Nonsuicidal Self-Injury Instruments in Indonesia

Trie Septia Nurhaliza[1], Kartika Sari Dewi[2].

trienurhaliza@students.undip.ac.id[1], ksdewi@lecturer.undip.ac.id[2]

Faculty of Psychology, Universitas Diponegoro, Semarang, Indonesia[1], Faculty of Psychology, Universitas Diponegoro, Semarang, Indonesia[2]

Abstract. Nonsuicidal Self-Injury (NSSI) is increasing in Indonesia. Appropriate measurement is needed to understand the NSSI characteristics deeply; however, documentation of NSSI measurements used in Indonesia is still limited. This scoping review aims to identify instruments for measuring NSSI in the Indonesian population, evaluate the completeness of reported psychometric properties, and provide recommendations for future use. Three databases (Garuda, Onesearch.id, Neliti) were searched using the PRISMA-ScR framework. The finding indicates that six instruments have been used, with ISAS and SHI standing out for their more comprehensive psychometric reporting. One locally developed instrument was identified, but limited documentation of its adaptation process hindered further evaluation. These findings imply a need for increased attention to the psychometric reporting of NSSI instruments in Indonesia to inform future efforts to adapt or develop culturally appropriate tools, while also encouraging collaboration among researchers, clinicians, and policymakers to address these gaps.

Keywords: assessment, NSSI, mental health, psychometrics, self-injury

1 Introduction

Nonsuicidal Self-Injury (hereafter NSSI) is the act of intentionally injuring body tissues without the intention to end one's life, and the reason for the act is usually unacceptable to society [1]. All forms of self-harm without a suicidal motive are categorized as NSSI, including self-cutting, self-beating, skin carving, piercing with sharp objects, self-banging, and burning [2,3]. In individuals with NSSI, the chosen form of self-harm usually involves more than one method; these behaviors are deliberately and primarily chosen to reduce the emotional pain experienced [4].

The reasons behind a person's engagement in NSSI are divided into two categories: intrapersonal functions, which aim to change one's internal state, and interpersonal functions, where self-harm is performed to change the external environment [5]. Intrapersonal functions are more prevalent than interpersonal or social functions, with NSSI being preferred by individuals to reduce the intensity of negative emotions (6–11). This suggests that self-harm may not arise in individuals who possess adaptive emotional coping strategies [7]. Despite its rarer occurrence, showing emotional pain to others and influencing others to do the same are widely reported reasons for interpersonal functioning [7,11].

ISPsy 2025, May 29, Purwokerto, Indonesia

DOI 10.4108/eai.29-5-2025.2360827

NSSI typically occurs during adolescence, with many reports concentrating on the 12 to 15-year-old age group. This data indicates adolescents have the highest prevalence of NSSI, both in clinical (30%-82%) and general (14%-26%) populations. In addition to occurring among adolescents, NSSI behavior also appears in young adults, with percentages ranging from 21%-65% in clinical populations and 12%-20% in non-clinical populations [12]. Research on the prevalence of NSSI behavior in Indonesia shows that NSSI is quite common, especially between university students. According to a study by [13], among 100 college students aged 18-23 years, over 30% self-injured up to 10 times, with 28% doing so 11-50 times. Common NSSI behavior patterns include self-hitting, hair pulling, pinching, and other actions. The high prevalence of NSSI is considered a significant clinical and public health issue.

Measuring NSSI using appropriate assessment tools is highly urgent, as psychological assessment plays a crucial role in understanding an individual's overall characteristics and abilities. According to [14] and [15], as cited in *Psychological Testing in the Service of Disability Determination* [16], psychological assessment involves the collection, integration, and interpretation of information about individuals. This approach enables psychologists to obtain data that encompasses cognitive, emotional, and social aspects in a complementary manner.

Using multiple measurement tools and consistent sources can also help identify data discrepancies, which may enrich the understanding of the individual being assessed. Accurate assessment can lead to more informed clinical conclusions, both in diagnosis and in recommendations for intervention planning [16]. In addition to its role in clinical diagnosis, a sound measurement process plays a crucial role in ensuring the reproducibility and replicability of research findings, allowing researchers to draw theoretical conclusions with greater confidence [17].

The accuracy of measuring instruments is crucial in psychological research. If the instrument used is not valid or reliable, the study's results may be questionable. Validity refers to the extent to which a measurement tool accurately measures the intended construct, without interference from unrelated concepts. Reliability indicates the consistency of measurement results when the procedure is repeated under the same conditions. Furthermore, a good measurement instrument should ensure fairness in assessing various population groups. If these criteria are not met, the conclusions drawn from the research may be inaccurate and difficult for other researchers to replicate [17].

In the context of NSSI, there is an urgent need for accurate measurement because these behaviors are complex and involve various psychological factors, such as emotion regulation, self-criticism, and the need for self-expression or support-seeking [1]. Valid and reliable measurement tools enable more precise identification of behavioral patterns and risk factors for NSSI, thereby supporting more effective and evidence-based interventions. With proper measurement, research on NSSI can also offer stronger theoretical contributions, enhance understanding of the psychological mechanisms behind these behaviors, and provide a more solid foundation for mental health policy in Indonesia.

Although research on NSSI has been conducted among the Indonesian population, the measurement tools used to examine this behavior are often adapted from instruments developed in other countries. While these tools may demonstrate good psychometric properties, they do not necessarily capture the cultural nuances and unique experiences of individuals in Indonesia.

This gap is critical because, as highlighted by [18], content validity is the most important measurement property for an assessment tool. This concept ensures the tool's relevance and comprehensibility for a specific population, and its absence can lead to biased or inaccurate results by decreasing the overall validity. Evidence from validation studies in Indonesia supports this concern. For instance, the Indonesian version of the *Self-Harm Inventory* (SHI) [19] revealed that some items, such as those related to laxative abuse, were less relevant in the Indonesian context. Similarly, the validation of the Indonesian version of the *Inventory of Statements About Self-Injury* (ISAS) [20] found that cultural factors, including religious perspectives on suicide, could influence NSSI behavior. These findings underscore the need for culturally sensitive and robust instruments to capture NSSI more accurately within the Indonesian population.

The lack of documentation regarding NSSI measurement tools used in research in Indonesia also presents a challenge. This is due to the limited number of studies that report the adaptation and validation processes of these instruments, as well as the scarcity of information on their applicability in local contexts. Without sufficient documentation, it becomes difficult to determine whether the instruments used thus far are truly effective in accurately capturing NSSI behavior.

The purpose of this scoping review is to identify, summarize, and evaluate NSSI measurement instruments that have been used in Indonesian research, as well as to provide an overview of their appropriateness and quality within the context of the Indonesian population. Identifying the measurement tools that have already been used in Indonesian studies holds significant value. This process will not only help to determine which instruments are most frequently applied but also assess whether the descriptions of the NSSI instruments used have been reported completely and transparently. This review is expected to make an important contribution by evaluating the extent to which existing instruments can describe NSSI behavior in the Indonesian population.

2 Literature Review

2.1 Nonsuicidal Self-Injury (NSSI) Definition

The conceptualization and measurement of NSSI behavior have developed significantly in recent years. Although there are ongoing debates surrounding NSSI, its high prevalence, especially among clinical populations and adolescents [21,22] and its connection to serious clinical and functional impairments has drawn increased attention. Thus, the Childhood and Mood Disorders Work-Group of the DSM-5, by Shaffer and Jacobson, proposed recognizing NSSI as a distinct diagnostic disorder in the DSM-5 [23]. However, there was a lack of research supporting the full diagnostic criteria for NSSI as a proposed psychological disorder. Issues such as small sample size, low reliability in the DSM-5 field trials, and multiple revisions of the criteria were major limitations [24].

Hence, NSSI disorder (NSSID) was included only as a condition for further study in Section III of the DSM-5. Nevertheless, this development represents an important step toward recognizing NSSI as a distinct disorder [25] and highlights the need for continued research in this area. NSSI is defined as the intentional destruction of one's body tissue without suicidal intent and for reasons that are not socially acceptable [26]. The International Society for the Study of Self-Injury (ISSS) further describes NSSI as the deliberate act of injuring body tissue without the intention of ending one's life. This behavior is sometimes referred to as self-injurious behavior, nonsuicidal self-directed violence, self-harm, or intentional self-injury [27]. Based on these definitions, NSSI can be understood as a direct act of self-harm, carried out without suicidal intent and for purposes that are not socially or culturally accepted.

2.2 Nonsuicidal Self-Injury (NSSI) Function

The reasons behind self-harm are generally understood in terms of its function. In this context, "function" refers to the factors that motivate or reinforce the occurrence of a behavior [28]. People may engage in self-harm for various reasons, but many explanations emphasize the role of rewards and punishments associated with the behavior [29]. The four-function model (FFM) of Self-injury [30] combines these behavioristic concepts with social and environmental factors that can influence self-harm [31].

The four-function model (FFM) emphasizes both internal and external factors that contribute to NSSI. It is currently the most widely used psychological model for understanding NSSI, likely because it addresses the complex interactions between individual and social influences [29]. The FFM outlines four main functions of NSSI, organized into a contingency matrix based on two dimensions: automatic (intrapersonal) versus social (interpersonal), and positive versus negative reinforcement [29]. A more detailed explanation of this contingency matrix is presented in **Table 1**.

Table 1. Key tenets of the Four-Function Model of NSSI [31].

Reinforcement type	Negative	Positive
Automatic	Decrease or eliminate aversive affective or cognitive state or status	Increase or generate the desired affective or cognitive state or states
Social	Decrease or eliminate aversive social event(s)	Increase or generate the desired social event or events

The four distinct functional processes include positive and negative automatic reinforcement, which describe NSSI performed to produce or alleviate specific intrapersonal stimuli. For example, NSSI performed to reduce negative emotional experiences is categorized as negative automatic reinforcement, whereas engaging in NSSI to evoke emotions or physical sensations represents positive automatic reinforcement. Positive and negative social reinforcement, on the other hand, refer to NSSI carried out to generate or alleviate certain interpersonal responses. An example of positive social reinforcement is seeking attention from one's social environment, while negative social reinforcement involves escaping from aversive social experiences, such as bullying [31].

3 Method

This scoping review aims to identify NSSI instruments that have been used in research involving Indonesian participants, including instruments adapted into Bahasa Indonesia and those developed by Indonesian researchers. A scoping review method identifies in-depth and comprehensive literature obtained through various sources and research methods, related to the research topic [32]. Scoping review activities include: Formulating research topics, searching for relevant research, selecting research, mapping, compiling, summarizing, and disclosing findings. The scoping review process in this study used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Review (PRISMA-ScR) with a literature search through the *Garba Rujukan Digital* (Garuda) database, Onesearch.id, and Neliti. The inclusion criteria used are: 1) The study was conducted in the last five years (2019-2024); 2) The study focused on measuring NSSI in the Indonesian population, both clinical and nonclinical groups; 3) The keywords used to obtain articles are "Nonsuicidal self-injury" AND "Non-suicidal self-injury" AND "Nonsucidal" AND "Non-suicidal" AND "Self-harm" AND "Self harm"]; 4) The research design uses quantitative, either involving experiments or non-experiments; 5) Literature can be accessed for free and online (open access), either in Indonesian or English. From the scoping review process using PRISMA-ScR, eleven articles were found that will be discussed in this study.

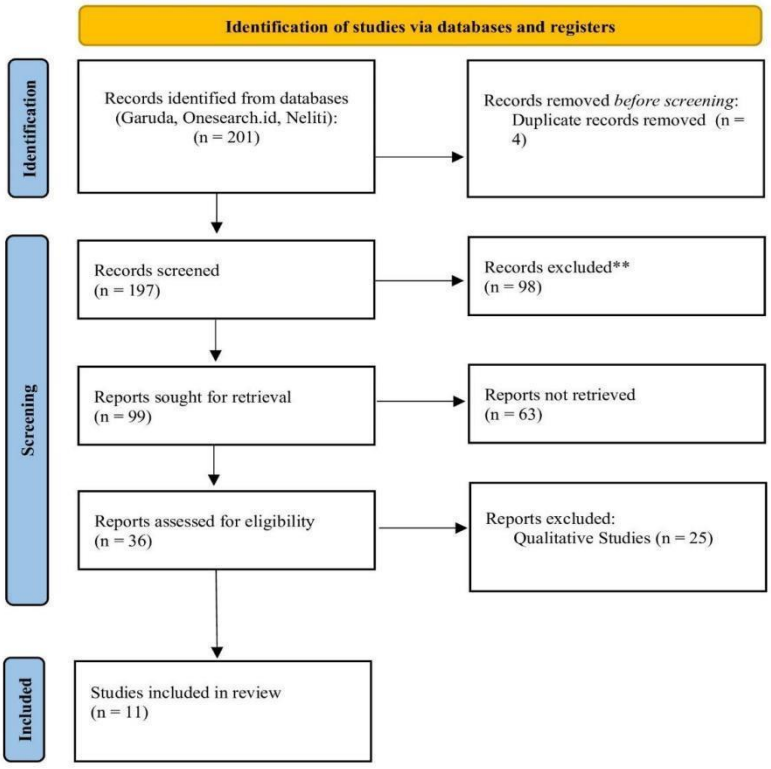

Fig. 1. PRISMA-ScR flow diagram of study selection process.

4 Result

A total of eleven articles met the inclusion criteria. Six types of measurement tools were used to assess NSSI in Indonesian studies. **Table 2** provides a summary of the eleven articles based on the most widely used measurement tools, namely the *Inventory of Statements about Self-Injury* (ISAS), *Self-Harm Inventory* (SHI), *Deliberate Self-Harm Inventory* (DSHI), *Non-Suicidal Self-Injury Assessment Tool* (NSSI-AT), *Non-Suicidal Self-Injury Function Scale* (NSSI-FS), and S*elf-Harm Behavior Questionnaire* (SHBQ). Each measurement tool is explained below.

4.1 Inventory of Statements about Self-Injury

The *Inventory of Statements about Self-Injury* (ISAS) is the most widely used measurement tool in research in Indonesia, having been used in five of the eleven studies discussed in this review. ISAS measures NSSI behavior by examining the frequency and reasons behind self-harm. The instrument includes 12 items asking participants about the frequency of self-harm using various methods, such as self-cutting, punching, and slowing wound healing, etc., in Section I. Section II contains a total of 39 self-report items regarding the individual's background related to engaging in self-harm. In the Indonesian population, two studies used the ISAS instrument, which had been adapted by [33]. These studies included an additional statement item in Section II, bringing the total number of items on the adapted ISAS scale to 40 [34,35]. One study independently carried out the adaptation after obtaining permission from the original ISAS developer [36], while the rest did not provide a detailed explanation of the ISAS adaptation process [37,38].

4.2 Self-Harm Inventory [

The *Self-Harm Inventory* (SHI), developed by [39], is a 22-item self-report measure. Participants respond to each item by indicating 1 for 'Yes' and 0 for 'No' for various behaviors. Two Indonesian studies [40,41] used an Indonesian version of the SHI, which was adapted from the translation by [19]. This adaptation maintained the original number of items, with no additions or subtractions.

4.3 Deliberate Self-Harm Inventory

The third instrument is the *Deliberate Self-Harm Inventory* (DSHI), developed by [42]. The DSHI unidimensionally measures self-harm behavior and consists of 17 self-report questions. Scoring is done by assigning a score of 1 for 'Yes' and a score of 0 for 'No'. The study conducted by [43] did not explain the process of translating or adapting this instrument into Indonesian.

4.4 Non-Suicidal Self-Injury–Assessment Tool

The *Non-Suicidal Self-Injury–Assessment Tool* (NSSI-AT) is a psychological measurement tool that focuses on measuring NSSI behavior in terms of frequency, method, causes, reasons, situations that typically encourage individuals to harm themselves, and the impacts resulting from NSSI activities. NSSI-AT is the most comprehensive instrument for recording the phenomenon of NSSI in individuals, utilizing various response formats ranging from ticking and scoring to ranking all 39 statement/question items.

Only one study used this measurement instrument with the Indonesian clinical population [45]. Like the previously mentioned instruments, the researcher did not explain the adaptation process that allowed the NSSI-AT to be administered to the research sample.

4.5 Non-Suicidal Self-Injury Function Scale

The *Non-Suicidal Self-Injury Function Scale* (NSSI-FS) is the only NSSI measurement tool developed by Indonesian researchers. However, limited information is available about this instrument beyond its measurement of NSSI characteristics, as the original manuscript discussing NNSI-FS was not publicly published as a journal article. The study using this measurement tool only explained the modification of NSSI-FS carried out by the researcher (one of the developers of the NSSI-FS), such as changing the questionnaire item on NSSI frequency to assess the average annual frequency of NSSI among participants, to obtain a more comprehensive understanding of NSSI behavior. Additionally, the researcher added four new items to the questionnaire. The NSSI severity score ranges from 0 to 12, with a higher score indicating more severe NSSI in the participant [47].

4.6 Self-Harm Behavior Questionnaire

The *Self-Harm Behavior Questionnaire* (SHBQ) is a brief self-report measure of NSSI behavior in pathological and non-pathological situations, developed by [48]. It consists of 32 questions asking participants to report activities related to self-harm behavior, suicide attempts, suicide threats, and suicidal ideation. The measuring instrument utilized in the experimental study by [49] was adapted and translated into Indonesian by [50]. There were no changes made during the adaptation process of this instrument.

Table 2. Descriptive Statistics Information on NSSI.

No	Author	NSSI Instruments	Sample	Reliability	Validity
1	Arifin et al. (2021)	ISAS. Section I (12 items)	68 participants aged 12-21 years old	0,70	NR
2	Putri et al. (2024)	ISAS. Section I (12 items)	60 participants aged 16-21 years old	0,83	NR
3	Rahayu and Ariani (2023)	ISAS. Section I (12 items), Section II (39 items)	191 participants aged 13-21 years old	0,81 (Section I) 0,90 (Section II)	NR
4	Sabrina and Afiatin (2023)	ISAS. 32 items	159 participants aged 10-24 years old	0,92	0,79 (Aiken's V)
5	Zain and Arbi (2023)	ISAS	104 participants aged 12-21 years old	NR	NR
6	Iswanti et al. (2024)	SHI. 22 items	570 participants aged 10-19 years old	0,83	0,83 - 0,97 (Aiken's V)
7	Nugrahawati et al. (2023)	SHI. 22 items	199 participants aged 12-18 years old	NR	NR
8	Paramita et al. (2020)	DSHI. 17 items	168 participants	NR	NR

No	Author	NSSI Instruments	Sample	Reliability	Validity
			aged 14-20 years old		
9	Ulya (2022)	NSSI-AT. 39 items	150 patients aged 18-24 years old	NR	NR
10	Elvina and Bintari (2023)	NSSI-FS	311 participants aged 18-29 years old	0,9	*U* = 0,00 (Discriminant validity)
11	Djoenaedi and Pratitis (2020)	SHBQ. 32 items	Five participants aged 15-18 years old	0,94	NR

5 Discussion

This scoping review aims to identify the NSSI measurement tools used in research conducted in Indonesia. Based on a review of eleven studies, the most frequently used instrument for assessing NSSI behavior in the Indonesian population is the *Inventory of Statements about Self-Injury* (ISAS) [34–38]. The findings also indicate that the six identified measurement tools were primarily used with adolescents aged 10−24 years and emerging adults aged 18-29 years. This focus reflects previous evidence [22] that the highest prevalence of NSSI occurs during adolescence (17.2%) and emerging adulthood (13.4%), making these age groups a primary target in research and assessment. However, this concentration also indicates a gap, as little is known about the applicability of these instruments to older populations, where NSSI may present with different functions or meanings.

Based on the results, the reporting of the adaptation process for measurement instruments is still lacking in detail, as described by the researchers. Of the six instruments identified, only three were explicitly stated to have been adapted to Bahasa Indonesia [1,39,48], while one instrument was developed locally [46]. Unfortunately, the remaining two instruments, which originated from outside Indonesia, did not include any explanation of the adaptation process [42,44]. The absence of this information may limit a complete understanding of how these instruments maintain cultural and linguistic relevance in the context of Indonesian research.

Another limitation found in the measurement instrument sections of nearly all reviewed studies relates to the reporting of validity and reliability. Only three studies provided complete information on the psychometric properties of the NSSI instruments used [34,40,47]. In contrast, four studies did not report any reliability or validity data at all [35,41,43,45]. The lack of detailed psychometric analysis makes it difficult to assess the overall reliability of the research findings. However, in the studies that did report such information, the measurement tools demonstrated good psychometric quality, with reliability coefficients ranging from 0.70 to 0.94 and validity coefficients from 0.79 to 0.97. Their results indicate that the instruments are suitable for measuring NSSI constructs, especially when applied to the populations in which they were tested.

One notable finding is the presence of an NSSI measurement tool developed by Indonesian researchers [46]. However, the evaluation of this instrument is limited due to the lack of

published information on its development process, validity, and reliability, as it was not published in a peer-reviewed journal. This lack of documentation makes it difficult to assess and compare the tool with adapted external instruments. Without access to the psychometric properties of locally developed instruments, it is unclear whether they offer advantages in capturing culturally specific aspects of NSSI compared to well-established tools like the ISAS. These limitations present challenges in ensuring that the instrument is relevant and appropriate for use in the Indonesian context. Moreover, the absence of sufficient documentation restricts other researchers from utilizing or improving the tool, which may hinder the progress of developing a culturally grounded NSSI measurement instrument in Indonesia.

Despite the limitations identified in the publication of NSSI measurement tools within the studies analyzed in this scoping review, two measurement tools can be recommended for future research on NSSI in the Indonesian context. These are the ISAS [1], which was adapted by [33], and the SHI [39], adapted into Indonesian by [19]. These two instruments were selected because both the descriptions and psychometric properties are reported in detail. In addition to complete reporting, both instruments also demonstrated good reliability and validity results, further supporting their feasibility for use in future research on NSSI in the Indonesian context.

The results of this scoping review on NSSI measurement tools in Indonesia highlight the importance of transparency in the development and reporting of instruments. The full publication of the adaptation process, as well as validity and reliability data, is essential to support critical evaluation and to encourage broader use in future studies. Researchers who develop local measures must ensure that their tools are published with clear documentation of their psychometric properties. Doing so will increase the instrument's credibility, enable its utilization by other researchers, and facilitate further development as needed.

In addition to these findings, this review underscores the need to adapt or develop culturally appropriate NSSI measurement tools in the Indonesian context. Tools that are both psychometrically sound and culturally sensitive are essential for capturing the unique functions and measurement of NSSI across different populations. These findings also imply the importance of fostering interdisciplinary collaboration among researchers, clinicians, and policymakers to promote best practices in instrument development and reporting. Strengthening such collaboration can ensure more valid and applicable assessments of NSSI in the Indonesian population, while also advancing early detection and appropriate intervention efforts.

This scoping review has several limitations. First, the scope of the analyzed articles was limited to publications accessible through selected databases, which may have excluded other relevant instruments or studies. Second, some of the reviewed articles lacked detailed information on the adaptation process or psychometric evaluation, making it difficult to comprehensively assess the quality of the measurement tools.

For future researchers, it is recommended that the methods and instruments sections in research articles be written clearly and systematically. Researchers can refer to the *Publication Manual of the American Psychological Association* (7th edition) [51], particularly the guidelines related to instrument reporting. Additionally, it is essential to openly publish detailed information on the development and adaptation processes of measurement tools, including the psychometric results. Such transparency allows for replication, supports rigorous scrutiny, and aids in the progressive refinement of instruments suited to the cultural context, ultimately elevating the standard and impact of NSSI studies in Indonesia.

6 Conclusion

The findings of this scoping review indicate that between 2019 and 2024, six different instruments were used to measure Nonsuicidal Self-Injury (NSSI) behavior in Indonesia, across both experimental and non-experimental studies involving clinical and general populations. Although some instruments demonstrated sound validity and reliability, the overall documentation, particularly regarding psychometric properties and the adaptation processes of locally developed tools, remains limited.

References

[1] Klonsky ED, Glenn CR. Assessing the functions of non-suicidal self-injury: psychometric properties of the Inventory of Statements about Self-injury (ISAS). J Psychopathol Behav Assess. 2009;31(3):215–9.

[2] Tang J, Yang W, Ahmed NI, Ma Y, Liu HY, Wang JJ, et al. Stressful life events as a predictor for nonsuicidal self-injury in Southern Chinese adolescence: A cross-sectional study. Med (United States). 2016;95(9):1–7.

[3] Arinda OD, Mansoer WWD. NSSI (Nonsuicidal Self-Injury) pada Dewasa Muda di Jakarta: Studi fenomenologi interpretatif. J Psikol Ulayat. 2020;8:123–47.

[4] Hooley JM, Fox KR, Boccagno C. Nonsuicidal self-injury: Diagnostic challenges and current perspectives. Neuropsychiatr Dis Treat. 2020;16:101–12.

[5] Turner BJ, Chapman AL, Layden BK. Intrapersonal and interpersonal functions of non suicidal self-injury: Associations with emotional and social functioning. Suicide Life-Threatening Behav. 2012;42(1):36–55.

[6] Abdou EA, Haggag W, Anwar KA, Sayed H, Ibrahim O. Methods and functions of non-suicidal self-injury in an adolescent and young adult clinical sample. Middle East Curr Psychiatry [Internet]. 2024;31(1). Available from: https://doi.org/10.1186/s43045-024-00398-6

[7] Christoforou R, Boyes M, Hasking P. Emotion profiles of university students engaging in non-suicidal self-injury: Association with functions of self-injury and other mental health concerns. Psychiatry Res [Internet]. 2021;305(March):114253. Available from: https://doi.org/10.1016/j.psychres.2021.114253

[8] Lutz NM, Chamberlain SR, Grant JE, Lochner C, Wilkinson PO, Ford TJ, et al. Similarities and differences in the functions of non-suicidal self-injury (NSSI) across gender non-conforming and cisgender young adults. J Affect Disord [Internet]. 2024;367(July):496–506. Available from: https://doi.org/10.1016/j.jad.2024.08.224

[9] Thai TT, Jones MK, Nguyen TP, Pham T Van, Bui HHT, Kim LX, et al. The prevalence, correlates and functions of non-suicidal self-injury in vietnamese adolescents. Psychol Res Behav Manag. 2021;14:1915–27.

[10] Yuditha S, Soetikno N. Gambaran Nonsuicidal Self-Injury pada Remaja Korban Kekerasan Keluarga. J Psychol Sci Prof. 2024;8(1):28.

[11] Zinchuk M, Kustov G, Popova S, Mishin I, Voinova N, Gersamija A, et al. Functions of nonsuicidal self-injurious behavior in Russian patients with suicidal ideation. Front Public Heal. 2023;11(November):1–12.

[12] Duggan J, Heath N, Hu T. Non-suicidal self-injury maintenance and cessation among adolescents: A one-year longitudinal investigation of the role of objectified body consciousness, depression and emotion dysregulation. Child Adolesc Psychiatry Ment Health [Internet]. 2015;9(1):1–12. Available from: http://dx.doi.org/10.1186/s13034-015-0052-9

[13] Hidayati F, Fanani M, Sri Mulyani D, Sebelas Maret U, Koresponden P. Prosiding Seminar Nasional dan Call For Paper Prevalensi dan Fungsi Melukai Diri Sendiri pada Mahasiswa. Semin Nas Psikol UM. 2021;172–9.

[14] Groth-Marnat G. Handbook of Psychological Assessment. 5th ed. 2009.

[15] Graham JR, Naglieri JA. Handbook of Psychology Volume 10 Assessment Psychology. 2003.
[16] Institute of Medicine. Psychological testing in the service of disability determination. Psychological Testing in the Service of Disability Determination. 2015. 1–246 p.
[17] Paola G. The importance of using valid and reliable measures in psychology and psychiatry. Psychol Psychiatry [Internet]. 2020;9(4):24–5. Available from: https://ecronicon.net/assets/ecpp/pdf/ECPP-09-00679.pdf
[18] Terwee CB, Prinsen CAC, Chiarotto A, Westerman MJ, Patrick DL, Alonso J, et al. COSMIN methodology for evaluating the content validity of patient-reported outcome measures: a Delphi study. Qual Life Res. 2018 May 1;27(5):1159–70.
[19] Kusumadewi A., Yoga BH, Ismanto S. Self-Harm Inventory (Shi) Versi Indonesia Sebagai Instrumen Deteksi Dini Perilaku Self-Harm. J Psikiatri Surabaya. 2019;8(1):20–5.
[20] Liza RG, Yaunin Y, Yanwirasti, Rita RS, Yanis A, Syafrita Y, et al. Validation of the Indonesian Version of the Inventory of Statements About Self-Injury (ISAS) Questionnaire. Iran J Psychiatry. 2024;19(3):306–14.
[21] Muehlenkamp JJ, Claes L, Havertape L, Plener PL. International prevalence of adolescent non-suicidal self-injury and deliberate self-harm. Child Adolesc Psychiatry Ment Health. 2012;6:1–9.
[22] Swannell S V., Martin GE, Page A, Hasking P, St John NJ. Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. Suicide Life-Threatening Behav. 2014;44(3):273–303.
[23] Andover MS. Non-suicidal self-injury disorder in a community sample of adults. Psychiatry Res [Internet]. 2014;219(2):305–10. Available from: http://dx.doi.org/10.1016/j.psychres.2014.06.001
[24] Regier DA, Kupfer DJ, Kuhl EA, Ph D, Greiner L, Kraemer HC, et al. DSM-5 Field Trials in the United States and Canada, Part I: Study Design, Sampling Strategy, Implementation, and Analytic Approaches. Am J Psychiatry. 2013;170(1):59–70.
[25] Selby EA, Bender TW, Gordon KH, Nock MK, Joiner TE. Non-suicidal self-injury (NSSI) disorder: A preliminary study. Personal Disord Theory, Res Treat. 2012;3(2):167–75.
[26] Nock MK, Favazza, R A. Nonsuicidal self-injury: Definition and classification. In: Understanding nonsuicidal self-injury: Origins, assessment, and treatment [Internet]. American Psychological Association; 2009. p. 9–18. Available from: https://doi.org/10.1037/11875-001
[27] International Society for the Study of Self-Injury. Nonsuicidal Self-Injury (NSSI) [Internet]. 2007 [cited 2025 May 9]. Available from: https://www.itriples.org/
[28] Klonsky ED. The functions of deliberate self-injury: A review of the evidence. Clin Psychol Rev. 2007;27(2):226–39.
[29] Brackman EH, Andover MS. Non - suicidal Self - injury. Treat Psychol Probl Syndr. 2017;328–44.
[30] Nock MK, Prinstein MJ. A functional approach to the assessment of self-mutilative behavior. J Consult Clin Psychol. 2004;72(5):885–90.
[31] Bentley KH, Nock MK, Barlow DH. The four-function model of nonsuicidal self-injury: Key directions for future research. Clin Psychol Sci. 2014;2(5):638–56.
[32] Arksey H, O'Malley L. Scoping studies: Towards a methodological framework. Int J Soc Res Methodol Theory Pract. 2005;8(1):19–32.
[33] Dewi DSC, Ariana AD. Buletin Riset Psikologi dan Kesehatan Mental Pengaruh Kepribadian Narsistik terhadap Perilaku Non-Suicidal Self-Injury pada Remaja Broken Home. Bul Ris Psikol dan Kesehat Ment. 2021;1(1):87–95.
[34] Sabrina VA, Afiatin T. Peran Disregulasi Emosi terhadap Kecenderungan Melakukan Perilaku Nonsuicidal Self-Injury (NSSI) pada Remaja. Gadjah Mada J Psychol. 2023;9(2):192.
[35] Zain ZF, Arbi DKA. Gambaran Perilaku Non-Suicidal Self-Injury (Nssi) Pada Remaja dengan Kecenderungan Eating Disorders. J Fusion [Internet]. 2023;III(I):537–46. Available from: https://doi.org/10.54543/fusion.v3i05.314
[36] Arifin IA, Soetikno N, Dewi FIR. Kritik Diri Sebagai Mediator Pada Hubungan Konsep Diri Dan Perilaku Nonsuicidal Self-Injury Remaja Korban Perundungan. J Muara Ilmu Sos

Humaniora, dan Seni. 2021;5(2):317.
[37] Putri AK, Satiadarma MP, Roswiyani R. The Role of Rumination as a Mediator of Psychological Distress Relationships and Nonsuicidal Self-Injury Behavior in Adolescent Victims of Bullying. J La Soc. 2024;5(3):831–53.
[38] Rahayu ALP, Ariana AD. Hubungan dukungan sosial secara daring melalui twitter dengan perilaku nonsuicidal self-injury pada remaja. J Fusion [Internet]. 2023;III(I):526–36. Available from: https://doi.org/10.54543/fusion.v3i05.312
[39] Sansone RA, Wiederman MW, Sansone LA. The self-harm inventory (SHI): Development of a scale for identifying self-destructive behaviors and borderline personality disorder. J Clin Psychol. 1998;54(7):973–83.
[40] Iswanti DI, Lai LL, Saifudin IMMY, Kandar K, Dewi RK, Cahyaningrum DD. The predictor of non-suicidal self-injury behavior among adolescents: a cross-sectional study. J Ners. 2024;19(2):125–33.
[41] Nugrahawati LR, Nuripah G, Budiyanti L, Afifah NA, Lestari AN. Relationship between Emotional and Spiritual Intelligence Levels with Non-Suicidal Self-Injury (NSSI) Behaviour in Adolescents during COVID-19 Pandemic. Glob Med Heal Commun. 2023;11(1):10–5.
[42] Gratz KL. Measurement of deliberate self-harm: Preliminary data on the deliberate self-harm inventory. J Psychopathol Behav Assess. 2001;23(4):253–63.
[43] Dewi Paramita A, Tenri Faradiba A, Sucitasari Mustofa K. Adverse Childhood Experience dan Deliberate Self-Harm pada Remaja di Indonesia. J Psikol Integr. 2020;9(1):16–28.
[44] Whitlock J, Exner-Cortens D, Purington A. Assessment of nonsuicidal self-injury: Development and initial validation of the Non-Suicidal Self-Injury-Assessment Tool (NSSI-AT). Psychol Assess. 2014;26(3):935–46.
[45] Ulya Z. Self-Harm Behavior, Emotion and Spirituality towards Undergraduate Student's Mental Health. Psychology. 2022;13(04):566–73.
[46] Riska A, Astuti AD, Shabrina FN, Elvina N, Pramestuti NA. Makalah konstruksi alat ukur non-suicidal self-injury function scale (NSSI-FS). Universitas Indonesia; 2019.
[47] Elvina N, Bintari DR. The Role of Religious Coping in Moderating the Relationship between Stress and Non-Suicidal Self-Injury (NSSI). Humaniora. 2023;14(1):11–21.
[48] Gutierrez PM, Osman A, Barrios FX, Kopper BA. Development and initial validation of the self-harm behavior questionnaire. J Pers Assess. 2001;77(3):475–90.
[49] Pratitis NT, Azalia SS. Terapi Neuro Linguistic Programming (NLP) untuk meningkatkan resiliensi pada remaja dengan Non-Suicidal Self Injury (NSSI). Pers Psikol Indones. 2020;9(2):269–85.
[50] Biromo AR. Uji validitas dan reliabilitas instrumen self-harm behavior questionnaire (SHBQ) versi bahasa indonesia. Universitas Indonesia; 2015.
[51] American Psychological Association. Publication manual of the American Psychological Association (7th ed.). 7th ed. Washington, DC: American Psychological Association; 2020.