International Journal of Education, Vocational and Social Science
https://e-journal.citakonsulfindo.or.id/index.php/IJEVSS
E-ISSN : 2963 4954
IJEVSS

Detecting Tendency of Self-Injury in Adolescents Using Strengths and Difficulties Questionnaire

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Abstract

This study aims to see whether the SDQ can be used as an early detection of self-injury tendencies in adolescents. The data collection method in this study used the Strengths and Difficulties Questionnaire (SDQ) scale which consisted of 25 items. Meanwhile, to measure self-injury tendencies, the Indonesian version of the Self Harm Inventory was used, which consisted of 22 items. Participants in this study were 299 adolescents aged 15-19 years. The results of this study indicate that the subscales of emotional problems, problems with peers, and hyperactivity on the Strengths and Difficulties Questionnaire can predict self-harm behavior in adolescents. Meanwhile, prosocial behavior and behavioral problems cannot predict self-harm behavior in adolescents. Therefore, further research is needed regarding the factors that influence the results of this study.

Keywords: Self-Injury, Strength and Difficulties Questionnaire (SDQ), Selh-Harm Inventory (SHI), Adolescent

INTRODUCTION

One of the stages of a person's life where they make the journey from childhood to maturity is adolescence. According to Santrock (2012), adolescence is a time of transition between childhood and adulthood that lasts from 10 to 22 years and involves changes in biological, cognitive, and social-emotional characteristics (Santrock, 2012). Early, middle, and late adolescence are the three divisions into which Hurlock (1991) separated the stages of adolescent development. Ages 11 to 13 are considered early adolescents, 14 to 16 are considered medium adolescents, and 17 to 20 are considered late adolescents. (Hurlock, 1991).

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Thesalonika & Hapsari (2021) stated that the many changes experienced during adolescence can cause problems if the individual can't adapt to the existing changes. This happens because today's teenagers have many more luxury and welfare facilities compared to previous generations. Apart from the positive things they have, teenagers in Generation Z, often also called the strawberry generation, also tend to be less resilient or unable to deal with stress. According to Kasali (2018), this generation is full of creative ideas but tends to give up and get hurt easily. Furthermore, it is said that the strawberry generation tends to want to get something instantly, even though everything can't be obtained easily, but requires a hard and sometimes difficult struggle. This makes teenagers give up more easily when they encounter something difficult/complicated.

In addition to this, the developmental tasks that adolescents must undertake can generate pressure or stress for them. This phenomenon may cause negative emotions within individuals, and when left unregulated, adolescents have a tendency to engage in behaviors aimed at alleviating related stress. Moreover, this particular situation gives rise to a multitude of psychological difficulties in adolescents, frequently leading to difficulties in school. This claim is supported by data confirming the significant prevalence of bullying perpetrated by adolescent students. According to the 2018 findings of the Program for International Student Assessment (PISA), it was shown that a significant proportion, specifically 41%, of 15-year-old students in Indonesia reported being subjected to bullying on a recurring basis, with a frequency of at least several times per month. Furthermore, it was observed that bullying played a role in roughly 40% of suicide cases in Indonesia (UNICEF, 2020). Additionally, there exist multiple other cases in which students were discovered engaging in drug consumption, initially stemming from smoking habits and subsequently leading to behaviors that transgressed societal standards (Elvira & Sakti, 2021; Sudarsono, 1995).

In some cases, adolescents are also susceptible to self-injury behavior. The BBC reported in 2010 that there had been a 50% increase in young individuals committing self-injury in the last five years (BBC, 2010). In 2008-2009, it was reported that individuals aged under 25 self-injured using a sharp object and were rushed to the hospital. There's another case that says that teenagers commit self-injury in the school environment (BBC, 2017). Besides that, Into the Light, a mental health community, and Change.org conducted a survey of 5211 people in 34 provinces in Indonesia, where the average age of the respondents was teenagers aged 18-24 years and early adults aged 25-34 years. The results stated that 98 percent of respondents experienced loneliness

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in the last month, and 2 out of 5 respondents had thoughts of doing self-harm up to suicide in the last two weeks (IDNTimes, 2021).

According to Higgins (Sutton, 2007), self-injury is an individual's way of dealing with emotional frustration and feelings of pain to gain peace by injuring one's own body parts without the intention of committing suicide intentionally. Currently, there are two terms used in research related to self-harm behavior. One of which is self-harm or self-injury (Also called deliberate self-harm) which is intentional behavior to damage body tissue without any intention to commit suicide, and socially, the intention of this behavior is not justified (E. D. Klonsky, 2009; E. D. Klonsky & Muehlenkamp, 2007). Adler and Adler (2011) stated that self-injury is a form of self-help to reduce tension, euphoria, increased sexual feelings, anger, feelings of security, uniqueness, deceiving others, and helping individuals overcomefeelings of depression, loneliness, loss, and isolation (Adler & Adler, 2011).

Another term that discusses self-injury behavior is non-suicidal self-injury (NSSI), which is self-harming behavior without having the intention to commit suicide (Bragazzi, 2013). These two terms are differentiated based on the intentions an individual has in carrying out self-harm. Deliberate self-harm defines individuals who harm themselves, regardless of whether they have suicidal thoughts or not. Meanwhile, NSSI defines individuals as those who carry out self-harm without having the intention to commit suicide and only injure themselves (E. D. Klonsky, 2009). However, this study focuses on self-harm behavior and the impact of this behavior, regardless of the desire to commit suicide when committing self-harm, so both theories from the previous definition (Self-Injury/ and NSSI) will be used by researchers in this study.

Furthermore, Higgins (Sutton, 2007) stated that the causes of teenagers' self-injury are problems with poor mental health (depression and anxiety), having experienced abuse (emotional, physical, or sexual), stressful births causing decreased mood regulation, genetics, lack of social support, sexual disorders, inability to cope with emotional problems in a good way, and experiencing strong stress in their lives (anger, sadness, despair, hurt, frustration, shame, guilt, isolation, and rejection). Apart from that, Plante (2007) states that the factors that cause individuals to commit self-injury are gender factors, experiencing sexual abuse and trauma, having eating disorders, borderline personality disorder, and environmental factors. (Plante, 2007)

Self-injury behavior can exert a profound influence on the individual engaging in it, eliciting a temporary sense of tranquility. However, this respite is ephemeral, subsequently giving way to feelings of shame and guilt regarding their actions. Moreover, individuals may encounter various

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adverse consequences, including increased levels of stress and anxiety, self-imposed social isolation, reduced self-esteem, vulnerability to addiction, increased vulnerability to infections, and potentially life-threatening hemorrhages. The long-term consequences of self-injury encompass several physical ailments, including nerve tendon injuries, muscle injuries, and enduring brain damage resulting from repetitive head bashing. Additionally, the use of drugs associated with self-injury can lead to impaired liver and kidney function (Malumbot et al., 2020; Sutton, 2007).

A study conducted by Lee (2016) examined a sample of 784 adolescents, aged 13 to 15, from a junior high school in South Korea. The findings of this research indicated that self-injury behavior was significantly predicted by factors such as peer relationships, depression, and alexithymia (Lee, 2016). A strong link between non-suicidal self-injury (NSSI) and anxiety, parental violence, and alcohol intake was seen in a study involving 717 adolescents in junior high school (Kim & Yu, 2017). A study with a sample of 1857 adolescents revealed a significant association between self-injury behavior and suicidal ideation and thought problems, somatic problems, aggressive behavior, and juvenile delinquency (Shin et al., 2009). Furthermore, it is worth noting that depressive symptoms and social support have been identified as contributing factors to self-harm behavior among adolescents (Hankin & Abela, 2011). Academic stress and bullying in educational institutions are identified as risk factors that arise within the school environment (Lim et al., 2019). The occurrence of financial difficulties within a certain temporal context, such as the COVID-19 pandemic, can potentially serve as a risk factor for the tendency toward self-harm behavior in an individual (Geulayov et al., 2016). According to Valencia-Agudo et al. (2018), several factors have been identified as predictors of non-suicidal self-injury (NSSI) behavior in adolescents. These factors include being female, various family-related variables such as maternal self-harm, and family invalidation. Additionally, peer victimization, depression, a previous history of NSSI, and self-concept have also been found to be associated with NSSI behavior in this population (Valencia-Agudo et al., 2018).

Furthermore, Andrews et al. (2013) found that factors that can increase the tendency to experience NSSI in an individual include affective factors, where emotional suppression has a high correlation with NSSI behavior (Andrews et al., 2013). Meanwhile, emotional regulation can become the mediator between continued NSSI behavior and social support, academic stress, and life satisfaction (Kiekens et al., 2017). Besides, cessation of NSSI behavior is associated with high levels of social support, life satisfaction, and emotional regulation abilities.

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Based on the description above, the focus of this research is to find out the extent of the use of the Strength and Difficulties Questionnaire (SDQ) as a method of early detection of self-injury behavior in adolescents.

METHOD

The research uses a quantitative approach, involving self-injury variables and instrumental screening of psychological and behavioral problems using the Strengths and Difficulties Questionnaire (SDQ). Black, Pulford, Christie, and Wheeler (2010) stated the SDQ screening instruments were used to provide a brief overview of the psychological strengths and barriers experienced by adolescents (Black et al., 2010). Goodman (2001), in his research related to validity and reliability testing on the SDQ scale, showed that the SDQ is reliable, valid, and works excellently in short examinations related to psychological problems in children and adolescents (Goodman, 2001). Psychological problems faced by adolescents have an impact on their psychological condition. Whereas self-injury refers to the act of intentionally causing harm to one's own body, regardless of the presence or absence of suicidal ideation.

The population in this study was composed of 299 adolescents aged 15 to 19 from a public senior high school in Pinrang, South Sulawesi, Indonesia. The data collection method in this study uses the Strengths and Difficulties Questionnaire (SDQ). SDQ is a short behavioral screening tool for children and adolescents that provides a brief overview of behavior and focuses on their strengths and difficulties (Black et al., 2010). SDQ consists of 25 items that are divided into 1 aspect of strengths that represents the strengths of adolescents (hereinafter referred to as SDQ+), namely prosocial behavior, and 4 aspects of difficulty (hereinafter referred to as SDQ-), that represent difficulties experienced by adolescents, such as emotional problems, conduct problems, hyperactivity, and peer problems. In order to measure the self-injury tendency, the Indonesian version of the Self Harm Inventory (SHI) consisted of 22 items of ordinal statements that were self-filled with yes (score 1) and no (score 0) (Kusumadewi et al., 2019)

The data analysis in this study was measured using regression analysis techniques. As for the total response score of the subject (hereinafter referred to as the raw score) from the filling of the SDQ and SHI, it is first converted into a standard score (z-score). (Azwar, 2015) states that the standard score is a raw score that has been converted to another form based on its deviation, expressed in the z-score, and has a new score distribution that has a mean value of 0 and a standard deviation of 1. Z-score is used when the number of items between one aspect and the

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other aspect is not the same, while theoretically, the aspects have the same weight. The result of the z-score is going to be used in regression analysis.

RESULT

Table 1 shows the results of the correlation analysis to determine the significance of the relationship:

Table 1.Summary of SDQ (SDQ+ and SDQ-) Correlation with SHI Zscore(SHI) Zscore(SDQ+) Zscore(SDQ-)

Pearson Correlation	**Zscore(SHI)**	**1.000**	**.058**	**.352**
	Zscore(SDQPlus)	.058	1.000	-.067
	Zscore(SDQMinus)	.352	-.067	1.000
Sig. (1-tailed)	Zscore(SHI)	.	.157	.000
	Zscore(SDQPlus)	.157	.124	
	Zscore(SDQMinus)	.000	.124	.
N	Zscore(SHI)	299	299	299
	Zscore(SDQPlus)	299	299	299
	Zscore(SDQMinus)	299	299	299

The result shows the correlation analysis to determine the significance of the relationship between SDQ+ and SDQ- with SHI. The results show that SDQ+ has no significant correlation to the SHI, with a value of 0,124 > 0,05. On the other hand, SDQ- has a significant correlation with SHI, with a value of 0.000 < 0.05. Furthermore, Table 2 shows the correlational test results for each subscale on the SDQ- (Difficulties), where all aspects are correlated with the SHI.

Table 2. Summary of SDQ- Subscale Correlation with SHI

	Zscore (SHI)	Zscore(H)	Zscore(E)	Zscore(C)	Zscore(P)
	Pearson Correlation				
	Zscore(SHI)	1.000	.243	.316	.130	.220
	Zscore(H)	.243	1.000	.342	.343	.166
	Zscore(E)	.316	.342	1.000	.194	.268
	Zscore(C)	.130	.343	.194	1.000	.241
	Zscore(P)	.220	.166	.268	.241	1.000

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Sig. (1-tailed)					
Zscore(SHI)	.	.000	.000	.012	.000
Zscore(H)	.000	.	.000	.000	.002
Zscore(E)	.000	.000	.	.000	.000
Zscore(C)	.012	.000	.000	.	.000
Zscore(P)	.000	.002	.000	.000	.

Table 3. Model Summary of SDQ- Regression Analysis

Model	R	R Square	Adjusted R square	Sig F Change
SHI*SDQ minus	.352	.124	.121	0.000

Table 4. Model Summary of SDQ- Subscales Regression Analysis

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	4.428E-16	.054	.000	1.000	
Zscore(H)	.140	.060	.140	2.323	.021
Zscore(E)	.231	.059	.231	3.897	.000
Zscore(C)	.005	.059	.005	.089	.929
Zscore(P)	.133	.057	.133	2.317	.021

The Z-score regression analysis of SHI versus Z-Score SDQ- as seen in Table 3, shows a significance of 0,000 < 0.05 with an R Square value of 0.124, so it can be concluded that the four aspects of SDQ that represent difficulties can predict self-injury behavior in adolescents.

Table 5. Model Summary of SDQ+ Regression Analysis

Model	R	R Square	Adjusted R square	SigF Change
SHI*SDQ plus	.058	.003	.000	.314

However, Table 4 shows the results of the inter-subscale regression analysis. It states that the subscales of hyperactivity, emotional problems, and peer problems can predict self-injury behavior in adolescents. In a significance of 0.021 < 0.05 for hyperactivity, 0.000 < 0.05 for emotional problems, and 0.021< 0.05 for peer problems, while the conduct problem subscale

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can't predict self-injury behavior with a significance of 0.929 > 0.05. From Table 5, it can be seen that the significance value between SHI and SDQ+ is 0.314 > 0.05, and the value of R Square is 0.003, so it may be concluded that the SDQ+ aspect, representing adolescent strengths (prosocial behavior) can't predict self-injury behavior in adolescents.

DISCUSSION

The Strengths and Difficulties Questionnaire (SDQ) is a scale used to perform early detection related to the presence of psychological disorders in adolescents. The scale is divided into 1 aspect of strengths, representing the strengths that adolescents have (SDQ+), and 4 aspects of difficulties, representing obstacles experienced by adolescents (SDQ-). Another scale used in this study is the Self-Harm Inventory (SHI), which serves to measure a person's tendency to commit self-injury.

In Table 1 and Table 2, it has been shown that SDQ+ containing the prosocial subscale does not correlate with SHI, whereas SDQ- (difficulties) correlates significantly with SHI. This discovery aligns with the research carried out by Yang et al. (2022) in their study, which included 7062 adolescents in Korea. The researchers employed the SDQ scale to explore the correlation between self-injurious behavior, suicidal tendencies, and the personality and psychological characteristics of the adolescents. The researchers discovered a substantial correlation ($p < 0.001$) between self-injury behavior and many subscales of the SDQ, including emotional issues, behavioral problems, hyperactivity, and peer problems (Yang et al., 2022). Additionally, a study conducted on a sample of 1052 adolescents in Sweden yielded similar results. Specifically, the SDQ-, which represents difficulties, had a substantial correlation with self-injury behavior (Bjärehed et al., 2012). In addition, research conducted by Caro-Cañizares et al. (2018) examined a sample of 363 adolescents, consisting of 202 psychiatric patients and 161 middle school adolescents, to investigate the relationship between Non-Suicidal Self Injury (NSSI) behavior and the SDQ-DP scale. The findings revealed a significant correlation between NSSI behavior and the subscale of the SDQ-DP. (Caro-Cañizares et al., 2018).

Table 3 explains the results of regression analysis tests between all the subscales of SDQ- and SHI, where SDQ- overall can predict self-injury behavior. However, Table 4 shows that of the four aspects of the SDQ- where conduct problems subscale can't predict self-harm behavior. However, other aspects such as emotional problems, hyperactivity, and peer problems can

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significantly predict self-harm in adolescents. In addition, Table 4 also shows that SDQ+ (pro-social behavior) can't predict self-injury behavior.

Nevertheless, the findings presented in this study differ from prior research attempts that have investigated the occurrence of self-harm or non-suicidal self-injury (NSSI) by employing the Strength and Difficulties Questionnaire (SDQ). An illustrative instance is provided by Yang et al.'s (2021) study, wherein the research team sought to examine the relationship between suicidal tendencies and self-injury behavior among Korean adolescents, while also exploring the influence of personality and psychopathological characteristics. The researchers employed the SDQ scale to assess the psychopathological characteristics of the participants. Their findings indicated that while the hyperactivity subscale did not serve as a predictor of self-harm behavior, it did exhibit predictive value for suicidal tendencies. The presence of emotional problems, behavioral problems, prosocial behaviors, and peer problems among adolescents has been found to be a predictor of an increased likelihood of exhibiting suicidal thoughts and engaging in self-injury behaviors. (Yang et al., 2022).

In another study conducted in Hungary, it was noted that adolescents who had high scores on the SDQ- aspect had higher NSSI scores than adolescents with low scores on the SDQ- aspect (Mészáros et al., 2020). However, Lundh et al. (2011) carried out a study on adolescents which discovered that self-harm behavior can only be predicted by conduct problems (Lundh et al., 2011). In contrast, a recent study conducted by Islam et al. (2022) revealed that engaging in prosocial behavior had a protective effect against self-harm behaviors (Islam et al., 2022). Contrary to expectations, the findings of this study diverge from those of a previous study, as the subscale related to conduct problems and prosocial behavior failed to show the ability to predict self-harm behaviors. Therefore, further research is required to investigate probable elements that could influence the incidence of the previously mentioned phenomena.

Conduct problems are a form of behavior that is inconsistent with the rules of society or the norms violated by such a negative way of behaving. It has four characteristics: damaging other people's property, violating norms or rules, hurting animals or humans, and stealing or lying (Suni et al., 2023). In addition, conduct problems refer to behavior that is unfavorable to the future of the adolescent concerned. Some of the self-harm risk factors associated with conduct problems include the use of illicit substances or alcohol, internet addictions, escaping from home, Internet or cell phone abuse, avoidance, abuse of opioid drugs and sedatives, suicide attempts, gambling disorder, and deliberate prescription abuse The motivation of the teenager to do self-harm is a

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form of coping against psychological distress, internalizing problems; anxiety and depression, and externalizing problems; excessive anger outbursts, and conduct problems (Lee, 2016; Y.-J. Wang et al., 2022)

A study conducted by Kim et al. (2017) examined the relationship between non-suicidal self-injury (NSSI) and various factors, including drinking behavior, anxiety, and parental abuse, in adolescents. The findings indicated that these factors played a significant role in explaining the occurrence of NSSI behavior. Notably, drinking behavior emerged as the most influential factor, demonstrating a strong association with a tendency to engage in NSSI. The study revealed that drinking behaviors could serve as a predictive factor for impulsive behaviors among teenagers and were also associated with other behaviors that posed risks to their health. Ultimately, it may lead to the potential for suicide (Aseltine & Gore2, 2000; Giletta et al., 2012; Kim & Yu, 2017). Martiniuk et al. (2015) conducted a study that found that alcohol misuse played a substantial role in forecasting repeated instances of self-harm (Martiniuk et al., 2015).

The findings of this study also indicated that there was no significant predictive relationship between prosocial behavior and self-harm behaviors among adolescents. However, it has been observed that adolescents who possess prosocial views towards their friends are likely to exhibit a reduction in alcohol use. This is significant because alcohol usage is known to be a contributing factor to non-suicidal self-injury (NSSI) susceptibility among adolescents (Kim & Yu, 2017; Spoth et al., 1996).

Furthermore, Wang et al. (2021) conducted a study with a sample of 1026 adolescents in China, which revealed that adolescents hailing from divorced households exhibited elevated levels of internalizing and externalizing problems, a greater overall difficulties score, and a lower score in prosocial behavior. Additionally, a relatively higher prevalence of non-suicidal self-injury (NSSI) and self-injury among adolescents originating from families characterized by parental separation or divorce (F. Wang et al., 2021). In a separate study carried out in China with a sample of 625 teenagers, the researchers discovered a positive association between the prevalence of non-suicidal self-injury (NSSI) and the escalation of maladaptive behaviors, as well as the decline in prosocial behaviors among adolescents (H. Wang et al., 2020).

This study further shows that the hyperactivity subscale is one of the subscales that can predict self-injury behavior. According to Mulyadi (Suni et al., 2023), impulsive decision-making and a lack of consideration for potential repercussions are characteristics of poor self-control, which is associated with hyperactive behavior. Additionally, a consistent behavioral pattern

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characterized by a tendency to avoid silence, difficulty focusing, and a preference for engaging in activities of personal interest can indicate the presence of hyperactivity in teenagers.

Hyperactivity is considered a predicted factor for attention-deficit/hyperactivity disorder (ADHD), a psychiatric disease characterized by excessive motor activity. This disorder has been identified as a risk factor for suicide attempts and completed suicides among adolescents (Balazs et al., 2014). There was a case study in which they compared teenage girls with ADHD and those without ADHD. The results found that teenagers who self-harmed were more likely to have a previous diagnosis of ADHD than those who did not at all (Meza et al., 2021). In another study of 3685 Taiwanese adolescents who were also ADHD patients, it was noted that the risk ratio of self-poisoning in children with ADHD was 4.65 times greater than in the control group (Chou et al., 2014). Decision-making impairment and high risk-willingness that accompany ADHD can also increase the risk of suicide (Humphreys & Lee, 2011; Miller et al., 2013).

Although people with ADHD are predominantly male, Hinshaw (2012) explained in his research that women with ADHD are more likely to have a higher risk of having self-harm patterns of behavior. Notwithstanding the high risk, women with ADHD have internalized symptoms such as depression and anxiety. Furthermore, the impulse-control problem is likely to be a major factor in women with ADHD doing self-harm (Hinshaw et al., 2012). It is supported by research by Lockwood et al. (2017) that impulsiveness is a major characteristic of ADHD and is often described as a risk factor for self-harm (along with affective disorder as another risk factor) (Lockwood et al., 2017; Ward & Curran, 2021).

In this study, the emotional problem subscale could predict self-injury behavior in adolescents with the highest significance compared to other subscales. The emotional problems subscale consists of anxiety, dread, depression, and somatic concern (Yang et al., 2022). Depression is a risk factor for self-harm behavior and NSSI in teenagers (Valencia-Agudo et al., 2018; Webb, 2002). In another study, it was also indicated that depression can predict an increase in the intensity of self-harm activity across all ages. (Plener et al., 2015).

Klonsky et al. (2013), in their research on NSSI, suggest that one of the reasons teenagers perform NSSI is to attempt to lessen the negative emotions that they feel (E. Klonsky et al., 2013). Teenagers and children who have difficulties managing their emotions and behaviors tend to self-injure with the purpose of relieving themselves of the tension that they experience (Bornovalova et al., 2008). The phenomenon is somewhat intriguing since it appears to defy the fundamental

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tendencies of human nature, where individuals often lean towards pleasurable experiences while actively avoiding those that trigger discomfort (Kim & Yu, 2017).

Emotional dysregulation is also connected with an increased risk of NSSI. Teenagers themselves don't have the ability to regulate their emotions effectively. Therefore, occasionally teenagers have problems coping with the unpleasant emotions they have. That is one of the reasons teens do NSSI as a type of help for those who can't cope with the bad feelings they feel. Furthermore, it can lead to more serious psychosocial effects (guilt, anger, criticism of teachers and parents, and discrimination from peers) and self-blaming that can harm social connections. And, in the end, it produces a never-ending cycle (Y.-J. Wang et al., 2022; Wolff et al., 2019; Young et al., 2019).

Moreover, Andrews et al., in their research, revealed an interesting phenomenon where continuous NSSI conduct can be related to high emotional suppression and low cognitive reappraisal (Andrews et al., 2013). Brockman et al. (2017) stated in their study that emotional suppression was related to a higher amount of negative affection and a lower level of positive affection (Brockman et al., 2017). Furthermore, Xavier, Cunha, and Pinto Gouveia (2015) demonstrated that negative affections can considerably predict self-harm behavior (Xavier et al., 2015). This shows that negativity becomes a mediator between emotional suppression and the continuity of NSSI activities (Rahman et al., 2021).

From a gendered standpoint, it is observed that adolescent girls often engage in self-injury behaviors as a mechanism for emotional regulation and self-control, whereas adolescent boys tend to resort to self-injury as a means of fulfilling their impulsive tendencies (Whitlock et al., 2011). When confronted with adverse emotions and stressors, males tend to employ problem-focused coping methods to address stressor-related issues, whereas females tend to prioritize emotion-focused coping techniques aimed at alleviating the stresses (Meléndez et al., 2012). According to Lazarus and Folkman (Bakhtiar & Asriani, 2015), emotional focus coping can be categorized into two types. The first form is adaptive coping, which entails strategies that facilitate functions related to integration, growth, learning, and goal attainment. Conversely, maladaptive coping tends to impede the process of integration, hinder personal development, reduce autonomy, and exert a dominant influence on the surrounding environment. Emotional focus coping (EFC) is commonly regarded as a maladaptive coping strategy. This finding aligns with other research that has explained the concept of EFC as a maladaptive and poor coping mechanism,

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frequently linked to adverse consequences, and displaying less consistency (Biggs et al., 2017; Folkman & Moskowitz, 2004; Taylor & Stanton, 2007).

Females are more likely than males to experience internalizing symptoms that may contribute to the development of mental disorders, including anxiety and depression. In contrast, it is shown that males often exhibit externalization symptoms, including substance addiction and aggressiveness (Aldao et al., 2010; Mendelson et al., 2008; Seo et al., 2017). The elevated incidence of emotional problems in women may be linked to the elevated incidence of non-suicidal self-injury (NSSI). Moreover, it has been observed that women often exhibit a reliance on non-suicidal self-injury (NSSI) as a means of alleviating negative feelings (Fox et al., 2018).

The study also indicated that the peer problems subscale can predict self-harm behavior in adolescents. The present research is in accordance with a study by Lee (2016) that explored the psychological aspects of self-harm behavior in 784 Korean adolescents, where one of his results was that teenagers who commit self-harm are likely to have unfavorable connections with peers (Lee, 2016). Furthermore, Rasmussen et al. (2016) indicate in their research that interpersonal characteristics can predict self-harm practices in teenagers (Rasmussen et al., 2016). Insecure social bonds can predict repeating self-harm behavior, while suicide attempts by peers can also predict suicide behavior in teenagers (Glazebrook et al., 2015; Hishinuma et al., 2018).

Additionally, earlier research revealed that poor peer interactions contributed more to self-harming behavior among teenagers than poor parental bonding or academic stress. Ironically, interactions with peers have a crucial role in the precipitation and maintenance of self-harming behavior (Heilbron & Prinstein, 2008; Prinstein, Boergers, & Spirito, 2001). However, throughout the adolescent stage, individuals are more likely to experience interpersonal connection demands as a result of their relationships with peers (Lee, 2016). Pekrun et al. (2002) explained that students in schools are likely to be exposed to risk factors for self-harm behavior, such as academic stress and bullying behavior. Academic stress can generate feelings of anger, boredom, embarrassment, and hopelessness (Pekrun et al., 2002). Furthermore, Yeo and Lee (2017) highlighted in their study that the behavior of skin-picking had a positive correlation with academic stress, with trait anxiety serving as a predisposing factor (Yeo & Lee, 2017).

Moreover, peer victimization is also known to be associated with self-harm behavior, in which peer Victimization occurs in the form of explicit (e.g., pushing, beating), reputational (e.g., spreading rumors), or relational aggression from peers (Heilbron & Prinstein, 2008; Olweus, 2013; Prinstein, Boergers, & Vernberg, 2001). As for Eyuboglu et al. (2021), research revealed that

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traditional bullying and Cyberbullying are associated with a reduction in mental health levels and an increased risk of self-harm behavior in adolescents (Eyuboglu et al., 2021). Moreover, Vergara et al. (2019), in their research on NSSI, discovered that peer victimization was linked with the rate of frequency of thought-related NSSI and NSSI behavior in teenagers in recent months (Vergara et al., 2019). Furthermore, those who had NSSI behavior had a lot of trouble with their peers (Hamza & Willoughby, 2014).

CONCLUSION

Adolescence is a phase of change, and changes can be a source of stress that makes them experience psychological problems, which will lead to self-injury behavior. In this research, using the SDQ (Strengths and Difficulties Questionnaire) screening, researchers try to discover the tendency of self-injury behavior in adolescents based on two aspects that the SDQ has, namely the strengths and difficulties aspects they experience.

Early detection of this study using the Strengths and Difficulties Questionnaire (SDQ) to determine the tendency of self-injury behavior found results in which subscales of emotional problems, peer problems, and hyperactivity could predict self-harm behavior in adolescents, whereas prosocial behaviors and conduct problems could not predict self-harm behaviors in teenagers. Different findings were also found in several previous studies (Islam et al., 2022; Lundh et al., 2011; Mészáros et al., 2020; Yang et al., 2022). Therefore, further research is needed to investigate any related factors that may influence the occurrence of such a thing

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