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Family Support vs. Family Strain: Determining Aggression Pathways in Adolescents from Bandung

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Abstract

Background: Aggressive behavior remains a significant concern during adolescence, a developmental period marked by emotional instability and social adjustment. Family functioning is known to shape adolescents' emotional regulation and behavioral outcomes. However, evidence regarding how family function relates to aggressive tendencies among Indonesian adolescents remains limited.

Objective: This study aimed to analyze the relationship between family function and aggressive behavior in adolescents.

Methods: A cross-sectional correlational design was used involving 140 students recruited using convenience sampling at SMK Bina Warga Bandung. Data were collected using two validated instruments: the Family Assessment Device (FAD) to assess family functioning and the Buss-Perry Aggression Questionnaire (BPAQ) to measure aggressive behavior. Data analysis was performed using the Pearson correlation test.

Results: The mean score for family function was 141.06 ± 9.73 , indicating generally good family functioning. Meanwhile, the mean score for aggressive behavior was 77.32 ± 4.51 , with hostility as the highest-scoring domain. Pearson correlation analysis revealed a significant negative relationship between family function and aggressive behavior ($r = -0.287$, $p < 0.001$), indicating that adolescents who perceive their family functioning as better tend to exhibit lower levels of aggression.

Conclusion: Family function plays a crucial protective role in reducing aggressive behavior among adolescents. Interventions that enhance family communication, emotional support, and collaborative problem-solving may effectively prevent aggression and promote healthy adolescent development. Further research incorporating longitudinal designs and broader socio-cultural variables is recommended.

Keywords: Family function, aggressive behavior, adolescence, emotional regulation, cross-sectional study

INTRODUCTION

Adolescence is a critical developmental period marked by rapid and multidimensional changes. As a transitional stage from childhood to adulthood, adolescents undergo significant physical, emotional, cognitive, and social

transformations that often create new challenges in everyday life (1). During this phase, adolescents develop a greater desire for autonomy and mature identity; however, they may still struggle with emotional regulation and problem-solving skills. As a result, negative emotions are sometimes expressed

maladaptively through aggressive behaviors such as physical fighting, verbal hostility, and impulsive actions (2).

In Indonesia, aggressive behavior among adolescents has emerged as a concerning public health and social issue. Common forms of aggressive conduct include school brawls, intimidation, bullying, and physical violence such as kicking, hitting, or using harmful objects (Misno & (3). Research in Batam indicates that adolescents with poor social support or those involved in recurring conflicts at home and school are more likely to display aggressive behavior (4). Uncontrolled aggression may lead to serious consequences, including physical injury, social isolation, academic problems, and even involvement in criminal activities, both for the perpetrator and the victims (5).

Recent national data reinforce the urgency of this issue. Records from the January–February 2024 Online Information System for the Protection of Women and Children reported 1,993 cases of child violence. Moreover, the Indonesian Child Protection Commission (KPAI) documented 2,355 cases of peer violence in 2023, with 861 occurring in educational institutions. Among these cases, 487 adolescents experienced sexual violence, 236 experienced physical and/or psychological abuse, and 87 reported bullying (6). Physical bullying accounted for 55.5% of cases, followed by verbal (29.3%) and psychological bullying (15.2%). These statistics indicate that aggressive behavior in adolescence is prevalent and requires immediate preventive efforts.

Aggression in adolescents is influenced by a combination of internal and external factors, where the family environment plays a dominant role. Family serves as the first and primary place where adolescents learn behavioral responses, emotional coping skills, and social interaction norms. Empirical evidence shows that poor family relationships, ineffective communication, lack of parental supervision, and dysfunctional emotional environments can heighten the risk of aggressive tendencies, both physically and verbally (7). Based on the McMaster Model of Family Functioning (MMFF), aspects such as communication quality, emotional responsiveness, behavioral control, and problem-solving capability are crucial to shaping adaptive adolescent behavior (8). A well-functioning family can provide effective boundaries, emotional security, and constructive coping

strategies, thus preventing adolescents from resorting to aggressive behavior when facing stressors.

Given the significance of the family system in adolescent development, understanding its role in aggression regulation is essential. Therefore, this study aims to examine the relationship between family functioning and aggressive behavior among adolescents in Bandung City. By identifying how family functioning influences behavioral outcomes, this research is expected to support the development of targeted interventions and family-based prevention strategies to reduce aggression and promote healthier adolescent psychosocial development.

METHODS

Study design

This research employed a quantitative correlational design with a cross-sectional approach to identify the relationship between family functioning and aggressive behavior among adolescents. The study was conducted at SMK Bina Warga Bandung, Indonesia, during a data collection period extending from December 14, 2024, to January 13, 2025.

Sample

The study population consisted of actively enrolled students at SMK Bina Warga Bandung. A total of 140 participants were recruited through convenience sampling. The sample size was determined using G*Power analysis to ensure adequate statistical power for the correlation testing. Participants were eligible for inclusion if they were registered as active students, present during the data collection process, and owned a smartphone to facilitate digital questionnaire access. Adolescents who declined participation or did not complete the questionnaire were excluded from the sample.

Instrument

Data were collected using two standardized and validated instruments. Aggressive behavior was measured using the Buss–Perry Aggression Questionnaire (BPAQ), a 29-item scale assessing physical aggression, verbal aggression, anger, and hostility on a five-point Likert scale, with higher scores indicating greater aggression. Family functioning was measured using the Family Assessment Device (FAD), a 60-item questionnaire based on the McMaster Model of Family Functioning that evaluates key

components such as communication, problem-solving, affective involvement, and behavioral control using a four-point Likert scale. Higher scores on the FAD reflect poorer family functioning. Both questionnaires were administered digitally through a structured self-report format under the supervision of the research team to ensure independent responses.

Procedure

Before data collection began, participants were informed about the objectives and procedures of the study. Students who agreed to participate completed informed consent digitally. Data were gathered through online questionnaires distributed directly during class sessions, with supervision provided to ensure independent responses and prevent discussion among participants. Confidentiality and anonymity were ensured, and respondents were reminded that participation was voluntary and withdrawal was permitted at any stage without consequences.

Data Analysis

All completed data were checked for completeness and processed using statistical

software. Descriptive statistics were used to summarize respondent characteristics and variable scores. To analyze the relationship between family functioning and aggressive behavior, the Pearson correlation test was applied with a significance level set at $p < .05$. Findings were presented in both tabular and narrative form.

Ethical consideration

Ethical approval for this study was granted by the Health Research Ethics Commission of STIKep PPNI Jawa Barat with approval number No.019/KEPK-SLE/STIKEP/PPNI/JABAR/I/2025, and the study adhered to ethical principles throughout the research process.

RESULTS

Most respondents were 16 years old on average ($M = 16.24$, $SD = 0.74$), predominantly female (64.3%), and more than half were in Grade 11 (52.9%). Almost all participants reported living with their parents (98.6%) (Tabel 1).

Table 1. Characteristics of Respondents (n = 140)

Variable	Mean \pm SD (Min-Max)	n (%)
Age	16.24 \pm 0.74 (14-18)	
14		1 (0.7)
15		19 (13.6)
16		68 (48.6)
17		49 (35.0)
18		3 (2.1)
Gender		
Male		50 (35.7)
Female		90 (64.3)
Class		
Grade 10		66 (47.1)
Grade 11		74 (52.9)
Living with Parents		
Yes		138 (98.6)
No		2 (1.4)

The mean overall family function score was 141.06 ($SD = 9.73$). The highest average score was observed in the General Functioning domain (31.71 ± 4.11), while the lowest average was in the Problem Solving domain (14.52 ± 1.76) (Table 2).

Table 2. Distribution of Family Function Scores (n = 140)

Variable	Mean \pm SD (Min-Max)
Family Function (Total)	141.06 \pm 9.73 (113–173)
Family Function Domains	
Problem Solving	14.52 \pm 1.76 (10–19)
Communication	15.75 \pm 1.96 (10–21)
Roles	22.16 \pm 1.80 (17–27)
Affective Responsiveness	15.19 \pm 2.08 (7–19)
Affective Engagement	17.90 \pm 2.96 (14–45)
Behavioral Control	23.86 \pm 2.57 (16–32)
General Functioning	31.71 \pm 4.11 (19–63)

Table 3. Distribution of Aggressive Behavior Scores (n = 140)

Variable	Mean \pm SD (Min-Max)
Aggressive Behavior (Total)	77.32 \pm 4.51 (67–88)
Domains of Aggressive Behavior	
Physical Aggression	23.83 \pm 4.97 (11–35)
Verbal Aggression	16.49 \pm 3.27 (6–24)
Anger	17.46 \pm 4.28 (6–26)
Hostility	25.47 \pm 5.33 (8–39)

Table 4. Pearson Correlation Analysis Between Family Function and Aggressive Behavior (n = 140)

Variables	r	p-value
Family Function & Aggressive Behavior	-0.287	< 0.001

The mean overall aggressive behavior score was 77.32 (SD = 4.51). Hostility had the highest mean score among domains (25.47 \pm 5.33), whereas verbal aggression was the lowest (16.49 \pm 3.27) (Table 3).

Pearson correlation analysis revealed a statistically significant negative correlation between family function and aggressive behavior ($r = -0.287$, $p < 0.001$). This indicates that adolescents reporting better family functioning tend to exhibit lower levels of aggressive behavior (Table 4).

DISCUSSION

A well-functioning family system plays a crucial role in supporting the psychosocial development of adolescents. Families that are able to communicate openly, distribute roles clearly, respond to emotional needs, and manage problems collaboratively contribute positively toward healthy adolescent behavior (9). In this study, the overall family function score demonstrated a good level of functioning ($M = 141.06 \pm 9.73$), indicating that most respondents perceived their families as capable of carrying out supportive and nurturing roles. Among the family function domains, general functioning showed

the highest mean score, suggesting strong foundational support in areas such as fulfilling responsibilities and resolving daily challenges. Problem-solving showed a relatively lower mean, indicating that some adolescents may not be fully involved in family decision-making processes. This aligns with previous findings showing that poor collaborative problem-solving within families may increase emotional suppression and risk of behavioral problems (9).

Communication also demonstrated an important influence, as ineffective communication patterns—especially when parents communicate differently with sons versus daughters—can contribute to increased psychological distress and lower behavioral regulation (10). Consistent with earlier research, families that maintain empathy, emotional responsiveness, and appropriate behavioral boundaries tend to facilitate adolescents' coping abilities and autonomy (11). Overall, the findings confirm that strengthening family systems is crucial for fostering adolescents' emotional well-being and resilience.

Aggressive behavior is often influenced by developmental, emotional, biological, and environmental factors during adolescence. The

results showed that respondents exhibited moderate levels of aggressive behavior ($M = 77.32 \pm 4.51$). Hostility and physical aggression were the highest-scoring domains, suggesting more pronounced externalizing behaviors, such as physical violence and negative emotional biases toward others.

These findings are consistent with studies showing that poor emotional regulation may lead adolescents to express stress through aggression rather than constructive coping strategies (7,8). Verbal aggression also emerged as a notable behavior, reflecting heightened vulnerability to interpersonal conflicts that may negatively impact peer relationships and mental well-being.

Biological factors such as increased testosterone and adrenal hormones are known to influence aggression more strongly in males (12). Despite females representing the majority of the sample (64.3%), male adolescents generally exhibited more aggressive tendencies, confirming past findings of gender-based differences in externalizing behaviors (13).

Parental presence also plays a crucial role. Adolescents not living with parents showed higher aggression levels, as lack of parental guidance and emotional support can foster maladaptive emotion management and social behavior (14). Therefore, aggression in adolescence reflects not only individual characteristics but also relational dynamics within the family environment.

This study found a statistically significant negative correlation between family function and aggressive behavior ($r = -0.287$, $p < 0.001$), indicating that better family functioning is associated with lower aggressiveness among adolescents. This relationship is supported by previous evidence demonstrating that stable emotional ties, warmth, and supportive parenting reduce the likelihood of externalizing problems (8,15).

Adolescence is characterized by emotional instability and identity exploration, making parental involvement essential in helping adolescents regulate emotions and manage stress effectively (Lestari et al., 2020). When families fail to provide safe emotional spaces—such as opportunities for adolescents to express feelings and receive guidance—they become more vulnerable to hostile and aggressive responses to frustration (16). These findings underscore the vital protective role of family functioning.

Strengthening communication, emotional connection, and collaborative problem-solving in families can help mitigate aggressive tendencies and promote positive social interactions.

CONCLUSION

This study highlights the important role of family function in shaping adolescent behavior. Better-functioning families—characterized by effective communication, emotional responsiveness, and supportive parenting—demonstrate a significant association with lower aggressive behavior in adolescents. Interventions aimed at enhancing family dynamics should be prioritized in school-based and community mental health programs to support healthy adolescent development and reduce the risk of aggressive behavior.

Future research could explore longitudinal models to examine causality and include a more diverse range of family structures to better understand cultural and contextual influences on aggression.

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Author Contributions

NAM: Conceptualization, data collection, data analysis, manuscript drafting.

WH: Study design supervision, methodology development, statistical analysis review, critical manuscript revision.

TA: Instrument administration, data management, interpretation of findings, manuscript editing.

Conflict of Interest

The authors declare that there are no conflicts of interest associated with this study.

Data Availability

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request, in accordance with ethical considerations and the protection of participant confidentiality.

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