Determination of the Relationship between Adolescents' Healthy Family Thoughts and Empathy Levels Towards Peer Bullying: A Cross-sectional Study

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Abstract

Aim: Adolescence is a critical period in which individuals develop social skills and emotional awareness, and family structure plays an important role in this process. The aim of this study is to determine the relationship between adolescents' perceptions of healthy families and their empathy levels towards individuals who are bullied.

Methods: The study was descriptive and cross-sectional. In the study, using a convenience sampling method, 325 adolescents between the ages of 15-19 living in Gaziantep were reached online. Data were gathered using a sociodemographic information form, the Healthy Family Scale, and the Empathy Toward the Victim of Peer Bullying Scale. Descriptive statistics, comparison analyses between variables and scales, and tests of association between scales were used to analyze the data. The significance level was 95% confidence interval.

Results: The study was descriptive and cross-sectional. In the study, using a convenience sampling method, 325 adolescents between the ages of 15-19 living in Gaziantep were reached online. Data were gathered using a sociodemographic information form, the Healthy Family Scale, and the Empathy Toward the Victim of Peer Bullying Scale. Descriptive statistics, comparison analyses between variables and scales, and tests of association between scales were used to analyze the data.

Conclusion: The findings show that healthy family functioning positively affects the empathic tendencies of adolescents. Especially mothers' education level and supportive communication within the family are determining factors in empathy development. In addition, the number of children in the family is one of the important variables affecting the level of empathy. The study highlights the importance of family-based intervention and support programs by emphasizing the impact of family structure on psychosocial development. As a result, it is recommended to develop interventions to strengthen family communication and support parents to increase the empathy levels of adolescents.

Keywords: Adolescent, healthy family, empathy, peer bullying, psychosocial development.

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ETHICAL STATEMENT: Necessary scale permissions and ethical approval from Istinye University Human Researches Ethical Committee (Approval date: 20.05.2025 and number: 2025-109) were obtained before the study.

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Adölesanların, Sağlıklı Aile Düşünceleri ile Akran Zorbalığına Yönelik Empati Düzeyleri Arasındaki İlişkinin Belirlenmesi: Kesitsel bir çalışma

Öz

Amaç: Ergenlik dönemi, bireylerin sosyal beceri ve duygusal farkındalıklarının geliştiği kritik bir dönemdir ve bu süreçte aile yapısı önemli bir rol oynar. Bu araştırmanın amacı, adölesanların sağlıklı aile algıları ile akran zorbalığına uğrayan bireylere yönelik empati düzeyleri arasındaki ilişkiyi belirlemektir.

Yöntem: Araştırma tanımlayıcı ve kesitsel tiptedir. Çalışmada, kolayda örnekleme yöntemi kullanılarak, Gaziantep'te yaşayan 15-19 yaş aralığındaki 325 adölesana çevrim içi yollarla ulaşılmıştır. Veriler, sosyodemografik bilgi formu, Sağlıklı Aile Ölçeği ve Akran Zorbalığına Uğrayan Kurbana Karşı Empati Ölçeği kullanılarak toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler, değişkenler ve ölçekler arası karşılaştırma analizleri ve ölçekler arası ilişki testleri kullanıldı. Anlamlılık %95 güven aralığında idi.

Bulgular: Adölesanların sağlıklı aile ölçeği toplam puan ortalaması 135,67, empati ölçeği puan ortalaması ise 28,24 olarak bulunmuştur. Sağlıklı aile algısı ile empati düzeyi arasında pozitif yönde düşük düzeyde anlamlı ilişki saptanmıştır (r=0,251, p<0,001). Empati düzeyinin; cinsiyet, annenin eğitim ve çalışma durumu ile ailedeki çocuk sayısına göre anlamlı farklılık gösterdiği belirlenmiştir. Sağlıklı aile puanları ise ekonomik durum ve yaş gibi değişkenlerden etkilenmiştir.

Sonuç: Elde edilen bulgular, sağlıklı aile işleyişinin adölesanların empatik eğilimlerini olumlu yönde etkilediğini ortaya koymaktadır. Özellikle annelerin eğitim seviyesi ve aile içi destekleyici iletişim, empati gelişiminde belirleyici faktörlerdir. Ayrıca, ailedeki çocuk sayısı empati düzeyini etkileyen önemli değişkenlerden biridir. Çalışma, aile yapısının psikososyal gelişim üzerindeki etkisini vurgulayarak, aile temelli müdahale ve destek programlarının önemine dikkat çekmektedir. Sonuç olarak, adölesanların empati düzeylerinin artırılmasında aile içi iletişimi güçlendirmeye ve ebeveynleri desteklemeye yönelik müdahalelerin geliştirilmesi önerilmektedir.

Anahtar Sözcükler: Adölesan, sağlıklı aile, empati, akran zorbalığı, psikososyal gelişim.

Introduction

Adolescence is a critical developmental stage in which an individual transitions from childhood to adulthood and experiences intense changes in physical, psychological, cognitive and social areas (United Nations Children's Fund [UNICEF], 2024). It is known that there are approximately 1.3 billion adolescents worldwide and this age group constitutes 16% of the total population[1]. In Turkey, the proportion of young people between the ages of 15-24 is 15.1%, above the European Union average (Turkish Statistical Institute [TSI], 2024). In this period, adolescents experience not only physical changes, but also the acquisition of new habits, the formation of a new identity, different habits and different behaviors[2–4]. The rapid development and changes experienced by adolescents during this period cause some biopsychosocial problems. The developmental characteristics of adolescents make them more sensitive and vulnerable to social problems. One of these problems is peer bullying.

Bullying is the physical, verbal, or psychological harming of another individual by physical, verbal or psychological means, including the elements of intentionality, repetitiveness and power imbalance[5]. Research shows that peer bullying negatively affects an individual's psychological well-being, academic success and social relationships[6,7]. According to UNICEF's 2018 data, approximately 150 million

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adolescents aged 13-15 worldwide are exposed to bullying at school. Individual and environmental protective factors are important in the prevention of bullying. Empathy, one of these factors, is defined as the capacity to understand and share the feelings of others and acts as a social buffer against bullying. The literature indicates that individuals with high levels of empathy are less likely to engage in peer bullying and more likely to support those who are bullied[8-10].

The empathy levels of adolescents are closely related not only to individual characteristics but also to the family environment in which they live. Healthy family functioning shapes the emotional development, social relationships and value system of adolescents[11]. Adolescents raised in families where family roles are clear, communication is healthy and emotional support is strong have higher empathic tendencies[12,13]. In particular, adolescents raised in families where roles are clear, communication is strong, and emotional support is provided have been found to have higher levels of empathy. In addition, sociodemographic factors such as the mother's educational level, employment status, and the family's economic conditions also play a decisive role in both family functioning and the development of empathy[10,14]. In this context, it is of great importance to support adolescents' coping skills with bullying in order to protect both individual and social health. In this process, pediatric nurses can take an active role in the fight against bullying both by working directly with adolescents and by educating families. Although the relationship between empathy and peer bullying has been extensively studied in the existing literature, studies examining both healthy family perception and empathy levels in adolescents are quite limited. This gap forms the rationale for our study. This study aims to examine the relationship between adolescents' perceptions of healthy families and their empathy levels towards peer bullying. Additionally, the aim is to determine how family structure and certain sociodemographic characteristics influence this relationship.

Research Questions:

1. What is the level of adolescents' perception of healthy families?
2. What is the level of empathy among adolescents towards victims of peer bullying?
3. Is there a relationship between the perception of a healthy family and the level of empathy?
4. What factors influence the level of empathy?
5. What factors influence healthy family perception?
6. To what extent does healthy family perception affect empathy levels?

Material and Methods

Study design

It is a descriptive and cross-sectional study. This study was conducted between May 2025 and September 2025 with adolescents aged 15-19 living in Gaziantep. We used the STROBE cross-sectional checklist when writing our report[15].

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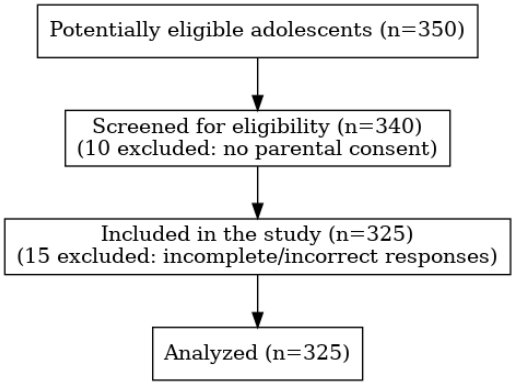
Participants

The study was conducted in Gaziantep province, located in the Southeastern Anatolia region of Turkey. The study population consisted of adolescents aged 15-19 years living in Gaziantep province. The sample size for the study was calculated using G*Power 3.1. In the analysis, the parameters α=0.05, statistical power (1-β)=0.95, and effect size (r)=0.30 were used for the Pearson correlation test, which is appropriate for examining the relationship between two continuous variables. This effect size was based on correlation coefficients reported in similar studies examining the relationship between family functioning and empathy levels in adolescents[11,12,16]. Based on these parameters, it was calculated that the sample should include at least 290 individuals. Adolescents were reached by convenience sampling method.

The inclusion criteria were being a Turkish citizen, being between the ages of 15-19, answering the questions on the form completely and living in Gaziantep. Exclusion criteria were not being allowed to participate in the study by themselves or their families, not speaking Turkish and having cognitive problems.

The study began with 350 adolescents. Ten adolescents withdrew from the study because their families did not give permission, and 15 adolescents withdrew because they did not answer the questions completely. The final question on the online form was open-ended, asking for comments and suggestions. Some adolescents wrote here that they did not want their parents to answer these questions but that they had answered them themselves. Therefore, the data from these 10 children was excluded from the study. The study was completed with 325 adolescents (Figure 1).

Figure 1. Participants flow diagram



Outcomes

The primary outcome of this study is to determine the relationship between adolescents' perception of a healthy family and their level of empathy toward victims of peer bullying. The secondary outcomes are to examine whether adolescents' empathy and healthy family scale scores differ according to sociodemographic variables such as gender, age,

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mother's education and employment status, economic status, and number of children in the family.

Data Collection Tools

The study data were gathered using the child and family sociodemographic form, the Healthy Family Scale, and the Empathy Toward the Victim of Peer Bullying Scale.

Child and Family Sociodemographic Form: The form was created by the researchers in line with the literature[6,11,15,17]. There are 9 open and closed-ended questions.

Healthy Family Scale: The scale was developed by Crandall et al. in 2020.[19] The scale developed in 2020 was adapted into Turkish in 2021[17]. The scale measures the level of family health with 32 items and 4 sub-dimensions (social and emotional health processes in the family, healthy lifestyle for the family, family health resources and social support outside the family). The scale is 5-point Likert-type and has 11 reverse items (1, 5, 20, 21, 22, 23, 24, 29, 30, 31, 32). The Cronbach's alpha internal consistency coefficient of the scale was reported as 0.81 for the overall total[17]. In our study, it was calculated as 0.91. Scores that can be obtained from the scale vary between 32 and 160 points. A high score indicates a healthy family structure.

***Empathy Scale towards the Victim of Peer Bullying*:** The scale developed in 2008 was adapted into Turkish in 2018[18,20]. The scale is 5-point Likert-type and consists of 7 items. The scale is scored from 0=never to 4=always. A minimum score of 0 and a maximum score of 28 can be obtained from the scale. A score of at least 0 and at most 28 points can be obtained on the scale. A high score indicates a high level of empathy. In the development study of the scale, Cronbach's alpha value was reported as 0.88[18]. In this study, Cronbach's alpha value was 0.91.

Data Collection

Necessary scale permissions and ethics committee approval were obtained before the study. The data collection form was transferred to the internet via Google forms. Then, adolescents were reached using internet-based messaging applications. When the link sent was entered, the “informed consent form in the internet environment” written first for mothers and then for adolescents appeared. After explaining the purpose and method of the study, the questions appear in order for those who check “I agree to participate in the study”. At the first stage, the mothers answered the questions asked to them, and then the adolescents continued to answer their own questions. It took approximately 10-15 minutes to answer the questions.

Bias

This study considered two possible biases. The first is response bias. This is because the data were collected through online self-report questionnaires, and adolescents may be inclined to give socially acceptable responses. Second, selection bias is a concern.

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Because convenience sampling was used, the sample's ability to represent all adolescents may be limited, and the generalizability of the findings may be constrained.

Ethical Statement

Necessary scale permissions and ethical approval from Istinye University Human Researches Ethical Committee (Approval date: 20.05.2025 and number: 2025-109) were obtained before the study. Before data collection, the “informed consent form on the internet” was read to the participants (first to the mothers and then to the adolescents). Those who agreed to participate in the study were asked to check the option “I agree to participate in the study”. Thus, their informed consent was obtained. The study was conducted in accordance with the Helsinki Declaration on Human Rights and the Turkish Scientific Research and Publication Ethics Directive.

Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences, version 25 (SPSS. v25.0). In the first stage, descriptive statistical analyses were performed. Quantitative variables were first analyzed in terms of their distribution characteristics. Mean, standard deviation, minimum and maximum values were calculated in the analysis of continuous data and numbers and percentages were calculated in the analysis of categorical data. Shapiro-Wilk tests were used to determine whether the data showed normal distribution. Independent Samples T-Test and One-Way ANOVA were used for comparisons of normally distributed quantitative variables, and post-hoc tests were conducted to determine the source of differences between groups. Non-parametric tests were used when appropriate for data that did not show a normal distribution. In cases where significant differences were detected in the ANOVA results, the Tukey HSD test was used as a post hoc analysis to determine between which groups the difference occurred. The grouping variables considered were gender, age, mother's education and employment status, family economic status, and number of children. These variables were found to be significant in the analyses because they are factors shown in the literature to influence family functioning and empathy development. The relationships between scales were evaluated using Pearson correlation analysis, and Cronbach's alpha coefficient was calculated for the internal consistency of the scales. Significance was accepted as 0.05 at 95% confidence interval.

Results

The study was conducted with 325 adolescents and their families in Gaziantep province, located in the Southeastern Anatolia region of Turkey. The distribution of sociodemographic characteristics of the participants is shown in Table 1. Accordingly, most of the participants were girls (68.9%), the majority of them were 16-17 years old and at the high school level.

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Table 1. Distribution of sociodemographic characteristics of participants

Features		**n**	**%**
Gender	Girl	224	68.9
	Boy	101	31.1
Age (year)	15	72	22.2
	16	82	25.2
	17	83	25.5
	18	60	18.5
	19	28	8.6
Education status	High school	154	47.4
	University	141	43.4
	Not in school	30	9.2
Father's education level	Literacy	80	24.6
	Primary/Secondary school	119	36.6
	High school	72	22.2
	University	54	16.6
Mother's education level	Literacy	162	49.8
	Primary/Secondary school	103	31.7
	High school	48	14.8
	University	12	3.7
Father's occupation	Not working	60	18.5
	Self-employed	77	23.7
	Labourer	73	22.5
	Officer	45	13.8
	Farmer	32	9.8
	Tradesman	38	11.7
Mother's working status	Not working	301	92.6
	Working	24	7.4
Income status	Bad	83	25.5
	Medium	205	63.1
	Good	37	11.4

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Number of children	1	7	2.2
	2	18	5.5
	3	78	24.0
	4	84	25.8
	5 and above	138	42.5
Place of residence	Village	67	20.6
	District	102	31.4
	Province	156	48.0
TOTAL		**325**	**100.0**

n:number; %: percentage

Table 2 shows the distribution of the mean scores of the participants in the "Empathy Scale Toward the Victim of Peer Bullying" and "Healthy Family Scale" (total and sub-dimension) and Table 3 shows the relationship analysis between the scales. Accordingly, the mean total score of the Healthy Family Scale was 135.67 points. The mean total score of the Empathy Scale for the Victim of Peer Bullying was 28.24 points. There was a low positive correlation between the total score of the Healthy Family Scale and the total score of the Empathy Scale for Victims of Peer Bullying. There was a low positive correlation between the total score of the Empathy Scale for Victims of Peer Bullying and the Healthy Family Scale Healthy Lifestyle for Family subscale (r=0.220).

Table 2. Distribution of the mean scores of adolescents on the "healthy family scale" and "empathy scale towards the victim of peer bullying"

Scales		**Mean (SD)**	**Min-Max**
Healthy Family Scale	Social and Emotional Health Processes in the Family	56.98 (8.65)	21-65
	Healthy Lifestyles for the Family	25.69 (4.26)	6-30
	Family Health Resources	38.22 (3.94)	27-45
	Social Supports Outside the Family	14.76 (3.98)	4-20
	Total	135.67 (15.30)	73-160
Empathy scale towards the victim of peer bullying	Total	28.24 (5.52)	7-35

Sd: Standard deviation; min: minimum; max: maximum

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Table 3. The relationship between adolescents' scores on the healthy family scale and the empathy scale towards the victim of peer bullying

Scale		**Empathy scale towards the victim of peer bullying**	
Health Family Scale	**Social and Emotional Health Processes in the Family**	r	0.185**
		p	0.001
	Healthy Lifestyles for the Family	r	0.220**
		p	p<0.001
	Family Health Resources	r	0.164**
		p	0.003
	Social Supports Outside the Family	r	0.163**
		p	0.003
	Total	r	0.251**
		p	p<0.001

*r: Pearson correlation test **Correlation is significant at the <0.01 level (2-tailed).*

Table 4 shows the comparison of the participants' sociodemographic characteristics with the scale mean scores. Accordingly, it was determined that gender (p=0.001; post hoc: Girls>Boys), mother's educational status (p=0.001; post hoc: University>High school), mother's employment status (p=0.001; post hoc: Not working>Working) and the number of children in the family (p=0.044; post hoc: 5+>3–4) affected the total score of the "Empathy Scale for the Victim of Peer Bullying". Post hoc (Tukey HSD) analyses revealed which groups accounted for these differences. Accordingly, adolescents with university-educated mothers had significantly higher empathy scale scores than those with high school-educated mothers (p<0.021). Additionally, children from high-income families scored significantly higher on the Healthy Family Scale total score than those from low-income families (p<0.05). Adolescents with working mothers were found to have lower empathy levels than those with unemployed mothers (p<0.01). These results support the view that family structure and parental characteristics are determinants of adolescent empathy development. It was determined that the economic status of the family (p=0.002; pot hoc: Good>Bad) affected the total score of the "Healthy Family Scale". It was determined that age (p=0.049), mother's educational status (p=0.041) and economic status (p=0.008) affected the "Healthy Family Scale" Family Health Resources subscale score. At the same time, it was also determined that educational status affected the Social and Emotional Health Processes in the Family sub-dimension score (p=0.005) and the Healthy Lifestyle for the Family sub-dimension score (p=0.045) of the "Healthy Family Scale".

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Table 4. Comparison of Sociodemographic Characteristics of Adolescents with Mean Scale and Subscale Scores and Post Hoc Test Results

Features		Social and Emotional Health Processes in the Family		Healthy Lifestyles for the Family		Family Health Resources		Social Supports Outside the Family		Total Score		Empathy scale towards the victim of peer bullying	
		Mean (SD)	Test /p	Mean (SD)	Test /p	Mean (SD)	Test /p	Mean (SD)	Test /p	Mean (SD)	Test /p	Mean (SD)	Test /p
Gender	**Girl**	57.06 (8.33)	0.250* 0.803	25.82 (4.06)	0.774* 0.439	38.19 (3.84)	0.212* 0.832	14.67 (4.03)	0.589* 0.556	135.75 (14.69)	0.149 0.882	28.92 (5.19)	3,352* **0.001**
	Boy	56.80 (9.42)		25.42 (4.67)		38.29 (4.17)		14.96 (3.89)		135.48 (16.64)		26.74 (5.95)	
Age	**15**	57.44 (8.49)	1.336** 0.256	25.81 (4.34)	0.525** 0.717	38.90 (3.67)	2.400** **0.049**	14.87 (3.93)	0.334** 0.855	137.04 (14.93)	1.392** 0.236	27.83 (6.06)	1,243** 0,292
	16	56.60 (9.62)		25.63 (4.59)		37.68 (3.98)[a]		14.73 (3.70)		134.65 (16.85)		27.45 (5.73)	
	17	58.25 (6.35)		26.10 (3.33)		37.93 (3.80)		15.04 (3.86)		137.34 (11.35)		28.92 (4.55)	
	18	56.50 (9.91)		25.46 (4.74)		39.10 (3.43)[b]		14.60 (4.53)		135.66 (16.09)		29.10 (5.77)	
	19	54.14 (9.11)		24.85 (4.53)		37.07 (5.33)		14.10 (4.21)		130.17 (19.15)		27.82 (5.45)	
Father's education level	**Literacy**	56.73 (8.46)	0.442** 0.723	25.18 (4.33)	0.528** 0.663	37.92 (3.91)	0.351** 0.788	15.05 (3.63)	0.778* 0.507	134.90 (14.79)	0.106* 0.957	27.97 (4.68)	0,302** 0,824
	Primary/ Secondary school	57.05 (8.95)		25.88 (4.20)		38.42 (3.95)		14.60 (4.37)		135.95 (15.55)		28.55 (5.70)	
	High school	57.81 (7.82)		25.93 (4.09)		38.06 (4.03)		14.33 (3.99)		136.15 (15.41)		27.90 (5.79)	
	University	56.07 (9.53)		25.74 (4.53)		38.46 (3.93)		15.27 (3.56)		135.55 (15.70)		28.44 (5.99)	
Mother's education level	**Literacy**	56.55 (9.27)	0.289** 0.833	25.44 (4.49)	0.505** 0.679	38.16 (4.20)	2.524* **0.041**	14.84 (4.10)	0.819** 0.484	135.00 (16.00)	0.593** 0.620	28.79 (4.96)	7,741** **0.001**
	Primary/ Secondary school	57.44 (7.02)		25.97 (3.76)		37.17 (3.31)[a]		14.84 (3.90)		136.05 (13.01)		29.04 (4.49)[a]	
	High school	57.16 (9,73)		25.75 (4.60)		38.81 (4.29)		14.06 (3.91)		135.79 (17.38)		24.87 (7.81)[b]	
	University	58.00 (9.46)		26.58 (3.75)		40.50 (3.28)[b]		15.83 (3.29)		140.91 (17.38)		27.50 (5.53)	
Father's occupation	**Not working**	57.56 (8.59)	0.194** 0.965	25.91 (4.43)	0.434** 0.825	37.23 (3.28)[a]	2.552* **0.039**	14.31 (4.30)	0.646* 0.665	135.03 (16.09)	0.184** 0.968	27.38 (5.98)	0,450** 0,813
	Self-employed	56.48 (9.26)		25.25 (4.88)		38.38 (3.78)		15.02 (3.72)		135.15 (16.09)		28.72 (5.45)	

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	Labourer	57.10 (9.06)		25.69 (4.30)		38.12 (4.17)		14.38 (3.94)		135.31 (16.26)		28.16 (4.90)	
	Officer	56.26 (8.85)		26.31 (4.01)		39.64 (3.84)[b]		15.31 (3.50)		137.53 (14.06)		28.42 (5.91)	
	Farmer	57.40 (6.89)		25.87 (3.54)		38.34 (4.24)		14.53 (5.07)		136.15 (15.07)		28.25 (6.28)	
	Tradesman	57.31 (8.39)		25.36 (3.42)		37.84 (4.35)		15.23 (3.64)		135.81 (15.05)		28.60 (5.06)	
Mother's employment status	**Not working**	56.96 (8.58)	0.025** 0.875	25.74 (4.16)	0.539** 0.463	38.17 (3.94)	0.789** 0.375	14.6 9(3.97)	1.324** 0.251	135.57 (14.87)	0.171** 0.680	28.61 (5.06)	19,162** **0,001**
	Working	57.25 (9.97)		25.0 (5.36)		38.91 (4.04)		15.66 (4.03)		136.91 (20.26)		23.62 (8.42)	
Income status	**Bad**	54.90 (10.00)[a]	5.344** **0.005**	25.0, 8(4.99)[a]	2.942** **0.045**	38.38 (3.70)	4.876** **0.008**	14.27 (4.04)	2.265* 0.105	132.65 (16.85)[a]	6.395* **0.002**	29.27 (5.44)	2,032** 0,133
	Medium	57.21 (8.22)		25.71 (4.08)		37.84 (3.82)[a]		14.75 (3.94)		135.52 (14.42)		27.96 (5.18)	
	Good	60.32 (6.65)[b]		27.00 (3.11)[b]		40.00 (4.70)[b]		15.94 (3.94)		143.27 (14.13)[b]		27.54 (7.19)	
Number of children	**1**	62.85 (3.53)	1.367** 0.245	28.28 (3.30)	1.331* 0.258	39.85 (4.33)	0.895* 0.467	14.42 (4.03)	1.317* 0.264	145.42 (10.22)	1.602** 0.174	27.42 (5.47)	2,742** **0,044**
	2	56.83 (10.38)		26.88 (3.56)		39.55 (3.53)		16.11 (3.59)		139.38 (17.30)		27.83 (8.48)	
	3	56.94 (8.23)		25.71 (4.40)		38.16 (4.17)		15.05 (4.05)		135.88 (15.58)		28.20 (5.31)	
	4	55.72 (9.73)		25.16 (4.78)		38.17 (3.70)		14.05 (3.97)		133.13 (16.07)		27.03 (5.76)[a]	
	5 and above	57.48 (8.09)		25.72 (3.92)		38.03 (3.99)		14.87 (3.98)		136.12 (14.42)		29.10 (4.92)[b]	
Place of residence	**Village**	56.95 (9.00)	0.545** 0.581	25.52 (4.76)	0.352* 0.704	37.83 (4.47)	1.640* 0.196	14.59 (4.10)	1.175* 0.310	134.91 (16.41)	1.372** 0.255	28.19 (5.35)	0,111** 0,895
	District	57.68 (7.76)		25.99 (3.91)		38.80 (3.69)		15.26 (3.67)		137.74 (13.66)		28.46 (4.77)	
	Province	56.53 (9.10)		25.58 (4.26)		38.01 (3.85)		14.51 (4.12)		134.64 (15.77)		28.13 (6.06)	

*Sd: Standard deviation; *Independent Samples T-Test; **One-Way ANOVA; p<0.05. [a/b]This difference stems from these groups. Significant post hoc differences were identified via Tukey HSD test.*

The study found a statistically significant difference between gender and the total score on the Empathy Scale Toward Victims of Peer Bullying. A statistically significant difference was also found between age and the Family Health Resources subscale. Statistically significant differences were found between the mother's educational status

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and the total score on the Empathy Scale Towards Victims of Peer Bullying and the mean scores on the Family Health Resources subscale. A significant difference was also found between the father's occupation and the Family Health Resources subscale. Furthermore, a statistically significant difference was found between the mother's occupation and the total score on the Empathy Scale Towards Victims of Peer Bullying. Statistically significant differences were found between the family's income status and the mean scores of the subdimensions of Social and Emotional Health Processes in the Family, Healthy Lifestyle for the Family, Family Health Resources, and the total score of the Healthy Family Scale. Finally, a significant difference was also found between the number of children in the family and the total score on the Empathy Scale Toward Victims of Peer Bullying (Table 4).

Discussion

The key findings of our study, which aimed to examine the relationship between adolescents' perceptions of healthy families and their levels of empathy towards victims of peer bullying, are as follows: Adolescents' scores for perceptions of healthy families were found to be high, and their empathy levels were above average. A positive, low but significant relationship was determined between perceptions of healthy families and empathy levels. Furthermore, empathy levels showed significant differences based on gender, mother's education and employment status, and number of children in the family, while healthy family perception showed significant differences based on age and economic status. When evaluated in conjunction with studies in the literature, these basic findings indicate that family structure, parental characteristics, and sociodemographic factors play an important role in the development of empathy in adolescents. Therefore, the findings are discussed in detail below in light of the literature. This study aimed to reveal the relationship between adolescents' perceptions of healthy family and their empathy levels towards the victim of peer bullying. In the study conducted with 325 adolescents, it was determined that adolescents had high levels of having a healthy family functioning and their empathy scores were above average. This suggests that a healthy family structure may play a role as a factor that increases empathic tendencies in individuals. In our study, a positive, low-level significant relationship was found between healthy family perception and empathy. In one study, it was reported that positive relationships within the family and supportive parental attitudes encourage the development of empathy in children and thus play a protective role in preventing negative behaviors such as peer bullying[14,19]. Similarly, in a study conducted in Indonesia, it was reported that high levels of emotional empathy reduced bullying behaviors and empathic individuals were more sensitive to their peers[14]. Based on our study and other findings in the literature, it can be said that empathy is as important as communication in family processes and is a mechanism to be used in the healthy conduct of processes.

When it comes to empathy, it is known that individual factors affect the level of empathy. When our study was analyzed in terms of the gender variable, it was determined that the empathy levels of female adolescents were significantly higher than male adolescents. In a study investigating empathic tendencies and bullying behaviors of students, in parallel

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with our study, it was reported that girls' empathic tendencies were higher than boys and this difference in empathy level may affect bullying tendency[10]. In addition, Eyuboglu et al. stated that male adolescents are more likely to be exposed to physical bullying, while girls are exposed to more relational bullying[21]. Based on this, it can be said that the nature of gender and gender-specific behaviors affects empathic behaviors.

Just like gender, age is also an important factor. As the child grows up, he/she learns abstract perceptions such as empathy on top of concrete perceptions. Empathy starts to be learned in the family and empathic behaviors are established in the child, whether positive or negative[22,23]. In our study, it was determined that most of the adolescents were 16-17 years old. It is also seen that age affects the Family Health Resources sub-dimension score of the Healthy Family Scale. In one study, it was reported that a healthy family environment increased the psychological resilience of adolescents, especially on intra-family communication, emotional closeness and problem-solving skills[24]. In another study conducted in India, the relationship between adolescents' perceived family functioning and their behavioral problems was evaluated. And a decrease in behavioral problems was reported in children with healthy family functioning[25]. Based on this, it can be concluded that there is a strong relationship between the adolescent period and the concept of a healthy family. In the studies conducted, concepts such as psychosocial development of adolescents, communication within the family, parental attitudes and healthy family functioning can be addressed together and the negativities within the family can be corrected.

In a healthy family, the education level of the parents as well as the children and the economic status of the family should be taken into consideration. These have an effect on empathic behaviors and empathy levels. In our study, the empathy levels of adolescents whose mothers were employed and whose education level was higher were found to be significantly higher. This finding underlines the impact of the educational level and social role of the parents, especially the mother, on the child. Martínez et al[8]. (2020) stated that especially educated and active roles of mothers in the family have positive effects on the psychosocial development of children. The level of education of the mother, especially in the role of primary caregiver, is important in the conduct of family relationships and the display of empathic behaviors. The presence of the mother at every stage of the child's growth and development is a sign of this.

We have stated that the economic status of the family is as important as education in maintaining communication and relationships. In our study, economic status was found to be a significant factor on both healthy family perception and empathy levels. Higher economic status may support healthier family functioning and stronger empathy development skills of children. This finding coincides with the study of Gini et al[7]., who reported that children in families with low socioeconomic status are exposed to or tend to exhibit more bullying behaviors. The family's financial difficulties do not meet the concept of a healthy family, disrupts family relationships, and the disruption of family relationships negatively affects the behavior of the child and the child's own behavior.

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In this study, it was found that the number of children in the family did not affect the healthy family scale score. However, there was a statistically significant difference between the number of children in the family and the score of the "Empathy Scale towards the Victim of Peer Bullying" (the number of children with 3 or more children was higher in our study). In one study, children's social skill levels were examined with variables such as empathy and aggression. And it was reported that the high number of children in the family may cause children to exhibit more competitive and sometimes less empathic behaviors[26]. Kilicaslan et al. reported that the decrease in the individual attention that parents can allocate to children in crowded families may have negative effects on children's social skills[27]. In a study conducted on 172 university students in Thailand, it was reported that the number of family members positively predicted the empathy score (β=0.266, $p<0.05$)[28]. These findings suggest that although the number of children in the family is not directly related to perceptions of healthy family structure, it may have significant effects on social-emotional skills, especially empathy. In the literature, it has been reported that empathic tendencies increase with the increase in the number of siblings, and it has been observed that empathy levels, especially towards individuals who are subjected to peer bullying, are higher in families with multiple children. In this direction, it is recommended that future studies should examine the effects of family dynamics not only in terms of functionality but also on social skill development (e.g. empathy, psychosocial behavior).

Limitations and Strengths of the Study

This study has some limitations. Since the data were collected through online surveys, there is a possibility that participants did not answer the questions completely honestly and instead gave socially acceptable answers (response bias). Furthermore, since the sample was selected using convenience sampling, the results may be limited in their generalizability to the entire adolescent population (selection bias). The cross-sectional design of the study also does not allow for establishing cause-and-effect relationships; it only reveals the current situation.

Nevertheless, the study has significant strengths. First, research examining the relationship between healthy family perception among adolescents and empathy towards victims of peer bullying is limited, and this study makes a unique contribution to the field. The sample size is adequate, and the scales used are valid and reliable instruments. Furthermore, the findings highlight the importance of family communication and parental characteristics in empathy development, shedding light on both families and school-based interventions.

Conclusion

This study examined the relationship between adolescents' perceptions of healthy family functioning and their empathy levels towards peer bullies and revealed that there was a significant positive relationship between them. The findings show that individuals with healthy family functioning have higher levels of empathy and thus may be more sensitive to peer bullying. In particular, it was determined that the mother's education and employment status, economic level, and gender were effective variables on both empathy

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and family perception. The importance of a healthy family environment for adolescents to develop empathy and stay away from bullying behaviors was once again emphasized in this study. It is expected that the psycho-social development of individuals raised in families with strong family communication, high emotional support, healthy lifestyles, and sufficient resources will be more positive. Therefore, family-based interventions, empathy training programs, and social support policies should be considered as effective strategies in preventing bullying behaviors in adolescents.

In this context, pediatric nurses have an important role in both clinical and school-based health services. Pediatric nurses can carry out individual and group-based interventions to increase empathy levels and prevent bullying behaviors by monitoring the emotional and social development processes of adolescents. In addition, nurses can contribute to the establishment of healthy family dynamics by providing training for families; they can identify children at risk at an early stage and provide guidance to counseling services. Contributing to the improvement of the child's environmental factors by working in collaboration with the family is one of the main responsibilities of pediatric nurses. It is important to organize informative meetings for families in schools and to support parents' skills in healthy communication with their children and empathy. In addition, increasing family support programs for socioeconomically disadvantaged groups is critical to reduce the negative effects of social inequalities on children.

In future research, it will be possible to reach more holistic results by including variables such as different age groups, cultural contexts and parental attitudes. In addition to quantitative findings, family experiences and empathy development of adolescents can be examined in more depth with qualitative studies.

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