

Descriptive Study of the Family Functioning in Adolescent Victims of Bullying

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ABSTRACT

Adolescence is a period to be able to adapt and solve the problems at hand. Bullying is one of the problems of adolescents that have an impact on suicide ideation. Adolescence who have suicide ideation is affected by factors such as the role of the family. Family functioning is a key factor in each individual's development. The function of a family that achieves a balanced relationship with one another will help the relationship between family members get better. This study aims to examine how the role of family functioning and how family functioning contributes to reducing suicide ideation in adolescent bullying victims. Participants in this study were 748, the age range of 13-19 years. Measuring instruments used in this study are Beck Suicide Ideation (B-SSI) and Family Adaptability and Cohesion Evaluation Scales (FACES-II) dan Family Communication Scale (FCS). Results show that Family functioning has a significant role in the suicide idea of adolescent victims of bullying ($R^2 = 0.156$). The suggestion that can be given from the result is that the family of bullying victims has to be able to maintain communication and flexibility to each other family members and reduce suicidal ideation.

Keywords: *Family functioning, suicide ideation, adolescence, bullying*

1. INTRODUCTION

Bullying is one of the cases that continues to happen, especially in adolescence. The impact of bullying can not be considered a simple matter and bullying can be done directly or indirectly (via cyberspace). Some adolescents may have a greater capacity to accept and deal with the negative conditions they experience, but others also have difficulty dealing with these conditions. Recently there was a suicide case in one of the Korean Pop (K-Pop) idols, Sulli, who during the last few years experienced bullying from haters [13]. Before committing suicide, Sulli also showed herself through social media that she felt sad and wondered what was wrong with her.

Research in Canada found that 77% of adolescents had bullying experience and 68.9% had suicidal Ideation out of a total of 270 participants [1,2]. Based on data from the WHO age group, ages 15-29 show higher suicide rates compared to 30-49 years. Suicide is the second-highest cause of death at the age of 15-29 years in general [16].

We also conducted an initial study on bullying victims at one of the South Tangerang State High Schools on September 10 to 27, 2019. The survey was conducted by distributing questionnaires and interviews with 3 students. The results using a questionnaire showed the percentage of those who had experienced bullying are 57% of 178 students. Bullying also causes the idea of suicide to appear with a percentage of 15% of 47 students. 26% of students have the idea of suicide because of family problems. Then 14% of students gave reasons for psychological conditions (such as frustration, stress, depression), and educational

curriculum. Based on the results of interviews with 3 students shows that family conditions play a role in reducing the idea of suicide.

Bullying can cause quite strong psychological and social effects. Victims tend to experience anxiety, problems in developing healthy social connections for quite a long time, depression, and other psychological problems. Family, neighbors, school, and place of work are the smallest systems that can affect individual development. This shows how important the role of the family, as one of the microsystems in a child's life [11]. Adolescents who have good family functioning generally have lower levels of behavioral disorder symptoms. Families who achieve a balance in relationships with each other can be called having good family functions. Changes that occur in one family member requires changes in other members if you want to achieve a new balance [10].

Based on the explanation above, the impact of bullying can influence individuals to have psychological problems. Psychological problems seem to be prevented if they have good family functioning. Therefore, researchers want to conduct research related to the role of family functioning in adolescent victims of bullying. We also added one impact of bullying that is suicide ideation to know how family functioning plays a role in suicide ideation.

2. LITERATURE REVIEW

Bullying

Bullying is systematic abuse of power and is defined as aggressive behavior or intentional abuse by peers that is repeated and involves an imbalance of power [15]. Bullying can be categorized into violence that uses overt power, such as hitting, kicking, which is referred to as physical bullying. Another form of bullying is verbal (insults, racial or sexual harassment, threats). Spreading rumors or excluding individuals who are victims, namely gossiping are social relationships that aim to hurt psychologically also included in the form of bullying [8]. Bullying also can be done indirectly, the name of another form of this bullying is cyber-bullying. Cyberbullying is defined as harmful acts committed intentionally and repeatedly through computers, cell-phones, and other electronic devices [7].

Adolescent Victims of bullying experience depression and low parental support has a high relationship with suicide ideation. Victims of verbal bullying are associated with increased suicidal ideation in depressed adolescents who have low parental support [4]. Bullying is not only done indirectly face to face but also be done online or in cyberspace. The power of the media to influence nearly everything that parents and clinicians need to pay attention to young people is aggressive behavior, school performance, suicide, and depression. One of the phenomena that explain the impact of the media is depression and suicide. Although there is no current research on TV or movies, suicide cases are caused by internet bullying. Excessive media use can also signal depression and has been associated with increased psychological distress in children and adolescents [12].

Family Functioning

Family functioning has an interconnection system that has reached a balance in their relationship with one another. Changes that occur in one family member with other members will reach a new balance. Good family functioning has a family system that consists of three dimensions; cohesion, flexibility, and communication. These three dimensions were developed by Olson and called the circumplex model of the marital and family system [9]. Family functioning is defined as a relationship with each other that reaches a balance by having emotional ties, relationship stability, and communication within the family.

A balanced family system tends to show a more optimal family function. The following are three dimensions based on the circumplex model:

- Cohesiveness

The emotional closeness that a person feels towards family members. Cohesion consists of commitment and time spent together. Commitment includes trust, honesty, dependability, and loyalty. Time spent together means doing a fair amount of quality time such as sharing

activities, feelings, ideas, and enjoying accompanying each other.

- Flexibility

Ability to change and adapt when needed. Flexibility has to do with how to deal with stress by helping one another and spiritual beliefs; happiness, optimism, hope, faith, and a set of ethical values that guide family members through life's challenges.

- Communication

Family communication is the sharing of information, ideas, and feelings for one another. Positive communication includes openness, direct discussion, being cooperative rather than competitive, and sharing feelings. Sharing appreciation and affection includes kindness, mutual caring, appreciating individuality, and feeling safe. Communication is thought to facilitate the other two dimensions. Positive communication facilitates a shift to different levels of family organization, whereas a lack of (negative) communication skills can hinder the ability of the family system to change levels of cohesiveness and flexibility.

3. RESEARCH METHOD

This research is descriptive quantitative. Participants in this study were 748, the age range of 13-19 years, and bullying victims. Participants are students in high schools in Jakarta and surrounding areas. Measuring instruments used in this study are Family Family Adaptability and Cohesion Evaluation Scales (FACES-II) and Family Communication Scale (FCS) [9]. We also use the Beck Suicide Ideation (B-SSI) measurement tool to detect the presence or absence of suicidal ideation in adolescent victims of bullying [5].

Statistical analysis of data in this study uses a simple regression test. Data processing using SPSS software version 22.

4. RESULT AND DISCUSSION

An overview of the data on the functioning of the family of research participants, in general, will be described in table 1. Based on categorization norms, data have been obtained that participants with low family functioning are 28 (3.7%), moderate categories are 410 (54,8%), and high categories are 310 (41,4%). The majority of participants have moderate family functioning, this means that research participants have a fairly balanced family functioning referring to the theory by Olson [9] states that the higher the value of family functioning shows the more balanced dimensions of cohesion, flexibility, and communication between family members. Family functioning (FF) in the high category indicates that participants have family functioning with three balanced dimensions. The low category indicates that the three dimensions of family functioning are less balanced among participants.

Table 1 Description of family functioning data

Variable	Low	Moderate	High
Family Functioning	n: 28 (3.7%)	n: 410 (54.8%)	n: 310 (41.4%)

The description of family functioning in 748 participants can be seen based on three dimensions, namely cohesiveness, flexibility, and communication. Based on the results of data analysis the average dimension of cohesiveness shows a value of 61.9459, this means that it shows a high emotional closeness between family members. Then the lowest average dimension of family functioning is the communication dimension with a value of 38,1226. More detailed data can be seen in table 2.

Table 2 Dimensions of family functioning

Dimensions of Family Functioning	Min	Max	Mean	SD
Cohesiveness	20.06	87.38	61.9459	10.60019
Flexibility	15.08	66.50	46.1798	8.34055
Communication	9.10	54.60	38.1226	8.002047

Based on the categorization norms, it has been obtained that the number of participants with low suicide ideation amounts to 695 (92.9%) which means they do not have suicidal ideation. Categories of moderate and high suicide ideation numbered 53 (7.1%), which means having moderate to high categorical suicide ideation. Results of data analysis the average dimensions of active suicidal ideation show a value of 2.7546, this means that there is a desire to carry out a suicide attempt. Then the average dimension of suicidal ideation is the lowest dimension of preparation with a value of 0.4884, this means few participants have real preparation for suicide attempts. Participants in this study who had the idea of suicide in the moderate to high category showed the highest average value in the dimensions of active suicidal ideation with a value of 10.7297 (moderate category of suicide ideation) and 14.7386 (high category suicide ideation). Then the study participants had the lowest average value in the dimensions of suicide preparation of 2,2703 (moderate category of suicide ideation) and 3,8594 (high category of suicide ideation). More detailed data can be seen in table 3.

Table 3 Description of Participant Suicide Ideation by Dimension

Suicide Ideation Dimensions	Suicide Ideation Category			
	Moderate		High	
	Mean	SD	Mean	SD
Active suicidal desire	10.7297	1.66811	14.7386	2.45014
Preparation	2.2703	0.97131	3.3542	0.85608

Passive suicidal desire	2.8176	0.68376	3.8594	1.39035
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The data normality test uses Kolmogorov-Smirnov One-Sample Test. Data distribution is normally distributed with $p = 0.061 > 0.05$. Multicollinearity does not occur with a tolerance value 0,976 and a VIF value is 1,024.

Based on the test data on the role of family functioning on the idea of suicide, it shows that 15.6% of the influence of family functioning on adolescent suicide ideation and the rest is influenced by other factors.

The results of the significance score on the dimensions of flexibility with a value of $t = -2.090$, $p = 0.037 < 0.05$, can be interpreted that there is a significant role of flexibility dimensions to the idea of suicide, the higher the dimension of flexibility the lower the suicide ideation of adolescents. On the communication dimension there is a significant role of the communication dimension to the idea of suicide, the higher the communication dimension, the lower the suicide ideation of adolescents.

Based on the standardized coefficient (Beta), the communication dimension with a value of $B = -0.187$ indicates a greater role than the dimension of flexibility with a value of $B = -0.136$. More detailed data can be seen in table 4.

Table 4 Significance Value Dimensions of Family Functioning Dimensions to Suicide Ideation

Family Functioning Dimensions	t	Significance
Cohesiveness	-1.526	0.129
Flexibility	-2.090	0.037*
Communication	-2.904	0.004*

Note: *= significant role

Based on the ANOVA one-way test showed a significant difference in the dimensions of active suicidal ideation in terms of physical bullying with a value of $p = 0.045 < 0.05$ and cyberbullying value of $p = 0.000 < 0.05$. The preparation dimension also shows a significant difference with the value of $p = 0.034 < 0.05$ in terms of physical bullying, and the value of $p = 0.003 < 0.05$. There are differences in the dimensions of preparation in terms of cyberbullying. More detailed data can be seen in table 5.

Table 5 Significance Value of Dimensions of Suicide Ideation based on Type of Bullying

Types of Bullying	Dimensions of Suicide Ideation	F	Significance
Physic	Active Suicide Desire	3.968	0.047
	Preparation	4.491	0.034
	Passive Suicide Desire	6.990	0.008
Cyber	Active Suicide Desire	20.465	0.000
	Preparation	9.113	0.003

	Passive Suicide Desire	8.969	0.003
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Family functioning has a negative relationship with the idea of the suicide of adolescent victims of bullying. The better the functioning of one's family, the lower the idea of suicide. Pressure from the environment does not directly contribute to the idea of suicide, this is a limitation of research in the selection of participants that is to consider depression variables. Based on DSM V [3] the idea of repeated suicide is one of the symptoms of depression, although not all depressed people have suicidal ideation. If the selection of participants includes depression criteria, it may increase the value of the contribution of the role of family functioning to adolescent suicide Ideation. This is supported by research related to family functioning and depression conducted that lower family functioning is indicated by depression conditions in family members [14]. Then another research has criteria for adolescent participants with depressive disorders and shows significant results related to family functioning with the relationship between parents and children [6].

Family functioning with the dimensions of flexibility and communication has a significant role in the idea of suicide and has a negative direction, which means the higher the flexibility and communication of the family, the lower the idea of suicide appears. Olson [9] explains that the dimension of communication in family functions is the dimension needed to balance roles among family members. The cohesiveness dimension is related to the emotional closeness between members, it must still have communication between members so that the family functions optimally. As many as 53 out of 748 participants had suicidal Ideation from the moderate to the high category, the results of the study showed that cohesiveness had no role in the idea of suicide. Emotional closeness is not enough to have optimal family functions, but the need for communication and flexibility between family members. A flexible family function is meant by tolerance in acting in the family, guiding family members when facing life's challenges with ethical values and spiritual beliefs [9].

This study has limitations for further research. The idea of suicide in adolescent victims of bullying has a small amount. However, this small amount remains a risk for attempting suicide so it needs to be detected further. Family functions have a greater role than friendship with the idea of suicide. Dimensions of flexibility and communication show a significant role in the idea of suicide, this needs to be a further concern in family functions. The emotional closeness between family members do not contribute to the idea of suicide, but the need for communication as a counterweight to family functions. Communication has a greater role than flexibility. This is also consistent with Olson's theory that communication must exist as a counterweight to cohesiveness and flexibility in family functions.

5. CONCLUSION

The results of the study can be concluded there is a significant role in the functioning of the family towards the idea of the suicide of adolescent victims of bullying. The suggestion that can be given from the result is family of the bullying victim has to be able to control communication and flexibility to each other family members and reduce psychological problems especially suicide ideation as an impact of bullying.

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