Research Articles

Open Access

Understanding the Psychosocial Roots of Adolescent Self-Harm: Findings from a Descriptive Cross-Sectional Study in Indonesia

Ike Mardiati Agustin[1*], Tri Sumarsih[2], Irmawan Andri[3], Siti Mutoharoh[4]
[1]Nursing Professional Study Program, Faculty of Health Sciences, Muhammadiyah University Gombong
[2]Nursing Professional Study Program, Faculty of Health Sciences, Muhammadiyah University Gombong
[3]Nursing Professional Study Program, Faculty of Health Sciences, Muhammadiyah University Gombong
[4]Nursing Professional Study Program, Faculty of Health Sciences, Muhammadiyah University Gombong

*Corresponding Author: E-mail: ikeagustin2583@gmail.com

ARTICLE INFO	ABSTRACT
	Introduction: Self-harm or torturing oneself by intentionally injuring or cutting which is done to relieve the suffering felt. Self-harm behavior is often done by teenagers who are followed by mental health disorders such as symptoms of depression and anxiety. The purpose of this research analyzing predisposing factors of self-harm in adolescence at SMA N 1 Pejagoan. **Methods:** This study employed a quantitative research using descriptive analytic method with cross sectional approach, sampling using proportional random sampling. The number of samples in this study were 285 adolescents at SMA N 1 Pejagoan. Using 2 questionnaires to determine self-harm behavior using (self-harm inventory instrument) and to determine predisposing factors of self-harm using a predisposing factor screening instrument which has been declared valid, The validity tests indicated that all variables were statistically significant with P-values of <0.001, confirming that the instruments accurately measured their respective constructs and reliable was assessed using Cronbach's alpha with p-value 0.769 and 0.784. Data analysis using Descriptive statistics were applied for univariate analysis to summarize demographic characteristics and study variables.
	Results: The results of this study were 271 (95.1%) respondents included in the Self-Harm Group and 14 (4.9%) respondents included in the non Self-Harm group. The majority of predisposing factors causing self-harm behavior were biological with a low category of 138 (48.4%) respondents, for psychological factors the majority were in the medium category of 186 respondents (65.3%) and for socio-cultural predisposing factors the majority were in the low category of 209 (73.3%) respondents. **Conclusion:** The majority of teenagers are in the self-harm group as many as 271 (95.2%). The biological predisposition factors are mostly in the low risk category as many as 138 (48.4%) respondents, the psychological factors are mostly in the medium risk category as many as 186 (65.3%) respondents and the socio-cultural predisposition factors are mostly in the low category as many as 209 (73.3%) respondents. The results of this study are expected to be a reference material for the need to include mental health material in the school curriculum and recommend further research on the analysis of screening factors predisposing to self-harm in adolescents at SMA N 1 Pejagoan.

INTRODUCTION

Adolescence is a time full of conflict, including changes in body shape, starting with finding self-identity, changes in behavior towards the surrounding environment, wanting to be the center of attention in the crowd, conflicts between children and parents and hopes as a process of future orientation (1–3). However, they are also required to excel in lessons and social life (4). In addition, society wants teenagers who can provide new breakthroughs in their potential and development tasks in terms of physical, emotional, intellectual, social, and spiritual moral aspects. The inability of young people to solve their problems will foster negative emotions and negative effects. So, when these negative emotions are not directed, thoughts often arise to try self-defeating behaviors such as increasing self-harm, taking drugs and committing social deviations (5). And this problem is now a major public health problem in many countries (6).

According to the 2020 Indonesian census, the total number of teenagers aged 10-19 years is around 46 million or around 20% of the total population of Indonesia. Apart from the Indonesian census, there is data from Riskedes (2018) that around 6.2% of the Indonesian population or 11 million teenagers aged 15 years and over experience mental health disorders indicated by symptoms of depression and anxiety. However, unfortunately, this problem is private, so that not a few cases have not been detected by health workers, because only a few teenagers seek help from health institutions except for those who are treated by mental health workers, especially psychiatrists for their mental condition (7).

Self-harm self-injury is a way of torturing oneself by injuring or cutting (8). Meanwhile, according to the New York State Department of Health, self-harm behavior includes cutting or cutting, scratching, burning, biting, banging the head against a wall, mutilation, breaking bones with blunt or sharp objects, to consuming hazardous substances (9). Many factors influence this behavior. including, such as parenting applied by parents so that it affects the development of adolescent emotional processing (10). And other aspects such as exposure to peers who provide explanations or various facts about what the teenager wants (11). Other aspects of self-harm due to family problems, conflicts between lovers, being sexually abused which causes prolonged trauma, a form of reaction when faced with problems, an exchange of disturbing feelings because they cannot contain the wound, and the influence of a place of residence and negative memories in the past (12). The impact often results in the appearance of scars on the surface of the teenager's skin and getting their own pleasure after doing this (13).

From the background description above, the urgency of this research focuses on adolescent self-harm behavior that requires special attention, especially for adolescents who are still in school such as high school students. Self-harm actions have not been clearly realized by some adolescents or are often trivialized, so research is still needed to explore data on the factors that cause them to self-harm and prevent the younger generation from doing things that can threaten lives that have a negative impact on themselves and the absence of a sense of repeating self-harm attempts.

METHOD

This study employs a clear and systematic approach to ensure the reliability and validity of the findings. Below are the components of the methodology: sampling using proportional random sampling. The number of samples in this study were 285 adolescents at SMA N 1 Pejagoan. Using 2 questionnaires to determine self-harm behavior using (self-harm inventory instrument) and to determine predisposing factors of self-harm using a predisposing factor screening instrument which has been declared valid, The validity tests indicated that all variables were statistically significant with P-values of <0.001, confirming that the instruments accurately measured their respective constructs and reliable was assessed using Cronbach's alpha with p-value 0.769 and 0.784. Data analysis using Descriptive statistics were applied for univariate analysis to summarize demographic characteristics and study variables.

Research Type

This study is a quantitative study using a descriptive analytic method with a cross-sectional approach. This method is used to measure the observation of dependent variable data only once at a time to determine the predisposing factors of adolescents at SMA N 1 Pejagoan.

Population and Sample/Informants

The population in this study amounted to 986 people consisting of 281 male adolescents and 705 female adolescents. Sampling using proportional random sampling, namely collecting samples from members of the population randomly without considering the strata in the population. The sample in this study was 285 adolescents at SMA N 1 Pejagoan.

Research Location

This research will be conducted at SMAN 1 Pejagoan.

Instrumentation or Tools

The instruments used in this study were demographic data questionnaires, self-harm behavior using the SHSI (Self Harm Screening Inventory) questionnaire and screening of predisposing factors. The validity tests indicated that all variables were statistically significant with P-values of <0.001, and to determine predisposing factors of self-harm using a predisposing factor screening instrument which has been declared valid, The validity tests indicated that all variables were statistically significant with P-values of <0.001, confirming that the instruments accurately measured their respective constructs and reliable was assessed using Cronbach's alpha with p-value 0.769 and 0.784.

Data Collection Procedures

Data were collected using a structured questionnaire, which included demographic information and standardized instruments to assess key variables data on respondent demographics consisting of respondent identity. while the SHSI questionnaire consists of 20 question items with a nominal scale that researchers have adopted from the questionnaire in the study. And for the predisposition factor screening questionnaire, there are 40 statement items with a nominal scale and expert validity tests are carried out and are declared valid for use.
.

RESULTS

Respondent Characteristics Based on Class, Age and Gender

The self-harm predisposition factor questionnaire has been tested for validity using Pearson Product Moment test, and declared valid and reliable. with the validity result of p-value 0.769. while the reliability test uses the Alpha Cronbach formula with a value = 0.784. and for the construction validity test using the Expert Judgement formula. With the results, out of 47 statement items there are 5 invalid/failed questions, 2 inappropriate questions and 40 valid statement items. The results of the average value on the self-harm predisposition factor questionnaire, namely 3.65.

Table 1. Frequency Distribution of Characteristics Based on Class, Gender, and Age

No.	Respondent characteristics	Amount	Present (%)
1	Class		
	grade 10	95	33.3
	Grade 11	95	33.3
	Grade 12	95	33.3
2	Gender		
	Man	94	33
	Woman	191	67
3	Age		
	15 years	129	45.3
	16 years	78	27.4
	17 years	50	17.5
	18 years	23	8.1
	19 years old	5	1.6

Table 1. shows the general characteristics of adolescents at SMAN 1 Pejagoan who were the respondents of the study. Of the 285 respondents, the class category had the most results, class 12, with 95 (33.3%) respondents. 191 respondents were female (67%) and 129 were 15 years old (45.3%).

Respondent Characteristics Based on Predisposition Factors

Table 2. Frequency Distribution of Characteristics Based on Self-Harm, Biological Predisposition Factors, Psychological Predisposition Factors, Socio-Cultural Predisposition Factors

No	Respondent characteristics	Amount	Present %
1	Self-Harm		
	Self-Harm Group	271	95.1
	Non-Self-harm Group	14	4.9
2	Biological predisposing factors		
	Low Risk	138	48.4
	Medium Risk	116	40.7
	High Risk	31	10.9
3	Psychological predisposing factors		
	Low Risk	63	22.1
	Medium Risk	186	65.3
	High Risk	36	12.6
4	Socio-cultural predisposing factors		
	Low Risk	209	73.3
	Medium Risk	71	24.9
	High Risk	5	1.8

Table 2 shows that the majority of Self-Harm is in the Self-harm group category, namely 271 respondents (95.1%) and the remaining 14 respondents (4.9%) are in the non self-harm category. The majority of biological predisposition factors are in the low category, namely 138 (48.4%) respondents, for psychological factors, the majority are in the medium category, namely 186 respondents (65.3%) and for socio-cultural predisposition factors, the majority are in the low category, namely 209 (73.3%) respondents.

Crosstabs Statistical Analysis

Crosstabs statistical analysis of self-harm against class, gender, age, biological predisposition factors, psychological predisposition factors, socio-cultural predisposition factors in adolescents at sman 1 pejagoan is presented in table 3 below.

Table 3. Statistical analysis of crosstabs of self-harm in the form of Biological Predisposition Factors, Psychological Predisposition Factors Socio-Cultural Predisposition Factors based on demographic data characteristics in adolescents at SMAN 1 Pejagoan

Characteristics of Demographic Data	Self-Harm		Total
	Self-Harm Group	Non-Self-harm Group	
Class			
10	82	13	95
11	93	2	95
12	96	1	95
Gender			
Man	87	7	94
Woman	184	7	191
Age			
15	122	7	129
16	70	8	78
17	47	3	50
18	21	2	23
19	0	5	5

Characteristics of Demographic Data	Self-Harm		Total
	Self-Harm Group	**Non-Self-harm Group**	
Biological predisposing factors			
Low Risk	131	7	138
Medium Risk	109	7	116
High Risk	31	0	31
Psychological predisposing factors			
Low Risk	61	2	63
Medium Risk	178	8	186
High Risk	32	4	34
Socio-cultural predisposing factors			
Low Risk	196	13	209
Medium Risk	70	1	71
High Risk	5	0	5

According to table 3, it can be seen that the majority of respondents with the most self-harm in grade 12, as many as (96) are included in the self-harm group category and the least in grade 10, as many as (82). Respondents with self-harm are mostly female, as many as (184), and the most age is 15 years old and is included in the self-harm group. For biological predisposition factors, the most are included in the self-harm group category and show a low-risk majority of (131) respondents and the least show a high-risk majority of (31) respondents, for psychological predisposition factors, the majority of respondents are included in the self-harm group and show a medium-risk category of (178) respondents and the least show a high-risk category of (32) respondents and the majority of socio-cultural predisposition factors are included in the self-harm group and show a low-risk category of (196) respondents and the least show a high-risk category of (5) respondents.

DISCUSSION
Respondent Characteristics Based on Class, Age and Gender

The results of this study indicate that Self-Harm is most common in grade 12 with an age range of 17-18 years. This is in line with research conducted by Erreygers et al. (2022) conducted in 2018 on 504 participants aged 15-18 years in Belgium found that 6.1% of participants had committed self-harm[14]. According to the researcher's assumption, this happens because teenagers enter the phase of identity vs identity confusion from there many teenagers vent on internet technology. This happens because many teenagers do not have space to tell stories, either those who are afraid to tell stories or those who are not given the opportunity to tell about themselves.

The results of this study also show that the majority of those who commit self-harm are women, namely 191 (67%) respondents, this study has similarities with Faradiba et al. (2022) explains that there are results of 20.21% of teenagers who have committed self-harm in Indonesia and 93% are female teenagers[15]. This fact is supported by the results of previous research which also found that self-harm is more often committed by women than by men and the impact of self-harm behavior is worse in women than in men[16].

In the research Azzahra et al. (2023) stated that women have a higher emotional level compared to men, because men use their logic so they are more relaxed in facing problems while women use their feelings and are more emotional so they are prone to maladaptive behavior such as self-harm behavior and are at risk of committing suicide[17]. This is in accordance with Alifiando et al. (2022) stating that women have a greater tendency to commit self-harm because women are essentially more oriented towards feelings than men [18].

Biological predisposing factors for self-harm

The results of this study indicate that the majority of biological predisposition factors are low risk, namely 138 (48.4%) respondents. According to the researcher's assumption, this is because some respondents still have harmonious families and care for each other, and do not have a history of heredity, but it is undeniable that some respondents also have disharmonious families which cause self-harm behavior.

According to Qonita et al. (2023) genetic and family studies show that the risk rate among first-degree family members of individuals with major depression (unipolar) is estimated to be 2 to 3 times that of the general population.

The genetic influence on depression is not specifically mentioned, only that there is a decrease in resilience and ability to respond to stress (19). Discussion from the Harvard Health Publication journal (2009) there are other possible causes of depression including impaired brain function related to mood regulation, genetic biological vulnerability, stressful life events, drugs and the presence of medical indicators.

This happens because adolescence is a transition period between childhood and adulthood and during this period, teenagers begin to search for identity and self-identity so that they experience drastic changes in their bodies, minds, emotions and sexual matters that affect the mental health of teenagers.

Adolescent mental health can be caused by several factors. According to research Ulya & Setiyadi (2021) Biological factors that directly affect adolescent mental health are the brain, endocrine system, genetics, sensory, and maternal conditions during pregnancy (20). Then psychological factors that affect mental health are traumatic experiences experienced, unfulfilled needs, suboptimal development tasks, and so on. While external factors that affect adolescent mental health conditions include parenting patterns, environmental health conditions and socio-economics (21). This is in line with what Youngblade et al (2007) said that a teenager who has good relationships and receives support from parents, school, and the surrounding environment and community, will tend to develop in a positive and healthy way (22). Likewise, a teenager who does not have a good relationship and does not get support from parents or their immediate environment, will tend to develop in a negative or unhealthy way. This mental condition encourages some teenagers to be vulnerable to self-harm, either with suicidal intentions or not.

Psychological predisposing factors include self-harm

The results of the study showed that the majority of psychological factors were at moderate risk as many as 186 (65.3%) respondents. According to the researcher's analysis, various problems experienced by adolescents, namely friendship problems, family problems, feeling like they have failed in doing something and career planning problems, from these complex problems have an impact on adolescents doing self-harm behavior (hurting themselves). In addition to the effects of stress or depression, self-harm can occur from knowing friends who do self-harm, having poor self-esteem, fighting with parents, having problems with schoolwork, and anxiety (23).

A person who self-harms is usually someone who does not easily express his emotions well. Therefore, the individual chooses to vent by hurting himself, in the hope of feeling relieved and satisfied. Psychological factors occur when individuals feel emotional strength that is difficult to overcome. When an adult is able to overcome his emotional maturity, then that person is able to manage his negative emotions well. However, if an early adult is unable to manage his negative emotions well, then what happens is that a person can vent with negative things, such as doing self-harm (24).

Not everyone is able to process these feelings. The feeling of distress caused by the pressure that has accumulated for days or even years is experienced from within and outside of oneself which seems to explode at any time. In addition, this problem can also be caused by low and uncontrolled resistance to distress. There are some people who vent their distress in a negative way and have a bad impact on themselves and their surroundings. Such as hurting themselves with self-made scratches, intentionally injuring their body so that many people around them are anxious. The behavior of hurting or injuring oneself is called Self-harm behavior (25).

Socio-cultural predisposing factors

The results of this study indicate that the majority are at low risk as many as 209 (73.3%) respondents and the least are at high risk as many as 5 (1.8%) respondents. The researcher assumes that this happens because some respondents have problems with their parents.

This research is in line with researches self-harm behavior is an expression of hatred from within that is done by neurotic people. Parenting patterns or family communication as external factors of self-harm behavior in adolescents are also the main factors in many cases. Both internal and external factors, or commonly termed risk factors, influence self-talk or negative thoughts of adolescents about themselves which foster feelings of inferiority, worthlessness, talent lessness, and also being very concerned with others (friends) in their activities (7).

Teenagers who do self-harm lack harmony in the family and tend to keep problems that are happening to themselves without telling their family members (26). In fact, the role of parents is important in the process of child

development, especially in adolescence and is the closest figure who teaches teenagers to make decisions in various situations and problems in their lives later (27).

The most important factor that influences the course of child development is the quality of parenting. This is further proven by previous studies that show signs of certain parenting patterns that have a negative impact on adolescent self-harm behavior (28). Research results Wang et al. (2017) found that adolescents who self-harmed had parents who tended to be critical and overly controlling (29). Similar findings were also obtained by Du et al. (2019) which found that high psychological and behavioral control from parents was found to be a high risk for adolescents involved in self-harming behavior (30). In addition, the results of the study Victor et al. (2019) also found that parenting is one of the factors that can predict the emergence of self-harming behavior (31).

In general, parenting is the main factor that can affect adolescent mental health. This explains that positive parenting is a promising shield to prevent self-harm behavior by adolescents.

CONCLUSION

The study found that self-harm was most prevalent among 12th-grade adolescents aged 17–18, with females as the majority. Predisposing factors included: (1) biological mostly low risk, influenced by family harmony and minimal genetic impact; (2) psychological moderate risk, triggered by family, peer, academic, and emotional regulation issues; and (3) socio-cultural generally low risk but strongly shaped by parenting and family communication. Overall, self-harm is a multidimensional phenomenon requiring holistic interventions from families, schools, and social environments to prevent and support adolescents' mental health.

AUTHOR'S CONTRIBUTION STATEMENT

IMA, principal investigator, conceptualised and designed the study, prepared the draft of the manuscript and reviewed the manuscript; IMA, TS, IA, SM, led the data collection, advised on the data analysis and interpretation and reviewed the manuscript; IMA, TS, IA, SM, reviewed the manuscript; IMA, advised on the data analysis and interpretation and reviewed the manuscript.

CONFLICTS OF INTEREST

The authors declare that they have no conflict of interest

SOURCE OF FUNDING STATEMENTS

BIBLIOGRAPHY

1. Pratama MF, Mastuti E, Yoenanto NH. The impact of future orientation and social support on career adaptability. J Psikol Ulayat. 2024; https://doi.org/10.24854/jpu1006.
2. Mastrotheodoros S, Van der Graaff J, Deković M, Meeus WHJ, Branje S. Parent–Adolescent Conflict across Adolescence: Trajectories of Informant Discrepancies and Associations with Personality Types. J Youth Adolesc. 2020;49(1):119–35. https://doi.org/10.1007/s10964-019-01054-7.
3. Rahmawati FN, Sudaryanto A. Correlation Between Stress Level and Smoking Behavior in Adolescents. An Idea Health Journal. 2024;5(01):80-4. https://doi.org/10.53690/ihj.v5i01.419.
4. Koudela-Hamila S, Smyth J, Santangelo P, Ebner-Priemer U. Examination stress in academic students: a multimodal, real-time, real-life investigation of reported stress, social contact, blood pressure, and cortisol. J Am Coll Health. 2022;70(4):1047–58. https://doi.org/10.1080/07448481.2020.1784906.
5. Wang YJ, Li X, Ng CH, Xu DW, Hu S, Yuan TF. Risk factors for non-suicidal self-injury (NSSI) in adolescents: A meta-analysis. eClinicalMedicine. 2022;46:1–12. https://doi.org/10.1016/j.eclinm.2022.101350.
6. López-Martínez LF, Carretero EM, Carrasco MA, Pérez-García AM. Self-Regulation, Emotional Symptomatology, Substance Use, and Social Network Addiction in Adolescent Self-Harm. Behav Sci (Basel). 2025;15(3):1–17. https://doi.org/10.3390/bs15030257.

7. Tarigan T, Apsari NC. Perilaku Self-Harm Atau Melukai Diri Sendiri Yang Dilakukan Oleh Remaja (Self-Harm or Self-Injuring Behavior By Adolescents). Focus J Pekerj Sos. 2022;4(2):213. https://doi.org/10.24198/focus.v4i2.31405.

8. Curtis S, Thorn P, McRoberts A, Hetrick S, Rice S, Robinson J. Caring for Young People Who Self-Harm: A Review of Perspectives from Families and Young People. Int J Environ Res Public Health. 2018 May;15(5). https://doi.org/10.3390/ijerph15050950.

9. Laporte N, Ozolins A, Westling S, Westrin Å, Wallinius M. Clinical Characteristics and Self-Harm in Forensic Psychiatric Patients. Front Psychiatry. 2021;12(August). https://doi.org/10.3389/fpsyt.2021.698372.

10. Rosare S, Amir H, Mappanganro A. Wound Care Using 0.9% Cadexomer Iodine as a Primary Dressing in a Grade II Diabetic Ulcer: A Case Study. An Idea Nursing Journal. 2025;4(02):33-8. https://doi.org/10.53690/inj.v4i02.459.

11. Saragih RSJ. Hubungan Antara Dukungan Teman Sebaya dan Keharmonisan Keluarga Dengan Kenakalan Remaja. J Penelit Pendidikan, Psikol Dan Kesehat. 2022;3(1):83–91. https://doi.org/10.51849/j-p3k.v3i1.153.

12. Fadhila N, Syafiq M. Pengalaman Psikologis Self Injury Pada Perempuan Dewasa Awal. Character J Penelit Psikol semakin. 2020;07(03):167–84. https://doi.org/10.26740/cjpp.v7i03.36329.

13. Zakaria ZYH, Theresa RM. Faktor-Faktor Yang Memengaruhi Perilaku Factors That Influence the Behavior of Nonsuicidal Self-Injury (Nssi) in Teenage Girls. Psikol Sains dan Profesi. 2020;4(2):85–90. https://doi.org/10.24198/jpsp.v4i2.26404.

14. Amir H, Sudarman S, Batara AS, Asfar A. Covid19 Pandemic: Management And Global Response. Jurnal Kesehatan Lingkungan. 2020;12(1 Special Issue):121-8.

15. Sharief SA, Minhajat R, Riu DS, Bukhari A, Amir H. Normocytic Anemia in Pregnant Women: A Scoping Review. The Medical journal of Malaysia. 2024;79(5):646-57.

16. Bresin K, Schoenleber M. Gender differences in the prevalence of nonsuicidal self-injury: A meta-analysis. Clin Psychol Rev. 2015;38(March 2015):55–64. https://doi.org/10.1016/j.cpr.2015.02.009.

17. Rejeki S, Perawati P. Implementation of an Emergency Department Boarding Time Monitoring Dashboard to Reduce Patient Retention. An Idea Nursing Journal. 2025;4(02):45-52. https://doi.org/10.53690/inj.v4i02.288.

18. Sibualamu KZ, Mustafa SR, Wahyuni E. Audiovisual Recording Imaginative Guidance Method Against Hospitalization Stress in School-Age Children. An Idea Health Journal. 2021;1(03):163-7. https://doi.org/10.53690/ihj.v1i02.87.

19. Azimatun Qonita A, Shidiqoh A, Surya Ramadlani R, Cahya Wulandari W, Agustanti A, Ihsanul Fikri S. Faktor-Faktor Pendorong Self Harm pada Santri Remaja Putri. Islam Educ Couns J. 2023;2(1):2023.

20. Fatya Ulya, Noor Alis Setiyadi. Kajian Literatur Faktor yang Berhubungan dengan Kesehatan Mental Pada Remaja. J Heal Ther. 2021;1(No. 1):27–46.

21. Antu MS, Latinapa YD, Katili A. Overview of Adolescent Mental Health. An Idea Health Journal. 2024;5(01):44-9. https://doi.org/10.53690/ihj.v5i01.350.

22. Youngblade LM, Theokas C, Schulenberg J, Curry L, Huang IC, Novak M. Risk and promotive factors in families, schools, and communities: a contextual model of positive youth development in adolescence. Pediatrics. 2007 Feb;119 Suppl 1:S47-53.

23. Azizah N, Yasin AA. Efektifitas Pendekatan Konseling Behavioral pada Perilaku Self Harm di MANU Putri Buntet Pesantren. JIECO J Islam Educ Couns. 2022;2(1):1–7. https://doi.org/10.54213/jieco.v2i1.120.

24. Rachmadintha Chantika Putri Shalsabilla, Herlan Pratikto, Akta Ririn Aristawati. Self injury pada dewasa awal: Bagaimana peranan self awareness? Inn J Psychol Res. 2023;2(4):764–71.

25. Kurniawaty R. Dinamika Psikologis Pelaku Self-Injury. J Penelit dan Pengukuran Psikol. 2012;1(1):13. https://doi.org/10.21009/JPPP.011.03.

26. Nasution ES. Dynamics of Self-Injury Behavior in Adolescents from a Broken Home Family. 2023;2023:1–7. https://doi.org/10.11594/nstp.2023.3501.

27. Utami G, Sari N, Dahlia D, Sari K. Self-Injury Behavior Pada Remaja Korban Perundungan dan Kaitannya dengan Kelekatan Orang Tua. Seurune J Psikol Unsyiah. 2023;6(2):198–220. https://doi.org/10.24815/s-jpu.v6i2.32163.

28.   Sanders MR, Morawska A. Handbook of parenting and child development across the lifespan. Handb Parent Child Dev Across Lifesp. 2018;1–853.

29.   Wang B, You J, Lin MP, Xu S, Leung F. Developmental Trajectories of Nonsuicidal Self-Injury in Adolescence and Intrapersonal/Interpersonal Risk Factors. J Res Adolesc Off J Soc Res Adolesc. 2017 Jun;27(2):392–406. https://doi.org/10.1111/jora.12273.

30.   Du C, You J, Zheng X, Ren Y, Jiang Y. The effects of parental psychological control on non-suicidal self-injury in Chinese adolescents: The mediating effect of negative emotions. J Psychol Abnorm. 2017;05(02).

31.   Victor SE, Hipwell AE, Stepp SD, Scott LN. Parent and peer relationships as longitudinal predictors of adolescent   non-suicidal self-injury onset. Child Adolesc Psychiatry Ment Health. 2019;13:1. https://doi.org/10.1186/s13034-018-0261-0.