



Bullying victimization and depressive symptoms in adolescence: The moderating role of parent-child conflicts among boys and girls



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ABSTRACT

Introduction: The association between bullying victimization and depressive symptoms has been studied extensively over the years. Among the variables studied as having an impact on this association were different characteristics of the parent-child relationship. The current study was the first to specifically examine parent-child conflicts as a moderator in the association between victimization and depressive symptoms among adolescents. In addition, it was the first to examine the roles of the child and parent's gender in this moderation.

Methods: 505 7th-9th graders from two schools in two different cities across Israel (mean age = 12.736, SD = 0.8154) participated in this study. 223 (44.2%) of the participants were male. The participants filled out a battery of self-report questionnaires assessing the different study's variables.

Results: Significant gender differences were found: among girls, the association between bullying victimization and depressive symptoms was stronger when the level of parent-child conflicts was high, while among boys, it was stronger when the level of conflicts was low.

Conclusions: Our results indicate that the psychological outcomes for victims depend on their relationship with their parents. Bullying intervention programs should include the victims' parents. Furthermore, intervention programs should be designed to fit the different needs of girls and boys.

1. Introduction

Bullying victimization among adolescents is a worldwide public health issue (Dawkins, 1995; Olweus, 1994). Bullying victimization is defined as a form of deliberate and repetitive aggression that is directed at a less powerful individual. In addition, it covers a wide range of behaviors, including physical bullying (e.g. hitting), verbal bullying (e.g. name-calling), or psychological bullying (e.g. spreading rumors) (Georgiou & Stavrinides, 2013). Overall, boys typically tend to be victims of direct forms of bullying, such as verbal or physical violence (e.g. Boel-Studt & Renner, 2013), whereas girls tend to become victims of indirect, psychological and social forms of bullying, such as spreading rumors or social ostracization (e.g. Boel-Studt & Renner, 2013).

Studies have indicated that compared to non-victims, victims suffer from higher rates of depression, anxiety, low self-esteem, loneliness, psychosomatic complaints and suicidality (Cook, Williams, Guerra, Kim, & Sadek, 2010; Hawker & Boulton, 2000; Kim & Leventhal, 2008; Klomek, Marrocco, Kleinman, Schonfeld, & Gould, 2007; Reijntjes, Kamphuis, Prinzie, & Telch, 2010). In the last few decades, the most widely studied bullying victimization outcome was mental maladjustment, especially depression (Hawker & Boulton, 2000; Klomek et al., 2013; Sapouna & Wolke, 2013; Tofi, Farrington, Lösel, & Loeber, 2011). Findings indicate that, there is

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a positive association between the frequency of bullying and the severity of depressive symptoms (Klomek et al., 2007). Studies however, show varied results concerning gender differences. Most studies report that female victims have higher levels of depression than do male victims (Kim & Leventhal, 2008; Roland, 2002; Sapouna & Wolke, 2013). A possible explanation for these findings is that girls are socialized to give more importance to interpersonal relations than are boys (Ledwell & King, 2015).

Over the years, many different variables have been examined as moderators in the bullying victimization-depressive symptoms association. To date, many studies have focused on factors that influence bullied children in school (Kim & Kim, 2016), such as relationships with peers (Sapouna & Wolke, 2013). However, some studies have examined the effects of different family factors, such as parental warmth, parental involvement and atmosphere at home, as moderators in the bullying victimization-depressive symptoms association (Bowes, Maughan, Caspi, Moffitt, & Arseneault, 2010; Flouri & Buchanan, 2002).

The family factors included in previous studies did not include specific aspect of the relationship between the child and his/her parents; parent-child conflicts. Therefore, the current study will be the first to examine parent-child conflicts, as a moderator in the association between bullying victimization and depressive symptoms. Examining parent-child conflicts is crucial since parent-child conflicts is one of the main risk factors for the development of depression in children and youth (Sagrestano, Paikoff, Holmbeck, & Fendrich, 2003; Young, Gallop, & Mufson, 2009).

Parent-child conflicts are defined as a condition of incompatible behaviors or opinions (Shantz, 1987), or a behavioral opposition (Laursen & Collins, 1994), and thus refer to a specific aspect of the relationship between parents and their children (Shantz, 1987). Parent-child conflicts are expressed in verbal disagreements, criticisms or actual aggression (Weymouth, Buehler, Zhou, & Henson, 2016) and, usually, but not necessarily, include negative affect (Laursen & Collins, 1994). Up until the last two decades, studies rarely distinguished between mother-child and father-child conflicts (Shek, 1998). Of those who did, most support the popular belief that adolescents have more conflicts with their mothers (Allison & Schultz, 2004; Laursen & Collins, 1994; Yau & Smetana, 1996). Regarding the child's gender, studies showed conflicting results. One study found no difference between girls and boys in the intensity and frequency of parent-child conflicts (Yau & Smetana, 1996). Other studies, however, found that the intensity of parent-child conflicts was higher among girls (Allison & Schultz, 2004). In contrast, a different study found parent-child conflicts to occur more frequently amongst boys (Sapouna & Wolke, 2013).

Research reports higher levels of parent-child conflicts within victims' families, compared to non-victims' families (Boel-Studt & Renner, 2013; Georgiou & Stavrinos, 2013). A study distinguishing mothers and fathers found no difference between mother-child and father-child conflicts in predicting victimization (Georgiou & Stavrinos, 2013). With respect to the child's gender, there are inconsistencies in the literature. Some studies found no moderating effect of the child's gender in the relationship between parent-child conflicts and victimization (Boel-Studt & Renner, 2013), while others report that girls tend to be more affected by their negative relationships with their parents, as compared to boys (Kim & Kim, 2016).

Parent-child conflicts were also found to be strongly related to children's psychopathology (McKinney & Renk, 2011; Shek, 1998), especially to depression (Marmorstein & Iacono, 2004; Sheeber, Hops, & Davis, 2001). Findings show higher levels of depressive symptoms in children who perceive the relationship with their parents as conflictual (Marmorstein & Iacono, 2004). In general, fathers are underrepresented in the research field of depression (Sheeber et al., 2001). However, a few studies did examine the effect of the parent's gender. Of those, some found an association between conflicts and internalizing problems or youth maladjustment, for both mothers and fathers (Marmorstein & Iacono, 2004; McKinney & Renk, 2011; Weymouth et al., 2016), while others found that father-child conflicts (Shek, 1998) or that mother-child conflicts (Manne & Miller, 1998) were more strongly related to the child's psychological condition, including depression.

Only a few studies explored the moderating role of parents in the association between bullying victimization and its negative outcomes (Ledwell & King, 2015). One study (Bowes et al., 2010) found that warm parent-child relationships weakened the association between victimization and emotional adjustment (measured by the score in withdrawn and anxious/depressed scales). Another study by Ledwell and King (2015) found that the association between victimization and internalizing problems was stronger when parental communication (a positive and open communication between the child and the parents) was low, and weaker when parental communication was high. A third study, examined how different factors - individual (i.e. gender, self-esteem), social (i.e. social alienation, number of close friends), and familial factors (i.e. sibling victimization) including parent-child conflicts, affected the level of depressive symptoms in victims of bullying (Sapouna & Wolke, 2013). According to the findings, adolescents who were involved in bullying and experienced low levels of conflicts with their parents, reported lower levels of depression as compared to adolescents who were involved in bullying and experienced high levels of parent-child conflicts.

To the best of our knowledge, the previous studies have not examined the role of parent-child conflicts, separately from other family factors, as a moderator in the association between bullying victimization and depressive symptoms. Examination of the gender roles in the different associations between the study variables is important since there are differences in these associations among boys and girls (Allison & Schultz, 2004; Kim & Leventhal, 2008; Roland, 2002; Sapouna & Wolke, 2013). The aim of the current study is to fill in these gaps. Specifically, we hypothesized that there will be a correlation between bullying victimization and depressive symptoms, so that bullying victims will show higher levels of depressive symptoms. Second, parent-child conflicts will moderate the association between bullying victimization and depressive symptoms, so that a higher level of parent-child conflicts will increase the association between bullying victimization and depressive symptoms. In addition, an exploratory question of the current study is about the influence of the child's gender and the parent's gender on the moderation of parent-child conflicts in the bullying victimization-depressive symptoms link.

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