

## **FAMILY COMMUNICATION, PEER GROUP ATTACHMENT, AND SELF-EFFICACY ON RESILIENCE AMONG PAPUAN CHILDREN**

Tri Dara Indah Djunaidi<sup>1\*</sup>, Yulina Eva Riany<sup>1,2</sup>

<sup>1,2</sup> Department of Family and Consumer Sciences, Faculty of Human Ecology, Bogor Agricultural University, Jl. Raya Darmaga IPB Campus Darmaga, Bogor, 16680, Indonesia

<sup>2</sup>Centre for Gender and Child Studies, IPB University, Jl. Raya Pajajaran, Baranangsiang, Bogor Timur, RT.02/RW.05, Tegallega, Kecamatan Bogor Tengah, Kota Bogor, Jawa Barat 16129

\*E-mail: [tridaraindahdjunaidi@gmail.com](mailto:tridaraindahdjunaidi@gmail.com)

### Article History

Received: August 19, 2025

Revised: September 22, 2025

Accepted: November 17, 2025

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### **Abstract**

Papua is still facing various complex problems, including armed conflict and high dropout rates. This condition has a significant impact on the psychological development of children and adolescents; therefore, resilience, as an individual's ability to rise above difficulties, becomes an important aspect in the social context of Papua. This study aims to analyze the influence of family communication, peer group attachment, and self-efficacy on resilience in Papuan adolescents. This study used quantitative data from 121 Papuan adolescent respondents aged 15-20 years, collected at one school in Bogor and one in Tangerang. The data collection technique used was purposive sampling with the criteria of Papuan adolescents living in dormitories. Descriptive and inferential data analysis (influence and relationship tests) were performed using the Statistical Package for the Social Sciences (SPSS) 26.0. The regression test results among respondents showed that resilience was associated with strong family communication and self-efficacy. The correlation test results indicated a significant positive relationship between family communication, self-efficacy, and resilience. However, peer group attachment was not significantly related to resilience. This study emphasizes the significance of family-based intervention programs and individual capacity development in fostering adolescent resilience in regions with vulnerable social conditions.

Keywords: Papuan children, family communication, peer group, resilience, self-efficacy

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### **INTRODUCTION**

The problems in Papua persist to this day due to concerns about personal safety. Based on the report of the Alliance for Papua (ALDP) in 2021, as many as 22% of children became victims of conflict and were therefore exposed to significant psychological challenges. Papuan children often face complex challenges in education, the social environment, and the economy. These challenges can affect their psychological development (Hasan & Nugroho, 2022). Based on data from the Ministry of Defense of the Republic of Indonesia, throughout 2023, there were 79 cases of violence and armed resistance, which indirectly affected the resilience of children in Papua. Resilience becomes a crucial aspect for Papuan adolescents to survive and develop amid these challenges. This relates to changes in the context of adolescent life, specifically in relationships with family and peers (Santrock, 2013). Therefore, in this phase, effective family communication becomes crucial for helping adolescents navigate challenges, including those related to peers.

The importance of resilience, which is the ability to rise and adapt in the face of difficulties, is crucial for children in challenging environments. Every individual struggles to find meaning in life, which includes goals, hope, and values that provide direction and motivation. Finding and strengthening the meaning of life has been shown to be a crucial factor in a person's mental health and overall well-being. According to Connor and Davidson (2003), resilience has five dimensions: personal competence, confidence, positive acceptance, control, and spirituality. Personal competence involves high standards and persistence, reflecting an individual's belief in their ability to overcome challenges. Confidence and tolerance to stress include the ability to learn from stressful experiences. Positive acceptance of change and secure interpersonal relationships show flexibility and social support. Control refers to the extent to which an individual feels they have control over life and decisions. Spiritual influence reflects the extent to which spiritual beliefs or values help individuals face difficulties.

Self-efficacy plays an important role in shaping a person's resilience. Self-efficacy refers to an individual's belief in their ability to regulate and execute the actions necessary to face certain situations (Qamar & Akhter, 2020). Self-efficacy is the main foundation for building resilience. Individuals with high self-efficacy are better equipped to manage stress and tend to employ constructive coping strategies (Maharani, 2021). Tri's (2021) research demonstrates that self-efficacy significantly influences teamwork, suggesting a substantial impact on organizational performance. This encourages the hypothesis that self-efficacy influences life. According to Feist and Gregory (2010), self-efficacy is a person's ability to mobilize motivation, cognitive resources, and the actions necessary to meet the demands of the situation. One indicator of resilience is the ability to adapt. Self-efficacy contributes effectively by 30.2 (%) to adaptation.

The family plays a crucial role in developing children's resilience to face life's challenges. Families also play a crucial role in creating stability, maintaining loyalty, and providing support for their members (Herawati et al., 2020). Family communication plays a crucial role in resilience, as it forms the primary foundation for building endurance in overcoming stress and life challenges (Mustika & Corlina, 2022). Family communication is not only about talking but must also involve listening, understanding, and providing emotional support. Research by Boyce and Rose (2002) suggests that peers serve as a source of social support, helping adolescents develop various skills. Adolescents who believe in their abilities tend to be better able to overcome obstacles, including social conflict. This aligns with Bronfenbrenner's (1979) theory, which posits that children's lives are shaped by individual and environmental factors surrounding them, encompassing the microsystem, mesosystem, exosystem, and macrosystem. Communication within the family acts as a foundation that helps adolescents overcome various challenges and emotions. In the family, effective communication is essential for building strong bonds.

Peer group attachment also plays an important role in supporting adolescent resilience. Close relationships with peers provide adolescents with a space to share experiences, receive social support, and develop their self-identity. Attachment is a strong emotional bond between two people. The quality of attachment to peers can be observed through the levels of trust, communication, and experiences of alienation (Armsden & Greenberg, 1983). Research by Mota and Matos (2013) found that secure attachment to peers increases adolescents' self-esteem and social skills. Hurlock (2002) explained that one way adolescents form relationships is by adjusting to their environment, namely, peer groups. The closeness of adolescents to peer groups becomes increasingly important as they spend more time with friends and interact with them more frequently.

Research on resilience among Papuan children is still limited (Suherman, 2024). This is due to several factors, including limited resources, access to education, vulnerable cultural and traditional practices, and poverty. In particular, research exploring family communication, peer group attachment, and self-efficacy remains scarce. There has been limited research exploring how family communication, peer group attachment, and self-efficacy interact simultaneously to influence resilience. Most studies focus on only one variable at a time. This study can reveal the complex relationships between these variables. Therefore, this research warrants further examination.

Research by Feist and Gregory (2010) demonstrated that self-efficacy significantly influences teamwork. Therefore, it can be concluded that self-efficacy has a significant impact on organizational performance. This encourages the hypothesis that self-efficacy influences life. Therefore, the objectives of this study are as follows: (1) to identify the characteristics of adolescents, parental characteristics, family communication, peer group attachment, self-efficacy and resilience (2) to analyze the relationship between adolescent characteristics, parental characteristics, family communication, peer group attachment, self-efficacy and resilience (3) to analyze the influence of adolescent characteristics, parental characteristics, family communication, peer group attachment, self-efficacy on resilience.

## METHOD

### Research Design

The research design employed is a cross-sectional study, a type of study conducted at a single point in time rather than continuously. This research employed a quantitative method, utilizing surveys as the primary data collection tool. The research locations were Bogor Regency and Tangerang, West Java.

The population in this study consisted of children aged 12–21 years who met the criteria for adolescents. The study's criteria included junior high school and senior high school students. Sampling was taken from

the population using a purposive sampling method. The selected schools were Sekolah Anak Indonesia and Sekolah X Tangerang. These schools are special schools for children in the eastern region, predominantly attended by Papuan students, and were granted permission to participate in the research, with some students being selected as research respondents. According to Gay et al. (2012), the minimum sample size is 30 respondents. In this study, 60 adolescents were selected, comprising 30 males and 30 females, from a single school. Thus, from two schools, a total of 120 adolescents were taken. This number was sufficient for the minimum requirement of statistical data processing and feasible for the researcher's accessibility using the purposive sampling technique.

## Measurement

Table 1 presents the operational definitions and instruments used in this study.

Table 1. Operational definition and indicators of personal care determinant factors		
Variables	Operational Definition	Indicators
<b>Parent-Adolescent Communication Scale (Barnes &amp; Olson, 1982)</b>	Family communication, measured using a questionnaire from the Parent-Adolescent Communication Scale by Barnes and Olson (1982), consisted of mother-child interaction (reliability = 0.916) and father-child interaction (reliability = 0.930). In this study, 19 questions were used.	Dimensions in this instrument: 1. Openness 2. Family communication
<b>Inventory of Parent and Peer Attachment (IPPA) (Armsden &amp; Greenberg, 1987)</b>	Adolescent attachment with peers was measured using the Inventory of Parent and Peer Attachment (IPPA), adapted from Armsden and Greenberg (1987). Cronbach's alpha of the IPPA was 0.654. This instrument consists of two versions: attachment with parents and attachment with peers. In this study, only the peer attachment version was used, with 25 questions.	Dimensions in this instrument: 1. Mutual trust 2. Quality of communication 3. Level of anger 4. Alienation
<b>Self-Efficacy Questionnaire for Children (SEQ-C)</b>	Self-efficacy was measured using the Self-Efficacy Questionnaire for Children (SEQ-C), which consists of three subscales: academic self-efficacy, social self-efficacy, and emotional self-efficacy, with a Cronbach's alpha of 0.666. The instrument consists of 25 questions.	Dimensions in this instrument: 1. Social 2. Academic 3. Emotional
<b>The Connor-Davidson Resilience Scale (CD-RISC) (Connor &amp; Davidson, 2003)</b>	Resilience was measured using the Connor-Davidson Resilience Scale (CD-RISC), developed by Connor and Davidson (2003). The instrument consists of 25 statements based on five aspects of resilience.	Dimensions in this instrument: 1. Reflects the concept of personal competence, high standards, and persistence 2. Related to confidence in oneself, tolerance of negative influences, and reinforcement from stress 3. Related to positive acceptance of change and secure relationships 4. Related to control 5. Related to spiritual influence

## Data Collection

The type of data used in this study is primary data obtained directly from respondents through self-report methods. The survey employed a printed questionnaire (hard copy) distributed directly to respondents. The data collection instrument, the questionnaire, underwent validity and reliability testing to ensure the accuracy and consistency of the results. The data collection process was conducted face-to-face, allowing researchers to gain a deeper understanding and ensure the accuracy of responses. The collected data encompassed various aspects that represented the conditions and backgrounds of the respondents, particularly Papuan adolescents. Characteristics collected included: adolescents' personal profiles, family characteristics, parents' marital status (whether still married or divorced), and key research variables such as family communication, peer group attachment, self-efficacy, and resilience. All of this data was collected to obtain a comprehensive understanding of the factors influencing adolescents' ability to cope with life's stresses and build resilience in the face of challenging social conditions.

### Data Analysis

The collected quantitative data were then processed through a series of steps, including data entry, editing, coding, cleaning, and analyzing. Microsoft Excel and the Statistical Package for Social Science (SPSS) were used as the primary tools for analyzing the quantitative data. Descriptive analysis was used to identify family characteristics, family communication, peer attachment, self-efficacy, and resilience. Descriptive analysis included mean, distribution, and percentage values for each variable. These categories were divided into three levels: low, moderate, and high. The measurement instrument in this study used a Likert scale with a score range of 1 (never) to 4 (always). This scale was chosen because it provides a clear range of interpretations of respondents' perceptions.

## RESULTS

### Characteristics of Adolescents

This study involved 121 adolescents, with females (60.3%) and males (39.7%) equally represented. Based on age, the largest proportion was 17 years old (38%), and the smallest was 19 years old (1.7%). Families with both parents present accounted for 77%, while those living only with their father made up 4.1%. Meanwhile, adolescents living in dormitories for less than one year were (49.6%), those living for 1–3 years were (36.4%), and those living for more than three years were (14%).

### Characteristics of Families

The parental characteristics examined in this study included the mother's age, the father's age, the mother's level of education, the father's level of education, the mother's occupation, and the father's occupation. Parents' ages were divided into three stages: early adulthood ( $\leq 40$ ), middle adulthood (41–60), and late adulthood ( $> 60$ ). Most fathers were in middle adulthood (69.4%), and most mothers were in the same category (59.5%). A total of 47.9% of fathers had attained a bachelor's degree (S1).

Seventeen percent of mothers had never attended school. Mothers who graduated from elementary school and junior high school each accounted for 10.7%. According to these data, more fathers than mothers have attained higher education, indicating an educational gap between the two. A total of 34.7% of fathers worked as civil servants, 23.1% in other professions, while mothers were predominantly housewives or unemployed (28.9%).

### Family Communication

For the family communication variable, each dimension was categorized into three groups based on cut-off points: low ( $< 60.00$ ), moderate (60.00–80.00), and high ( $> 80.00$ ). The distribution of data on the family communication variable, presented in Table 2, shows that most respondents in the openness dimension fell into the moderate (47.8%) and low (31.1%) categories, while only 21.3% had a high level of openness. Meanwhile, in the problem dimension, 97.4% were in the low category, and none were in the high category. For the composite family communication variable, most families were in the low category (60.7%), and none were in the high category.

Table 2. Distribution of respondents' answers based on category, minimum and maximum values, mean, and the standard deviation of the family communication

Category	Openness Level		Family Communication		Total Family Communication	
	n	%	n	%	n	%
Low ( $< 60$ )	38	31.1	118	97.4	74	60.7
Moderate (60–80)	58	47.8	3	0.0	48	39.3
High ( $> 80$ )	26	21.3	0	0.0	0	0.0
<b>Total</b>	121	100.0	121	100.0	60	100.0
<b>Mean <math>\pm</math> SD</b>	68.7 $\pm$ 14.95		43.95 $\pm$ 9.66		57.00 $\pm$ 8.39	

### Peer Group Attachment

In Table 3, the peer group attachment dimension of trust had an average index score of 64.18 with a standard deviation of 15.94. The majority of responses in this dimension were in the moderate category, accounting for 52.1%. The communication dimension (52.1%) and the alienation dimension (49.6%) were both in the low category. Most respondents were in the low and moderate categories in terms of trust in their peers. Therefore, it can be stated that the majority of respondents had low levels of trust, communication, and alienation.

Table 3. Distribution of respondents' answers based on category, minimum and maximum values, mean, and standard deviation on the peer group attachment variable

Category	Trust		Communication		Alienation		Peer group Attachment	
	n	%	n	%	ns	%	n	%
Low (<60)	43	35.5	63	52.1	60	49.6	57	47,1
Moderate (60-80)	63	52.1	51	42.1	57	47.1	61	50,4
High (>80)	15	12,4	7	5,8	4	3,3	3	2,5
<b>Total</b>	121	100	121	100	121	100	121	100
<b>Mean ± SD</b>	11.11-100.00		14.28-95.23		11.11-88.88		30.30-83.33	

### Self-Efficacy

The distribution of self-efficacy data in Table 4 shows that the highest self-efficacy was found in the academic dimension, with a mean score of 65.94 and 66.1. Meanwhile, the social dimension reached 55.4% in the low category with a mean score of 57.34. This shows that respondents still need to adapt to socialize with others. The emotional dimension was categorized as low (46.3%), moderate (47.9%), and high (5.8%), with a mean score of 60.39. This suggests that the emotional dimension remains suboptimal, with most respondents still developing and managing positive emotions.

Overall, self-efficacy was predominantly in the moderate category (55.4%) with a mean score of 64.49. This proves that most of the adolescents who were respondents had a fairly high level of confidence. However, improvements are still needed in the social and emotional dimensions.

Table 4. Distribution of respondents' answers based on category, minimum and maximum values, mean, and standard deviation on the self-efficacy variable

Category	Academic		Social		Emotion		Self Efficacy	
	n	%	n	%	n	%	n	%
Low (<60)	31	25.6	67	55.4	56	46.3	43	35.5
Moderate (60-80)	80	66.1	50	41.3	58	47.1	67	55.4
High (>80)	10	12	4	3.3	7	5,8	11	9.1
<b>Total</b>	121	100	121	100	121	100	121	100
<b>Mean ± SD</b>	3.11-91.66		11.53-88.46		23.07-88.46		23.61-90.27	

### Resilience

In Table 5, the highest proportion in the personal competence dimension was in the moderate category (42.1%), with a mean score of 74.18. Meanwhile, the highest proportion in the confidence dimension was in the low category (43.8%), with a mean score of 61.51. This indicates that most respondents lacked self-confidence.

Table 5. Distribution of respondents' answers based on category, minimum and maximum values, mean, and standard deviation on the resilience variable

Category	Personal Competence		Self-Confidence		Positive Acceptance		Control		Spiritual		Resilience	
	n	%	n	%	n	%	n	%	n	%	n	%
Low (<60)	21	17.4	53	43.8	43	35.5	36	29.8	19	15.7	26	21.5
Moderate (60-80)	51	42.1	49	40.5	43	35.5	58	47.9	35	22.3	74	61.2
High (>80)	49	40.5	19	15.7	35	28.9	27	22.3	67	55.4	21	17.4
<b>Total</b>	121	100	121	100	121	100	121	100	121	100	121	100
<b>Mean ± SD</b>	74.18-15.67		61.51-15.46		68.11-17.60		68.59-19.06		75.20-21.20		68.63-12.63	

The scores in the positive acceptance dimension were evenly distributed, with 35.5% in each of the low and moderate categories. Most respondents in the control dimension were in the moderate category (47.9%), with a mean score of 68.59. The spiritual dimension had the highest proportion in the high category (55.4%), with a mean score of 75.20. Overall, resilience fell into the moderate category, at 61.2%. This illustrates that most adolescents already have sufficient resilience to face life's challenges. However, some still needed improvement in positive acceptance and self-confidence.

### The Relationship between Adolescent Characteristics, Parental Characteristics, Family Communication, Peer Group Attachment, and Self-Efficacy on Resilience among Papuan Children

The results of the correlation test, as shown in Table 6, indicate a positive and significant relationship between age and peer group attachment ( $r = 0.281$ ;  $p < 0.01$ ). This indicates that the older the adolescent, the stronger the attachment to peers. Additionally, age and self-efficacy show a positive, significant relationship ( $r = 0.261$ ,  $p < 0.01$ ). This is consistent with Bandura's (1997) view that a person's experiences and cognitive growth influence their improvement. Age and resilience also showed a positive and significant relationship ( $r = 0.223$ ;  $p < 0.05$ ), as did gender and communication ( $r = 0.224$ ;  $p < 0.05$ ), and living in a dormitory and self-efficacy ( $r = 0.186$ ;  $p < 0.01$ ). These findings indicate a positive and significant relationship with self-efficacy. Similarly, Werner and Smith (1982) suggested that increasing age and life experiences can serve as protective factors in shaping individual resilience.

Table 6. Correlation coefficients of adolescent characteristics, parental characteristics, and resilience

Characteristics	Family Communication	Peer Group Attachment	Self-Efficacy	Resilience
<b>Adolescent Characteristics</b>				
Age	0.091	0.281**	0.261**	0.223*
Gender	0.224*	0.041	-0.83	0.039
Living in a Dormitory	-0.040	0.049	0.186*	0.116
Region	-0.108	-0.101	0.137	0.014
<b>Parental Characteristics</b>				
Father's Age	-0.063	0.039	-0.142	0.047
Mother's Age	-0.106	-0.193*	-0.234**	-0.246**
Father's Occupation	0.127	0.128	0.117	0.174
Mother's Occupation	0.079	0.004	0.025	0.037
Father's Education	-0.070	-0.037	-0.117	-0.118
Mother's Education	-0.095	-0.168	0.033	-0.045

Notes:  $p < 0.01$  (2-tailed); \*  $p < 0.05$  (2-tailed)

Meanwhile, mother's age and peer group attachment ( $r = -0.193$ ;  $p < 0.01$ ), mother's age and self-efficacy ( $r = -0.234$ ;  $p < 0.01$ ), and mother's age and resilience ( $r = -0.246$ ;  $p < 0.01$ ) all showed significant negative relationships. Thus, there is a significant negative relationship between mother's age and peer group attachment, self-efficacy, and resilience. Other variables did not show significant relationships with the four main variables, namely family communication, peer group attachment, self-efficacy, and resilience.

### The Influence of Family Communication, Peer Group Attachment, and Self-Efficacy on Resilience among Papuan Children

The regression model in Table 7 examines the influence of each variable: family communication, peer group attachment, and self-efficacy on resilience in Papuan children. The results indicate that family communication ( $\beta = 0.191$ ;  $p = 0.019$ ) indicates that every one-unit increase in family communication will increase resilience by 0.191 units, assuming other variables remain constant.

Table 7. Multiple linear regression of family communication dimension, peer group attachment dimension, self-efficacy dimension, and resilience dimension

Variables	Resilience		Sig.
	Unstandardized coefficients B	Standardized coefficients B	
Constant	<b>4.880</b>		
Family Communication	0.191	0.155	0.019**
Peer Group Attachment	0.022	0.022	0.735
Self-Efficacy	0.789	0.688	0.000**
Living in a Dormitory	1.183	0.033	0.617
Father's Age	2.749	0.074	0.275
Mother's Age	-5.573	-0.096	0.162
Father's Occupation	1.995	0.078	0.272
Mother's Occupation	-0.272	0.011	0.881
Father's Education	0.016	0.000	0.994

Variables	Resilience		Sig.
	Unstandardized coefficients B	Standardized coefficients B	
Mother's Education	-1.279	-0.050	0.800
F		46.421	
R Square		0.569	
Adjusted R		0.530	
Sig		0.000**	

Note: \* = significant at  $p < 0.05$ ; \*\* = significant at  $p < 0.01$

Self-efficacy ( $\beta = 0.789$ ;  $p = 0.000$ ) has a significant positive effect on resilience in Papuan children. This means that every one-unit increase in the self-efficacy index will increase resilience by 0.789 units. The peer group attachment variable did not significantly influence Papuan adolescents' resilience, as its  $p$ -value (0.735) was well above the 0.05 threshold. The Adjusted R-Square value was 0.537, indicating that all variables in this study accounted for 53.7% of resilience, while the remaining 46.3% was influenced by factors outside the study's measurements.

## DISCUSSION

Papuan children are often faced with various challenges, particularly with the continuous acts of violence in Papua that have yet to find a resolution. Based on data on acts of violence in Papua compiled by the Papua Task Force of Universitas Gadjah Mada (GTP UGM) from various mass media and key informants between January 2010 and March 2022, at least 2,118 casualties were recorded. According to Fraser et al. (1999), resilience is the individual's ability to withstand and recover from difficulties or trauma, and in this context, it is important to understand how factors such as family communication, peer group attachment, and self-efficacy can play a role in helping Papuan children and adolescents cope with stressful conditions.

The correlation test revealed a significant positive relationship between family communication and resilience ( $r = 0.230$ ;  $p < 0.01$ ). This indicates a good relationship between parents and adolescents. This study revealed that the quality of parent-adolescent communication was generally good, with parents being effective listeners; however, adolescents still struggled to fully share their thoughts with their mothers and fathers. This finding is supported by Hastuti (2015), who explained that parent-adolescent communication is a reciprocal relationship between parents and adolescents, enabling them to exchange messages or information and establish social relations through verbal and non-verbal means. However, adolescents were still unable to express emotions in front of their parents, with half of the respondents in the moderate and low categories. This is consistent with Huang et al. (2023), who explained that families facing communication challenges tend to show low flexibility, difficulty adapting to norms, rigidity, and low cohesion (i.e., inadequate connection among family members), thereby increasing the risk of verbal or physical violence toward children.

The correlation test in this study showed no strong relationship between resilience and peer group attachment ( $r = 0.156$ ;  $p < 0.01$ ). This indicates that an increase in peer attachment does not necessarily mean an increase or decrease in adolescent resilience. This finding contrasts with Iqbal's (2023) study, which found that peer attachment was positively and significantly related to resilience. However, this study found that the trust dimension of peer attachment and the control dimension of resilience were significantly correlated. This suggests that greater trust in peers indirectly contributes to higher resilience in terms of control. This finding aligns with Bowlby's (1969) Attachment Theory, which posits that attachment provides emotional security, initially formed through relationships with primary caregivers, such as parents, rather than peers. Nevertheless, Ajhuri (2019) noted that during adolescence and early adulthood, peers become an important source of identity formation and decision-making, although their role in resilience remains smaller than internal and family factors.

Self-efficacy showed a very strong and significant relationship with resilience ( $r = 0.724$ ;  $p < 0.01$ ). The higher an individual's self-efficacy, or belief in their own ability to face challenges, the higher their level of resilience. This finding is consistent with Anggraini et al. (2017), who reported a significant positive relationship between self-efficacy and resilience, indicating that higher self-efficacy is associated with higher resilience.

The results showed that family communication had a significant influence on resilience ( $B = 0.191$ ;  $p = 0.019$ ). This is consistent with Pramono (2020), who argued that family communication patterns can significantly affect children's academic and non-academic intelligence. Similarly, Jowkar et al. (2011), Fard (2020), and Harahap et al. (2020) found that children in families with high conversational orientation had a positive relationship with academic resilience. This finding aligns with research conducted by Fitriani and Nisa (2020), which found that older adolescents tend to possess better emotional regulation and self-control skills, enabling them to adapt more effectively to social pressures. In the family context, Prasetyo and Tedjawidjaja (2018) also revealed that adolescents from intact families tend to receive more consistent emotional and social support, which plays a crucial role in building resilience. Research by Santrock (2011) also confirms that age and family dynamics are important factors in adolescent development. Adolescents who are more cognitively mature tend to have a more realistic perception of life's challenges. Adolescents from intact families, on the other hand, receive more guidance, value reinforcement, and emotional support, which supports their psychological resilience. This aligns with the findings of Qonitatin et al. (2020), who explained that the quality of family communication is more influenced by psychological and relational factors, such as emotional openness and attachment patterns between family members, rather than by structural factors, including parental education. Furthermore, Dewi and Hadi (2020) also stated that parental educational background does not always correlate directly with communication patterns, but is mediated by parenting style and daily interactions. These findings suggest that, in certain social contexts, such as among Papuan adolescents living in challenging conditions, relational factors and individual experiences tend to have a greater impact on developing resilience than parental demographic characteristics. Therefore, it can be concluded that family structure and background characteristics do not determine adolescent resilience, but rather the quality of relationships, communication, and the emotional environment within the family.

Self-efficacy also had a significant positive effect on resilience ( $B = 0.789$ ,  $p < 0.001$ ). This aligns with Salim and Fakhrurozz (2022), who empirically tested the role of self-efficacy on resilience, showing that self-efficacy contributed relatively by (33%). Previous studies by Satyaningrum (2019) and Bustam et al. (2021) also revealed other factors that influence academic resilience. Meanwhile, peer group attachment did not have a significant effect on resilience, contrary to Ramadhani (2017), who found that care, appreciation, encouragement, and advice from peers helped adolescents adapt more easily to problems. In terms of peer attachment, the dimensions of trust and communication showed positive values, indicating or supporting attachment among adolescents. On the other hand, the alienation dimension showed negative values, which did not support attachment (Wardhani, 2017).

In other words, self-efficacy is the most influential factor in resilience, followed by the other two variables. Any increase in self-efficacy significantly contributes to resilience, reflecting the importance of building confidence and individual ability to cope with challenging situations. This finding is consistent with Albert Bandura's Social Cognitive Theory, which states that self-efficacy is a key predictor of how individuals think, act, and respond to stress.

Bronfenbrenner's (1979) Ecological Theory of Development emphasizes that individual development is influenced by the dynamic interaction between the individual and their social environment, which consists of several interrelated systems. In this context, this theory is highly relevant for understanding how Papuan children and adolescents build resilience amid complex social, political, and cultural challenges. The microsystem encompasses the environment with which the child interacts most directly, such as family, peers, and school. Family communication, as demonstrated by a significant positive correlation ( $r = 0.230$ ;  $p < 0.01$ ), is a crucial component of the microsystem. Healthy relationships with parents provide children with a safe space to express their feelings and receive emotional support.

A limitation of this study is that the sample consisted solely of Papuan children; therefore, the results cannot be generalized to a broader population, especially in contexts where family values and peer group relationships are shaped by different social norms.

The findings of this study have significant implications for the design of intervention programs to strengthen resilience among Papuan children and adolescents. Given that self-efficacy emerged as the strongest predictor of resilience, psychosocial interventions should prioritize strategies that enhance children's confidence and problem-solving abilities through skill-building, mentoring, and community-based empowerment activities. Moreover, the significant role of family communication underscores the need for parenting education programs that promote emotional openness and effective two-way communication between parents and adolescents. While peer attachment did not show a significant direct effect, peer-based initiatives can still be leveraged as complementary support systems that foster trust and a sense of belonging. At the policy level, these findings suggest that resilience-building efforts in



Papua should adopt an ecological approach, integrating family, school, and community systems to address the broader social and structural adversities that children face in conflict-prone environments.

## CONCLUSION AND SUGGESTIONS

Papuan adolescents face very complex challenges due to the high intensity of violence in the region. Violence has not only physical but also psychological impacts, especially on the development of resilience. This study involved 121 Papuan adolescents, the majority of whom were female, with the largest age group being 17 years. Most parents were in middle adulthood, with the father's last education level generally being a bachelor's degree (S1). Additionally, most respondents had lived in dormitories for approximately 1–3 years. Family communication had a significant positive relationship with resilience. A good relationship between parents and children can enhance adolescents' ability to face pressure. Peer attachment did not exhibit a strong overall relationship with resilience; however, the trust dimension of peer attachment showed a significant correlation with adolescent resilience. Self-efficacy showed a very strong and significant relationship with resilience. Adolescents with a high belief in their own abilities had greater resilience in facing difficulties. The regression test results showed that family communication had a significant effect on resilience; the closer the communication, the higher the level of resilience. Peer group attachment did not have a significant effect on resilience, while self-efficacy had a significant positive effect on resilience. This study provides an important finding that good family communication and self-efficacy can enhance the resilience of Papuan adolescents.

Based on the findings of this study, the following suggestions can be made: 1) Parents should be advised to improve the quality of communication by scheduling regular phone calls with their children; 2) For adolescents, it is recommended to establish peer-group development programs based on education as an alternative positive activity that strengthens attachment; 3) Schools can organize virtual quality-time programs with parents as a mandatory weekly agenda; 4) The government is expected to design and implement scholarship policies accompanied by psychological support to strengthen adolescent resilience; 5) Future researchers, considering that this study only included children and adolescents in Papua, should consider adding other relevant variables, such as socioeconomic status, self-esteem, past traumatic experiences, and social support from the environment, which are also believed to influence resilience development.

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