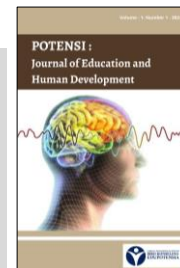


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Adolescent Self-Injury Tendencies among High School Students: A Descriptive Study

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ABSTRACT

This study aims to describe the levels and forms of self-injury among high school students in Tasikmalaya. A quantitative approach with a descriptive design was employed, involving 168 students from grade XI at eight public senior high schools selected through simple random sampling. The instrument used was the Deliberate Self-Harm Inventory (DSHI) developed by Gratz (2001), which demonstrated good reliability ($\alpha = 0.81$). The findings showed that most participants (64.9%) were categorized as having low levels of self-injury, while 35.1% were in the moderate category, and none were in the severe category. Scratching was identified as the most common form of self-injury, followed by carving words or symbols on the skin and self-hitting. Further analysis revealed gender differences, with female students reporting significantly higher self-injury scores ($M = 3.18$, $SD = 2.48$) compared to males ($M = 1.85$, $SD = 1.21$), $F(1,148) = 14.05$, $p < .001$. Overall, the study highlights that self-injury behaviors among adolescents in Tasikmalaya tend to be at a low level but remain a concerning issue, particularly among female students. Preventive efforts and school-based counseling interventions are recommended to address this behavior.



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Introduction

Adolescence is a transitional stage from childhood to adulthood marked by biological, cognitive, psychological, and socio-emotional changes (Santrock, 2007). During this critical period, adolescents often face difficulties in managing emotions, which may negatively affect their physical condition, thinking ability, and social functioning (Hurlock & Wilson, 2011). Emotional problems can lead to distress, resulting in negative affect such as sadness, hopelessness, frustration, and anger (Din, 2021). If not managed effectively, distress may disrupt adolescent development and daily functioning (Kazdin, 1992). Adolescents are also challenged by fluctuating emotions of greater intensity and complexity (Bailen et al., 2019). In this context, coping strategies play an important role in regulating emotions (Tugade & Fredrickson, 2007). However, ineffective coping may increase the risk of maladaptive behaviors, including substance abuse and nonsuicidal self-injury (NSSI) (Sorgi et al., 2021). NSSI is defined as deliberate self-inflicted harm without suicidal intent, often used as an avoidance strategy to relieve emotional pain (Wilkinson & Goodyear, 2011).

Globally, self-injury has become a concerning phenomenon among adolescents. Research shows that 16% of adolescents engage in NSSI, with higher prevalence among females than males (Michael et al., 2012). In Indonesia, more than one-third (36.9%) of the population has engaged in self-injury, with 7% of youth aged 18–25 reporting regular involvement (Wiswanti & Hendrawan, 2025). National data also reveal that 6.1% of Indonesians aged 15 years and above experience mental health disorders, including anxiety and depression, which are linked to self-injury (Wiswanti & Hendrawan, 2025). Studies indicate that self-injury commonly begins between ages 11–15, with the highest proportion occurring during adolescence (Farkas et al., 2024). Self-injury is carried out in various forms, such as cutting, scratching, burning, or hitting oneself (Yasmeen & Sitwat, 2023). The motives include regulating overwhelming emotions, self-punishment, distraction from problems, or seeking attention (Polk & Liss, 2009). Beyond physical harm, individuals who engage in self-injury often experience guilt, shame, and social withdrawal, which may escalate the risk of suicidal behavior (Gunnarsson, 2021). Therefore, self-injury not only threatens adolescents' physical health but also has serious emotional and social consequences (Cassels & Wilkinson, 2016).

Given its negative impact, counseling services in schools are crucial in helping adolescents cope with emotional difficulties. Guidance and counseling provide preventive, developmental, and responsive services that support personal and social adjustment (Muhyatun, 2023). Individual counseling, particularly approaches such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT), has been found effective in reducing self-injury behaviors (Cooch & Gorraiz, 2016). Family counseling also plays a role in supporting adolescents at risk (Agustine et al., 2024). Moreover, comprehensive school-based mental health programs that integrate early identification, systematic referral procedures, and collaborative intervention strategies have been shown to significantly reduce the recurrence of self-injury and enhance students' overall well-being.

Method

Participants

This study employed a quantitative method with a descriptive design, involving a population of 3,345 eleventh-grade students from eight public senior high schools (SMAN 2, 3, 4, 5, 7, 8, 9, and 10) in Tasikmalaya City. From this population, a total of 325 students were selected using simple random sampling. Simple random sampling was chosen to ensure that every student had an equal opportunity to be included in the study, making the sample representative of the population. The inclusion criteria were students enrolled in class XI, aged 16–17 years, and willing to participate voluntarily.

Measure

The instrument used to assess self-injury behavior was the Deliberate Self-Harm Inventory (DSHI) developed by Gratz (2001). The questionnaire was administered online via Google Form after obtaining permission from the school and counseling teachers. The DSHI consists of items that identify the presence, frequency, and type of self-injury behaviors. Validity testing indicated that the instrument was acceptable, and the reliability test produced a Cronbach's alpha coefficient of 0.81, indicating good internal consistency. Data were processed and analyzed using WINSTEPS software.

Procedure

The data collection was conducted in January–July 2025 across eight public senior high schools in Tasikmalaya City. After securing formal permission from school principals and guidance and counseling teachers, the questionnaires were distributed to eligible students. Participants were provided with clear instructions and informed about the objectives of the study. They were assured of confidentiality and anonymity, and participation was entirely voluntary.

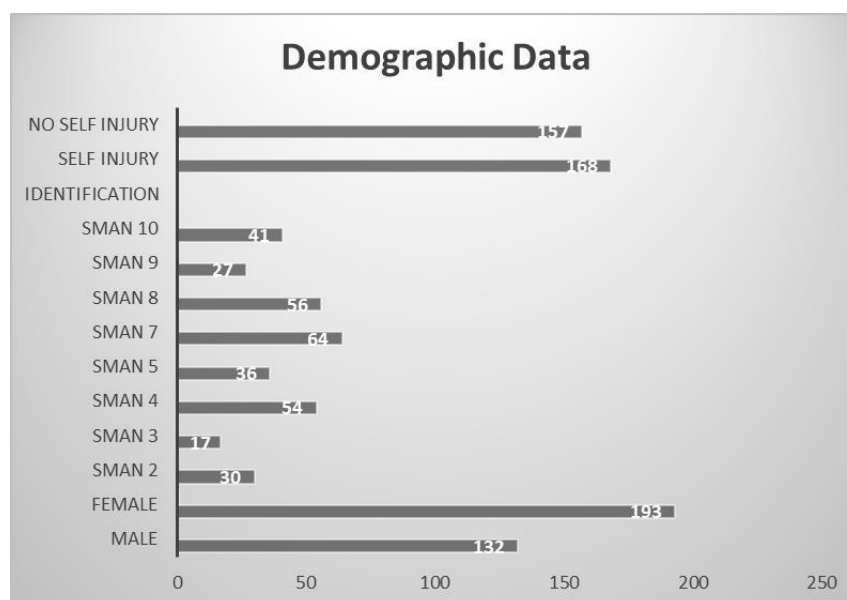
Results

According to Graph 1, which presents demographic data of participants, most students were in the age range of 16–17 years and enrolled in class XI at various public senior high schools (SMAN 2, 3, 4, 5, 7, 8, 9, and 10) in Tasikmalaya City. The gender distribution showed that female students ($n = 192$) were more

represented compared to male students ($n = 133$). The descriptive analysis also revealed differences in the prevalence of self-injury. Out of the total 325 participants, 162 students reported engaging in self-injury, while 163 students reported no self-injury behaviors. This indicates that self-injury is relatively common among adolescents, with nearly half of the participants having such experiences.

When analyzed by school, variations were observed in the number of students reporting self-injury. The highest number of participants came from SMA N 7 ($n = 64$) and SMAN 8 ($n = 56$), followed by SMAN 10 ($n = 41$), whereas the smallest group was from SMAN 3 ($n = 17$). This distribution suggests that self-injury behaviors are not limited to a particular school but are spread across different educational settings. Overall, the findings highlight that self-injury among adolescents in Tasikmalaya is strongly associated with difficulties in emotional regulation and family-related stressors, as noted in the preliminary study. The data provides an overview of the extent to which adolescents use self-injury as a maladaptive coping strategy in managing negative emotions.

Graph 1. Demographic Data



Overview of Self-Injury among Adolescents

Based on the general overview of self-injury among adolescents in public senior high schools across Tasikmalaya City, the findings indicate the following: Out of 168 participants, none were categorized at the severe level of self-injury. The majority of students, 109 participants (64.9%), fall into the low self-injury category. This indicates that most adolescents engaged in self-injury behaviors at a minimal level that may reflect situational or occasional coping strategies. Meanwhile, 59 participants (35.1%) fall into the moderate self-injury category, showing a more frequent engagement in such behaviors that may require counseling support. These findings demonstrate that while most adolescents show low tendencies of self-injury, a considerable proportion exhibit moderate levels that warrant further psychological attention and preventive intervention. The detailed data supporting these findings are presented in Table 2 below.

Table 2. Levels of Self-Injury among Adolescents

| Category | f | % |
|----------|-----|-------|
| Low | 109 | 64.9 |
| Moderate | 59 | 35.1 |
| Severe | 0 | 0.0 |
| Total | 168 | 100.0 |

The descriptive analysis shows variation in the mean scores of self-injury among schools. The highest mean score was found in students from SMAN 4 ($M = 3.18$; $SD = 1.93$), while the lowest was in SMAN 8

($M = 2.04$; $SD = 1.57$). The overall mean score of self-injury across all participants was 2.65 ($SD = 2.17$). An ANOVA test was conducted to examine whether these differences were statistically significant. The results indicated no significant differences in self-injury levels among schools, $F(8,160) = 0.646$, $p = 0.717$. This suggests that self-injury tendencies among adolescents are relatively consistent across schools. The analysis of self-injury forms revealed that the most frequently reported behavior was scratching the skin until it bleeds, with 128 participants engaging in this act. Other common behaviors included carving words or symbols into the skin (64 participants), self-hitting (47 participants), and cutting with sharp objects (44 participants). Less common forms were gouging (43 participants), self-biting (40 participants), banging the head or body against objects (37 participants), and sticking needles or pins into the skin (27 participants). Meanwhile, burning was reported by only 15 participants, and no cases of interfering with wound healing or other forms of self-injury were identified.

Table 3. Mean and Standard Deviation of Self-Injury Scores by School

| School | N | Mean | SD | F | p |
|---------|-----|------|------|-------|-------|
| SMAN 2 | 14 | 2.50 | 1.83 | 0.646 | 0.717 |
| SMAN 3 | 13 | 2.92 | 2.29 | | |
| SMAN 4 | 28 | 3.18 | 1.93 | | |
| SMAN 5 | 19 | 2.84 | 2.50 | | |
| SMAN 7 | 36 | 2.42 | 2.40 | | |
| SMAN 8 | 25 | 2.04 | 1.57 | | |
| SMAN 9 | 12 | 2.83 | 2.04 | | |
| SMAN 10 | 21 | 2.71 | 2.63 | | |
| Total | 168 | 2.65 | 2.17 | | |

Table 4. Forms of Self-Injury among Adolescents (N = 168)

| Forms of Self-Injury | Frequency (F) |
|---------------------------------|---------------|
| Scratching | 128 |
| Carving words/symbols into skin | 64 |
| Self-hitting | 47 |
| Cutting | 44 |
| Gouging | 43 |
| Self-biting | 40 |
| Banging head/body | 37 |
| Sticking needles or pins | 27 |
| Burning | 15 |
| Interfering with wound healing | 0 |
| Other forms | 0 |

The analysis of self-injury based on gender shows that female participants reported higher levels of self-injury compared to males. The average score for females was $M = 3.18$ ($SD = 2.48$), while for males it was $M = 1.85$ ($SD = 1.21$). In terms of categories, most females were in the mild category (87.13%), with a smaller proportion in the moderate category (12.87%), and none in the severe category. Meanwhile, all male participants (100%) fell into the mild category. These findings suggest that females are more likely to engage in self-injury behaviors than males, although overall the severity remained in the mild range for both groups.

Table 5. Gender Differences in Self-Injury (N = 168)

| Scale | Male | | Female | | F | p |
|-------------|------|------|--------|------|-------|-------|
| | M | SD | M | SD | | |
| Self-Injury | 1.85 | 1.21 | 3.18 | 2.48 | 14.05 | 0.001 |

To test for gender differences in self-injury, a one-way ANOVA was conducted comparing male and female participants. The analysis revealed a significant effect of gender on self-injury levels, $F(1,148) =$

14.05, $p < .001$, indicating that female students reported significantly higher self-injury scores ($M = 3.18$, $SD = 2.48$) compared to male students ($M = 1.85$, $SD = 1.21$).

Discussions

The findings of this study revealed that the majority of adolescents in Tasikmalaya reported low levels of self-injury, while a smaller proportion fell into the moderate category, and none were categorized as severe. This suggests that self-injury among high school students is present but tends to occur at a relatively low intensity (Alfonso & Dedreick, 2010). Nevertheless, the existence of moderate cases indicates that self-injury remains a concerning issue requiring attention from educators, parents, and mental health professionals (Chean et al., 2021). In terms of specific behaviors, scratching was the most frequently reported form of self-injury, followed by carving words or symbols into the skin and self-hitting (Yasmeen & Sitwat, 2023). These findings are consistent with previous research indicating that adolescents often engage in less lethal and more concealable forms of self-harm (Young, 2014). Such behaviors may serve as maladaptive coping strategies to regulate negative emotions or to communicate psychological distress when verbal expression is difficult (Brown et al., 2005).

Gender analysis showed significant differences, with female students reporting higher self-injury scores compared to males (Jeong & Kim, 2021). This aligns with previous studies suggesting that adolescent girls may be more vulnerable to internalizing distress and are more likely to adopt self-injury as a means of emotional regulation (Adrian et al., 2011). The absence of significant differences between schools further indicates that self-injury among adolescents is not strongly influenced by the school environment but may be more related to individual and interpersonal factors such as family problems, peer relationships, and emotional regulation skills (Somer et al., 2015). Taken together, these findings emphasize the need for preventive efforts and early interventions targeting emotion regulation, stress management, and communication skills among adolescents (Modecki et al., 2017). School-based counseling services should play a central role in identifying at-risk students, providing psychoeducation, and offering appropriate support to reduce the likelihood of self-injury behaviors (Biolcati et al., 2018).

Self-injury in adolescents is one form of maladaptive behavior that is usually carried out without suicidal intent, but rather as a way of coping with emotional distress (Giordano et al., 2023). More recent studies, such as those by Czyz (2019), emphasize that non-suicidal self-injury (NSSI) is increasingly found among secondary school adolescents as a form of short-term coping. From a developmental perspective, adolescence is a critical phase in which individuals experience significant biological, psychological, and social changes (Dahl et al., 2018). Emotional instability and the search for identity often make adolescents vulnerable to risky behaviors, including self-injury (Buelens et al., 2023). The Developmental Psychopathology theory explains that such behavior may emerge when emotion regulation skills have not yet developed optimally, leading adolescents to seek instant but maladaptive alternatives (Hinshaw, 2002).

Common forms of self-injury among adolescents include scratching the skin until it bleeds, hitting oneself, and cutting with sharp objects (Oscherwitz et al., 2024). These behaviors are usually carried out due to ease of access and their ability to provide temporary relief (McGuire., 1994). From the perspective of the Affect Regulation Model, such actions function to divert attention from emotional pain to physical pain, thereby providing a temporary sense of control (Sodberg et al., 2009). This phenomenon can also be understood through the Interpersonal Theory, which states that adolescents engage in self-injury not only for emotion regulation but also as a form of non-verbal communication to signal distress to their environment (Peel et al., 2021). In other words, self-injury is not merely an individual behavior but also carries social meaning (Claes & Vandereycken, 2007). Overall, the picture of self-injury behavior among adolescents shows that although it often appears at low intensity, the behavior still has serious implications. Adolescents who engage in self-injury are at risk of developing more severe maladaptive patterns if there are no preventive interventions from families, schools, or mental health services (Apicella et al., 2025).

Self-injury is more frequently found among female adolescents compared to males. Several studies consistently report higher prevalence of NSSI among females, especially in early to middle adolescence (Farkas et al., 2024). There are several reasons for this difference. First, from a psychological perspective, females tend to have higher levels of emotional sensitivity compared to males (Brody, 1985). They are more vulnerable to emotional stress, feelings of guilt, and social anxiety, making them more likely to resort to self-injury as an outlet (Hack & Martin, 2018). Second, from the perspective of gender role socialization, females are more often taught to suppress or internalize negative emotions rather than express them directly (Dunbar et al., 2017). As a result, when facing stress, they are more likely to channel their pain into self-

injury rather than externalizing it (for example, through physical aggression toward others) (Meszaros et al., 2017). This is consistent with findings that male adolescents tend to express distress in external forms such as delinquency or substance abuse, while female adolescents are more likely to internalize negative feelings that trigger self-injury (Lang & Sharma, 2011). Third, hormonal factors also play a role. Intense hormonal changes during puberty, particularly fluctuations in estrogen and progesterone, can increase vulnerability to mood swings and depression (Antonelli et al., 2022). This biological factor partly explains why female adolescents are more prone to self-injury behavior (Sher & Stanley, 2009).

Implications for Preventive Guidance and Counseling Services

The findings of this study indicate that although most adolescents engaged in self-injury at a mild level, female students exhibited higher scores than their male counterparts. This pattern highlights the urgent need for preventive efforts to minimize the risk of these behaviors escalating into more severe forms of maladaptive coping. Within the school setting, such preventive interventions can be effectively implemented through classical guidance services as an integral component of the guidance and counseling program. Classical guidance provides an efficient and non-stigmatizing platform for delivering psychoeducational content to groups of students in a structured classroom environment. Through this approach, counselors are able to disseminate accurate information, strengthen students' emotional regulation abilities, and foster the development of healthier coping strategies. Preventive initiatives within classical guidance typically include the provision of psychoeducation about self-injury, enabling students to gain a clear understanding of its nature, causes, and psychological risks. In addition, emotional regulation training—such as relaxation techniques, mindfulness exercises, and constructive forms of emotional expression—helps students better manage distress. Counselors also focus on enhancing coping skills through problem-solving and stress-management strategies, which serve as adaptive alternatives to self-injurious behavior. Another essential component is the cultivation of social support by encouraging students to communicate openly and seek help from peers, teachers, and counselors. Given the higher vulnerability observed among female students, gender-sensitive approaches are incorporated to address emotional sensitivity and promote healthier avenues for expressing psychological distress. By embedding these preventive elements within the framework of classical guidance, counselors can play a pivotal role in reducing the likelihood of self-injury, promoting emotional well-being, and fostering a healthier school climate. Moreover, preventive guidance functions as an initial screening mechanism, enabling counselors to identify students who may require more intensive individual counseling or referral to mental health professionals. Through this comprehensive and proactive approach, schools can better support adolescents in navigating emotional challenges and preventing the escalation of self-injurious behavior.

Conclusions

This study highlights that self-injury among adolescents, although generally at a mild level, remains a significant concern, especially with female students showing higher tendencies compared to males. These findings reinforce the perspective that adolescence is a vulnerable period marked by emotional instability and heightened risk for maladaptive coping. Within the broader scientific context, the results align with previous studies that emphasize the role of emotional regulation and gender differences in non-suicidal self-injury, yet also contribute originality by presenting specific data from Indonesian high school students. Importantly, the study underlines the necessity of preventive interventions within school settings, particularly through classical guidance services, as a proactive strategy to address emotional regulation and coping skills before behaviors escalate. By situating the issue within both developmental theory and practical school-based implications, this research provides a foundation for future interventions and underscores the relevance of strengthening mental health support in educational contexts.

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