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Child Abuse & Neglect



Parenting behavior and the risk of becoming a victim and a bully/victim: A meta-analysis study[☆]



Suzet Tanya Lereya^{a,*}, Muthanna Samara^b, Dieter Wolke^c

^a Department of Psychology, University of Warwick, Coventry CV4 7AL, UK

^b Department of Psychology, Kingston University London, Kingston, Upon-Thames KT1 2EE, UK

^c Department of Psychology and Division of Mental Health and Wellbeing (Warwick Medical School), University of Warwick, Coventry CV4 7AL, UK

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ABSTRACT

Objective: Being bullied has adverse effects on children's health. Children's family experiences and parenting behavior before entering school help shape their capacity to adapt and cope at school and have an impact on children's peer relationship, hence it is important to identify how parenting styles and parent–child relationship are related to victimization in order to develop intervention programs to prevent or mitigate victimization in childhood and adolescence.

Methods: We conducted a systematic review of the published literature on parenting behavior and peer victimization using MEDLINE, PsychINFO, Eric and EMBASE from 1970 through the end of December 2012. We included prospective cohort studies and cross-sectional studies that investigated the association between parenting behavior and peer victimization.

Results: Both victims and those who both bully and are victims (bully/victims) were more likely to be exposed to negative parenting behavior including abuse and neglect and maladaptive parenting. The effects were generally small to moderate for victims (Hedge's *g* range: 0.10–0.31) but moderate for bully/victims (0.13–0.68). Positive parenting behavior including good communication of parents with the child, warm and affectionate relationship, parental involvement and support, and parental supervision were protective against peer victimization. The protective effects were generally small to moderate for both victims (Hedge's *g*: range: –0.12 to –0.22) and bully/victims (–0.17 to –0.42).

Conclusions: Negative parenting behavior is related to a moderate increase of risk for becoming a bully/victim and small to moderate effects on victim status at school. Intervention programs against bullying should extend their focus beyond schools to include families and start before children enter school.

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Victims of bullying are repeatedly exposed to aggressive behavior, perpetrated by an individual or peer group with more power than the victim (Olweus, 1993, 2002; Wang, Nansel, & Iannotti, 2011). Bullying is a global problem with an average of 32% of children being bullied across 38 countries/regions (World Health Organization, 2012). Victims more often develop physical health problems (Gini & Pozzoli, 2009; Wolke, Woods, Bloomfield, & Karstadt, 2001), a range of mental health difficulties including anxiety and depression (Arseneault, Bowes, & Shakoor, 2010; Woods & White, 2005; Zwierynska, Wolke, & Lereya, 2013), psychotic symptoms (Schreier et al., 2009) and borderline personality symptoms (Wolke, Schreier, Zanarini, &

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* Corresponding author.

Winsper, 2012). They are also at highly increased risk of self-harm, suicidal ideation, and attempting and completing suicides (Fisher et al., 2012; Klomek et al., 2009; Winsper, Lereya, Zanarini, & Wolke, 2012). The targets of bullying are victims (Haynie et al., 2001; Wolke, Woods, Bloomfield, & Karstadt, 2000), and those who both bully others and are victims of bullying are called bully/victims (Wolke & Samara, 2004; Wolke et al., 2000). Bully/victims usually display the highest level of conduct, school, and peer relationship problems (Juvonen, Graham, & Schuster, 2003; Wolke & Samara, 2004) and may come from the most adverse family backgrounds (Smokowski & Kopasz, 2005).

Children's family experiences before entering school help shape their capacity to adapt and cope at school and have an impact on children's peer relationships (Ladd, 1992). Thus, it is important to identify which parenting styles and parent-child relationships are related to victimization in order to develop intervention programs to prevent or mitigate victimization in childhood and adolescence. From a social learning perspective, it has been argued that external environment contributes to acquiring and maintaining aggression (Bandura, 1973, 1986), and parents' child rearing behavior may serve as a model upon which children base their behavior and expectations of future relationships (Ladd, 1992). It was found that maladaptive parenting, marked by high levels of hostility, hitting and shouting, was related to increased risk of peer victimization at school (e.g. Ahmed & Braithwaite, 2004). On the other hand, children of authoritative parents (high on demanding and high on responsiveness) were found to do better at school and have less adjustment problems (e.g. Baumrind, 1991; Hay & Meldrum, 2010).

However, global parenting styles may fail to identify distinct aspects of parenting that are associated with childhood adjustments (Linver & Silverberg, 1997). The examination of individual parenting characteristics enable the exploration of relative independent effects of these characteristics on child outcomes (Grolnick & Ryan, 1989). For example, previous research identified several factors that are important for the socialization of children. These include the extent of supervision (Georgiou, 2008), warmth (Booth, 1994; Fine, Voydanoff, & Donnelly, 1993) and overprotection (Finnegan, Hodges, & Perry, 1998). Knowing which parenting factors increase or decrease the risk of victimization is necessary in order to develop prevention or intervention programs that go beyond the school context.

The objective of this meta-analysis is to systematically investigate the type and strength of the association between parenting behavior (i.e. parent-child communication, authoritative parenting, parental involvement and support, supervision, warmth and affection of the parents, abuse and neglect, maladaptive parenting, overprotection) on being bullied. Analyses are conducted separately for victims and bully/victims.

Methods

The present meta-analysis was conducted according to the MOOSE guidelines for systematic reviews of observational studies (see supplementary Table 1; Brugha et al., 2012; Stroup et al., 2000).

Search strategy

We conducted a literature search for cross-sectional and longitudinal studies of the association between parenting behavior and peer victimization published between January 1970, when the influential work of Olweus on bullying appeared, and the end of December 2012. The following electronic databases were searched: MEDLINE, PsychINFO, Eric and EMBASE. The following keywords were used 'bully*', 'bulli*' and 'victim*' in conjunction with 'parent*', 'authoritarian', 'authoritative', 'permissive', 'hostility', 'warmth', 'punitive', 'indulgent', 'neglectful', 'overprotection', 'discipline', 'control', 'dominance', 'accept*', 'reject*', 'sensitive', 'insensitive', 'communication', 'affect*', 'encouragement', 'interaction', 'monitor*', 'responsive', 'family', and 'famili*'. The parenting keywords were chosen from Holden and Miller's meta-analysis (1999) on enduring parents' child rearing styles.

Study inclusion and exclusion criteria

The online MEDLINE search yielded 6,123 articles, the PsychINFO yielded 4,401 articles, Eric yielded 2,104 articles and EMBASE yielded 4,039 articles. The overall systematic literature search included 16,667 articles. There was an overlap of 4,926 articles. Duplicate articles were excluded from subsequent searches and the final literature search included 11,741 articles (see Fig. 1).

In order to be included in the analysis, the study had to meet three criteria. Firstly, the study had to include measures of peer victimization at school and parenting behavior that was directly related to the child. Guided by previous meta-analyses on peer victimization (Hawker & Boulton, 2000; Nakamoto & Schwartz, 2010; Reijntjes, Kamphuis, Prinzie, & Telch, 2010) studies that assessed relational, physical, verbal and/or cyber victimization were included. The studies could use self-report (Ahmed & Braithwaite, 2004), peer nominations (Cenkseven Onder & Yurtal, 2008), or teacher (Shin & Kim, 2008) or parent reports (Bowes et al., 2009). Secondly, the authors should report (or provide after request) sufficient statistical information (correlations, means and standard deviations, odds ratio, *F* or *t* values) in order to allow the use of meta-analytic techniques. Finally, the studies needed to come from published sources in English, such as journals, book chapters, or books. Studies were excluded for the following reasons: (1) the sample was from a clinical population; (2) it was a qualitative study; (3) it was an experimental study; (4) it included only distal family variables that are indirectly related to the child (e.g. domestic violence); or (5) there was not suf-

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