Critical Ratio, Significance Level

Latent and measured variables (regression weights)	Unstandardized estimate	*SE*	C.R.	*P*	Standardized estimate
Shame ← Attachment	−0.16	.05	−3.36	**	−.17
Self-Compassion ← Attachment	0.24	.05	5.12	**	.37
Emotion Regulation ← Attachment	0.29	.07	4.08	**	.29
Shame ← Bullying	0.24	.05	4.97	**	.22
Self-Compassion ← Bullying	−0.19	.05	−3.80	**	−.25
Emotion Regulation ← Bullying	0.06	.08	0.79	.43	.05
Shame ← Self-Compassion	−0.91	.09	−9.97	**	−.64
Shame ← Emotion regulation	−0.11	.04	−2.75	**	−.11
Bullying ←→ Attachment	−0.16	.04	−4.17	**	−.30
AT1 ← Attachment	1				.79
AT2 ← Attachment	0.89	.08	11.12	**	.77
AT3 ← Attachment	1.03	.09	12.06	**	.70
AT4 ← Attachment	1.14	.09	12.27	**	.71
SCO1 ← Self-Compassion	1.21	.10	12.25	**	.82
SCO2 ← Self-Compassion	1.06	.10	11.10	**	.72
SCO3 ← Self-Compassion	1.09	.10	11.15	**	.72
SCO4 ← Self-Compassion	1				.67
SH1 ← Shame	1				.92
SH2 ← Shame	0.99	.03	29.67	**	.95
SH3 ← Shame	0.98	.04	23.58	**	.86
EM1 ← Emotion regulation	1				.86
EM2 ← Emotion regulation	0.94	.07	12.95	**	.81
EM3 ← Emotion regulation	0.68	.07	9.34	**	.56
OFFD ← Bullying	0.69	.06	11.87	**	.66
OFFI ← Bullying	0.91	.07	12.95	**	.71
OND ← Bullying	0.85	.06	14.11	**	.77
ONI ← Bullying	1				.85

Note. *SE* = approximate standard error; C.R. = critical ratio; AT1–AT4 = parcels of the Experiences in Close Relationships Scale–Short Form; SCO1–SCO4 = parcels of the Self-Compassion Scale–Short Form; SH1–SH3 = parcels of the Internalized Shame Scale; EM1–EM3 = parcels of the Emotion Regulation Questionnaire; OFFD = Offline Direct Bullying Subscale; OFFI = Offline Indirect Bullying Subscale; OND = Online Direct Bullying Subscale; ONI = Online Indirect Bullying Subscale.
** $p < .01$.

model, the CFI, SRMR, and RMSEA indicate adequate fit, but the TLI indicates a slightly less than adequate fit (acceptable TLI values range from .90 to .97; Kline, 2016). Taking all of the values into consideration, we see that the primary model is a better fit for the data than the alternate model, and as the TLI value was very close to the adequate range, we conclude that the primary model is an adequate fit for the data.

Direct and Indirect Effects

As displayed in Table 5, and Figure 1, in the primary model, there were eight significant direct effects and one nonsignificant direct effect, from childhood experiences of bullying to emotion regulation. The direct path between attachment security and shame was significant (−.17), indicating that when attachment security increases by 1 *SD*, shame decreases by .17 *SD*. Additionally, there was a significant direct path between bullying and shame (.22). Additional direct effects that were significant include the path from self-compassion to shame (−.64), the path from attachment to emotion regulation (.29), the path from attachment to self-compassion (.37), and the path from bullying to self-compassion (−.25). In addition, significant indirect paths were found from attachment to shame through the mediational variable of self-compassion (−.27), as well as from bullying to shame through the variable of self-compassion (.16). The mediational path from bullying to shame through the variable of emotion regulation was not supported, because the path from bullying to emotion regulation was not significant. However, the path from emotion regulation to shame was significant (−.108). In the alternate model (Figure 2), a significant path was found from bullying to shame (.25). Additionally, bullying was found to indirectly effect shame through the mediating variable of self-compassion (.262). There was a significant direct effect between emotion regulation and shame (−.15), self-compassion and shame (−.701), and bullying and self-compassion (−.37). A mediational relationship between bullying and shame through the variable of emotion regulation was not supported.

Comparing Model Fit

The final step in SEM analysis is to compare the fit of the primary and alternate models. Looking at the chi-square statistic, the fit is considered better if the chi-square value has a smaller ratio to the degrees of freedom for a model (Thacker, Fields, & Tetrick, 1989). It has been suggested that a ratio of 5 to 1 for chi-square value to degrees of freedom is "a useful rule of thumb" for good fit (Jackson, Wall, Martin, & Davids, 1993, p. 755). The primary model had more paths and a chi-square value of 408.65 with 126 degrees of freedom, whereas the alternate model had less

Table 3
Alternate Model Maximum Likelihood Estimates: Unstandardized and Standardized Parameter Estimates or Regression Weights, Standard Error, Critical Ratio, Significance Level

Latent and measured variables (regression weights)	Unstandardized estimate	*SE*	C.R.	*P*	Standardized estimate
Shame ← Bullying	0.27	.05	5.43	**	.25
Self-Compassion ← Bullying	−0.28	.05	−5.33	**	−.37
Emotion Regulation ← Bullying	−0.05	.08	−0.62	.54	−.04
Shame ← Self-Compassion	−0.99	.09	−10.67	**	−.70
Shame ← Emotion regulation	−0.14	.04	−3.53	**	−.15
SCO1 ← Self-Compassion	1.21	.10	12.21	**	.82
SCO2 ← Self-Compassion	1.06	.10	11.07	**	.72
SCO3 ← Self-Compassion	1.09	.10	11.10	**	.72
SCO4 ← Self-Compassion	1				.67
SH1 ← Shame	1				.92
SH2 ← Shame	1	.03	29.33	**	.95
SH3 ← Shame	0.97	.04	23.05	**	.85
EM1 ← Emotion regulation	1				.87
EM2 ← Emotion regulation	0.92	.08	11.05	**	.80
EM3 ← Emotion regulation	0.67	.07	9.19	**	.56
OFFD ← Bullying	0.69	.06	11.86	**	.66
OFFI ← Bullying	0.91	.07	13.01	**	.71
OND ← Bullying	0.84	.06	14.01	**	.76
ONI ← Bullying	1				.85

Note. Primary model listed first. *SE* = approximate standard error; C.R. = critical ratio; SCO1–SCO4 = parcels of the Self-Compassion Scale–Short Form; SH1–SH3 = parcels of the Internalized Shame Scale; EM1–EM3 = parcels of the Emotion Regulation Questionnaire; OFFD = Offline Direct Bullying Subscale; OFFI = Offline Indirect Bullying Subscale; OND = Online Direct Bullying Subscale; ONI = Online Indirect Bullying Subscale.
** $p < .01$.

paths and a chi-square value of 336.91 with 72 degrees of freedom. Based on the comparison of the chi-square numbers, the primary model had a lower ratio of chi-square value to degrees of freedom (3.24 to 1) than the alternate model (4.68 to 1). Thus, we concluded that the primary model was a superior fit for explaining the relationships between childhood experiences of bullying, attachment security, self-compassion, emotion regulation, and shame than the alternate model.

Discussion

The proposed hypotheses were partially supported by the data in the present study. The hypothesized direct relationship between attachment security and shame was supported, as was the hypothesis that this relationship would be partially mediated by self-compassion. In addition, in the primary model, higher attachment security was positively related to self-compassion and emotion regulation, and negatively related to shame, which lends support to the hypotheses. Finally, as predicted, the primary model, which included attachment security, resulted in a superior fit when compared with the alternate model. In addition to being consistent with hypotheses for the present study, they were consistent with previous research linking bullying to shame (Carlisle & Rofes, 2007) and with research demonstrating that secure attachment styles are related to positive styles of coping, self-compassion, and more positive emotional outcomes (Alexander et al., 2001; Consedine & Magai, 2003; Muris et al., 2014). This study extends existing

Table 4
Model Fit Index Summary

Model	χ^2	*df*	CFI	TLI	RMSEA	90% CI for RMSEA	SRMR
Primary	408.65	126	.91	.89	.08	[.08, .09]	.07
Alternate	336.91	72	.90	.87	.11	[.10, .12]	.09

Note. χ^2 = chi-square test; df = degrees of freedom; CFI = comparative fit index; TLI = Tucker–Lewis index; RMSEA = root mean square error of approximation; CI for RMSEA = confidence interval for root mean square error of approximation; SRMR = standardized root mean residual.

Table 5
Standardized Direct and Indirect Effects

Standardized direct effects (same value as standardized regression weights)	Primary model estimates	Alternate model estimates
Shame ← Attachment	−.17	—
Shame ← Bullying	.22	.25
Shame ← Self-Compassion	−.64	−.70
Shame ← Emotion regulation	−.11	−.15
Emotion Regulation ← Attachment	.29	—
Self-Compassion ← Attachment	.37	—
Emotion Regulation ← Bullying	[a]	[a]
Self-Compassion ← Bullying	−.25	−.37
Standardized indirect effects		
Shame ← Self-Compassion ← Bullying	.16	.26
Shame ← Self-Compassion ← Attachment	−.27	—
Shame ← Emotion Regulation ← Bullying	[a]	[a]
Shame ← Emotion Regulation ← Attachment	[a]	—

Note. For all estimates, $p < .01$.
[a] Values are not calculated due to the insignificant effect.

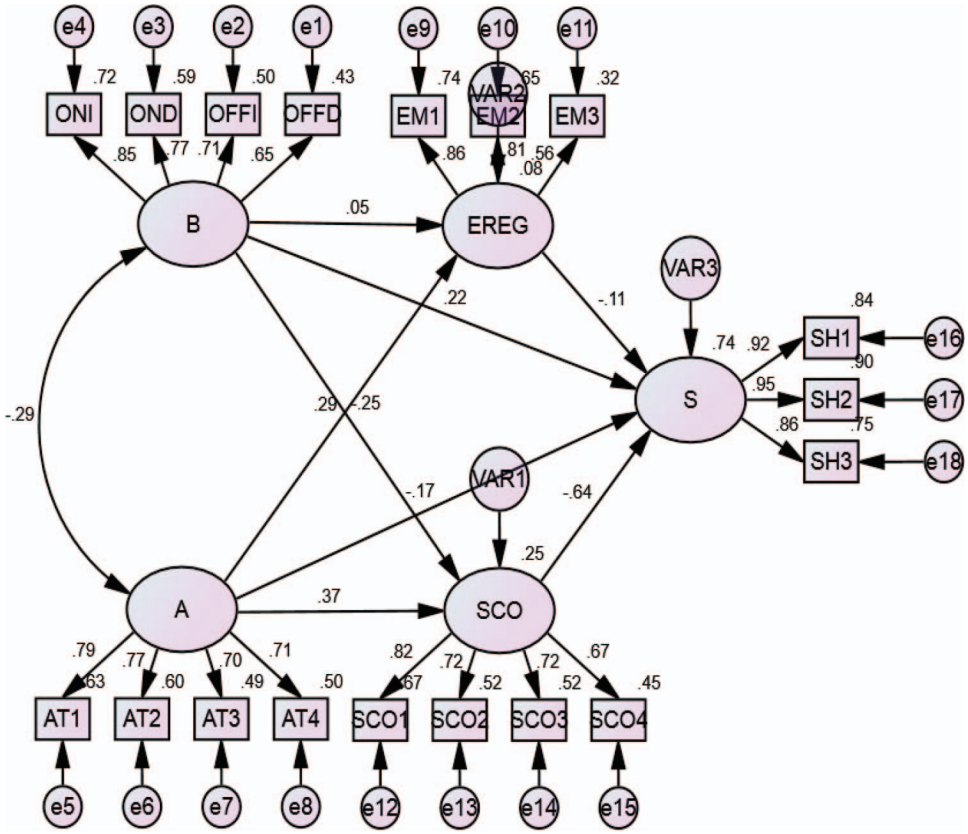

Figure 1. Primary model with parameter estimates. A = attachment security; B = childhood experiences of being bullied; EREG = emotion regulation; SCO = self-compassion, S = shame; AT1–AT4 = parcels of the Experiences in Close Relationships Scale–Short Form; ONI = Online Indirect Bullying Subscale; OND = Online Direct Bullying Subscale; OFFI = Offline Indirect Bullying Subscale; OFFD = Offline Direct Bullying Subscale; EM1–EM3 = parcels of the Emotion Regulation Questionnaire; SCO1–SCO4 = parcels of the Self-Compassion Scale–Short Form; SH1–SH3 = parcels of the Internalized Shame Scale.

research on bullying by finding support for the application of attachment theory and cognitive adaptation theory to survivors of childhood bullying as well as identifying specific coping strategies and variables that are important for the mental health of survivors of childhood bullying.

The hypothesis that the direct effect of bullying to shame would be mediated by the variable of emotion regulation was not supported by the data. There was support for a direct relationship between emotion regulation and shame in the primary and alternate models, but there was no support for the mediational effect of emotion regulation between childhood experiences of bullying and shame in adulthood in either model. The finding that emotion regulation is related to outcomes of shame is consistent with five previous studies on emotion regulation strategies that supported that individuals who engage in cognitive reappraisal have fewer depressive symptoms, higher self-esteem, and report higher overall life satisfaction than those who suppress their emotions (Gross & John, 2003). The current study found support that higher emotion regulation ability may be related to less shame in adulthood, even though experiences of bullying are not related to emotion regulation.

The finding that experiences of being bullied in childhood were not related to emotion regulation strategies was surprising, given that previous research has linked specific emotion regulation strategies to victims of bullying in childhood. Mahady Wilton, Craig, and Pepler (2000) found support for the presence of emotional skill deficits in victims of bullying, including that most victims who were observed in the classroom coped with bullying by using aggressive emotional strategies or avoidance coping styles, whereas only 16% of victims used active problem-solving strategies. In general, children with lower emotion regulation abilities are more likely to experience victimization, as they may be less competent in interactions with peers and reinforce bullying behavior, as aggressive children may enjoy seeing victim's emotional distress (Perry, Williard, & Perry, 1990; Rosen, Milich, & Harris, 2009). Specific gender differences have been found, in that girls with anger regulation difficulties and boys with inhibition of sadness and worry and dysregulated worry were found to be at greater risk for victimization in one study (Morelen, Southam-Gerow, & Zeman, 2016). Although these links may be evident in childhood, it is likely that emotion regulation abilities change over the course of an individual's development and the link between childhood experiences of bullying and emotion regulation becomes less evident. For example, an individual's personality development, interpersonal relationships, and family dynamics could influence the development of emotion regulation abilities. Future

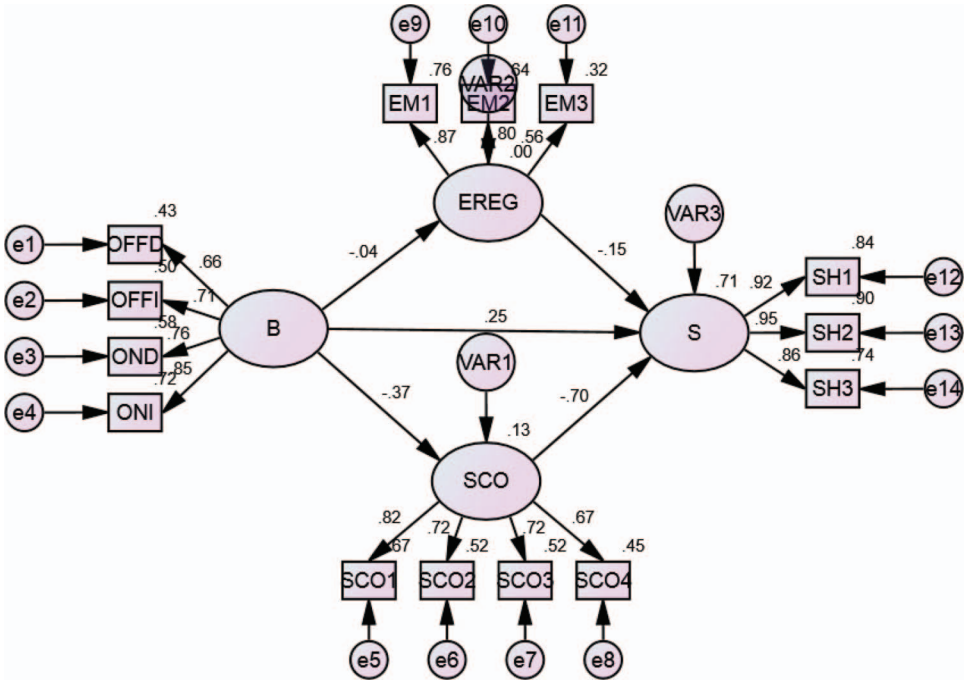

Figure 2. Alternate model with parameter estimates. B = childhood experiences of being bullied; EREG = emotion regulation; SCO = self-compassion, S = shame; ONI = Online Indirect Bullying Subscale; OND = Online Direct Bullying Subscale; OFFI = Offline Indirect Bullying Subscale; OFFD = Offline Direct Bullying Subscale; EM1–EM3 = parcels of the Emotion Regulation Questionnaire; SCO1–SCO4 = parcels of the Self-Compassion Scale–Short Form; SH1–SH3 = parcels of the Internalized Shame Scale.

research should examine how these additional factors may influence the development of emotion regulation abilities for survivors of childhood bullying.

Limitations

The homogeneity of the participants may limit the generalizability of the results of this study to populations that are non-Caucasian, non-Midwestern, or adults over the age of 25. Another limitation is the cross-sectional design of the study, which does not allow us to assess the stability of the instruments used or to see how experiences of bullying may impact a person at different periods across their lifetime. It is important to consider that the results and implications of this study may be more reflective of what participants recall of their experiences of being bullied, rather than how much bullying they actually experienced. It is also possible that participants' abilities for self-compassion and emotion regulation in the current study were more reflective of their current coping strategies than the coping strategies they used during the time they were bullied. It is possible that there could be some bias in how participants reported or remembered their experiences of being bullied, despite research that suggests that recollections of bullying tend to be stable across a period of years (Rivers, 2001). About 20% of the data was removed due to missing data on at least one entire scale. This could impact the results in that participants results were excluded who may have stopped taking the survey due to discomfort with the topic or survey questions.

In addition, over two thirds (66.5%) of participants reported that they felt that they were bullied either *not at all* or *very little*. The question "To what extent do you feel like you were bullied between the ages of 11 and 18?" had a mean response score of 2.19 and median of 2.00 (1 = *not at all*, 2 = *very little*, 3 = *somewhat*, 4 = *a great deal*). Although this is likely representative of the experiences of the general population of young adults, the results of the current study may not be representative of adult survivors of more severe or frequent bullying.

Implications

Psychologists, mental health practitioners, educators, and families can utilize the findings related to attachment security, emotion regulation, and self-compassion to help survivors of childhood bullying cope with their experiences. The results of the current study identify the importance of attachment security, emotion regulation, and self-compassion for helping survivors of childhood bullying experience less shame into adulthood. This suggests that counselors and educators can help adult survivors of childhood bullying by helping them develop self-compassion related to their experiences of being bullied. Developing self-compassion involves helping individuals "counter destructive self-critical tendencies, acknowledge their interconnection with others, and deal with their emotions with greater clarity and equanimity" (Neff, 2003, p. 96).

Self-compassion-based counseling interventions that have been found to be effective in research studies include writing about shameful experiences in a self-compassionate way (Johnson &

O'Brien, 2013), writing about ways in which others have experienced similar negative events or identifying how they would express understanding to a friend if they had experienced a similar event, focusing on their emotions about a particular event in an objective and unemotional fashion (Leary, Tate, Adams, Allen, & Hancock, 2007), practicing compassionate mind training (Gilbert & Procter, 2006), visualizing a "perfect nurturer" that can offer them unquestioning warmth, nonjudgment, and acceptance when they are being self-critical (Gilbert & Procter, 2006), and using the Gestalt two-chair technique (Neff, Kirkpatrick, & Rude, 2007). Counselors and educators can assess self-compassion in adults and utilize one of these many strategies to help individuals develop their self-compassion and hopefully reduce self-criticism and shame.

The finding of a direct relationship between attachment security and shame for survivors of childhood bullying has implications for parents, families, schools, and mental health professionals. Parents whose children are experiencing bullying can focus on being a secure attachment figure for their child to help provide them support. Parents can respond to children's emotional responses to being bullied with empathy, attunement to their experiences, and sensitivity to their needs (Moretti & Obsuth, 2009). In addition, approaches such as attachment-based family therapy may be helpful for both children and adult survivors of childhood abuse (Diamond, Reis, Diamond, Siqueland, & Isaacs, 2002).

Data from this study supported a relationship between emotion regulation and shame. Therefore, counselors should consider how emotion regulation abilities can help survivors of childhood bullying cope with experiences of shame into adulthood. Counselors can help clients who have experienced bullying develop cognitive reappraisal strategies and challenge their use of emotion suppression techniques. For many survivors of bullying, suppressing their emotions may have been a useful way for them to cope with being bullied, but it may not be helpful for them as they move into adulthood. Group therapy and group workshops at university counseling centers or elementary, middle, or high schools could be a great way for survivors of childhood bullying to develop coping skills, emotion regulation strategies, and self-compassion through receiving acceptance from others.

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