Buffering the effects of peer victimization on adolescent non-suicidal self-injury: The role of self-compassion and family cohesion

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Non-suicidal self-injury (NSSI) is a significant behavioral problem among adolescents all over the world. This study examined the longitudinal relationship between peer victimization and NSSI, as well as the buffering effects of self-compassion and family cohesion on this relationship. Data were collected at two time points from 525 secondary school students (226 girls; \(M_{age} = 12.97, SD = 1.02\)) in China. Results showed that peer victimization (marginally) significantly predicted NSSI over time even after controlling for Wave 1 NSSI. This association was weakened under the condition of high levels of self-compassion. Findings of this study emphasize the buffering effect of self-compassion in the relationship between peer victimization and NSSI, and are informative for prevention and intervention of this behavioral problem.

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Peer victimization and NSSI

Peer victimization has been defined as aggression from one peer against another with the intention to hurt or obtain a social goal of dominance in the peer hierarchy (Jutengren, Kerr, & Statin, 2011; Kochenderfer & Ladd, 1996; Pellegrini & Long, 2002). It is associated with a variety of internalizing and externalizing problems, such as anxiety, depression, and aggression (Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Reijntjes et al., 2011). Peer victimization may also increase the risk for the engagement in NSSI. Their relationship may be understood through two theoretical perspectives: the general strain theory and the interpersonal model of NSSI. The general strain theory asserts that strain pressures individuals into deviance (Agnew, 1992). According to this theory, strain usually results from disturbed relationships or stressful situations in which individuals are not treated as they would like. In these individuals, strain will arouse negative emotions, which will in turn increase the likelihood of committing deviant behaviors. Peer victimization is an important source of strain (Agnew, 2001), and may thus enhance the risks of conducting deviant behaviors, such as NSSI (Hay & Meldrum, 2010). Another theoretical perspective that could explain the relationship between peer victimization and NSSI is the interpersonal model of NSSI. This model proposes that negative interpersonal events usually precede NSSI and NSSI serves as a maladaptive coping strategy to reduce stress or tension resulting from these experiences (Prinstein, Guerry, Browne, & Rancourt, 2009). For adolescents, peer victimization is a significant and relatively common negative interpersonal event (Scholte, Burk, & Overbeek, 2013). After being victimized, adolescents may resort to NSSI to regain the sense of control and to relieve negative emotions resulting from victimization.

Over the recent years, a number of empirical studies have examined the association between peer victimization and NSSI among adolescents. A meta-analysis of nine such studies revealed a significant relationship between the two variables, with victimized adolescents reporting NSSI more often (OR = 2.10, [95% CI = 1.62–2.71]) than adolescents without victimized experiences (van Geel, Goemans & Vedder, 2015). Among the nine studies being reviewed, eight used a cross-sectional design and only one used a longitudinal design (Jutengren et al., 2011). Jutengren et al. (2011) followed adolescents for one year and reported a significant predictive effect of peer victimization on NSSI. However, another longitudinal study that was not included in the aforementioned review, reported no significant association between peer victimization and NSSI two years later (Heilbron & Prinstein, 2010). Given the paucity of longitudinal studies on the relationship between peer victimization and NSSI and the inconsistency in the results of prior studies, more research should be conducted to elucidate the longitudinal effect of peer victimization on NSSI.

Moderators of the relationship between peer victimization and NSSI

Although the general strain theory suggests a link from strain to deviance, it also indicates that strain does not always result in deviance (Agnew, 1992). Various contextual and individual factors may moderate the association between strain and deviant behaviors. The present study aimed to examine two such moderators: self-compassion and family cohesion, in the relationship between peer victimization and NSSI.

Self-compassion as a moderator

Self-compassion, according to Neff (2003a,b), refers to showing compassion to oneself when confronting personal pain, failure, inadequacies, or difficult life circumstances. It has three components: a) the ability to be kind, caring, and understanding toward oneself in face of pain or failure (self-kindness), rather than to be harshly self-critical (self-judgment, as the opposite construct to self-kindness); b) the ability to recognize that mistakes, failure, or hardships are part of the common human experience (common humanity), rather than to view them as isolating (isolation, as the opposite construct to common humanity); and c) the ability to keep a mindful and balanced approach of painful thoughts and feelings (mindfulness), rather than to ruminate, avoid, suppress, or over-identify (over-identification, as the opposite construct to mindfulness). A growing body of research has demonstrated that self-compassion is positively associated with psychological well-being, and negatively associated with mental health problems (Barnard & Curry, 2011; MacBeth & Gumley, 2012). People with high self-compassion tend to use adaptive strategies to cope with negative events (Allen & Leary, 2010), whereas people with high self-criticism (as the opposite to self-compassion) are more likely to engage in maladaptive behaviors (e.g., NSSI) as coping strategies (Nock, 2010). Hence, although no studies have empirically addressed the protective effect of self-compassion on the association between peer victimization and NSSI, it is reasonable to speculate that self-compassion may act as a buffer against engaging in NSSI.

Family cohesion as a moderator

The overall quality of family environment is critical in promoting adolescent holistic development (Shek & Sun, 2014). In relation to NSSI, Linehan’s (1993) biosocial theory proposes that invalidating family environments may contribute to deficits in individuals’ emotion regulation capabilities, which may, in turn, increase the vulnerability of engaging in NSSI when faced with distress. As an indicator of family environment, family cohesion refers to the emotional bonding and the feeling of closeness among family members (McKeown et al., 1997; Moos, 1990). Walsh (2012) argued that the perception of relationship qualities between family members may confer risk for NSSI. Recent research have supported this argument and identified that perception of low family cohesion was a risk factor for NSSI (Cruz, Narciso, Pereira, & Sampaio, 2013; Liang...
et al., 2014). Along this line, perception of high family cohesion may work as a protective factor that may help adolescents through intra- or interpersonal difficulties and keep them from engaging in problem behaviors (e.g., NSSI; Baetens et al., 2014). For example, Au, Lau, and Lee (2009) demonstrated that high family cohesion buffered the relationship between depressive symptoms and suicide. Thus, family cohesion may also buffer the effect of peer victimization on NSSI.

The present study

To partly address the research gaps, the present study explored the longitudinal associations between peer victimization, family cohesion, self-compassion, and adolescent NSSI with two-wave data. Goals of this study were twofold. The first was to examine the longitudinal relationship between peer victimization and NSSI. Based on theoretical accounts and the result of the meta-analysis (van Geel et al., 2015), we expected peer victimization to be predictive of later NSSI. The second goal was to test the buffering effects of self-compassion and family cohesion in the longitudinal association between peer victimization and NSSI. We hypothesized that victimized adolescents who displayed higher (vs. lower) levels of self-compassion and family cohesion would be less likely to engage in NSSI.

Past literature has also shown that age and gender are associated with the likelihood of being victimized by peers (e.g., Kochenderfer & Ladd, 1996) and engaging in NSSI (see Bresin & Schoenleber, 2015). Specifically, younger children with peer victimization experiences are more likely to report NSSI than their older counterpart (van Geel et al., 2015). Additionally, men and women differ in their use of strategies when coping with strain (Bresin & Schoenleber, 2015). Taken account of these, the current study also conducted preliminary analyses to determine if age and gender should be included as potential moderators in the main analyses.

Method

Participants

Participants were 525 students (226 females; 11–16 years, M = 12.97, SD = 1.02) drawn from an ongoing longitudinal study about adolescent psychological adjustment. Over three-quarters of adolescents (76.9%) reported living with both biological parents. Median and average parental education level were a high school degree. Parents’ occupations ranged from ordinary employee to entrepreneur. Over a half of adolescents’ fathers were self-employed (61.3%).

Procedure

In the fall of 2013 (Wave 1), all students of 7th–9th Grades from a private secondary school in Foshan, China, were invited (N = 942). Of them, 86.3% provided parental and personal consent and actually participated in the study (N = 813, 353 females; Mage = 13.17, SD = 1.10). Approximately one year later (Wave 2), all students from 7th–10th Grades were invited (N = 1200) with 86.8% having provided consent and actually participated (N = 1041, 457 females; Mage = 13.76, SD = 1.27). The study was in cooperation with the psychological counseling center of the participating school. Students completed written questionnaires in classrooms during regular school hours administrated by trained research assistants or school psychologists. Before completing the questionnaire, students were informed about the confidentiality of the collected data. They were also encouraged to put down their student ID numbers (e.g., 0113533) for three reasons. First, their ID numbers could be used for longitudinal data matching; second, the psychological counseling center would like to obtain the information regarding students’ psychological health; and third, those who left their ID numbers would have an opportunity of winning a lucky draw of gifts that worth about $16 at each wave. Even for those who provided student ID numbers, people (including researchers) cannot identify who the participants are, except for the school psychologists who have access to full student information. Since some students may have transferred to other schools after Wave 1 survey and some students did not provide their student ID numbers, the final sample for the current study included 525 students with both Wave 1 and Wave 2 data. The survey and procedures were approved by the ethical board of the first author’s university and the participating school’s authority.

Measures

Non-suicidal self-injury

Participants reported the frequency with which they intentionally injured themselves without the intention to die, during the past year, by each of the following 12 ways: self-cutting, carving, burning, severely scratching, inserting sharp objects to the nail or skin, pulling hair out, biting to injury, erasing skin, eroding skin, bleaching, punching, and banging the head or other parts of the body against the wall. Each of the 12 NSSI items was rated on a 7-point scale from 1 = never to 7 = almost every day. Mean scores of these items were used, with higher scores indicating higher NSSI frequencies. Internal consistencies were adequate. Cronbach’s alpha values were 0.75 and 0.74 at Wave 1 and Wave 2, respectively.

Peer victimization

Peer victimization was measured at Wave 1 using five items. Participants were asked: “How often has someone: 1) hit you in school or outside school; 2) excluded you from their group; 3) made threats to you; 4) threatened or injured you with a
The number of NSSI methods used was 2.39 (SD = 2.40). Among these self-injurers, 44.1% (SD = 44.1) reported having engaged in at least one incidence of NSSI at Wave 1. Among the self-injurers, 45.4% (n = 69) reported using only one method, and 54.6% (n = 83) reported using multiple methods. The mean number of NSSI methods used was 2.39 (SD = 1.78). At Wave 2, 137 participants (26.1%) reported having engaged in NSSI. Among these self-injurers, 44.1% (n = 60) reported using only one method, and 56.2% (n = 77) reported using multiple methods.

**Self-compassion**

Adolescents completed the Self-compassion Scale (SCS; Neff, 2003a) at Wave 1 to measure the levels of compassion towards oneself. The SCS is a 26-item scale with six subscales: self-kindness (5 items, e.g. "I'm kind to myself when I'm experiencing suffering"), self-judgment (5 items, e.g. "I'm disapproving and judgmental about my own flaws and inadequacies"), common humanity (4 items, e.g. "I try to see my failings as part of the human condition"), isolation (4 items, e.g. "When I fail at something that's important to me, I tend to feel alone in my failure"), mindfulness (4 items, e.g. "When something upsets me I try to keep my emotions in balance"), and over-identification (4 items, e.g. "When I'm feeling down I tend to obsess and fixate on everything that's wrong"). Participants indicated their responses to each item on a 5-point Likert scale from 1 = not like me at all to 5 = like me very much. A total mean self-compassion score was made by averaging all the item scores with the three negative subscales (self-judgment, isolation, and over-identification) reverse scored. Good reliability and validity of this scale have been demonstrated in prior studies involving people who live in China (Wong & Mak, 2013). In the present study, the Cronbach's alpha of this scale was 0.86.

**Family cohesion**

Family cohesion was assessed using the 9-item Cohesion subscale of the Chinese version of Family Environment Scale (Phillips et al., 1991) at Wave 1. A sample item is “Family members feel very close to each other”. Participants rated on a 5-point Likert scale ranging from 1 = not like me at all to 5 = like me very much, with higher mean scores reflected higher levels of family cohesion. This scale showed adequate reliability and validity among Chinese high school students (Xue, Zhu, Bai, Zhang, & Zhang, 2014). In the current sample, the Cronbach’s alpha of this scale was 0.86.

**Demographic variables**

Sociodemographic information was also measured. These information included the following: 1) participants’ age; 2) gender; 3) parents’ education levels (from 1 = no formal schooling to 8 = finished PhD); 4) parents’ occupations (1 = entrepreneur, 2 = manager, 3 = ordinary employee, 4 = teacher/civil servant, 5 = self-employed, 6 = house husband/wife, 7 = others); and 5) current living arrangements (i.e., who are you currently living with: 1 = father, 2 = mother, 3 = step father, 4 = step mother, 5 = grandparents, 6 = others).

**Analysis plan**

Since data of peer victimization and NSSI were significantly skewed, they were log transformed before being used in correlational and regression analyses (Kine, 2011). We then calculated descriptive statistics of all study variables and bivariate correlations between them and determined if gender and age should be included as moderators in primary analyses. Before the primary analyses, Wave 2 NSSI was regressed on participants’ current living arrangements and parents’ educational and occupational status to create a residual value of Wave 2 NSSI (for convenience this variable was still called Wave 2 NSSI). This residual value served as the dependent variable in subsequent analyses. In this way, the effects of participants’ current living arrangements and parents’ educational and occupational status on Wave 2 NSSI were controlled.

In the primary analyses, two hierarchical multiple regression analyses were conducted to examine study hypotheses. First, a full regression model was examined. In this model, Wave 1 NSSI, gender, age, peer victimization, family cohesion, self-compassion and all possible two-way, three-way, four-way, and five-way (if age and/or gender were included as moderators) interaction terms were entered simultaneously. Following the recommendations by Cohen, Cohen, West, and Aiken (2003), we first centered the values of the predictor and the moderators, and then calculated the interaction terms. After examining the results, a reduced model with only the significant interaction term(s) was retained. To decompose the significant interaction effect, posthoc simple slope analyses were conducted following the suggestions by Aiken and West (1991) and Holmbeck (2002). The values of the moderator were set at +1 SD and −1 SD, and the simple slope coefficients of the predictor were calculated. All analyses were conducted with SPSS 19.0.

**Results**

**Preliminary analyses**

Of the sample, 152 participants (29.0%) reported having engaged in at least one incidence of NSSI at Wave 1. Among the self-injurers, 45.4% (n = 69) reported using only one method, and 54.6% (n = 83) reported using multiple methods. The mean number of NSSI methods used was 2.39 (SD = 1.78). At Wave 2, 137 participants (26.1%) reported having engaged in NSSI. Among these self-injurers, 44.1% (n = 60) reported using only one method, and 56.2% (n = 77) reported using multiple methods.
methods. The mean number of NSSI methods used was 2.61 (SD = 2.00). Girls and boys did not differ significantly in rates of NSSI at both waves (Wave 1: 31.3% versus 27.9%, \( \chi^2(1, N = 518) = 0.69, p = 0.406 \); Wave 2: 28.0% versus 25.3%, \( \chi^2(1, N = 518) = 0.49, p = 0.483 \)).

The means and standard deviations of all study variables, and bivariate correlations between them are presented in Table 1. Peer victimization was negatively associated with family cohesion and self-compassion but positively associated with both waves’ NSSI. Meanwhile, family cohesion and self-compassion were negatively associated with both waves NSSI. Gender was significantly related to peer victimization (\( r = 0.17, p = 0.000 \)) only; while age was significantly associated with family cohesion (\( r = -0.16, p = 0.000 \)), self-compassion (\( r = -0.14, p = 0.005 \)) and Wave 1 NSSI (\( r = 0.14, p = 0.002 \)). Therefore, age was included as a moderator in subsequent analyses.

**Primary analyses**

First, a full model was examined with all predictors, moderators, and possible two-way, three-way, and four-way interaction terms included. Analyses revealed that only one two-way interaction term, Peer victimization \( \times \) Self-compassion, was significant, \( B = -0.61, SE B = 0.30, \beta = -0.15, p = 0.041 \).

Subsequently, a reduced model was examined with non-significant interaction terms removed (i.e., in this model, we entered Wave 1 NSSI and peer victimization at Step 1, gender, age, family cohesion and self-compassion at Step 2, and Peer victimization \( \times \) Self-compassion at Step 3). As shown in Table 2, results revealed a marginally significant effect of peer victimization on Wave 2 NSSI (\( \beta = 0.09, p = 0.076 \)) and the significant interaction effect for Peer victimization \( \times \) Self-compassion on Wave 2 NSSI (\( \beta = -0.15, p = 0.015 \)). Then, the simple slope analysis (see Fig. 1) revealed that for adolescents with high levels of self-compassion (+1 SD), peer victimization was not associated with NSSI over time (\( b = 0.10, p = 0.702 \)); for those with low levels of self-compassion (–1 SD), however, peer victimization was significantly and positively associated with later NSSI (\( b = 0.90, p = 0.000 \)).

**Discussion**

In the present study, we examined the longitudinal association between peer victimization and NSSI in a sample of Chinese adolescents. To investigate why some peer bullying victims engage in NSSI whereas others do not, we also tested self-
compassion and family cohesion as two potential moderators of the association between peer victimization and NSSI. Results demonstrated a positive association between peer victimization and NSSI one year later. Moreover, such association was significant only among adolescents with low levels of self-compassion. These findings provide a more nuanced picture regarding the longitudinal association between peer victimization and adolescents’ NSSI and have significant implications for NSSI prevention and intervention.

The first contribution of the present study is that we demonstrate peer victimization predicts subsequent NSSI, after controlling for baseline NSSI among community adolescents. This finding is consistent with those of prior cross-sectional studies (van Geel et al., 2015) and one of the two longitudinal studies (Jutengren et al., 2011), but is contradictory to the other longitudinal study that did not find the significant predictive effect of peer victimization on NSSI (Heilbron & Prinstein, 2010). The reasons for this inconsistency may be twofold. The first reason may be related to the assessment method. In Heilbron and Prinstein’s (2010) study, peer victimization was measured by peer nomination; while in Jutengren et al. (2011) and the current study, peer victimization was measured by self-report. It is suggested that private experiences, such as peer victimization, are better assessed with the self-report method (deLara, 2012; Fekkes, Pijpers, & Verloove-Vanhorick, 2004). Moreover, NSSI was measured by only one item in Heilbron and Prinstein’s study, whereas by multiple items in Jutengren et al. (2011)’s and the current studies. Using only one item to assess NSSI may suffer a low reliability. The second reason may be related to the study follow-up length. Heilbron and Prinstein’ study followed their participants for two years, while both Jutengren et al.’s and the present ones followed the adolescents for one year. It is possible that peer victimization exerts its effect on NSSI over a shorter period of time.

Despite the inconsistency with one past study, findings that peer victimization increases the risk for NSSI from the present research and most of the existing literature support the general strain theory (Agnew, 1992), which asserts that peer victimization is a source of strain, increasing deviant behaviors, like NSSI (Hay & Meldrum, 2010). Our finding also supports the interpersonal model of NSSI, in which NSSI is considered a maladaptive coping strategy to regulate negative affective experiences or negative social situations resulting from interpersonal conflicts (Nock, 2010; Prinstein et al., 2009). Victimized adolescents may engage in NSSI as a cry for help, a form of self-punishment, an attempt to regain the sense of control, or a relief from the strain associated with peer victimization. These potential mechanisms underlying the engagement in NSSI and the functions NSSI serves in victimized adolescents should be explored in future studies.

Although we revealed a significant link between peer victimization and NSSI, not all adolescents who were bullied engaged in NSSI. There are considerable individual variations in the relationship between peer victimization and NSSI. The current study investigated two potential factors (i.e., self-compassion and family cohesion) that may contribute to such individual differences. Consistent with our hypotheses, self-compassion significantly moderated the association between peer victimization and later NSSI. As shown in Fig. 1, peer victimization was positively associated with later NSSI only among those with lower levels of self-compassion. The moderating role of self-compassion may be explained in two ways. First, self-compassion can be regarded as an adaptive coping resource that promotes psychological functioning (Leary, Tate, Adams, Allen, & Hancock, 2007). In light of the evolutionary perspective (Gilbert, 2010), compassion is an evolved motivational system designed to regulate negative emotions through attuning to the feelings of self and others, and expressing and communicating feelings of warmth and safeness (MacBeth & Gumley, 2012). Hence, although individuals being bullied are likely to experience negative emotions (Cole et al., 2014; Fekkes et al., 2004), those with a self-compassionate mind may tend to take a more balanced approach to view their victimized experiences and to more successfully deal with painful thoughts and feelings resulting from peer victimization, without resorting to maladaptive coping behaviors, such as NSSI.

Second, self-compassion may be a positive self-attitude that protects adolescents from being consumed by negative self-judgment and from suffering the negative effects of social stressors (or strain) (Bluth et al., 2015; Cole et al., 2014).
Victims of peer bullying often blame themselves for their victimization experiences and see themselves as unworthy of love, and so they engage in NSSI as a way of self-punishment (Nock, 2010). After being bullied, adolescents with higher levels of self-compassion are more likely to be kinder to themselves and to be more understandable of their experiences. Thus, they are less likely to engage in maladaptive and impulsive behaviors, such as NSSI. Although as a moderator, self-compassion had a small effect size ($r^2 = 0.01$, which is relatively common in non-experimental design; Aguinis, Beatty, Boik, & Pierce, 2005), its protective role in the relationship between peer victimization and NSSI should still be valued. This is because NSSI is such a life-threatening behavior, and even a small amount of NSSI risk reduction may have clinical significance.

Regarding the potential moderating effect of family cohesion, the current study provided no significant evidence. This suggests that cohesive family relationships could not buffer the detrimental effect of peer victimization on later NSSI. This result may be accounted for by three possible explanations. First, family cohesion may be a “distal” protective factor for NSSI. Linehan’s (1993) biosocial theory argues that validating and warm family environment (e.g., high levels of family cohesion) may first enhance ones’ emotion regulation ability, which then decreases the likelihood of engaging in NSSI. Thus, following participants for only one year, we may not observe the effects of family cohesion. Second, adolescents are usually unwilling to disclose their victimized or self-injurious experiences to family members (de Lara, 2012; Nock, 2010). This tendency is likely to limit the influence of family environment, even cohesive family environment. Third, different characteristics of the family environment may differ in their effects on adolescents’ development. For example, characteristics directly signaling the quality of parent–child relationships, e.g., parental support (Claes, Luyckx, Baetens, Ven, & Witteman, 2015), may have a larger effect on adolescents’ developmental outcomes. Given this, future studies may examine the effects of family factors more comprehensively (e.g., including parental support, parent-child bond, parenting style, and family cohesion) and try to differentiate their roles in adolescents’ development.

Finally, we should also note that age did not moderate the longitudinal relationship between peer victimization and NSSI in this study. The result is inconsistent with that of van Geel et al. (2015)’s meta-analysis, which found that victimized children who were younger were more likely to engage in NSSI than their older counterparts. This inconsistency implies the developmental complexity of adolescent NSSI and its relation with peer victimization. More research should be conducted to elucidate the effect of age on the relationship between peer victimization and NSSI.

Limitations

This study has several limitations. The first limitation involves our sample. All participants of this study were from a single private school in China. Thus, whether our results can be generalized to other samples of Chinese adolescents or to adolescent of other countries or cultures are questionable. Additionally, some students refused to provide their student ID numbers, making it impossible to combine their data of the two waves. This may also lead to sample selection bias. Second, overall peer victimization was measured in the present study. Increasing research, however, has distinguished the effects of different subtypes of peer victimization (e.g., relational or physical) on children’s maladjustment (Ostrov & Kamper, 2015). Thus, it may be of interest to know whether different types of peer victimization exert differential effects on adolescents’ NSSI and whether these effects are exerted through different mechanisms.

Implications

The current study has important practical implications. First, the high prevalence of NSSI among Chinese adolescents suggests that the phenomenon of NSSI should be given more attention, and more efforts need to be made in reducing NSSI in this group of youth. Second, the longitudinal link between peer victimization and NSSI suggests that reducing peer victimization may help prevent or reduce NSSI. Thus, anti-bullying programs may aid in decreasing the prevalence of NSSI in schools. Meanwhile, when facing with adolescent self-injurers, practitioners should routinely ask about their peer victimization experiences, because adolescent victims often choose to hide the victimization experiences (de Lara, 2012; van Geel et al., 2015). Third, corroborating with previous literature (Sutherland, Dawczyk, De Leon, Cripps, & Lewis, 2014; Van Vliet & Kalnins, 2011), our study suggests that enhancing the level of self-compassion may be a useful strategy for reducing NSSI. Some clinical self-compassion training programs would be helpful. For example, Bluth, Gaylord, Campo, Mularkey, and Hobbs (2016)’s mindful self-compassion program has been shown to effectively increase adolescent well-being and reducing depression, anxiety, and stress. These self-compassion enhancing programs may also be revised to be suitable for use in classroom settings, and be implemented throughout the whole schools. In this way, all adolescents will get benefits from these programs no matter whether they seek help or not.

In conclusion, the current study has made significant contributions to the current literature by demonstrating the longitudinal association between peer victimization and NSSI, as well as the moderating effect of self-compassion on this association in a sample of Chinese adolescents. Results demonstrated that peer victimization was positively associated with NSSI only when the level of self-compassion was low. Such results highlight the importance of considering the individual characteristic when examining the effect of peer victimization on NSSI. The findings also suggest that prevention and intervention programs for NSSI may consider including self-compassion enhancement strategies as an important component.
Conflict of interest

The authors declare that they have no conflict of interest.

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