Factors Influencing Peer Victimization from the Perspective of Home-School Partnership: A Moderated Mediation Model

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Abstract: This study aims to explore the overlapping influences of the home and school on peer victimization in adolescents under the notion of home-school partnership and to investigate how the parent-child relationship, teacher-student relationship, teenage depressive symptoms are related to peer victimization by constructing a moderated mediation model. It surveyed 1,710 students in 5-8 grades, using the Inventory of Parent and Peer Attachment, Student-Teacher Relationship Scale (brief version), Multidimensional Peer Victimization Scale, and Center for Epidemiologic Studies Depression Scale (brief version). Research findings show that the parent-child relationship had a direct impact on peer victimization and indirectly affected peer victimization via the mediation of teenage depressive symptoms; and that teacher-student relationships had moderating effects on the three paths in the mediation model, playing roles in enhancing the protection effect of the parent-child relationship against peer victimization, weakening the possible impact of the parent-child relationship on teenager depression, and alleviating the predictive effect of depressive symptoms on peer victimization. The research suggests that home-school partnership is a viable avenue for the prevention of school bullying.

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Raising the Question

The notion of home-school partnership has undergone decades of evolution in China and is now incorporated in its 14th five-year plan for social and economic development and prospective goals 2035. In this process, parents have experienced a transition from playing supplementary roles to being partners of the school in child education. At present, the overlapping spheres of influence theory is the most impactful one in the domain of home-school co-education. It advanced the idea that the three chief settings of the home, school, and community have interactive and overlapping effects on the growth of students and developed six co-education practices (Epstein & Salinas, 2004).

Peer victimization occurs when an adolescent is bullied by a peer or peers, including physical, verbal, material, and relational victimization. Research shows that peer victimization could induce a wide variety of problems, emotional, behavioral, and academic, in adolescents, posing severe threats on their healthy growth. According to developmental psychology, the severity of peer victimization reaches its highest level at the beginning of secondary education and subsequently declines as the grade advances. Likewise, the issue of teenage depression is particularly pronounced in the early stage of secondary education. The co-occurrence of peer victimization and depressive symptoms in adolescents has garnered wide attention in academia.

The parent-child relationship is seen as an important factor influencing peer victimization. It is not only the first interpersonal relationship for a child but also serves to be the template for developing other social relationships when they grow up, determining the quality of their peer friendships. In the meantime, the parent-child relationship is also related to the child’s depression level. A good parent-child relationship helps create a warm and supportive home atmosphere for the teenager and plays a protective role in the event of damaging incidents, reducing the risk of depression in them.

This study seeks to construct a moderated mediation model based on the overlapping spheres of influence theory, incorporating the personal factor (depression), familial factor (parent-child relationship), and school-related factor (teacher-student relationship), to examine the mediating effect of depressive symptoms on the relation between the parent-child relationship and peer victimization while also paying attention to the moderating effect of the teacher-student relationship on this relation.

Research Methodology

Participants

Through cluster sampling, the research team selected students in grades 5-8 from two primary and four secondary schools (including ordinary and key schools) in Suzhou and Chengdu as participants. All the 1,710 questionnaires distributed were successfully retrieved. There are 396, 337, 782, and 195 students in the fifth, sixth, seventh, and eighth grades, respectively. Among them, male (888) and female students (822) accounted for 51.93% and 48.07%. The average age of them was 13.31 ± 3.79 years old.
Research Tools

Multidimensional Peer Victimization Scale

The Multidimensional Peer Victimization Scale (Mynard & Joseph, 2000) was employed to measure the incidence of bullying. It is a widely used scale and has been revised in its use among the Chinese population. The scale consists of 16 questions and adopts three-point rating (0= “never happened,” 1= “occasionally happened,” and 2= “frequently happened”), with which, participants report their experiences of being bullied by their classmates over the past six months. The higher the score, the more severe bullying the student suffered. In this study, the scale’s coefficient of internal consistency reliability was 0.89.

Inventory of Parent and Peer Attachment

The scale to measure the parent-child relationship is from the Inventory of Parent and Peer Attachment. It is a self-report scale with 25 questions in three dimensions: communication, trust, and alienation. The Likert five-point scale (from 1= “strongly disagree” to 5= “strongly agree”) has been widely adopted in China and was revised for its application in junior secondary school students (Zhang et al., 2011). The average score of each dimension was calculated using reverse scoring; after that, the scores of the three dimensions were put together with equal weights. The higher the scores, the better the parent-child relationship the participant experienced. In this study, the scale’s coefficient of internal consistency reliability was 0.94.

Center for Epidemiological Studies Depression Scale (CES-D)

The brief version of CES-D was adopted to measure the depression level of the participant (He et al., 2013). With nine questions, it is a scale of self-report measures using the four-point rating method (0= “less than 1 day,” 1= “1-2 days,” 2= “3-4 days,” and 3= “5-7 days”). The average score was calculated with certain questions being scored reversely. The higher the score, the more severe depression the participant experienced. In this study, the scale’s coefficient of internal consistency reliability was 0.87.

Student-Teacher Relationship Scale

The brief version of the Student-Teacher Relationship Scale was used to measure the participant’s relationship with their teachers (Hou & Chen, 2017). The scale consists of 15 questions in two dimensions: intimacy and conflict. The Likert five-point scale (from 1= “strongly disagree” to 5= “strongly agree”) has been widely applied to Chinese samples. The average score of each dimension was calculated with certain question being scored reversely; after that, the scores of the two dimensions were added up with equal weights. The higher the scores are, the better the teacher-student relationship is. In this study, the scale’s coefficient of internal consistency reliability was 0.79.
Survey Procedures and Data Processing

The questionnaire survey was administered to the class as a whole by the psychological teacher at each school, and the questionnaires were collected on the spot. The rubric of the questionnaire describes the purpose of this study and gives the promise to keep all responses from the participants confidential. Descriptive statistical analysis and moderated mediation model analysis were conducted using SPSS 19.0 software.

Research Findings

The parent-child relationship directly impacts peer victimization and indirectly affects peer victimization via the mediation of teenage depressive symptoms. Good home relationships are beneficial for children developing optimistic views of themselves and others and positive attitudes towards the environment, which are transferred to other interpersonal relationships, contributing to the establishment of healthy peer relationships among adolescents and reducing the risk of peer victimization. On the contrary, poor family relationships can increase the possibility of peer victimization. In addition, positive parent-child relationships protect adolescents from the potential hazards of depression. Parental companion and support help children with the release of negative emotions brought on by stressful events.

The teacher-student relationship has moderating effects on the direct relation between the parent-child relationship and peer victimization and their indirect relation mediated by teenage depressive symptoms. In other words, the home and school can work together to become protective factors against school bullying. Specifically, the teacher-student relationship can help boost the effect of the parent-child relationship in protecting adolescents from peer bullying, weaken the negative impact of the parent-child relationship on child depression level, and reduce the predictive effects of depressive symptoms on peer bullying.

Implications

Firstly, a desirable school environment - with positive teacher-student relationships as a chief component of it, is an overriding factor in preventing peer victimization and teenage depression. It helps heighten the role of the home environment in protecting students from peer bullying and alleviates the adverse effects of teenager depressive symptoms in eliciting peer bullying as well as mitigating teenager depressive symptoms per se.

Second, home-school partnership is a feasible avenue for the prevention and control of school bullying. The results of home-school partnership include not only direct interactions between the home and school but also indirect interactions between them, that is, the overlapping influences of the home and school on students.

Third, it is important for the school to intervene in students’ depressive symptoms while implementing targeted governance of school bullying. The home-school interaction should be given full play in preventing teenage depression.
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