

The role of parent relations in self-harmful behavior and suicidal ideation among adolescents

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Keyword : Parent relation; self-harm; suicidal ideation; adolescents.	Abstract Parents have to nurture a good relationship with adolescents to avert self-harmful behavior and suicidal ideation, which increasingly happen. This research aims to understand the effect of parent-child relationships on self-harm behavior and suicidal ideation. The subjects of this study are 1063 junior high school (JHS) and senior high school (SHS) students in Tarakanita Foundation (TF). This research is a double linear regression based on the t-test and f-test, which use the t-table and f-table. This research shows a significant effect between parent-child relationships and self-harmful behavior. A good, safe, and loving relationship with parents can prevent adolescents from self-harmful behavior and suicidal ideation. On the other hand, a disharmonious relationship between parents and adolescents, such as an experience of violence, feeling depressed, and a traumatic experience in the family, is why adolescents harm themselves and have suicidal ideation. Based on this study, parents are expected to nurture a good relationship with their children. The benefit of research is that it provides parents with a good understanding of the dangers of self-harm behavior and how to handle it appropriately by parents or professionals who can help parents deal with self-harm behavior in their adolescence. This research is also useful as the information that the importance of building strong and healthy relationships with children is becoming increasingly important; thus, appropriate behavior.		
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INTRODUCTION

A survey conducted by YouGov Omnibus of 1,018 Indonesians found that more than 36.9% of the population had hurt themselves. Two out of five respondents reported having hurt themselves, with the highest rates among adolescents and young adults (YouGov, 2019). This fact is in line with the statement of Dr. dr. Yunias Setiawati SpKJ, a mental health specialist at Dr. Soetomo Hospital, said that an average of ten adolescent patients come in each week with injuries such as scratched hands or self-inflicted wounds from hitting themselves against the wall (Ginanjar, 2019). The results of this survey are reinforced by the phenomenon of 52 junior high school students in one district of North Bengkulu and 45 in Bali who committed self-inflicted hand injuries. While some children exhibit a one-time occurrence of self-harm through cutting, others demonstrate a chronic pattern of self-injurious behavior. One of the causes of this behavior is a bad relationship with their parents (Salsabila, 2024). Similar incidents were also committed by teenagers in Gunung Kidul due to a lack of affection, communication, and attention from parents (Indrakesuma & Prasetyo, 2024). In this case, it shows the role of parents in the development of their adolescents. Parents play a significant role

in the self-development of adolescents; thus, a strong and quality personal relationship between teenagers and their parents is inevitable. Teenagers would do their best under certain conditions, namely the presence of parental support, parents' willingness to spend time with their time with them, no harsh punishment, and the emphasis on good and trusted communication (UNICEF, 2021). On the other hand, if parents do not show any support for their teens, never spend their time with their children, do some physical and harsh verbal punishments, and never build trusted and good communication with their children, it can be predicted that the teenagers would most probably do self-harm acts which might lead to suicidal actions and death (Nguyen et al., 2020; Stewart et al., 2020). Moreover, physical and verbal ignorance and the parents' divorce may lead to undesirable teenage acts. Those undesirable acts might include violence, promiscuity, drug addiction, and self-harm tendencies. The experience that teenagers experience in their families influences their self-development and behavior, including harmful behavior (Nguyen et al., 2020). According to research by Qu et al. (2015), the relationship between parents and their teenage children plays a vital role in the shift of neural reactivation in crucial decision-making with a risk of self-harm and suicidal ideation (Qu et al., 2015).

Parental involvement is crucial in the self-development and wellbeing of adolescents. A supportive relationship with parents, which is characterized by open communication, quality time, and consistent discipline, fosters more positive behavior and the wellbeing of adolescents (Kiuru et al., 2020). Conversely, a lack of parental support can significantly increase the risk of detrimental behavior, such as self-harm and suicidal ideation (Lu et al., 2020). Hence, a strong and quality personal relationship between teenagers and their parents is essential (Qu et al., 2015; Lu et al., 2020). Adolescence is a crucial period of individual development when teenagers are prone to internal and external factors that may disrupt their healthy self-development (Ferrey et al., 2016). Nevertheless, parental accompaniment and presence are critical. Parents need to prepare themselves to encounter neurologic, physical, and psychological changes in their teenagers and a change in their worldview (Lu et al., 2020). Teenagers, hence, cannot be the only ones walking through this enchanting yet risky stage of human life. Parents must walk with their teenage children through compassionate accompaniment and strong relationships (Jensen & Nutt, 2014).

Ideally, every parent should have different approaches to accompanying their children when they enter the stage of adolescence. Henceforth, parents should plan a relevant accompaniment model and parenting that meets teenagers' needs and characters (UNICEF, 2021). One of the accompaniments that parents may consider is building a well-established relationship with their teenagers. Parents may also develop a harmonious connection with their teenage children by being selfless and understanding their teenagers' situation (Jensen & Nutt, 2014). Research by Jensen and Nutt (2014) unveils that teenagers from broken families with limited communication with their parents would likely commit harmful and perilous behaviors. Those teenagers are inclined to self-harm acts (Andayani & Ekowarni, 2018). A solid and honest relationship between parents and their children is vital since it may prevent teenagers from committing perilous self-harm behaviors (Andayani & Ekowarni, 2018).

Adolescence is a stage of human development when somebody is eager to know more about themselves, becoming more independent, excited about exploring new things, adventurous, and open to new challenges (Santrock, 2019). Teenagers also experience challenges in their brains and body structure and composition. Carelessness, vulgarity, mistakes, and incomprehension also characterize adolescence. However, this phenomenon can be described from the point of view of neurology, physiology, and psychology. Adolescence, again, is the stage of life with the highest response rate to stress and pressure, which might be the roots of anxiety and panic disorder, which normally turns up during puberty. However, teenagers do not have the level of tolerance to stress that adults have. Teenagers might show symptoms due to stress and physical problems such as catching a cold, headache, stomachache, and psychosomatic (Jensen & Nutt, 2014). The problems which teenagers face can be classified into two, namely: (1) problem internalization, which is a problem that emerges when a teenager directs the problem they are experiencing inwards, resulting in depression, trauma, and anxiety disorder; (2) externalization, which is defined as a problem emerges when a teenager channel their problems outward in the form of student brawl, stealing, and bullying (Santrock, 2016). Self-harm and self-injury are rooted in the urge to overcome stress. The phenomenon involves deviant behaviors such as biting nails, harming one's body, and drug addiction (Jensen & Nutt, 2014).

Adolescence is a stage of life full of turbulence identified by conflicts and mood swings within which thoughts, feelings, and actions constantly move between arrogance and humility, virtues and temptations, and happiness and sadness (Bluth et al., 2018). During adolescence, a teenager starts to grow in self-conception, pride, the urge to express one's contentment, excessive audacity, strong and unrealistic ambition, and pompous thoughts. In their daily interactions with some parties, teenagers frequently experience strong pressure from people in their community, such as parents, peers, teachers, extended families, and society in general. It may trigger some self-harm behaviors and other deviant acts among teenagers (Diananda, 2019). Accordingly, parents need to understand and support their teenagers who are in a stage of finding true identity. Parents' role as teenagers' best friends who understand their situation is preferable in this stage to their roles as managers and decision-makers (Umami, 2019).

This research focuses on self-harm and suicidal ideation among teenagers. Self-harm is a behavior that causes direct physical and psychological failures and might also cause long-term failure (Møhl, 2020; Lu et al., 2020). The initial survey conducted by researchers showed that adolescents involved in self-harm reached 221 individuals, and 247 individuals had been involved in suicidal behaviors. The number of teenagers committed to self-harm and suicidal ideation is a saddening situation that needs an immediate and effective response to prevent the trend from increasing and the situation worsens. Deliberate self-harm is chosen by an individual whenever they experience emotional pain. Self-harm is caused by internal factors such as neurotic tendencies, depression, emotional disorder, and other factors. On the other hand, external factors which might trigger self-harm, among others, are strict and authoritarian parenting, permissive parenting style, and challenging situations such as the COVID-19 pandemic (Wibisono & Gunatirin, 2018). Most probably, self-harm would lead to the tendency to suicidal behavior ending in death.

Self-harm, or self-injury, is a deviant behavior that causes physical and psychological harm to the extent that it might lead to permanent physical damage (Møhl, 2020). Nevertheless, self-harm behaviors occur for the subject to compensate for mental distress with temporary psychological satisfaction. Unfortunately, self-harm behavior cannot permanently relieve the issue but even worsen the mental state.

Self-harm acts become a shortcut to organizing factors contributing to a distressed situation through self-defense mechanism, primarily when the subject is in a situation that is potentially harmful to them, either physically or mentally, without them being aware of it. The subjects potentially commit to self-harm behavior if they have fewer or zero alternatives to adequate problem-solving mechanisms. The subjects might not have the capacity to regulate the mental tension through a constructive and sustainable mechanism. Everyone has the potential to self-harm, particularly those who consider themselves superior to disordered life situations while having minor control over themselves and the ever-changing surrounding situation. Somebody who commits self-harm behavior to gain control over themselves would likely develop more serious self-harm acts, and the worst are permanent mental illness and suicide (Møhl, 2020).

In general, self-harm or self-injury behaviors are classified into two main parts, namely Suicidal Self-Injury (SSI) and Non-Suicidal Self-Injury (NSSI). Suicidal Self-Injury (SSI) is described as the act of harming one own self with the intention of suicide. Some methods may be taken in SSI, such as drug overdose, shooting, stranglehold, hanging, or jumping (Møhl, 2020). According to Nur and Daulay (Nur & Daulay, 2020), the causes of suicide are as follows: (1) existential crisis in the form of alienation, the feeling of being worthless, feeling unloved, guilty feeling, and feeling a failure, all are rooted in the inability to identify one own self during interactions with other people and the surroundings, (2) socio-cultural influence which in some extent turn into an intense pressure for the subject to conform with, (3) psychological problems, (4) acute and incurable physical illness, (5) personality disorder, such as borderline personality disorder, social anxiety, depression, anti-social behavior, and affection disorder, (6) family: fragile and conflictual relationship between parents and children, lack of parental affection, lousy parenting, divorce. Non-Suicidal Self-Injury, or NSSI, is described as self-harm behavior through intentional self-damaging or changing body parts without the intention to do suicide. NSSI is mostly done by harmful acts such as banging the head, burning parts of the body, beating one's own body, scratching one's own body until it bleeds, and other behaviors which cause physical wounds and intentionally delay the healing process (Tapola, 2016).

Self-harm behaviors are an expression of severe psychological pressure directed to one's self, by oneself, intending to do self-help. Self-harm is executed by hurting one's own body, expecting it to keep the mind sane or even keep oneself alive (Sutton, 2007). Essentially, those teenagers who hurt themselves with or without an intention to do suicide are, in fact, afraid of their situation. It is a paradox that the more they fear, the stronger their intention to self-harm. This situation helps the increase in the number of people committing self-harm and suicide. Thus, those in that situation need special treatment and accompaniment from professional counselors and practitioners passionate about mental health in Indonesia (Møhl, 2020).

The volition to commit suicide can also be called suicidal ideation. Suicidal ideation does not necessarily

lead to suicidal acts, nor is it an indicator of suicidal acts. Conversely, suicidal ideation precedes a suicidal act, and thus, suicidal ideation acts as a predictor of a suicidal act. Suicidal ideation, hence, is an idea that contemporary comes to one's mind (Astuti, 2019). The factors contributing to the development of suicidal ideation, among others, are despair, depression, and a history of suicidal behavior. Despair is linked to the tendency to commit suicide and other factors leading to suicide, such as loneliness, mental pressure due to difficult life situations, trauma of past experiences, and deficit of affection supposedly given by loved ones like parents, family members, or best friends.

Moreover, depression also contributes as a factor leading to suicide. Factors that comprise mental depression are sadness, disappointment, discontent, and the failure somebody experiences in life. External as well as internal factors may cause depression. Suicidal ideation might also be rooted in the family's history of suicidal behaviors (Putra et al., 2019). Suicidal ideation is generally grouped into two, namely (1) active desire to have the plan to commit suicide and (2) passive desire, which is a tendency to realize the idea of committing suicide as an actual act (Putra et al., 2019).

Self-harm is a sensitive issue that has become more popular among teenagers. A community-based meta-analysis conducted in 18 countries reported that the general lifetime prevalence of self-harm behavior is 16.9% internationally, with a number of 4.1 to 39.3% (Krysinska et al., 2020). Based on some research, the cases involving self-harm behavior in Indonesia also increased. Data from Riset Kesehatan Dasar (RISKESDAS) or Research on Basic Health shows that 6.2% of adolescents (aged 15-24) tend to do self-harm or even suicide caused by major depression (Rachmawati, 2020). In May 2021, a community that works for the prevention of suicidal acts among teenagers, namely *Into the Light*, conducted an online survey involving 5,211 respondents. The survey unveils that 2 out of 5 respondents filling out the survey have been engaged in self-harm behavior (Anggraini, 2022). Data reveal 20.21% of teenagers in Indonesia have been involved in self-harm behavior (Faradiba et al., 2022). Self-harm behavior is critical since it may lead to the impulse to do suicidal acts or, worse, actual suicide. Research showcases suicide cases in Indonesia increased up to 10,000, which is equal to one case per hour (Rachmawati, 2020). According to a suicidologist, about 4.2 % of students in Indonesia have had an idea of doing suicide or even an effort to commit suicide. 80%-90% of those behaviors are caused by depression and anxiety due to discouraging experiences such as academic pressure, bullying, and family and economic problems (Rachmawati, 2020). Out of 1,063 participants in the research, the number of adolescents involved in self-harm behaviors is depicted in the chart below (Umami, 2019).

Parents' lack of emotional support contributes to teenagers' higher frequency of self-harm behaviors, implying depression symptoms (Lu et al., 2020). Family and adolescence are considered risk factors that comprise the primary mechanism of self-harm behaviors (Baetens et al., 2015). According to Baetens et al. (2015), a traumatic experience resulting from a poor relationship between parents and their children is the main factor contributing to self-harm behavior among adolescents. Family's difficult situation related to finance, employment, emotional-psychological wellness, cultural background, and different perspectives and faith, which may influence the parenting style, might bring self-harm behaviors among adolescents. That specific family condition would also determine how parents communicate with their children. Poor communication,

fuelled by pressure, anger, ignorance, violence, and other irritating acts, can cause children to feel unsettled, uncomfortable, futile, under pressure, and even depressed. Those factors trigger self-harm behaviors among teenagers (Wibisono, 2016). Various reasons motivate teenagers to be involved in the tendencies of self-harm behaviors, which generally are related to emotional conditions and parenting models by the parents and further impact various other behaviors, even if it does not necessarily interrupt teenagers' daily routine activities such as study and social life (Møhl, 2020). Former research has shown that the parental role in that development starts from a very early stage when the mom conceives the baby up to when children are mature enough to walk their path (Baetens et al., 2015; Wibisono, 2016; Putra et al., 2019).

This research focuses on the relationship between parents and their adolescents, which is related to self-harm behavior and suicidal ideation in Indonesian teenagers. This research is also an additional reference for reporting self-harm behavior and suicidal ideation because these two behaviors are still rarely discussed among Indonesian teenagers. This research also presents alternative solutions for parents or other adults in dealing with and reducing the occurrence of self-harm behavior among Indonesian adolescents.

METHOD

Research Design

This research uses a quantitative approach to test the impact of the parent-children relationship on self-harm behavior and suicidal ideation. The factors that influence the parent-children relationship are family harmony, violence by parents, parent-teenager relationship, happiness within the family, and pressure the teenagers experience at home. There are 291 students taken from the population as a sample.

Population and Samples

The respondents of this research are 1,063 teenagers in Junior and Senior High School under the Tarakanita Foundation. The selected technique to decide the number of samples is a formula based on Slovin with a significance level of 5% (Sinaga, 2014). After deciding the number of samples, the sort of sample about to be utilized in this research was then agreed upon, which is random sampling using the RAND function in the Microsoft Excel program. There are 291 students taken from the population as a sample. After samples were gathered, a double linear regression analysis was applied to search for the impact of parent-children relation to self-harm behavior and suicide ideation among teenagers. The dependent variables of this research are self-harm behavior and suicide ideation.

Instrumental Development

The dependent variables are based on the scale of often, at least once, sometimes, and never. However, the independent variables are the relationship between father and mother, the violent behavior of parents, feeling depressed and trauma, parent's parent's marital status, and happiness within the family. The variable of the father-mother relationship makes use of the scale very good = 4, good = 3, fair = 2, poor = 1. The variable

of violent behaviors, which are verbal violence, physical violence, psychological violence, and anger-hate feelings towards parents, uses the scale of often = 4, sometimes = 3, rarely = 2, never = 1. The variable of feeling depressed and trauma experienced within the family uses a scale of Yes = 1 and No = 1. The marital status variable uses the scale divorce = 0 and not divorce = 1. The happiness variable includes security, comfort, needs fulfillment by the parents, support, and being loved by the parents, using a scale of Yes = 1 and No = 2. Double regression analysis in this research applies Statistical Program for Social Science (SPSS).

Data Analysis Techniques

This research is a double linear regression based on the t-test and f-test, which use the t-table and f-table. The number of samples in this research is more than 200 respondents; hence, Microsoft Excel was used to get the t-table value with function T.INV.2T and function F.INV.2T for the table f value applied. The calculation result is shown below:

Table 1. Calculation of t Table and f Table

Number of variables	df (table degrees of freedom)	t-table	f-table
1 variable	289	1,968	3,874
2 variables	288	1,968	3,027
3 variables	287	1,968	2,636
4 variables	286	1,968	2,403

Note. The t-table degrees of freedom (df) in a regression test is obtained from the number of samples minus the number of variables, minus 1 ($n-k-1$) for the t-table test. Moreover, the f-table degrees of freedom are obtained through the number of samples minus the number of variables ($n-k$).

RESULTS AND DISCUSSION

The analysis of the impact of the relationship with the father results in a significance of $0.045 < 0.05$. The t-test results show a t-count exceeding the t-table, that is, $2.015 > 1.968$; hence, the hypothesis is that the father-children relationship influences self-harm behaviors. Conversely, the relationship with the mother results in a significance of $0.028 < 0.05$. The t-test results display a t-count exceeding the t-table, which is $2.210 > 1.968$, which means the mother-children relationship influences self-harm behaviors. The f-test from the father-mother relationship variables results in a significance value of $0.00 < 0.05$. The value of the f-count exceeded the f-table, namely $8.679 > 3.072$, which means there is an influence of the parental relation to self-harm behaviors. The output of the statistic test displays an R square value or correlation coefficient scoring 0.57, implying the simultaneous influence of the father-mother relationship to the self-harm behaviors by 57%. The above statistical test shows that cordial relation between parents and children significantly prevents adolescent self-harm behaviors. Most of the self-harm acts by teenagers are not informed to the parents. Teenagers tend to hide their self-harm acts from their parents so that the parents see no problems with their children. Parents' ignorance of their children's situation may cause self-harm acts among teenagers. However, generally, teenagers tend to detach from their parents and prefer to attach more to their peers. This is because teenagers become more independent and avoid any control from their parents. Teenagers are in a critical stage of searching for self-identity and trying to solve their problems by themselves. Self-harm is considered a

negative way of solving problems. Self-harm as a way to respond to situations is regarded as a careless and unwise answer, which is one of the qualities of teenagers. Adolescents, fundamentally, need parents' love and support. However, self-pride and arrogance hinder them from telling their problems to their parents. The conflict of two extremes, namely the need for parental love and the urge to maintain self-pride, may cause stress and pressure, which trigger self-harm behaviors.

Fathers' violent behaviors variable unveils a significance value of $0.01 < 0.05$. The t-test result showcases a t-count exceeding the t-table with the value of $3.424 > 1.968$, which means there is an influence of fathers' violent behaviors to self-harm behaviors among adolescents. Mothers' violent behaviors, however, have a significance value of $0.044 < 0.05$. The t-test result showcases a t-count exceeding the t-table with the value of $2.026 > 1.968$, which infers there is an influence of mothers' violent behaviors to self-harm behaviors among adolescents. The f-test of fathers' and mothers' violent behaviors resulted in a significance value of $0.00 > 0.05$. It is found that the f-count value exceeded the f-table value with $26.150 > 3.072$, which means that parents' violent behaviors influence self-harm behaviors. The statistical test output unveils an R square value or correlation coefficient of 0.154, signifying the simultaneous influence of parents' violent behaviors to self-harm behaviors by 15.4%. The research shows that parents' violent behaviors are a factor that triggers self-harm behaviors. When teenagers are physically and verbally abused, they become angry, pressured, hateful, and traumatized due to their parents' harsh behaviors. A substantial number of problems among teenagers emerge when parents apply harsh treatment to them. Some harsh treatments parents frequently do to their teenagers include pressure on children to get straight As in all subjects. These conflictual parental relationships victimize teenagers as the outlets of their conflicts, poor communication between parents, and ending up in physical abuse experienced by teenagers. Those aforementioned violent behaviors of parents were generated from the respondents who participated in this research.

The variable of feeling depressed results in a significance value of $0.009 < 0.05$, which means there is an influence of feeling depressed on self-harm behaviors. However, the result of the t-test shows the t-count is smaller than the t-table, namely $-2.026 < 1.968$, which means there is no influence of feeling depression to self-harm behaviors. The variable of trauma experienced in the family results in a significance of $0.000 < 0.05$. The t-test result shows the t-count is smaller than the t-table, which is $-3.748 < 1.968$. It means that there is no influence of trauma experienced in the family with self-harm behaviors among teenagers. The result of the f-test of feeling depressed and trauma variables shows a significance value of $0.000 < 0.05$. Hence, the f-count value exceeded the f table, namely $20.195 > 3.072$, which means that there is an influence of feeling depression and trauma experienced in the family with self-harm behaviors. R square output or correlation coefficient showcases the simultaneous influence of feeling depression and trauma experienced in the family to self-harm behaviors with the value of 0.123 or 12.3%. Based on the respondents' responses, feeling depressed and trauma experienced by teenagers in their families are rooted in violence that occurs in their family, such as witnessing parents fight, being compared to other siblings, being scolded by parents, missing parents' figure, sexual abuse from the father, severe illness suffered by the mother, affair by one of the parents, being judged, and being

constantly told that they are ugly. Those violations and mistreatments cause feeling depressed and trauma to teenagers, which most probably leads to self-harm ideation and behaviors.

Parents' marital status variable results in a significance of $0.615 > 0.05$, which means that there is no influence of parents' marital status on self-harm behaviors. The value of the t-test for this variable shows that the t-count is smaller than the table, namely $-0.518 < 1.968$, and the significance of the t-test is $0.605 < 0.05$, and the f-count is $0.268 < 3.874$, which means there is no influence of parents' marital status to self-harm behaviors. R square output or correlation coefficient displays the influence of parents' marital status on self-harm behaviors with 0.001 or 0.1%. Parents' marital status, whether divorced or in legal marriage, is shown not to influence self-harm behaviors among teenagers. This might be due to the parents' positive attitudes toward maintaining relationships with their teenagers even after the divorce. Hence, teenagers get solid social support from their families and the surrounding social environment. The other reason that teenagers are not prone to self-harm behaviors is their ability to accept real situations and perseverance in facing problems that occur in their family. Accordingly, parents' marital status does not influence them to commit any self-harm behaviors. The family support variable results in a significance value of $0.746 > 0.05$. The t-test generates a t-count of $-0.324 < 1.968$, which does not influence that variable to self-harm behaviors. Teenagers' sufficed needs by the family influence the result of the significance value of $0.415 > 0.05$. The t-test results in a t-count of $0.816 < 1.968$, which means there is no influence on teenagers' sufficient needs for self-harm behaviors. The variable of security within the family results in a significance value of $0.11 > 0.05$. The t-test results in a t-count of $-2.570 < 1.968$, which means there is no influence of security within the family on self-harm behaviors. The variable of feeling loved results in a value of $0.81 > 0.05$. The t-test results in a t-count of $-1.750 < 1.968$, which means there is no influence of feeling loved on self-harm behaviors. The significance value of the f-test for those four variables is $0.001 < 0.05$, and the f-count test is $5.082 > 2.403$, which means in the f-test, there is a simultaneous influence of happiness within the family to self-harm behaviors, which amount to 0.066 or 6.6%. Hence, happiness within the family does not trigger self-harm behaviors among teenagers.

This research showcases the importance of a solid and positive relationship between parents and teenagers. In preventing self-harm behaviors among teenagers from escalating, it is necessary to keep a balance between an open-minded state of mind and holding sensible understanding on one side and to keep the norms obeyed in the family as well as maintain good and effective communication between parents and teenagers on the other side, including discussing self-harm behaviors and their consequences (Krysinska et al., 2020). Moreover, parents who catch their children committing self-harm are strongly recommended not to put more pressure on them by isolating or casting them away from family. Parents are urged to provide the teenagers with accompaniment-ships and professional counseling to avoid any self-harm acts from occurring in the future. In anticipating self-harm behaviors to happen or to stop them from happening, teenagers expect honest and supportive communication with their parents without any judgments. Parents are helpful in the process if they calmly accept the distress intensity that their teenagers are facing, directly ask the children how they can help them, and honestly offer their time for accompaniment to the children. Parents can also show their support

by finding professional services to help their children cope with their problems. Furthermore, active accompaniment can be applied by holding a family gathering for fun activities or for problem-solving (Curtis et al., 2018).

This research also examines the hypothesis of the influence of self-harm behaviors on suicidal ideation using a linear regression test. The t-test results show a t-count exceeding the t-table with $10,968 > 1,968$. The f-test results of relationships with father and mother variables showcase the significance value of $0,000 < 0,05$. The f-count value exceeded the f-table with $120,300 > 3,874$, which shows a significant influence of self-harm behaviors on suicidal ideation. Moreover, the output statistic test demonstrates an R square value or correlation coefficient of 0.295, implying that the simultaneous influence of self-harm behaviors on suicidal ideation is 29.5%.

Repeated self-harm behaviors with gradually more vigorous intensity potentially lead to suicide (Faradiba & Abidin, 2022). Self-harm behaviors are firmly attributed to suicidal ideation, suicide attempts, and increased death risk due to suicide. Still, not every individual involved in self-harm behaviors has the idea of committing suicide (Krysinska et al., 2020). That statement is backed by a finding that 70% of suicide attempts were done by those individuals who had committed self-harm behaviors (Tresno et al., 2012). In general, teenagers who commit to self-harm behaviors are looking for temporary relief from mental pressure. However, these behaviors even lead to worse and more fatal situations, with the worst consequence being actual suicide and tragic death. Factors which influence the occurrence of suicide ideation are relatively comparable to the factors which influence self-harm behaviors. The results of double linear regression statistics with suicide ideation as the dependent variable prove the connection between those factors of the two different issues.

The hypothesis examination of the influence of parents' relationship to suicide ideation among teenagers is analyzed with SPSS. The analysis results of the influence of the relationship with the father show a significance of $0.187 > 0.05$. The t-test results show a t-count exceeding the t-table, scoring $1.321 < 1.968$; hence, it hypothesized that there is no influence of the relationship with the father on suicide ideation. The relation with the mother, however, shows a significance of $0.001 < 0.05$. The t-test results exhibit a t-count exceeding the t-table scoring $3.487 > 1.968$; thus, there is an influence of the relationship with the mother to suicide ideation. The f-test results of the variable of relation with parents lead to a significance value of $0.00 < 0.05$. The value of the f-count exceeded the f-table, scoring $12.022 > 3.072$; thus, the relation with parents influences suicide ideation. The output of the statistical test shows an R square value or correlation coefficient scoring 0.077, indicating a simultaneous influence of the relationship with parents towards suicide ideation by 7.7%.

The variable of fathers' violent behaviors results in a significance value of $0.000 < 0.05$. The t-test results show a t-count exceeding the t-table with $3.708 > 1.968$, showcasing the influence of fathers' violent behaviors on suicidal behaviors among teenagers. Furthermore, mothers' violent behaviors have a significant value of $0.001 < 0.05$. The t-test results disclose a t-count exceeding the t-table with $3.490 > 1.968$, revealing the

influence of mothers' violent behaviors on suicide ideation. The value of the f-count exceeded the f-table with $45.123 > 3.072$, signifying the influence of parents' violent behaviors on suicide ideation. The output of the statistical test indicates an R square value or correlation coefficient amounting to 0.239, signifying the simultaneous influence of parents' violent behavior to self-harm behaviors by 23.9%.

The variable of feeling depressed demonstrates a significance value of $0.000 < 0.05$, implying the influence of feeling depressed on suicide ideation. The t-test results showcase that the t-count is smaller than the t-table with $-5.101 < 1.968$, indicating there is no influence of depression on suicide ideation. The variable of trauma experienced within the family displays a significance value of $0.000 < 0.05$, implying trauma's influence on suicide ideation. The t-test results demonstrate that the t-count is smaller than the t-table, scoring at $-4.453 < 1.968$, indicating there is no influence of trauma experience in the family with self-harm behaviors among teenagers. The f-test results of variables of feeling depressed and trauma experienced in the family disclose a significance value of $0.000 < 0.05$. The f-count value is bigger than the f-table, namely $44.924 > 3.072$, implying the influence of feeling depression and trauma experienced in the family on suicide ideation. The R square output or correlation coefficient signifies the simultaneous influence of feeling depression and trauma experienced in the family to self-harm behaviors by 0.238 or 23.8%.

The parents' marital status variable reveals a significance value of $0.446 > 0.05$, indicating no influence of parents' marital status on suicide ideation. The t-test value of this variable demonstrates that the t-count is smaller than the t-table with $-0.764 < 1.968$, the f-test value scoring $0.446 > 0.05$, and the f-count value of $0.583 < 3.874$, indicating no influence of parents' marital status to suicide ideation. R square output or correlation coefficient shows the influence of parents' marital status on self-harm behaviors by 0.002 or 0.2%.

The variable of family support implies a significance value of $0.965 > 0.05$. The t-test results in a t-count of $-0.044 < 1.968$, signifying no influence of family support on suicide ideation. The variable of sufficed needs by the family results in a significance value of $0.398 > 0.05$. The t-test results in a t-count of $0.846 < 1.968$, indicating no influence of teenagers' sufficed needs by the family on suicide ideation. The variable of security or feeling secure within a family results in a significance value of $0.002 < 0.05$, thus indicating there is an influence of feeling secure on suicide ideation. The t-test, however, results in a t-count of $-3.120 < 1.968$, which signifies no influence of feeling secure to suicide ideation. The variable of feeling loved shows a significance value of $0.00 < 0.05$, which implies the influence of feeling loved on suicide ideation. The t-test leads to a t-count of $-3.909 < 1.968$, demonstrating no influence of feeling loved on suicide ideation. The significance value of the f-test on the four variables is $0.000 < 0.05$, and the f-count is $12.848 > 2.403$; thus, the f-test indicates the influence of happiness experienced in the family on suicide ideation. The output of the R square or correlation coefficient marks the simultaneous influence of happiness experienced in the family on self-harm behaviors by 0.152 or 15.2%.

The above statistic test illustrates that self-harm behaviors and suicide ideation can be caused by certain situations occurring in the family, mainly the relationships between adolescents and their parents. Nevertheless, these findings support former research revealing the influence of children-parent relationships on adolescent self-harm behaviors (Wibisono & Gunatirin, 2018). The results of this study are also confirmed

by previous research, which revealed that antipathy and neglect on the part of parents had the greatest impact on self-harm for adolescents with low levels of emotional regulation (Carvalho et al., 2023). Other research that confirms this research reveals that management strategies in the family that are less positive in adolescence are a significant predictor of self-harm behavior in young adulthood (Taliaferro et al., 2023). The results of other research also show that the permissive style of both parents is related to suicidal ideation, regardless of adolescents' social skills (Nunes & Mota, 2023).

The limitation of this research is that the respondents are still limited to adolescents who attend one foundation. This research only focuses on parental relationships and ignores other factors that can influence self-harm behavior in adolescents, such as the school environment, peers, and social media. This research only provides a picture at one point in time. This research is limited to certain theories regarding parent-child relationships and self-harm behavior in adolescents, thereby ignoring other theoretical perspectives or approaches that are also relevant. A better longitudinal research design is needed to understand the dynamics of parental relationships and adolescent behavior.

CONCLUSION

The phenomenon of self-harm behavior and suicidal ideation is critically threatening the future of teenagers and Indonesia as a nation. This research shows that parents can be a factor that triggers self-harm behaviors among adolescents, especially if family relationships are characterized by violence, stress, and depression. Moreover, parents have the potential to be a source of affection and happiness or a source of sadness and hurt for their children. Preventing self-injurious behavior requires appropriate treatment, starting from the family, with parents playing an important role. Family situations and adolescents' experiences with parents are determining factors in preventing and overcoming trends in self-injurious behavior and suicidal ideation. Parents should be the first place for teenagers to talk, share problems, and find solutions together. Parents' efforts to build strong and healthy relationships with their children are very important to support positive behavior and reduce negative behavior. Parents are encouraged to take parenting classes and consult with professionals, while the government is expected to play a role in reducing the trend of self-harm behavior through policies that support healthy relationships between parents and children, awareness campaigns, and increasing access to mental health services.

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