

PREVALENCE QUALITY OF LIFE IN STUDENTS WITH SYMPTOMS OF SELF-INJURY

^{*1}Agnis Medina, ²Gian Sugiana Sugara, ³Feida Noorlaila Isti'adah

^{*1,2,3}Universitas Muhammadiyah Tasikmalaya

Email: ^{*1}agnismedina.8910@gmail.com, ²giansugiana@gmail.com, ³feida@umtas.ac.id

Abstract

This study aims to identify and analyze the general overview of the quality of life among 12th-grade students at SMAN 4 Tasikmalaya exhibiting self-harm symptoms. Employing a quantitative method with a descriptive design, the study involved 287 samples. Two instruments were utilized: the Deliberate Self-Harm Inventory (DSHI) developed by Gratz (2001), consisting of 17 items measuring the frequency, severity, duration, and types of self-harm behavior; and the Adolescent Quality of Life Inventory (AQoLI), adapted from an instrument created by Ependi (2022). This latter instrument measures adolescent quality of life through 26 items across three dimensions: personal growth, social functioning, and self-functioning. The findings reveal that 49% of the students (142 individuals) had engaged in at least one form of self-harm. The quality of life among students with self-harm symptoms was categorized as very high (11%), high (58%), average (30%), and low (1%). This study concludes that self-harm symptoms among 12th-grade students at SMAN 4 Tasikmalaya are generally mild. However, attention is needed through counseling and guidance services to provide interventions that support emotional regulation and strengthen aspects of life, serving as essential means to help students build healthy coping mechanisms and enhance their well-being.

Keywords: Self-Injury, Self-Harm, Quality of Life, Adolescent

Abstrak

Penelitian ini bertujuan untuk mengidentifikasi dan menganalisis kualitas hidup pada siswa dengan gejala melukai diri pada siswa kelas 12 SMAN 4 Tasikmalaya. Menggunakan metode kuantitatif dengan desain deskriptif, penelitian ini melibatkan sampel sebanyak 287. Dua instrumen yang digunakan yaitu Deliberate Self-Harm Inventory (DSHI) yang dikembangkan oleh Gratz (2001). Dalam instrumen ini terdiri dari 17 item yang mengukur frekuensi, keparahan, durasi, dan jenis perilaku melukai diri. Instrumen Adolescent Quality of Life Inventory (AQoLI) mengadaptasi dari instrumen yang telah dibuat oleh Ependi (2022). Instrumen ini untuk mengungkap tingkat kualitas hidup remaja yang terdiri dari 26 item yang berisi 3 dimensi meliputi pertumbuhan pribadi, keberfungsian sosial, dan keberfungsian diri. Hasil penelitian menunjukkan bahwa sebanyak 49% dengan jumlah 142 siswa pernah melukai diri sekurang-kurangnya melakukan satu bentuk melukai diri. Kualitas hidup pada siswa dengan gejala perilaku melukai diri memiliki rata-rata kualitas hidup dengan kategori sangat tinggi (11%), tinggi (58%), rata rata (30%), bahkan kategori rendah (1%). Studi

ini menyimpulkan bahwa gejala melukai diri pada siswa kelas 12 SMAN 4 Tasikmalaya secara umum ringan. Namun perlu perhatian melalui layanan bimbingan dan konseling tentang intervensi yang mendukung pengelolaan emosi dan penguatan aspek-aspek hidup dapat menjadi sarana penting dalam membantu siswa dalam membangun coping yang sehat dan meningkatkan kesejahteraan.

Kata kunci: Melukai diri, Self-Injury, Self-Harm, Kualitas Hidup, Remaja

INTRODUCTION

The transitional period of adolescence into adulthood is often characterized by significant emotional changes (Hasmarlin & Hirmaningsih, 2019). If these changes are not managed effectively, they can hinder adolescent development (Rahmawaty et al., 2022). Emotional challenges during this phase affect diverse aspects of life, such as physical health, emotional stability, cognitive performance, and social interactions (Purnamasari et al., 2023). These difficulties may escalate into psychological disorders, such as stress (Hairunni'am et al., 2022) or distress arising from unresolved problems (Malumbot et al., 2020; Maidah, 2013). Negative emotions linked to stress and distress often manifest in maladaptive behaviors, including self-harm (Verenisa et al., 2021) and substance misuse (Latipun & Notosoedirdjo, 2014). Self-injury is frequently recognized as a form of avoidance coping in response to overwhelming challenges (Nurhanifa, 2021).

Self-injury, also referred to as Nonsuicidal Self-Injury (NSSI), is defined as the act of deliberately harming oneself without the intention of suicide. Statistical findings emphasize the prevalence of self-injury among adolescents, highlighting its impact on mental health. Research by Farkas et al. (2023) reported that 16% of adolescents engage in nonsuicidal self-injury, with females exhibiting a higher prevalence (19.4%) compared to males (12.9%). The World Health Organization (2021) notes that 4.6% of adolescents aged 15–19 experience anxiety disorders, while 2.8% face depression. In Indonesia, Alini & Meisyalla (2022) identified a 6.2% depression prevalence among adolescents, which increases their vulnerability to self-injurious behaviors or even suicidal ideation.

Self-injury is defined as the deliberate act of damaging one's body without suicidal intent (Nock, 2010). Similarly, Brown et al. (2017) describe nonsuicidal self-injury (NSSI) as a deliberate, self-inflicted behavior that harms the body's surface without the intention of suicide, and which is not socially sanctioned. Consequently, self-injury is categorized as a maladaptive coping mechanism that negatively affects an individual's psychological and physical well-being (Guntur et al., 2021).

The methods employed in self-injury are diverse, including cutting or scratching the skin, hitting oneself to cause bruises, burning with acid or cigarettes, ingesting harmful substances, biting, head-banging, and other self-harming behaviors (Reas et al., 2023). Favazza (2011) further classifies NSSI into several categories: major self-injury, involving significant tissue destruction such as castration; stereotypic self-injury, characterized by repetitive actions like head-banging often associated with conditions such as autism and intellectual disabilities; compulsive self-injury, involving repetitive behaviors linked to compulsive disorders like trichotillomania; and impulsive self-injury,

which includes actions such as cutting, burning, excessive rubbing, or needle piercing, typically driven by an urge to relieve tension, followed by a sense of relief or gratification.

Based on the screening conducted by the researcher on 12th-grade students at SMAN 4 Tasikmalaya using the Deliberate Self-Harm Inventory (DSHI) questionnaire, the results revealed that 14.6% of respondents had deliberately cut their wrists or other body parts. A portion of these individuals reported engaging in such behaviors as early as elementary or middle school. Additionally, 12.2% admitted to biting themselves to the point of damaging their skin, 5.4% had pierced their skin with sharp objects, and 11.3% had engaged in head-banging severe enough to cause bruising. Other forms of self-injury included pulling their hair, prolonged fasting, and clenching fists until marks or indentations appeared on their palms. Given these findings, self-injury represents a critical issue among adolescents due to its prevalence and the severe impact it has on their mental health and overall well-being.

The relationship between self-injury and quality of life has been extensively studied, with findings consistently showing a negative correlation. Adolescents who engage in self-injurious behavior frequently report a lower quality of life compared to their peers (Gyori et al., 2021). This decline in life quality is further aggravated by mental health disorders (Gyori et al., 2021). Chamberlain et al. (2017) identified three factors of self-injury that contribute to a reduced quality of life: self-inflicted harm, such as burning the skin; interpersonal-related self-harm, which includes self-degrading sexual behaviors; and extreme self-injury, involving actions like reckless behavior or substance abuse. A diminished quality of life resulting from these behaviors has been shown to negatively impact productivity and overall well-being (Endarti et al., 2020).

Quality of life encompasses various dimensions of personal satisfaction and well-being, including social, economic, environmental, and physical aspects (Salvaris et al., 2000). It reflects an individual's level of happiness, life satisfaction, and overall well-being (Sugara et al., 2020). Hunt (1997) conceptualizes quality of life through multiple dimensions, such as health, functional capacity, cognitive abilities, mental well-being, and life satisfaction. Frisch (2013) identifies 16 essential domains that contribute to quality of life, including health, self-esteem, personal values, finances, work, recreation, social relationships, and the living environment. In the Indonesian context, Sugara et al. (2020a) simplified these into three primary domains: personal growth, which includes activities like play, spirituality, and learning; social functioning, encompassing relationships with family, friends, and the community; and self-functioning, which relates to health, finances, and love.

Environmental, social, and individual coping factors play crucial roles in determining quality of life (Raphael et al., 1996). Mars et al. (2014) found that mental health conditions, socioeconomic disparities, exposure to violence, and unhealthy lifestyles are key factors linked to self-injurious behaviors. Improving quality of life is essential for individuals who engage in self-harm, as mental health challenges and reduced physical, emotional, and social functioning significantly impact their well-being (Daniels et al.,

2001). Adolescents are especially prone to experiencing poor quality of life when their core needs and satisfaction remain unmet (Wardanii et al., 2017).

Given the negative impact of low quality of life and unmet aspects in the lives of adolescents who engage in self-injury, there is a need for guidance and counseling services to help enhance their quality of life. Guidance and counseling services aim to assist individuals in becoming independent and optimally developing in personal, social, educational, or career domains through various supportive services and activities based on applicable norms (Prayitno, 2004). One essential service for adolescents engaging in self-injury is counseling. Counseling aims to help individuals navigate and resolve the challenges they face in their lives (Yusuf & Nurihsan, 2014). Counseling services provide individuals with direct support to gain understanding and develop self-maturity, enabling them to manage issues and difficulties they encounter across personal, social, educational, and career aspects (Yusuf & Nurihsan, 2014).

METHOD

Participants

This study employed a quantitative method with a descriptive design, involving a sample of approximately 272 students from SMAN 4 Tasikmalaya. Dalam penelitian menggunakan teknik *non probability sampling* dengan jenis *sampling purposive*. *Sampling purposive* adalah teknik penentuan sampel dengan pertimbangan tertentu (Sugiyono, 2022). This technique was chosen to gain a general overview of quality of life in students with symptoms of self-injurious behavior.

Measures

Deliberate Self-Harm Inventory (DSHI)

The Deliberate Self-Harm Inventory, developed by Gratz (2001), is used to screen self-injury behavior. This instrument comprises 17 items designed to assess the frequency, severity, duration, and types of self-injurious actions. Scoring is based on the sum of items marked "yes," with each "yes" answer scored as 1 and each "no" answer as 0. A total score of 5 or lower indicates a low level of self-harm, a score of 6–12 reflects a moderate level, and a score of 13–17 signifies a severe level. With a reliability coefficient of $\alpha = 0.78$, the instrument demonstrates high reliability, making it an appropriate tool for screening in this research.

Adolescent Quality of Life Inventory (AQoLI)

The Adolescent Quality of Life Inventory (AQoLI) is an adaptation of the instrument developed by Ependi (2022) and is specifically designed to measure the quality of life among adolescents. This instrument builds upon the Quality of Life Inventory (QoLI) created by Sugara et al. (2020). The AQoLI comprises 26 items distributed across three dimensions: personal growth, social functioning, and self-functioning. Personal growth consists of 10 items that cover domains such as creativity, recreation, learning, spirituality, and helping, with each domain represented by two items. Social functioning, which includes eight items, focuses on domains like friendships, family, community environment, and school, with two items per domain. Similarly, self-functioning is

composed of eight items addressing aspects such as self, health, finances, and home, also with two items per domain. The AqoLI uses a Likert scale for responses, with scoring options ranging from 1 (strongly disagree) to 7 (strongly agree). With a high reliability coefficient of $\alpha = 0.92$, this instrument demonstrates excellent reliability, making it highly suitable for research purposes.

Procedure

The Deliberate Self-Harm Inventory and Adolescent Quality of Life Inventory were administered to students at SMAN 4 Tasikmalaya with specific criteria. The respondents were 12th-grade students aged 16-19 years old.

Data Analysis

The statistical analysis used in this study is parametric analysis. To determine the effect between two variables, simple linear regression techniques are employed. All analyses are conducted using Excel Office (2019) and SPSS Windows version 26.

RESULT AND DISCUSSION

General Overview of Quality of Life Among Students with Self-Harm Symptoms

Results from the study indicate that the identified self-harm behavior among 12th-grade students at SMAN 4 Tasikmalaya, totaling 142 individuals, predominantly falls into the low or mild category with 122 students, equivalent to 86%. This suggests that the majority of students exhibit minimal self-harm behavior or none at all. In the moderate category, there are 20 students, accounting for 14%, indicating a small proportion of students displaying moderate self-injury behaviors. There are no students in the severe category (0%), indicating no students with high levels of self-injury. Detailed data supporting these findings are presented in Table 1 below:

Table 1. General Overview of Self-Harm

RANGE OF SCORES	CATEGORY	FREQUENCY	PERCENTAGE
1 – 5	Mild	122	86%
6 – 12	Moderate	20	14%
13 – 17	Severe	0	0%
TOTAL		142	100%

Table 2. General Overview of Self-Harm by Type

NO.	TYPE	N	ACHIEVEMENT
1.	Cutting	46	32,39%
2.	Burning	23	8,10%
3.	Carving words or symbols into skin	30	10,56%
4.	Sctraching	61	42,96%
5.	Self-bitting	40	28,17%
6.	Gouging	28	4,93%
7.	Sticking needels or pins into skin	16	11,27%

8.	Banging head or fits against something	34	11,97%
9.	Self-hitting	32	22,54%
10.	Interfering with wound healing	71	50,00%
11.	Forms of self-harm not stated in the statement above	29	20,42%

Table 2 presents the distribution of self-harm behaviors among students, showing that 32.39% of students reported cutting or scratching their skin, 8.10% burned themselves, 10.56% carved words or symbols into their skin, 42.96% scratched their skin until it bled, 28.17% bit their skin until it bled or caused injury, 4.93% explored self-inflicted pain, 11.27% attached needles or pins to their skin, 11.97% bumped their head or hands against an object, 22.54% hit themselves, 50.00% prevented existing wounds from healing, and 20.42% engaged in other self-harming behaviors.

Overview of Quality of Life in Students with Symptoms of Self-Injury

The study findings indicate that among the 142 students with self-harm symptoms in the 12th grade at SMAN 4 Tasikmalaya, there are no students in the very low category (0%), indicating no student with extremely low quality of life. In the low category, there are 2 students (1%), suggesting that these students have not yet reached a satisfactory level of quality of life and have not met the ideal standards in dimensions of personal growth, social functioning, and self-functioning. In the average category, 42 students (30%) demonstrate the ability to reach ideal standards in personal growth, social functioning, and self-functioning, but their quality of life is not too poor nor extremely high, indicating a middle-ground level.

In the high category, there are 82 students (58%) indicating a high level of satisfaction with their quality of life, having successfully achieved ideal standards in personal growth, social functioning, and self-functioning according to their interests and needs. In the very high category, there are 16 students (11%) who have an exceptionally high quality of life satisfaction, having reached ideal standards in personal growth, social functioning, and self-functioning.

Table 3. Overview of Adolescents' Quality of Life

RANGE OF SCORES	CATEGORY	FREQUENCY	PERCENTAGE
26 – 52	Very Low	0	0%
53 - 87	Low	2	1%
88 - 121	Average	42	30%
122-156	High	82	58%
157-182	Very High	16	11%
TOTAL		142	100%

Table 4. Overview of Quality of Life Among Students with Self-Injury Symptoms

DIMENSION	PERCENTAGE	M	SD	DOMAIN	PERCENTAGE	M	SD
PERSONAL GROWTH	71,27%	4,99	1,30	Creativity	70,67%	4,95	1,13
				Recreation	69,87%	4,89	1,52

SOCIAL FUNCTIONING	72,33%	5,08	1,32	Learning	69,47%	4,86	1,27
				Spiritual	78,67%	5,51	1,23
				Helping	67,66	4,74	1,20
				Friendship	72,79%	5,10	1,26
				Family	74,35%	5,20	1,43
				Community Environment	72,79%	5,10	1,32
SELF- FUNCTIONING	70,33%	4,93	1,36	School	70,42%	4,93	1,26
				Self	70,42%	4,93	1,22
				Health	69,59%	4,60	1,47
				Finance	65,69%	4,60	1,47
				Home	75,96%	5,34	1,36

Based on Table 4, the results of the study reveal the overall percentage for each dimension of quality of life. The personal growth dimension has a percentage of 71.27%, the social functioning dimension 72.59%, and the self-functioning dimension 70.33%. In the personal growth dimension, the domain percentages are as follows: creativity (70.67%), recreation (69.87%), learning (69.47%), spirituality (78.67%), and helping (67.66%). For the social functioning dimension, the domain percentages are: friendship (72.79%), family (74.35%), community environment (72.79%), and school (70.42%). Meanwhile, in the self-functioning dimension, the domain percentages include: self (70.41%), health (69.27%), finance (65.69%), and home (75.96%).

Table 5. General Overview of Quality of Life Dimension

DIMENSION	RANGE	CATEGORY	F	%
PERSONAL GROWTH	10 – 25	Very Low	0	0%
	26 – 42	Low	21	15%
	43 – 58	Average	101	71%
	59 – 75	High	20	14%
	76 – 90	Very High	0	0%
SOCIAL FUNCTIONING	8 – 16	Very Low	0	0%
	17 – 27	Low	4	3%
	28 – 37	Average	47	33%
	38 – 48	High	63	44%
	49 – 56	Very High	28	20%
SELF- FUNCTIONING	8 – 16	Very Low	0	0%
	17 – 27	Low	9	6%
	28 – 37	Average	50	35%
	38 – 48	High	69	49%
	49 – 46	Very High	14	10%

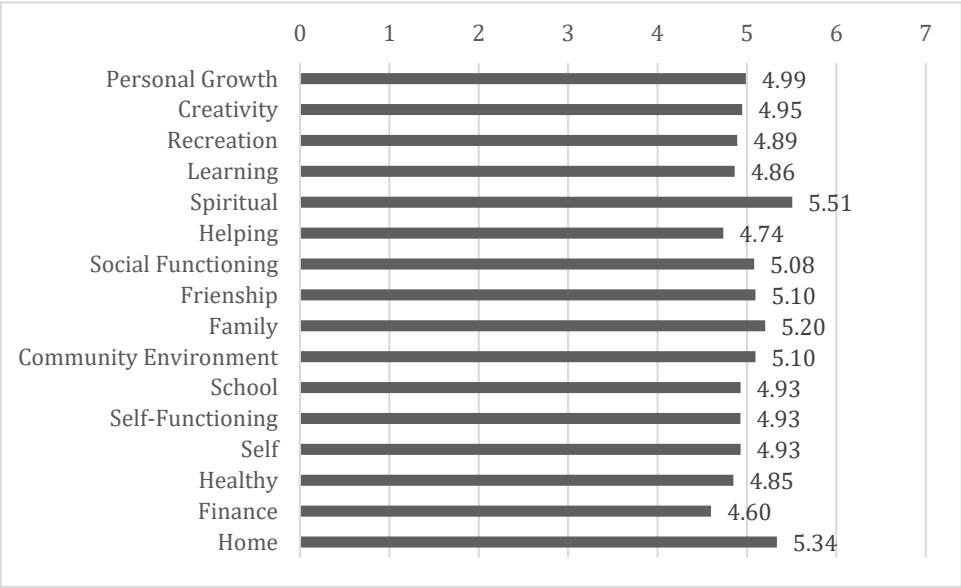
Based on Table 5, in the personal growth dimension, there were no students in the very low category, indicating that no students lagged significantly in this dimension. In the low category, 21 students (15%) were identified, suggesting a need for improvement in their self-development abilities. The majority of students, 101 individuals (71%), were in the average category, reflecting a fairly balanced level of personal growth, although not yet achieving the highest levels. Furthermore, 20 students (14%) were categorized as high, indicating that a small portion of the students demonstrated a high level of personal

growth. However, no students were found in the very high category, suggesting that none exhibited exceptional levels of personal development.

In the social functioning dimension, no students were categorized as very low, indicating that none experienced significant deficiencies in this area. However, 4 students (3%) fell into the low category, suggesting that a small number faced considerable challenges in their social functioning. A total of 47 students (33%) were classified as average, demonstrating adequate social skills with room for improvement. Furthermore, 63 students (44%) were in the high category, reflecting that many individuals possessed strong social abilities and were capable of functioning effectively in relationships and community settings.

In the self-functioning dimension, no students were classified in the very low category, indicating the absence of severe deficiencies in this area. In the low category, 9 students (6%) were identified, reflecting that a small number faced challenges in their self-functioning abilities. A total of 50 respondents (35%) were categorized as average, indicating that they demonstrated a reasonable level of self-functioning but with room for improvement. The majority, 69 students (49%), were classified in the high category, suggesting that nearly half of the students exhibited strong abilities in self-management. Additionally, 14 students (10%) were in the very high category, reflecting optimal self-functioning, including excellent self-regulation skills.

Table 6. Overview of Quality of Life Among Students with Self-Harm Tendencies Based on Dimensions and Domains



Based on Table 6, the highest average score was found in the personal growth dimension, specifically in the spiritual domain, with a score of 5.51. This indicates that the spiritual domain plays a significant role in an individual's overall well-being. Moreover, spirituality can serve as a crucial element for well-being, acting as a primary source of resilience and growth, particularly in managing emotions. On the other hand, the lowest score was observed in the self-functioning dimension, specifically in the financial domain, with an average of 4.60. This suggests challenges or dissatisfaction in economic or financial aspects, which in turn reduces the overall quality of life.

Overall, the chart above shows that the dimensions of quality of life along with their domains fall within average response scores. This indicates that the students align reasonably well with the quality of life domains. However, in the financial domain, the response score is neutral, suggesting that while students align with this domain to some extent, it is not yet optimal.

DISCUSSION

Based on the findings of this study, the overall quality of life among students with self-harming behaviors in grade XII at SMAN 4 Tasikmalaya is categorized as high. This indicates that the students experience a high level of satisfaction with their quality of life and have successfully achieved the ideal standards in the dimensions of personal growth, social functioning, and self-functioning, aligning with their needs and interests. As explained by Frisch (2013), quality of life encompasses sixteen essential domains, including health, self-esteem, life values, finances, work, recreation, learning, creativity, social services, romantic relationships, friendships, relationships with children, relationships with relatives, home or living environment, neighbors, and community. These sixteen domains collectively contribute to life satisfaction and significantly impact an individual's quality of life. According to a study by Sugara et al. (2020a), three domains of quality of life are adapted to the context of Indonesian society: personal growth, which includes play, helping, spirituality, learning, and creativity; social functioning, which includes friends, family, environment, community, and relatives; and self-functioning, which includes health, self-esteem, finances, home, work, and love.

Based on the study, the self-harming behavior among grade XII students at SMAN 4 Tasikmalaya falls into the low or mild category. This indicates that the majority of students exhibit a low level of self-harming behavior or do not engage in self-harming actions extensively. Self-harming behavior can result from emotional distress. The feelings associated with it include anger, shame from guilt, anxiety, panic, sadness, frustration, and a sense of worthlessness (Walsh, 2006). Nock (2010) further emphasizes that self-harm is a concerning phenomenon, referring to deliberate actions directed at oneself that cause direct damage to body tissues without the intent of suicide.

The quality of life among students exhibiting self-harming behaviors, as revealed in the study, shows diversity. Students who have engaged in self-harm demonstrate a range of quality of life levels, spanning high, average, and even low categories. Interestingly, the findings also highlight a paradox, where some individuals with a history of self-harm exhibit a high quality of life. For some, self-harming behaviors, such as cutting or other forms of self-injury, are used as a coping mechanism to manage negative feelings or overwhelming emotions. This aligns with the explanation by Guntur et al. (2021), who described self-harm as one of the coping strategies employed by individuals to deal with emotional distress and stress. Similarly, Rahma et al. (2024) stated that individuals who adopt maladaptive coping mechanisms often exhibit behaviors such as self-harm as part of their emotional regulation strategies. Although self-harm is a maladaptive strategy, some individuals perceive these actions as a means to release negative emotions, while maintaining a positive perception of their overall quality of life. This perception arises

because other aspects of their quality of life remain fulfilled, with self-injury serving as an emotional outlet.

Several factors influence self-injury behaviors. Psychological factors, as noted by Martinson (1999), cause individuals who engage in self-injury to experience uncomfortable emotional states and difficulty in managing them. According to Melamita and Yarmis (2022), adolescents, in particular, often face cognitive and emotional instability, which can lead to stress, anxiety, and depression. If these emotional challenges are not properly addressed, they may result in self-harming behaviors as a maladaptive coping mechanism. Additionally, the literature indicates that self-injury is often a response to trauma. Individuals may engage in self-harming behaviors as a way to distract themselves from distressing thoughts, alleviate negative emotions, or counteract feelings of numbness (Smith et al., 2013). This suggests that self-injury serves as a temporary and maladaptive strategy for emotional regulation and coping with psychological distress.

Self-injurious behavior can be influenced by social factors, such as low levels of social support. A lack of someone to share thoughts and feelings with, or the absence of individuals who can offer advice or solutions to problems, may lead individuals especially adolescents toward engaging in self-injury (Ronka et al., 2013). Peer influence also plays a significant role, as observing friends who engage in self-injury may encourage individuals to replicate such behavior. Modeling, or imitating the behavior of others, is particularly impactful during adolescence, a stage where peer behavior significantly shapes development. Adolescents may adopt these behaviors as a foundation for forming their social identity, fostering bonds and social acceptance, or as a reference point for navigating new social situations (Hasking et al., 2013). If left unaddressed, self-injury can have severe consequences on both physical and psychological health (Walsh, 2012; Higgins, 2014). Psychologically, individuals may experience a sense of satisfaction during and after engaging in self-injury, which can lead to addiction (Malumbot et al., 2020). Furthermore, self-injury can negatively impact relationships with those around the individual, including family and friends, creating a ripple effect of harm on interpersonal dynamics.

CONCLUSION

Based on the results and discussion, the general conclusion is that 49% of the 142 twelfth-grade students at SMAN 4 Tasikmalaya exhibited self-injurious behavior, with at least one instance of self-harm. The quality of life among students with self-injurious behavior is distributed across categories: very high (11%), high (58%), average (30%), and low (1%). The level of self-harm varies from mild to moderate or severe, depending on the dimensions influencing their quality of life. Quality of life is a comprehensive concept reflecting overall individual well-being, encompassing dimensions such as personal growth (creativity, recreation, learning, spirituality, and helping others), social functioning (friendships, family, community environment, and school), and self-functioning (self-concept, health, finances, and home). Although the level of self-harm is not severe and the quality of life is relatively high, there are still potential negative impacts on mental health. This indicates a need to strengthen emotional support, enhance self-awareness, and assist students in developing healthier coping strategies. Periodic

monitoring services are also essential to ensure that students remain stable and do not experience a decline in quality of life.

BIBLIOGRAPHY

Alini, A., & Meisyalla, L. N. (2022). Gambaran Kesehatan Mental Remaja Smpn 2 Bangkinang Kota Kabupaten Kampar. *Jurnal Ners*, 6(1), 80-85.

Brown, R. C., & Plener, P. L. (2017). Non-suicidal Self-Injury in Adolescence. *Current psychiatry reports*, 19(3), 20. <https://doi.org/10.1007/s11920-017-0767-9>

Chamberlain, S. R., Redden, S. A., & Grant, J. E. (2017). Associations between self-harm and distinct types of impulsivity. *Psychiatry research*, 250, 10-16. <https://doi.org/10.1016/j.psychres.2017.01.050>

Daniels, S.R., Arnett, D.K., Eckel, R.H., Gidding, S.S., Hayman, L.L., Kumanyika, S., Robinson, T.N., Scott, B.J., Jeor, S.S. & Williams. Fontaine, K.R. & Barofsky, I. (2001) Obesity and health related quality of life. *Obesity Reviews*, 2, pp. 173-82

Endarti, A. T., Indriyati, T., Darmawan, E. S., Habsyi, H., & Supratman, D. (2020). Kemampuan Koping dan Penurunan Kualitas Hidup Individu di Era Pandemi Covid-19 di Jakarta Timur dan Wilayah Sekitarnya. In *Prosiding Forum Ilmiah Tahunan (FIT) IAKMI*.

Ependi, S. A. (2022). *Pengembangan Alat Ukur Kualitas Hidup Remaja*. Universitas Muhammadiyah Tasikmalaya.

Farkas, B. F., Takacs, Z. K., Kollárovics, N., & Balazs, J. (2023). The prevalence of self-injury in adolescence: a systematic review and meta-analysis. *European Child & Adolescent Psychiatry*, 1-20. <https://doi.org/10.1007/s00787-023-02264-y>

Favazza, A. (2011). *Bodies under siege: Self-mutilation, nonsuicidal self-injury, and body modification in culture and psychiatry* (3rd ed.). Johns Hopkins University Press.

Frisch, M. B. (2013). Evidence-based well-being/positive psychology assessment and intervention with quality of life therapy and coaching and the Quality of Life Inventory (QOLI). *Social Indicators Research*, 114(2), 193-227. <https://doi.org/10.1007/s11205-012-0140-7>

Gratz, K. L. (2001). Measurement of deliberate self-harm: Preliminary data on the Deliberate Self-Harm Inventory. *Journal of psychopathology and behavioral assessment*, 23, 253-263. <https://doi.org/10.1023/A:1012779403943>

Guntur, A. I., Dewi, E. M. P., & Ridfah, A. (2021). Dinamika perilaku self-injury pada remaja laki-laki. *Jurnal Psikologi Talenta Mahasiswa*, 1(1), 42-54.

Gyori, D., Farkas, B. F., Horvath, L. O., Komaromy, D., Meszaros, G., Szentivanyi, D., & Balazs, J. (2021). The association of nonsuicidal self-injury with quality of life and mental disorders in clinical adolescents—A network approach. *International journal of environmental research and public health*, 18(4), 1840. <https://doi.org/10.3390/ijerph18041840>

- Hasking, P., Andrews, T., & Martin, G. (2013). The Role of Exposure to Self-Injury Among Peers in Predicting Later Self-Injury. *Journal of Youth and Adolescence*, 42(10), 1543–1556. <https://doi.org/10.1007/s10964-013-9931-7>
- Hasmarlin, H., & Hirmaningsih, H. (2019). Self-compassion dan regulasi emosi pada remaja. *Jurnal Psikologi*, 15(2), 148-156. <http://dx.doi.org/10.24014/jp.v15i2.7740>
- Higgins, M. (2014). Teen self-injury. ABDO.
- Malumbot, C. M., Naharia, M., & Kaunang, S. E. (2020). Studi Tentang Faktor-Faktor Penyebab Perilaku Self Injury dan Dampak Psikologis pada Remaja. *Psikopedia*, 1(1). <https://doi.org/10.53682/pj.v1i1.1612>
- Mars, B., Heron, J., Crane, C., Hawton, K., Kidger, J., Lewis, G., Macleod, J., Tilling, K., & Gunnell, D. (2014). Differences in risk factors for self-harm with and without suicidal intent: Findings from the ALSPAC cohort. *Journal of Affective Disorders*, 168, <https://doi.org/10.1016/j.jad.2014.07.009>
- Martinson, D. (1999). Self Injury Fact Sheet. New York: Amazon
- Melamita, A., & Yarmis, S. (2022). Efektifitas pendekatan rational emotive behavior therapy untuk mengatasi tendensi perilaku self injury siswa. *Jurnal Penelitian Guru Indonesia*. 7 (1), 162- 168.
- Nock, M. K. (2010). Self-injury. *Annual review of clinical psychology*, 6, 339-363. <https://doi.org/10.1146/annurev.clinpsy.121208.131258>
- Nurhanifa, F. (2021). Gambaran Gaya Koping (Coping Style) pada Pelaku Melukai Diri (Self Injury). SKRIPSI.
- Pargament, K. I. (2011). Spiritually integrated psychotherapy: Understanding and addressing the sacred. Guilford press.
- Prayitno, D. (2004). Pedoman Khusus Bimbingan dan Konseling. Jakarta. Departemen Pendidikan Nasional. Direktorat Jenderal Pendidikan Dasar dan Menengah. Direktorat Pendidikan Menengah Umum.
- Purnamasari, Y., Fitri, N., & Mardiana, N. (2023). Faktor-faktor yang Memengaruhi Gangguan Mental Emosional Remaja SMA. *Jurnal Penelitian Perawat Profesional*, 5(2), 609 616. <https://doi.org/10.37287/jppp.v5i2.1527>
- Rahma, R. A., Khairiah, S., Noor, M. S., Noorsifa, N., & Fujiati, F. (2024). Hubungan Depresi dengan Kejadian Self-Harm pada Mahasiswa PSKPS Fakultas Kedokteran Universitas Lambung Mangkurat Banjarmasin. *Homeostasis*, 7(1), 173-178.
- Rahmawaty, F., Silalahi, R. P., Berthiana, T., & Mansyah, B. (2022). Faktor-Faktor yang Mempengaruhi Kesehatan Mental pada Remaja: Factors Affecting Mental Health in Adolescents. *Jurnal Surya Medika (JSM)*, 8(3), 276-281. <https://doi.org/10.33084/jsm.v8i3.4522>
- Raphael, D., Rukholm, E., Brown, I., Hill-Bailey, P., & Donato, E. (1996). The quality of life profile—adolescent version: background, description, and initial validation.

Journal of Adolescent Health, 19(5), 366-375. [https://doi.org/10.1016/S1054-139X\(96\)00080-8](https://doi.org/10.1016/S1054-139X(96)00080-8)

Reas, D. L., Wisting, L., & Lindvall Dahlgren, C. (2023). Co-occurrence of nonsuicidal self-injury and eating disorder pathology in adolescents. *The International journal of eating disorders*, 56(2), 439–445. <https://doi.org/10.1002/eat.23826>

Ronka, A. R., Taanila, A., Koironen, M., Sunnari, V., & Rautio, A. (2013). Associations of Deliberate Self-Harm with Loneliness, Self-Rated Health and Life Satisfaction in Adolescence: Northern Finland Birth Cohort 1986 Study. *International Journal of Circumpolar Health*, (72)

Salvaris, M., Burke, T., Pidgeon, J., & Kelman, S. (2000). Social benchmarks and indicators for Victoria. Melbourne: Institute for Social Research—Swinburne University of Technology.

Smith, N. B., Kouros, C. D., & Meuret, A. E. (2014). The role of trauma symptoms in nonsuicidal self-injury. *Trauma, Violence, & Abuse*, 15(1), 41-56. <https://doi.org/10.1177/1524838013496332>

Sugara, G. S., Rakhmat, C., & Nurihsan, J. (2020). Factorial structure and psychometric properties of the quality of life inventory in an Indonesian college sample. *Mediterranean Journal of Clinical Psychology*, 8(3). <https://doi.org/10.6092/2282-1619/mjcp-2593>
Sugara, G. S., Rakhmat, C., Nurihsan, J., & Ilfiandra. (2020). Quality of Life and Burnout among University Students. *Universal Journal of Educational Research*. 8. 3742-3750. DOI: 10.13189/ujer.2020.080855

Sugiyono. (2022). *Metode Penelitian Pendidikan Kuantitatif, Kualitatif dan R&D*. Bandung: ALFABETA.

Verenisa, A., Suryani, S., & Sriati, A. (2021). Gambaran self-injury mahasiswa. *Jurnal Ilmu Keperawatan Jiwa*, 4(1), 43-56. <https://doi.org/10.32584/jikj.v4i1.800>

Walsh, B. W. (2012). *Treating self-injury: A practical guide*. Guilford Press.

Wardanii, I. Y., Livana, P. H., & Sopha, R. F. (2017). Kualitas Hidup Remaja Putus Sekolah. *Jurnal Keperawatan*, 9(2), 38-43.

WHO (World Health Organization). (2021). Kesehatan Mental Remaja. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Yusuf, S., & Nurihsan, A. J. (2014). *Landasan Bimbingan & Konseling*. Bandung: PT. Remaja Rosdakarya.