

Family Environment as a predictor of Psychological Capital: A study among Peer Victimized Adolescents

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Abstract

Adolescence is the period where individuals undergo various physical, social, emotional and cognitive transformations. India is home to 250.8 million adolescent children. Out of these nearly 40.5 percent children have psychosocial problem behaviors. Bullying is one of the major causes for this; which are seen more in school going children that frequently goes unrecognized and is challenging for school administrators to address (Jayakumar et al., 2019). According to victimization research, frequently victimized students have higher rates of physical health issues, emotional and psychological issues, lower academic achievement, loneliness, depression, low self-esteem, school avoidance, increased risk for suicide and suicidal thoughts, and school avoidance. This study thus aims to find out the relationship between Family environment and psychological capital among victimized adolescents. The study uses random sampling technique to collect data. 69 victimized adolescents (age: 12-15) were chosen after screening. Pearson product moment correlation and independent sample t test and simple regression analysis was used and the results showed positive correlation between psychological capital and the family environment. There also exist gender difference in hope; females have more hope when compared to males. The findings of the study would help to find out the levels of psychological capital among victimized children and the role of family in building them. This can be further explored to develop interventional plans addressing the psychological issues of victimization, building the psychological capital thereby enhancing their wellbeing.

Keywords: Bullying, Bully-victimization, Adolescents, Psychological Capital, Family environment.

Introduction

Adolescence is the considered as the most rapid phase of human growth and maturation which takes place after childhood and before early adulthood, say about 12-17 years of age (WHO, 2018).

It is the time period approximately from 12 years to 17 years, called adolescent period where individuals undergo various physical, social, emotional, moral and cognitive transformations. This can be said as a transitional phase of persistent biological, psychological and emotional changes. In addition to these changes, adolescents are engrossed in new and varied social context which have a significant effect on the development of the individual in all aspects (Steinberg, 2005). Conversion of a child into adolescent is sensitive period for strong development and any disturbance in the process of development can lead to maladaptive outcomes for the individual and family as a whole (Compas et al., 1995). Adolescents are

prone to psychosocial dysfunction due to any physical injury, psychological trauma or change in the environment, especially absence of support system (Backes & Bonnie, 2021).

The overall incidence of psychosocial troubles among adolescents is 40.5 percent (Timalsina et al., 2018). Concerns regarding India's children's mental health are rising as a result of population expansion. Bullying is one of them; which are seen more in school going children that frequently goes unrecognized and is challenging for school administrators to address (Jayakumar et al., 2019). The incidence of bullying varies greatly between nations. However, a survey of students in 66 nations found that 32.1% of the students reported experiencing bullying at least once each day (Ranjith, et.al., 2019).

Three different categories of bullying can be identified: bullying, victimization, and bully victims. Bullying is more prevalent among males (24.4%) than females (1.7%), according to a study done in Rohtak, and most of them were bullied by their peers (Yang & Salmivalli, 2013). According to a study from Davangere, Karnataka, girls were more likely to experience bullying (53% of the time) than boys were (63.9%) (Ramya & Kulkarni, 2011). Another study from both government and private schools in Chandigarh indicated that bullies had hyperactivity and behavior issues, and that girls were more likely to be victims (21.6%) than boys (27.9%). As a result, gender disparities appear to be pretty constant with men engaging in bullying more frequently than women.

A child is more likely to be victimized if their physical characteristics, such as skin tone, clothing choices, and general behavior, as well as their cognitive traits, such as low intelligence and learning challenges, and their behavioral disorders, such as attention deficit hyperactivity disorder and conduct problems, are different (Gini, 2008 & Mishna, 2003). The most common form of bullying that adolescents took part in was verbal hostility, particularly name-calling and rumor-mongering (Brito & Oliveira, 2013). Bullying victims experience a variety of mental health issues, including low self-esteem, loneliness, psychosomatic issues, substance abuse, melancholy, anxiety, despair, and low self-worth. Literature shows that the majority of bully victims were at risk for clinically significant emotional and behavioral disorders, and that social bullying, verbal abuse, physical abuse, and social abuse are all associated with emotional symptoms. (Jayakumar et al., 2019).

According to victimization research, frequently victimized students have higher rates of physical health issues (Gini and Pozzoli 2013), emotional and psychological issues (Reijntjes et al. 2010), lower academic achievement, loneliness, depression (Storch & Warner 2004), low self-esteem (Prinstein et al. 2001, Sullivan et al. 2006), school avoidance (Hutzell & Payne 2012), increased risk for suicide and suicidal thoughts, and school avoidance (Turner, et. al, 2012).

Family Environment

Family environment is measured as the system in which the behavior and relationship among the members are interdependent and an adequate stimulation, encouragement, achievement and affection from family can lead to enhanced performance of the child. A healthy childhood is an essential component for potential growth and development of a person which is influenced by parents, family, societal and environmental factors (Manioglulari & Ozcinar, 2025). Family in general and parents in specific are important support system for the growth and development of the child. Cohesion and compassionate relationship between family members are thus linked to psychological adaptation and lower depression among adolescents (Herrmann et al., 2007).

Psychological Capital

Another aspect to be looked at is the psychological capital. It is the blend of four human strengths: ‘hope, self-efficacy, optimism and resilience.’ It centers on the positive potency of the individual and drive towards healthy performance and well-being. Psychological capital that encourages experiencing optimistic emotions, affirmative outlook towards oneself and the upcoming events, the conviction in one’s own potential to overcome challenges and to come out from setbacks and difficulties (Khan, 2013). It is found to have a significant relationship in the role of parenting styles and psychological capital of individuals. Autonomy-granting parents and responsive parents have a significant influence in their children’s psychological capital or human strength (Purwaningrum & Setiowati, 2025).

Need and Significance of the study

Promoting adolescents’ mental health and well-being is one of the most important challenges facing communities around the world when it comes to the prevention of physical and mental health problems later on in adulthood. The problem is particularly relevant considering the importance adolescents place on friendships, peer interactions and support during this developmental stage (Waldrup et al., 2008). Bullying is one of the major issues that contributes to adolescent poor mental health, which are seen more in school going children and that frequently goes unrecognized and is challenging for school administrators to address (Jayakumar et al., 2019). Literature has shown that bullying is not exclusive to western cultures; a sizable portion of Indian schoolchildren experience physical and interpersonal violence (Malhi et al., 2015). The present study thus aims at understanding the family environment of adolescents who are victimized and to explore the relationship between family environment and psychological capital of bully victimized adolescents.

Objectives

- To find out the relationship between family environment and psychological capital among victimized adolescents
- To examine whether family environment predicts psychological capital among victimized adolescents
- To identify the gender difference in the dimensions of psychological capital among victimized adolescents

Hypotheses

H₁: There will be significant relationship between family environment and psychological capital among victimized adolescents

H₂: There will be significant role of family environment in predicting psychological capital among victimized adolescents

H₃: There will be significant gender difference in psychological capital among victimized adolescents

Research Design

The present study adopts cross sectional research design.

Sample

The sample consisted of 69 adolescents aged 12–15 years from government schools in Kerala, selected through multistage random sampling. Government schools were chosen because prior research suggests

higher rates of bullying and victimization among early adolescents in these settings, possibly due to larger class sizes, fewer resources, and reduced supervision. These schools also include students from diverse socio-economic backgrounds.

In the first phase, 185 adolescents were screened using the Multidimensional Peer Victimization Scale. Adolescents who reported experiencing at least one form of peer victimization “more than once” were included in the final sample. This criterion reflects the repetitive nature of bullying (Awiria et al., 1993) and prior approaches that define victimization by its frequency (Solberg & Olweus, 2003). Self-report was appropriate, as victimization may be subjective and not readily observable by others (Gini, 2008). Selected participants screened by peer victimization were further given questionnaires of family environment and psychological capital.

Tools

Multidimensional Peer-Victimization Scale (Mynard & Joseph, 2000)

This was used as a screening tool. This scale is a 16-item measure with 4 subscales assessing physical victimization (items 6, 7, 8, and 9), Verbal victimization (items 1, 4, 5, and 16), Social manipulation (items 2, 11, 13, and 14), and Attacks on property (items 3, 10, 12, 15). The scale is made for use in the youth population, between 11–16 years of age. The scale uses a 3 point Likert scale, with 0 = Not at all, 1 = Once, and 2 = More than once. The scale bears an Internal consistency of: Physical victimization = 0.85 Verbal victimization = 0.75 Social manipulation = 0.77 Property attacks = 0.73.

Family Environment Scale (Bhatia & Chadha, 2004)

The Family Environment scale was developed by Bhatia and Chadha (2004). It is a 69 item questionnaire that has three domains with eight dimensions. The dimensions of this scale includes- “cohesion, expressiveness, conflict, acceptance and caring, independence, active recreational orientation, organization and control. 0.873 is the split half reliability of this scale and 0.873 constitute the test retest reliability. These values reveal that the family environment scale is highly reliable and valid for the study.

Psychological Capital Questionnaire (Luthans et al., 2007)

The tool was constructed in the year 2007 with the purpose to assess the various aspects of psychological capital. The various dimensions are hope, optimism, resilience and self-efficacy. The questionnaire consists of 24 items relating to an individual’s positive psychological state of development. PCQ consists of 4 scales with 6 items each. Internal consistency of the scale ranged from 0.72 to 0.90 for hope, 0.66 to 0.72 for resilience, 0.75 to 0.85 for self-efficacy and 0.69 to 0.79 for optimism.

Ethical Considerations

Before beginning the data collection procedures, permission was obtained from the concerned school authorities and informed consent were taken from parents since the study group belong to minor category. Participants were informed about the purpose of the study, and confidentiality and privacy were maintained throughout the research process. Participants were informed of their right to withdraw from the study at any time without consequences. Data were used solely for research purposes and were reported in an aggregated form without identifying individual participants.

Statistical Analysis

Descriptive analysis is used to find out the frequencies, mean and standard deviation.

To find out the difference in two separate groups, independent sample t test is used.

To find out the influence regression analysis is used

To find the relationship, Pearson product moment correlation is used.

Results and Discussion

Table 1: Correlation matrix: Family Environment & its eight domains and Psychological Capital & its four domains (Pearson correlation analysis).

	Psychological Capital	Hope	Resilience	Optimism	Self-Efficacy
Family environment	.332**	.271**	.255**	.167*	.276**
COH	.389**	.355**	.239**	.257**	.289**
EXP	.228**	.157*	.153*	.151*	.204**
CON	.120	.079	.172*	-.017	.115
AAC	.216**	.136	.195**	.063	.232**
IND	.169*	.219**	.087	.073	.118
ARO	.290**	.222**	.239**	.203**	.188**
ORG	.308**	.215**	.280**	.165*	.241**
CNT	.278**	.202**	.199**	.131	.276**

* $p < 0.05$; ** $p < 0.01$.

“Note: COH: Cohesion; EXP: Expressiveness; CON: Conflict; AAC: Acceptance and Caring; IND: Independence; ARO: Active Recreational Orientation; ORG: Organization; CNT: Control”

Table 1 shows correlation analysis between Family Environment & its eight domains and Psychological Capital & its four domains among the participants. The table indicates a positive correlation between the variables Family Environment and Psychological Capital at ** $p < 0.01$ level. The table indicates a significant positive correlation between the domain cohesion of Family Environment and the domains Hope, Resilience, Optimism and Self-Efficacy of Psychological Capital at $p < 0.01$ levels respectively. Further, the domain Expressiveness is significantly positively correlated with Hope, Resilience, Optimism and Self-Efficacy at $p < 0.05$, $p < 0.05$, $p < 0.05$ and $p < 0.01$ levels respectively. The domain Conflict is not correlated with the domains of Psychological Capital. Table indicates a significant positive correlation between the domains Acceptance and Caring of Family Environment and Resilience and Self-Efficacy at $p < 0.01$ levels and the domain Acceptance and Caring is not significantly correlated with Hope and Optimism. The other domain of Family Environment, Independence has shown a significant positive correlation with Hope at $p < 0.01$ level and also has shown no significant relationship between Independence and Resilience, Optimism & Self-efficacy. The Active Recreational Orientation domain has shown a significant positive correlation with the four domains of Psychological capital at $p < 0.01$ levels. Further it indicates a significant positive correlation between Organization and Relationship Skills with Hope, Resilience, Optimism and Self-Efficacy of Psychological Capital at $p < 0.01$, $p < 0.01$, $p < 0.01$, $p < 0.05$, and $p < 0.01$ levels respectively. It is shown that there is no significant relationship between the variable control and Optimism and also a positive correlation between the Control and Hope, Resilience and Self-efficacy at $p < 0.01$ level.

Table 2: Regression Analysis: Family Environment as predictor of Psychological Capital.

a. Simple Regression Analysis: Family Environment as predictor of Psychological Capital.							
Variable	R	R ²	F	ΔR ²	ΔF	Std β	t

Family Environment	.322	.110	24.462***	.105	24.462	.332	4.946***
b. Multiple Regression Analysis: Domains of Family Environment as predictor of Hope.							
Model 1							
Cohesion	.335	.126	28.476***	.121	28.476	.355	5.336***
Model 2							
Cohesion	.399	.159	18.595***	.150	7.745	.550	5.733***
Acceptance and Care						-.267	-2.783**
Model 3							
Cohesion	.420	.176	14.001***	.164	4.207	.525	5.466***
Acceptance and Care						-.305	-3.147**
Independence						.146	2.051*
c. Multiple Regression Analysis: Domains of Family Environment as predictors of Self-Management domain of Resilience.							
Model 1							
Organization	.280	.079	16.889***	.074	16.889	.280	4.110***
Model 2							
Organization	.329	.108	11.955***	.099	6.547	.234	3.359**
Active Recreational Orientation						.178	2.559*
d. Multiple Regression Analysis: Domains of Family Environment as predictors of Self-Management domain of Optimism.							
Model 1							
Cohesion	.257	.066	14.004***	.061	14.004	.257	3.742***
Model 2							
Cohesion	.316	.100	10.902***	.091	7.352	.454	4.574***
Acceptance and Caring						-.269	-2.711**
e. Multiple Regression Analysis: Domains of Family Environment as predictors of Self-Management domain of Self-Efficacy							

Model 1							
Cohesion	.289	.084	18.080***	.079	18.080	.289	4.252***
Model 2							
Cohesion	.335	.112	12.411***	.103	6.260	.210	2.823**
Control						.186	2.502*

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.000$

Table 2a shows the Simple Regression Analysis: Family Environment as predictors of Psychological Capital. A significant role of Family Environment predicting the Psychological Capital is found to be positively significant at $p < 0.001$ level. The model has shown a total variance of 11 % of outcome variables i.e., Family Environment on Psychological Capital. Table 2b shows the Multiple Regression Analysis: Domains of Family Environment as predictors of Hope. A significant influence of domains of Family Environment on Hope is found to be positively significant at $p < 0.000$ level. Initial model shown a total variance of 12.6 % while latter models have shown 15.9% & 17.6% of variance in the outcome variables i.e.: Cohesion, Acceptance & Caring and Independence domains of Family Environment on Hope. The initial step could only load Cohesion in the model significantly as positive predictor of Hope at $p < 0.000$ level. While, the second step could once again load Cohesion as positive predictor of Hope, along with Acceptance & Caring as a negative predictor in the model at $p < 0.000$ and $p < 0.01$ levels respectively. The third model has loaded Cohesion, Acceptance & care as a significant positive and negative predictor of Hope respectively, along with Independence at $p < 0.000$, $p < 0.01$ and $p < 0.05$ levels respectively.

Table 2c shows the Multiple Regression Analysis: Domains of Family Environment as predictors of Resilience. A significant influence of domains of Family Environment on Resilience is found to be positively significant at $p < 0.000$ level. Initial model shown a total variance of 7.9 % while latter model shown 10.8% of variance in dependent variables i.e.: Organization and Active Recreational Orientation domains of Family Environment on Resilience. The initial step could only load Organization in the model significantly as positive predictor of Resilience domain at $p < 0.001$ level. While, the second step could once again load organization as positive predictor of Resilience domain along with Active Recreational Orientation in the model at $p < 0.01$ and $p < 0.05$ levels respectively.

Table 2d shows the Multiple Regression Analysis: Domains of Family Environment as predictors of Optimism. A significant influence of domains of Family Environment on Optimism is found to be positively significant at $p < 0.000$ level. Initial model shown a total variance of 6.6 % while latter model shown 10% of variance of independent variables in the outcome variables i.e.: Cohesion and Acceptance & caring domains of Family Environment on Optimism. The initial step could only load Cohesion in the model significantly as positive predictor of Optimism domain at $p < 0.000$ level. While, the second step could once again load Cohesion as positive predictor of Optimism domain along with Acceptance & Caring in the model at $p < 0.000$ and $p < 0.01$ levels respectively.

Table 2e shows the Multiple Regression Analysis: Domains of Family Environment as predictors of Self-Efficacy. A significant influence of domains of Family Environment on Self Efficacy is found to be positively significant at $p < 0.000$ level. Initial model shown a total variance of 8.4 % while latter model shown 11.2% of variance of independent variables i.e.: Cohesion and control domains of Family Environment on Self- Efficacy. The initial step could only load Cohesion in the model significantly as positive predictor of Self- Efficacy domain at $p < 0.000$ level. While, the second step could once again load

Cohesion as positive predictor of Self- Efficacy domain along with control in the model at $p < 0.01$ and $p < 0.05$ levels respectively.

Table 3: *Independent sample t test value between male and female bully victims in different dimensions of psychological capital*

Variables	Group	n	Mean	SD	P	t
Self-efficacy	Male	39	25.5	4.7	0.87	-1.887
Female	30	27.4	3.9			
Hope	Male	39	25.8	3.7	0.19	-2.39
Female	30	28	3.5			
Resilience	Male	39	25.9	4.1	0.67	1.86
Female	30	24.1	4.03			
Optimism	Male	39	24.4	3.01	0.82	-1.76
Female	30	25.8	3.8			

*Significant at 0.05 level

Table 3 shows the gender difference value on 4 domains of psychological capital, self- efficacy, hope, resilience and optimism.

The mean and standard deviation of males on self-efficacy are 25.5 and 4.78 where the mean and standard deviation of females are 27.4 and 3.98 respectively. The mean difference for the same is -1.887 with the significant value of .086 at a significant level of 0.05 ($p < 0.05$). the t value is -1.74. The significant value indicated no significant difference and thus the hypothesis stating there will be significant gender difference in self-efficacy among bully victimized male and female is rejected. This is supported by another finding where gender difference does not play any role in relationship between adolescent stress and self-efficacy (Mckay, et.al, 2014).

The mean and standard deviation of males on hope are 25.8 and 3.7 where the mean and standard deviation of females are 28 and 3.58 respectively. The mean difference for the same is -2.154 with the significant value of .019 which is significant at 0.05 levels ($p > 0.05$). The t value is -2.39. The significant value indicated significant difference and thus the hypothesis stating there will be significant gender difference in hope among bully victimized male and female is accepted. The mean difference indicates that females have more hope when compared to males.

Similar research on adolescents showed that perceived social support from parents significantly predicted later hope in adolescents, and this relation was moderated by age but not gender, gender played no role in adolescent hope (Marsh et al., 2023).

The mean and standard deviation of males on resilience are 25.9 and 4.12 where the mean and standard deviation of females are 24.1 and 4.03 respectively. The mean difference for the same is 1.849 with the significant value of .067 at a significant level of 0.05 ($p < 0.05$). the t value is 1.86. The significant value indicated no significant difference and thus the hypothesis stating there will be significant gender difference in resilience among bully victimized male and female is rejected.

The mean and standard deviation of males on optimism are 24.4 and 3.01 where the mean and standard deviation of females are 25.87 and 3.83 respectively. The mean difference for the same is -1.456 with the significant value of .082 at a significant level of 0.05 ($P < 0.05$). The t value is -1.76. The significant value indicated no significant difference and thus the hypothesis stating there will be significant gender difference in optimism among bully victimized male and female is rejected.

Discussion

The present study highlights the significance of relationship between family environment and psychological capital among victimized adolescents. It was found that a supportive family context provides adolescents with better emotional security, encouragement and opportunities to advance positive psychological resources. This is predominantly central during adolescence, when experiences within family system and peer relations can considerably predict psychological adjustment. Literatures have similarly identified this connection, family support and cohesion as significant protective factors among adolescents who are exposed to stressful and adverse experiences (Camara et al., 2017; Sapouna & Wolke, 2013).

The findings can also be interpreted in relation to the components of psychological capital—hope, resilience, optimism, and self-efficacy. Results indicate that cohesive and communicative family environments can encourage adolescents to develop confidence in managing difficulties, maintain positive expectations, and overcome stressful life experiences. Psychological capital is a developing positive psychological resource rather than a completely fixed personal characteristic (Luthans et al., 2007). Thus, it is important that a supportive family relationship is essential to foster the development of these resources.

The findings are consistent with previous research indicating that family and peer contexts are key factors to adolescents' responses to victimization. Studies report that individual, family, and peer characteristics were associated with resilience to bullying (Sapouna and Wolke (2013). Similarly, research has emphasized the role of family cohesion in understanding adolescents' adjustment in the context of victimization from peer groups (Elgar et al., 2021). The present findings hence add to current literature by considering psychological capital as a positive psychological resource among peer-victimized adolescents. The observed gender difference in hope, with no significant differences across the other dimensions of psychological capital, suggests that gender-related patterns may vary across different components of psychological capital with girls having relatively greater hope than boys.

The study suggests that family environment is an important related factor while considering positive psychological resources among victimized adolescents. Family-based and school-based support programmes may therefore benefit from strengthening communication, cohesion, and supportive family relationships.

Conclusion

The present study highlights a significant positive relationship between family environment and psychological capital among victimized adolescents. Family environment also significantly predicted psychological capital, indicating its relevance in understanding positive psychological resources among adolescents experiencing peer victimization. A significant gender difference was observed in hope, with female participants reporting higher hope scores, while no significant gender differences were observed

in self-efficacy, resilience and optimism. These findings highlight the potential importance of supportive family environments in strengthening positive psychological resources among victimized adolescents.

Implications

The findings put forward the relevance of family environment in understanding psychological capital among peer-victimized adolescents. Family-based interventions may focus on strengthening cohesion, communication, acceptance, and supportive relationships. Schools and counsellors may incorporate strength-based approaches aimed at enhancing hope, resilience, optimism, and self-efficacy among adolescents experiencing peer victimization. Future research should examine these relationships using larger and more diverse samples, longitudinal designs, and multiple sources of information.

Limitations

The study has certain limitations. The cross-sectional design of the study limits causal relationship. Another limitation lies in the sample size, that limit the generalizability of the findings. The study also relied on self-report measures, which can increase social-desirability biases especially from adolescent population. Peer victimization and family environment were assessed primarily from the adolescents' perspectives, without additional reports from parents, teachers, or peers. Other potentially relevant factors, such as peer support, school climate, parenting practices, and coping strategies, were not examined.

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