

Family Adversities and Adolescent Fighting: The Mediating Role of Hopelessness

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Abstract

This study aimed to investigate the relationship between family-related adversities and physical fighting in adolescents, and to determine whether hopelessness serves as a mediating factor. The research sample included 3,712 Slovak adolescents (mean age = 13.9 years, 50.7% female). Participants completed questionnaires regarding their experiences of family-related adversities, involvement in physical fights over the past 12 months, and the Hopelessness Questionnaire. First, associations between overall family adversity and fighting, as well as associations for each specific type of family-related adversity, were analyzed using linear regression models. Second, mediation effects were examined through the a*b product method with bootstrapped 95% confidence intervals. Adolescents reporting at least one family adversity engaged in physical fighting more frequently. Likewise, each specific adversity (parental death, parental substance abuse, parental conflicts/physical fights, divorce) was linked to higher fighting frequency. Hopelessness was found to mediate the relationship between all types of family-related adversity and fighting. These findings highlight the importance of interventions for adolescents facing family adversities, with particular focus on coping strategies to reduce hopelessness.

Keywords: Family-related adversities, Fighting, Hopelessness, Adolescents, HBSC study

Introduction

The World Report on Violence and Health [1] defines youth violence as the deliberate use of physical force or power, whether threatened or actual, against another individual or group aged 10–29 years, usually unrelated and often outside the home environment. Forms of youth violence include bullying, physical fights, assaults (with or without weapons), and gang-related activities. Fighting among adolescents has also been linked to other risky behaviors, such as alcohol consumption, tobacco and drug use, and school absenteeism [2]. In Slovakia, adolescent fighting remains a public health concern, particularly among boys. According to the most recent

HBSC study (2017/2018), 12% of 15-year-old boys and 5% of girls reported participating in physical fights at least three times in the past year [3]. This represents a decline from the previous HBSC cycle (2013/2014), where 19% of boys and 6% of girls reported similar involvement [4]. Across 45 countries in Europe and Canada, data indicate that on average 12% of boys and 5% of girls aged 15 years engage in physical fights three or more times per year [5]. Hence, adolescent fighting is not only a concern in Slovakia but is also prevalent internationally.

Family adversities play a significant role in shaping violent behaviors, including fighting, with effects observed for both sexes [6]. Adolescents from families with violent dynamics exhibit higher aggression [7] and are more prone to engage in violent acts [8–10]. Additionally, parental problem drinking [11] and single-parent household arrangements [12] have been associated with increased risk of adolescent violent behavior.

Several theoretical frameworks explain why violent behavior is more common in adolescents from families

Access this article online

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Received: 14 January 2025; Accepted: 11 March 2025

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How to cite this article: Taylor SJ, Bennett LA. Family Adversities and Adolescent Fighting: The Mediating Role of Hopelessness. *Int J Soc Psychol Asp Healthc*. 2025;5:146-54. <https://doi.org/10.51847/a3KnYqqjCy>

experiencing adversity. The Social Learning Theory [13] proposes that children learn violent behaviors by observing their parents as role models. However, observational learning represents just one mechanism linking family adversities to adolescent fighting. Beyond behavior modeling, parents also influence their children's emotional regulation. For this reason, our study builds on the Tripartite Model of the Impact of the Family on Children's Emotion Regulation and Adjustment [14], which integrates family climate, parenting practices, and parental characteristics (including emotional regulation and mental health) to explain how children develop emotion regulation skills, which in turn influence their adjustment (e.g., internalizing and externalizing problems, social competence).

Hopelessness has been previously associated with violent behavior, including adolescent fighting [15, 16], primarily in populations living in disadvantaged urban settings [17–20]. Less attention has been given to how family adversities may foster hopelessness. Similar to neighborhood stressors, family adversities can create conditions promoting hopelessness, which may subsequently lead to violent behavior. Chronic, uncontrollable stressors have been linked to adolescent hopelessness [21], and family adversities constitute such stressors [22–24]. Research suggests that adolescents experiencing hopelessness may perceive failure as inevitable, increasing their likelihood of engaging in violence [18]. However, evidence on hopelessness as a mediator between family adversity and fighting is limited, warranting further investigation.

Therefore, this study aimed to examine (1) the association of family-related adversities with adolescent fighting, both overall and for each specific adversity type, and (2) whether hopelessness mediates these relationships. We hypothesized that exposure to family-related adversities would be associated with higher fighting frequency and that hopelessness would serve as a mediating mechanism.

Materials and Methods

Sample and procedure

This study utilized data from the 2018 Health Behavior in School-aged Children (HBSC) survey in Slovakia. A two-stage sampling strategy was implemented to ensure national representativeness. Initially, 140 schools—covering both small and large institutions in urban and

rural areas from all Slovak regions—were randomly selected from the complete list of eligible schools and invited to participate, resulting in a school-level response rate of 77.9%. Subsequently, 8,405 students aged 11–15 years completed online questionnaires (response rate = 77.9%; mean age = 13.43; 50.9% boys). Because the Hopelessness Questionnaire was administered only to 13- and 15-year-old participants, respondents younger than 13 were excluded ($N = 3,716$). After removing incomplete responses ($N = 977$), the final analytic sample included 3,712 adolescents (mean age = 13.9; 50.7% girls).

Ethical approval was granted by the Ethics Committee of the Medical Faculty at P.J. Safarik University in Kosice (16N/2017). Parents were notified through schools and could opt out if they did not consent. Participation was voluntary, anonymous, and no incentives were provided.

Measures

Family-related adversity was assessed through four questions regarding negative family events: 1) parental substance abuse, 2) serious conflicts or physical fights between parents, 3) parental divorce, and 4) death of a parent. Responses were coded Yes/No. These items were drawn from the International Self-Report Delinquency Study 2: Standard Student Questionnaire [25] and previously validated in Slovak adolescents [26]. Two analytic approaches were used: (a) a dichotomous indicator for experiencing at least one family-related adversity versus none, and (b) separate binary indicators for each specific adversity type.

Fighting was measured by asking participants: “During the past 12 months, how many times were you in a physical fight?” using items from the Youth Risk Behavior Survey Questionnaire [27]. Responses ranged from 0 = never, 1 = once, 2 = twice, 3 = three times, to 4 = four or more times.

Hopelessness was assessed using the five-item Hopelessness Questionnaire [28] (e.g., “I might as well give up because I can't make things better for myself”), with Yes/No response options. Scores were summed, with higher totals indicating greater hopelessness. Cronbach's alpha for the current sample was 0.79.

Perceived socioeconomic position (SEP) was evaluated using the Perceived Family Wealth Scale [29], which measures adolescents' perceptions of their family's economic status. Response options ranged from 0 = “not at all well off” to 4 = “very well off,” with higher scores representing higher perceived SEP.

Statistical analyses

Descriptive statistics were used to summarize sample characteristics. Differences in family-related adversities, fighting, and hopelessness across gender, age groups, and SEP levels were examined using Chi-square tests, independent t-tests, and one-way ANOVA. Associations between overall family-related adversity, hopelessness, and fighting were tested using multivariate linear regression models, adjusting for gender, age, and SEP. Additional regression analyses examined the impact of each specific family adversity (parental death, parental substance abuse, parental conflicts/physical fights, parental divorce) on hopelessness and fighting, controlling for the same covariates. All regression models were bootstrapped with 5,000 samples.

Mediation analyses assessed whether hopelessness explained the association between family-related adversity and fighting, as well as the links between each specific adversity and fighting. The PROCESS macro (Model 4) [30] was used for these analyses, controlling for gender, age, and SEP, with 5,000 bootstrap samples. Indirect effects were calculated using the *a*b* product method, and 95% bootstrapped confidence intervals (CI)

were generated. All analyses were conducted using SPSS v.23 (IBM Corporation, New York, NY, USA).

Results and Discussion

Participant profile

Table 1 displays descriptive data for the sample concerning gender, age, socioeconomic position (SEP), household adversities, hopelessness, and involvement in fights. Females, relative to males, more often indicated exposure to at least one household adversity, including parental substance misuse, inter-parental conflict or violence, and parental separation. Males engaged in physical altercations more often, whereas females exhibited elevated hopelessness. Adolescents in older age groups more commonly reported at least one household adversity, parental substance issues, and inter-parental disputes or violence compared to younger peers. Those from lower SEP backgrounds more frequently endorsed exposure to at least one—and nearly all specific—household adversities (except parental death) and also displayed greater hopelessness.

Table 1. Demographic profile of participants, overall and stratified by gender, age, and family socioeconomic position (3,712 Slovak youth aged 13–15, data gathered in 2018).

Variable	Total N (%)	Gender		p-value	Age group			p-value	Socioeconomic position		p-value
		Boys	Girls		13-year	14-year	15-year		Higher	Lower	
Gender											
Girls	1,882 (50.7%)	—	—	—	669 (51.3%)	732 (51.0%)	481 (49.5%)		393 (46.0%)	1,489 (52.1%)	
Boys	1,830 (49.3%)	—	—	—	636 (48.7%)	704 (49.0%)	490 (50.5%)	ns	461 (54.0%)	1,369 (47.9%)	**
Family-related adversity¹											
Any adversity	1,256 (33.8%)	550 (30.1%)	706 (37.5%)	***	393 (30.1%)	498 (34.7%)	365 (37.6%)	**	220 (25.8%)	1,036 (36.2%)	***
Specific family adversities											
Death of a parent	131 (3.5%)	64 (3.5%)	67 (3.6%)	ns	43 (3.3%)	46 (3.2%)	42 (4.3%)	ns	29 (3.4%)	102 (3.6%)	ns
Parental substance abuse problems	409 (11.0%)	176 (9.6%)	233 (12.4%)	**	122 (9.3%)	162 (11.3%)	125 (12.9%)	*	51 (6.0%)	358 (12.5%)	***
Parental conflicts or	603 (16.2%)	223 (12.2%)	380 (20.2%)	***	186 (14.3%)	223 (15.5%)	194 (20.0%)	**	101 (11.8%)	502 (17.6%)	***

physical fights											
Parental divorce	798 (21.5%)	356 (19.5%)	442 (23.5%)	**	264 (20.2%)	322 (22.4%)	212 (21.8%)	ns	148 (17.3%)	650 (22.7%)	**
	Range	Mean (SD)									
Age	13–15 years	13.90 (0.8)	13.9 (0.8)	13.9 (0.8)	ns	—	—	—	14.0 (0.8)	13.9 (0.8)	***
Socioeconomic position²	0–4	2.87 (0.8)	2.9 (0.8)	2.8 (0.8)	*	2.9 (0.9)	2.9 (0.8)	2.8 (0.8)	**	—	—
Fighting³	0–4	0.61 (1.1)	0.8 (1.3)	0.4 (0.9)	***	0.7 (1.2)	0.6 (1.1)	0.56 (1.1)	ns	0.6 (1.1)	0.6 (1.1)
Hopelessness⁴	0–5	0.85 (1.4)	0.8 (1.3)	0.9 (1.5)	***	0.9 (1.4)	0.8 (1.4)	0.8 (1.3)	ns	0.7 (1.3)	0.9 (1.4)

p-values derived from chi-square tests for categorical items and t-tests for continuous items in two-group comparisons, or one-way ANOVA for three-group comparisons; *p = 0.05, **p = 0.01, ***p ≤ 0.001.

¹Presence of any household adversity.

²Elevated score reflects higher family socioeconomic status.

³Elevated score reflects greater frequency of fighting.

⁴Elevated score reflects greater hopelessness.

Links involving household adversity, hopelessness, and engagement in fights

Table 2 outlines relationships among household adversity, hopelessness, and fight involvement. Youth exposed to at least one household adversity reported more frequent fights over the preceding 12 months and higher hopelessness. Additionally, greater hopelessness

corresponded to increased fight frequency in the past year. Inclusion of hopelessness in the model attenuated the direct link between household adversity and fights, suggesting potential mediation by hopelessness, which was tested subsequently. The model explained 6% of variance ($R^2 = 0.06$).

Table 2. Relationships of household adversity and hopelessness with fight involvement, adjusted for gender, age, and perceived family socioeconomic status: multivariate linear regression outputs yielding unstandardized coefficients (B) and 95% confidence intervals (CI) (3,712 Slovak youth aged 13–15, data from 2018).

Predictor	Unadjusted B (95% CI)	Adjusted B (95% CI) (for gender, age, and SEP)
Adversity related to family	0.21 (0.13; 0.29)***	0.17 (0.10; 0.25)***
Hopelessness	—	0.09 (0.07; 0.12)***
R-square¹	0.06***	—

SEP—perceived family socioeconomic status; *p < 0.05, **p < 0.01, ***p < 0.001.

¹Model incorporates age, gender, SEP, household adversity, and hopelessness as predictors.

Table 3 details associations for individual household adversities, hopelessness, and fights. Parental death showed the strongest link to fight involvement among the adversities examined. Parental substance misuse and inter-parental conflict/violence also correlated with

adolescent fights. Parental divorce exhibited the weakest association with fights. Across models, adding hopelessness reduced the strength of ties between specific adversities and fights, prompting further mediation analysis.

Table 3. Relationships of specific household adversities (parental death, parental substance misuse, inter-parental conflict/violence, parental divorce) and hopelessness with fight involvement, adjusted for gender, age, and perceived family socioeconomic status: multivariate linear regression outputs yielding unstandardized coefficients (B) and 95% confidence intervals (CI) (3,712 Slovak youth aged 13–15, data from 2018).

Adverse Experience	Model 1: B (95% CI) (adjusted for gender, age, and SEP)	Model 2: B (95% CI) (adjusted for gender, age, SEP, and hopelessness)
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Death of a parent	0.35 (0.14; 0.57)**	0.30 (0.11; 0.49)**
Hopelessness	—	0.10 (0.07; 0.13)***
Parental substance abuse issues	0.30 (0.18; 0.43)***	0.24 (0.12; 0.37)***
Hopelessness	—	0.09 (0.07; 0.12)***
Parental conflicts or physical violence	0.26 (0.15; 0.37)***	0.20 (0.10; 0.32)***
Hopelessness	—	0.09 (0.07; 0.12)***
Parental divorce	0.13 (0.04; 0.22)**	0.11 (0.02; 0.20)*
Hopelessness	—	0.10 (0.07; 0.13)***

SEP—perceived family socioeconomic status; * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Mediating role of hopelessness

Mediation analysis evaluated hopelessness as a mediator between household adversity and fights. Results (**Figure 1**) indicated significant mediation, with an indirect effect of $ab = 0.04$ (95% CI: 0.02–0.05).

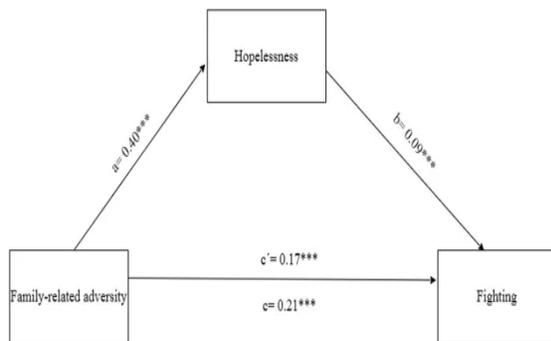


Figure 1. Mediating role of hopelessness in the link between household adversity and fight involvement, adjusted for gender, age, and SEP (4,274 Slovak youth aged 13–15, 2018 HBSC data).

Separate mediation tests for individual adversities confirmed hopelessness mediation in each case. Indirect effects (ab) were 0.05 (95% CI: 0.02–0.08) for parental death; $ab = 0.07$ (95% CI: 0.04–0.10) for parental substance misuse; $ab = 0.05$ (95% CI: 0.03–0.08) for inter-parental conflict/violence; and $ab = 0.02$ (95% CI: 0.01–0.04) for parental divorce. Parental substance misuse showed the strongest tie to hopelessness ($B = 0.71$ ***) and the largest mediated effect on fights. Parental divorce had the weakest association with hopelessness ($B = 0.23$ ***) and the smallest mediated effect on fights (**Figures 2a–2d**).

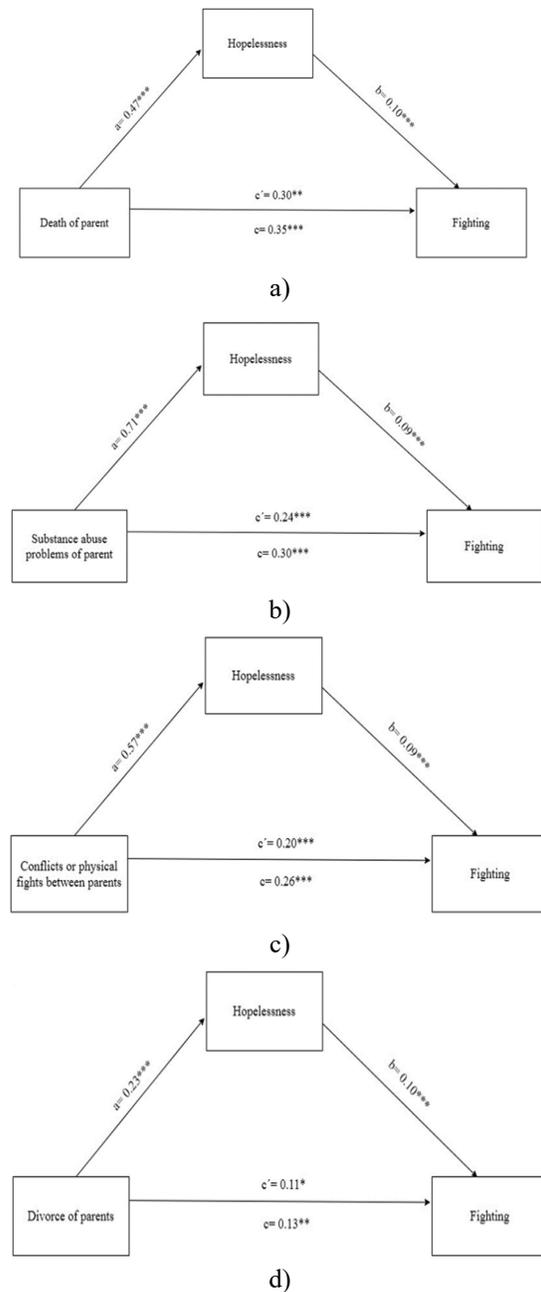


Figure 2. (a) Mediating role of hopelessness in the link between parental death and fight involvement,

adjusted for gender, age, and SEP (4,274 Slovak youth aged 13–15, 2018 HBSC data).

(b) Mediating role of hopelessness in the link between parental substance misuse and fight involvement, adjusted for gender, age, and SEP (4,274 Slovak youth aged 13–15, 2018 HBSC data).

(c) Mediating role of hopelessness in the link between inter-parental conflict/violence and fight involvement, adjusted for gender, age, and SEP (4,274 Slovak youth aged 13–15, 2018 HBSC data).

(d) Mediating role of hopelessness in the link between parental divorce and fight involvement, adjusted for gender, age, and SEP (4,274 Slovak youth aged 13–15, 2018 HBSC data).

The present study aimed to examine whether family-related adversities are associated with adolescent fighting and whether hopelessness mediates this relationship.

Our findings indicate that adolescents exposed to any form of family adversity engage in physical fights more frequently. This is consistent with prior research [7, 8, 10–12]. The strongest association was observed for adolescents who witnessed serious parental conflicts or physical fights, who showed higher involvement in fighting compared to peers without such experiences. This can be understood through the concept of “intergenerational transmission of violence” [31, 32], which posits that exposure to violence within the family can be “passed down” to children, increasing the likelihood that they will later engage in violent acts themselves. Observational learning, a key mechanism in this process, suggests that merely witnessing family violence can lead to replication of these behaviors [13, 33], consistent with Social Learning Theory [13], where parents serve as primary role models.

In addition to direct exposure to violence, other adverse family experiences were also linked to higher fighting frequency. Specifically, parental substance abuse was associated with adolescent aggression, in line with previous studies [11, 34]. The Tripartite Model of the Impact of the Family on Children’s Emotion Regulation and Adjustment [14] offers a broader framework for interpreting these findings. This model highlights how children’s emotional regulation is shaped by their own characteristics, parental attributes (including emotional regulation, reactivity, and mental health), parenting practices, and family emotional climate, which together influence children’s behavioral adjustment. Parental substance abuse may impair parents’ emotional

regulation [35], and these difficulties can be transmitted to children through observational learning. Moreover, research indicates that the development of neural circuits responsible for impulse control differs in children of parents who misuse alcohol or drugs [36], potentially contributing to aggressive behavior [32]. Reviews of children of alcoholics (COA) also show a higher likelihood of internalizing problems (e.g., depression, anxiety) and externalizing problems (e.g., conduct issues, substance use) in these adolescents [37].

Adolescents who experienced the death of a parent were similarly more likely to engage in physical fights. Previous research on parental bereavement has produced mixed findings [38], but moderating factors such as family mourning processes and overall family functioning appear crucial. Although these were not directly measured in the present study, earlier research indicates that family adversities, including parental death, are associated with poorer family functioning [39]. Parental characteristics, parenting practices, and family emotional climate influence adolescent emotional regulation, which in turn shapes adjustment outcomes, including aggression. Adolescents learn from their parents through observation how to manage emotions, and deficiencies in parental modeling can contribute to maladaptive coping and violent behavior, consistent with the Tripartite Model [14].

Among the types of family adversity examined, parental divorce showed the weakest link to adolescent fighting. Prior studies [40] have found that children of divorced parents are at increased risk for externalizing behaviors, including aggression, although these effects often diminish over time. Our study did not account for the time elapsed since parental divorce, which may partly explain the weaker association observed. Other unmeasured factors, such as the presence of a non-residential parent and the quality of the parent-child relationship, may also influence this association [41].

Importantly, hopelessness was found to mediate the relationship between family-related adversity and fighting. While no previous studies have examined this complete pathway, there is indirect support from research showing links between family adversity and hopelessness [23], and between hopelessness and violent behavior [15, 17, 20, 42]. Seligman’s Theory of Learned Helplessness [43] provides a theoretical framework, suggesting that uncontrollable stressors generate feelings of powerlessness and inability to change one’s circumstances. Hopelessness can result from learned

helplessness [44], and unmet emotional needs in early childhood further contribute to its development [20]. According to the abandonment-of-hope model [18], adolescents who perceive failure as inevitable are more likely to act aggressively. Thus, adolescents experiencing hopelessness due to family adversities may have an increased propensity for fighting. Our findings suggest that familial contexts, in addition to neighborhood influences, create conditions in which hopelessness emerges and fosters violent behavior.

Strengths and limitations

A key strength of this study is the use of a nationally representative sample of adolescents, which allows the results to be generalized to Slovak adolescents aged 13–15 years. Nevertheless, several limitations should be acknowledged. First, data were collected via self-report questionnaires, which may introduce bias if participants did not answer fully truthfully. Second, the cross-sectional design precludes drawing conclusions about causal relationships among the variables studied. Third, the measure of fighting was categorical rather than continuous and therefore not normally distributed; however, bootstrapping mitigates this limitation as it does not assume normality. Another potential limitation is the relatively low R^2 values in the models, which is expected given the dichotomous nature of the independent variables, though this also suggests that additional explanatory factors could be explored in future studies.

Implications

The findings that family-related adversity is linked to adolescent physical fighting, with hopelessness acting as a mediator, have practical and research implications. First, interventions aimed at reducing violent behavior should particularly target adolescents from families facing adversities. Additionally, given the higher levels of hopelessness observed in these adolescents, programs addressing coping strategies for hopelessness may be beneficial. These insights are relevant for professionals working with youth, including psychologists, psychotherapists, youth workers, and teachers. Future research would benefit from longitudinal designs to clarify causal pathways between family adversity and fighting and to examine how hopelessness develops over time and what factors might mitigate it. Subsequent studies could also investigate additional family-related

variables, such as family structure, in relation to adolescent aggression.

Conclusion

Adolescents who have experienced family-related adversities are more likely to engage in physical fights, with hopelessness serving as a mediating factor. These findings highlight the importance of supporting adolescents in coping with hopelessness, particularly those exposed to adverse family circumstances, and provide guidance for youth professionals in designing targeted interventions.

Acknowledgments: None

Conflict of Interest: None

Financial Support: None

Ethics Statement: None

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