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Psychosocial Dynamics of Self-Injury in Adolescents: Between Bullying, Academic Pressure, and the Fragility of Social Support

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***Abstract**: Self-injury behavior in adolescents is a growing mental health problem and is influenced by various psychosocial factors, such as bullying, academic pressure, mental health stigma, and weak social support. This study aims to analyze and identify the psychosocial dynamics of self-injury in adolescents. The study used a quantitative approach with a descriptive design. The study subjects consisted of 200 junior high, senior high, and vocational high school students in Singaraja City who were selected using a cluster random sampling technique. Data were analyzed using descriptive statistics in the form of frequency, percentage, mean, and standard deviation. The results showed that most adolescents had a fairly good understanding of the early signs of self-injury and the importance of preventing self-harm behavior. Experiences of bullying, academic pressure, family conflict, and weak social support were the dominant factors contributing to the emergence of self-injury behavior in adolescents. The study findings emphasize the importance of strengthening guidance and counseling services, mental health education, peer counseling, and family and community support as preventive efforts to minimize self-injury behavior in adolescents.*

***Keywords:** self-injury, bullying, academic pressure, mental health stigma, social support, adolescents*

INTRODUCTION

Adolescence is a developmental phase characterized by complex biological, psychological, social, and emotional changes (Santrock, 2014). This developmental stage is characterized by the search for self-identity, the development of social relationships, and the formation of self-concept, which are heavily influenced by the surrounding environment (Putri, 2022; Putri et al., 2021). Dependence on family begins to diminish as adolescents' bonds with peers and the broader social environment increase (Lestari et al., 2022; Zahirah et al., 2019).These changes often lead to significant psychological stress, especially when adolescents lack mature emotional regulation skills.

Adolescents are a vulnerable population for mental health disorders due to complex developmental pressures (WHO, 2023). Academic pressure, family conflict, social demands, and even bullying are factors that impact adolescents' psychological well-being. The inability to manage

emotional distress healthily can lead to maladaptive behaviors as a form of emotional escape. One maladaptive behavior increasingly found in adolescents is self-injury.

Self-injury is the deliberate act of harming oneself without suicidal intent. This behavior is carried out as an outlet for negative emotions such as anger, disappointment, sadness, guilt, or psychological distress that is difficult to express verbally. Self-injury behaviors can include cutting the skin with sharp objects, burning the body, hitting oneself, or scratching the skin until it becomes injured (Farkas et al., 2024; Lei et al., 2024; Liu et al., 2022). Some adolescents view self-injury as a quick way to relieve emotional pain.

The rise in self-injury cases among adolescents is a serious issue in the context of modern adolescent mental health (Bailen et al., 2019; Zhang et al., 2023). Mental health surveys show that severe emotional distress in adolescents contributes to the emergence of self-harm behavior (Bilal et al., 2024; S. N. J. Putri, , et al., 2025; S. N. J. Putri, Setiawan, et al., 2025; World Health Organization, 2022). The impact of self-injury is not only visible in physical conditions but also affects social relationships, academic achievement, and the individual's overall psychological well-being (Luca et al., 2023; Xiao et al., 2022). Inappropriate treatment has the potential to increase the risk of more serious psychological disorders and even suicide attempts.

Bullying is a major factor associated with the emergence of self-injury behavior in adolescents. Bullying is an aggressive act carried out intentionally and repeatedly by an individual or group with greater power against a victim perceived as weak. Bullying can take various forms, including verbal, physical, relational, and cyberbullying (Dhamayanti, 2021; Shaw et al., 2019). Low awareness of the impact of bullying results in many cases of bullying in schools not being seriously addressed.

Bullying victims generally experience deep emotional distress such as fear, shame, low self-esteem, and social isolation (Hikmat et al., 2024; Pervez et al., 2026). Continuous bullying experiences can lead to psychological trauma in adolescents. This condition causes some adolescents to use self-injury as a form of outlet for emotional pain that they are unable to express to those around them. Verbal bullying such as teasing, insults, body shaming, and threats can cause a gradual decline in self-esteem. Physical and relational bullying create fear and insecurity in the school environment (Armitage, 2021; Putri E. D., 2022; Tight, 2023). The presence of social media also expands the impact of cyberbullying because victims can experience social pressure without the limits of space and time. This situation increases the risk of mental health disorders in adolescents. Academic pressure is also a significant factor influencing adolescents' psychological well-being (Cross et al., 2021; de Wet, 2020; Eastman et al., 2018; Francis et al., 2022). An overly achievement-oriented education system often causes students to experience prolonged stress. Demands for high

grades, mounting schoolwork, academic competition, and high parental expectations all contribute to anxiety and fear of failure in adolescents.

Some adolescents view academic achievement as the primary measure of success and social acceptance. Failure to meet these expectations can lead to feelings of worthlessness and low self-esteem. This situation worsens when schools fail to provide a supportive environment for students' mental health. Difficulty expressing emotional distress leads many students to keep their problems to themselves. Continuous academic pressure can lead to sleep disturbances, anxiety, mental exhaustion, loss of motivation to learn, and even depression (Bariyyah et al., 2024; Dharmayanti et al., 2025). Some adolescents use self-injury as a form of emotional escape to distract themselves from the psychological pain they experience.

Weak social support also increases the risk of self-injury behavior in adolescents. Ryff (1989) explains that social support plays a crucial role in maintaining an individual's mental health. Support from family, peers, teachers, and the social environment helps adolescents cope with emotional stress more adaptively (Dharmayanti et al., 2026; S. N. J. Putri, 2025; S. N. J. Putri, Setiawan, et al., 2025). The absence of this support causes adolescents to feel lonely, misunderstood, and without a safe place to share problems. Family conflict is the most common form of weak social support experienced by adolescents (Ali et al., 2021; Bowlby, 1990; Litz & Walker, 2026). Parental arguments, divorce, harsh parenting styles, and a lack of emotional communication make adolescents feel insecure at home. This situation causes adolescents to tend to suppress negative emotions, which then triggers self-injury behavior.

Poor social relationships in the school environment also increase the risk of self-injury. Social exclusion makes adolescents feel unaccepted within their peer group. Feelings of isolation lead to a lack of emotional support, making adolescents more susceptible to psychological distress and resorting to self-injury as a coping mechanism. A developmental psychology perspective views self-injury as a form of emotional regulation failure in adolescents (Linehan, 1993).The inability to manage psychological distress healthily leads to self-harm as a quick way to alleviate emotional pain. Therefore, treating self-injury requires more than just focusing on the physical injury; it also requires understanding the underlying psychosocial dynamics.

Schools play a strategic role in preventing self-injury in adolescents. A safe, supportive, and bullying-free school environment can help maintain students psychological well-being. Strengthening guidance and counseling services is necessary to ensure optimal psychological support for students (Anggeraini et al., 2025; Setyosari, et al., 2025). Peer counseling programs can also be an effective preventive approach, as adolescents tend to feel more comfortable sharing experiences with peers perceived as understanding.

Families play a crucial role in promoting adolescents' mental health through open and supportive communication, which involves creating a safe environment for adolescents to express their thoughts, emotions, and difficulties without fear of judgment or rejection. Parents can foster such communication by actively listening, validating adolescents' feelings, asking open-ended questions, and collaboratively discussing appropriate solutions to the challenges they experience. Such emotional support may serve as a protective factor against self-injury by strengthening adolescents' sense of security and connectedness within the family (Dharmayanti et al., 2025; Farkas et al., 2024; Gardner et al., 2021). The complexity of these psychosocial factors highlights the importance of a deeper understanding of the relationship between bullying, academic pressure, and the fragility of social support in relation to self-injury among adolescents. This study aims to analyze the psychosocial dynamics of self-injury in adolescents and propose school- and social-support-based preventive approaches.

METHOD

This study used a quantitative approach with a descriptive design to describe the psychosocial dynamics of self-injury in adolescent victims of bullying. The descriptive approach was used to obtain an empirical picture of the psychosocial factors associated with self-injury behavior in adolescents, including knowledge of early signs of self-injury, attitudes toward prevention, mental health stigma, help-seeking behavior, socio-cultural attitudes, and community responses (Sugiyono, 2015). The study subjects consisted of 200 junior high, senior high, and vocational high school students in Singaraja City. The participating schools were selected using purposive sampling based on predetermined characteristics identified through initial research mapping, particularly schools with relatively high reported cases of self-injury. Subsequently, students from the selected schools were recruited based on the predetermined grade-level criteria to obtain the study participants.

The research instrument used a 4-point Likert scale questionnaire, namely 1 = strongly disagree, 2 = disagree, 3 = agree, and 4 = strongly agree. The questionnaire was designed to measure six main domains, namely: (1) knowledge about early signs of self-injury, (2) attitudes towards prevention and detection of self-injury, (3) stigma towards mental health and self-injury, (4) help-seeking behavior, (5) socio-cultural attitudes, and (6) community responsiveness or community response. The use of a Likert scale aims to measure respondents' attitudes, perceptions and behavioral tendencies towards the phenomenon under study. The research data was analyzed using descriptive statistics in the form of frequencies, percentages, means and standard deviations to describe respondents' response tendencies in each research domain. Descriptive statistical analysis was used to explain the distribution of data and provide a general description of the psychosocial

conditions of adolescents related to self-injury behavior. Before being used in research, the instrument was tested for content validity through expert judgment involving two experts in the fields of counseling guidance and psychology. The test results showed that all instrument domains obtained a validity coefficient of 1.00 in the very high category, indicating that the instrument demonstrated very high content validity and was considered suitable for use in the research (Gregory, 2004).

RESULTS

The results of the study indicate that most respondents have a fairly good understanding of the early signs of self-injury. The summary table of the results is as follows:

Table 1. Summary of Research Results

Variabel	Code	STS f(%)	TS f(%)	S f(%)	SS f(%)	Mean	SD
Early Signs Knowledge	K1	14 (5.9%)	39 (16.4%)	120 (50.4%)	65 (27.3%)	2.99	0.82
	K2	11 (4.6%)	35 (14.7%)	125 (52.5%)	67 (28.2%)	3.04	0.78
	K3	12 (5.0%)	29 (12.2%)	139 (58.4%)	58 (24.4%)	3.02	0.75
	K4	16 (6.7%)	42 (17.6%)	134 (56.3%)	46 (19.3%)	2.88	0.79
	K5	8 (3.4%)	40 (16.8%)	128 (53.8%)	62 (26.1%)	3.03	0.75
	K6	12 (5.0%)	34 (14.3%)	131 (55.0%)	61 (25.6%)	3.01	0.78
Prevention & Detection Attitude	A1	14 (5.9%)	35 (14.7%)	122 (51.3%)	67 (28.2%)	3.02	0.82
	A2	10 (4.2%)	39 (16.4%)	126 (52.9%)	63 (26.5%)	3.02	0.77
	A3	15 (6.3%)	42 (17.6%)	130 (54.6%)	51 (21.4%)	2.91	0.8
	A4	8 (3.4%)	34 (14.3%)	139 (58.4%)	57 (23.9%)	3.03	0.72
	A5	9 (3.8%)	41 (17.2%)	126 (52.9%)	62 (26.1%)	3.01	0.77
	A6	13 (5.5%)	43 (18.1%)	125 (52.5%)	57 (23.9%)	2.95	0.8
Stigma	S1	40 (16.8%)	56 (23.5%)	87 (36.6%)	55 (23.1%)	2.66	1.01
	S2	29 (12.2%)	61 (25.6%)	79 (33.2%)	69 (29.0%)	2.79	1.0
	S3	29 (12.2%)	56 (23.5%)	82 (34.5%)	71 (29.8%)	2.82	1.0
	S4	29 (12.2%)	70 (29.4%)	80 (33.6%)	59 (24.8%)	2.71	0.97
	S5	32 (13.4%)	63 (26.5%)	87 (36.6%)	56 (23.5%)	2.7	0.98
	S6	32 (13.4%)	66 (27.7%)	86 (36.1%)	54 (22.7%)	2.68	0.97
Help-seeking	H1	9 (3.8%)	47 (19.7%)	123 (51.7%)	59 (24.8%)	2.97	0.77
	H2	6 (2.5%)	43 (18.1%)	140 (58.8%)	49 (20.6%)	2.97	0.7
	H3	17 (7.1%)	38 (16.0%)	134 (56.3%)	49 (20.6%)	2.9	0.8
	H4	16 (6.7%)	33 (13.9%)	135 (56.7%)	54 (22.7%)	2.95	0.8
	H5	10 (4.2%)	42 (17.6%)	133 (55.9%)	53 (22.3%)	2.96	0.75
	H6	11 (4.6%)	26 (10.9%)	141 (59.2%)	60 (25.2%)	3.05	0.74
Socio-Cultural Attitudes	C1	10 (4.2%)	32 (13.4%)	116 (48.7%)	80 (33.6%)	3.12	0.79
	C2	7 (2.9%)	43 (18.1%)	124 (52.1%)	64 (26.9%)	3.03	0.75
	C3	17 (7.1%)	39 (16.4%)	116 (48.7%)	66 (27.7%)	2.97	0.85
	C4	9 (3.8%)	38 (16.0%)	141 (59.2%)	50 (21.0%)	2.97	0.72

Community Responsiveness	CR1	15 (6.3%)	37 (15.5%)	132 (55.5%)	54 (22.7%)	2.95	0.8
	CR2	15 (6.3%)	40 (16.8%)	121 (50.8%)	62 (26.1%)	2.97	0.83
	CR3	8 (3.4%)	36 (15.1%)	130 (54.6%)	64 (26.9%)	3.05	0.74
	CR4	13 (5.5%)	38 (16.0%)	127 (53.4%)	60 (25.2%)	2.98	0.8
	CR5	16 (6.7%)	37 (15.5%)	127 (53.4%)	58 (24.4%)	2.95	0.82
	CR6	11 (4.6%)	33 (13.9%)	143 (60.1%)	51 (21.4%)	2.98	0.73

In the early warning signs knowledge domain, the mean score ranged from 2.88 to 3.04. This finding indicates that the majority of students were able to recognize behavioral changes, emotional distress, and early symptoms associated with self-injury in adolescents. Good knowledge of early warning signs is a crucial factor in supporting efforts to detect and prevent self-harm in adolescents (Gardner et al., 2021; Klonsky & Muehlenkamp, 2007).

In the attitude domain toward self-injury prevention and detection, respondents tended to be positive, with a mean score ranging from 2.91 to 3.03. Most students recognized the importance of communication, social support, and early intervention in preventing self-injury. This finding demonstrates adolescents' awareness of the importance of social involvement in maintaining mental health. Social support is known to have a significant relationship with adolescents' ability to cope more adaptively with emotional distress. However, the stigma domain regarding mental health and self-injury still showed relatively low scores compared to other domains, with a mean score ranging from 2.66 to 2.82. These findings indicate that stigma against individuals experiencing psychological problems remains quite high among adolescents. Some students still feel that seeking psychological help is shameful or a sign of personal weakness. This situation can hinder help-seeking behavior in adolescents experiencing emotional distress.

In the help-seeking domain, respondents showed a positive tendency to seek help when experiencing psychological distress. The mean score for this domain ranged from 2.90 to 3.05. These results indicate that most students are beginning to become aware of the need to utilize counseling services, peer support, and professional assistance when facing emotional problems. Help-seeking behavior is a protective factor in preventing the development of more severe psychological disorders in adolescents.

Furthermore, the socio-cultural attitudes domain obtained a mean score between 2.97 and 3.12. These results indicate that cultural values, family support, and the role of the community are still considered important in helping adolescents cope with psychological distress. Furthermore, the community responsiveness domain also performed quite well, with a mean score between 2.95 and 3.05, indicating community readiness to provide emotional support to adolescents experiencing psychological distress. Community support and a positive social environment can be protective factors against the emergence of self-injury behavior in adolescents.

DISCUSSION

Research results show that the psychosocial dynamics of self-injury in adolescents are influenced by various interrelated factors, including individual, family, school, and social aspects. High scores in the early warning signs domain indicate that most adolescents have an understanding of the early symptoms of self-injury, such as emotional changes, social withdrawal, and self-harm as a form of emotional distress. A good level of knowledge is crucial for early detection of self-injury in adolescents (Gardner et al., 2021). However, this understanding has not been fully followed by the courage to seek professional help due to the persistent stigma surrounding mental health in adolescents' social environments.

Mental health stigma is a major barrier to help-seeking behavior in adolescents. Some respondents still view psychological problems as shameful and equated with personal weakness. This condition leads adolescents to tend to hide their emotional distress and be reluctant to seek psychological help. Corrigan (2004)explains that social stigma can reduce an individual's tendency to access mental health services due to fear of rejection and negative labeling from their social environment. A social psychology perspective also explains that stigma can form self-stigma, a condition where individuals begin to believe the negative judgments of themselves from others (Goffman, 2009). This situation has the potential to exacerbate psychological distress and increase the risk of self-injury as a form of maladaptive coping.

Bullying experiences are a dominant factor influencing the emergence of self-injury in adolescents. Verbal bullying, such as teasing, insults, body shaming, and threats, can lead to a gradual decline in self-esteem. Physical and relational bullying also foster fear, insecurity, and feelings of social isolation. Victims of bullying are at higher risk of mental health disorders, including anxiety, depression, and self-harm. Persistent social pressure causes adolescents to lose their sense of security and struggle to manage their emotions healthily (Lim et al., 2019; Olweus, 2013). This situation leads some adolescents to resort to self-injury as an emotional escape to alleviate the psychological pain they experience.

The development of social media has exacerbated the impact of bullying through cyberbullying, which can occur without the constraints of time and space (Pervez et al., 2026; Tetteh et al., 2026). Exposure to negative comments, insults, and social pressure on digital media causes adolescents to experience prolonged emotional distress. The high intensity of digital social interactions makes adolescents more susceptible to social anxiety and self-dissatisfaction. This situation shows that self-injury is not only influenced by direct interpersonal relationships, but also by the virtual social dynamics that develop in the lives of modern adolescents.

Academic pressure also contributes significantly to psychological distress in adolescents. Demands for high grades, excessive schoolwork, academic competition, and high parental expectations cause students to experience prolonged stress. Several studies have shown that high academic pressure can impact students' psychological well-being and increase vulnerability to emotional disorders (Gisela et al., 2025; Aiman, et al., 2021; Rahmania & Putriani, 2026).Fear of failure and the inability to meet academic expectations often lead to feelings of worthlessness in adolescents. This condition can increase the risk of self-injury as a form of emotional release when individuals feel a loss of control over the pressure they are experiencing.

Family factors also significantly contribute to adolescents' psychological well-being. Disharmonious family relationships, a lack of emotional communication, and harsh parenting styles cause adolescents to lose their sense of security at home. Bowlby (1990) explained that insecure emotional attachments within the family can impact an individual's psychological development and increase vulnerability to emotional disorders. The absence of emotional support makes adolescents more likely to keep problems to themselves, exacerbating the psychological distress they experience.

The results of the research show that help-seeking behavior is starting to develop positively in some teenagers. Openness to counseling services, peer support, and professional help shows an increase in awareness regarding the importance of mental health (Anggeraini et al., 2025; Dharmayanti et al., 2023; Mewara & Yadav, 2025). Velasco et al., (2020)in their research explained that help-seeking behavior is an important protective factor in preventing the development of more severe psychological disorders. The existence of guidance and counseling services in schools has a strategic role in helping teenagers develop more adaptive coping with emotional stress.

Peer counseling programs are also a relevant preventive approach in the context of adolescent mental health. Emotional closeness between peers makes teenagers tend to be more comfortable expressing emotional experiences to friends than adults. The presence of peer counseling can help the process of early detection of self-injury behavior while strengthening social support in the school environment (Jordan, 2022; Shah et al., 2022). Socio-cultural factors and community responses also make an important contribution to preventing self-injury in adolescents. Cultural values such as mutual cooperation, social care, and family support are protective factors against mental health disorders. Ryff (1989) emphasized that positive interpersonal relationships have an important role in maintaining individual psychological well-being. Responsive community support can help youth feel accepted, valued, and have a safe space to express the emotional distress they are experiencing.

The complexity of psychosocial factors that influence self-injury means that treating this behavior cannot be done in a partial way. A preventive approach needs to be carried out through collaboration between schools, families, peers and social communities. Strengthening school counseling services, mental health education, bullying prevention, and improving family

communication are important steps in helping teenagers develop healthier emotional regulation and coping mechanisms.

CONCLUSION

Self-injury behavior in adolescents is a psychosocial phenomenon that is influenced by bullying, academic pressure, and weak social support. Bullying causes teenagers to experience emotional stress, low self-esteem, and feelings of isolation which trigger self-harming behavior. High academic pressure also worsens the psychological condition of teenagers, especially when the education system places more emphasis on achievement than students' mental health. Weak social support from family, school and the surrounding environment causes teenagers to lose a safe space to express emotions and seek help. Therefore, a preventive approach is needed through strengthening guidance and counseling services, peer counseling programs, mental health education, and improving the quality of communication within the family. A collaborative and humanistic approach is very important to help teenagers develop healthy coping mechanisms so that the risk of self-injurious behavior can be minimized.

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REFERENCE

Aguirre Velasco, A., Cruz, I. S. S., Billings, J., Jimenez, M., & Rowe, S. (2020). What are the barriers, facilitators and interventions targeting help-seeking behaviours for common mental health problems in adolescents? A systematic review. *BMC Psychiatry*, *20*(1). https://doi.org/10.1186/s12888-020-02659-0

Ali, E., Letourneau, N., & Benzies, K. (2021). Parent-Child Attachment: A Principle-Based Concept Analysis. *SAGE Open Nursing*, *7*. https://doi.org/10.1177/23779608211009000

Anggeraini, E., Saputra, W. N. E., Prasetya, A. F., Santosa, H., Mu'arifah, A., & Putri, S. N. J. (2025). Harmoni Kearifan Lokal dan Spiritualitas: Relevansi Seloko Adat Melayu Jambi dalam Bingkai Konseling Profetik. *Sindoro: Cendikia Pendidikan*, *17*(9), 11–20.

Armitage, R. (2021). Bullying in children: Impact on child health. *BMJ Paediatrics Open*, *5*(1). https://doi.org/10.1136/bmjpo-2020-000939

Bailen, N. H., Green, L. M., & Thompson, R. J. (2019). Understanding Emotion in Adolescents: A Review of Emotional Frequency, Intensity, Instability, and Clarity. *Emotion Review*, *11*(1), 63–73. https://doi.org/10.1177/1754073918768878

Bariyyah, K., Very Andriyas, A. N., Hotimah, C., Ansorullah, E. F., Lathifa, F. R., Nisa, I. S., Kholifah, S., Laili Budiyono, A., & Maizura, N. (2024). Validasi Instrumen Illinois Bully Scale (IBS) Untuk Mendeteksi Tingkat Bullying di SMAN 3 Malang. *Education and Social Sciences Review*, *5*(2), 176–182. https://doi.org/10.29210/07essr491600

Bilal, S., Mehta, N., & Kumar Sharma, A. (2024). Exploring the Interconnected Dimensions of Mental Health: Resilience, Cognition, and Social Dynamics. *Rayat Bahra International Journal of Multidisciplinary Research*, *04*, 2. http://publications.rayatbahrauniversity.edu.in

Bowlby, John. (1990). *A secure base : parent-child attachment and healthy human development*. Basic Books.

Corrigan, P. (2004). How stigma interferes with mental health care. In *American Psychologist* (Vol. 59, Number 7, pp. 614–625). https://doi.org/10.1037/0003-066X.59.7.614

Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.

Cross, D., Bed, P., Runions, K. C., & Pearce, N. (2021). Friendly Schools Bullying Prevention Research: Implications for School Counsellors Corresponding Author. *Journal of Psychologists and Counsellors in Schools*, *31*(2), 146–158.

De Luca, L., Pastore, M., Palladino, B. E., Reime, B., Warth, P., & Menesini, E. (2023). The development of Non-Suicidal Self-Injury (NSSI) during adolescence: A systematic review and Bayesian meta-analysis. In *Journal of Affective Disorders* (Vol. 339, pp. 648–659). Elsevier B.V. https://doi.org/10.1016/j.jad.2023.07.091

de Wet, C. (2020). Social media commenters' understanding of the antecedents of teacher-targeted bullying. *South African Journal of Education*, *40*(3), 1–11. https://doi.org/10.15700/saje.v40n3a1799

Dhamayanti, M. (2021). Bullying: Fenomena Gunung Es di Dunia Pendidikan. *Sari Pediatri*, *23*(1), 67.

Dharmayanti, P. A., Lestari, L. P. S., Suranata, K., & Putri, S. N. J. (2026). Studi Efektivitas Bimbingan Sebaya dalam Mencegah Kekerasan Seksual di Kalangan Siswa Sekolah Dasar. *Jurnal Nusantara Of Research*, *13*(1), 1–13.

Dharmayanti, P. A., Septiarini, I., Indra, N. S., Gunawan, A., & Arisanti, D. (2023). *Layanan Bimbingan Konseling Teman Sebaya Berbasis Rumah Literasi untuk Meningkatkan Minat Baca Siswa Sekolah Dasar (Optimalilasi Gerakan Literasi Sekolah)*. PT. Sonpedia Publishing Indonesia.

Dharmayanti, P. A., Suranata, K., Lestari, L. P. S., & Putri, S. N. J. (2025). Validity of the Peer Tutor Guide: Innovation Service Guidance Counseling Based on 4D Model in Bullying Prevention. *Empati-Jurnal Bimbingan dan Konseling*, *12*(3), 174–186. https://doi.org/10.26877/empati.v12i2

Eastman, M., Foshee, V., Ennett, S., Sotres-Alvarez, D., Reyes, H. L. M. N., Faris, R., & North, K. (2018). Profiles of internalizing and externalizing symptoms associated with bullying victimization. *Journal of Adolescence*, *65*, 101–110. https://doi.org/10.1016/j.adolescence.2018.03.007

Farkas, B. F., Takacs, Z. K., Kollárovics, N., & Balázs, J. (2024). The prevalence of self-injury in adolescence: a systematic review and meta-analysis. In *European Child and Adolescent Psychiatry* (Vol. 33, Number 10, pp. 3439–3458). Springer Science and Business Media Deutschland GmbH. https://doi.org/10.1007/s00787-023-02264-y

Francis, J., Strobel, N., Trapp, G., Pearce, N., Vaz, S., Christian, H., Runions, K., Martin, K., & Cross, D. (2022). How does the school built environment impact students' bullying behaviour? A scoping review. In *Social Science and Medicine* (Vol. 314). Elsevier Ltd. https://doi.org/10.1016/j.socscimed.2022.115451

Gardner, K. J., Klonsky, E. D., & Selby, E. A. (2021). Editorial: Advancing Theory of Suicide and Non-Suicidal Self-Injury. In *Frontiers in Psychology* (Vol. 12). Frontiers Media S.A. https://doi.org/10.3389/fpsyg.2021.780029

Gisela, E. S., Kinkie, E. A., Sabbilla, A., & Subroto, U. (2025). Pengaruh Stres Akademik terhadap Kesejahteraan Psikologis Mahasiswa Semester Akhir yang Terlambat Lulus. *Jurnal Mahasiswa Humanis*, *5*(1).

Goffman, E. (2009). *Stigma: Notes on the management of spoiled identity*. Simon and Schuster.

Gregory, R. J. (2004). *Psychological testing: History, principles, and applications*. Boston: Pearson.

Hikmat, R., Yosep, I., Hernawaty, T., & Mardhiyah, A. (2024). A Scoping Review of Anti-Bullying Interventions: Reducing Traumatic Effect of Bullying Among Adolescents. In *Journal of Multidisciplinary Healthcare* (Vol. 17, pp. 289–304). Dove Medical Press Ltd. https://doi.org/10.2147/JMDH.S443841

Jordan, L. M. (2022). Peer Counseling: Method, Metaphor, or Mindset? *Frontiers in Rehabilitation Sciences*, *3*. https://doi.org/10.3389/fresc.2022.822484

Klonsky, E. D., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the practitioner. In *Journal of Clinical Psychology* (Vol. 63, Number 11, pp. 1045–1056). https://doi.org/10.1002/jclp.20412

Lei, H., Xiong, J., Rao, Y., Zhu, T., & Zhang, X. (2024). Relationships among self-esteem, depression and self-injury in adolescents: a longitudinal study. *Frontiers in Public Health*, *12*. https://doi.org/10.3389/fpubh.2024.1406283

Lestari, Y. A., Lestari, C. P., Putri, S. N. J., & Kurniawan, N. A. (2022). *Orientasi Prespektif KIPAS Pada Keluarga Penyintas Kusta*.

Lim, K. S., Wong, C. H., McIntyre, R. S., Wang, J., Zhang, Z., Tran, B. X., Tan, W., Ho, C. S., & Ho, R. C. (2019). Global lifetime and 12-month prevalence of suicidal behavior, deliberate self-harm and non-suicidal self-injury in children and adolescents between 1989 and 2018: A meta-analysis. *International Journal of Environmental Research and Public Health*, *16*(22). https://doi.org/10.3390/ijerph16224581

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorde* (Guilford press).

Litz, B. T., & Walker, H. E. (2026). Moral Injury: An Overview of Conceptual, Definitional, Assessment, and Treatment Issues Keywords potentially morally injurious events, moral injury, social-functional model of moral emotions and moral injury, adaptive disclosure. *Annual Review of Clinical Psychology*, (10), 14.

Liu, R. T., Walsh, R. F. L., Sheehan, A. E., Cheek, S. M., & Sanzari, C. M. (2022). Prevalence and Correlates of Suicide and Nonsuicidal Self-injury in Children: A Systematic Review and Meta-analysis. *JAMA Psychiatry*, *79*(7), 718–726. https://doi.org/10.1001/jamapsychiatry.2022.1256

Mewara, D., & Yadav, K. C. (2025). Social Factors Influencing Mental Health: Insights, Preventive Strategies, and Policy Recommendations. *Journal of Neonatal Surgery*, *14*(4S), 562–579. https://doi.org/10.52783/jns.v14.1841

Olweus, D. (2013). School bullying: Development and some important challenges. *Annual Review of Clinical Psychology*, *9*, 751–780. https://doi.org/10.1146/annurev-clinpsy-050212-185516

Pervez, A., Masrani, T., & Pemberton, E. (2026). Children's perceptions of bullying, exclusion and defending in English primary schools: A qualitative study. *School Psychology International*. https://doi.org/10.1177/01430343261422416

Putri, D. E. (2022). Kasus Bullying di Lingkungan Sekolah: Dampak serta Penanganannya. *Keguruan Online*, *10*(2), 24–30.

Putri, S. N. J. (2022). Permainan Domikado untuk Pengenalan AKADS (Afeksi belajar, Kognisi/Pemikiran, Aksi dan Akuisi, Daya tarik tujuan, dan Strategi belajar) dalam Konseling KIPAS pada Siswa SD. *Prosiding Seminar Nasional Bimbingan Dan Konseling Universitas Negeri Malang*, 399–413.

Putri, S. N. J. (2025). Kedudukan dan Ragam Bimbingan dan Konseling. In W. Yuliani (Ed.), *Bimbingan dan Konseling* (Cetakan Pertama, Vol. 7, pp. 53–76). LITERASI LANGSUNG TERBIT .

Putri, S. N. J., Aiman, U., Sudirman, M. Y., Kurniawan, N. A., & Pambudi, R. (2021). Pengaruh Emoji dalam Media Layanan Bimbingan dan Konseling Online terhadap Metakognitif Konseli. *Jurnal Ilmu Pendidikan, Psikologi, Bimbingan dan Konseling*, *6*(1), 211–219.

Putri, S. N. J., Iskandar, A., Matara, K., & Sari, Z. N. (2025). Beyond weight loss: epicardial adipose tissue reduction as a cardiovascular target in bariatric surgery. *Surgery for Obesity and Related Diseases*. https://doi.org/10.1016/j.soard.2025.11.006

Putri, S. N. J., Mappiare-AT, A., & Radjah, C. L. (2021). Pengembangan Permainan Domikado sebagai Teknik Konseling KIPAS untuk Meningkatkan Keterampilan Sosial Siswa Sekolah Dasar. *Jurnal Pendidikan: Teori, Penelitian, Dan Pengembangan*, *6*(8).

Putri, S. N. J., Setiawan, M. E., Amalia, R., & Wahyudin, H. (2025). Letter to the Editor: Reimagining environmental health for children – integrating longitudinal, genetic, and cross-cultural perspectives. *Child and Adolescent Mental Health*, *n/a*(n/a). https://doi.org/https://doi.org/10.1111/camh.70038

Putri, S. N. J., Setyosari, P., Hidayah, N., & Ramli, M. (2025). *Model Counseling Modality (CoModa) bermuatan Nilai Tale Kerinci untuk Pemenuhan Kemampuan Pemaknaan Hidup Siswa SMA* [Universitas Negeri Malang]. http://repository.um.ac.id/id/eprint/391523

Rahmania, G. N. A., & Putriani, R. A. (2026). Hubungan Dukungan Sosial dengan Kesehatan Mental Remaja di Lingkungan Sekolah. *Edukasi Elita : Jurnal Inovasi Pendidikan*, *3*(2), 161–171. https://doi.org/10.62383/edukasi.v3i2.2987

Ryff, C. D. (1989). Happiness Is Everything, or Is It? Explorations on the Meaning of Psychological Well-Being. In *6* (Vol. 57).

Santrock, J. W. (2014). *Adolesence (15th ed.)*. McGraw-Hill Education.

Shah, R. S., Holt, F., Hayati, S. A., Agarwal, A., Wang, Y. C., Kraut, R. E., & Yang, D. (2022). Modeling Motivational Interviewing Strategies on an Online Peer-to-Peer Counseling Platform. *Proceedings of the ACM on Human-Computer Interaction*, *6*(CSCW2). https://doi.org/10.1145/3555640

Shaw, T., Campbell, M. A., Eastham, J., Runions, K. C., Salmivalli, C., & Cross, D. (2019). Telling an Adult at School about Bullying: Subsequent Victimization and Internalizing Problems. *Journal of Child and Family Studies*, *28*(9), 2594–2605. https://doi.org/10.1007/s10826-019-01507-4

Sugiyono. (2015). *Metode Penelitian Pendidikan (Pendekatan Kuantitatif,Kualitatif dan R&D)*. CV. Alfabeta.

Tetteh, A., Awaah, F., Armah, M., Boakye, L., & Ugwuoke, U. (2026). Towards Understanding Cyberbullying Behaviour: Exploring the Predictive Power of Hofstede's Cultural Dimensions. *International Journal of Bullying Prevention*, 1–6. https://doi.org/10.1007/s42380-026-00347-3

Tight, M. (2023). Bullying in higher education: an endemic problem? *Tertiary Education and Management*, *29*(2), 123–137. https://doi.org/10.1007/s11233-023-09124-z

World Health Organization. (2022). *World mental health report: Transforming mental health for all*.

World Health Organization. (2023). *Global accelerated action for the health of adolescents (AA-HA!): Guidance to support country implementation*. World Health Organization.

Xiao, Q., Song, X., Huang, L., Hou, D., & Huang, X. (2022). Global prevalence and characteristics of non-suicidal self-injury between 2010 and 2021 among a non-clinical sample of adolescents: A meta-analysis. In *Frontiers in Psychiatry* (Vol. 13). Frontiers Media S.A. https://doi.org/10.3389/fpsyt.2022.912441

Zahirah, U., Nurwati, N., & Krisnani, H. (2019). Dampak dan Penanganan Kekerasan Seksual Anakdi keluarga. *Prosiding Penelitian Dan Pengabdian Kepada Masyarakat*, *6*.

Zhang, B., Zhang, W., Sun, L., Jiang, C., Zhou, Y., & He, K. (2023). Relationship between alexithymia, loneliness, resilience and non-suicidal self-injury in adolescents with depression: a multi-center study. *BMC Psychiatry*, *23*(1). https://doi.org/10.1186/s12888-023-04938-y