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The Impact and Exploration of Parental Conflict on Early Adolescent Self-Injury Behavior

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Abstract. Non-suicidal self-injury (NSSI) is highly prevalent among adolescents in early developmental stages and has become a significant global public health issue. As the primary microenvironment influencing individual development, the functional state of the family system profoundly affects adolescents' emotional regulation and behavioral patterns. This paper examines the impact of parental conflict on NSSI behavior among early adolescents and its underlying mechanisms through a literature review and theoretical analysis. The study reveals that parental conflict not only directly predicts NSSI behavior in adolescents but also influences NSSI indirectly via multiple pathways, such as impairing emotional regulation abilities, triggering depression or anxiety, and fostering parent-child conflict dynamics. Adolescents in this early stage of life are undergoing critical physical and psychological transitions and are particularly sensitive to family conflicts; their NSSI behavior often serves as a coping strategy to alleviate negative emotions, escape internal distress, or influence the family system. Future research should further investigate longitudinal developmental trajectories, the buffering role of protective factors, and culture-specific mechanisms, thereby providing a theoretical foundation for family-based interventions and school-based prevention initiatives.

Keywords: Parental conflict, Early adolescents, Non-suicidal self-injury (NSSI), Emotional regulation, Family system

1. Introduction

Parental conflict—defined as verbal disputes or physical confrontations arising from disagreements between spouses—is a common family stressor. According to the World Health Organization's age classification system, adolescents are individuals aged 10 to 19 years; the 10 to 14 age range is designated as the early adolescent stage. During this period, individuals experience a critical phase characterized by rapid physical development, profound psychological changes, and shifts in social roles, making them particularly sensitive to external environmental stressors [1]. Non-suicidal self-injury (NSSI) refers to the deliberate act of causing harm to one's own body tissue without any suicidal intent; common forms include cutting, scratching, hitting, burning, and other behaviors. In recent years, the prevalence of NSSI among adolescents has been steadily rising, making it an urgent public health concern. Family systems theory posits that the family, as the primary microenvironment for individual development, profoundly shapes children's and adolescents'

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psychological development through its internal interaction patterns [2]. As a significant stressor within the family system, parental conflict not only disrupts the family's emotional climate but also undermines the foundational belief in family security held by children. Adolescents exposed to high-frequency, high-intensity parental conflict exhibit significantly higher rates of internalizing problems (e.g., depression, anxiety), externalizing problems (e.g., aggressive behavior, behavioral misconduct), and self-injury behaviors.

This paper aims to systematically map the pathways through which parental conflict influences early adolescent self-injury, integrating existing theoretical perspectives with empirical findings to identify both the direct association and the underlying indirect mechanisms. Using a literature review approach, this study analyzes the role of mediating factors, such as emotion regulation competence, negative emotional states, and the parent-child triangulation relationship, between parental conflict and adolescent self-injury behavior, and proposes directions for future research based on these findings. Understanding this mechanism of influence helps identify the root causes of the phenomenon and pinpoint potential targets for intervention. If parental conflict exerts its influence via depressive emotions, the parent-child triangulation relationship, or impaired self-regulation capacity, then the core interventions should respectively target emotion regulation, the reconstruction of family boundaries, and the enhancement of emotional regulation efficacy. Implement these interventions within a systematic framework that examines both familial factors and external stressors, while also acknowledging the individual's vulnerability and resilience.

2. Theoretical principle

2.1. The concept and characteristics of non-suicidal self-injury

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines non-suicidal self-injury (NSSI) as the recurrent, intentional destruction of one's own body tissue without suicidal intent [1]. Although NSSI and suicidal behavior are often comorbid, there are fundamental differences between them in terms of motivation, function, and behavioral characteristics: the primary function of NSSI is typically emotional regulation, self-punishment, seeking stimulation, or seeking social influence, rather than ending one's life [1].

The early adolescent period represents a high-risk phase for NSSI. Globally, the lifetime prevalence of NSSI among adolescents is approximately 17–18%, and this rate has been rising over the years [3]. During this stage, individuals face multiple challenges—including physiological changes associated with adolescence, academic pressure, and the restructuring of peer relationships—as well as significant emotional fluctuations and underdeveloped impulse control, making them more likely to adopt maladaptive coping strategies. Self-injury behaviors often serve as a way for these individuals to express internal distress, escape negative emotions, or attempt to influence others [3].

2.2. The connotation of parental conflict

Parental conflict refers to disagreements, disputes, or confrontational behaviors that arise between spouses during their interactions, encompassing cognitive, emotional, and behavioral dimensions. Depending on its intensity and form, parental conflict can be categorized as verbal (e.g., arguments or scolding), non-verbal (e.g., cold war or silent confrontation), or physical (e.g., pushing or physical assault). Parental conflict includes both openly expressed arguments and the implicit tension that children can perceive [4].

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From the perspective of Family Systems Theory, parental conflict is not merely an event occurring within the dyadic relationship, but rather a dynamic process that exerts spillover effects throughout the entire family system. As members of this family system, children—even if they are not directly involved in the conflict—can perceive tension and discord within the family environment via emotional spillover. Numerous studies show that how much children perceive parental conflict often predicts their psychological adjustment difficulties more accurately than the objective frequency of such conflicts.

2.3. Early adolescent developmental characteristics

Adolescents in the early stages of development are undergoing a critical transition from childhood to adolescence, exhibiting distinct age-related characteristics. At the physiological level, the onset of puberty triggers the development of secondary sexual characteristics and significant fluctuations in hormone levels, while individuals become more responsive to emotional stimuli; at the cognitive level, abstract thinking skills are developing but are not yet fully mature, egocentrism is prominent, and individuals are highly sensitive to others' evaluations; at the psychosocial level, the desire for autonomy grows stronger, the relationship with parents shifts from dependence to relative independence, and peer influence increases [3].

During this period, individuals exhibit emotion dysregulation: on the one hand, the prefrontal cortex has not yet fully developed, resulting in limited impulse control; on the other hand, they are prone to using maladaptive coping strategies, such as avoidance or suppression, when faced with stress [5]. When high-intensity parental conflict occurs within the family environment, early adolescents lack both sufficient cognitive resources to understand its meaning and effective coping skills to manage resulting negative emotions; consequently, they may resort to extreme behaviors such as NSSI as a coping mechanism. These developmental characteristics make early adolescents more susceptible to emotional regulation difficulties when confronted with parental conflict, thereby increasing their risk of engaging in self-injury behavior.

3. Direct effects of parental conflict on adolescent NSSI

3.1. Interpretation of the family stress model

The Family Stress Model posits that parental conflict serves as a significant risk factor for psychological and behavioral problems among adolescents. According to the Stress–Vulnerability Theory, an individual's adaptive response to a stressful event depends on the balance between stressor intensity and available coping resources [6]. When the intensity of parental conflict exceeds the adolescent's coping capacity, the individual may turn to maladaptive behaviors, such as NSSI, to alleviate the internal stress.

Empirical studies support this view. Numerous cross-sectional and longitudinal studies have found that, after controlling for other family-level variables (such as parent-child relationship quality and socioeconomic status), parental conflict still significantly and positively predicts both the frequency and severity of self-injury behavior among adolescents. In particular, the manner in which parental conflict is resolved, when the conflict is resolved in a destructive manner (e.g., physical aggression, threats, or a "cold war"), exerts an especially pronounced negative impact on adolescents; conversely, when parents constructively address disagreements (e.g., through negotiation, compromise, or reconciliation), this can mitigate the negative effects of conflict to some extent [7].

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3.2. The perspective of the emotional safety hypothesis

The *Emotional Security Hypothesis* further deepens this understanding. Children's response to parental conflict depends not only on the nature of the conflict but also on how much it threatens their sense of emotional security. When children perceive their family as a safe base and parental conflict threatens the stability of the family system, their sense of emotional security is undermined, which can in turn lead to a range of maladaptive outcomes.

Within this framework, self-injury behavior can be viewed as a pathological attempt by children to restore a sense of emotional security. When adolescents are chronically exposed to an insecure family environment, they may turn to self-injury to release accumulated emotional tension, divert attention from parental conflicts by creating new crises, or even use self-harm as a means of coercing their parents to cease arguing. Although such motivated NSSI may provide short-term relief, it establishes a maladaptive coping pattern that, in the long run, can exacerbate the individual's psychological distress [4].

4. The indirect pathway through which parental conflict influences adolescent self-harm behavior

4.1. The mediating role of emotional regulation ability

Emotional regulation refers to the capacity to monitor, evaluate, and modify emotional responses, encompassing both the underlying ability (e.g., emotional awareness, understanding, and management) and the specific strategies employed in practice (e.g., cognitive reappraisal, expressive suppression, or problem-solving) [8]. During early adolescence, this capacity is still developing, making individuals particularly vulnerable to environmental influences.

Parental conflict has a significant impact on the development of adolescents' emotional regulation skills. First, parents serve as the primary role models for children and adolescents in learning emotional regulation. When parents display maladaptive regulatory patterns—such as loss of control, aggression, or avoidance—during conflicts, their children may internalize these patterns through observational learning. Second, prolonged exposure to conflictful environments depletes adolescents' cognitive and emotional resources, leaving them with insufficient capacity to regulate their own emotional fluctuations. Third, insecurity stemming from family conflict can undermine adolescents' trust in expressing their emotions. Some adolescents may develop the notion that expressing emotions is futile or even risky, leading them to tend to suppress or deny their emotions [4].

Impairments in emotional regulation capacity further increase the risk of self-injury behavior; indeed, difficulties in emotional regulation represent one of the core risk factors for NSSI. Consequently, individuals often engage in self-injury behavior as a means of coping with overwhelming negative emotions—either by using physical pain to divert emotional distress or by deriving temporary emotional relief from the sense of calm that follows self-injury [8]. Parental conflict, by undermining adolescents' emotional regulation abilities, indirectly provides them with both a "motivational" and a "behavioral" foundation for engaging in self-injury behavior.

4.2. The mediating role of negative emotions

Parental conflict is also a significant contributing factor to negative emotions such as depression and anxiety in adolescents. According to the Cognitive-Situational Theory, the way adolescents

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cognitively assess parental conflict, such as perceiving it as a threat or as a sign of self-blame, plays a crucial role in their emotional responses. When adolescents attribute parental conflict to their own fault (e.g., thinking "It's all my fault") or believe that the conflict will escalate into a family breakdown, they are more likely to experience intense anxiety and depressive emotions.

The association between negative emotions and self-injury behavior is well established [3]. The affect regulation model posits that the primary function of NSSI is to alleviate or escape unbearable negative emotional states. For adolescents exposed to parental conflict, depression and anxiety are both a consequence of such conflict and a proximal factor driving self-injury behavior. The long-term accumulation of negative emotions reduces an individual's tolerance to emotional distress; thus, self-injury serves as a coping mechanism for emotion regulation. Although this approach is destructive, it can become a "last resort" when individuals lack more effective regulatory strategies.

4.3. The mediating role of the parent-child triangular relationship

The paren-child triangular relationship refers to a scenario in which parents, when resolving marital conflicts, involve their children as an ally, messenger, or mediator. Common patterns include children being forced to take sides, being asked to convey messages, or being made scapegoats or distractions in parents' conflicts. This family interaction pattern transforms children from observers into participants, subjecting them to emotional burdens that they should not bear [9].

Being caught up in a parent-child conflict triangle exerts a significant negative impact on adolescents' mental health. On the one hand, children's position as "sandwiched" participants in parental conflicts subjects them to role conflict and a dilemma of loyalty: siding with one parent is perceived as betraying the other, while maintaining neutrality may lead to criticism from both parties; on the other hand, children are forced to shoulder family responsibilities that exceed their developmental capacity, such as caring for parents experiencing emotional breakdowns, resulting in neglect of their own emotional needs and restriction of their personal growth.

Self-injury behavior carries particular significance within the context of triangular family dynamics. For adolescents caught up in parental conflicts, self-injury may serve as an attempt to disrupt such triangular relationships. When parents discover their child engaging in self-injury, they may temporarily set aside their marital disputes and instead focus on their child's well-being. While this "transfer effect" can provide short-term relief, it reinforces the interpersonal function of self-injury behavior, enabling adolescents to develop a coping strategy of shifting the focus of family conflicts onto themselves through self-injury. At the same time, self-injury behavior can also serve as a physical symbol through which adolescents express their helplessness in the face of family difficulties, transforming their unspoken inner pain into visible physical scars.

5. Protective factors and implications for intervention

5.1. Individual-level protective factors

Although parental conflict is an important risk factor for self-injury behavior among adolescents, not all adolescents exposed to such conflict will engage in self-injury behavior. Protective factors at the individual level serve as buffers in this context; emotional regulation skills, in particular, represent significant protective resources. Adolescents who can effectively regulate their emotions despite facing family-related stress have a significantly reduced risk of engaging in self-injury behavior. Furthermore, cognitive flexibility (the ability to view parental conflict from multiple perspectives and avoid catastrophic interpretations), positive coping strategies (such as seeking social support or

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focusing on problem-solving rather than avoidance), and high self-esteem can mitigate the impact of parental conflict on the likelihood of self-injury.

5.2. Household-level protective factors

Te family system also contains important buffering mechanisms, among which the quality of parent-child relationships plays a central role. Even when parents experience conflict, the risk of self-injury is reduced if children maintain a safe and supportive parent-child relationship with one or both parents. Constructive approaches to resolving parental conflicts, parents' sensitive responsiveness to their children's emotional needs, and the timely identification and intervention in children's psychological distress can all help mitigate the negative spillover effects of parental conflict [4]. Additionally, factors such as family cohesion, clear family rules and boundaries, and consistency in parental parenting practices also contribute to these buffering mechanisms.

5.3. Protective factors at the school and society level

As a crucial setting for adolescent development, schools possess an irreplaceable protective role through their support systems. The quality of teacher–student relationships, peer support, and a sense of school belonging have all been demonstrated to mitigate the negative impact of family stress on adolescents' mental health. The widespread availability of mental health education, the accessibility of psychological counseling services, and teachers' sensitivity to students' psychological well-being collectively form a protective network at school. Additionally, community-based mental health resources, social support networks, and the positive guidance provided by the media also influence how adolescents adapt to family-related stress.

5.4. Integrated intervention framework

Based on the above analysis, interventions addressing adolescent self-injury in contexts of parental conflict should adopt an integrated and systematic approach. At the prevention level, prioritize family education and marital relationship interventions to help parents recognize how conflict affects their children, learn constructive conflict-resolution skills, and strengthen family functioning. At the intervention level, differentiated strategies should be employed according to the underlying mechanisms: if depressive emotions serve as the primary mediator, the focus should be on emotion regulation and cognitive restructuring; if the parent-child triangulation relationship is the central mechanism, efforts should be made to help families rebuild healthy boundaries and alleviate the children's burden associated with this triangular dynamic; if deficits in emotion regulation capacity are the key factor, emotion regulation skill training should be implemented. Effective interventions both mitigate risk factors and activate protective factors, thereby enhancing adolescents' coping resources [9].

6. Conclusion

This study employs relevant theoretical frameworks to explore the underlying mechanisms through which parental conflict influences self-injury behavior in early adolescents. The findings indicate that parental conflict serves as a significant risk factor for self-injury behavior among early adolescents; adolescents exposed to high-frequency, high-intensity parental conflict exhibit a markedly higher incidence of self-injury behavior. The study reveals that parental conflict influences adolescent self-injury behavior primarily through three indirect pathways: impairing emotional

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regulation abilities, triggering negative emotions such as depression and anxiety, and involving children in parent-child conflict triangles. These mediating mechanisms are interwoven, collectively forming a complex network of influences that spans from family stress to individual behavioral problems. Protective factors buffer the link between parental conflict and adolescent self-injury; these include individual-level factors (emotional regulation abilities, cognitive flexibility), family-level factors (quality of parent-child relationships, constructive conflict resolution), and social-level factors (school support, peer relationships).

However, this study has certain limitations. First, the review's quality is constrained by the quantity and quality of existing research; nonetheless, high-quality longitudinal and intervention studies in this field remain relatively scarce. Second, because measurement tools and operational definitions of parental conflict and NSSI vary across studies, cross-study comparisons are limited. Third, the current literature has not sufficiently addressed cultural context. Future research could conduct longitudinal follow-up studies that incorporate buffering mechanisms and interactions among protective factors to identify targeted interventions.

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