EVALUATIONS OF A BULLYING CASE
INVOLVING A VICTIM WITH ASPERGER’S SYNDROME

A THESIS

SUBMITTED TO THE GRADUATE SCHOOL
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE
MASTER OF ARTS IN CLINICAL PSYCHOLOGY

BY
MEGHAN C. JOHNSON

DR. RACHEL GENTRY, CHAIR

BALL STATE UNIVERSITY
MUNCIE, INDIANA

JULY 2014
Acknowledgements

I would like to sincerely thank my committee members: Dr. Rachel H. Gentry, Dr. Kerri L. Pickel, and Dr. David Perkins for their advice and guidance throughout the process of completing my thesis. I am eternally grateful for their willingness and ability to help me design, refine, and complete this project. They taught me valuable lessons and skills I will take with me as I continue.

Dr. Perkins provided me with questions that helped expand this project into something that reached far beyond what I had originally thought. His supportive and insightful feedback, even at the last-minute, significantly enhanced the quality of this project.

Dr. Pickel’s contributions to this project are countless. She provided direction and experienced support during data collection, which went much more smoothly as a result. Dr. Pickel’s critical reviews of the many drafts of this manuscript helped me understand the technical aspects of the project more completely, and also helped prepare me for both my proposal and final defense meetings.

And special thanks and gratitude must be given to my chair and advisor, Dr. Gentry. I cannot express how thankful I am for the countless hours she spent providing guidance and encouragement not only for this project, but for life beyond my thesis as well. She was available consistently and without question, providing me with endless resources, possibilities, and patience. Without her unfailing support and encouragement, this project would not have come to fruition.
ABSTRACT

THESIS: Evaluations of a Bullying Case Involving a Victim with Asperger’s Syndrome

STUDENT: Meghan C. Johnson

DEGREE: Master of Arts in Clinical Psychology

COLLEGE: Sciences and Humanities

DATE: July 2014

PAGES: 43

This study investigated how an act of relational aggression is determined to be bullying and how individuals think perpetrators should be treated by examining their perceptions of a bullying case at a university in which the victim admits to engaging in socially inappropriate behavior. Participants were assigned to one of three victim disability conditions: autism spectrum disorder (ASD), dyslexia, or no disability. They listened to a recording of a disciplinary hearing and made several judgments. Participants who learned the victim was diagnosed with ASD were more likely to make judgments favoring him regarding verdicts, probability of guilt estimates, sentence recommendations, seriousness ratings, ratings of responsibility for the incident, and several perceptions of the victim and defendant compared to participants in the control or dyslexia conditions. The victim’s ASD diagnosis may be perceived as a reasonable explanation for behaving inappropriately, and observers may therefore excuse his conduct.
Evaluations of a Bullying Case Involving a Victim with Asperger’s Syndrome

Bullying in the school setting has become one of the most prominent social issues. While empirical estimates of prevalence rates vary as a function of how bullying is measured, researchers have suggested that between 24% to 50% of U.S. students are bullied each year; up to 20% are victimized multiple times a week (Batsche & Knoff, 1994; Olweus, 2003; Swearer & Cary, 2003). In addition, 8% to 20% of students report bullying others with some frequency (Haynie et al., 2001; Wang, Iannotti, & Nansel, 2009).

Bullying has traditionally been defined as aggressive behavior that incorporates three criteria: the intention to cause harm, repeated occurrences over time, and an imbalance of power or physical strength between the bully and the victim (Demaray & Malecki, 2003; Gentry & Pickel, in press; Olweus, 2013). Bullying occurs in several forms that are recognized by researchers: physical, relational, verbal, and cyber (Brank, Hoetger, & Hazen, 2012; Wang et al., 2009). Physical bullying is characterized by acts of physical aggression or assault, such as hitting, kicking, or pushing. Verbal bullying involves statements made to the victim, including name-calling, hurtful teasing, humiliation, threats, or abusive language. Relational bullying (also referred to as social or indirect bullying) involves attempts to damage the victim’s relationships with others, such as spreading rumors or gossip about the victim, or attempting to manipulate others’ feelings and/or actions toward the victim. Cyber bullying is a version of aggression committed using technology, such as emails, text messages, or social networking sites.

Each form of bullying can cause social, emotional, and psychiatric problems to all those involved that may persist into adulthood (Mishna, 2003). Victims of bullying are more likely than other students to experience depressive symptoms, anxiety, somatic symptoms, poor social functioning, and suicidal ideation (Demaray & Malecki, 2003; Rigby, 2003). Victims also suffer
academically (i.e., grades and test scores decline), feel afraid in school, and may attempt to avoid or escape victimization by missing classes or dropping out of school (American Educational Research Association, 2013; Clarke & Kiselica, 1997; Cook, Williams, Guerra, Kim, & Sadek, 2010; Mishna, 2003). Bullies are at risk of their aggressive behavior progressing into delinquency or gang activity (Mishna, 2003). They are more likely to be convicted of a crime during adolescence or adulthood, and are more likely to carry a weapon (Mishna, 2003; Olweus, 2011; Rigby, 2003). Bullies may share certain characteristics with victims, including depressive symptoms, feeling disliked by peers, and social anxiety (Mishna, 2003).

Currently, 49 U.S. states have enacted anti-bullying laws (American Educational Research Association, 2013; Brank et al., 2012). These laws either require or strongly recommend that schools develop procedures for reporting bullying incidents, disciplining perpetrators, and implementing bullying-prevention programs and training. While some statutes specifically define bullying, school boards are often left with the responsibility of creating a definition. This results in inconsistent and imprecise methods for, and implementation of, mandates for training and procedures for reporting, investigating, and intervening. Additionally, many of the definitions used by school districts and legislators conflict with those generally agreed upon by researchers (Brank et al., 2012; Gentry & Pickel, in press). Inappropriate definitions may not adequately identify or address cases of bullying.

The anti-bullying laws and policies developed by state legislators and school boards are often partly based on public opinion and community reactions. These laws and policies require that bullying incidents be reported to the proper authorities. How bullying is understood, perceived, and evaluated by the general public affects the development and assessment of anti-bullying policies and influences the way legislators and school officials determine what
constitutes bullying, the seriousness of the incident, and what an appropriate punishment (if any) should be for the perpetrator. Empirical evaluations of bullying cases, however, have generally examined how school personnel and students in elementary, junior high, and high school evaluate bullying. Investigations have either focused on the attitudes of school children likely to witness or experience bullying (Hughes, Middleton, & Marshall, 2008; Maunder, Harrop, & Tattersall, 2010; Swearer & Cary, 2003; van Roekel, Scholte, & Didden, 2010) or teachers and school staff who must intervene in incidents of alleged bullying on school property (Bauman & Del Rio, 2006; Ellis & Schute, 2007; Hazler, Miller, Carney, & Green, 2001; Maunder et al., 2010; van Roekel et al., 2010). Gentry and Pickel (in press) examined evaluations of bullying cases made by participants aged 18 years or older in high school and college, the first study to sample adults over the age of 18 not employed at a school. The population they targeted was one that would potentially directly observe bullying but would also be in the position to influence the anti-bullying laws and policies developed by legislators and school administrators by electing legislators and school board members and by voicing their opinions to those officials.

College-Level Bullying

The general public usually associates bullying with primary and secondary schools, whereas college bullying is typically left out of media reports and empirical research. However, research has indicated that bullying continues past high school (Adams & Lawrence, 2011; Chapell et al., 2004; Chapell et al., 2006; Glendenning, 2001). Chapell et al. (2004) found that about 60% of undergraduate college students reported that they had observed a student being bullied by another student. They also found that about 25% of undergraduate students had been bullied by another student, and about 18% of students had bullied others. These are important statistics to consider given the fact that in addition to the long-term consequences of bullying,
many cases of school shootings have been linked to bullying (Anderson et al., 2001; Chapell et al., 2006; Hazler et al., 2001). Most research focuses on bullying that occurs at the primary and secondary school level, but as evidenced by several investigations, bullying does not suddenly disappear at the college level. However, there is very limited research on bullying that concentrates on college settings. The current study will evaluate perceptions of bullying in a university setting in an attempt to expand the research begun by Gentry and Pickel (in press). It is important that the general public, school administrators and faculty, students, and lawmakers recognize that school bullying occurs at all academic levels so that anti-bullying policies and efforts are developed to better address and prevent this problem.

**Autism Spectrum Disorder**

Despite the increasing focus on bullying in empirical literature, several populations have been relatively left out of these investigations: much of the previous research has concentrated on children, adolescents, and high school students in general education settings. While there is very limited research on the perceptions and evaluations of bullying incidents in higher education settings, there is even less on cases involving individuals with disabilities. However, students with disabilities are twice as likely to be identified as perpetrators and victims of bullying than are students without disabilities (Rose, Espelage, Aragon, & Elliott, 2011). Of the various subgroups of students with disabilities, Rose et al. (2011) found that students with disabilities involving low social skills or impaired communication skills are more likely to be involved in bullying incidents.

Currently, about 1 in 88 children are diagnosed with autism spectrum disorder (ASD; Centers for Disease Control and Prevention, 2012). Because these individuals have deficits in developing normal social interactions and in understanding others’ behavior, they are at a much
higher risk of bullying and victimization (Carter, 2009; van Roekel et al., 2010). Little (2002) found that 94% of parents reported that peers and/or siblings had victimized their children and adolescents with ASD. Yet despite such high prevalence and involvement rates, there is limited research examining how observers perceive cases involving bullying and victimization among individuals with ASD (van Roekel et al., 2010).

ASD is a group of neurodevelopmental disorders with deficits in the areas of social interaction, behavior, and communication (Adreon & Durocher, 2007). As a spectrum disorder, each individual is affected differently with varying degrees of severity, ranging from very mild to severe. Language and cognitive abilities may differ significantly as well. Approximately 50% of individuals with ASD score in the average range or higher on IQ tests. Deficits in social skills and communication, and patterns of repetitive and restricted behaviors, interests, and activities are the most frequently occurring symptoms. Individuals with ASD also tend to exhibit inflexible behavior when their environment or routine is altered, due to a need for predictability or consistency.

Individuals on the higher functioning end of the autism spectrum may have IQs in the normal or above average range, but have specific deficits in theory of mind, communication, and social interaction skills (Adreon & Durocher, 2007; Sofronoff, Dark, & Stone, 2011). They may have trouble taking others’ perspectives or understanding others’ feelings. Nonverbal communication skills and social cues are difficult to use or understand, and often individuals with ASD do not follow social conventions and have difficulty engaging in reciprocal social interactions (Adreon & Durocher, 2007). These individuals may have intense special interests, and may continue to talk about a topic of high interest despite others’ attempts to change the subject. Individuals with ASD have a tendency to interpret language in an overly literal way and
have difficulty understanding idioms, sarcasm, humor, and other figures of speech. The lack of social and communication skills often leads these individuals to be perceived as eccentric, odd, or verbose (Carter, 2009).

No research on outsiders’ perceptions of cases of bullying involving individuals with a social deficit disorder, such as ASD, could be found. The current study is an attempt to begin filling this gap in the literature. Gaining a better understanding of how people view the bullying incidents involving those with either social or learning disabilities could improve researchers’ abilities to predict and influence bystander interventions and/or anti-bullying programs. It could also give researchers, school administrators, and legislators more insight into the development of policies and laws regarding bullying.

Bullying may occur more frequently among individuals with disabilities because they may be less socially competent and may also have fewer friendships to serve as allies (Brank et al., 2012; Cappadocia, Weiss, & Pepler, 2012; van Roekel et al., 2010; Wang et al., 2009). Individuals with ASD in particular are at greater risk for being involved in bullying due to their abnormal use of speech and body language, and other deficits in social skills and communication (Adreon & Durocher, 2007). Compared with other subgroups of students with disabilities, students with ASD may be victimized more (American Educational Research Association, 2013; Bejerot & Mörtberg, 2009) while students with learning disabilities may be victimized less (Wallace, Anderson, Bartholomay, & Hupp, 2002).

It was unknown whether bullying would be judged more harshly if the victim had been diagnosed with a disorder that involves impaired social skills (e.g., ASD) relative to another type of disorder (e.g., dyslexia). Victims of bullying are sometimes perceived as making themselves a target by engaging in certain behaviors others find obnoxious, rude, or socially awkward (Gentry...
& Whitley, in press). Most research shows that victims are not well liked and have fewer friends than their peers (Brank et al., 2012; Gini, 2008; Wang et al., 2009). Victims have also typically been found to have lower social competence overall (Brank et al., 2012; Cook et al., 2010), meaning that they are unable to or have difficulty with understanding the norms of social interactions and behaviors. Because of the many social deficits associated with the disorder, a victim with ASD especially may not be able to interpret social situations correctly and therefore may not fully understand or recognize an incident as bullying (van Roekel et al., 2009).

Difficulties in understanding sarcasm and humor and literal interpretations of language put individuals with ASD at risk for being taken advantage of, teased, and bullied because they may not understand the meaning of what others are actually saying. In cases of relational bullying, it is possible that victims with ASD may not perceive that they have been wronged, due to these deficits in social insight. Therefore, observers may conclude that a victim with ASD experienced less harm than a victim with another type of diagnosis or none at all.

On the other hand, ratings of harm and the seriousness of the incident may be higher if participants feel empathy for the victim with ASD and if the level of harm is controlled in the study. Although the behaviors of individuals with ASD may be perceived as annoying, frustrating, or strange due to their poor social skills and insight, when observers know about the ASD diagnosis, they may excuse the socially unaccepted behaviors to a greater extent than if there is another diagnosis or none at all. In other words, observers might have more empathy for the victim with ASD if they understand that these behaviors cannot be helped.

**Current Study**

In the current study, I asked participants to evaluate a case of alleged bullying on a college campus. I asked them to listen to an audio recording of a disciplinary hearing and then
make several judgments, including a verdict, a punishment recommendation for the perpetrator, and a rating of the seriousness of the incident. I manipulated the diagnosis of the victim (ASD, dyslexia, or no diagnosis). A dyslexia condition was included in order to determine how a victim’s diagnosis of a social deficit disorder influences the judgments of participants compared with a disorder that does not affect social skills. Dyslexia is a neurological learning disability characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities (Mathes & Fletcher, 2008). It is the most common learning disability in children receiving special education services in the United States, occurring in 6% to 17% of the school-aged population depending on the definition used (Mathes & Fletcher, 2008). Like ASD, the severity of dyslexia symptoms is a spectrum. However, whereas dyslexia is defined by impairments in language, the impairments in social skills as seen in ASD are not part of the dyslexia diagnosis; individuals with dyslexia are able to behave and interact appropriately in social situations. A control condition (no diagnosis) allowed me to determine if any differences in participants’ responses are the result of the type of diagnosis.

The type of bullying remained consistent in all conditions. Relational bullying was used in this study because it involves complex social interactions, which an individual with ASD should have an especially difficult time interpreting relative to his or her peers without ASD. In addition, individuals with ASD are often the targets of relational bullying due to the significant social deficits that define the disorder (Carter, 2009). Gentry and Pickel (in press) found that relational bullying was judged to be as serious as verbal bullying when level of harm was controlled. The level of harm also remained constant in each condition. Previous research indicates that observers take harm into account when evaluating cases of bullying (Bauman & Del Rio, 2006; Gentry & Pickel, in press). Gentry and Pickel (in press) found that more rather
than less harm led to more guilty verdicts, higher confidence in the verdicts, and higher estimates of the defendant’s guilt. Participants also reported having more empathy for the victim and higher ratings of seriousness, and more responsibility for the incident was attributed to the defendant and less to the victim. With harm and bullying type held constant, I determined whether it was the victim’s diagnosis that influenced participants’ judgments of the case.

I expected female participants to judge the bullying situations more harshly than male participants. Gentry and Pickel (in press) found that when asked to judge a school hearing of a bullying incident, women were more likely than men to choose guilty verdicts, were more confident in their verdicts, judged the incident to be more serious, and felt less empathy for the defendant. These results are supported by previous research (Ellis & Schute, 2007; Maunder et al., 2010). Women also recommended harsher punishments and felt more empathy for the victim than did men in relational bullying situations (Gentry & Pickel, in press). This research led me to hypothesize that, as in previous studies, female participants would make harsher judgments than would men.

Method

Participants

The participants (N = 124) were undergraduate psychology students from a mid-sized Indiana university, aged between 18 and 27 years (M = 19.16, SD = 1.44); 61% were female, and 83% were Caucasian. Undergraduates received either course credit or extra credit for participation.

Materials and Procedure

Participants were asked to act as members of a university disciplinary committee and listened to an audio recording of a hearing. Three versions of an audio recording were used
(ASD condition, dyslexia condition, no diagnosis condition), adapted from a case created by Gentry and Pickel (in press). Each recording (control version: 7 min, 30 sec in length; experimental versions: 9 min, 30 sec) featured a 19-year-old male student accusing a 19-year-old male classmate of bullying him in the chemistry class they share at a university over a period of several weeks (see Appendix A for the complete transcript). The Dean of Students presides over the hearing. The victim states that the defendant made cruel remarks every day to the rest of the class telling them that the victim is “stupid and worthless” and that they should not interact with him, using his own popularity to turn their classmates against the victim. The victim provides an audio recording of one of these incidents made with his voice recorder as proof, which the Dean of Students plays for the participants. The victim states that he missed class three times because he was depressed and miserable, resulting from the constant ridiculing by the defendant. The defendant acknowledges his actions, but minimizes them and states that he was “just saying what everyone else was thinking”. He testifies that he acted as he did because the victim’s behavior was “incredibly rude and… made everybody feel really uncomfortable,” detailing several instances when the victim dominated classroom discussions, claimed to know more about chemistry than the professor, refused to let the professor make changes to the schedule, and kept the class from being dismissed early by continuing to ask questions. The defendant states that his actions were just reactions to the victim’s inappropriate behavior.

Before the hearing concludes, the Dean of Students gives the victim the opportunity to provide a rebuttal. The victim admits that he behaved in socially inappropriate ways, but claims that his behaviors were not his fault. In the experimental conditions, the victim then explains that he has been diagnosed with a disability, and asks the Dean of Students to read aloud a report provided by the university’s Office of Disabled Student Services. In the ASD condition, the
report explains the victim’s diagnosis and the symptoms of ASD he experiences, including how they affect his behavior in class. Reading from the report, the Dean of Students explains that the victim has been diagnosed with Asperger’s Syndrome\(^1\), which is a neurobiological disorder on the autism spectrum. Individuals with Asperger’s Syndrome are high-functioning and typically have normal intelligence, but have impaired social functioning and communication skills. The Dean reads that these individuals may have difficulty interpreting social cues, tend to interpret language literally, become upset with changes to their routine, have trouble with the “give and take” of a conversation, struggle with understanding others’ emotions, and may become intensely interested in a particular subject, like chemistry. These symptoms and behaviors are consistent with the how the victim acted to annoy the defendant.

In the dyslexia condition, the report read by the Dean of Students explains that dyslexia is a neurological learning disability, impairing reading skills. Individuals diagnosed with dyslexia typically have normal intelligence though they struggle with reading slowly, have difficulty understanding what they read, have difficulty associating letters of the alphabet with speech sounds, and struggle with summarizing stories and following step-by-step instructions. Writing is also a challenge, as individuals with dyslexia have trouble organizing their thoughts and are poor spellers. However, the symptoms and behaviors explained by the Dean are inconsistent with the behaviors that annoyed the defendant. In the no diagnosis (control) condition, there was no

---

\(^1\) After data collection was completed, the American Psychiatric Association published the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013) in which Asperger’s Syndrome was reclassified as Autism Spectrum Disorder, high-functioning. Symptomology and criteria for diagnosis remained the same. This study used the term “Asperger’s Syndrome” when defining the victim’s diagnosis for the participants. In order to be consistent with the most current terminology, I will use the term autism spectrum disorder (ASD) except when quoting from the materials presented to the participants.
indication that the victim has been diagnosed with a disorder and no explanation of the behaviors that annoyed the defendant.

The participants were randomly assigned to one of the three conditions (ASD, dyslexia, no diagnosis) and listened to the corresponding version of the audio recording. They were then given a written definition of “bullying,” which has been adapted from the statutory definition in Indiana:

‘Bullying’ means overt, repeated acts or gestures by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other student. ‘Acts or gestures’ includes verbal or written communications, physical acts, or other behaviors that take place on university property or at any university-sponsored function on or off campus. Bullying involves an imbalance of power or strength between the bully/bullies and the victim.

Participants were then asked to complete a written questionnaire (see Appendix B). Participants were first instructed to choose a verdict (the defendant is either guilty or not guilty of bullying), estimate the probability of the defendant’s guilt, rate their confidence that the verdict they selected was appropriate (0 = no confidence at all and 10 = complete confidence), and select an appropriate sentence for the defendant if the disciplinary committee were to find him guilty from a list of options intended to vary in severity from high to low (permanent expulsion, suspension from all classes for the rest of the current semester and next semester, suspension from all classes for the rest of the current semester, withdrawing from the class and retaking it the next semester, transferring to a different section of the class, formal meeting with a school administrator, no punishment). Participants were also asked to rate the seriousness of what happened (0 = not at all serious and 10 = extremely serious), how responsible they believed
each the defendant and the victim were for the incident (0 = *not at all responsible* and 10 = *completely responsible*), and how much empathy they had for the defendant and victim (0 = *not at all* and 10 = *very much*).

In addition, participants completed Winer, Bonner, Blaney, and Murray’s (1981) social distance scale, which was used to measure the extent to which participants liked the defendant and the victim. The scale includes six statements, and total scores can range from 6 to 42. Overall social distance scores were calculated by summing the participant’s responses to the six items, with higher numbers representing more negative attitudes. The social distance scale was included to determine whether the likeability of the victim varied by condition along with participants’ other judgments. As Gentry and Whitley (in press) found, victims sometimes engage in behaviors that make them less likeable, which in turn makes them targets for bullying. Observers may not condemn bullying if they dislike the victim and find him obnoxious and annoying due to his socially inappropriate behaviors. On the other hand, observers may condemn the bullying and be more willing to help the victim when he seems more likeable. Because victims with ASD have an excuse for their annoying behavior, observers may like them more than victims with a different diagnosis or no diagnosis, and they may judge the bullying incident more harshly.

The questionnaire also contained three multiple-choice manipulation checks asking participants to remember what the defendant did to bully the victim, the effects of the bullying on the victim, and whether the victim had a disability. The questionnaire concluded by asking participants to report demographic information, after which they were thanked for their participation and debriefed.

**Results**
A total of 117 participants were included in the sample after seven were removed from the analyses for failing at least one of the three manipulation checks (control: \( N = 38 \); dyslexia: \( N = 38 \); ASD: \( N = 41 \)). See Table 1 for a breakdown of participant sex.

**Verdict, Confidence, and Probability of Guilt**

**Verdict.** A hierarchical loglinear analysis was used to examine the effects of the victim’s disability and participants’ sex on verdict. A main effect of disability was found, \( \chi^2(2, N = 117) = 8.62, p = .01 \), Cramer’s \( V = .27 \). Contrast results indicated that guilty verdicts in the ASD condition were proportionately greater than in the dyslexia condition, Wald \( \chi^2(1, N = 79) = 5.70, p = .02 \), and in the control condition, Wald \( \chi^2(1, N = 79) = 4.83, p = .03 \). However, the dyslexia and control conditions were not significantly different from each other, Wald \( \chi^2(1, N = 76) = 0.07, p = .79 \). Neither a significant main effect of participants’ sex nor an interaction of victim disability and participants’ sex was found (\( ps \geq .38 \)). See Table 2 for means and standard deviations for verdict and the other dependent measures as related to victim disability.

**Confidence.** No significant effects were found for participants’ verdict confidence ratings (\( ps \geq .35 \)).

**Probability of guilt.** Participants were asked to assign probability of guilt, for which a main effect of disability was found, \( F(2, 111) = 31.37, p < .001, \eta^2 = .36 \). Participants assigned a greater probability of guilt when the victim was diagnosed with ASD, while the control and dyslexia conditions did not differ significantly from each other. No other significant effects were found (\( ps \geq .12 \)).

**Recommended Sentence**

Participants were asked to recommend a sentence for the defendant in the case that he was to be found guilty by the disciplinary committee. The seven sentencing options were ranked...
on a 7-point scale from least to most severe (1 = no punishment and 7 = permanently expelled). Distribution was determined to be in the normal range after examining the kurtosis (1.17), skewness (.59), and measures of central tendency (mean = 1.96; median = 2.00; mode = 2). A factorial analysis of variance with victim’s disability and participants’ sex as factors indicated a significant main effect of victim’s disability, $F(2, 111) = 11.22, p < .001, \eta^2 = .17$. Analyses indicated that participants tended to recommend harsher sentences when the victim had been diagnosed with ASD than if the victim had a diagnosis of dyslexia or no disability (see Figure 1). Results showed that women recommended more punitive sentences than men, $F(1, 111) = 6.18, p = .01, \eta^2 = .05$. Women most frequently recommended that the defendant transfer to another section of the class (66.2%). Retaking the class next semester (15.5%) and requiring a meeting with an administrator (15.5%) were the next two most frequently recommended options. Only 2.8% of women recommended that the defendant be suspended for eight weeks, and no recommendations were made for suspension of all classes for the rest of the semester, permanent expulsion, or no punishment. Men also did not make any recommendations for suspension for the rest of the semester, permanent expulsion, or no punishment. Similarly to women, men also most frequently recommended that the defendant transfer to another section of the class (60.9%). However, 30.4% recommended meeting with an administrator, and 6.5% recommended retaking the class. Suspension for eight weeks was recommended by 2.2% of the male participants. A significant interaction between victim’s disability and participants’ sex was not found ($p = .50$).

**Seriousness**

Data indicated a significant effect of victim disability on participants’ ratings of the bullying’s seriousness, $F(2, 111) = 10.58, p < .001, \eta^2 = .16$. Participant ratings were higher in the ASD condition than in the dyslexia and control conditions, which did not differ from each
other. No main effect of participants’ sex was found, and the interaction of participants’ sex and victim disability was not significant ($ps \geq .15$).

**Judgments of Victim and Defendant**

**Responsibility.** Participants were asked to make several judgments about the victim and the defendant. The victim was judged to be less responsible for the bullying incident if he had been diagnosed with ASD than if he had been diagnosed with dyslexia or had no disability, $F(2, 111) = 6.61, p = .002, \eta^2 = .11$. The defendant was considered to have more responsibility if the victim was diagnosed with ASD compared with a dyslexia diagnosis or no disability, $F(2, 111) = 3.11, p < .05, \eta^2 = .05$. Participant ratings in the dyslexia and control conditions did not differ. A main effect of participants’ sex was found, $F(1, 111) = 3.93, p = .05, \eta^2 = .03$; women ($M = 6.75, SD = 2.09$) rated the defendant as more responsible than did men ($M = 6.02, SD = 1.93$). The interaction between participants’ sex and victim’s disability was not significant ($p = .15$).

**Empathy.** Participants rated the amount of empathy they felt for both the victim and the defendant. A main effect of disability was found for the victim, $F(2, 111) = 10.13, p < .001, \eta^2 = .15$; empathy ratings were higher when the victim had been diagnosed with ASD than for victims with dyslexia or no disability. The dyslexia and control conditions were not significantly different. No other significant effects were found for the victim. Additionally, there were no significant effects found for the defendant in terms of empathy ratings ($ps \geq .61$).

**Participant attitudes.** Participants were asked to complete a social distance scale (Winer et al., 1981) to identify attitudes toward the victim and the defendant. Compared to the dyslexia and control conditions, participants indicated they had more positive attitudes toward the victim diagnosed with ASD, $F(2, 111) = 3.68, p = .03, \eta^2 = .06$. The dyslexia and control conditions did not differ significantly. No other significant effects were found regarding the victim ($ps \geq .12$).
When asked about attitudes toward the defendant, data indicate that men \((M = 26.15, SD = 8.23)\) had more positive attitudes than did women \((M = 29.59, SD = 7.94)\), \(F(1, 111) = 5.85, p = .02, \eta^2 = .05\). No other significant effects were found \((ps \geq .10)\).

**Discussion**

The current study investigated participants’ perceptions of a bullying case involving a victim with ASD. Results indicated that participants who learned the victim had been diagnosed with ASD made significantly different judgments than did participants in the dyslexia and control conditions. The proportion of guilty verdicts for the defendant in the ASD condition was greater than in both the dyslexia or control conditions, and participants in the ASD condition also assigned a greater probability of guilt. Participants in the ASD condition made harsher sentence recommendations and viewed the bullying incident as more serious than participants in the dyslexia and control conditions. In terms of judgments in the ASD condition of the victim and defendant, they regarded the victim as less responsible for the incident and the defendant as more responsible compared to those in the other two conditions. Additionally, participants reported feeling more empathy for and more positive attitudes toward the victim with ASD than for the victims with dyslexia or no diagnosis. Participants in the ASD condition also reported a more positive attitude toward the victim measured by the social distance scale (Winer et al., 1981).

**Victim Diagnosis**

Originally, it was unclear whether bullying would be judged more harshly if the victim had been diagnosed with a disorder that involves deficits in social skills. Victims of bullying are sometimes perceived by others as making themselves targets because they engage in socially inappropriate behaviors, or behaviors that are otherwise seen as rude or obnoxious (Gentry & Whitley, in press; Olweus, 1978). Observers may believe that “unlikeable” victims are both
responsible for and deserving of being bullied as a result of their socially unacceptable behavior. The victim in the current study admitted to engaging in such behaviors. His peers could have viewed these behaviors as justification for being bullied.

However, if given an explanation in terms of a diagnosed social deficit disorder such as ASD, it is possible that observers might excuse socially inappropriate behavior. The current results support this, as the victim diagnosed with ASD was judged more favorably overall than the victims in the other two conditions. It is also important to note that not every diagnosis provides the same level of tolerance for or acceptance of inappropriate behaviors; results from the current study also imply that not all disabilities are seen as equally valid excuses. While participants reported feeling more empathy for and more positive attitudes toward the victim diagnosed with ASD, the victim diagnosed with dyslexia was not judged any more favorably than was the victim in the control (no diagnosis) condition. A diagnosed disability like ASD may help observers understand and excuse certain behaviors displayed by these individuals with ASD.

The implication of this information is important for the development and implementation of anti-bullying programs in schools. Adreon and Durocher (2007) noted that disclosure of one’s disability and ability to advocate for oneself is an important issue related to the transition to college for students with ASD. These students face challenges that their typically developing peers are less likely to encounter. As many students with ASD in college are capable of functioning relatively well on their own, a great number of the issues they must deal with stem from their social difficulties (Adreon & Durocher, 2007). Individuals with ASD are victimized more frequently—even more frequently than students with other disabilities—likely due to the idiosyncrasies of the disorder (Adreon & Durocher, 2007; American Educational Research
Disclosure of a disability to a school or workplace will grant individuals access to services including academic and vocational supports and accommodations. The current study suggests that disclosure of a disability to peers and professors may also grant students with ASD a greater level of social support as well. Participants reported that they felt more empathy for the victim with ASD, and their scores on the social distance scale indicated that they liked him better. Their judgments also favored the victim in almost all aspects, compared to the victims with dyslexia or no diagnosis. Peers of students with ASD who are given an explanation for their odd, potentially rude, or otherwise socially inappropriate behavior may exercise greater levels of forgiveness or empathy.

Although disclosure of a disability may result in peers excusing certain behaviors, a student with ASD is still at risk for being misunderstood, isolated, and harassed by those who do not understand what the diagnosis means. Anti-bullying programs should include education on ASD and other disabilities for typically developing students. It is important to relay information about how ASD affects social interactions as well as information about the other difficulties students with ASD face. The current data suggest that efforts to implement these anti-bullying educational programs could successfully help typically developing students understand what a disorder like ASD entails. Research indicates that schools should implement anti-bullying programs to encourage students to be empathic toward and respectful of classmates with ASD, include them in social activities, and create positive, accepting climates within peer groups to support these students (Cappadocia et al., 2012; Pepler, 2006). Students in a supportive, collaborative environment will be better able to recognize their responsibilities to intervene as bystanders in bullying situations (Pepler, 2006).
However, bullying continues to be an issue in higher education and the workplace even for those without disabilities (Adams & Lawrence, 2011; Brank et al., 2012; Chapell et al., 2004; Chapell et al., 2006; Glendenning, 2001). Therefore, anti-bullying programs could also be aimed at faculty, administrators, and the general public, as it is highly likely that encounters with an individual with ASD will occur in any setting. Teachers and faculty, for example, are especially involved in the implementation of anti-bullying programs in schools, as many anti-bullying interventions have school-, classroom-, and individual-level focuses in the program (Brank et al., 2012; Olweus et al., 2003). Development of teacher skills related to increasing awareness of bullying, recognizing bullying, intervening in bullying related situations, and preventing bullying has received positive empirical support. Teachers who participate in such programs have demonstrated higher levels of knowledge and use of intervention skills, and the implementation of such programs is related to reductions in bullying behaviors (Brank et al., 2012). The same results could be seen if anti-bullying programs were implemented in other educational and vocational areas as well. Future research should identify the extent to which anti-bullying programs and interventions at universities and workplaces help individuals recognize and prevent bullying.

**Sex Differences**

The data revealed several main effects regarding participant sex. Women, for example, rated the defendant as more responsible for the bullying incident. They also recommended more punitive sentences than did men. While the majority of both sexes most frequently recommended that the defendant transfer to another section of the class he shared with the victim, women were equally as likely to recommend either retaking the class or requiring a meeting with an administrator. Men, on the other hand, recommended meeting with an administrator more
frequently. In addition to sentence recommendations, women also made harsher judgments of the defendant than did male participants by indicating that the defendant was more responsible for the incident, while also indicating less positive attitudes toward him. Overall, women responded less positively to the defendant but more positively to the victim than did male participants. These results are consistent with patterns identified in previous research (Ellis & Schute, 2007; Gentry & Pickel, in press; Maunder et al., 2010). However, Gentry and Pickel (in press) found sex differences in additional dependent variables, including verdicts, probability of guilt estimates, and seriousness ratings.

Additional research is necessary to determine the extent to which sex differences affect bullying case assessments and attitudes toward a victim and defendant. The current study’s results, while consistent with some previous research, are inconsistent with others. In the current study, the interaction between victim disability and participants’ sex approached significance, indicating there was a tendency for men in the dyslexia condition to assign higher seriousness ratings compared to women. This tendency was not found in the ASD or control conditions. This may indicate that men identify more closely with the victim diagnosed with dyslexia than women do, perhaps as a result of the higher prevalence of dyslexia among the male population (Rutter et al., 2004). While men and women differed in their attitudes toward the victim and defendant, it is possible that the lack of sex differences found in the current study suggests that participants did not differ in terms of assessments of the case itself. Additional research is needed to determine how participant sex influences reactions to the victim and to the case assessments. Observers may have had previous experiences with individuals diagnosed with ASD. These experiences, in addition to participant knowledge of ASD, as well as any experiences with bullying, may have influenced participants’ reactions to the bullying case and their attitudes toward the victim or the
defendant. The current study also did not consider how social desirability might have influenced responses. It is possible that participants, upon learning of the ASD diagnosis, may have responded according to how they believed they should respond, not what they actually felt. Future research should address these issues to determine how prior experiences with individuals with ASD, as well as social desirability, influence participant reactions to the victim.

**Conclusion**

Recognizing an act of bullying is the first step in prevention. The current study and the results found by Gentry and Pickel (in press) indicate that relational bullying is indeed recognized as a significant form of bullying if the harm suffered by the victim is explicitly mentioned. However, people recognize and interpret cases of alleged bullying differently depending on a variety of factors, and it is important to understand these perceptions in order to define bullying. Individuals with ASD are often the targets of relational bullying because of the social deficits associated with the disorder (Carter, 2009). Research on anti-bullying programs that include relational bullying is an important step in addressing responses to cases of bullying and increasing recognition and interventions by observers.

Public opinion influences the laws and policies developed by state legislators and school administrators, so identifying reactions to bullying will also play a role in determining how both victims and offenders are treated. Providing support for victims and the appropriate consequences for offenders are dependent on the laws and policies, so further research on public reactions is essential. Additionally, considering the different factors that influence an observer’s perception of a bullying case needs further research as well. Anti-bullying programs can be designed to educate students, faculty, administrators, policy makers, and the general public about issues such as ASD. The present data indicate that observers learning of an ASD diagnosis
empathize more with victims with ASD and regard them more favorably, despite the fact that these victims may display behaviors perceived by others as socially inappropriate. Anti-bullying interventions alone are often not enough to prevent bullying when individuals do not understand that the victim may have social deficits. When victims seemingly make themselves targets for bullying, observers must judge when and how to intervene (or not). The knowledge that perceived socially inappropriate behavior is potentially the result of a disability such as ASD can go a long way with the intervention and prevention of bullying situations involving victims with ASD. Educational anti-bullying intervention programs are needed to provide the public with the information necessary to increase understanding of both ASD and bullying. These programs will therefore hopefully increase the amount of empathy for individuals with ASD, increase observer intervention and victim support, and even decrease bullying situations in any given environment.
References


Disciplinary Case Transcript

RD: Good afternoon. My name is Dr. Rebecca Dawes, and I am the Dean of Students here at George Rogers Clark University. I am presiding over this meeting of the university disciplinary committee. Today the committee will hear a case involving Daniel Simms, a student who is accused of violating the university’s anti-bullying policy. A complaint was filed against Mr. Simms by another student, Logan Barnett, who claims that Mr. Simms bullied him. Following the official procedures, we will hear from Mr. Barnett first. Afterward, Mr. Simms will present his side, and finally each student will have a chance to make concluding remarks. Logan, please state for the record your name and age, and then explain the basis for your complaint.

LB: My name is Logan Barnett, and I’m 19 years old. I am a second-year student. This semester Daniel Simms and I were assigned to the same advanced chemistry section. I was extremely enthusiastic about starting the class because I want to be a research chemist for my career. It was a small section with only 12 students, so I thought it would be a good educational opportunity because only the most serious students would be in the class.

During the first week of the semester Daniel started bullying me. Before the instructor arrived in the classroom, Daniel would make cruel remarks that everyone could hear. He told everyone that I was stupid and worthless and people shouldn’t interact with me. Pretty soon it was happening all the time, and there were always people around, listening.

So Daniel was saying things before class every single day, and this went on for a long time. Finally I got the idea to turn on my voice recorder that I use to tape lectures. I thought I could record his comments and probably no one would notice. I made a recording, but at first I didn’t want to tell anybody because I was fearful of making matters worse. Eventually I told my instructor, and she referred me to the Office of the Dean of Students, and that’s how we came to this hearing. I gave the recording I made to the Dean.

RD: I have the recording in question, and I’ll play it for the committee now. Please listen carefully.

Recording of DS’s voice:

I’m telling you, everybody, don’t be partners with Logan on lab days. Like I keep saying, he’ll wreck your grade if you work with him. He can’t get the homework right, he’s always making stupid comments in class, and he doesn’t know anything about anything. Whatever you do, don’t do the labs with him. You shouldn’t even sit next to him. He’s a complete idiot.

RD: Logan, now that we’ve heard the recording, could you please finish your statement to the committee?
LB: Yes. Basically, I just want to add that this was a really horrible experience that went on for weeks. Daniel has high status among our peers, so people tend to listen to him and do what he says. He made my classmates turn against me. I started feeling really depressed, and I dreaded going to chemistry. I knew he was always waiting for a chance to attack me, and attack my intelligence, and attack my dream of being a research chemist. I skipped class three times, because I was afraid of what Daniel would say next, but I realized that such behavior would eventually affect my grades very negatively. It’s so hard being constantly ridiculed. I felt absolutely miserable.

RD: Thank you, Logan. Now we’ll hear from the defendant, Daniel Simms. Daniel, you have heard Mr. Barnett’s accusation that you bullied him. You may begin when you’re ready. Please state for the record your name and age, and then continue with any statement you want to make.

DS: My name is Daniel Simms, and I’m 19 years old. I’m a sophomore. Logan is right that we both had the same chemistry class, and I did say those things on the recording, but he didn’t give you the whole story.

For example, on the first day of class, the instructor went over the syllabus. She pointed out a list of the topics we were going to cover during the semester. One topic was nuclear chemistry and radioactivity, and when Logan saw that, he blurted out that he’s really interested in that, and he knows everything about radionuclides and their uses in nuclear medicine. The instructor tried to get us back on track by saying Logan could share what he knows when we got to that part of the course, but he didn’t want to stop talking about nuclear chemistry, and he actually told the instructor, “I know more about this subject than anybody in this room, including you.” It was incredibly rude, and it made everybody feel really uncomfortable.

Then the instructor spent about 20 minutes talking about how the class was going to be organized. She was going to dismiss us early, but Logan kept asking questions, so we ended up getting out only about five minutes early. That was so annoying.

That’s the way things went from then on. Every day, Logan would interrupt the instructor and dominate class discussions so he could talk about his interests and how much he knows. He always uses these big words and talks like he’s lecturing. But then it turned out that he really doesn’t know as much as he thinks. One day we were going over the homework in class and the instructor asked if anyone solved the bonus problem. The bonus is always the last problem in the set, and it’s supposed to be the most difficult one. Logan raised his hand and said he got the answer, of course, and he could show the class how to do it. So the instructor asked him to come up to the chalkboard and write out the equation. After he did that, she pointed out a mistake he made, and he didn’t get the right solution after all. I figured out that he acts like he knows so much, but really he just memorizes facts without actually understanding the concepts behind them.

He always complained when the instructor wanted to change the routine. One day she asked us to hand in our homework, and Logan said we couldn’t do that until we’d gone over it as a class, like we always do. It’s like everything had to be his way. The instructor tried to get him involved, or distract him or something, by saying “Can you collect the homework, Logan?” And
he said, “Yes, I can,” but then he just sat there. She asked him why he didn’t get up to collect the homework, and he said “I would prefer not to.”

So yeah, I said those things to Logan that you heard on the recording, but I was just trying to let him know that he needed to be more appropriate. You know, there’s always this one student who creates problems for the rest of the class. In chemistry, that student was Logan. I was just saying what everyone else was thinking. That’s all I have to say.

RD: Thank you, Daniel. Logan, is there anything you want to add?

LB: Yes. I may have behaved as Daniel described, but it’s not my fault.

**Autism Spectrum Disorder Condition:**

[LB: I brought my records from the university’s Office of Disabled Student Services. I have a disability that has been documented by that office, and I would like the committee to know about it. My records include a report about my disability that was written by the director of the Office of Disabled Student Services. I would like to ask Dr. Dawes to read this report for the committee.

RD: Certainly, Logan. I have a copy of the report. It was prepared by Mr. Edward Myers, the director of the Office of Disabled Student Services. It reads as follows:

Logan Barnett has been diagnosed with Asperger’s Syndrome, which is a neurobiological disorder on the higher-functioning end of the autism spectrum. Individuals with Asperger’s Syndrome typically have normal intelligence, but they have serious deficiencies in social and communication skills. Because of this disorder, Logan has difficulty with the “give and take” of a conversation, so it seems like he’s talking AT people instead of WITH people. He tends to interrupt frequently because he has a hard time understanding social cues that signal when it’s his turn to talk. Also, his comments commonly seem irrelevant to others because he tends to say what’s on his mind instead of remembering that people are supposed to keep some of their thoughts in their heads. It’s practically impossible for him to carry on a light conversation with someone.

Because of his Asperger’s Syndrome, Logan makes socially and emotionally inappropriate responses during conversations, and he has trouble understanding other people’s feelings, so people may find him rude, but he’s not trying to be rude. He tends to interpret language literally and he has trouble comprehending implied meanings. Also, he has an extensive vocabulary, and he often uses a formal style of speaking, so people might think he’s pompous.

People like Logan frequently have some subject they get obsessed with, and others get tired of hearing them talk about it. For Logan, that’s nuclear chemistry. Individuals with Asperger’s Syndrome also find it comforting when they can stick to the same schedule every day. That concludes the report.

LB: I hope this information helps you see who I am.]

**Dyslexia condition:**
[LB: I brought my records from the university’s Office of Disabled Student Services. I have a disability that has been documented by that office, and I would like the committee to know about it. My records include a report about my disability that was written by the director of the Office of Disabled Student Services. I would like to ask Dr. Dawes to read this report.

RD: Certainly, Logan. I have a copy of the report. It was prepared by Dr. Edward Myers, the director of the Office of Disabled Student Services. It reads as follows:

Logan Barnett has been diagnosed with dyslexia, which is a learning disability that has a neurological cause. Individuals with dyslexia typically have normal intelligence, but they have difficulty with reading. Specifically, they find it hard to connect letters and the sounds in spoken language. For example, when they see a word written on paper, they have trouble breaking the word down into the separate speech sounds that make up the word and then associating those sounds with letters.

Because of his dyslexia, he has problems understanding what he reads, especially if it’s complicated, and he has to read slowly and put considerable effort into it. He may have to reread the information several times before he gets it. It’s difficult for him to summarize a story he reads. It’s challenging for him to read step-by-step directions for some task and then follow them correctly.

When he writes, it’s hard for him to organize his thoughts and express himself clearly. Also, he’s a poor speller. It takes him a much longer time to write a paper compared to other students.

Dyslexia also makes it hard to learn a foreign language. When Logan was in high school, he took a French class, but his grades were so low that his academic advisor convinced him to give up. This concludes the report.

LB: I hope this information helps you see who I am.]

I love school, and I just wanted to learn, but being bullied prevents that from happening.

RD: Thank you, Logan. Daniel, do you have anything else?

DS: No, Dr. Dawes.

RD: Ok. The committee has heard from both the complaining student, Logan Barnett, and the defendant, Daniel Simms. I’ll now excuse both students from this meeting and ask the committee members to decide the case.
Appendix B

Questionnaire

Imagine you are a member of the disciplinary committee that must render a verdict in the case you just heard. Please answer each question below carefully.

1. In this case, the defendant (Daniel Simms) is accused of bullying another student (Logan Barnett). According to the anti-bullying policy at the university both students attend, “bullying” is defined as follows:

“Bullying” means overt, repeated acts or gestures by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other student. “Acts or gestures” includes verbal or written communications, physical acts, or other behaviors that take place on university property or at any university-sponsored function on or off campus. Bullying involves an imbalance of power or strength between the bully/bullies and the victim.

Based on the testimony you heard and using the definition of bullying given above, which verdict do you think is more appropriate? Please check one:

_______ the defendant (Daniel Simms) is guilty of bullying
_______ the defendant (Daniel Simms) is not guilty of bullying

2. Based on the testimony you heard and using the definition of bullying given above, please complete the following sentence by circling one number below: I estimate that there is a ____ % chance that the defendant is guilty. Please circle one number:

0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100
↑
No chance defendant is guilty Guilt and Defendant is definitely guilty equally likely innocence are

3. How confident are you that the verdict you chose is appropriate? Please circle one number:

0 1 2 3 4 5 6 7 8 9 10
↑
No confidence Complete confidence at all
4. Even if you think the defendant (Daniel) is not guilty, he could still be found guilty by the disciplinary committee that is hearing the case. Imagine that he has been found guilty of bullying and now he has to receive a sentence. Please check the one option below that you would prefer.

_____ The defendant will be **permanently expelled** from the school. He will either have to drop out of school or find another school to attend.

_____ The defendant will be **suspended from all classes for the rest of the current semester and next semester**.

_____ The defendant will be **suspended from all classes for 8 weeks** (assume this would be the rest of the current semester).

_____ The defendant must drop the class he shares with the victim, and **he will not be able to retake that class until next semester**. He can remain enrolled in his other classes.

_____ The defendant must drop the class he shares with the victim, but **he can transfer to a different section of the same class and finish the class this semester**, although he may have to do some extra work to catch up. He can remain enrolled in his other classes.

_____ A school administrator will have a **formal meeting** with the defendant and instruct him not to bully anyone again.

_____ **No punishment**.

5. How would you rate the seriousness of what happened in this case? Please circle one number:

0                1                2                3                4                5                6                7                8                9                10

↑

Not at all serious

Extremely serious

6. How responsible do you believe the defendant (Daniel) is for what happened? Please circle one number:

0                1                2                3                4                5                6                7                8                9                10

↑

Not at all responsible

Completely responsible

7. How responsible do you believe the alleged victim (Logan) is for what happened? Please circle one number:

0                1                2                3                4                5                6                7                8                9                10

↑

Not at all responsible

Completely responsible
8. How much empathy do you feel for the alleged victim (Logan)? “Empathy” means your ability to understand the emotional state or experience of another person. Please circle one number:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>↑</td>
<td>Not</td>
<td>Very</td>
<td>much</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. How much empathy do you feel for the defendant (Daniel)? “Empathy” is your ability to understand the emotional state or experience of another person. Please circle one number:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>↑</td>
<td>Not</td>
<td>Very</td>
<td>much</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at all</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. The questions below refer to Daniel Simms, the student who is accused of bullying. For each question, please circle one number.

A. Would you like to meet Daniel?
   definitely yes 1 2 3 4 5 6 7 8 9 10
   definitely no

B. Would you be willing to work on a job with him?
   definitely yes 1 2 3 4 5 6 7 8 9 10
   definitely no

C. Would you invite him to your home?
   definitely yes 1 2 3 4 5 6 7 8 9 10
   definitely no

D. Would you be willing to be his neighbor?
   definitely yes 1 2 3 4 5 6 7 8 9 10
   definitely no

E. How likely is it that he could become a close friend of yours?
   very likely 1 2 3 4 5 6 7 8 9 10
   very unlikely

F. Would you ask him for advice?
   definitely yes 1 2 3 4 5 6 7 8 9 10
   definitely no

11. The questions below refer to Logan Barnett, the alleged victim. For each question, please circle one number.

A. Would you like to meet Logan?
   definitely yes 1 2 3 4 5 6 7 8 9 10
   definitely no
B. Would you be willing to work on a job with him?
definitely yes 1 2 3 4 5 6 7 definitely no

C. Would you invite him to your home?
definitely yes 1 2 3 4 5 6 7 definitely no

D. Would you be willing to be his neighbor?
definitely yes 1 2 3 4 5 6 7 definitely no

E. How likely is it that he could become a close friend of yours?
very likely 1 2 3 4 5 6 7 very unlikely

F. Would you ask him for advice?
definitely yes 1 2 3 4 5 6 7 definitely no

12. According to the alleged victim (Logan), what did the defendant (Daniel) do to bully him? Please put a check mark next to each correct answer.

_______ Daniel physically assaulted Logan
_______ Daniel made negative remarks directly to Logan
_______ Daniel used his influence to get other students to avoid Logan

13. According to the alleged victim (Logan), what effect did the bullying have on him? Please put a check mark next to each correct answer.

_______ Logan felt depressed and miserable
_______ Logan withdrew from school
_______ Logan attempted suicide

14. Did the alleged victim (Logan) have any kind of disability?

_______ no
_______ yes, he has dyslexia
_______ yes, he has Asperger’s Syndrome

15. Please answer the four questions below. We are requesting this information because researchers are expected to summarize the demographic characteristics of their sample when they publish their data.

A. How old are you?

B. Are you male or female? ___male ___female

C. What is your race? For example, are you white, black/African-American, Latino/Latina, Asian-American, biracial,...?

16. Are there any explanations or comments that you would like to add pertaining to the disciplinary case or this study?
You are finished with the questionnaire. Please wait quietly. Thank you!
Table 1

*Breakdown of Participant Sex by Condition*

<table>
<thead>
<tr>
<th>Disability Condition</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>17</td>
<td>21</td>
<td>38</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>12</td>
<td>26</td>
<td>38</td>
</tr>
<tr>
<td>ASD</td>
<td>17</td>
<td>24</td>
<td>41</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>71</td>
<td>117</td>
</tr>
</tbody>
</table>

*Note. ASD = Autism spectrum disorder.*
Table 2

*Dependent Measures as a Function of Victim’s Disability*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Disability condition</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control</td>
<td>Dyslexia</td>
<td>ASD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td>Mean (SD)</td>
<td></td>
</tr>
<tr>
<td>Verdict</td>
<td>0.76</td>
<td>0.74</td>
<td>0.95*</td>
<td></td>
</tr>
<tr>
<td>Confidence</td>
<td>7.61 (2.05)</td>
<td>7.16 (1.15)</td>
<td>7.76 (1.76)</td>
<td></td>
</tr>
<tr>
<td>Probability of guilt</td>
<td>0.60 (0.13)</td>
<td>0.60 (0.12)</td>
<td>0.79 (0.11)*</td>
<td></td>
</tr>
<tr>
<td>Seriousness</td>
<td>4.34 (1.65)</td>
<td>4.34 (1.79)</td>
<td>6.02 (1.74)*</td>
<td></td>
</tr>
<tr>
<td>Victim responsibility</td>
<td>5.37 (2.12)</td>
<td>6.13 (1.61)</td>
<td>4.22 (2.34)*</td>
<td></td>
</tr>
<tr>
<td>Defendant responsibility</td>
<td>6.24 (2.09)</td>
<td>5.95 (1.99)</td>
<td>7.15 (1.93)*</td>
<td></td>
</tr>
<tr>
<td>Victim empathy</td>
<td>4.89 (1.87)</td>
<td>4.08 (2.07)</td>
<td>6.49 (2.47)*</td>
<td></td>
</tr>
<tr>
<td>Defendant empathy</td>
<td>4.58 (2.33)</td>
<td>4.21 (1.95)</td>
<td>4.39 (2.57)</td>
<td></td>
</tr>
<tr>
<td>Victim social distance</td>
<td>29.63 (7.61)</td>
<td>29.50 (6.64)</td>
<td>25.02 (7.90)*</td>
<td></td>
</tr>
<tr>
<td>Defendant social distance</td>
<td>30.16 (7.54)</td>
<td>26.08 (6.93)</td>
<td>28.46 (9.47)</td>
<td></td>
</tr>
</tbody>
</table>

*Note. ASD = Autism spectrum disorder. Values in the same row with * differ significantly, p < .05. Confidence, seriousness, responsibility, and empathy were rated on an 11-point scale; higher numbers indicate higher levels. Social distance scores can range from 6 to 42; higher numbers indicate more negative attitudes toward the target individual.*
**Figure 1.** Percentage of participants within each condition who recommended that the defendant’s sentence be a required formal meeting with a school administrator, transferring to a different section of the class shared with the victim, withdrawing from the class and retaking it next semester, and suspension for the remainder of the current semester. Participants did not select the options of no punishment, suspension for the rest of the current semester and next semester, or permanent expulsion, so they are not shown. ASD = Autism spectrum disorder.