

THE RELATIONSHIP BETWEEN SELF-ESTEEM AND SELF-HARM BEHAVIOR AMONG ADOLESCENTS FROM BROKEN HOMES

Yulia Nur Rakhma¹, Kondang Budiyan²

^{1,2}Universitas Mercu Buana Yogyakarta, Indonesia

*yulianraja@gmail.com

ABSTRACT

This study aims to determine the relationship between self-esteem and self-harm behavior in adolescents from broken homes. The hypothesis proposed in this study is that there is a negative relationship between self-esteem and self-harm behavior in adolescents from broken homes. The subjects in this study were adolescents from broken homes aged 18-22 years. There were 250 subjects in this study who came from broken homes. The method used was a quantitative approach with purposive sampling and Pearson product moment analysis to measure the relationship between variables. The results of the analysis obtained a correlation coefficient (r_{xy}) value of -0.506, p value of < 0.001 , thus accepting the research hypothesis. This means that there is a significant negative relationship between self-esteem and self-harm behavior in broken home adolescents. The correlation coefficient of determination (R^2) value of 0.256, meaning that the self-esteem variable contributes 25.6% to the self-harm variable, while the remaining 74.4% is influenced by factors not examined in this study. These findings provide empirical evidence for the role of self-esteem as a significant psychological factor associated with self-harm behavior among adolescents from broken home backgrounds and contribute to the literature on adolescent mental health and self-injurious behavior.

Keywords: Self-Esteem, Self-Harm, Adolescents, Broken Home

Introduction

The family constitutes a social unit comprising a father, mother, and children, who engage in interactions with one another and assume roles in the physical, social, and psychological development of children (Hurlock, 2006). The family is defined as a social unit, characterized by the interaction and interdependence of its members. Consequently, the presence of conflict within the family is inevitable (Awaru, 2021). Conflicts arising from such situations can result in a number of outcomes, including enhanced familial bonds, contentious debates, and even the dissolution of familial relationships, which can ultimately result in divorce between parents (Awaru, 2021).

The term broken home is derived from the words broken, meaning damaged or disrupted, and home, referring to the family unit, a broken home therefore denotes a family characterized by disharmony or diminished well-being resulting from separation or divorce, in which parental roles no longer function effectively (Awaru, 2021). Hurlock (2006) explains that broken homes may arise from parental divorce or the death of one parent. Children raised in such family conditions are particularly susceptible to psychological,

emotional, and social-behavioural difficulties, and may face challenges in the development of their personality (Hurlock, 2006; Santrock, 2011). Santrock (2011) further asserts that familial warmth, harmony, and support are fundamental contributors to the development of identity, personality, and mental health during adolescence.

Adolescence represents a transitional stage from childhood to adulthood, marked by substantial biological, cognitive, and socio-emotional transformations (Santrock, 2011). This developmental period is widely recognized as a sensitive and vulnerable phase for the emergence of self-harm behaviours, heightened impulsivity and emotional reactivity driven by ongoing neural maturation—contribute to the increased likelihood of self-directed harm during this stage (Casey, Jones, & Hare, 2008). Adolescents who grow up in non-harmonious family environments are at greater risk of engaging in deviant behaviour, self-harm, and suicide attempts (Kwon, Hong, & Kweon, 2020).

Skegg (2005) defines self-harm as the deliberate infliction of injury upon oneself, typically through poisoning or cutting, regardless of underlying intent. Similarly, Sansone and Sansone (2010) describe self-harm as the deliberate act of hurting oneself without suicidal intent. Such behaviour frequently emerges as a response to overwhelming emotional distress and functions as a maladaptive coping strategy or emotional regulation mechanism among individuals who struggle to manage intense feelings (Sansone & Sansone, 2010). Sansone, Wiederman, and Sansone (1998) provide a comprehensive overview of the diverse manifestations of self-harm behaviour, these include overdose, cutting oneself, self-hitting, deliberately banging one's head, self-immolation, alcohol abuse, reckless driving, self-scratching, preventing oneself from healing wounds, deliberately making a medical situation worse, having sexual relations with different partners, deliberately choosing to be rejected in a relationship, prescription drug abuse, deliberately distancing oneself from God as a form of punishment, engaging in emotional and sexual violence in relationships, deliberately losing one's job, attempting suicide, injuring oneself, torturing oneself with destructive thoughts, starving oneself to hurt oneself, and taking laxatives to hurt oneself. The occurrence of self-harm has been demonstrated to be influenced by psychological factors, including but not limited to low self-esteem, self-hatred, overwhelming emotional pain, emotional numbness, feelings of loneliness, difficulty in expressing feelings, and a sense of inadequacy in coping with life's pressures (Sutton, 2005). The findings of Delrosso et al. (2023) indicate that low self-esteem is a significant predictor of self-harm, particularly in adolescents.

Self-esteem is an evaluation of oneself that may involve either positive or negative judgments (Rosenberg, 1965). According to Coopersmith (1965) self-esteem is a personal assessment of one's own worth, which influences an individual's attitudes and views toward themselves. This assessment reflects an attitude of acceptance or rejection and indicates the extent to which individuals perceive themselves as capable, successful, significant, and worthy based on their personal standards (Coopersmith, 1965). Rosenberg (1979) identifies two key aspects of self-esteem: self-competence, referring to an individual's perception of their ability to act effectively in dealing with various challenges, and self-liking, which emphasizes self-acceptance and reflects how worthy individuals feel of love, respect, and positive regard regardless of their abilities or achievements (Rosenberg, 1979).

Adolescents with low self-esteem have a threefold higher risk of engaging in self-harm compared to those with moderate to high levels of self-esteem (Alini, Said, Aprilia, & Nofrika, 2025). Low self-esteem, characterized by negative self-perception and feelings of worthlessness, increases vulnerability to stress and may lead individuals to engage in self-harm as a maladaptive coping mechanism (Hawton, Saunders, & O'Connor, 2012). Consistent with these findings, research by Alini, Said, Aprilia, and Nofrika (2025) also demonstrated that low self-esteem is significantly associated with self-harm behaviour.

Based on the above description, this study aims to determine the relationship between self-esteem and self-harm behavior in adolescents who experience broken homes. The hypothesis proposed in this study is that there is a negative relationship between self-esteem and self-harm behavior in adolescents from broken homes.

Methods

This study is a quantitative study with self-harm as the dependent variable and self-esteem as the independent variable. Data collection was conducted using an online questionnaire. The measurement of self-harm employs the Self-Harm Inventory (SHI) scale, which comprises 22 items, compiled on the basis of the forms of self-harm described by Sansone, Wiederman, and Sansone (1998). The Self-Harm Inventory (SHI) scale presents two answer options consisting of "Yes" statements with a score of one (1) and "No" statements with a score of zero (0), so that the maximum and minimum scores obtained by respondents range from 0 to 22. This scale has been translated and tested for validity and reliability by Kusumadewi, Yoga, Sumami, and Ismanto (2019), with Aiken's Validity Index ranging from 0.83 to 0.97 and the reliability test results for the Indonesian version of the scale yielding a Cronbach's alpha value of 0.831. The researchers also conducted a reliability test, which yielded a Cronbach's alpha value of 0.845.

The variable of self-esteem was measured using the Rosenberg Self-Esteem Scale (RSES), which consists of 10 statements based on the aspects of self-esteem from Rosenberg (1965) and has been adapted and modified by Maroqi (2018). The Rosenberg Self-Esteem Scale (RSES) comprises four response options: The following scale is employed: Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). The statements in this scale are divided into favourable and unfavourable categories. The following scores are attributed to favourable statements: The values assigned to VS, S, DS and VS are 4, 3, 2 and 1 respectively. Conversely, for unfavorable statements, the scoring is reversed, i.e., VS = 1, S = 2, DS = 3, and VS = 4. The total score that respondents attain on the scale ranges from 10 to 40, with higher scores indicative of higher self-esteem. The researchers conducted a reliability test, employing a Cronbach's alpha value of 0.826.

The sampling technique used in this study was purposive sampling, which is a method of sampling with specific considerations (Sugiyono, 2019). The subjects of this study were selected according to the following criteria: 1) adolescents aged 18–22 years and 2) adolescents from broken homes. A total of 250 Indonesian adolescent subjects met the criteria for inclusion in this study. The analysis was conducted utilising Pearson Product-Moment correlation, a statistical method, to assess the relationship between variables. This analysis was performed using SPSS Version 27 for Windows software.

Results

The following table presents a description of the demographic data of the research participants.

Table. 1 Participant Demographic Characteristics (N = 250)

Variable	Category	N	Percentage
Gender	Male	92	36.8%
	Female	158	63.2%
Age (Years)	18	18	7.2%
	19	35	14.0%
	20	52	20.8%
	21	64	25.6%
	22	81	32.4%
Duration of Parental Divorce	< 1 year	4	1.6%
	1 year	3	1.2%
	2 years	18	7.2%
	3 years	14	5.6%
	> 3 years	211	84.4%
Living Arrangement	Mother	109	43.6%
	Father	46	18.4%
	Grandparents	44	17.6%
	Siblings	18	7.2%
	Alone/Boarding/ Dormitory	14	5.6%
	Uncle/Aunt	11	4.4%
	Spouse	1	0.4%
Province	Special Region of Yogyakarta	85	34.0%
	Special Capital Region of Jakarta	40	16.0%
	West Java	33	13.2%
	Central Java	23	9.2%
	South Sumatra	21	8.4%
	East Java	12	4.8%
	Bengkulu	5	2.0%

North Sumatra	5	2.0%
Jambi	5	2.0%
Central Sulawesi	4	1.6%
North Sulawesi	1	0.4%
Gorontalo	1	0.4%
North Maluku	2	0.8%
South Kalimantan	1	0.4%
North Kalimantan	1	0.4%
West Kalimantan	1	0.4%
Aceh	1	0.4%
West Sumatra	1	0.4%

The sample consisted of 250 adolescents, predominantly female (63.2%), aged between 18 and 22 years, with the largest proportion being 22 years old (32.4%, $n = 81$). Most participants had experienced parental divorce more than three years prior (84.4%) and primarily lived with their mothers (43.6%). Geographically, the majority resided in the Special Region of Yogyakarta (34.0%).

Table 2. Categorization of Self-Harm Inventory and Self-Esteem (N = 250)

Variable	Category	N	%
Self-Harm Inventory	High	64	25.6%
	Moderate	79	31.6%
	Low	107	42.8%
Rosenberg Self-Esteem Scale	High	62	24.8%
	Moderate	148	59.2%
	Low	40	16.0%

The categorization results indicate that the majority of participants were classified in the low self-harm category (42.8%), while most demonstrated moderate levels of self-esteem (59.2%). The categorization employed in this research functioned exclusively as a screening instrument, rather than as a diagnostic instrument.

Table 3. Frequency of Self-Harm Behaviors (N = 250)

Self-Harm Behavior	N	Percentage
Self-hitting	173	69.2%
Deliberate starvation	161	64.0%
Destructive self-thoughts	155	64.4%
Cutting oneself	140	56.0%
Reckless driving	138	55.2%
Head-banging	137	54.8%
Preventing wounds from healing	122	48.8%
Intentionally causing bodily harm	119	47.6%
Seeking rejection in relationships	117	46.8%
Worsening a medical condition	115	46.0%
Stretching oneself on purpose	113	45.2%
Distancing from God as self-punishment	112	44.8%
Suicide attempts	100	40.0%
Alcohol misuse	97	38.8%
Emotional intimate partner violence	89	35.6%
Overdosing	83	33.2%
Misuse of prescription medication	82	32.8%
Intentionally losing a job	80	32.05%
Using laxatives	63	25.2%
Multiple sexual partners	46	18.4%
Burning oneself	44	17.6%
Sexual intimate partner violence	41	16.4%

Self-hitting was the most frequently reported self-harm behavior (69.2%), followed by destructive self-thoughts (64.4%) and deliberate starvation (64.0%). In contrast, burning oneself (17.6%) and sexual intimate partner violence (16.4%) were the least reported behaviors.

The assumption testing demonstrated that the Kolmogorov–Smirnov normality test for the self-harm variable yielded $K-SZ = <0.001$, thereby indicating that the data distribution was not normal. Meanwhile, the Kolmogorov–Smirnov test for the self-esteem variable yielded $K-SZ = 0.090$ ($p > 0.050$), thereby indicating that the data were normally distributed.

The ANOVA linearity test yielded $F = 79.841$ and $\text{Sig} = <0.001$, thereby demonstrating that the self-harm and self-esteem variables exhibit a linear relationship. The analysis yielded a correlation coefficient (r_{xy}) value of -0.506 , with $p\text{-value} < 0.001$, thereby supporting the research hypothesis. This finding suggests a substantial negative correlation between self-esteem and self-harm behaviour among adolescents from broken-home families. Consequently, the correlation between self-esteem levels and the propensity for self-harm behaviour in adolescents from broken homes is negative. Conversely, a decline in self-esteem has been shown to be a risk factor for self-harm among adolescents from broken homes. The coefficient of determination (R^2) value of 0.256 , indicating that the self-esteem variable accounts for 25.6% of the variance in self-harm behaviour.

Discussions

The present study identified a substantial negative association between self-esteem and self-harming behaviour among adolescents from broken-home families ($r = -0.506$, $p < .001$), with self-esteem accounting for 25.6% of the variance in self-harm. In the domain of behavioural science, this effect is considered to be significant (Cohen, 1988), particularly in light of the multifactorial aetiology of self-injurious behaviour. These findings position self-esteem as a context-sensitive protective factor rather than a peripheral correlate.

In line with longitudinal and meta-analytic evidence linking low self-esteem to internalising psychopathology (Orth et al., 2008; Orth & Robins, 2014; Sowislo & Orth, 2013), the present results extend prior research by situating self-esteem within a specific ecological risk context – family disruption. Whilst earlier studies have predominantly focused on general adolescent populations, the present findings indicate that the protective function of self-worth becomes especially prominent in conditions of relational instability. In adverse family environments, diminished self-esteem may interact with chronic interpersonal stress to amplify behavioural vulnerability.

From a developmental-relational perspective, family disruption may contribute to attachment insecurity (Bowlby, 1969), undermining stable self-representations (Rosenberg, 1965) and increasing susceptibility to emotional dysregulation (Fonagy et al., 2009). Empirical evidence has been provided linking insecure attachment to non-suicidal self-injury (Tatnell et al., 2014), thus supporting the view that self-esteem may operate as a cognitive-affective mechanism connecting relational instability to behavioural risk.

Within the theoretical framework of emotion regulation models, the practice of self-harm is conceptualised as a maladaptive strategy employed to manage overwhelming affective states (Nock, 2009; Klonsky, 2007). Emotional dysregulation, particularly when combined with self-criticism and shame, has been identified as a robust predictor of self-injury (Wolff et al., 2019). Within this theoretical framework, low self-esteem has been demonstrated to reduce the threshold at which emotional distress is converted into self-directed aggression by intensifying maladaptive self-referential processing.

Of particular significance is the fact that the descriptive distribution in this study reinforces a dimensional conceptualisation of vulnerability. Despite the fact that only 16% of participants reported experiencing low self-esteem, 57.2% exhibited moderate to high levels of self-harm. This pattern suggests that risk cannot be reduced to categorical deficits in self-esteem. Instead, the emergence of behavioural vulnerability appears to be the result of

graded interactions between intrapersonal fragility and environmental adversity, consistent with contemporary dimensional models of psychopathology (Kotov et al., 2017).

However, the variance in self-harm behaviour is not fully explained by self-esteem. Depressive symptoms, anxiety, exposure to trauma, and broader regulatory deficits have been identified as significant contributors to this phenomenon (Hawton et al., 2012; DelRosso et al., 2023). Consequently, the concept of self-esteem should be understood not as a solitary causal determinant, but rather as a dynamic interacting protective factor embedded within a more extensive psychosocial risk architecture.

Conclusion

In light of the findings and the ensuing discourse that have emerged from the study, it is the researcher's conclusion that the proposed hypothesis has been substantiated. This suggests that a decrease in self-esteem is associated with an elevated risk of self-harm behaviour among adolescents from broken-home families. Conversely, a higher level of self-esteem has been shown to be associated with a reduced risk of self-harm behaviour in this population.

Acknowledgement

All praise is due to Allah SWT. The researcher is able to complete this research as much as possible and on time thanks to the guidance and grace provided. The authors would like to express their gratitude to all respondents who participated in this research. The completion of this research project would not have been possible without the invaluable assistance and support provided by the parents, family members and all other individuals. For this, the author is also indebted to them.

References

- Alini, A., Said, F. M., Aprilla, N., & Nofrika, B. (2025). Anxiety, self-esteem, bullying, and peer problems as correlates of self-harm behavior among adolescents in Kampar Regency, Riau Province, Indonesia. *Journal of Health and Nutrition Research*, 4(2), 747–755.
- Bowlby, J. (1969). *Attachment and loss: Vol. 1. Attachment*. Basic Books.
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.
- Coopersmith, S. (1967). *The antecedents of self-esteem*. W. H. Freeman.
- DelRosso, L. M., Bruni, O., Mogavero, M. P., Fickensher, A., Schenck, C. H., & Ferri, R. (2023). Frequency of antidepressant use and clinical characteristics of children and adolescents undergoing polysomnography. *Child and Adolescent Psychiatry and Mental Health*, 17(1), 55.
- Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2009). *Affect regulation, mentalization, and the development of the self*. Other Press.
- Hawton, K., Saunders, K., & O'Connor, R. (2012). Self-harm and suicide in adolescents. *The Lancet*, 379(9834), 2373–2382.
- Hurlock, E. B. (2006). *Perkembangan anak*. Erlangga.
- Klonsky, E. D. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27(2), 226–239.
- Kotov, R., Krueger, R. F., Watson, D., Achenbach, T. M., et al. (2017). The hierarchical taxonomy of psychopathology (HiTOP): A dimensional alternative to traditional nosologies. *Journal of Abnormal Psychology*, 126(4), 454–477.
- Kusumadewi, A. F., Yoga, B. H., Sumarni, S., & Ismanto, S. H. (2020). Self-Harm Inventory (SHI) versi Indonesia sebagai instrumen deteksi dini perilaku self-harm. *Jurnal Psikiatri Surabaya*, 8(1), 20.
- Kwon, H., Hong, H. J., & Kweon, Y. S. (2020). Classification of adolescent suicide based on student suicide reports. *Journal of the Korean Academy of Child and Adolescent Psychiatry*, 31(4), 169.

- Maroqi, N. (2019). Uji validitas konstruk pada instrumen Rosenberg Self-Esteem Scale dengan metode CFA. *Jurnal Pengukuran Psikologi dan Pendidikan Indonesia (JP3I)*, 7(2), 92–96.
- Nock, M. K. (2009). Why do people hurt themselves? New insights into the nature and functions of self-injury. *Current Directions in Psychological Science*, 18(2), 78–83.
- Oktan, V. (2017). Self-harm behaviour in adolescents: Body image and self-esteem. *Journal of Psychologists and Counsellors in Schools*, 27(2), 177–189.
- Orth, U., & Robins, R. W. (2014). The development of self-esteem. *Current Directions in Psychological Science*, 23(5), 381–387.
- Orth, U., Robins, R. W., & Roberts, B. W. (2008). Low self-esteem prospectively predicts depression in adolescence and young adulthood. *Journal of Personality and Social Psychology*, 95(3), 695–708.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton University Press.
- Rosenberg, M. (1979). *Conceiving the self*. Basic Books.
- Sansone, R. A., & Sansone, L. A. (2010a). Measuring self-harm behavior with the Self-Harm Inventory. *Psychiatry (Edgmont)*, 7(4), 16–20.
- Sansone, R. A., & Sansone, L. A. (2010b). Self-harm: Clarification of definition and implications for practice. *Psychiatry*, 9(5), 20–25.
- Sansone, R. A., Wiederman, M. W., & Sansone, L. A. (1998). The Self-Harm Inventory (SHI). *Journal of Clinical Psychology*, 54(7), 973–983.
- Santrock, J. W. (2011). *Adolescence* (14th ed.). McGraw-Hill.
- Skegg, K. (2005). Self-harm. *The Lancet*, 366(9495), 1471–1483.
- Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin*, 139(1), 213–240.
- Sugiyono. (2013). *Metode penelitian kuantitatif, kualitatif, dan R&D*. Alfabeta.
- Sutton, J. (2005). *Healing the hurt within: Understanding self-injury and self-harm*. How to Books.

Tatnell, R., Kelada, L., Hasking, P., & Martin, G. (2014). Longitudinal analysis of adolescent NSSI: The role of intrapersonal and interpersonal factors. *Journal of Abnormal Child Psychology*, 42(6), 885–896.

Tenri Awaru, A. O. (2021). *Sosiologi keluarga*. Media Sains Indonesia.

Tiamiyu, K. A., Adegbenro, F. O., & Abdulkareem, H. B. (2024). A correlational study on self-esteem and self-harm behavior among undergraduates in Kwara State, Nigeria. *JOMSIGN: Journal of Multicultural Studies in Guidance and Counseling*, 8(1), 63–74.

Wolff, J. C., Thompson, E., Thomas, S. A., Nesi, J., Bettis, A. H., Ransford, B., Scopelliti, K., & Liu, R. T. (2019). Emotion dysregulation and non-suicidal self-injury: A systematic review. *Clinical Psychology Review*, 72, 101749