

Conference Paper

The Relationship Between Coping Strategy and Nonsuicidal Self-injury on College Students with Broken Home Family Background

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Nowadays, the issue of awareness regarding the mental health of students needs more attention. Students are prone to experiencing problems related to mental health, such as nonsuicidal self-injury (NSSI). Thus, it is important to conduct research on NSSI in students especially for students with broken home family backgrounds, who are more prone to experiencing NSSI. This research aims to determine the relationship between coping strategies and nonsuicidal self-injury in students with broken home family backgrounds. The study included 100 students who had a broken home family background and did nonsuicidal self-injury. The instruments used in this research were the coping strategy scale and the Inventory of Statements About Self-Injury (ISAS) scale. This research used a quantitative approach with descriptive and correlational research types. The correlation coefficient value obtained was $-.427$ with a significance of $.000$ ($p < .05$). It means that there was a relationship between coping strategies and nonsuicidal self-injury in students who had a broken home family background with a negative relationship direction. It means that the higher the coping strategy, the lower the nonsuicidal self-injury. This research provides information that is expected to be used for nonsuicidal self-injury students to apply more positive coping strategies to prevent and intervene in nonsuicidal self-injury behavior.

Keywords: coping strategy, nonsuicidal self-injury, broken home

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1. Introduction

College students are in the late adolescence stage. They are required to complete various developmental tasks. Adolescent development is influenced by family conditions where adolescents have the developmental task to build relationships with their families [1]. The family is the closest and most influential environment in adolescent development. Each family member has their own role. When the implementation of the role is not carried out properly, it has an impact on the integrity and harmony of the family or what is commonly called a broken home.

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Broken home can be interpreted as a fractured family relationship due to the absence of attention from the family or a lack of parental love due to several things, such as divorce [2]. Thus, the child only lives with a single parent. A broken home can be seen from two aspects, there are (1) incomplete family structure, death of a family member, or divorce resulting in family splits, (2) parents are not divorced, but the family structure is not complete anymore, because the father or mother often away from home and/or no longer showing affection [3].

Research found that a disorganized family can increase an individual's tendency to commit acts of self-harm without suicidal intent [4]. Another study found that family separation and mental disorders can increase the likelihood of suicide through deviant behavior, self-harm, and attempted suicide [5]. The number of stressors and lack of supervision from parents makes students from broken homes family engage in negative behaviors such as hurting themselves without suicidal intentions or commonly known as nonsuicidal self-injury.

Nonsuicidal self-injury (NSSI) is the behavior of an individual who intentionally damages one's body tissue without any intention to commit suicide and is not a social sanction [6]. NSSI is a common thing in the youth population and is a public health challenge, especially in the educational environment. Yet, the existence of NSSI is more often ignored and does not obtain the attention of the campus [7].

Seventeen to thirty eight percent of the student population in the United States reported doing activities that meet the NSSI criteria [7]. Research conducted through a systematic review of articles published from 1998 to 2016 found that the prevalence of NSSI was 7.5-46.5% in adolescents, 38.9% in college students, and 4-23% in adults [8]. In Indonesia, the prevalence of individuals who perform NSSI is not known with certainty. This is because NSSI is an iceberg phenomenon [9].

Official data on NSSI in Indonesia is still very limited. Thus, the authors conducted a preliminary study through interviews with 4 subjects who had conducted NSSI to strengthen the prevalence of NSSI in Indonesia. Interviews were conducted in November, 2021 and the four subjects were college students who studied higher education in Malang City. They also had a broken home family background. From the interviews, it was found that the subjects came from different broken home family backgrounds, namely the presence of physical violence in the family that caused conflict, divorce, infidelity, and the loss of the role of one parent. The forms of NSSI were scratching the body until it bleeds, slashing the arm with scissors or a razor blade, pulling the hair, pinching the body repeatedly, hitting the head with the hand, and banging the head

against the wall. NSSI is carried out to punish themselves, retaliate behavior, vent anger, and divert feelings of sadness and loneliness.

An individual who conducts NSSI is influenced by various factors. A theoretical model is presented regarding risk factors for maladaptive behavior including NSSI, such as a bad coping strategy [10]. This is in line with research which stated that NSSI behavior carried out by individuals is related to many main factors, one of which is coping [11]. Coping strategy is closely related to one's emotional experience, where an individual experiences stress that causes undirected emotions. The strategy is needed. It will help overcome the problems that cause stress. Coping strategies are an attempt to adjust the demands and abilities of individuals when faced with stressful situations [12].

Many previous studies have examined coping strategies and NSSI, but no one has conducted research with students who have a broken home family background [4,13,14,15]. Therefore, the authors are interested in researching the relationship between coping strategies and nonsuicidal self-injury in college students who have a broken home family background.

2. Literature Review

2.1. Coping strategy

Coping strategy is an effort to adjust the demands and abilities of individuals when faced with stressful situations [12]. Coping strategy is divided into two dimensions the first is problem-focused coping, It is conducted by focusing on efforts to improve things that cause stress. The second is emotion-focused coping. It is a way of coping that prioritizes emotions as a form of settlement. The forms of Problem-focused coping include confrontive coping, seeking social support, and planful problem-solving, while the forms of emotion-focused coping are more about actions to overcome emotions such as distancing, self-control, accepting responsibility, escape avoidance, and positive reappraisal [12].

2.2. Nonsuicidal self-injury

Nonsuicidal self-injury (NSSI) is behavior that damages an individual's body tissues intentionally [16]. It is carried out without any suicidal intent and is with a purpose not as a result of social sanctions. NSSI is divided into two dimensions namely the intrapersonal dimension where NSSI functions for things that happen to an individual,

and the interpersonal dimension where NSSI is carried out to be able to relate to other people [6]. The forms of intrapersonal functions include affect regulation, anti-dissociation, anti-suicide, marking distress, and self-punishment. In addition, the forms of interpersonal function are interpersonal boundaries, interpersonal influence, sensation seeking, self-care, peer-bonding, toughness, marking-distress, revenge, and autonomy [6].

2.3. The relationship between coping strategies and nonsuicidal self-injury in college students with broken home family background

The family is the closest and most influential environment in the lives of college students in their late teens. An inharmonious family can be called a broken home. Students who experience a broken home have many stressors because it can have various impacts on college student life.

The impact of a broken home is prone to psychological disorders, hating both parents, easy to obtain negative influences from the environment, viewing life as futile, not easy to get along with, and moral problems [17]. In addition, a broken home can make children choose maladaptive coping strategies and increase the possibility of self-harming behavior without suicidal intentions or what is commonly called Nonsuicidal Self-Injury (NSSI) [18].

Nonsuicidal self-injury (NSSI) is the behavior of a person who intentionally damages his/her own body tissue without any suicidal intent and is not a social sanction. It includes cutting, burning, biting, and scratching the skin [19]. A person performs NSSI with various functions which are then classified into two types namely intrapersonal functions (affect regulation, anti-dissociation, anti-suicide, distress marks, and self-punishment) and interpersonal functions (autonomy, interpersonal boundaries, interpersonal influence, peer bonding, revenge, self-care, thrill-seeking, and resilience) [19].

Furthermore, an individual conducting NSSI can be influenced by the selection of coping strategies [10]. This is supported by other research which found that adolescents do NSSI because of the selection of bad coping strategies [20]. In this case, NSSI is used as a way of communicating with family or parents because of the lack of parental presence and support and limited communication time.

Hence, it can be concluded that the coping strategy chosen by the individual can affect how likely an individual, especially students who have a broken home family background, to do NSSI.

3. Method

This study used a quantitative approach with descriptive and correlational research types that aimed to determine the relationship between coping strategies and nonsuicidal self-injury in college students with broken home family backgrounds.

The population in this research were college students with a broken home family background. The research sample was active college students with a broken home family background, aged 18-21 years, and had conducted nonsuicidal self-injury. Sampling was determined through a nonprobability sampling technique, namely purposive sampling which was calculated using the Lemeshow formula. The Lemeshow formula was used to calculate the unknown research population with the calculation results that the minimum sample was 96. Of the 170 respondents who filled out the scale, the authors then obtained 100 subjects who met the criteria through 2 screening stages. The first stage of screening used questions on the form of broken homes experienced by respondents, and the second stage of screening used the Inventory of Statements About Self-Injury (ISAS) scale section 1, respondents who passed the screening and were considered to have performed NSSI were respondents who perform at least 1 form of NSSI.

There were two instruments used in this research, namely the scale of coping strategies and the scale of the inventory of statements about self-injury. The coping strategy scale was based on the theory of coping strategies from Lazarus and Folkman and consisted of 48 items of 24 favorable items and 24 unfavorable items, a high score on the scale means that the coping strategies they had were getting better. Inventory of statements about self-injury scale was used to measure nonsuicidal self-injury through an adaptation process consisting of 39 items. A high score on the scale means that the intensity of doing NSSI was getting higher.

The stages of the adaptation process were carried out according to the stages of the adaptation process by [21]. The first was translated by two experts, such as one linguist and one psychologist. Furthermore. It was synthesizing. It was carried out together with the supervisor, then performs the following steps: back translation of the items obtained through the results of the synthesis, then performed expert judgments on the experts, namely two UM psychology lecturers, and the last one conducts an assessment using the Aiken's v formula to objectify the results of the expert judgment assessment.

The validity test used content validity and then the item discrepancy test was carried out. On the coping strategy scale, 23 items were used with the item discriminatory power index moving from .306 to .629 and having a Cronbach's Alpha reliability coefficient of

.863. The inventory of statements about self-injury (ISAS) scale used the original item and reliability scale where the ISAS scale consisted of 39 items with a Cronbach's Alpha coefficient of .840. The adaptation scale without modification process is allowed not to go through the item discriminatory test process and use the original item as well as the reliability of the original scale [21].

The data analysis used in this research was descriptive and correlational. Descriptive analysis was used to describe the data through the categorization method. Pearson's product-moment correlation analysis was used to determine whether there was a relationship between coping strategies and nonsuicidal self-injury in college students with broken home family backgrounds through assumption testing (normality test and linearity test) and hypothesis testing (correlation test).

4. Result and Discussion

4.1. Result

Based on table 1, it can be seen that the majority of the subjects were females with a total of 90 people (90%). Most of the subjects were 21 years old with a total of 76 people (76%). The 2018 batch year also became the majority with a total of 65 people (65%). Most of the subjects came from Tarumanagara University, of 8 people.

Based on table 2, it can be seen that the most common broken home conditions are inharmonious families (repeated fights, verbal violence, physical violence) with total of 31 people (31%).

Based on table 3, the most common type of NSSI behavior is scratching the body hard and repeatedly conducted by 73% of the subjects.

Descriptive analysis of coping strategy variables that have been measured using a scale of coping strategies is described through empirical data. The results of the descriptive analysis can be seen in the following table:

According to the results of the descriptive analysis of the coping strategy variables, it can be seen that the data obtained from respondents were 100 subjects. In the descriptive analysis using empirical data, the average obtained was 58.22 with a standard deviation of 6.195. Of the 23 items given the maximum value obtained was 80 and the minimum value was 41.

According to the results of the descriptive analysis of problem-focused coping, it can be seen that the data obtained from respondents were 100 subjects. In the descriptive analysis using empirical data, the average obtained was 19.15 with a standard deviation

TABLE 1: Socio-demographic characteristics of the samples (n=100).

Variables	n (%)
Age	
18	7 (7%)
19	6 (6%)
20	11 (11%)
21	76 (76%)
Gender	
Male	10 (10%)
Female	90 (90%)
Class of	
2017	1 (1%)
2018	65 (65%)
2019	18 (18%)
2020	10 (10%)
2021	6 (6%)
University	
Tarumanagara University	8 (8%)
State University of Malang	6 (6%)
University of Muhammadiyah Prof. Dr. Hamka	5 (5%)
University of Indonesia	4 (4%)
University of Telkom	4 (4%)
others	73 (73%)

TABLE 2: Type of broken home condition.

Type of Broken Home condition	Number (n)	Percentage (%)
Divorced Parents	27	27 %
Losing a person who plays a role as a parent	18	18 %
Parents are still alive but they are not present in everyday life	24	24 %
Inharmonious family (repeated fights, physical abuse, verbal abuse)	31	31 %
Total		100%

of 2.698. Of the 8 items given the maximum value, it was obtained was 29 and the minimum value was 12.

Based on the results of the descriptive analysis of emotion-focused coping, it can be seen that the data obtained from respondents were 100 subjects. In the descriptive analysis using empirical data, the average obtained is 39.07 with a standard deviation of 4.418. Of the 15 items given the maximum value, it was obtained 51 and the minimum value was 27.

TABLE 3: Type of NSSI.

Type of NSSI	Number (n)	Percentage (%)
Cutting or making scratches on the skin	60	60 %
Scratching the body hard and repeatedly	73	73 %
Biting body parts to cause scars	52	52 %
Banging or hitting her/himself causing bruising or injury	65	65 %
Burning the body part	13	13 %
Scratching a wound that is not yet dry (like pulling a scab)	62	62 %
Gouging or incising a scar to bleed again	58	58 %
Rubbing the skin on rough objects until it bleeds	26	26 %
Pinching body parts until bruises appear	59	59 %
Inserting sharp objects (needles, nails, etc.) into body parts (not tattoos, piercings, and drugs)	27	27 %
Pulling hair until the scalp is injured	46	46 %
Swallowing strange objects that are harmful to the body	22	22 %

TABLE 4: Descriptive analysis of coping strategy.

Variable	N	Maximum Score	Minimum Score	Mean	Standard Deviation
Coping strategy	100	80	41	58.22	6.195

TABLE 5: Descriptive analysis of problem-focused coping.

Variable	N	Maximum Score	Minimum Score	Mean	Standard Deviation
Problem-Focused Coping	100	29	12	19.15	2.698

TABLE 6: Descriptive analysis of emotion-focused coping.

Variable	N	Maximum Score	Minimum Score	Mean	Standard Deviation
Emotion-Focused Coping	100	51	27	39.07	4.418

Furthermore, categorization is carried out to classify the data that has been collected and to find out the description of the distribution of scores that have been measured using a coping strategy scale. Categorization and distribution of scores of the coping strategy variables are listed in the following table:

TABLE 7: Coping strategy categorization.

Formula	Interval	Category	Frequency
$X < (\text{Mean} - 1 \text{ SD})$	$X < 52.025$	Low	17
$(\text{Mean} - 1 \text{ SD}) \leq X \leq (\text{Mean} + 1 \text{ SD})$	$52.025 \leq X \leq 64.415$	Moderate	68
$X \geq (\text{Mean} + 1 \text{ SD})$	$X \geq 64.415$	High	15

Based on table 7, it is known that most of the subjects have coping strategies in the medium category of 68% (68 people), while in the high category of 15% (15 people) and the low category of 17% (17 people).

TABLE 8: NSSI descriptive analysis.

Variable	N	Maximum Score	Minimum Score	Mean	Standard Deviation
NSSI	100	78	17	48.42	14.133

Based on the results of the descriptive analysis above, it can be seen that the data obtained from respondents were 100 subjects. In the descriptive analysis using empirical data the average obtained was 48.42 and the standard deviation value obtained was 14.133. The maximum value obtained from the spread of 39 items was 78 and the minimum value obtained was 17.

Furthermore, categorization was carried out to classify the data that had been collected and to describe the distribution of scores that had been measured using the Inventory of Statements About Self-Injury scale. The categorization and distribution of scores of the NSSI variables are listed in the following table:

TABLE 9: NSSI categorization

Formula	Interval	Category	Frequency
$X < (\text{Mean} - 1 \text{ SD})$	$X < 34.287$	Low	15
$(\text{Mean} - 1 \text{ SD}) \leq X \leq (\text{Mean} + 1 \text{ SD})$	$34.287 \leq X \leq 62.553$	Moderate	69
$X \geq (\text{Mean} + 1 \text{ SD})$	$X \geq 62.553$	High	16

According to table 9, it is known that the level of NSSI behavior in broken home college students was mostly in the medium category of 69% (69 people). Furthermore, in the high category, there were 16% (16 people) and in the low category was 15% (15 people).

In this research, the Kolmogorov Smirnov significance value was .200 (sig > .005). Thus, it can be concluded that the research data was normally distributed.

TABLE 10: Normality test.

	Sig.	Information	Conclusion
Coping strategy	.200	Sig > .05	Normal
NSSI	.200	Sig > .05	Normal

TABLE 11: Linearity test.

	Sig.	Information	Conclusion
Strategi <i>Coping</i> (X) pada NSSI (Y)	.702	Sig. > .05	Linear

Based on the linearity test that has been carried out, it can be seen that the significance value was .702 (sig > .005). Hence, it can be concluded that there is a linear relationship between the variables of coping strategies and NSSI.

TABLE 12: Hypothesis test.

Correlation coefficient	Sig.	Conclusion
-.427	.000	Hypothesis accepted

Based on the results of the correlation test that has been carried out, a significance value was .000 (sig. < .05). It means that there was a relationship between the coping strategy and NSSI variables. The correlation coefficient showed a value of -.427 which means that the coping variable was negatively correlated with the NSSI variable. The negative correlation means that the higher the level of coping strategies, the lower the level of NSSI behavior. The correlation coefficient value of -.427 indicated that the strength of the relationship between variables is in the medium category [22].

Pearson's Product Moment correlation test was also carried out on each dimension of the coping strategy variable, namely problem-focused coping and emotion-focused coping with NSSI behavior. The results of the correlation test can be seen in the following table:

TABLE 13: PFC and EFC Correlation Test with NSSI.

	<i>Problem-Focused Coping</i>	<i>Emotion-Focused Coping</i>
Correlation coefficient	-.259	-.441
Sig.	.009	.000

Based on Table 13, it can be seen that the problem-focused coping aspect has a significance value of -.009 (sig < .05) with a correlation coefficient of -.259. It indicates that there was a relationship between the dimensions of problem-focused coping and NSSI behavior with low correlation strength. In addition, the direction of the negative relationship means that the higher the problem-focused coping, the lower the NSSI.

On the emotion-focused coping dimension, the significance value was .000 (sig < .05) with a correlation coefficient value of -.441. It means that there is a relationship between the emotion-focused coping dimension and NSSI behavior with a moderate correlation strength and a negative relationship direction. It means that the higher the emotion-focused coping, the lower the NSSI.

5. Discussion

Based on the results of hypothesis testing using the Pearson's Product Moment correlation analysis technique, it was found that there is a relationship between coping strategies and nonsuicidal self-injury in college students with broken home family backgrounds. The correlation coefficient showed the number -.427 ($p = .000$). It means that the coping strategy variable was negatively correlated with NSSI and had a moderate relationship strength [22]. The negative correlation means that the higher the coping strategy, the lower the NSSI behavior, and vice versa, the lower the coping strategy, the higher the NSSI.

The negative correlation between coping strategies and NSSI was following the theoretical model where one of the risk factors for NSSI behavior is poor coping strategies [10]. Poor coping abilities can inhibit an individual from adaptively dealing with stress and reduce problem-solving abilities. Thus, this can increase a person's likelihood of engaging in maladaptive behavior, one of which is NSSI [23].

A correlation test was also conducted on two dimensions of coping strategies against NSSI. The first dimension was problem-focused coping. In line with other research, the results showed that problem-focused coping was negatively correlated with NSSI [13]. It means that the higher the use of problem-focused coping, the lower the individual's intensity in performing NSSI. In this study, the correlation coefficient between problem-focused coping and NSSI was -.259 ($p = .009$). An individual who used problem-focused coping overcomes stress by looking for the root of the problem and changing the problematic person or environment directly. Thus, when an individual has a high problem-focused coping, the possibility of doing NSSI is low. Researcher also found that an individual who used to do NSSI and then did counseling with a problem-focused coping approach no longer uses NSSI in the future, this is because the individual concerned already has a more adaptive coping strategy to deal with stress [14].

The second dimension was emotion-focused coping. In this research, emotion-focused coping was also negatively correlated with NSSI. This was following the results of research conducted by other research, where a negative correlation means that

the higher the use of emotion-focused coping, the lower the individual intensity in doing NSSI [15]. The correlation coefficient obtained was $-.441$ ($p = .000$). The low use of emotion-focused coping in college students who did NSSI might be due to a link between NSSI and alexithymia or a person's inability to identify the emotion. Therefore, an individual who experiences alexithymia has a small possibility of using an emotion-focused coping strategy to deal with stress [24]. The negative correlation between the two aspects of coping strategies (problem-focused coping and emotion-focused coping) with NSSI can occur because students who do NSSI tend to use substance abuse, behavioral disengagement, and self-blame as coping strategies, rather than coping strategies that focus on problems and emotions [25].

This study found that NSSI is prevalent among college students especially those who have broken home family background. Risk factors should given more attention when it comes to examining NSSI such as coping strategy, the better the coping strategy the lower likelihood of NSSI. Individuals who have a better coping strategy are more likely to use a mature way of dealing with a problem so they can rationally understand and proactively deal with difficulties [4]. In conclusion, the results of this study might help mental health organization and educational institutions to design NSSI prevention and intervention programs for students. The limitations of this study is that there is no detailed examination of every aspect in the coping variables and NSSI variables so the result is not thoroughly explained. The examination should include all of the aspects of coping and NSSI, and also the detailed screening of broken home family conditions.

6. Conclusion

Based on the analysis that has been conducted, it can be concluded that there is a relationship between coping strategies and nonsuicidal self-injury (NSSI) in college students with broken home family backgrounds with a negative relationship direction. The direction of the negative relationship means that the higher the coping strategy, the lower the NSSI, and vice versa, the lower the coping strategy, the higher the NSSI. In addition, from the results of descriptive analysis, it can be seen that the majority of students with broken home backgrounds in this study have coping strategies in the moderate category and the NSSI level which is also in the moderate category.

Suggestions that can be given are that the first, for further research, is expected to be able to conduct more detailed research, such as examining specific aspects of NSSI. Then the second suggestion for students who do nonsuicidal self-injury is expected to apply more positive coping strategies to reduce NSSI behavior. The last suggestion

is for higher education institutions in Indonesia to pay more attention to the mental condition of students to help increase awareness about mental health.

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