

Age and Religion in Relation to Reasons for Self-Harm Among Adolescents

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Abstract

There are two objectives in this study, i.e. to examine age in relation to reasons for self-harm and religion in relation to reasons for self-harm. A total of 720 respondents who professed self-harm participated in this study, 48.1% (346) of whom are males and 51.9% (374), females. The reasons for self-harm were measured by the Self-Hurt Assessment, which has 2 main categories, namely, intrapersonal and interpersonal reasons for self-harm. The results of this study showed that intrapersonal reasons were the main reasons for self-harm among adolescents. However, interpersonal reasons for self-harm cannot be ignored because they were the second and third highest reasons given for self-harm. In terms of age, 13 year-old adolescents need to be given the most attention because this age has significant differences with age 16 ($t= 91.397, p < .05$), and age 14 ($t=70.435, p < .05$) in relation to reasons for self-harm. Religion had no significant difference with reasons for self-harm ($H=2.422, p > .05$) confirming that religion is a protective factor as the analysis found that respondents had no reason for self-harm in this respect. This study points to the need for greater public awareness of the impact of adolescent self-harm behaviour. Prevention and intervention programmes are urgent requirements to help such adolescents. Also, parents need to pay more attention to their children's emotional and psychological wellbeing, apart from providing for their material needs.

Keywords: Age, Religion, Self-Harm Behaviour, Reasons For Self-Harm, Intrapersonal, Interpersonal, Adolescents

Introduction

People who self-harm usually cite a mix of reasons (Tan, 2010) for doing so. Among the reasons given, there are generally two conceptual distinct categories of reasons for self-harm, i.e. intrapersonal and interpersonal (Gardner et al., 2021). Self-harm behaviour is defined as an intentional performance of a harmful behaviour without suicidal intent. Most of the literature review opined that adolescents have reasons to harm themselves even though adolescents do not mention it explicitly. Self-harm behaviour among adolescents is a phenomenon that is gaining attention from various quarters. Although these behaviours may occur in any age population, psychologists opine that it mostly occurs among young people

especially adolescents (Rowe et. al., 2014). Self-harm behavior is given close attention by researchers worldwide because it is closely linked to suicidal symptoms when this behaviour goes out of control. According to the World Health Organisation (WHO, 2014), this behaviour has become the second leading cause of death among young people worldwide.

Poor emotion regulation and self-worth are intrapersonal causes for self-harm. Tatnell et al. (2014) have proposed that intrapersonal reasons for self-harm can lead to interpersonal reasons for self-harm. Gardner et. al (2021) attested that during adolescence, interpersonal reasons for self-harm are more commonly endorsed for initiating self-harming behaviours, while intrapersonal reasons for self-harm are more likely to underpin self-reported repeated self-harm. Both reasons are important as they are common among adolescents.

Our study examining reasons for self-harm behaviour among adolescents ages 13-17 is timely as adolescents in this age range are at the “identity-versus-role confusion” stage according to Erikson’s Development Theory (Erikson, 1963), where they have to resolve many conflicts due to great biological, psychological and social change (Guan, 2014). Thus, they are in a time of greatest turbulence, and combine with exposure to negative life events, including both early and recent life adversity, may increase their risk of self-harm behaviour due to intrapersonal or interpersonal reasons.

Religion is commonly seen as a protective factor against reasons for self-harm, as a religious person would seemingly find no reason to harm themselves. There are still very few studies being done that connect religion with reasons for self-harm, especially in the Malaysian context, herein lies another research gap, apart from that for age and reasons for self-harm.

Most studies on reasons for self-harm focus on adolescents in clinical settings, implying that self-harm behaviours are still largely hidden as most self-harmers do not go to the hospital after harming themselves. This study specifically focuses on nonclinical school-going adolescents. Thus, the aims of this study are to investigate:

1. Age in relation to reasons for self-harm.
2. Religion in relation to reasons for self-harm.

Our findings are aimed at providing empirical data for those who work with young people, such as school teachers, counsellors, and social workers so that they may help young people in need. Furthermore, this study is of great significance to the Malaysian Ministry of Education as the results have the potential to act as a catalyst for changing the current lack of preventive measures in relation to reasons for self-harm in the school’s total education programme.

Intrapersonal Reasons for Self-Harm

Intrapersonal reasons for self-harm are internal in nature. Self-harm behaviour is a strategy to cope with overwhelming emotional distress that allows the self-harmer to stop bad feelings or find respite. Apart from stopping bad feelings, intrapersonal reasons for self-harm also generate feelings when adolescents feel as if their souls are empty. Adolescents can feel numb, or have severe feelings of loneliness, and in order to feel alive again, they resort to self-harm behaviour (Llyod-Richardson et al., 1997). Intrapersonal reasons for self-harm also

serve the functions of punishment. Some adolescents desire self-punishment for doing wrong to feel relaxed when they are in pain (Llyod-Richardson et al., 1997).

Gardner et al (2021) suggested that intrapersonal reasons for self-harm are not only an indicator of emotional distress, but also increases suicide desire, ideation and attempts via repeated self-harming behaviours, thus, intrapersonal reasons for self-harm are a prospective risk factors for future self-harm and suicide attempts. As repetition of self-harm is common in adolescents, Hawton et al (2012) opined that we need to be aware of repeat acts that occur in relation to a phase of emotional distress.

Interpersonal Reasons for Self-Harm

Interpersonal reasons for self-harm relate more to other people. This suggests that individuals self-harm to modify their social environment so that they can escape from interpersonal tasks. Interpersonal reasons for self-harm can be manipulative too. Self-harmers engage in self-harm to gain attention or manipulate significant others. It is enforced by operant conditioning whereby significant others succumb to them (Roe-Sepowitz, 2005). This includes instances when the self-harmer wants to attract the attention of significant people such as parents or lovers, make others angry or change their behaviour, or act as a threat to people around, so that others feel guilty (Nizam, 2012). Some of these self-harmers try to avoid doing things they do not like, would like to ask for help, want others to know they are angry, want others to feel he or she is part of a group, or sometimes just want to follow the actions of people they admire (Llyod-Richardson et al., 1997). As long as self-harming is related to other people and not within one's self, it can be considered an interpersonal reason for self-harm.

Age, Religion and Reasons for Self-Harm

According to Lockwood et al (2017), the main reason adolescents self-harm is the urgency to get relief from negative effects, suggesting that these adolescents mostly do so because of intrapersonal reasons. As most teenage adolescents are going through puberty, they may have problems controlling their desires. The goal of getting relief from negative effects may drive this impulsive behaviour, likely for short-term gain rather than long-term objectives (Lockwood et. al., 2017). This is why rates of self-harm in adolescent groups are estimated to be three times those of older adult populations (Ogle & Clements, 2008).

A survey done by Nock and Mendes (2008) comparing 60 adolescents self-harmers with 30 nonself-harmers concerning intrapersonal (such as physiological arousal, distress tolerance) and interpersonal reasons for self-harm (such as social problem-solving deficits) showed that the age of onset for self-harm was 13.5 years.

Also, in a study done by Moyer (2005) involving adolescents aged 12-18, these young people attested that when they saw their blood spilling out, they felt as if all the problems and pain flowed out too. They mentioned that self-harm was a way to stop brooding over stress (caused by either intrapersonal or interpersonal reasons). Lockwood et. al. (2017) postulated that interpersonal difficulties during adolescence such as having difficulties with friends, arguments with authority figures, or bullying may cause bad interpersonal relationships, which would further increase the probability of self-harm. Self-harm was a way to transfer the pain to something else (Moyer, 2005).

As self-harm behaviour and attempting suicide are closely linked, related literature usually puts them together. Christianity, whether Roman Catholicism or Protestantism, is against self-harm behaviour and suicide, and its followers should not have any reason to harm

themselves as “Thou shalt not murder” is clearly stated in the Bible. Hindus and Buddhists believe in rebirth and karma. Those who commit suicide will be reborn to a lower level of life, i.e. animal (Sisask et al., 2010). Although generally, Hinduism strongly opposes destruction of the body, it is at times more tolerant of self-harm compared to other religions. Islam is stricter about destruction of body than Hinduism and Buddhism, as it is clearly stated in the Quran that those who harm themselves or commit suicide will be denied entry into heaven (Sisask et al., 2010).

Self-harm is prohibited in almost every religion. For example, among Jewish adolescents, Amit et al. (2014) suggested that the level of religiosity was inversely associated with self-harm thoughts and behaviours. Not only that, it could further decrease the likelihood of occurrence by 55%, after adjusting for depression and socio-demographic factors.

Likewise, Malkosh-Tshopp (2020) who examined the association between religiosity and self-harm behaviour among 60 hospitalised Jewish adolescents also showed that religiosity was a protective factor against self-harm, where the higher degree of adherence to religious practices (extrinsic measure), higher level of beliefs in religious principles (intrinsic measure) and higher religious affinity were all inversely correlated with self-harm behaviour. There were no intrapersonal or interpersonal reasons found for these adolescents to commit self-harm. Thus, most of the literature reviewed postulated that religion becomes a protective factor against self-harm and followers have little or no reason to harm themselves, whether intrapersonally or interpersonally.

Methods

This section discusses the research tool, sampling, research procedures and analytical data used.

Instrument

The instrument used was Self-hurt Assessment (Guan, 2014). Apart from demographic data, respondents needed to check whether they had engaged in self-harm behaviour and the reasons why they harmed themselves. The instrument has 27 reasons for self-harm which are further divided into two main categories, namely intrapersonal and interpersonal reasons for self-harm. This instrument has a 4-point Likert scale. Items 1 to 6 are intrapersonal reasons for self-harm, and items 7 to 27 are interpersonal reasons for self-harm. This instrument was modified and translated to Bahasa Malaysia by Guan (2014) in Malaysia. The Kaiser-Meyer-Olkin value was .87 (Guan, 2014), exceeding the recommended value of .6 (Pallant, 2007) and Barlett's Test of Sphericity reached statistical significance, supporting the factorability of the correction matrix (Guan, 2014). The Cronbach's alpha for this study was .90. The original version is Functional Assessment of Self-Mutilation (Lloyd-Richardson et. al., 1997).

Sampling

This study was carried out in the city of Kota Kinabalu, Sabah, Malaysia. There were 19 schools altogether and the total number of students was 26,376 (13 to 17 years). Based on a two-stage random sampling (random sampling and cluster sampling), firstly, 12 schools were randomly selected, after which classes were randomly selected. If a particular class was selected, then the whole class of students was selected. According to Krejcie and Morgan (1970), at least 379 students must be chosen from all the classes. However, this study managed to recruit 928 students, of whom 720 (77.5%) had self-harm behaviour. The

following table shows the demographic data of the respondents who had self-harm behaviour.

Table 1

Demographic Profile of Respondents Involved in Self-Harm Behaviour

Particulars	Item	Frequency (N=720)	Percentage (%)
Gender	Male	346	48.1
	Female	374	51.9
Age	13 year-old	129	17.9
	14 year-old	218	30.3
	15 year-old	93	12.9
	16 year-old	230	31.9
	17 year-old	50	7.0
Religion	Islam	460	63.9
	Christianity	225	31.3
	Buddhism	35	4.8

Research Procedure

Permission to collect data was approved by the Ministry of Education, State Education Department and District Education Office. As the students were underaged, prior to data collection, permission was sought from the school principals, parents or legal guardians. Informed consent from students was done during the day of data collection. The purpose of the study was to explain to students involved and school counsellors, who helped out in data collection apart from the researchers.

Data Analysis

SPSS 22.0 was used for data analysis. Analysis was started with descriptive statistics, followed by inferential statistics to test the age and reasons for self-harm, and religion and reasons for self-harm. As the distribution of reasons for self-harm was not normal, a nonparametric test was used.

Results

The results for this study are as follows

Reasons for Self-Harm

Table 2 shows the percentages as well as the frequency for reasons for self-harm. This instrument has a 4-point Likert scale where 1=never, 2= rarely, 3= sometimes, and 4= often. For the purpose of this study, only scale 4 which is "often" is used to state the reasons for self-harm in Kota Kinabalu. The results of the analysis showed that item 6, "To feel relaxed," is the most popular reason why adolescents harmed themselves. The analysis showed that 22.5 percent or a total of 162 respondents stated that they always committed acts of self-harm "to feel relaxed." This item is an intrapersonal reason for self-harm.

The second highest reason for which teens decided to engage in self-harm behaviour is item 18, "To get my parents to understand me," i.e. 17.9 percent for 129 respondents. They stated that they harmed themselves so that their parents would show them some understanding. This item is an interpersonal reason for self-harm.

The third reason that made teenagers commit acts of self-harm is item 23, "To get myself something to do when alone" and item 27, "To be like someone I respect," each at 12.5 percent or a total of 90 respondents. This item is also an interpersonal reason for self-harm.

Table 2
Reasons for Self-Harm

No.	Items	Percentage (Frequency)							
		(1)Never	(2)Rarely	(3)Sometimes	(4)Often				
Intrapersonal Reasons									
1	To stop bad feelings.	39	(281)	31.5	(227)	21.3	(153)	8.2	(59)
2	To relieve numb feelings.	41.7	(300)	24	(173)	25.4	(183)	8.9	(64)
3	To relieve feelings of emptiness.	36	(259)	24	(173)	25.8	(186)	14.2	(64)
4	To feel something, even if it was pain.	45.7	(329)	28.3	(204)	17.5	(126)	8.5	(61)
5	To punish myself.	66.5	(479)	17.2	(124)	11.1	(80)	5.1	(37)
6	To feel relaxed.	39.6	(285)	17.9	(129)	20	(144)	22.5	(162)
Interpersonal Reasons									
7	To avoid school.	72.5	(522)	17.8	(128)	6.1	(44)	3.6	(26)
8	To avoid doing homework.	66.8	(481)	17.6	(127)	11.9	(86)	3.6	(26)
9	To avoid other activities.	64.3	(463)	20.3	(146)	12.2	(88)	3.2	(23)
10	To avoid having to do something unpleasant I do not want to do.	50.3	(362)	22.5	(162)	16.1	(116)	11.1	(80)
11	To avoid being with people.	58.9	(424)	22.1	(159)	15.8	(114)	3.2	(23)
12	To avoid punishment.	59.2	(426)	21.8	(157)	11.8	(85)	7.2	(52)
13	To avoid facing the consequences.	60.7	(437)	19.7	(142)	13.5	(97)	6.1	(44)
14	To give myself something to do when with others.	60	(432)	19.4	(140)	11.8	(85)	8.8	(63)
15	To receive more attention from my parents	53.3	(384)	20.8	(150)	14.4	(104)	11.4	(82)
16	To receive more attention from my friends.	54.9	(395)	21.3	(153)	16.1	(116)	7.8	(56)
17	To get attention from other people except parents and friends.	59.9	(431)	18.9	(136)	14.3	(103)	6.9	(50)
18	To get my parents to understand me.	40.3	(290)	20.1	(145)	21.7	(156)	17.9	(129)

19	To try to get a reaction from someone, even if it is a negative reaction.	59.9	(431)	20.1	(145)	15.1	(109)	4.9	(35)
20	To make others angry.	64.3	(463)	21	(151)	10.6	(76)	4.2	(30)
21	To get other people to act differently or change.	56.9	(410)	22.5	(162)	16.3	(117)	4.3	(31)
22	To get control of a situation.	43.2	(311)	26	(187)	20.8	(150)	10	(72)
23	To get myself something to do when alone	40.3	(290)	27.5	(198)	19.7	(142)	12.5	(90)
24	To get help	54.9	(395)	17.8	(128)	20.1	(145)	7.2	(52)
25	To let others know how desperate I was	58.2	(419)	23.2	(167)	13.6	(98)	5	(36)
26	To feel more a part of a group	60.6	(436)	19.9	(143)	14	(101)	5.6	(40)
27	To be like someone I respect	58.5	(421)	15.8	(114)	13.2	(95)	12.5	(90)

Age and Reasons for Self-Harm

Kruskal Wallis H Test was used to analyse age and reasons for self-harm. Based on Table 3, the results of the analysis showed that there was a significant difference between age and the reasons for self-harm ($H = 17.67, p < .05$).

Table 3
Age and Reasons for Self-Harm

Variable	Reasons for self-harm		
	H	df	Significant
Age	17.67	4	.001

When undergoing Dunn's post hoc test for nonparametric data, and as shown in Table 4, age 16 was found to have significant difference with age 13 ($t = 91.397, p < .05$); age 14 was also significantly different with age 13 ($t = 70.435, p < .05$). The other ages were not significant. This means that the age of 13 years should be given attention in this study for the reasons for self-harm because this age has significant differences with ages 16 and 14.

Table 4

Pairwise Comparison for Ages (Dunn's Post Hoc Test)

Sample 1-Sample 2	Statistics	k adjusted	Remarks
16 -17 Years	-3.646	1.000	
16 -14 Years	20.962	1.000	
16 -15 Years	44.287	.830	
16 -13 Years	91.397	.001**	Significant
17 -14 Years	17.316	1.000	
17 -15 Years	40.641	1.000	
17 -13 Years	87.752	.113	
14 -15 Years	-23.325	1.000	
14 -13 Years	70.435	.023**	Significant
15 -13 Years	47.110	.958	

Notes: For each row that tested the null hypothesis, the distribution for Sample 1 and Sample 2 was the same.

Significance is at a level of .05 adjusted by Bonferroni correction for multiple testing

Religion and Self-Harm Behaviour

Kruskal Wallis H Test was used to analyse religion and self-harm behaviour. Based on Table 5, the results of the analysis showed that there was no significant difference between religion and the reasons for self-harm ($H = 2.422$, $p > .05$).

Table 5

Religion and Reasons for Self-Harm

Variable	Reasons for self-harm		
	H	df	Significant
Religion	2.422	2	.298

As there was no significant difference in religion with reasons for self-harm, no further results needed to be performed.

Discussion

In terms of age in relation to the reasons for self-harm, post-hoc testing showed that 13 year-old students should be given more attention as at this age, the reasons for self-harm were more prevalent compared to other ages. Descriptive results showed that intrapersonal reasons for self-harm was the most prominent reason for self-harm. However, interpersonal reasons for self-harm also cannot be ignored, as the second and the third highest reasons are interpersonal in nature. Literature reviews have shown that whether intrapersonal and interpersonal reasons for self-harm, they are not exclusive as most people simultaneously endorse multiple reasons for self-harm (Klonsky & Glenn, 2009). Intrapersonal reasons for self-harm can result from inability of emotion regulation, where adolescents find hard to express their feelings, they are probably a coping strategy in response to the complex social and relational challenges faced by adolescents during the period of development, where they are struggling with "identity-versus-role confusion." At this juncture, family support emerges as one of the most salient predictors of self-harm cessation (Tatnell et al., 2014).

Kannan et al (2010) argued that not everybody has a tendency to self-harming behaviour, suggesting that there are factors that protect one against it and one of them is religion.

Religious beliefs were evident for those who did not attempt self-harm behaviour as they found they had no reason to harm themselves. In this study, Islam is the religion professed by most of the adolescents, with 63.9% of the students being Muslim, 31.3% Christians and 4.8% Buddhist. The results of the analysis in terms of religion showed that there was no significant difference between religion and reasons for self-harm. This is evident as religion plays an important role, regardless of the religion professed. Interestingly, Sabah has unique social integration in terms of religions and ethnicities. In the state, intermarriage among the different ethnic groups has long been practised in the society. Even though most of the respondents in this study are Muslims, Islam and the other religions are somehow mixed. Religion, therefore, was not significantly different with reasons for self-harm.

Limitations and Future Direction

This study involves only school going adolescents aged 13-17. It cannot be generalised to those adolescents who have dropped out of school. It is, however, a good reference for researchers and parties who are involved with adolescents' wellbeing, as better preventive measures can be designed and implemented for this group of people. Future studies that replicate our findings may include more age groups of adolescents and non-school goers.

Practical Implications

This study found that intrapersonal reasons are the main cause for self-harm among adolescents in Kota Kinabalu, Sabah. Due to puberty, adolescents are more sensitive and their emotions are also often erratic, and this study enlightens parents that they should not be providing for their children's material needs but also be taking care of their emotional and psychological wellbeing. In the process of adolescent development, love and attention are important elements that help create emotional stability, and prevent negative behaviours such as self-harm.

The resolution of difficulties and stress is a crucial step for successful adult functioning. This study points to the need for greater public awareness of the impact of adolescent self-harm behaviour, that is, a need for greater concern at all levels. The findings of this study may be useful to concerned parties in drawing up plans for prevention and intervention programmes for self-harming adolescents. It is not too late to put things right.

Motivation and Contribution of This Study

Even though self-harm behaviour is a destructive type of behaviour resulting from either intrapersonal or interpersonal reasons, the positive nature of achieving the desired goals must not be overlooked. Youth counselling should look into the prevention and intervention programmes that help adolescents to be more aware of constructive ways at attaining the desired goals.

This study not only adds to the literature on self-harm behaviour of adolescents in Asian countries, but also makes a great contribution in unveiling the phenomenon of adolescents in Malaysia, where mention of self-harm is taboo. It can be further hypothesised that self-harm behaviour among adolescents could also happen in countries with the same culture as Malaysia. Hence it is worth doing more studies on the issues of adolescent self-harm behaviour for these countries.

Furthermore, previous research commonly found that adolescent self-harm because they wanted to release either intrapersonal or interpersonal reasons, while the current study not only confirms that, but also reveals that one of the ways to stop adolescents from self-

harming is through spirituality acts. It therefore provides good information for parents and society to help adolescents.

The secondary school years are an important phase in an adolescent's development into adulthood. This study points to the need for greater public awareness of the impact of adolescent self-harm behaviour. There is, furthermore, a need for greater concern at all levels.

Conclusion

In Malaysia, only a few studies about adolescent self-harm behaviour have been completed. It is a lesser study to look at why adolescents harm themselves. It is therefore hoped that more studies on the issue can be carried out by future researchers. If more researchers explore this subject, it is possible that Malaysian society will open its eyes to why adolescents harm themselves, on what reasons adolescents do so, as the mention of self-harm is unfortunately still considered taboo in Malaysia. With the findings made in this study, the first step towards a better understanding of the world of self-harming adolescents can be taken. Practical strategies for intervention and treatment can then be planned to sustain the wellbeing of these adolescents.

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Author Contributions

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References

- Amit, B. H., Krivoy, A., Mansbach-Kleinfeld, I., Zalsman, G., Ponizovsky, A. M., Hoshen, M., Farbstein, I., Apter, A., Weizman, A., & Shoval, G. (2014). Religiosity is a protective factor against self-injurious thoughts and behaviors in Jewish adolescents: Findings from a nationally representative survey. *European Psychiatry: The Journal of the Association of European Psychiatrists*, 29(8), 509–513. <https://doi.org/10.1016/j.eurpsy.2014.04.005>
- Erikson, E. H. (1963). *Childhood and society*. Norton.
- Gardner, K. J., Paul, E., Selby, E. A., Klonsky, E. D., & Mars, B. (2021). Intrapersonal and interpersonal functions as pathways to future self-harm repetition and suicide attempts. *Frontiers in Psychology*, 12, 688472. <https://doi.org/10.3389/fpsyg.2021.688472>

- Guan, T. E. (2014). *Self-hurt behaviours among Malaysian Chinese adolescents*. [Unpublished doctoral dissertation]. Universiti Sains Malaysia.
- Hawton, K., Saunders, K. E., & O'Connor, R. C. (2012). Self-harm and suicide in adolescents. *Lancet (London, England)*, 379(9834), 2373–2382. [https://doi.org/10.1016/S0140-6736\(12\)60322-5](https://doi.org/10.1016/S0140-6736(12)60322-5)
- Kannan, K., Pillai, S. K., Gill, J. S., Hui, K. O., and Swami, V. (2010). Religious beliefs, coping skills and responsibility to family as factors protecting against deliberate self-harm. *South African Journal of Psychiatry*, 16 (4), pp. 138-146. <https://doi.org/10.4102/sajpsychiatry.v16i4.240>
- Klonsky, E. D., and Glenn, C. R. (2009). Assessing the functions of nonsuicidal self-injury: psychometric properties of the Inventory of Statements About Self-injury (ISAS). *Journal of Psychopathology and Behavioral Assessment*, 31, 215-219. <https://doi.org/10.1037/t38729-000>
- Krejcie, R. V., & Morgan, D. W. (1970). Determining sample size for research activities. *Educational and Psychological Measurement*, 30, 607-610.
- Lloyd-Richardson, E. E., Kelly, M. L., & Hope, T. (1997). *Self-mutilation in a community sample of adolescents: Descriptive characteristics, provisional prevalence rate*. Poster session at the annual meeting of the Society of Behavioral Medicine, New Orleans, LA.
- Lockwood, J., Daley, D., Townsend, E., & Sayal, K. (2017). Impulsivity and self-harm in adolescence: a systematic review. *European Child & Adolescent Psychiatry*, 26(4), 387–402. <https://doi.org/10.1007/s00787-016-0915-5>
- Malkosh-Tshopp, E., Ratzon, R., Gizunterman, A., Levy T., Ben-Dor, D. H., Krivoy, A., Lubbad, N., Kohn, Y., Weizman, A., Shoval, G. (2020). The association of non-suicidal self-injurious and suicidal behaviors with religiosity in hospitalized Jewish adolescents. *The Clinical Child Psychology Psychiatry*, 25(4), 801-815. <https://doi.org/10.1177/1359104520918354>
- Nizam, M. (2012). *Tingkah laku remaja [Adolescent behaviour]*. Ministry of Health, Malaysia. <http://www.myhealth.gov.my/mencederakan-diri-sendiri/>
- Moyer, M. S. (2005). *Investigating and understanding self-harming behaviors in adolescents: A phenomenological study*. [Unpublished doctoral dissertation]. Texas A & M University.
- Nock, M. K., & Mendes, W. B. (2008). Physiological arousal, distress tolerance, and social problem-solving deficits among adolescent self-injurers. *Journal of Consulting and Clinical Psychology*, 76, 28-38. <https://doi.org/10.1037/0022-006X.76.1.28>
- Ogle, R. L., & Clements, C. M. (2008) Deliberate self-harm and alcohol involvement in college-aged females: a controlled comparison in a nonclinical sample. *American Journal of Orthopsychiatry*, 78(4), 442–448. <https://doi.org/10.1037/a0014325>
- Roe-Sepowitz, D. E. (2005). *Indicators of self-mutilation: Youth in custody*. [Unpublished doctoral dissertation]. The Florida State University.
- Rowe, S. L., French, R. S., Henderson, C., Ougrin, D., Slade, M., & Moran, P. (2014). Help-seeking behavior and adolescent self-harm: A systematic review. *Australian and New Zealand Journal of Psychiatry*, 48(12), 1083-95. <https://doi.org/10.1177/0004867414555718>
- Sisask, M., Varnik, A., Kolves, K., Bertolote, J., & Bolhari, J., Botega, N., Fleischmann, A., Vijayakumar, L., Wasserman, D. (2010). Is religiosity a protective factor against attempted suicide: A cross-cultural case-control study. *Archives of Suicide Research*, 14, 44-55. <https://doi.org/10.1080/13811110903479052>
- Tan, A. (2010). *Nonsuicidal self-injury in an adolescent population in Singapore*.

[Unpublished doctoral dissertation]. Regent University.

Tatnell, R., Kelada, L., Hasking, P., & Martin, G. (2014). Longitudinal analysis of adolescent NSSI: the role of intrapersonal and interpersonal factors. *Journal of abnormal child psychology*, 42(6), 885–896. <https://doi.org/10.1007/s10802-013-9837-6>

World Health Organization. (2014). *What is mental health?*
<http://www.who.int/topics/mental-health/en/>