



Original Research

ADVERSE CHILDHOOD EXPERIENCES AND TRENDS OF DELIBERATE SELF-HARM IN INDONESIAN ADOLESCENTS

Devi Angelina Taminey Rawit¹, Firens Victor Tatipikalawan², Verina Christabela³, Juniarta Juniarta⁴  and Novita Susilawati Barus⁵

¹Indonesia Nurse, Siloam Hospitals Lippo Village, Tangerang, Indonesia

²Nurse, Siloam Hospitals Ambon, Ambon, Indonesia

³Nurse, Siloam Hospitals Balikpapan, Indonesia

⁴Lecturer, Faculty of Nursing, Universitas Pelita Harapan, Tangerang, Indonesia

⁵Clinical Educator, Faculty of Nursing, Universitas Pelita Harapan, Tangerang, Indonesia

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CORRESPONDING AUTHOR

Juniarta Juniarta

juniarta.sinaga@uph.edu

Lecturer, Faculty of Nursing,
Universitas Pelita Harapan,
Tangerang, Indonesia

ABSTRACT

Introduction: Deliberate self-harm (DSH) refers to a purposeful and intentional act of self-injury that individuals engage in as a means to regulate their emotions. This phenomenon is frequently observed throughout the period of adolescence, characterized by the onset of both physical and psychological transformations. There are multiple factors that contribute to the emergence of deliberate self-harm (DSH), with Adverse Childhood Experiences (ACEs) being one of them.

Method: The primary objective of this study was to examine the correlation between adverse childhood experiences (ACEs) and the inclination towards deliberate self-harm (DSH) among adolescents in Indonesia.

Results: The study employed a correlational quantitative methodology, and an accidental sampling was used to recruit 397 adolescent participants from Indonesia. The instruments employed in this study included the Indonesian version of the Adverse Childhood Experience Questionnaire (ACE-Q) with a Cronbach Alpha coefficient of 0.817, and the Deliberate Self-Harm Inventory (DSHI) with a Cronbach Alpha coefficient of 0.769. The data was analyzed to analysis using descriptive statistics and the Chi Square correlation test. The results of the study revealed a statistically significant association between Adverse Childhood Experiences (ACEs) and deliberate self-harm (DSH), with a p-value of 0.001.

Conclusions: Further investigation aims to reveal additional variables that lead to the initiation of deliberate self-harm (DSH) and other adverse childhood experiences (ACE)-related problems. Parents, educational institutions, government entities, child protection organizations, and medical professionals are obligated to consistently comply with child safety legislation and guidelines.

Keyword: Adolescents; Deliberate Self-harm; Emotional Regulation; Severe Childhood Experiences; Indonesia

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1. INTRODUCTION

Deliberate Self-Harm (DSH) refers to the deliberate harm on one's own body, such as through cutting, burning, or hitting oneself, without the intention of causing death. This behavior results in bruising, pain, and bleeding (American Psychiatric Association, 2022). Self-harm, also known as self injuries behaviour, is a form of aggressive behavior which

indicates that a person is struggling to recognize and manage their emotional states effectively (Brown et al., 2018). It is frequently repeated as a maladaptive coping mechanism for expressing feelings of unworthiness (Klonsky & Moyer, 2008). Studies have found that some factors contributing to self injury behaviour includes victims of sexual abuse, self-

dissociation (Batey et al., 2010; Choi et al., 2017; Noviana, 2015). This behavior is enacted as an intrinsic defensive mechanism to overcome emotional distress, solitude, bereavement, inner void, and self-inflicted punishment, in order to alleviate negative emotions that are otherwise difficult to express (Sheehy et al., 2019; Wibisono & Gunatirin, 2018). Adolescents are more frequently engaged in self-harm behaviors due to the concurrent occurrence of physical and psychological transformations (Anggadewi, 2020; Hetrick et al., 2020). Gratz (2003) identifies several risk factors associated with DSH, including insecure attachment, parental separation, emotional neglect, sexual abuse, and self-dissociation. He further identifies several risk factors associated with DSH, including insecure attachment, parental separation, emotional neglect, sexual abuse, and self-dissociation. An insecure attachment style develops when a child's needs are unfulfilled as a result of parental neglect (Kerns & Brumariu, 2014). This phenomenon arises when children feel a lack of security, safety, importance, and trust in their environment (Joeng et al., 2017). Children with this attachment style will struggle to form emotional or social connections with others, avoid problems, have low self-esteem, and develop effective coping strategies for negative emotions (Cuenca, 2013; Newman, 2017).

The phenomenon of self-harm among adolescents is observed across different nations and is influenced by a multitude of factors. According to Tørmoen et al. (2020), a study conducted in Norway in 2018 revealed that a significant proportion of teenagers aged 13-15 years, specifically 16.2% out of a total of 29,063 individuals, engaged in self-harm behaviors. These self-harm incidents were attributed to factors such as depression, anti-social behavior, as well as experiences of physical and sexual abuse. Singtakaew & Chaimongkol (2021) reported that in Thailand during the year 2019, a significant proportion of teenagers (83.3% out of a sample of 406 individuals aged 10-19 years) engaged in self-harm as a result of familial difficulties and their limited coping mechanisms. In Indonesia during the same year, a study conducted by Ho (2019) found that 36% of a sample of 1,018 individuals aged 18-24 engaged in self-harm as a result of anxiety. Furthermore, a study conducted in Indonesia in 2020 revealed that the prevalence of self-harming tendencies among teenagers aged 12-15 years, attributed to inadequate parental communication patterns, was reported to be 11.6% out of a sample size of 103 adolescents (Afrianti, 2020).

Multiple studies conducted in many countries have demonstrated a significant association between deliberate self-harm with adverse childhood experiences among teenagers (Brown & Witt, 2019; Cleare et al., 2019; Paramita et al., 2021; Wan et al., 2015). Adverse Childhood Experiences (ACEs) refer to traumatic events, occur between the ages of 0 and 17, that leave lasting imprints on a kid's subconscious and have an impact on physical, emotional, and

mental health (Adverse Childhood Experiences (ACEs), 2023; Marryat & Frank, 2019). Child abuse is considered ACE, refers to the mistreatment of children by adults, posing a threat to their well-being. It encompasses various forms of violence, including physical, emotional, and sexual abuse (NSPCC, 2023). The enduring consequences, such as diminished emotional regulation, may precipitate a proclivity towards engaging in self-harming behaviors as a means of escapism from distress (Merrick et al., 2017; Yakeley & Burbridge-James, 2018). Three types of adverse childhood experiences includes child neglect, household dysfunction, and child abuse. Child neglect refers to the failure of parents to fulfill their obligations in ensuring the physical and emotional growth of their children (Avdibegović & Brkić, 2020). Child neglect can have adverse effects on cognitive, emotional, and social development, leading to the manifestation of aggressive behavior in children (Child Welfare Information Gateway, 2019). Moreover, children will experience lack of self-confidence, impaired ability to resist impulsive behavior, and exhibit detrimental self-influence on their surroundings and social interactions (Thibodeau et al., 2015). During their development, neglected children often exhibit a tendency for substance and alcohol abuse, engaging in risky sexual behavior, and self-harming tendencies (Schumaker, 2012; Van Dorn et al., 2012). Another type of ACE is household dysfunction which refers to the presence of various issues among family members, such as maternal violence, parental divorce, substance abuse, mental health disorders, suicide attempts, and incarceration (Dube et al., 2002). Children raised in dysfunctional families often develop low self-esteem and are more prone to experiencing high stress sensitivity and emotional self-regulation disorders. These children are also at risk of engaging in destructive behaviors and self-harm as a response to stressors in the future (Björkenstam et al., 2016). To date, there exists a limited number of scholarly articles pertaining to self-harm behavior resulting from adverse childhood experiences, particularly within the context of Indonesia. Hence, the primary objective of this study was to ascertain the correlation between Adverse Childhood Experiences (ACEs) and Deliberate Self-Harm (DSH) behavior among adolescents in Indonesia.

2. MATERIALS AND METHODS

2.1 Design

This study uses a quantitative correlational method to examine the relationship between Adverse Childhood Experiences (ACEs) and Deliberate Self-Harm (DSH) in adolescents.

2.2 Population and Sampling

The study included Indonesian adolescents aged 18 and older who had Adverse Childhood Experiences (ACEs) and/or engaged in Deliberate Self-Harm

(DSH) before reaching 18 years of age. This study obtained a sample of 397 individuals by applying the Slovin formula for calculating sample size. Out of the 38 provinces in Indonesia, respondents who fit the research criteria were not found in five provinces: Gorontalo, Jambi, Bangka Belitung Islands, Riau Islands, and Moluccas Island.

2.3 Variable

The dependent variable in this study is Adverse Childhood Experiences (ACEs) and the independent variable is Deliberate Self-Harm (DSH).

2.4 Instrument

This study utilized three research instruments, with the first part focusing on collecting demographic data from the respondents. The second part consists of the Adverse Childhood Experiences Questionnaire (ACEs.Q) and the third part includes the Deliberate Self-Harm Inventory (DSHI) questionnaire, which has been translated and adapted into Indonesian (Paramita et al., 2021). The ACE questionnaire consists of 28 questions. The ACEs assessment tool consists of three domains: child abuse, neglect, and household dysfunction. Child abuse encompasses emotional abuse (items 17-18), physical abuse (items 19-20), and sexual abuse (items 25-28). Child neglect encompasses physical neglect (items 7-11) and emotional neglect (items 12-16). Household dysfunction encompasses substance abuse, mental illness, divorce, an incarcerated family member, and mother violence. "Yes" is assigned a score of 1, while "No" is assigned a score of 0. The total score was calculated from the cumulative sum of different types of experiences reported by respondents to measure the extent of exposure to Adverse Childhood Experiences (ACEs). Reverse scoring was applied to question items 8, 11, 12, 13, 14, 15, and 16. The results of the validity with an r-count range of 0.235-0.657 and declared reliable with the results of rKR 20 0.835 and rKR 21 0.702. Additionally, the DSHI questionnaire includes 17 questions. This is a self-report option for indicating an instance of self-injurious behavior. The answer "Yes" is assigned a score of 1, whereas "no" is assigned a score of 0. Respondents will be categorized as perpetrators of Deliberate Self-Harm (DSH) if they answer "yes" and as non-perpetrators of Deliberate Self-Harm (DSH) if they answer "no". The results of the DSHI validity are all valid items with an r-count range of 0.361-0.784 and declared reliable with the results of rKR 20 0.911 and rKR 21 0.909.

2.5 Procedure

Data was collected between February 8 and March 5, 2022. Researchers generated an electronic poster containing a brief study description and a survey link. The questionnaire link was shared across multiple social media sites such as Instagram, WhatsApp, Facebook, and Twitter. 679 respondents accessed the questionnaire, with 520 meeting the sample criteria. 123 respondents were eliminated

from the survey because they provided incorrect answers. Some respondents admitted to engaging in Deliberate Self-Harm (DSH) but reported a frequency of 0 when questioned about how often they did it.

2.6 Analysis

This study used univariate analysis with descriptive statistics for demographic characteristics data and bivariate analysis using cross-tabulation between the incidence of ACEs and DSH behavior and used Chi-Square correlation analysis, using SPSS™ v.27. (IBM, 2020).

2.7 Ethical Clearance

The research project was approved by the institution's ethics committee (No. No.050/KEPFON/1/2022).

3. RESULTS

Table 1 explains that most respondents (72,8 percent) are female and aged 20 years old (37,78%), with senior high school (79,85%). More than half of the respondent's profession college students (88,16%) and living together with parents (83,4%). Raised by parents more than high a (94,71%) and participants almost in Central Borneo (24,94%).

According to Table 2, most respondents experienced adverse childhood experiences (ACEs), particularly in the form of violence against children. Specifically, 217 out of 381 respondents (56.96%) reported experiencing emotional violence, such as parents or adults using harsh words (cursing, insulting) or criticizing them. Within the category of physical violence, the highest number of respondents (33.6%) reported experiencing acts such as pushing, forcefully holding, or grabbing, slapping, or throwing objects. Within the category of sexual violence, the most prevalent occurrences involved the non-consensual and forceful touching or caressing of the respondent's body, specifically their breasts and genitals. This was reported by a total of 38 respondents, accounting for 9.97% of the sample.

The category of child abuse had the highest number of respondents experiencing ACEs overall, with 278 (70.03%). There were 194 respondents (48.87%) exposed to ACEs in the neglect category, and 151 respondents (38.04%) in the household dysfunction category. There were 121 respondents (30.48%) who had been exposed to child abuse and household dysfunction. There were 108 respondents (27.2%) who had been experiencing child abuse and neglect. There were 78 respondents (19.64%) who experienced or were subjected to household dysfunction and neglect. There were 50 respondents (12.59%) who had experienced all three categories of ACEs.

Table 3 shows that most respondents (38.02%) first engaged in self-harm behavior when they were 17-19 years old, with the majority still engaging in DSH behavior in the previous year

Table 1. Respondents' Demographic characteristics (n=397)

| | Category | n | % |
|--------------------------------------|----------------------|--------|--------|
| Gender | Female | 289 | 72,8% |
| | Male | 108 | 27,2% |
| Age | 18 | 25 | 6,3 % |
| | 19 | 64 | 16,12% |
| | 20 | 150 | 37,78% |
| | 21 | 101 | 25,44% |
| | 22 | 30 | 7,56% |
| | 23 | 20 | 5,04% |
| | 24 | 7 | 1,76% |
| Last education | Bachelor degree | 80 | 20,15% |
| | Senior high school | 317 | 79,85% |
| | College students | 350 | 88,16% |
| Profession | General employees | 22 | 5,54% |
| | Government employees | 2 | 0,5% |
| | Others | 23 | 5,8% |
| Living together (before 18 years) | Parents | 331 | 83,4% |
| | Extended family | 35 | 8,8% |
| | Nomadic | 19 | 4,8% |
| | Others | 12 | 3% |
| Raised by | Parents | 376 | 94,71% |
| | Extended family | 15 | 3,78% |
| | Others | 6 | 1,51% |
| Province | Aceh | 2 | 0,5% |
| | Bali | 3 | 0,76% |
| | Banten | 8 | 2,02% |
| | Bengkulu | 3 | 0,76% |
| | DKI Jakarta | 13 | 3,27% |
| | West Java | 14 | 3,53% |
| | Central Java | 17 | 4,28% |
| | East Java | 27 | 6,8% |
| | West Borneo | 42 | 10,58% |
| | South Borneo | 2 | 0,5% |
| | Central Borneo | 99 | 24,94% |
| | East Borneo | 2 | 0,5% |
| | North Borneo | 1 | 0,25% |
| | Lampung | 11 | 2,77% |
| | Moluccas | 18 | 4,53% |
| | West Nusa Tenggara | 2 | 0,5% |
| | East Nusa Tenggara | 29 | 7,3% |
| | Papua | 3 | 0,76% |
| | West Papua | 1 | 0,25% |
| | Riau | 4 | 1% |
| | West Sulawesi | 1 | 0,25% |
| | South Sulawesi | 3 | 0,76% |
| | Central Sulawesi | 4 | 1% |
| Southeast Sulawesi | 1 | 0,25% | |
| North Sulawesi | 12 | 3,02% | |
| West Sumatera | 2 | 0,5% | |
| South Sumatera | 1 | 0,25% | |
| North Sumatera | 72 | 18,14% | |

(65.77%). DSH behavior resulted in the hospitalization of a small number of respondents, namely 13 (9.15%).

Table 4 indicates that most respondents committed self-harm behavior by intentionally

scratching their bodies to cause cuts, scratches, or bleeding. Specifically, 100 respondents (70.42%) out of a total of 142 respondents who experienced DSH reported this behavior. On the other hand, the least

Table 2. Types of Adverse Childhood Experiences in Young Adults in Indonesia (n=397)

| ACEs experiences | | Item Statement | Total Respondents | Percentage (%) | |
|-----------------------|-----------------------------------|---|--|----------------|-------|
| Household dysfunction | <i>Household Substance Abuse</i> | 1 Living with someone who is intoxicated or an alcoholic | 41 | 10,76% | |
| | | 2 Living together with someone who uses drugs | 6 | 1,57% | |
| | <i>Mental Illnes in Household</i> | 3 Have lived with someone who has a mental illness | 20 | 5,25% | |
| | | 4 Have lived with a person who has made a suicide attempt | 27 | 7,09% | |
| | <i>Divorce</i> | 5 Parents separated or divorced | 33 | 8,66% | |
| | <i>Incarcerated Member</i> | 6 Have lived with a family member who has been in prison | 28 | 7,35% | |
| | | 21 Pushing, grabbing violently, slapping, or throwing something at the respondent's mother | 64 | 16,8% | |
| | | <i>Mother Treated Violence</i> | 22 Kicking, biting, punching or hitting the respondent's mother with a hard object | 34 | 8,92% |
| | | | 23 Beating the respondent's mother repeatedly at one time | 26 | 6,82% |
| | | 24 Threatening or injuring the respondent's mother with sharp objects or weapons | 33 | 8,66% | |
| Child negligence | Emotional | 12 Not having someone in the family who makes the respondent feel important or special | 54 | 14,17% | |
| | | 13 Not feeling loved by parents or family | 28 | 7,35% | |
| | | 14 Not having a family that looks after each other and cares for each other | 34 | 8,92% | |
| | | 15 Not having a family whose members feel emotionally close to each other | 72 | 18,9% | |
| | | 16 Not having a family that is a source of support and strength | 35 | 9,19% | |
| | Physical | 11 Not having someone who can take you to the doctor if you need it | 41 | 10,76% | |
| | | 7 Not given food at home | 10 | 2,62% | |
| | | 8 Didn't know that there was someone who would take care of them and protect them | 107 | 27,65% | |
| | | 9 Having parents who are under the influence of drugs and too drunk to take care of the family | 8 | 2,1% | |
| | | 10 No one to wash clothes so had to wear dirty clothes | 6 | 1,57% | |
| Child abuse | Emotional | 17 Use harsh words (cussing, insulting), or criticize to make the respondent feel bad | 217 | 56,96% | |
| | | 18 Performing actions that make the respondent afraid of being physically hurt | 118 | 30,97% | |
| | Physical | 19 Pushing, holding or grabbing the respondent hard, slapping or throwing something at the respondent | 128 | 33,6% | |
| | | 20 Hitting the respondent hard causing bruises or injuries | 109 | 28,6% | |
| | Sexual | 25 Touching or fondling the respondent's body such as breasts and genitals in a sexual manner without permission and with force | 38 | 9,97% | |
| | | 26 Asking the respondent to touch their body sexually even if the respondent does not want to. | 23 | 6,04% | |
| | | 27 Asking the respondent to have sexual intercourse through the mouth, genitals or rectum even if the respondent does not want it | 14 | 3,67% | |
| | | 28 Having sexual intercourse with the respondent through the mouth, genitals or rectum even if the respondent does not want it | 12 | 3,15% | |

common behavior was rubbing or scrubbing body parts with cleaning fluids or bleaching fluids such as Bayclin and carbolic, as well as intentionally breaking bones, which was reported by only 3 respondents (2.11%).

Table 5 explains that most of the respondents are female, as many as 290 respondents (73%), while male are 107 respondents (27%). Of the total, 150 respondents (37.8%) were 20 years old. The most

recent education was the high school with a total of 317 respondents (79.8%), while 80 respondents (20.2%) had a bachelor's degree. Almost all of the respondents, as many as 350 respondents (87.93%) were college students. Most of the respondents were raised by main family (parents) as many as 376 respondents (94.7%). Before the age of 18 years, most of the respondents lived together with their main family with a total of 331 respondents (83.4%).

Table 3. DSH behaviour in Adolescence, aged 18-24 years old in Indonesia (n=142)

| Description | Age | Frequency | Percentage (%) | |
|--|-------------------|----------------|----------------|----------------|
| Age of first deliberate self-harm | <14 years | 31 | 21,83% | |
| | 14-16 years | 41 | 28,87% | |
| | 17-19 years | 54 | 38,02% | |
| | 20-24 years | 16 | 11,27% | |
| Description | Time | Frequency | Percentage (%) | |
| Last time intentionally self-harmed | This week | 7 | 4,93 % | |
| | Last Month | 23 | 16,2% | |
| | Last 2-3 months | 17 | 11,97 % | |
| | Last year | 65 | 45,77% | |
| | Never do it again | 30 | 21,13% | |
| Description | Yes | Percentage (%) | No | Percentage (%) |
| Have been hospitalized due to self-harmed behavior | 13 | 9,15% | 129 | 90,85 |

Table 4. Type of Self-Harm in Young Adults in Indonesia (n=397)

| No. | Item | n | % |
|-----|--|-----|--------|
| 1. | Cutting hands, arms, or other parts of the body without intent to commit suicide | 72 | 50,7% |
| 2. | Burning or pointing cigarettes at limbs | 8 | 5,63% |
| 3. | Burning body parts using a lighter or gas match | 9 | 6,34% |
| 4. | Carving words into leather using a pen, razor blade, or other sharp object | 55 | 38,73% |
| 5. | Carving images, designs, or symbols into the skin using a pen, razor blade, or other sharp object | 57 | 40,14% |
| 6. | Scratching the body causing cuts, scrapes, or bleeding | 100 | 70,42% |
| 7. | Biting yourself causing skin tears | 43 | 30,28% |
| 8. | Rubbing an object with a rough surface (such as sandpaper) against a body part | 20 | 14,08% |
| 9. | Dripping chemicals on the skin | 5 | 3,52% |
| 10. | Rubbing or scrubbing body parts using cleaning or bleaching liquids such as bayclin, carbolic? | 3 | 2,11% |
| 11. | Pushing sharp objects such as needles, pins, staplers, etc. through the skin (excluding tattooing, piercing, use of needles for treatment) | 48 | 33,8% |
| 12. | Scraping glass on the body | 22 | 15,49% |
| 13. | Breaking bones | 3 | 2,11% |
| 14. | Banging your head on something to cause bruising | 60 | 42,25% |
| 15. | Punching oneself causing bruises | 64 | 45,07% |
| 16. | Inhibits the wound healing process | 24 | 16,9% |
| 17. | Others | 41 | 28,87% |

An analysis was conducted to find out the potential correlation between Adverse Childhood Experiences (ACEs) and Deliberate Self-Harm (DSH) in a sample of 397 participants. 95.97% of the respondents reported experiencing Adverse Childhood Experiences (ACEs) at some point in their lives. Furthermore, 35.77% of the participants confessed to participating in deliberate self-harm behaviors. Upon further analysis, it was found that 64.23% of the participants reported experiencing only Adverse Childhood Experiences (ACEs), while a small 4.03% admitted to exclusively engaging in Deliberate Self-Harm (DSH). In addition, 31.74% of the participants reported experiencing both Adverse Childhood Experiences (ACEs) and Deliberate Self-Harm (DSH). A Chi-Square test was performed to examine the relationship between ACEs and DSH, resulting in a very low p-value of 0.001. The p-value suggests a statistically significant association between experiencing ACEs and an increased

probability of participating in DSH behaviors. The odds ratio (OR) was determined to be 3.024 with a 95% confidence interval. Individuals who have experienced ACEs are about 3.024 times more likely to engage in DSH than those who have not experienced ACEs.

4. DISCUSSION

This study found that there is a correlation between adverse childhood experiences with deliberate self harm (p value=0.001). Adverse Childhood Experiences (ACEs) refer to traumatic events that occur during childhood and have a lasting effect on an individual's mental, emotional, and physical health (Herzog & Schmahl, 2018). The consequences of ACEs include injurious behavior and suicide attempts, as well as the possibility that victims

Table 5. Characteristics of the Respondents with Adverse Childhood Experiences (ACEs) and Deliberate Self-Harm (DSH)

| Demographic Data | | ACEs* | | | | Total | % | DSH* | | | | Total | % |
|--------------------------------|---------------------|-------------|-------|---------|--------|-------|-------|------|-------|-----|-------|-------|-------|
| | | Not exposed | % | Exposed | % | | | No | % | Yes | % | | |
| Age | 18 | 1 | 6,3% | 24 | 6,3% | 25 | 6,3% | 15 | 5,9% | 10 | 7% | 25 | 6,3% |
| | 19 | 4 | 25% | 60 | 15,7% | 64 | 16,1% | 39 | 15,3% | 25 | 17,6% | 64 | 16,1% |
| | 20 | 7 | 43,8% | 143 | 37,5% | 150 | 37,8% | 94 | 36,9% | 56 | 39,4% | 150 | 37,8% |
| | 21 | 2 | 12,5% | 99 | 26% | 101 | 25,4% | 70 | 27,5% | 31 | 21,8% | 101 | 25,4% |
| | 22 | 1 | 6,3% | 29 | 7,6% | 30 | 7,6% | 21 | 8,2% | 9 | 6,3% | 30 | 7,6% |
| | 23 | 1 | 6,3% | 19 | 5% | 20 | 5% | 12 | 4,7% | 8 | 5,6% | 20 | 5% |
| | 24 | 0 | 0,0% | 7 | 1,8% | 7 | 1,8% | 4 | 1,6% | 3 | 2,1% | 7 | 1,8% |
| Last education | Senior high | 12 | 75% | 305 | 80,1% | 317 | 79,8% | 208 | 81,6% | 109 | 76,8% | 317 | 79,8% |
| | Bachelor degree | 4 | 25% | 76 | 19,9% | 80 | 20,2% | 47 | 18,4% | 33 | 23,2% | 80 | 20,2% |
| Job | College student | 15 | 93,8% | 335 | 87,93% | 350 | 88,2% | 226 | 88,6% | 124 | 87,3% | 350 | 88,2% |
| | Private employee | 1 | 6,3% | 21 | 5,51% | 22 | 5,54% | 14 | 5,5% | 8 | 5,6% | 22 | 5,5% |
| | Government employee | 0 | 0% | 2 | 0,52% | 2 | 0,5% | 2 | 0,8% | 0 | 0% | 2 | 0,5% |
| | Others | 0 | 0% | 23 | 6,04% | 23 | 5,8% | 13 | 5,1% | 10 | 7% | 23 | 5,8% |
| Raised by | Parents | 15 | 93,8% | 361 | 94,8% | 376 | 94,7% | 246 | 96,5% | 130 | 91,5% | 376 | 94,7% |
| | Extended Family | 1 | 6,3% | 14 | 3,7% | 15 | 3,8% | 7 | 2,7% | 8 | 5,6% | 15 | 3,8% |
| | Others | 0 | 0% | 6 | 1,6% | 6 | 1,5% | 2 | 0,8% | 4 | 2,8% | 6 | 1,5% |
| Gender | Male | 4 | 25% | 103 | 27% | 107 | 27% | 75 | 29,4% | 32 | 22,5% | 107 | 27,0% |
| | Female | 12 | 75% | 278 | 73% | 290 | 73% | 180 | 70,6% | 110 | 77,5% | 290 | 73,0% |
| Live together (before 18 year) | Parents | 10 | 62,5% | 321 | 84,3% | 331 | 83,4% | 219 | 85,9% | 112 | 78,9% | 331 | 83,4% |
| | Extended Family | 3 | 18,8% | 32 | 8,4% | 35 | 8,8% | 21 | 8,2% | 14 | 9,9% | 35 | 8,8% |
| | Nomadic | 2 | 12,5% | 17 | 4,5% | 19 | 4,8% | 8 | 3,1% | 11 | 7,7% | 19 | 4,8% |
| | Others | 1 | 6,3% | 11 | 2,9% | 12 | 3% | 7 | 2,7% | 5 | 3,5% | 12 | 3% |

Table 6. Adverse Childhood Experiences (ACEs) and Deliberate Self-Harm (DSH)

| ACE* | DSH** | | | | Total | | Odd Ratio (95% CI) | p-value |
|-------------|--------------------|-------|-------------|-------|-------|-------|-----------------------|---------|
| | Not Perpetrator | % | Perpetrator | % | n | % | | |
| Not Exposed | 0 | 0 | 16 | 4,03 | 16 | 41,03 | 3.024 | 0,001 |
| Exposed | 255 | 64,2 | 126 | 31,74 | 381 | 95,97 | 2.621 - 3.499 | |
| Total | 255 | 64,23 | 142 | 35,77 | 387 | 100 | | |

*Adverse Childhood Experiences

** Deliberate Self-harm

(Law & Shek, 2016; Turner et al., 2021). Edinger et al. (2020) reported that 33 of 74 respondents were DSH perpetrators with a history of ACEs.

ACEs were classified into three categories in this study: child abuse, neglect, and household dysfunction. As many as 278 respondents (70.03%) reported having experienced child abuse behavior. The high research findings are consistent with findings from the COVID-19 pandemic in France, where violence against children increased during lockdown from mid-March to mid-May 2020, with 476 children out of a total of 844,227 pediatric patients hospitalized due to physical violence (Loiseau et al., 2021). This also occurred in Indonesia during the pandemic period of January 1 - November 6, 2020, with an increase in cases of violence in children ranging from 1,888 to 5,242 in girls and 997 to 2,616 in boys (Wismantari et al., 2021). This issue of child abuse requires special attention, particularly in examining the causative factors of each type of ACEs to raise awareness and, in turn, reduce the incidence of ACEs in Indonesia. There were also 25,826 cases of self-injury among 58,409 respondents aged 15-35 years who had experienced five or more adverse childhood events. These results highlight the necessity of delving deeper into and dealing with the effects of negative childhood experiences on mental health results, especially in relation to self-harm behaviors. Understanding these connections allows for the implementation of specific interventions and support systems to reduce the possible adverse effects of childhood adversity on individuals' well-being.

Carr et al. (2020) identified that adverse childhood experiences are associated with the occurrence of self-harm behavior. The occurrence of

ACEs can have an impact on mental illness (Turner et al., 2021). Other impacts such as self-harm behavior to attempted suicide in adolescents were also found to be associated with difficult life experiences such as single parenthood, parental death, divorce, conflict in the family, and economic hardship (Law & Shek, 2016). Parental responses that underestimate emotional expression can affect children's psychosocial behavior which results in children justifying self-harm behavior as a coping mechanism (Sim et al., 2009). Research by Wan et al. (2015) also explained that 51% of 14,221

respondents experienced at least one type of violence as a child with 24.9% of them having self-harm during the last 12 months. Also mentioned by Edinger et al. (2020) that of 74 respondents, 33 are harmed themselves with a history of bad childhood experiences. There were also recorded cases of self-harm behavior due to experiencing five or more bad childhood events as many as 25,826 out of 58,409 respondents aged 15-35 years. The experience of bad childhood experiences is very influential on the emergence of self-harm behavior, because it is found to be 11% higher in perpetrators with bad childhood experiences (Russell et al., 2019). Violence in childhood can also trigger a person to engage in self-harm behavior because they feel low self-esteem, less able to express emotions, and find it difficult to build relationships because they have trust issues related to shame due to self-harm behavior (Fliege et al., 2009). Neglect of children also plays a major role in the formation of family relationship dissatisfaction and depression that triggers children to harmed themselves (Saleem et al., 2020). Children who are not cared for and who experience violence can increase the incidence of self-harm and suicide attempts aimed at expressing their disappointment (Serafini et al., 2017). Domestic dysfunction is one of the effects of self-harm behavior in children (Björkenstam et al., 2016) which is caused by impaired self-function that causes feelings of loneliness to isolation (Cassels et al., 2018)

The results of this study also found that 255 respondents (64.23%) who were exposed to ACE never did DSH behavior. The protective factor that can be an interaction is self-efficacy and self-compassion where they are positive about themselves and open about the existence of pain both physically and emotionally (Chen et al., 2022; Suh & Jeong, 2021). Protective factors also include having friends who care, participating in sports activities, being involved in school activities, planning future education, and a safe school environment. In addition to self-harm behavior, there are also several other impacts of bad childhood experiences, namely poor mental health to the formation of behaviors such as symptoms of depression, negative violence, and substances (Blum et al., 2019; Mersky et al., 2013) Other studies have shown that adverse childhood experiences has been shown to be a risk factor for the

use of illicit drugs (Oei et al., 2021) In addition, the bad experiences also triggered many negative health problems with the results of a study as many as 175 of 189 respondents who drugs overdosed (Cleare et al., 2019).

In contrast, this study found that 16 respondents were doing harmed themselves without experiencing bad childhood experiences. Brown and Witt (2019) claimed that deliberate self-harm behavior can be influenced by social conditions such as school, social media, and culture. Other factors also mentioned by Wang et al. (2022) are female gender, low literacy about mental health, mental disorders, physical illness, and problematic behavior. Additionally, Kim and Yu (2017) also mention that alcohol consumption, anxiety, depression, and low self-esteem can trigger self-injury behavior. The findings of this study suggest a correlation between ACEs and DSH variables. Similarly, Carr et al. (2020) claimed that adverse childhood experiences contribute to the occurrence of self-injurious behavior. The relationship between Adverse Childhood Experiences (ACEs) and Deliberate Self-Harm (DSH) behavior is interesting for further research, but sources related to this topic are still limited, especially in Indonesia. This study also found limitations in the form of uneven distribution of respondents in several provinces in Indonesia so that generalizations were limited, marked by certain provinces not having respondents. With that, further researchers are advised to use quota sampling so that the respondents are evenly distributed so that research related to this topic can be said to represent Indonesia. This research is also expected to use this topic as research material, especially to look for other effects of ACEs apart from DSH behavior and other factors that cause DSH behavior besides ACEs.

5. CONCLUSION

A correlation has been identified between Deliberate Self-Harm (DSH) and Adverse Childhood Experiences (ACEs), according to the analysis and discussion of 397 adolescent respondents in Indonesia. Based on the objective of this study, it may be inferred that individuals who have experienced adverse childhood experiences (ACEs) are more likely to engage in deliberate self-harm (DSH) conduct. Nevertheless, adverse childhood experiences (ACEs) were not the sole determinant of responders engaging in deliberate self-harm (DSH). Gaining insight into additional variables that may contribute to deliberate self-harm (DSH) can aid in diminishing the occurrence of DSH and enhancing the overall welfare of individuals, particularly those in the early stages of adulthood.

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6. REFERENCES

- Adams, G. C., Wrath, A. J., & Meng, X. (2018). The Relationship between adult attachment and mental health care utilization: A systematic review. *The Canadian Journal of Psychiatry*, 63(10), 651–660. <https://doi.org/10.1177/0706743718779933>
- Adverse Childhood Experiences (ACEs). (2023, June 29). Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/aces/index.html>
- Afrianti, R. (2020). Intensi melukai diri remaja ditinjau berdasarkan pola komunikasi orang tua [Adolescents self-harm intentions based on parental communication patterns]. *Mediapsi*, 6(1), 37–47. <https://doi.org/10.21776/ub.mps.2020.006.01.5>
- American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders*. American Psychiatric Association Publishing. <https://doi.org/10.1176/appi.books.9780890425787>
- Anggadewi, B. E. T. (2020). Dampak psikologis trauma masa kanak-kanak pada remaja. *Journal of Counseling and Personal Development*, 2(2), 1–7. <https://ejournal.usd.ac.id/index.php/solution/article/view/3387/2311#>
- Avdibegoviü, E., & Brkiü, M. (2020). Child neglect - Causes and consequences. *Psychiatria Danubina*, 32.
- Batey, H., May, J., & Andrade, J. (2010). Negative Intrusive Thoughts and Dissociation as Risk Factors for Self-Harm. *Suicide and Life-Threatening Behavior*, 40(1). <https://doi.org/10.1521/suli.2010.40.1.35>
- Björkenstam, E., Kosidou, K., & Björkenstam, C. (2016). Childhood household dysfunction and risk of self-harm: A cohort study of 107 518 young adults in Stockholm County. *International Journal of Epidemiology*, 45(2), 501–511. <https://doi.org/10.1093/ije/dyw012>
- Blum, R. W., Li, M., & Naranjo-Rivera, G. (2019). Measuring adverse child experiences among young adolescents globally: Relationships with depressive symptoms and violence perpetration. *Journal of Adolescent Health*, 65(1), 86–93. <https://doi.org/10.1016/j.jadohealth.2019.01.020>

- Brown, R. C., & Witt, A. (2019). Social factors associated with non-suicidal self-injury (NSSI). In *Child and Adolescent Psychiatry and Mental Health* (Vol. 13, Issue 1). <https://doi.org/10.1186/s13034-019-0284-1>
- Carr, M. J., Steeg, S., Mok, P. L. H., Pedersen, C. B., Antonsen, S., Kapur, N., & Webb, R. T. (2020). Adverse childhood experiences and risk of subsequently engaging in self-harm and violence towards other people—"Dual harm." *International Journal of Environmental Research and Public Health*, 17(24). <https://doi.org/10.3390/ijerph17249409>
- Cassels, M., van Harmelen, A. L., Neufeld, S., Goodyer, I., Jones, P. B., & Wilkinson, P. (2018). Poor family functioning mediates the link between childhood adversity and adolescent nonsuicidal self-injury. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 59(8). <https://doi.org/10.1111/jcpp.12866>
- Chen, Z., Li, J. W., Liu, J. M., & Liu, X. (2022). Adverse childhood experiences, recent negative life events, and non-suicidal self-injury among Chinese college students: the protective role of self-efficacy. *Child and Adolescent Psychiatry and Mental Health*, 16(1). <https://doi.org/10.1186/s13034-022-00535-1>
- Child Welfare Information Gateway. (2019). *Long-term consequences of child abuse and neglect*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/pubpdfs/long-term_consequences.pdf
- Choi, K. R., Seng, J. S., Briggs, E. C., Munro-Kramer, M. L., Graham-Bermann, S. A., Lee, R. C., & Ford, J. D. (2017). The dissociative subtype of post-traumatic stress disorder (PTSD) among adolescents: Co-occurring PTSD, depersonalization/derealization, and other dissociation symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56(12). <https://doi.org/10.1016/j.jaac.2017.09.425>
- Cleare, S., Gumley, A., & O'Connor, R. C. (2019). Self-compassion, self-forgiveness, suicidal ideation, and self-harm: A systematic review. In *Clinical Psychology and Psychotherapy* (Vol. 26, Issue 5). <https://doi.org/10.1002/cpp.2372>
- Cuenca, J. (2013). *Self-harm in relation to attachment theory and the cry of pain model: Attachment insecurities and feelings of entrapment as vulnerability factors* [PhD Thesis, The University of Nottingham]. <https://eprints.nottingham.ac.uk/id/eprint/14457>
- Dube, S. R., Anda, R. F., Felitti, V. J., Edwards, V. J., & Williamson, D. F. (2002). Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: Implications for health and social services. *Violence and Victims*, 17(1). <https://doi.org/10.1891/vivi.17.1.3.33635>
- Edinger, A., Fischer-Waldschmidt, G., Parzer, P., Brunner, R., Resch, F., & Kaess, M. (2020). The impact of adverse childhood experiences on therapy outcome in adolescents engaging in nonsuicidal self-injury. *Frontiers in Psychiatry*, 11. <https://doi.org/10.3389/fpsy.2020.505661>
- Fliege, H., Lee, J. R., Grimm, A., & Klapp, B. F. (2009). Risk factors and correlates of deliberate self-harm behavior: A systematic review. In *Journal of Psychosomatic Research* (Vol. 66, Issue 6). <https://doi.org/10.1016/j.jpsychores.2008.10.013>
- Gratz, K. L. (2003). Risk factors for and functions of deliberate self-harm: An empirical and conceptual review. In *Clinical Psychology: Science and Practice* (Vol. 10, Issue 2). <https://doi.org/10.1093/clipsy/bpg022>
- Herzog, J. I., & Schmahl, C. (2018). Adverse childhood experiences and the consequences on neurobiological, psychosocial, and somatic conditions across the lifespan. In *Frontiers in Psychiatry* (Vol. 9, Issue SEP). <https://doi.org/10.3389/fpsy.2018.00420>
- Hetrick, S. E., Subasinghe, A., Anglin, K., Hart, L., Morgan, A., & Robinson, J. (2020). Understanding the needs of young people who engage in self-harm: A qualitative investigation. *Frontiers in Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.02916>
- Ho, K. (2019, June 26). *Seperempat orang Indonesia pernah memiliki pikiran untuk bunuh diri*. YouGov. <https://business.yougov.com/content/23995-seperempat-orang-indonesia-pernah-memiliki-pikiran>
- IBM. (2020). IBM SPSS Statistics 27 Core System User's Guide. In *International Business Machines Corporation*. https://www.ibm.com/docs/en/SSLVMB.27.0.0/pdf/en/IBM_SPSS_Statistics_Core_System_User_Guide.pdf
- Joeng, J. R., Turner, S. L., Kim, E. Y., Choi, S. A., Lee, Y. J., & Kim, J. K. (2017). Insecure attachment and emotional distress: Fear of self-compassion and self-compassion as mediators. *Personality and Individual Differences*, 112. <https://doi.org/10.1016/j.paid.2017.02.048>
- Kerns, K. A., & Brumariu, L. E. (2014). Is insecure parent-child attachment a risk factor for the development of anxiety in childhood or adolescence? *Child Development Perspectives*, 8(1). <https://doi.org/10.1111/cdep.12054>
- Kim, M. Y., & Yu, J. (2017). Factors contributing to non-suicidal self injury in Korean adolescents. *Journal of Korean Academy of Community Health Nursing*, 28(3). <https://doi.org/10.12799/jkachn.2017.28.3.71>

- Klonsky, E. D., & Moyer, A. (2008). Childhood sexual abuse and non-suicidal self-injury: Meta-analysis. In *British Journal of Psychiatry* (Vol. 192, Issue 3). <https://doi.org/10.1192/bjp.bp.106.030650>
- Law, B. M. F., & Shek, D. T. L. (2016). A 6-year longitudinal study of self-harm and suicidal behaviors among Chinese adolescents in Hong Kong. *Journal of Pediatric and Adolescent Gynecology*, 29(1). <https://doi.org/10.1016/j.jpag.2015.10.007>
- Marryat, L., & Frank, J. (2019). Factors associated with adverse childhood experiences in Scottish children: A prospective cohort study. *BMJ Paediatrics Open*, 3(1). <https://doi.org/10.1136/bmjpo-2018-000340>
- Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. *Child Abuse and Neglect*, 69. <https://doi.org/10.1016/j.chiabu.2017.03.016>
- Mersky, J. P., Topitzes, J., & Reynolds, A. J. (2013). Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: A cohort study of an urban, minority sample in the U.S. *Child Abuse and Neglect*, 37(11). <https://doi.org/10.1016/j.chiabu.2013.07.011>
- Newman, A. E. (2017). *Poor attachment and the socioemotional effects during early childhood* [California State University, San Bernardino]. <https://scholarworks.lib.csusb.edu/etd/554>
- Noviana, I. (2015). Kekerasan seksual terhadap anak: Dampak dan penanganannya. *Sosio Informa*, 1(1). <https://doi.org/10.33007/inf.v1i1.87>
- NSPCC. (2023). *What is child abuse?* National Society for the Prevention of Cruelty to Children. <https://www.nspcc.org.uk/what-is-child-abuse/#>
- Oei, A., Chu, C. M., Li, D., Ng, N., Yeo, C., & Ruby, K. (2021). Relationship between adverse childhood experiences and substance use in youth offenders in Singapore. *Child Abuse and Neglect*, 117. <https://doi.org/10.1016/j.chiabu.2021.105072>
- Paramita, A. D., Faradiba, A. T., & Mustofa, K. S. (2021). Adverse childhood experience dan deliberate self harm pada remaja di Indonesia [Adverse childhood experiences and intentional self-harm in adolescents in Indonesia]. *Jurnal Psikologi Integratif*, 9(1), 16. <https://doi.org/10.14421/jpsi.v9i1.2137>
- Russell, A. E., Heron, J., Gunnell, D., Ford, T., Hemani, G., Joinson, C., Moran, P., Relton, C., Suderman, M., & Mars, B. (2019). Pathways between early-life adversity and adolescent self-harm: The mediating role of inflammation in the Avon longitudinal study of parents and children. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 60(10). <https://doi.org/10.1111/jcpp.13100>
- Saleem, S., Zahra, S. T., Karamat, A., & Mahmood, Z. (2020). Family communication and self-injurious behaviour in college students: The mediating role of emotional neglect. *Journal of Postgraduate Medical Institute*, 34(4).
- Schumaker, K. (2012). *An exploration of the relationship between poverty and child neglect in Canadian child welfare* [PhD Thesis, The University of Toronto]. https://tspace.library.utoronto.ca/bitstream/1807/34913/5/Schumaker_Katherine_201209_PhD_thesis.pdf
- Serafini, G., Canepa, G., Adavastro, G., Nebbia, J., Murri, M. B., Erbuto, D., Pocai, B., Fiorillo, A., Pompili, M., Flouri, E., & Amore, M. (2017). The relationship between childhood maltreatment and non-suicidal self-injury: A systematic review. In *Frontiers in Psychiatry* (Vol. 8, Issue AUG). <https://doi.org/10.3389/fpsy.2017.00149>
- Sheehy, K., Noureen, A., Khaliq, A., Dhingra, K., Husain, N., Pontin, E. E., Cawley, R., & Taylor, P. J. (2019). An examination of the relationship between shame, guilt and self-harm: A systematic review and meta-analysis. In *Clinical Psychology Review* (Vol. 73). <https://doi.org/10.1016/j.cpr.2019.101779>
- Sim, L., Adrian, M., Zeman, J., Cassano, M., & Friedrich, W. N. (2009). Adolescent deliberate self-harm: Linkages to emotion regulation and family emotional climate. *Journal of Research on Adolescence*, 19(1). <https://doi.org/10.1111/j.1532-7795.2009.00582.x>
- Singtakaew, A., & Chaimongkol, N. (2021). Deliberate self-harm among adolescents: A structural equation modelling analysis. *International Journal of Mental Health Nursing*, 30(6). <https://doi.org/10.1111/inm.12918>
- Suh, H., & Jeong, J. (2021). Association of Self-Compassion With Suicidal Thoughts and Behaviors and Non-suicidal Self Injury: A Meta-Analysis. In *Frontiers in Psychology* (Vol. 12). <https://doi.org/10.3389/fpsyg.2021.633482>
- Thibodeau, E. L., Cicchetti, D., & Rogosch, F. A. (2015). Child maltreatment, impulsivity, and antisocial behavior in African American children: Moderation effects from a cumulative dopaminergic gene index. *Development and Psychopathology*, 27. <https://doi.org/10.1017/S095457941500098X>
- Tørmoen, A. J., Myhre, M., Walby, F. A., Grøholt, B., & Rossow, I. (2020). Change in prevalence of self-harm from 2002 to 2018 among Norwegian adolescents. *European Journal of Public Health*,

- 30(4).
<https://doi.org/10.1093/eurpub/ckaa042>
- Turner, D., Wolf, A. J., Barra, S., Müller, M., Gregório Hertz, P., Huss, M., Tüscher, O., & Retz, W. (2021). The association between adverse childhood experiences and mental health problems in young offenders. *European Child and Adolescent Psychiatry*, 30(8).
<https://doi.org/10.1007/s00787-020-01608-2>
- Van Dorn, R., Volavka, J., & Johnson, N. (2012). Mental disorder and violence: Is there a relationship beyond substance use? *Social Psychiatry and Psychiatric Epidemiology*, 47(3).
<https://doi.org/10.1007/s00127-011-0356-x>
- Wan, Y., Chen, J., Sun, Y., & Tao, F. (2015). Impact of childhood abuse on the risk of non-suicidal self-injury in mainland Chinese adolescents. *PLoS ONE*, 10(6).
<https://doi.org/10.1371/journal.pone.0131239>
- Wang, Y. J., Li, X., Ng, C. H., Xu, D. W., Hu, S., & Yuan, T. F. (2022). Risk factors for non-suicidal self-injury (NSSI) in adolescents: A meta-analysis. *EclinicalMedicine*, 46.
<https://doi.org/10.1016/j.eclinm.2022.101350>
- Wibisono, B. K., & Gunatirin, E. Y. (2018). Faktor-faktor Penyebab Perilaku Melukai-Diri Pada Remaja Perempuan. *Calyptra: Jurnal Ilmiah Mahasiswa Universitas Surabaya*, 7(2).
- Yakeley, J., & Burbridge-James, W. (2018). Psychodynamic approaches to suicide and self-harm. *BJPsych Advances*, 24(1).
<https://doi.org/10.1192/bja.2017.6>