Indonesian Journal of Global Health Research
Volume 6 Number S6, December 2024
e-ISSN 2715-1972; p-ISSN 2714-9749
http://jurnal.globalhealthsciencegroup.com/index.php/IJGHR

SUICIDAL SELF-HARM BEHAVIORS IN YOUNG ADULT WOMEN

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ABSTRACT
Self-harm is a rising concern among young adult women, particularly as it is often linked to an increased risk of suicide. This study aims to examine the patterns, motivations, and psychological impacts of self-harm behaviors within this demographic, focusing on the underlying emotional triggers and contextual factors. Using a qualitative approach, in-depth interviews were conducted with participants aged 18 to 25 years who had experienced self-harming behaviors. The method allowed for a detailed exploration of their personal experiences, revealing that self-harm frequently serves as a coping mechanism to manage intense emotional pain and a perceived lack of control over negative emotions. Participants often reported that self-harm provided temporary relief, though it sometimes led to feelings of regret and shame. Additionally, a significant portion of the participants expressed a tenuous connection between self-harm and suicidal ideation, highlighting a complex relationship between self-harm and mental health risks without a direct intent to commit suicide. This study underscores the need for targeted, empathetic interventions that address the emotional and psychological needs of young adult women struggling with self-harm, providing insights for mental health practitioners to develop tailored support strategies aimed at reducing self-harm and related mental health challenges in this population.

Keywords: mental health; risky behavior; self-harm; suicide; young adult women

How to cite (in APA style)
Rahamitu, G. S. P. P., Dwidiyanti, M., & Dwiantoro, L. (2024). Suicidal Self-Harm Behaviors in Young Adult Women. Indonesian Journal of Global Health Research, 6(S6), 659-668. https://doi.org/10.37287/ijghr.v6iS6.4836.

INTRODUCTION

Self-harm behavior, or the act of self-harm, is a psychological phenomenon that is increasingly being studied because of its significant impact on an individual's mental health. Self-harm is defined as behavior in which an individual intentionally commits an act of self-harm, usually in the form of injuring the skin, cutting or hitting a specific part of the body. This is often an extreme way to manage painful emotions, reduce stress, or get relief from inner pressure. Although not always related to suicidal ideation, self-harm is often an indicator of a higher risk of suicide, especially in individuals who do it repeatedly (Millard, 2015).The phenomenon of self-harm is more common in young adult women than in other age groups, which is most likely affected by changes in emotional and social development during this phase. In the context of young adult women, this behavior is often triggered by various complex factors, such as emotional pressure due to high social expectations, self-satisfaction, body image disorders, and complex interpersonal dynamics (Stänicke, 2021). Some research suggests that self-harm can be a way for individuals to express pain or emotions that they are unable to express in words. In certain cases, this behavior reflects an attempt to gain control over unbearable emotions or create a sense of "numbness" as a form of escape from mental distress (Liljedahl et al., 2023; Stänicke et al., 2018).

Self-harm in young adult women is not just impulsive behavior; Often, these actions reflect deep internal conflicts and can be rooted in past traumas, such as violence or unresolved emotional experiences. Psychological factors such as anxiety disorders, depression, or post-traumatic stress disorder (PTSD) are also often the background to the emergence of these

behaviors. Additionally, environmental factors, such as pressure from social media that often highlight physical perfection and achievement, can increase the risk of self-harm, especially when individuals compare themselves to unrealistic standards (Ford et al., 2015).

Self-harm behavior in young adult women has been the focus of research in various areas of psychology and mental health due to its higher prevalence compared to men. Several studies reveal that biological, psychological, and social factors also affect women's vulnerability to self-harm. For example, research shows that women are more likely to use self-harm as a way to cope with negative feelings because they tend to be more open to emotions and more influenced by social dynamics (Vafaei et al., 2023). Gender factors, which relate to social expectations and gender roles, also play an important role. Women often feel pressured to meet high social standards in terms of appearance, achievements, and behavior, which can trigger insecurities and a tendency to self-harm as a form of diversion or escape from such pressure. Depression in young adult women who engage in self-harm often arises as a result of feelings of helplessness or hopelessness, which can result from their inability to manage negative emotions. In addition, high anxiety, especially related to self-image and interpersonal relationships, has also been found to be a major trigger for self-harm in women (Lutz et al., 2023).

In addition to psychological factors, environmental aspects, including pressure from the family and interpersonal dynamics, also play a significant role in self-harm behavior. The family factor, for example, has proven to be one of the main triggers. Pressure from parents, such as excessively high expectations for academic or career achievement, can create feelings of failure or inadequacy in individuals. In certain situations, this inability to meet family expectations encourages individuals to self-harm as a form of venting or punishment for what they perceive as failure. Conflict with other family members, such as siblings or partners, can also worsen mental health and trigger self-harm as a form of escape or response to stressful situations (Javdan et al., 2024).

From a psychosocial perspective, self-harm can be thought of as a form of dysfunctional emotion regulation mechanism, in which individuals engage in self-harm as a way to relieve or control unbearable emotions (Wolff et al., 2019). Individuals with low emotion regulation skills, which are often found in people with psychological disorders such as depression and borderline personality disorder, are more likely to self-harm in response to stress. This theory indicates that interventions to develop more adaptive emotion regulation skills can reduce the tendency to self-harm (Andover et al., 2014).Individuals who repeatedly self-harm had a higher risk of committing suicide later in life. Self-harm can increase an individual's tolerance threshold for physical pain and discomfort, which in some cases leads to an increased risk of suicide. This emphasizes the importance of an early and comprehensive intervention approach to prevent the escalation of self-harm behaviors towards suicide (Brager-Larsen et al., 2022).This research will examine various aspects of self-harm behavior in young adult women by highlighting the motivations, environmental triggers, and psychological factors that contribute to the emergence of these behaviors. It will also discuss the relationship between self-harm and suicide risk, as well as how psychological interventions can help reduce these tendencies. It is hoped that a deep understanding of self-harm can contribute to the formulation of effective strategies to prevent and address these behaviors in the context of people's mental health.

METHOD

This study uses a qualitative approach to allows researchers to capture the complexity of this phenomenon from the perspective of the participants, which cannot always be explained through a quantitative approach. The main focus of this method is to explore the meanings and patterns formed from the participants' life experiences, thus providing a rich and detailed picture of self-harm behavior in young adult women.Participants in this study were young adult women between the ages of 18 and 25 who had experienced self-harm in various forms, such as cutting, scratching, or self-harming in other ways. These inclusion criteria were chosen to ensure that participants had experienced self-harm behaviors firsthand, so that they could provide an in-depth and authentic perspective. Participant recruitment was carried out using a purposive sampling technique, where individuals who met the criteria were selectively selected to participate in the study. This technique allows researchers to identify participants who have direct experience and are relevant to the research topic.

Data were collected through in-depth interviews conducted in a semi-structured manner. Semi-structured interviews were chosen so that participants had the freedom to explain their experiences in detail, without being too limited by a rigid list of questions. The researcher compiled a few key questions as a guide to maintain the flow of the interview, but participants were encouraged to speak openly and freely about relevant topics. Key questions included the motives behind self-harm behaviors, triggering factors, associated emotional experiences, and efforts that participants have made to overcome or stop those behaviors. Each interview lasts between 60 to 90 minutes, depending on the participant's willingness and comfort in sharing their experiences.The interview was conducted in a location that was comfortable and safe for the participants, by maintaining the privacy and confidentiality of the information provided. The researchers also gave participants the option to conduct interviews in person or through virtual platforms to accommodate their preferences, especially for participants who felt more comfortable speaking in a private environment. Before the interview begins, the researcher provides an explanation of the purpose of the study, the interview procedure, and the rights of the participants, including the right to stop or refuse to answer questions at any time.

Data from the recorded interviews is then transcribed verbatim to ensure that all information, including the emotional nuances and verbal responses of the participants, is accurately recorded. Data analysis was carried out using thematic analysis techniques, which aimed to identify themes, patterns, and categories that emerged from the interview transcripts. The thematic analysis process is carried out through several stages. Researchers read the transcript thoroughly to understand the content and get a rough idea of the topics that come up frequently. Each transcript is broken down into smaller units of data, and each section is assigned a code or label based on the topic or meaning it appears. For example, a section describing why a participant committed self-harm could be coded such as "emotional venting," "self-control," or "escape." Codes that have similarities or relatedness are then grouped into main themes that reflect a broader meaning. For example, themes such as "mechanisms of emotional regulation," "the influence of interpersonal relationships," and "perceptions of self-identity" can arise from this process. The researchers reviewed the themes that had been found to ensure that they reflected the data consistently and validly. At this stage, themes that are not very strong or irrelevant are eliminated, while significant themes are further developed. The final stage of the thematic analysis is to develop an interpretive narrative that relates the main themes to the context of self-harm behavior in young adult women. Researchers sought to interpret how these themes reflect motivation, emotional conflict, and social and psychological factors associated with self-harm behavior.To ensure the validity and reliability of the data, the researcher used a member-checking technique, where participants were given the opportunity to review and provide feedback on the

interview transcripts and interpretations made by the researchers. This aims to ensure that the results of the analysis truly reflect the participants' experiences and perspectives. In addition, the researcher also conducts discussions between colleagues to reduce interpretive bias and maintain objectivity in the analysis process.

RESULT

From the results of interviews with three participants who were experienced in self-harm behavior, it was revealed that each individual has a unique experience that is influenced by various emotional and situational factors. All participants reported that they self-harmed as a way to cope with intense, unbearable emotions.

Interview Results

The results of the interview analysis for Participant 1 (P1) provide a profound understanding of the psychological and emotional dimensions underpinning self-harm behavior. The findings are categorized into distinct themes, highlighting the motivations, psychological impact, and contextual factors influencing self-harm. P1 described experiencing mixed emotions during self-harm, including pain, excitement, and eventual calmness. P1 reported that observing deeper wounds and the flowing blood brought a sense of excitement and calm, which served as a distraction from overwhelming emotional pain. This indicates that self-harm for P1 is not solely an act of physical injury but also a coping mechanism to refocus attention and temporarily manage emotional distress.The behavior of P1 involved actions such as hitting walls, tying a rope around the neck, and inflicting cuts on the skin. These behaviors are utilized as a means to channel and alleviate negative emotions stemming from "deep overthinking," sadness, and a sense of being overwhelmed. P1 described feeling down and using self-harm to redirect attention away from emotional struggles, illustrating the psychological utility of self-harm as an emotional outlet.

P1 expressed recurrent thoughts of suicide, which seem to coexist with self-harm. However, there is a clear ambivalence; while P1 desires to end their suffering, they also feel unprepared to take the ultimate step. P1 articulated using self-harm as an alternative to suicide, seeking a level of pain that diverts attention from emotional turmoil without directly ending their life. This reveals a complex interplay between the urge for relief from suffering and the hesitation to commit to a final action.Family relationships emerged as a significant factor influencing P1's emotional state. P1 described feeling pressured by parental expectations that conflict with their personal desires. The strict and authoritative demeanor of P1's father, who is perceived as infallible and dismissive of others' perspectives, has led P1 to internalize frustration and disappointment. This emotional suppression over time contributed to feelings of despair and the eventual reliance on self-harm as a coping strategy.

P1 conveyed deep-seated feelings of sadness, anger, and disappointment, not only towards their parents but also towards themselves. P1 questioned their own existence, expressing sentiments of regret about being born and frustration with their inability to meet perceived expectations. These emotions underscore a struggle with identity and self-worth, which further drives the behavior of self-harm.Although P1 disclosed suicidal thoughts, they explained that self-harm acts as a substitute for suicide. By engaging in self-harm, P1 achieves a sense of control over their pain and emotions, delaying or avoiding more permanent actions. The act of observing blood and physical pain provides a temporary sense of relief and satisfaction, emphasizing the psychological reliance on self-harm as a mechanism to manage suicidal ideation.The interview analysis for Participant 2 (P2) sheds light on the emotional triggers and psychological complexities surrounding their self-harm behavior. P2 identified sadness, often stemming from conflicts with their romantic partner, as a primary trigger for engaging in self-harm. This suggests that interpersonal relationship

issues play a significant role in their emotional distress. When faced with such challenges, P2 experiences intense sadness, which serves as a precursor to their self-harm behaviors.

P2 disclosed engaging in self-harm by cutting their arms deeply enough to draw significant amounts of blood. They associated the sight of blood with thoughts of allowing themselves to "bleed out" and die. While this highlights the severity of their actions, it also points to the role of self-harm as a mechanism for managing emotional pain. In addition to self-harm, P2 described contemplating suicide through scenarios such as jumping off a building or being hit by a car. However, these thoughts were accompanied by fear, which prevented them from acting on these impulses. This ambivalence reveals the internal conflict P2 experiences—while they feel a desire to escape their pain, their fear acts as a protective factor, stopping them from attempting suicide.

P2's self-harm appears to function as a coping mechanism for overwhelming emotions, particularly sadness caused by interpersonal conflicts. The act of cutting and seeing blood may serve as a temporary distraction or relief from their emotional turmoil. P2's thoughts of suicide reflect a desire to end their suffering, yet their fear of acting on these thoughts demonstrates a level of ambivalence. This hesitation could indicate an underlying hope or attachment to life, despite their struggles. Conflicts in romantic relationships emerge as a central theme influencing P2's emotional well-being and subsequent behaviors. These interpersonal difficulties intensify their sense of sadness, which they attempt to manage through self-harm.

The interview analysis of Participant 3 (P3) offers insight into their experiences, motivations, and emotional struggles surrounding self-harm behavior. P3 consistently engages in self-harm whenever faced with personal challenges or conflicts. They view self-harm as a form of punishment for what they perceive as their own mistakes. P3 firmly believes that any problem they encounter is a direct result of their own shortcomings, reinforcing a cycle of self-blame and self-inflicted pain. This behavior reflects a deep sense of guilt and a desire for atonement through physical suffering.While P3 expressed a desire to die, they also revealed a fear of death, resulting in an internal conflict. This ambivalence drives their behavior, where self-harm becomes a means to cope with the desire to escape life's struggles without fully committing to ending their life. For example, P3 admitted to smoking with the intent of developing a serious illness as a passive form of self-destruction. This reveals a complex interplay between seeking relief from emotional pain and a subconscious attachment to life.

P3's actions are also influenced by their relationship with their parents. They openly admitted to using self-harm as a way to gain attention from their parents, who they feel neglect their emotional needs. P3 described feeling exhausted by constant criticism from their parents, being labeled as lazy, and being the target of parental stress. Despite their efforts to contribute at home, P3 feels unappreciated and misunderstood, which further exacerbates their emotional distress. This longing for validation and recognition highlights a lack of emotional support in their familial relationships. P3 revealed that their parents often vent their stress on them, especially during familial conflicts. This dynamic leaves P3 feeling powerless, as they perceive themselves as unable to defend or assert themselves because of their role as a child. The constant scapegoating and inability to meet parental expectations create a sense of confusion and helplessness, further intensifying P3's feelings of inadequacy and emotional exhaustion.

A recurring theme in P3's narrative is profound sadness and regret about their circumstances. P3 expressed feelings of not wanting to have been born into their family, associating their emotional struggles with their family environment. This sentiment reflects a deep dissatisfaction with their life situation and highlights the perceived lack of emotional safety

and support within their family.

Self-harm experience

The first participant, explained that the act of self-harm began in 2017 and lasted sporadically until 2021. She injures himself when he feels "down" or depressed, using a sharp tool such as an eyebrow razor to scratch his arm. She noted that while performing the act, she felt pain but also a feeling of "excitement" when she saw the wound and blood flowing. This creates a feeling of calm afterwards, suggesting that self-harm serves as an escape mechanism from emotional distress.The second participant, had a similar experience but with a lower frequency. She hurts herself when facing emotional problems, especially those related to romantic relationships. Jasmine used razors to injure her arm and confessed that the act provided a way to show others that she was suffering. This suggests that for her, self-harm is not just about diversion of pain, but also a way to seek attention or recognition from others.The third participant, explained that she committed self-harm as a form of punishment against herself. After getting a diagnosis of BPD (Borderline Personality Disorder), She realized that this behavior is a manifestation of feelings of guilt and dissatisfaction with herself. She commits self-harm in the form of hitting a wall or himself, feeling satisfaction and regret afterwards. This indicates ambivalence in self-harm behavior, where one side feels satisfied but the other side feels regretful.

Table 1.
Negative emotions: Sad & Anger

Negative Emotions	Participants
Sad & Anger	*P1 : Eeee... It depends. When I deep overthingking everything. Then I started to feel down, sad that thoughts of suicide must have appeared.* *P1 : Feelings must be mixed. There is sadness, anger and disappointment with parents. Disappointed with yourself why you have to be born like this* *P2 : Yes, there is. The trigger is eee if it's sad like a problem with girlfriend* *P3: I'm sorry it made me cry. I'm just sad why I'm like this.*

The relationship between self-harm and suicide risk

Most participants admitted that suicidal thoughts appeared along with self-harm behaviors. P1 stated that she had a plan to commit suicide but did not have the courage to do so. She chose self-harm as a way to divert deep emotional pain. This statement is in line with research showing that individuals who engage in self-harm often have a higher risk of suicide.

P2 also noted that although she did not have a specific suicide plan, there were times when she thought about ways to end her life. This suggests that while not all individuals who commit self-harm plan to commit suicide, the thoughts are often in the background and can be elevated in certain situations.

P3 confirmed that she thinks about suicide every day, despite being afraid to do so. She has also tried several times to commit suicide but failed. It underscores the importance of a deeper understanding of the mental and emotional conditions underlying self-harm behavior, as well as the need for better interventions for at-risk individuals.

Table 2.
Selfharm as a suicide diversion

Suicide Risk	Participants
Selfharm as a suicide diversion	*P1: Why did I choose to self-harm, because I want to die but I don't want to commit suicide yet, but I want to feel enough pain to be able to distract me from what I think and feel.* *P2: Yes, my goal was to commit suicide but I wasn't ready for it so I switched to selfharm* *P3 : Let it die. But yes, it didn't die. But I also have a feeling of fear of death but I want to die.*

DISCUSSION

The results of this study reveal various dimensions of self-harm behavior in young adult women in response to intense and unbearable emotional stress. Self-harm behavior not only serves as an impulsive action but also as a complex self-regulation mechanism (Lockwood et al., 2017). Self-harm gives participants a sense of control, an escape from negative feelings, and, in some cases, a way to gain recognition from their social environment. These findings are in line with the literature showing that self-harm is often used by women as an expression of emotional pain that cannot be expressed through words (Curtis, 2016). The following is a further discussion of the key themes found in this study.

Coping Mechanism

Self-harm serves as a coping mechanism that participants rely on to relieve unbearable emotional feelings. The participants reported that the act of self-harm allowed them to shift their focus away from deep emotional pain. In this context, self-harm can be considered a dysfunctional emotion regulation strategy but is considered effective by individuals because it provides a sense of "relief" from inner pressure. This phenomenon is supported by the theory of emotional regulation which states that when individuals are unable to manage emotions in a healthy way, they tend to seek out destructive mechanisms, such as self-harm, to cope with feelings of distress (Carpenter & Trull, 2013; Faradiba et al., 2022; Wolff et al., 2019). For some participants, self-harm has a deeper purpose as a form of venting on feelings of anger, disappointment, or other negative feelings that they cannot channel in a more constructive way. This shows that self-harm is not just a manifestation of physical pain, but a reflection of internal conflict and pent-up emotions (Lumley et al., 2011). This understanding provides insight that interventions aimed at developing more adaptive coping skills can help individuals cope with negative feelings without having to hurt themselves.

Emotional Impact

Self-harm carries a significant emotional impact on participants, and the impact varies from individual to individual. Some participants felt a temporary calm or a feeling of "relief" after self-injury. This confirms that self-harm provides a calming sensation of release, although the effect is temporary (Wilde, 2022). However, many participants also reported feelings of regret, shame, and guilt after committing the act. These emotional experiences create a contradiction, where self-harm provides short-term relief but creates a heavier emotional burden in the long run.The long-term effects of self-harm, such as increased anxiety, depression, and feelings of hopelessness, suggest that these behaviors can worsen participants' overall mental health conditions (Sadath et al., 2023). The shame and regret that often accompany acts of self-harm can also exacerbate feelings of inferiority, creating a vicious circle in which individuals feel increasingly trapped in these behaviors without being able to find a healthy way out (Hosny et al., 2023). In the long term, this impact highlights the need for an approach that helps individuals to break the cycle of self-harm behavior and develop more positive emotional management strategies.

Linkage to Suicide

Self-harm is closely associated with suicide risk, although not all individuals who commit self-harm have the intention to end their lives. However, the study found that some participants reported suicidal thoughts, suggesting that self-harm can be a serious warning signal regarding future suicide risk. The act of self-harm often increases the individual's tolerance threshold for physical pain which in some cases can reinforce their intention to commit more extreme acts.Factors such as loneliness, inability to deal with problems constructively, and feelings of hopelessness are significant triggers in increasing the risk of suicide. This suggests that the development of early detection programs for self-harm behaviors as well as effective interventions to reduce suicide risk is an urgent need (Motillon-Toudic et al., 2022; Shoib et al., 2023). Health workers, especially those in the mental health field, need to be trained to recognize signs of self-harm behavior and suicidal thoughts and provide appropriate support to at-risk individuals (Hagen et al., 2017).

Recommendations for Intervention

These findings highlight the importance of intervention programs designed specifically for young adult women in overcoming emotional distress and reducing self-harm behaviors. Intervention programs can involve a variety of approaches, including cognitive behavioral therapy (CBT), dialectical therapy (DBT), and emotion regulation training designed to help individuals develop more adaptive emotion management skills. DBT, for example, is particularly effective in addressing self-harm behaviors because it focuses on developing skills to control impulses and manage negative emotions (May et al., 2016).Awareness campaigns about mental health in the community are essential to reduce the stigma against self-harm and improve access to professional help. A safe and open environment to talk about feelings and emotions can help individuals to be more open to seeking support, whether from family, friends, or professionals (Stuart, 2016). The study also underscores the importance of involving families and communities in intervention programs, given that support from close ones has a significant impact on an individual's recovery process.At the policy level, the provision of more affordable and accessible mental health services for young adult women is essential to prevent and address self-harm behaviors (Campion et al., 2022; National Academies of Sciences, 2020). Authorities may consider providing counseling and psychological support programs on campuses and community health centers, given that many young adult women are of college age or early in their careers, where they are vulnerable to social and emotional pressures.

CONCLUSION

The study concluded that self-harm behavior among young adult women is often a response to emotional distress and can be an indicator of suicide risk. The study highlights that self-harm behavior is not just destructive behavior, but reflects the deep need for individuals to manage feelings and inner conflicts that they find difficult to handle. By providing appropriate support and access to adequate mental health services, it is hoped that self-harm behaviors can be minimized and individuals can be helped to find healthier ways to cope with their emotional and social stress

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