



Identification of the Prevalence of Self-harm Behaviors in Students with the Self-harm Inventory (SHI)

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Abstract. The inability of students in their teens to manage emotions and deal with problems often ends up in self-harm behavior. The behavior is a form of channeling the negative emotions they experience. One of the reasons for self-harm behavior is that individuals do not have the ability and courage to share painful life experiences with others. The study aimed to identify the prevalence of self-harm behavior in students as a guideline to counselors in carrying out guidance and counseling services according to student needs. The research was a quantitative descriptive study with a sample of 132 vocational high school students. There were 81 male students (62.52%) and 51 female students (37.48%). Respondents were in the age range of 17–18 years. The instrument used was self-harm inventory (SHI). The data analysis technique conducted was descriptive statistical analysis. The results showed that the average value of students' self-harm behavior was 1.92 which was considered as the mild category. The study recommends self-harm behavior programs needed to develop as a prevention service for students.

Keywords: Prevalence · Self-Harm · Students · Inventory

1 Introduction

Adolescent age according to WHO provisions is 10 to 19 years, at this age adolescents experience more active development in biological, cognitive, psychosocial, and hormonal aspects [1]. Being in their teens, individuals will begin to adapt to new developmental tasks, so they have the potential to experience stress that risks harming themselves and others [2]. The ability of adolescent individuals has differences in controlling stress and dealing with problems that occur. Some of them are able to deal with problems well, but not a few of them are less able to overcome the problems they face [3]. The inability of adolescents to solve the problems they face will cause distress that can cause negative emotions in themselves, such as despair, deep disappointment, anger, sadness for a long time, and even depression [4].

When individuals have experienced negative emotions, they have the potential to channel their feelings into negative things, such as hurting themselves. Self-harm behavior is a form of catharsis from individuals who intentionally injure their body parts, but

do not have a suicide plan [5]. Self-injury is done to vent negative emotions that are too painful for them to be able to express them through words [6]. Self-injury behavior that is left for a long time without any help from a competent party will turn into a suicide plan [7]. Individuals who do self-injury tend to feel embarrassed to tell other people their problems and have a closed personality [8].

Self-injury which is influenced by emotional conditions in the individual is also found in students at school, this is a special concern for teachers, including counselors [9]. Efforts that can be done by counselors in anticipating self-injury to students are by conducting regular monitoring of student activities and collaborating with other subject teachers in supervising student actions that lead to self-injury [10]. Counselors can invite students to talk privately to find out the state and development of their psychological health [11]. The problematic psychological state of students will make them feel uncomfortable, lonely, unnoticed, and depressed, so counselors need to be more sensitive to changes in attitudes experienced by students [12]. Knowing the problems experienced by students can also help counselors' direct students to channeling positive emotions, so that self-injury behavior does not occur [13]. Students will prefer to tell their self-injury behavior, if the counselor can maintain privacy and do not judge their behavior, building trust is a positive value for counselors to be able to follow up after finding out the cause of students' self-injury habits [14]. The causes of students having negative emotions can be based on internal or external factors, so counselors really need to know the extent of student self-injury behavior [15]. Therefore, this study aims to determine the level of self-injury behavior in students so that counselors can provide appropriate treatment decisions as a follow-up effort. This study will provide an overview of self-injury behavior in adolescents with a different point of view, because the measurements were carried out on junior high school students at SMK Kuncup Samigaluh which had never been done before.

2 Method

This study uses a quantitative approach with a descriptive method, a quantitative approach is used to obtain the number of samples about self-injury behavior in students. Descriptive method was used to obtain a description of self-injury behavior by students in their teens. The study was conducted at SMK Kuncup Samigaluh, the research sample was taken using a simple random sampling technique. A total of 132 students of class XI and XII SMK Kuncup Samigaluh participated in this study.

The research instrument using the Self Harm Inventory (SHI) developed by Sansone et al. was updated in 2011 in English. SHI aims to assess the level of self-injury behavior in individuals and prevent suicide [16]. The use of the Indonesian version of SHI was translated by Kusumadewi by adopting the item as a whole. The Indonesian version of SHI was distributed to students through counselors in the form of an online instrument.

SHI will explore the respondent's past through twenty-two items of ordinal statements with two alternative answers, two alternative answers contained in the SHI, namely yes and no, resulted in a score range of 0 to 22 [17]. The twenty-two items included: 1) Overdose, 2) Deliberately cutting yourself, 3) Burning yourself on purpose, 4) Hitting yourself, 5) Deliberately banging your head, 6) Becoming a drinker, 7) Driving intentionally carelessly, 8) Deliberately scratching yourself, 9) Not treating your wound, 10)

Table 1. Classification of Student Self Injury Behavior.

Heading level	mean	SD	Font size and style
Light Item number 2, 4, 6, 8, 19	1.92	1.16	5
Heavy Item number 1, 3, 5, 18	0.65	1.32	4
Indirect Item number 9, 10, 14, 21	1.79	1.48	4
Risk Item number 7, 11, 13, 15, 16, 22	1.12	1.30	5
Cognition Item number 12, 17, 20	0.32	1.12	3

Making your medical condition worse, 11) Having multiple sexual partners, 12) Putting yourself in a rejected relationship, 13) Abusing prescription drugs, 14) Dissociation from God as punishment, 15) Engaging in relationships that torture partners psychologically.

3 Results and Discussion

Based on these problems, the research data collection was taken from 132 students at SMK Kuncup Samigaluh. There were 81 male students (62.52%) and 51 female students (37.48%). Respondents are in the age range of 17–18 years. Self-injury behavior is classified into five categories, namely mild, severe, indirect, risk, and cognition. The results of the analysis are presented in Table 1.

Table 1 shows that self-injury behavior by students is included in the mild category, with a mean value of 1.92, a maximum value of 5 so that on average the respondents have a high risk of doing mild self-injury. The results of the item analysis are presented in Table 2. Table 2 shows the number of students who chose the highest self-injury behavior item, namely hitting oneself. Based on this statement, the action that many students take in channeling negative emotions is by hitting themselves. Feelings of anger that arise and poor emotional management skills often make individuals choose to hit their own body parts such as the chest, cheeks, and hands [18]. Feelings of anger that are not channeled in a positive way are the main source of temperament that individuals have, especially at the age of teenagers who are still not able to control emotions optimally [19].

Teenagers who are able to manage anger and channel it into positive things such as sports, drawing, dancing [20]. In line with this, self-injury is defined as deviant behavior that can turn into a mental disorder. The higher the intensity of self-injury behavior can cause problems in physical and psychological health [21]. Students in their teens have a desire to channel negative emotions into positive behavior but they do not have the support of the surrounding environment [22]. Reviewing the lack of emotional support experienced by students is an important factor that needs to be considered by counselors, as an effort to prevent students from committing severe self-injury behavior,

Table 2. Self-Injury Behavior Based on Classification.

Heading level	SD	Font size and style
Light	Have you ever accidentally sliced your own hand?	112
	Have you ever intentionally hit yourself?	124
	Have you ever deliberately become a drinker of alcohol?	57
	Have you ever deliberately scratched yourself?	118
	Have you ever intentionally hurt yourself?	121
Heavy	1.32	4
	Have you ever accidentally overdosed?	0
	Have you ever intentionally set yourself on fire?	0
	Have you ever intentionally banged your head?	42
	Have you ever intentionally attempted suicide?	28
Indirect	1.48	4
	Have you ever intentionally not treated your wound?	0
	Have you ever intentionally made a medical condition worse?	20
	Have you ever deliberately distanced yourself from God as punishment?	14
	Have you ever intentionally starved yourself?	0
Risk	Have you ever intentionally driven recklessly?	57
	Have you ever intentionally abused a prescription drug?	71
	Have you ever intentionally had multiple sexual partners?	0
	Have you ever intentionally been involved in a relationship that emotionally abused your partner?	6
	Have you ever intentionally been involved in a relationship that sexually abused your partner?	0
	Have you ever intentionally forced to take laxatives?	4
Cognition	Have you ever intentionally positioned yourself in a rejected relationship?	19
	Have you ever intentionally quit your job on purpose?	0
	Have you ever purposely tortured yourself with self-defeating thoughts?	31

it is necessary to apply guidance and counseling for students who have never done self-injury, as well as students who have done it [23]. Group and classical guidance can be used as a preventive effort by providing an overview to students about the risk of self-injury so as to minimize self-injury behavior that will occur [24].

Group counseling activities can also involve peer counselors, so that students feel more comfortable expressing opinions and telling stories about their life experiences, giving material about alternative ways to channel negative emotions also affects students' self-injury [25]. The alternative choice of how to channel negative emotions in oneself apart from physical activity can also be done by meditation or involving spirituality [26]. Spiritual activities can be carried out according to the beliefs of each individual, basically this activity aims to bring the individual closer to God to get spiritual peace [27].

In addition to preventive efforts that can be done by counselors through guidance activities, for students who have taken self-injury actions, counselors can make curative efforts through counseling activities. Several approaches that can be used, one of which is a transpersonal approach that can help students gain religious awareness and experience [28]. The counselor only needs to adjust the approach to be used with the counseling goals to be achieved with the counselee, and determine the right technique for the problem of self-injury behavior by the counselee [29].

4 Conclusion

Self-injury behavior can be detected since this by the counselor as a preventive effort for psychological disorders in students.

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