

Exploring the Phenomenon Mental Health's Toughness in This Case Behaviour of Self-Harm Among University Students: A Multifaceted Approach

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ABSTRACT

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Almost all university students in Indonesia experience self-harm, and this is increasing every year. High internet interaction and information bias are predictors of self-harm behavior in university students. This behavior is also influenced by beliefs, emotion regulation, and decision-making skills in responding to situations. The purpose of this study was to validate and explore the occurrence of the phenomenon of self-harm in Indonesian university students, as well as the motives and impact on students' developmental tasks. A total of 931 university students were involved through an online-based Self-Harm Inventory (SHI) questionnaire. Validity using Pearson correlation analysis showed high significance levels of 0.01 and 0.05 (2-tailed). Reliability using Cronbach's Alpha analysis resulted in a score of 0.885 (above the minimum of 0.6). Quantitative descriptive analysis conducted with percentage formula data processing application resulted in information (1) females tend to experience higher self-harm than males; (2) victims of bullying are at higher risk of self-harm than non-victims of bullying; (3) students who experience anxiety have a higher potential for self-harm than non-anxiety; (4) factors of parental education and college origin also affect self-harm behavior. The findings suggest practical implications in exploring the nature of the self-harm phenomenon as well as the design of intervention programs to reduce the risk of experiencing self-harm behavior of university students in Indonesia.

INTRODUCTION

Self-harming behavior is expected and is associated with adverse outcomes for individual developmental tasks at various age levels and gender roles (Hetrick et al., 2020). Most of the phenomenon of self-harm behavior occurs in Europe (mainly the United Kingdom), North America, and Australia (Quarshie et al., 2020). Self-harm behavior can occur in early adolescents aged 16 to 24 years which is motivated by several factors, including psychological, psychosocial, and sociodemographic factors (Fazny et al., 2024; Rahman et al., 2021). Evidence of observable sociodemographic factors is the increasing flow of globalization and encouraging individuals to become more active in mobility until some of them migrate from one region to another in search of educational and employment opportunities so that individuals have the potential to face cultural differences that are able to bring social pressure to the point of self-harm behavior (Basu et al., 2022).

The success of navigating the social environment depends on a number of social cognitive processes, including mentalization and rejection of the influence of individuals who are at an age level that is not far apart (Andrews et al., 2021). Identification of the phenomenon of self-harm is needed to help therapists improve understanding in order to be able to create intervention programs while maintaining the dynamics of interaction between peers. Improving understanding is critical to informing the development and delivery of effective care and services (Miller et al., 2021). In addition, intervention and prevention should include a growing clinical and community focus on

sociodemographics, and every health professional has a vital role to play in preventing the risk of self-harm behaviors (Knipe et al., 2022).

Self-Harm in Students University

Individuals who are University/College students have a particular risk for psychopathology, non-suicidal self-injury (NSSI), and suicidal behavior (Gardner et al., 2021; Kaniuka et al., 2020; Kiekens et al., 2023). The tendency of self-harm behavior is also part of mental health research in the world (Li et al., 2020). Student engagement in college occurs as a complex system of motivation, emotions, cognition, and physical actions that operate in seconds and minutes (Symonds et al., 2024). The cycle of self-harm behavior experienced by individuals can be seen in picture 1.

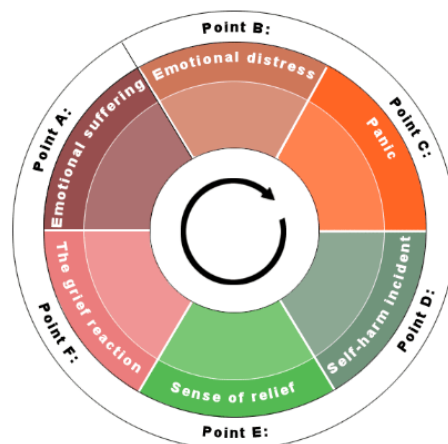


Figure 1 Individual Self-Harm Cycle (Sutton, 2007)

Figure 1 shows the cycle of self-harm behavior that can occur in individuals. Self-harming behavior is a significant problem for college students because of its association with emotional distress, physical damage, broader mental health problems, and suicidal potential (Tickell et al., 2024). It is known that for many individuals, emotion regulation skills improve dramatically during adolescence and early adulthood; However, for others, it is the beginning of a deterioration of psychopathology, which is characterized by difficulties in the regulation of emotions and leads to self-harming behavior (Silvers, 2022). Self-injurious behavior is experienced as a solid mental and physical impulse, which is simply satisfied with self-harm, which suggests that self-harming behavior can be perceived as a compulsive disorder rather than an impulsive one, which represents a new perspective on the behavior. (Miller et al., 2021).

Developmental Tasks

The rate of self-harm behavior at the Higher Education/University level increases and usually appears at this stage of development (Lockwood et al., 2020). As is known, students between 18 and 25 years old experience relatively high emotional pressure. Self-harm behavior is also associated with individual activities when dealing with emotional distress that tends to have a negative impact (Davies et al., 2022). Students as teenagers or early adults will experience the process of thinking about themselves and thinking about others, which can result in conflicts in social decision-making, such as between giving or sharing something with others. Developmental differences in mentalization and regulation of emotions, and the corticocortical circuits that support these processes, can put adolescents at risk for developing mental health problems, one of which is self-harm behaviors (Andrews et al., 2021).

Differences between Male and Female

Research on victimization and discrimination surveys related to the risk of self-harm that can end in suicidal behavior among students based on sexual and gender minority (SGM) in students is still not done (Busby et al., 2020). Subsequent relevant research confirms that self-injurious behavior in gender differences is also poorly understood (Steinhoff et al., 2021). Even little information is known about gender differences in the outcomes of self-harm behavior, as well as the relationship between gender, self-harm, and suicide attempts (Ohlis et al., 2020). The nature of self-harming behavior can vary in its intentions throughout the life cycle and between the male and

female sexes (Hawton & Harriss, 2008). The difference in findings regarding the prevalence of self-harm behavior in men and women may be due to a number of factors (Demuth & Demuthova, 2022).

Regional differences (West, Central, and Eastern Indonesia)

Indonesia is built with a variety of cultural values that are derived from each region and are attached to each social structure of society. Higher Education/University is an example of a social structure that operates in a peer culture. Peer culture is a lasting influence on students' values, beliefs, and behaviors (Renn, 2020). Cultural and socio-cultural factors are some of the factors that can affect the occurrence of self-harm in adolescents. For example, gender norms, beliefs, and stigmas inherent in self-harm in cultural environments (Aggarwal et al., 2020). The vastness of Indonesia makes students have specific characteristics, especially for regional and demographic differences (S. H. Jones et al., 2020).

METHOD

Research Design

The research design in this study is quantitative and descriptive. The descriptive research aims to validate and explore the phenomenon of self-harm in students in Indonesia, as well as the motives and impacts on student development tasks.

Ethics Approval

This research adheres to ethical principles by ensuring the confidentiality of participants. The participants agree to participate in this study and the publication of the results in accordance with ethical consent. Ethical approval Number: 13.08.1/UN32.14.2.8/LT/2024 obtained from the State University of Malang, Malang, Indonesia.

Participant

Primary data in this study came from 931 students throughout Indonesia. The sampling technique used is simple random sampling. Primary data collection was carried out on students studying at universities throughout Indonesia in May and June 2024.

Data Collection Tools

The instrument used in this study is the Self-harm Inventory (SHI) by Sansone, Sansone, and Wiederman (Sansone & Sansone, 2010). The SHI items used include 2 eating disorder items, 2 extremely deadly items, 3 medical-related items, and 14 other random items. The SHI consists of 22 statements with alternative answers that are questioned to never (1), rarely (2), often (3), and always (4). The Indonesia version of the SHI instrument was then tested for validation and reliability because it used alternative answers that were modified. The validity test uses the product moment formula and declares it valid for all items. This SHI also has high validity on each item with significance at the levels of 0.01 and 0.05 (2-tailed) based on Pearson correlation analysis. The reliability test uses Cronbach's Alpha formula with a value of 0.885 (above the minimum number of 0.6), which means it has high reliability.

Data Analysis

Data dianalisis dengan menggunakan analisis rata-rata dan persentase untuk menggambarkan keadaan perilaku self-harm pada mahasiswa. Data is analyzed manually.

RESULT

The results of this study can reveal the condition of self-harm from various factors, which can be seen in Table 1 below.

Table 1 Demographic Analysis of Self-Harm Behavior

Demographic Data	Low		Medium		High		Total	
	f	%	f	%	f	%	f	%
Gender								
Male	151	92,07	13	7,92	0	0	164	17,61
Female	767	86,96	100	13,03	0	0	767	82,38
Origin of Higher Education								
West Sumatra	406	88,64	52	11,35	0	0	458	49,2

Outside West Sumatra	412	87,10	61	12,89	0	0	473	50,80
Parents' Educational Background								
Higher Education	175	84,54	32	15,45	0	0	207	22,23
Non-Higher Education	643	88,81	81	11,19	0	0	724	77,76
Bullying								
Victims of Bullying	476	83,36	95	16,63	0	0	571	61,33
Non-victimised Bullying	342	0,95	18	0,05	0	0	360	38,7
Anxiety								
Anxiety	156	79,19	41	20,9	0	0	197	21,16
Non-anxiety	662	89,09	72	9,81	0	0	734	78,83

Table 1 above is obtained from demographic data regarding self-harm behavior in students, namely, 7.92% of male students have self-harm behavior, 13.03 female students have self-ham behavior, 11.35% of West Sumatra students have committed self-harm, 12.89 students outside West Sumatra have committed self-harm. 15.45% of students who have committed self-harm come from parents who have higher education, and 11.19% from parents who do not have higher education. Then, 16.63% of students who have committed self-harm are victims of bullying and 20.9% of students who have committed self-harm experience anxiety.

In addition, the results of self-harm research in students are also described per item in the following Table 2:

Table 2 Descriptive Analysis of Self-Harm Behavior

Statement	Frequency			
	Detected	%	Non-Detected	%
1. Overdose	58	6,23	873	93,77
2. Slice yourself on purpose	117	12,56	814	87,44
3. Burning yourself on purpose	2	0,21	929	99,79
4. Hitting yourself	376	40,4	555	59,6
5. Intentional banging of the head	231	24,81	700	75,19
6. Become an Alcoholic	42	4,51	889	95,49
7. Driving a vehicle recklessly on purpose	273	29,32	658	70,68
8. Scratching yourself on purpose	135	14,50	769	85,5
9. Not treating your ulcers	400	41,96	531	57,04
10. Intentionally worsening the condition of a medical disease, for example, not following medication recommendations	212	22,71	719	77,23
11. Having free sex before marriage	21	2,25	910	97,75
12. Positioning yourself as someone who is constantly rejected	440	47,26	491	52,74
13. Applying prescription medication	69	7,41	862	92,59
14. Distancing ourselves from God as a form of punishment	176	18,90	755	81,1
15. Engaging in physically and emotionally abusive relationships (occurs several times)	234	25,13	697	74,87
16. Engaging in sexually abusive relationships (occurs several times)	25	2,68	906	97,32
17. Intentional absence/withdrawal from lectures	290	31,14	641	68,86
18. Attempting suicide	85	9,12	846	90,88
19. Intentionally injuring oneself	200	21,48	731	78,52

20. Torturing yourself with self-defeating thoughts (not taking sides with yourself)	356	38,23	575	61,77
21. Starving yourself to hurt yourself	246	26,42	685	73,58
22. Forcing the consumption of laxatives/stomach washes to hurt themselves	27	2,9	904	97,1

For more clarity, the following is detailed in the diagram below regarding the self-harm behavior statement.

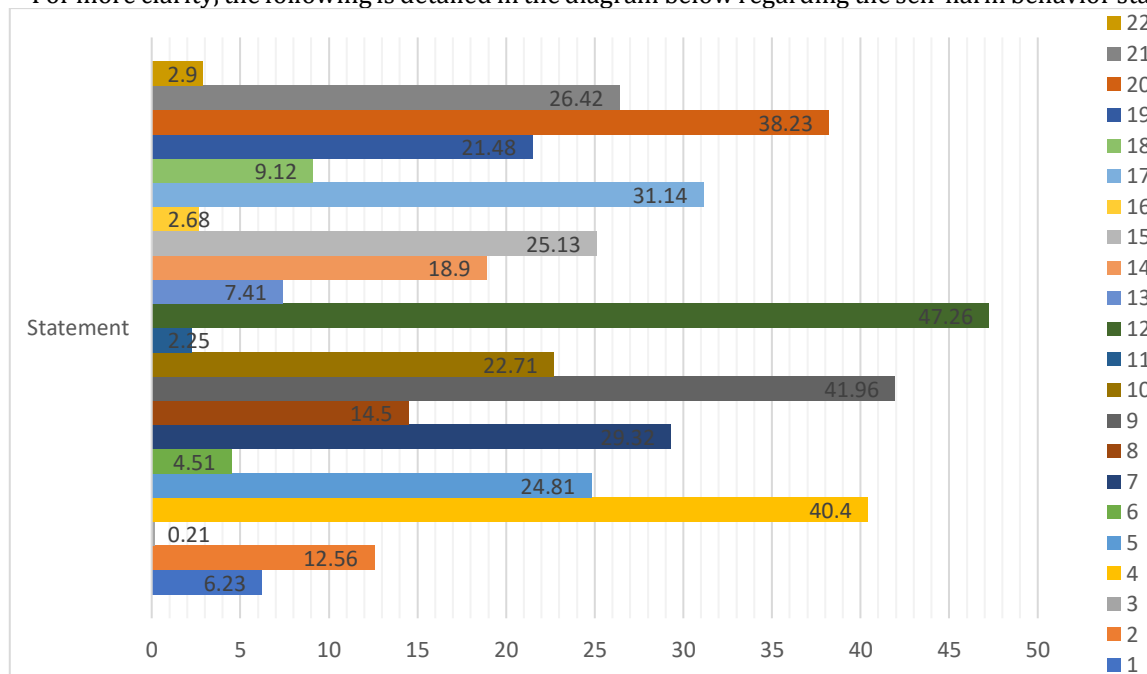


Figure 2. Self-Harm Behavior Diagram

From Figure 2, the results are obtained that the 5 most common self-harm behaviors carried out by students are: 1) item 12 positioned as a rejected person, which was 47.35%; 2) item 9 did not treat the wound which was 41.95%, 3) item 4 hit himself which was 40.4%, 4) item 20 tortured himself with his thoughts, and 5) item 17 absent/withdrawn from lectures which was 31.14%.

DISCUSSION

The problem of self-harm is one of the detrimental phenomena for every developmental age level and continues to recur in most countries in the world (Witt et al., 2021). The current phenomenon of self-harm is based on erroneous assumptions about the relationship between mental and behavioral states and about our ability to measure both (Owens et al., 2020). The scientific literature often states that the most common motive for individuals to engage in self-harming behavior is affective regulation or regulation of emotions that are difficult to control (Laporte, 2021). Survey *World Mental Health International College* (WHO, 2015) notes that it is essential to study incoming students and follow them longitudinally throughout their studies to the end of their studies to detect the potential for the emergence of self-injurious behaviors that could lead to suicide (Gilbert et al., 2020).

Gender

The ability to infer the mental and affective states of others is essential for social functioning (Meinhardt-Injac et al., 2020). The gender roles owned by men and women are, of course, operated differently from each other. The results of the research in Table 1 show that women are in the medium category 13.03% more than men, who have a percentage of 7.92%. The results confirm previous research that suggests that women and men with self-harm behaviors have the same high risk and that self-harm behaviors predict a risk of adverse outcomes for other outcomes in both sexes (Ohlis et al., 2020). Subsequent research confirmed that although the prevalence and overall intensity of self-harm were statistically higher in women, this was not the case for the direct physical form of self-harm that was most often conscientious (Demuth & Demuthova, 2022). In addition, the results of another study

stated that women were more than twice as likely to engage in self-harm than men (Griffin et al., 2023; Liem et al., 2022).

Origin of Higher Education

Self-harming behavior occurs much more often than suicide (Liem et al., 2022). However, the estimated prevalence of suicidal behavior in the student population is consistently higher than the rate in the general adult population (O'Neill et al., 2018). Relevant research data shows that nearly 25% of the 2,626 students in London, Ontario, Canada, engage in self-harm behavior in their lives, and almost 33% have had a belief in self-harm (Griffin et al., 2023) And more than 60% of Jordan students think about self-harm (Hamdan-Mansour et al., 2022)Based on the research results in Table 1, students from outside West Sumatra have a higher percentage of 12.89% than students in West Sumatra, with a percentage of 11.35%.

Parents' Educational Background

Individuals from parents with lower levels of education tend to benefit from additional support in initiating and adhering to treatment after experiencing self-harming behavior (Pitkänen et al., 2022). Based on the data in Table 1 shows that students with non-higher education parental backgrounds have a lower percentage, namely 11.15%, experiencing self-harm than students with higher education parental backgrounds, which are at 15.45%. Parenting of their children at a certain level of educational background can affect variability between individuals in the development of emotional regulation nerves that can reduce the risk of deviant behavior (Silvers, 2022). In addition, parents' understanding of their children is also classified as an interpersonal factor that affects the occurrence of self-harm behavior (Putra et al., 2021). Low parental education background is also associated with victimization of bullying among men but not in women (Stea et al., 2024). It is known that bullying is one of the predictors of the emergence of self-harm behavior.

Bullying

Students who are classified as early young adults tend to suffer from psychological disorders that threaten their integrity (Hamdan-Mansour et al., 2022). The impact of interpersonal factors such as being physically attacked, being a victim of bullying, and not having close friends is the motive for individuals to commit suicidal behaviors that begin with self-harm (Putra et al., 2021). Based on the results of the study in Table 1, students who have been victims of bullying experience higher self-harm, namely 16.63%, than students who are not victims of bullying, with a figure of 0.05%. United States research data confirms that students who are bullies or victims of bullying are more likely to support suicidal thoughts, self-destructive behavior, and hurt others than students who do not have such experiences (J. L. T. Jones et al., 2024).

Anxiety

Students who play the role of individuals at the early adult level are actually vulnerable to their relationship's emotional situation. This is driven by the condition that individuals at an older adult level show difficulty ignoring irrelevant information and seeking out information that is too broad. (Lindow & Lang, 2022). The impact is that they are easily trapped in negative emotions and thoughts that give birth to anxiety in themselves. Based on the results of the study in Table 1, students who suffer from anxiety tend to commit self-harm behaviors by 20.9% than students who do not have anxiety, with a figure of 9.81%. This condition confirms the results of research that shows that students are psychologically overwhelmed, and self-harming behavior leads to threats to life (Hamdan-Mansour et al., 2022). Individuals who experience suicidal beliefs and self-harming behaviors often struggle with a variety of mental, social, family, and personal health challenges that generate existential anxiety or meaninglessness and can contribute to suicidal thoughts and behaviors and self-harming behaviors (Jalali Azar et al., 2024).

Description of Self-Harm Behavior in Students as a Whole

The results of the study explain that several self-harm behaviors are hazardous to students because they can result in death. Further, what students do is suicide attempts. This is in line with the statement about the prevalence of self-harm behavior among college students, which is very worrying, and shows that almost half of those who have committed self-harm have suicidal ideation, even to the point that some have tried the suicidal behavior (Cliffe & Stallard, 2023; Diggins et al., 2024; Griffin et al., 2023; Hamdan-mansour et al., 2021).

The assessment of the highest statement item on self-harm behavior is positioning as a rejected person. Rejection from a person is a common human experience, but it is very challenging and transformative for the individual who experiences it (Jaremka et al., 2020). Rejection can cause a person to experience a wide range of emotional symptoms, from guilt and social anxiety to heartache and loneliness (Leary, 2021). Although it is often

known that individuals can recover from such experiences, the emphasis placed can hinder this process, which has an impact on withdrawal from the environment (Slimowicz et al., 2020). Pain, due to social rejection, causes an emotional reaction similar to physical pain. When teens experience social pain, they may use self-harming behaviors as a way to cope with those feelings (Cheek, 2020). The relationship between self-harm and self-denial is complex and interrelated, and inclusive emotional support and education can help individuals cope with the experience of rejection and reduce the risk of self-harm behaviors (Williams et al., 2023).

Therapists who assess individuals with depressive symptoms should ask about internet use, including access to images of self-harming behavior, as part of their assessment to detect tendencies to self-harm. The rationale in favor is that content accessed through the internet by individuals can have negative and positive emotional effects on some users (Picardo et al., 2020). This condition is recommended because there is a suspicion that individuals can also engage in dual harm, which is self-harm behavior as well as aggression during their lives, which results in a greater risk than just self-harm (Shafti et al., 2021). The importance of cognitive-behavioral interventions to correct self-harming thoughts, but at the same time, build dispositional expectations and thoughts directed toward developmental task goals at each developmental age level (Li et al., 2020). In addition, factors that can improve well-being include the development of robust and supportive social networks that need to be provided so that individuals can avoid the potential for self-harm (Campbell et al., 2022; Putra et al., 2021). Therefore, academics, administrators, and mental health professionals need to share the responsibility to maintain students' mental well-being and minimize the tendency of deliberate self-harm behavior in students (Hamdan-Mansour et al., 2022; J. L. T. Jones et al., 2024).

CONCLUSION

In general, self-harm behavior has been carried out by students. Although a small percentage of the population suffers from this behavior because it is dangerous, eating needs special attention. This self-harm behavior, if left unchecked, will be able to reduce student achievement. Students consider self-harm as a form of defense mechanism. They think that self-harm will be an outlet for prolonged self-disappointment. If associated with Gen-Z, students at this time are in that generation. Self-harm behavior is currently very prevalent among Gen-Z, which people call the straw generation, which is a vulnerable generation with poor mental health conditions. Therefore, efforts are needed to prevent and overcome these conditions. In large universities in Indonesia, there are already counseling service units or psychological service units that can be at the forefront of being able to provide intervention to students who experience self-harm behavior. Then, no less critical is preventive efforts for those who have not been detected by self-harm. A planning program is needed to increase the resilience and intelligence of students in adversity in overcoming life problems in order to be able to survive vulnerable psychological conditions and not choose self-harm as the only way.

REFERENCES

1. Aggarwal, S., Patton, G., Bahl, D., Shah, N., Berk, M., & Patel, V. (2020). Explanatory style in youth self-harm: An Indian qualitative study to inform intervention design. *Evidence-Based Mental Health, 23*(3), 100–106. <https://doi.org/10.1136/ebmental-2020-300159>
2. Andrews, J. L., Ahmed, S. P., & Blakemore, S.-J. (2021). Navigating the Social Environment in Adolescence: The Role of Social Brain Development. *Biological Psychiatry, 89*(2), 109–118. <https://doi.org/https://doi.org/10.1016/j.biopsych.2020.09.012>
3. Basu, A., Boland, A., Witt, K., & Robinson, J. (2022). Suicidal Behaviour, including Ideation and Self-Harm, in Young Migrants: A Systematic Review. In *International Journal of Environmental Research and Public Health* (Vol. 19, Issue 14). <https://doi.org/10.3390/ijerph19148329>
4. Busby, D. R., Horwitz, A. G., Zheng, K., Eisenberg, D., Harper, G. W., Albuher, R. C., Roberts, L. W., Coryell, W., Pistorello, J., & King, C. A. (2020). Suicide risk among gender and sexual minority college students: The roles of victimization, discrimination, connectedness, and identity affirmation. *Journal of Psychiatric Research, 121*, 182–188. <https://doi.org/https://doi.org/10.1016/j.jpsychires.2019.11.013>
5. Campbell, F., Blank, L., Cantrell, A., Baxter, S., Blackmore, C., Dixon, J., & Goyder, E. (2022). Factors that influence mental health of university and college students in the UK: a systematic review. *BMC Public Health, 22*(1), 1778. <https://doi.org/10.1186/s12889-022-13943-x>
6. Cheek, S. M. (2020). Social rejection, popularity, peer victimization, and self-injurious thoughts and behaviors among adolescents: A systematic review and meta-analysis. In *Clinical Psychology Review* (Vol. 82). <https://doi.org/10.1016/j.cpr.2020.101936>

7. Cliffe, B., & Stallard, P. (2023). University students' experiences and perceptions of interventions for self-harm. *Journal of Youth Studies*, 26(5), 637–651. <https://doi.org/10.1080/13676261.2022.2033187>
8. Crone, E. A., & Fuligni, A. J. (2020). Self and others in adolescence. *Annual Review of Psychology*, 71(1), 447–469.
9. Davies, J., Pitman, A., Bamber, V., Billings, J., & Rowe, S. (2022). Young Peoples' Perspectives on the Role of Harm Reduction Techniques in the Management of Their Self-Harm: A Qualitative Study. *Archives of Suicide Research*, 26(2), 692–706. <https://doi.org/10.1080/13811118.2020.1823916>
10. Demuth, A., & Demuthova, S. (2022). Gender differences in adolescent self-harming behaviour. *Behaviour*, 6, 12291–12299.
11. Diggins, E., Heuvelman, H., Pujades-Rodriguez, M., House, A., Cottrell, D., & Brennan, C. (2024). Exploring gender differences in risk factors for self-harm in adolescents using data from the Millennium Cohort Study. *Journal of Affective Disorders*, 345(September 2023), 131–140. <https://doi.org/10.1016/j.jad.2023.10.106>
12. Fazny, B. Y., Saputra, R., Aziz, A., & Alfaiz, A. (2024). Survey of Sexual Harassment to Students at Indonesia University . *International Journal of Sociology of Education*, 13(2 SE-Articles), 96–119. <https://doi.org/10.17583/rise.13950>
13. Gardner, K. J., Paul, E., Selby, E. A., Klonsky, E. D., & Mars, B. (2021). Intrapersonal and interpersonal functions as pathways to future self-harm repetition and suicide attempts. *Frontiers in Psychology*, 12, 688472.
14. Gilbert, A. C., DeYoung, L. L. A., Barthelemy, C. M., Jenkins, G. A., MacPherson, H. A., Kim, K. L., Kudinova, A. Y., Radoeva, P. D., & Dickstein, D. P. (2020). The Treatment of Suicide and Self-Injurious Behaviors in Children and Adolescents. *Current Treatment Options in Psychiatry*, 7(1), 39–52. <https://doi.org/10.1007/s40501-020-00201-3>
15. Griffin, K., Twynstra, J., Gilliland, J. A., & Seabrook, J. A. (2023). Correlates of self-harm in university students: A cross-sectional study. *Journal of American College Health*, 71(3), 959–966. <https://doi.org/10.1080/07448481.2021.1909049>
16. Hamdan-Mansour, A. M., Alzayyat, A. A., Hamaideh, S. H., Rafaiyah, M.-Q. B., Al Jammal, O. L., & Hamdan-Mansour, L. A. (2022). Predictors of Deliberate Self-harm Among University Students. *International Journal of Mental Health and Addiction*, 20(5), 2993–3005. <https://doi.org/10.1007/s11469-021-00561-8>
17. Hamdan-mansour, A. M., Alzayyat, A. A., Hamaideh, S. H., Rafaiyah, M. B., Jammal, O. L., & Hamdan-mansour, L. A. (2021). Predictors of Deliberate Self-harm Among University Students Predictors of Deliberate Self-harm Among University Students. August. <https://doi.org/10.1007/s11469-021-00561-8>
18. Hawton, K., & Harriss, L. (2008). How often does deliberate self-harm occur relative to each suicide? A study of variations by gender and age. *Suicide and Life-Threatening Behavior*, 38(6), 650–660.
19. Hetrick, S. E., Subasinghe, A., Anglin, K., Hart, L., Morgan, A., Robinson, J., Rooney, R. M., William, P., & Surgeonor, G. (2020). *Understanding the Needs of Young People Who Engage in Self-Harm: A Qualitative Investigation*. 10(January), 1–10. <https://doi.org/10.3389/fpsyg.2019.02916>
20. Jalali Azar, R., Ebrahimi, M. I., Haddadi, A., & Yazdi-Ravandi, S. (2024). The impact of acceptance and commitment therapy on college students' suicidal ideations, a tendency to self-harm, and existential anxiety. *Current Psychology*, 43(17), 15649–15658. <https://doi.org/10.1007/s12144-023-05501-4>
21. Jaremka, L. M., Ackerman, J. M., Gawronski, B., Rule, N. O., Sweeny, K., Tropp, L. R., Metz, M. A., Molina, L., Ryan, W. S., & Vick, S. B. (2020). Common Academic Experiences No One Talks About: Repeated Rejection, Impostor Syndrome, and Burnout. *Perspectives on Psychological Science*, 15(3), 519–543. <https://doi.org/10.1177/1745691619898848>
22. Jones, J. L. T., Campbell, L. O., Haugen, J. S., & Sutter, C. C. (2024). Academic incivility and bullying as risks for suicide, self-destructive behaviors, and harm to others. *Discover Psychology*, 4(1), 17. <https://doi.org/10.1007/s44202-024-00128-3>
23. Jones, S. H., St. Peter, C. C., & Ruckle, M. M. (2020). Reporting of demographic variables in the Journal of Applied Behavior Analysis. *Journal of Applied Behavior Analysis*, 53(3), 1304–1315. <https://doi.org/10.1002/jaba.722>
24. Kaniuka, A. R., Kelliher-Rabon, J., Chang, E. C., Sirois, F. M., & Hirsch Ph.D., J. K. (2020). Symptoms of Anxiety and Depression and Suicidal Behavior in College Students: Conditional Indirect Effects of Non-Suicidal Self-Injury and Self-Compassion. *Journal of College Student Psychotherapy*, 34(4), 316–338. <https://doi.org/10.1080/87568225.2019.1601048>
25. Kiekens, G., Hasking, P., Bruffaerts, R., Alonso, J., Auerbach, R. P., Bantjes, J., Benjet, C., Boyes, M., Chiu, W. T., Claes, L., Cuijpers, P., Ebert, D. D., Mak, A., Mortier, P., O'Neill, S., Sampson, N. A., Stein, D. J., Vilagut, G., Nock, M. K., & Kessler, R. C. (2023). Non-suicidal self-injury among first-year college students and its association with mental disorders: results from the World Mental Health International College Student (WMH-ICS) initiative. *Psychological Medicine*, 53(3), 875–886. <https://doi.org/DOI: 10.1017/S0033291721002245>
26. Knipe, D., Padmanathan, P., Newton-howes, G., Chan, L. F., & Kapur, N. (2022). Suicide and self-harm. *The Lancet*, 399(10338), 1903–1916. [https://doi.org/10.1016/S0140-6736\(22\)00173-8](https://doi.org/10.1016/S0140-6736(22)00173-8)

27. Laporte, N. (2021). Clinical Characteristics and Self-Harm in Forensic Psychiatric Patients. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.698372>
28. Leary, M. R. (2021). Emotional reactions to threats to acceptance and belonging: a retrospective look at the big picture. *Australian Journal of Psychology*, 73(1), 4–11. <https://doi.org/10.1080/00049530.2021.1883410>
29. Li, W., Dorstyn, D. S., & Jarmon, E. (2020). Identifying suicide risk among college students: A systematic review. *Death Studies*, 44(7), 450–458. <https://doi.org/10.1080/07481187.2019.1578305>
30. Liem, A., Prawira, B., Magdalena, S., Siandita, M. J., & Hudiyana, J. (2022). Predicting self-harm and suicide ideation during the COVID-19 pandemic in Indonesia: a nationwide survey report. *BMC Psychiatry*, 22(1), 1–10. <https://doi.org/10.1186/s12888-022-03944-w>
31. Lindow, S., & Lang, A. (2022). A lifespan perspective on decision-making: A cross-sectional comparison of middle childhood, young adulthood, and older adulthood. *Journal of Behavioral Decision Making*, 35(3), e2268.
32. Lockwood, J., Townsend, E., Daley, D., & Sayal, K. (2020). Impulsivity as a predictor of self-harm onset and maintenance in young adolescents: a longitudinal prospective study. *Journal of Affective Disorders*, 274, 583–592. <https://doi.org/https://doi.org/10.1016/j.jad.2020.05.021>
33. Marchant, A., Hawton, K., Burns, L., Stewart, A., & John, A. (2021). Impact of web-based sharing and viewing of self-harm-related videos and photographs on young people: Systematic review. *Journal of Medical Internet Research*, 23(3), e18048.
34. Meinhardt-Injac, B., Daum, M. M., & Meinhardt, G. (2020). Theory of mind development from adolescence to adulthood: Testing the two-component model. *British Journal of Developmental Psychology*, 38(2), 289–303.
35. Miller, M., Redley, M., & Wilkinson, P. O. (2021). A Qualitative Study of Understanding Reasons for Self-Harm in Adolescent Girls. In *International Journal of Environmental Research and Public Health* (Vol. 18, Issue 7). <https://doi.org/10.3390/ijerph18073361>
36. O'Neill, S., McLafferty, M., Ennis, E., Lapsley, C., Bjourson, T., Armour, C., Murphy, S., Bunting, B., & Murray, E. (2018). Socio-demographic, mental health and childhood adversity risk factors for self-harm and suicidal behaviour in College students in Northern Ireland. *Journal of Affective Disorders*, 239, 58–65. <https://doi.org/https://doi.org/10.1016/j.jad.2018.06.006>
37. Ohlis, A., Bjureberg, J., Lichtenstein, P., Onofrio, B. M. D., Fruzzetti, A. E., Cederlöf, M., & Hellner, C. (2020). Comparison of suicide risk and other outcomes among boys and girls who self-harm. *European Child & Adolescent Psychiatry*, 29(12), 1741–1746. <https://doi.org/10.1007/s00787-020-01490-y>
38. Owens, C., Fox, F., Redwood, S., Davies, R., Foote, L., Salisbury, N., Williams, S., Biddle, L., & Thomas, K. (2020). Measuring outcomes in trials of interventions for people who self-harm: qualitative study of service users' views. *BJPsych Open*, 6(2), e22.
39. Picardo, J., McKenzie, S. K., Collings, S., & Jenkin, G. (2020). Suicide and self-harm content on Instagram: A systematic scoping review. *PloS One*, 15(9), e0238603.
40. Pitkänen, J., Remes, H., Aaltonen, M., & Martikainen, P. (2022). Socioeconomic differences in psychiatric treatment before and after self-harm: an observational study of 4,280 adolescents and young adults. *BMC Psychiatry*, 1–13. <https://doi.org/10.1186/s12888-021-03654-9>
41. Putra, I. G. N. E., Karin, P. A. E. S., & Ariastuti, N. L. P. (2021). *Suicidal ideation and suicide attempt among Indonesian adolescent students*. 33(5). <https://doi.org/doi:10.1515/ijamh-2019-0035>
42. Quarshie, E. N.-B., Waterman, M. G., & House, A. O. (2020). Self-harm with suicidal and non-suicidal intent in young people in sub-Saharan Africa: a systematic review. *BMC Psychiatry*, 20(1), 234. <https://doi.org/10.1186/s12888-020-02587-z>
43. Rahman, F., Webb, R. T., & Wittkowski, A. (2021). Risk factors for self-harm repetition in adolescents: A systematic review. *Clinical Psychology Review*, 88, 102048. <https://doi.org/https://doi.org/10.1016/j.cpr.2021.102048>
44. Renn, K. A. (2020). The Influence of Peer Culture on Identity Development in College Students. *Journal of College and Character*, 21(4), 237–243. <https://doi.org/10.1080/2194587X.2020.1822879>
45. Sansone, R. A., & Sansone, L. A. (2010). Measuring Self-Harm Behavior with the Self-Harm Inventory by. *Psychiatry (Edgemont)* 2010;7(4):16–20, 4, 16–20.
46. Shafti, M., Taylor, P. J., Forrester, A., & Pratt, D. (2021). The co-occurrence of self-harm and aggression: a cognitive-emotional model of dual-harm. *Frontiers in Psychology*, 12, 586135.
47. Silvers, J. A. (2022). Adolescence as a pivotal period for emotion regulation development. *Current Opinion in Psychology*, 44, 258–263. <https://doi.org/https://doi.org/10.1016/j.copsyc.2021.09.023>
48. Slimowicz, J., Siev, J., & Brochu, P. M. (2020). Impact of status-based rejection sensitivity on depression and anxiety symptoms in gay men. *International Journal of Environmental Research and Public Health*, 17(5). <https://doi.org/10.3390/ijerph17051546>
49. Stea, T. H., Bonsaksen, T., Smith, P., Kleppang, A. L., Steigen, A. M., Leonhardt, M., Lien, L., & Vettore, M. V. (2024).

- Are social pressure, bullying and low social support associated with depressive symptoms, self-harm and self-directed violence among adolescents? A cross-sectional study using a structural equation modeling approach. *BMC Psychiatry*, 24(1), 239. <https://doi.org/10.1186/s12888-024-05696-1>
50. Steinhoff, A., Ribeaud, D., Kupferschmid, S., Raible-Destan, N., Quednow, B. B., Hepp, U., Eisner, M., & Shanahan, L. (2021). Self-injury from early adolescence to early adulthood: age-related course, recurrence, and services use in males and females from the community. *European Child & Adolescent Psychiatry*, 30(6), 937–951. <https://doi.org/10.1007/s00787-020-01573-w>
 51. Sutton, J. (2007). *Healing the Hurt Within: Understand Self-injury and Self-harm, and Heal the Emotional Wounds*. 3Rev Ed edition. .
 52. Symonds, J. E., Kaplan, A., Upadyaya, K., Aro, K. S., Torsney, B. M., Skinner, E., & Eccles, J. S. (2024). Momentary student engagement as a dynamic developmental system. *Journal of Theoretical and Philosophical Psychology*.
 53. Tickell, A., Fonagy, P., Hajdú, K., Obradović, S., & Pilling, S. (2024). 'Am I really the priority here?': help-seeking experiences of university students who self-harmed. *BJPsych Open*, 10(2), e40. <https://doi.org/DOI:10.1192/bjo.2023.652>
 54. van der Walt, F. (2016). Self-harming behaviour among university students: A South African case study. *Journal of Psychology in Africa*, 26(6), 508–512. <https://doi.org/10.1080/14330237.2016.1250420>
 55. Williams, A. J., Arcelus, J., Townsend, E., & Michail, M. (2023). Understanding the processes underlying self-harm ideation and behaviors within LGBTQ+ young people: A qualitative study. *Archives of Suicide Research*, 27(2), 380–396. <https://doi.org/10.1080/13811118.2021.2003273>
 56. Witt, K. G., Hetrick, S. E., Rajaram, G., Hazell, P., Salisbury, T. L. T., Townsend, E., & Hawton, K. (2021). Interventions for self-harm in children and adolescents. *Cochrane Database of Systematic Reviews*, 3.