



## The Experience of Social Support Received by Adolescents with Self-Harm Behavior in The Nursing Department at Universitas Jenderal Achmad Yani Yogyakarta

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### ABSTRACT

**Background:** Adolescents do self-harm as an act to control their emotional feelings. Self-Harm is an attempt to harm oneself without the desire to commit suicide. One of the factors that influence self-harm is social support.

**Objective:** Knowing the experience of social support received by adolescents with self-harm behavior in the Nursing Science Study Program at Jenderal Achmad Yani University Yogyakarta.

**Methods:** This research uses Qualitative method with descriptive phenomenology design. The interview method used structured interviews and sampling using snowball sampling with a total of 5 participants.

**Results:** This study obtained 6 themes, namely (1) Self harm as an attempt to hurt oneself; (2) Receiving support in the form of instrumental, appreciation, and information; (3) Sadness, pain, and fear as the dominant responses that arise when self-harming; (4) Feelings of satisfaction when self-harming; (5) Feelings of emotion to get attention and affection from good friend support; and (6) The need for full support from parents and friends to get better.

**Conclusion:** Social support is defined as the feeling of being moved to get attention and affection because of the support of good friends. Attention and affection because of good friends' support is interpreted as a meaningful form of support, which can cause deep emotional feelings to control self-harm behavior.

**Keywords:** *Adolescents, Self\_Harm, Social\_Support*

### INTRODUCTION

The adolescent phase is a transitional phase from the child phase to the adult phase, where physical and psychological changes occur (Ajhuri, 2019). In 2021, the population of adolescents aged 10-19 years is 46 million (UNICEF, 2021). Indonesia in 2023, there was 23.18% or equivalent to a quarter of the population in Indonesia and the number of youths in Yogyakarta was 22.57% (Central Bureau of Statistics, 2023).

Physical changes in adolescents are characterized by hormonal changes in the endocrine glands, resulting in primary and secondary sex signs (Ajhuri, 2019) and it occurs at the age of 10-19 years, which are followed by primary and secondary sex signs (Panjaitan et al., 2020; Mutia, 2022), such as in adolescent boys include wet dreams as much as 34.6%, voice changes as much as 50.3%, and growing Adam's apple as much as 35.3% (Nasution &



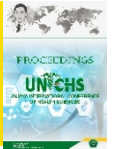
Pakpahan, 2021). Psychological changes in adolescents can be interpreted as the ability of adolescents to process emotions. Psychological problems that occur in adolescents include anxiety 22.5%, depression 7.5%, *panic attacks* 5%, bipolar 2.5% (Anggadewi, 2020). Cognitive changes in adolescents are characterized by the thinking process of adolescents from the child phase to the adult phase. (Bintang & Mandagi, 2021).

Factors that influence mental health in adolescents include parenting, social and economic status, and environment. (Reza et al., 2022). Parental parenting consists of a less caring attitude towards adolescents as much as 33.69% (Pangestu et al., 2022), there were conflict with parents, which is characterized by an attitude of withdrawal from parents as much as 44% (Apriyeni et al., 2019). Besides, the others factors are poor environments and socio-economic (Haniyah et al., 2019).

The impact of these problems causes adolescents to fall into the behavior of free sex, smoking, LGBT, clubbing, and dating (Widiatanti et al., 2022) others mental problems and depression (Azzahro & Sari, 2021). When these factors and impacts cannot be overcome, it will cause adolescents to fall into *self-harm* behavior. *Self harm* is a way to solve problems emotionally by hurting oneself without the intention of committing suicide (Chantika et al., 2023). Individuals do *self-harm*, namely to get comfort, calmness, and divert pain. (Asyafina & Salam, 2022). The latest data on the incidence of *self harm* in Indonesia is 20.21% and 93% of them are adolescent girls (Faradiba & Abidin, 2022) including sharp objects, hitting, banging their heads against hard objects, grabbing their hair, biting body parts, burning the skin, stabbing themselves with sharp objects, scratching the body as much as 42.53%, and inhibiting the wound healing process as much as 28.74% (Rini, 2022). Factors that make adolescents commit self-harm consist of external factors including poor parental communication patterns, internal factors consisting of loneliness, low levels of difficulty and tolerance in solving problems, using *emotion focus coping* in solving problems, with the incidence of internal factors, namely loneliness in adolescents as much as 20-50% (Ana et al., 2024).

Social support obtained by adolescents will reduce *self-harm* behavior by 26% or even more (Hanan et al., 2024). The low social support received by adolescents will increase self-harm by 7 times (Ratida et al., 2023). Research conducted by Sulfemi & Yasita (2020) explains that positive social support will cause individuals to be able to control themselves in acting and feel respected, and can adapt when feeling stressed. Meanwhile, negative social support will cause individuals to behave badly, such as physical and non-physical violence, intimidating and even bullying. Individuals with *self-harm* behavior cannot stop their behavior by themselves. However, social support can reduce their behavior to harm themselves (Yuni & Rahmasari, 2011). This happens because the more adolescents receive social support, it will cause adolescents to be happier. (Akasyah & Efendi, 2020)..

In previous studies, it discussed more about the description of *self harm* behavior in adolescents, the factors that influence adolescents to do *self harm*, the results of which were presented in the form of quantitative research in the form of numbers. In research conducted by Prasetyo & Engrý (2023) by using quantitative data with a correlation design, explaining that social support, especially emotional support, greatly influences *self harm* behavior. Based on preliminary studies conducted by researchers on March 18, 2024, clients said they



really needed social support from their environment to reduce *self-harm* behavior. They do not want to hurt themselves and try to eliminate the scars or pain received when doing *self harm*. In addition, based on the results of screening conducted by researchers on 70 adolescents in the Nursing Science Study Program using the SHI (*Self Harm Inventory*) instrument consisting of 22 questions, it was found that 21.4% of adolescents had committed *self harm*. Based on the background description above, the authors are interested in conducting qualitative research with a phenomenological design that aims to determine the meaning and how much influence social support has on adolescents with *self harm* behavior to survive.

## MATERIALS AND METHODS

This research uses a qualitative research design with a descriptive phenomenological design. This research was conducted at the Nursing Science Study Program, Faculty of Health, Jenderal Achmad Yani University, Yogyakarta. The participants used in this study were adolescents with *self-harm* behavior. The participant selection technique used was *snowball sampling* technique. The number of participants in this study was 5 people. In addition, this study also requires criteria to determine the research sample. The inclusion criteria applied by researchers: Teenagers 18-21 years old, Adolescents with experience of self-harm behavior within 1 year, & Willing to be participant. Exclusion criteria include: Adolescents at risk of suicide & Adolescents with medical mental disorders. The data collection method in this research uses observation and interview methods, with data analysis using *Braun and Clarke* analysis.

## RESULTS

This research was conducted on 5 participants who were at Jenderal Achmad Yani University Yogyakarta. Demographic data of participants can be seen in the following table.

Table 1 Demographic data of participants

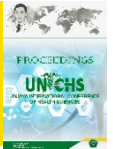
No.	Name	Gender	Religion	Age	Education
1	P1	Female	Islam	21	Student
2	P2	Female	Islam	21	Student
3	P3	Female	Islam	21	Student
4	P4	Female	Islam	20	Student
5	P5	Female	Islam	21	Student

### 1. Participant 1

Female aged 21 years, Muslim with an address in Jatimulyo, Kulon Progo. The participant lives in a boarding house because the distance between home and campus is very far. Her parents are divorced, the participant explained that there was no problem because of this situation. *Self-harm* behavior by participants is to cut their hands using a needle.

### 2. Participant 2

Female aged 21 years, Muslim with an address in Gondokusuman, Yogyakarta.



Participants live with their parents. Participants do self-harm because of the many lecture assignments and feel that the tasks undertaken are endless. Self-harm behavior is by hitting the body and cutting body parts using needles and rulers.

3. Participant 3

She is 21 years old, Muslim with an address in Tamantirto, Bantul. Participants live in boarding houses because participants are overseas students. Participants do *self-harm* because they feel that they are unable to complete lecture assignments. *Self-harm* behavior is by hitting the body and cutting the body until bruised and bleeding.

4. Participant 4

Female aged 20 years, Muslim with an address in Gamping, Sleman. Participants live in boarding houses because participants are overseas students. Participants do *self-harm* because of the many lecture assignments. *Self-harm* is by cutting body parts.

5. Participant 5

Female aged 21 years, Muslim with an address in Sonopakis, Kasihan. Participants live with their parents. Participants do *self-harm* because of lecture assignments, where the task is a pressure for participants. *Self-harm* behavior is by hitting the body.

### The Themes:

1. Theme 1: Self harm as an attempt to harm oneself

The first theme in this study is self-harm as an attempt to harm oneself. This theme is formed from sub-themes, namely feeling like hurting yourself and hurting yourself by hitting and cutting. Based on the interviews that have been conducted, researchers obtained the results that each participant has a different understanding of the meaning of self-harm. Self-harm behavior can be interpreted as behavior to hurt yourself. Participants explained that self-harm behavior is a desire to hurt themselves. Not only in the form of desire, they also explained that self-harm is related to self-harming behavior by hitting or cutting themselves. Literally based on the Big Indonesian Dictionary (KBBI) desire is defined as a desire. Meanwhile, harm means a form of behavior that causes pain or misery. This can be proven from the following interview fragment:

*"Eee...as far as I know, self harm is like self-harm" (P4: 56).*

*"...Self harm is hurting yourself... Like there is already a desire to hurt yourself" (P5: 53,55).*

*"Eee...self-harm yes. Like hitting, then stabbing. That's the kind of thing I think" (P2: 48)*

2. Theme 2: Getting instrumental support, appreciation, and information

Getting instrumental support, appreciation, and information is the second theme in this study. This theme consists of the sub-themes of getting support to be better, strengthening oneself and self-encouragement, being given motivation and comforting advice, being encouraged when one is down, and receiving gifts from friends. Literally according to (KBBI) Kamus Besar Bahasa Indonesia support is defined as encouragement or support. This theme explains how participants understand the meaning of social support and what forms of support they receive. Research participants explained that social support is a support that is obtained to get better. In addition, the social support

they receive can be used as an effort to strengthen themselves and as self-encouragement to stop *self-harm* behavior. According to (KBBI) given advice means that participants get suggestions or suggestions that are submitted for consideration. Motivation has the meaning of an encouragement that exists in individuals consciously or unconsciously to do certain things. So, overall this theme explains that participants receive social support in various forms. The support obtained can be in the form of motivation, advice that can calm their feelings, being encouraged when they are down, and receiving small gifts from friends. This proves that social support given to adolescents with *self-harm* behavior does not have to be in the form of goods, but can be in the form of motivation or advice that can make them feel calmer. This is supported by the following sentence fragment:

*"Eee...support is usually what supports the behavior so that it is reduced, and so that it is not done again" (P1: 136,137).*

*"It's more about motivation, suggestions" (P1: 140).*

*"...Confide in me... It's more like they will give me advice if I'm like that" (P2: 145,146).*

*"And then sometimes I'm given a small gift, so that I don't do it again" (P1: 140,141).*

*"I like to be treated by them. Either invited to eat or shopping" (P3: 184,185).*

3. Theme 3: Sadness, pain, and fear as dominant responses to self-harm

The next theme is sadness, pain, and fear as the dominant responses that arise when self-harming. This theme is formed from sub-themes, namely having fear from within and feeling mixed between sadness and pain. Literally according to (KBBI) mixed up has the meaning of being mixed up. This theme explains how participants feel before they do self harm. Participants explained that the feelings that arose before doing self harm were mixed feelings. The mixed feelings refer to the erratic feelings between sadness and pain felt by participants. In addition, feelings of fear also arise when they are about to do self harm. This feeling of fear shows that participants still have a fear of hurting themselves. This statement is evidenced in the following sentence fragment:

*"...Before I did it, I had mixed feelings, sis. I was sad, and eee...sick too..." (P1: 119,120)*

*"...Before it was like sadness, yes, mbak. I was crying too" (P4: 152,153).*

*"It hurts mbak. So before going to the toilet, I feel mixed up. Between being afraid of pain and wanting to feel the pleasure of going to the toilet" (P5: 161,162,163).*

4. Theme 4: Feeling satisfied when self-harming

The theme of feeling satisfied when self-harming consists of sub-themes, namely feeling relieved and happy and feeling sick and good. This theme explains how participants feel when they have done *self harm*. Literally according to (KBBI)(KBBI), satisfaction is defined as relief or pleasure. Participants explained that they would feel relieved, feel good, and feel happy when self-harming. However, behind the feeling of relief that participants feel they will also feel pain as a result of their actions. The feeling of relief is a feeling that participants have been looking for. This feeling will arise after





they do *self harm*, which will then provide relief even though it cannot solve the problems experienced by participants. This statement is supported in the following sentence fragment:

***"Then when it bleeds, it's relieved. It's more relieved if I've treated myself" (P1: 121, 122, 123).***

***"...Then when I've embraced it, it feels good...eee...just relieved, it's fresher mbak. Yes, even though it can't solve the problem" (P4: 154,155,156).***

5. Theme 5: The emotion of receiving attention and affection from a good friend's support
- The theme of feelings of emotion to get attention and affection from the support of good friends consists of sub-themes, namely feeling that you get attention and affection from others, feeling moved and grateful, feeling that it is not difficult to be given support, and feeling given the support of good friends. This theme explains how participants feel when they receive social support from their surrounding environment and what challenges they face in receiving social support. Literally according to (KBBI) support is defined as support or assistance. The theme explained that during the participants' *self-harm*, they did not find it difficult to get social support to survive. Participants said that they always easily get support from their surroundings, especially support from good friends. Touched is defined as a feeling of pity or feeling vulnerable. While affection is defined as a feeling of affection and love. Research participants said that they felt cared for and given affection even though they were not from family. The attention and affection they have received so far comes from the friendship environment. The feeling of being moved also appeared in this theme. These feelings show that participants feel touched and grateful because they are not alone in living life. This statement is evidenced in the following sentence fragment:

***"Eee...yes, I'm happy. I mean, there are people who still care. There are still people who care even though they are not from the family" (P1: 153,154,155).***

***"Yes, I am sad... I am also happy... I mean they really care about me... They still love me" (P3: 196,197,198,199).***

6. Theme 6: The need for full support from parents and friends to improve
- The theme of needing full support from parents and friends to be better is formed from sub-themes, namely feeling like you want to be supported by parents and friends, feeling the need for motivation and affection, feeling the need for attention, and feeling the need for support for positive things. Need literally means to require and support is defined as support or help. The word better has the meaning of being beautiful, recovering or recovering from adversity. Motivation means the urge that exists in a person either consciously or unconsciously to take a certain action. Affection has the meaning of love and positive steps are defined as actions that are real and constructive. as This theme explains how participants' expectations in receiving social support from the surrounding environment. Research participants explained that they felt they wanted to be supported for every positive step they took. In addition, they also want to be supported, want to be cared for, want to be encouraged, given love, advice, and motivation. In addition, this theme also illustrates that the main sources of receiving social support are from parents



and friends. Participants said that they wanted to be supported and given support from their surroundings, especially family and friends. The statement explains that support from family and friends is needed in everyday life. Support from the environment received is expected to make participants a better individual. This can be proven in the following sentence fragment:

*"...From family, yes, parents. Eee...I want friends too... I just want to be supported to stop, to get better" (P2: 183,184,185).*

*"From family, because parents are number one. I want it from friends too, if it's a boyfriend, I can do it later" (P5: 239,240).*

## DISCUSSION

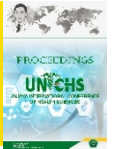
### 1. Self-harm as an attempt to harm oneself

*Self-harm* as an attempt to harm oneself is a theme that exists in this study. This theme discusses how participants understand *self-harm* behavior. Self-harm is a sign of problems experienced that require serious attention. Self-harm behavior is a form of action by someone to hurt themselves in various ways regardless of whether or not there is an intention to end their life. This behavior is also associated with a form of emotional release that can provide peace and be able to control the psychological pain experienced by adolescents (Asyafina & Salam, 2022). This statement is in line with research conducted by Anugrah et al., (2023) which explains that *self-harm* behavior is behavior that is carried out to harm oneself without the desire to commit suicide. In addition, *self-harm* behavior is carried out because someone is unable to deal with the stress they experience.

Adolescents often commit *self-harm* because they are unable to cope with the problems they experience. In addition, the reason adolescents do self-harm is because they do not want to share their pain with others. *Self-harm* behaviors committed by adolescents are very diverse. The results in this study explain that participants do self-harm by hitting and even cutting certain body parts. This behavior is the most common behavior carried out by adolescents, reaching a level of 82.76% for self-hitting behavior and 29.89% for body piercing with sharp objects (Rini, 2022).

### 2. Receive instrumental, appreciative, and informational support

Individuals with *self-harm* behavior need good support to overcome *self-harm* behavior. Social support is defined as a source of social networks that have the aim of overcoming perceived pressure. In addition to social support, a person also needs a good coping mechanism to get up so as not to stay in unwanted conditions for a long time. Each individual has a different coping mechanism that is influenced by many things, one of which is motivation. Motivation is influenced by two elements, namely intrinsic elements and extrinsic elements. Intrinsic elements are elements of motivation that come from within a person. Meanwhile, extrinsic elements are elements of motivation that come from outside, one of which is from the friendship environment. (Cahyabuan & Ramdani, 2024). Motivation is a support in the form of appreciation support. While advice is a form of information support and small gifts are instrumental support that can be given to individuals with *self-harm* behavior. (Yuni & Rahmasari,



2022). The purpose of providing motivation and advice is to make them feel calmer and safer, so that they are able to control thoughts of self-harm. The more motivation and advice they get, the more they will try to reduce and even eliminate self-harm behavior (Zulkifli et al., 2022). Someone with *self-harm* behavior really needs motivation to reduce the behavior. Motivation can make them feel better. This can be obtained by talking to trusted people in order to control the desire to hurt themselves. Low motivation will have a negative impact on the process and results expected by a person (Primanita et al., 2020).

3. Sadness, pain, and fear as the dominant responses when self-harming

Mixed feelings of sadness, pain, and fear are associated with the dominant feelings or responses of participants when doing *self-harm*. Someone who is unable to overcome a problem will create negative feelings for the body. When they have a problem, these feelings will always appear and it will be difficult to control *self-harm* behavior. These feelings include disappointment, sadness, frustration, and others. (Malumbot et al., 2022). Before self-harm, individuals with self-harm behavior will feel a feeling of fear in themselves. They feel anxious if their actions are found out. They are also afraid that the scars they create will arouse the suspicion of many people and will be treated differently by others. Therefore, they will cover their scars as best they can. (Wurisetyaningrum et al., 2024).

4. Feeling of satisfaction when self-harming

Self-harm behavior is often explained as self-harming behavior with the aim of obtaining satisfaction or relief. The relief is associated with the pleasure obtained when someone hurts themselves. However, the relief they feel is only temporary. This happens because self-harm will only have a negative impact and cannot solve the problem. (Zulkifli et al., 2024). The pain that arises after self-harm is created because of the perception that the pain felt will be able to divert the problems being experienced. Therefore, they will choose to hurt themselves to divert all the negative feelings they feel (Elvira & Sakti, 2024). (Elvira & Sakti, 2021).

5. It's a great feeling to get attention and affection from a good friend's support.

Feeling touched by attention and affection is associated with how participants feel when receiving social support from the surrounding environment. Affection is one part of social support in the form of emotional support. The social emotional support received will make a person feel that they are cared for and loved. Social support is defined as a source of social networks that have the aim of overcoming perceived pressure. The effect of positive social support will make individuals feel that they are valuable, so that it will cause positive feelings to emerge that can divert *self-harm* behavior (Yuni & Rahmasari, 2022). In addition, the social emotional support that a person receives can make them reduce feelings of stress, provide relief, happiness and meaningfulness of life (Prasetyo & Engry, 2023).

Participants also explained that they never felt difficulties when they wanted to get support from their environment. *Support* is defined as an action to help or support someone. To deal with problems, adolescents need social support. Social support can be obtained from anywhere, one of which is from the friendship environment. Feeling





supported by good friends means that participants have a good relationship with their friendship environment. When individuals have a good relationship with their environment, they will feel that they are not alone and feel supported. Healthy friendships will create positive energy for a person (Hanan et al., 2024). The function of the friendship environment is as a place to convey the emotions felt, so that adolescents are able to develop the ability to improve coping. (Fadilah & Nurhadianti, 2022).

6. The need for full support from parents and friends to improve

Self-harming behavior often appears when a person is in adolescence. At this age, adolescents need guidance and social support from their environment, especially parents or other environments. Support from parents and friends has an important role in the lives of adolescents with self-harm behavior. They have a role to advise, guide, and love adolescents. Therefore, adolescents with self-harm behavior really need support from their environment in order to control this behavior. (Insani & Savira, 2023). With the support of parents and the friendship environment, adolescents with self-harm behavior will have positive strength so that it will affect their psychological development (Julianto et al., 2023). (Julianto et al., 2024).

The feeling when we feel the need for motivation and affection means that we are looking for strength to become a better person. Motivation and affection are a form of social support that can be obtained from the surrounding environment. The position of motivation and affection in social support is as emotional support. When someone feels that the motivation and affection they get is starting to diminish, it will again make them self-harm. Therefore, individuals with self-harm behavior must be given social support so that they can commit to the positive steps that will be taken. (Prasetyo & Engry, 2023).

## CONCLUSIONS

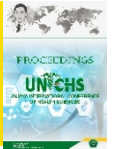
This study has 6 themes consisting of Self harm as an attempt to harm oneself, receiving support in the form of instrumental, appreciation, and information, Sadness, pain, and fear as the dominant responses that arise when self-harming, Feelings of emotion to get attention and affection from good friend support, and the need for full support from parents and friends to be better. Adolescents with self-harm behavior tend to need social support from their surroundings. Social support has an important role in controlling self-harm behavior in adolescents.

## REFERENCES

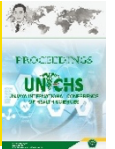
- Abdussamad, Z. (2021). *Qualitative Research Methods* (1st Printing). CV. syakir Media Press.
- Ajhuri, K. F. (2019). Developmental Psychology Across the Life Span Approach. In *Developmental Psychology Approaches Across the Life Span*.
- Akasyah, W., & Efendi, F. (2020). The Role of Peer Social Support on the Psychological Resilience of Adolescents Experiencing Conflict. *Nursing Sciences Journal*, 4(2), 107. <https://doi.org/10.30737/nsj.v4i2.433>
- Ana, I. F., Asrini, Y., & Salsabila, F. N. (2024). Behavior Counseling Approach in Handling Adolescents with Problems and Self Harm Behavior. *Madani: Multidisciplinary*



- Scientific Journal, 1(12), 2024.  
<https://jurnal.penerbitdaarulhuda.my.id/index.php/MAJIM/article/view/1590>
- Anggadewi, B. E. T. (2020). Psychological Impact of Childhood Trauma on Adolescents. *Journal of Counseling and Personal Development*, 2(2), 1-7.
- Anugrah, M. F., Karima, K., Made, N., Padma, S., & Binti, N. A. (2023). Self-Harm and Suicide in Adolescents. *Journal of Tropical Biology*, 23(1), 200-207.
- Apriyeni, E., Machmud, R., & Sarfika, R. (2019). Overview of Conflict Between Adolescents and Parents. *Endurance Journal*, 4(1), 52.  
<https://doi.org/10.22216/jen.v4i1.3008>
- Asyafina, N., & Salam, N. E. (2022). The Phenomenon of Student Perpetrators of Self-Harm in Pekanbaru City. *Tambusai Education Journal*, 6 (3), 13930-13936.  
<https://doi.org/10.31004/jptam.v6i3.4820>
- Azzahro, E. A., & Sari, J. D. E. (2021). PSYCHOSOCIAL FACTORS WITH THE OCCURRENCE OF DEPRESSION IN YOUTH (Study of 12th Grade Students of SMA XY Jember). *Journal of Community Mental Health and Public Policy*, 3(2), 69-77.  
<https://doi.org/10.51602/cmhp.v3i2.54>
- Bintang, A. Z., & Mandagi, A. M. (2021). Depression Incidence in Adolescents According to Social Support in Jember Regency. *Journal of Community Mental Health and Public Policy (CMHP)*, 3(2), 92-101. <http://cmhp.lenterakaji.org/index.php/cmhp>
- Cahyabuan, A. N., & Ramdani, M. L. (2024). The Relationship Between Knowledge and Family Motivation Toward Adherence to Taking Medication for Mental Illness Patients in the Ajibarang Hospital Working Area. *HealthCare Nursing Journal*, 6(1), 107-113.  
<https://doi.org/10.35568/healthcare.v6i1.4291>
- Chantika, R., Shalsabilla, P., Pratikto, H., Aristawati, A. R., & Psychology, F. (2023). Self-injury in early adulthood: What is the role of self-awareness? *INNER: Journal of Psychological Research*, 2(4), 764-771.
- Elvira, S. R., & Sakti, H. (2021). Exploration of the Experience of Nonsuicidal Self-Injury (Nssi) in Early Adult Women: An Interpretative Phenomenological Analysis. *Empathy Journal*, 10(5), 310.
- Fadilah, N. A., & Nurhadianti, R. D. D. (2022). The Effect of Emotional Maturity and Peer Social Support on Coping in Class Xii Students of SMA Plus YPBH Bogor. *Journal of IKRAITH-HUMANIORA*, 6(2), 19-30.
- Faradiba, A. T., & Abidin, Z. (2022). Adolescent Girls' Experience of Deliberate Self-Harm: A Phenomenological Study. *Bulletin of Counseling and Psychotherapy*, 4(2), 342-348.  
<https://doi.org/10.51214/bocp.v4i2.280>
- Hanan, A. F., Kusmawati, A., Eka Putri, T., & Oktaviani, T. (2024). The Importance of Social Support on Self-Harm Behavior in Adolescents Who Feel Lonely. *Concept: Journal of Social Humanities and Education*, 3(1), 211-218.  
<https://doi.org/10.55606/concept.v3i1.998>
- Haniyah, F. N., Novita, A., & Ruliani, S. N. (2022). The Relationship Between Parenting, Peers, Living Environment and Socioeconomics with Adolescent Mental Health. *Open Access Jakarta Journal of Health Sciences*, 1(7), 242-250.  
<https://doi.org/10.53801/oajjhs.v1i7.51>



- Insani, M. S., & Savira, S. I. (2023). Case Study: Causative Factor Self-Harm Behavior in Adolescent Female Case Study: Causative Factor Self-Harm Behavior in Adolescent Female. *Character: Journal of Psychology Research*, 10(02), 439-454.
- Julianto, E. K., Ardianti, I., & Abidin, A. Z. (2024). The Relationship of Family Support with Non Suicidal Self Injury (NSSI) Behavior in Adolescents in Sumberrejo Village Trucuk Bojonegoro. *Journal of Health Sciences MAKIA*, 14(1), 17-22.
- KBBI. (n.d.). Language Development Agency, Ministry of Education, Culture, Research, and Technology of the Republic of Indonesia. Retrieved September 24, 2024, from <https://kbbi.kemdikbud.go.id/>
- Lenaini, I. (2021). Purposive and Snowball Sampling Techniques. *HISTORICAL: Journal of Historical Education Studies, Research & Development*, 6(1), 33-39. <http://journal.ummat.ac.id/index.php/historis>
- Malumbot, C. M., Naharia, M., & Kaunang, S. E. J. (2022). Study of Factors Causing Self Injury Behavior and Psychological Impact on Adolescents. *Psychopedia*, 1(1), 15-22. <https://doi.org/10.53682/pj.v1i1.1612>
- Mutia, W. O. N. (2022). Level of Knowledge of Physical Changes in Puberty of Adolescent Girls. *Journal of Midwifery Science*, 9(1), 18-23. <https://doi.org/10.48092/jik.v9i1.182>
- Nasution, B. H., & Pakpahan, J. E. S. (2021). Adolescents' knowledge and attitudes about physical changes during puberty. *Flora Nursing Journal*, 14(1), 9-15.
- Pangestu, P. F., N. Bolla, I., & Praghoolapati, A. (2023). THE RELATIONSHIP OF PARENTAL PARENTING WITH EMOTIONAL INTELLIGENCE IN ADOLESCENTS: LITERATURE REVIEW. *Journal Healthcare Education*, 1(2), 1-11.
- Panjaitan, A. A., Angelia, S., & Apriani, N. (2020). Attitudes of adolescent girls in dealing with physical changes during puberty. *Health Vocational Journal*, 6(1), 42. <https://doi.org/10.30602/jvk.v6i1.213>
- Prasetyo, M. P., & Engry, A. (2023). The Relationship between Emotional Support and Self-injury Behavior in Twitter Social Media Users. *Psychopreneur Journal*, 7(2), 89-97. <https://doi.org/10.37715/psy.v7i2.3461>
- Primanita, R. Y., Aviani, Y. I., & Afriani, M. (2020). Emotional Quotient and Self Injury Behavior in LGBT. *Journal of RAP (Actual Research in Psychology, State University of Padang)*, 11(1), 90. <https://doi.org/10.24036/rapun.v11i1.109779>
- Ratida, A. R. P., Noviekayati, I., & Rina, A. P. (2023). The Relationship between Social Support and the Tendency of Self-Injury Behavior in Adolescents of Divorced Parents. *Psychovidya*, 27(2), 33-41.
- Reza, W., Tri Ananda, S., Ivanca, T., Fadilah, A., & Jonathan, S. (2022). Factors Affecting Adolescent Mental Health in Batam City. *Sintak Journal*, 1(1), 1-7. <https://doi.org/>
- Rini, R. (2022). Self-Harm Behavior Forms, Factors and Openness in the Perspective of Gender Differences. *IKRA-ITH HUMANITIES: Journal of Social and Humanities*, 6(3), 115-123. <https://doi.org/10.37817/ikraith-humaniora.v6i3.2213>
- Sulfemi, W. B., & Yasita, O. (2020). Peer Social Support on Bullying Behavior. *Journal of Education*, 21(2), 133-147. <https://doi.org/10.33830/jp.v21i2.951.2020>
- Waruwu, M. (2023). Educational Research Approaches: Qualitative Research Methods,



- Quantitative Research Methods and Combination Research Methods (Mixed Method). *Tambusai Journal of Education*, 7(1), 2896-2910.
- Widiatanti, Putri Prihantoro, A., Ayu Farabiyah, S., & Bamba Senghore, M. (2022). Behavior and Delinquency in College Adolescents. *Surabaya State University*, 2022, 39.
- Wurisetyaningrum, C., Elmanora, & Zulfa, V. (2024). FACTOR ANALYSIS OF SELF- INJURY PERFORMANCE IN Carolina YOUTH. *Liberosis: Journal of Psychology and Guidance Counseling*, 2(2), 1-10.
- Yuni, M., & Rahmasari, D. (2022). Social Support in College Students with Self-Harm Behavior. *Journal of Psychology Research*, 9(8), 87-98.
- Zulkifli, I. S., Firdausiyyah, Z. K., & 'Izzah, M. N. (2024). Exploration of Experiences and Coping Dynamics in Victims of Nonsuicide Self-Injury. *Psychological Journal Science and Practic*, 4(1), 209-214. <https://doi.org/10.22219/pjsp.v4i1.29032>