DCP 6 (2) (2025)

Developmental and Clinical Psychology

https://journal.unnes.ac.id/journals/dcp

Silent Pain: Non-Suicidal Self-Injury (NSSI) Among Late Adolescents with Abuse and Neglect Histories

Muhammad Lucky Chandra[1], Tabah Aris Nurjaman[1]*

[1]Department of Psychology, University of Technology Yogyakarta, Yogyakarta, Indonesia

Keywords

Child Abuse and Neglect, Interpretative Phenomenological Analysis, Late Adolescents, Non-Suicidal Self-Injury

Abstract

Non-Suicidal Self-Injury (NSSI) is a significant mental health concern among late adolescents with histories of child abuse and neglect (CAN). This qualitative study employed Interpretative Phenomenological Analysis (IPA) to explore the lived experiences and psychological meanings of NSSI among three female late adolescents aged 19–21 years in Yogyakarta, Indonesia, who experienced CAN during childhood. In-depth interviews revealed that NSSI functioned not only as a maladaptive emotion regulation strategy but also as a form of moral self-punishment and cognitive regulation. Participants engaged in self-injury to manage overwhelming emotional distress, silence intrusive thoughts, and punish themselves for perceived personal failure or ingratitude. Episodes of NSSI were frequently accompanied by dissociative experiences, including emotional numbness and delayed perception of pain. These behaviors were closely linked to internalized abusive caregiving patterns and difficulties expressing anger within interpersonal relationships. The findings highlight the enduring psychological impact of childhood maltreatment and underscore the importance of trauma-informed interventions that address emotion regulation, moral self-evaluation, and dissociative coping processes among late adolescents.

*Email correspondence: tabah.aris@uty.ac.id

P-ISSN 2252-6358

INTRODUCTION

Childhood abuse and neglect constitute severe developmental stressors that have long-term consequences for emotional regulation, self-concept, and coping strategies. Extensive research has shown that exposure to chronic maltreatment increases vulnerability to maladaptive coping behaviors in adolescence, including non-suicidal self-injury (NSSI). Understanding how survivors of childhood abuse and neglect experience and interpret NSSI is therefore critical for advancing trauma-informed psychological interventions. The emotional dimension is closely linked to coping strategies, which are essential for mitigating emotional challenges. By age 10, most children employ coping mechanisms to manage stress effectively. However, unsupportive family environments marked by conflict or trauma can exacerbate stress, hindering the adoption of such strategies (Santrock, 2012). One prevalent issue affecting children is Child Abuse and Neglect (CAN), encompassing physical, psychological, and sexual violence, as well as neglect. In Indonesia, the Online Information System for Women and Child Protection (SIMFONI PPA) under the Ministry of Women's Empowerment and Child Protection reported 23,529 cases of violence and neglect against children as of January 1, 2024, with 1,084 cases occurring in the Special Region of Yogyakarta (DIY), ranking it fifth nationally for such incidents (Kementrian Pemberdayaan Perempuan dan Perlindungan Anak, 2024). Child abuse is defined as immoral acts perpetrated by individuals responsible for a child's protection, impacting them physically, sexually, or emotionally. Neglect, which may be physical (e.g., disregarding educational needs by permitting frequent school absences) or emotional (e.g., ignoring a child's emotional needs), is the most common form of maltreatment, occurring three times more frequently than abuse across surveyed countries (Santrock, 2012; Puspa & Sinaga, 2023).

Experiences of abuse and neglect in childhood have enduring consequences into adulthood. Sevtin and Satiningsih (2023) assert that such experiences precipitate serious future challenges. A study by Brown et al. (cited in Sevtin & Satiningsih, 2023) involving 639 participants revealed that individuals with a history of CAN face an elevated risk of dysthymia and major depressive disorder. Suicidal behavior is also associated with CAN victimization. Another significant outcome of CAN is Non-Suicidal Self-Injury (NSSI), with Brown et al. (2018) demonstrating, in a study of 2,498 respondents, that childhood maltreatment significantly predicts NSSI in adulthood, with emotional abuse and neglect as primary contributors.

NSSI is defined as deliberate self-harm, such as stabbing, cutting, or burning, resulting in bruising, bleeding, or pain, intended to cause minor bodily damage without suicidal intent (American Psychiatric Association, 2013). Typically performed covertly to alleviate suppressed emotional distress, NSSI is challenging to detect (Elvira & Sakti, 2022). Klonsky (2007) describes NSSI as a behavior employed to cope with emotional pain, exec

uted intentionally but without suicidal intent. NSSI encompasses socially unacceptable behaviors, including cutting, burning, and biting (Zain & Arbi, 2023). More specifically, NSSI involves behaviors such as cutting, burning, scratching, self-hitting, head-banging, bone-breaking, interfering with wound healing, hair-pulling, and nail-biting that causes bleeding (Sabrina & Afiatin, 2023).

Despite the increasing prevalence of child abuse and neglect (CAN) cases in Indonesia, in-depth qualitative studies examining the psychological meanings of non-suicidal self-injury (NSSI) among late adolescents remain limited. Existing Indonesian research has predominantly employed quantitative approaches, focusing on prevalence and correlational factors, while overlooking how individuals subjectively experience and interpret NSSI as a coping strategy rooted in early maltreatment.

The Special Region of Yogyakarta represents a critical context for this inquiry. Beyond its consistently high number of reported child violence cases, Yogyakarta is shaped by strong familial hierarchies and cultural norms of emotional restraint, which may intensify the internalization of distress among survivors. However, little is known about how these contextual dynamics influence the lived experiences of NSSI among late adolescents with histories of abuse and neglect.

Based on these gaps, this study aims to explore the lived experiences and psychological meanings of non-suicidal self-injury among late adolescents with histories of child abuse and neglect, with particular attention to how NSSI functions as emotional, moral, and cognitive coping. The study is guided by the following research questions: 1) How do late adolescents with histories of child abuse and neglect experience and interpret non-suicidal self-injury?; 2) What psychological functions does NSSI serve in regulating emotions associated with past abuse and neglect?; 3) How do these experiences influence participants' emotional and social relationships in late adolescence?.

METHOD

Design

This study employed Interpretative Phenomenological Analysis (IPA) to examine how participants made sense of their non-suicidal self-injury experiences within the context of childhood abuse and neglect. IPA was particularly appropriate because it prioritizes the subjective meanings individuals attribute to emotionally complex and distressing experiences. Rather than categorizing behaviors, this approach enabled an in-depth exploration of how NSSI was understood as a personal, moral, and emotional coping strategy shaped by early relational trauma.

Participants

The study involved three female late adolescents aged 19–21 years, selected via non-probability purposive sampling in Yogyakarta, Indonesia. Participants were chosen based on specific criteria: aged 19–21, experienced CAN between ages 6–11, engaged in NSSI within the past year, and resided in DIY. Recruitment occurred

through community networks and mental health organizations, ensuring participants met the criteria and voluntarily consented.

Late adolescence (ages 19–21) was deliberately selected because individuals at this developmental stage possess sufficient reflective capacity to articulate childhood experiences of abuse and neglect while often still engaging in non-suicidal self-injury. This period represents a critical transition in which emotion regulation patterns and self-concept are consolidated, making it particularly suitable for examining the enduring psychological impact of childhood maltreatment.

Instruments

Data were collected through semi-structured interviews, designed to elicit detailed narratives about participants' NSSI experiences, CAN histories, and emotional and social impacts. The interview guide was developed based on Klonsky's (2007) NSSI framework, focusing on triggers, behaviors, and functions. Questions included: "Can you describe your experiences of self-injury?" and "How do past experiences of abuse or neglect influence your feelings or actions?" Interviews lasted 60–90 minutes, were audio-recorded, and transcribed verbatim. The guide's reliability was ensured through pilot testing with a small group to refine question clarity and relevance.

Procedure

The research process began with ethical approval from the institutional review board. Participants were recruited through community outreach, with informed consent obtained via signed forms explaining the study's purpose, confidentiality, and voluntary participation. No rewards were provided. Interviews were conducted in private settings to ensure comfort and confidentiality, with participants encouraged to share at their own pace. The researcher maintained neutrality, using probing questions to clarify responses. Data collection occurred over three months in 2024.

Data Analysis

Data were analyzed using IPA, following Smith et al. (2009): (1) thorough reading of interview transcripts, (2) making exploratory comments on participants' responses, (3) identifying emergent themes, (4) grouping emergent themes into superordinate themes, and (5) creating a master table of themes. Transcripts were coded independently by two researchers to ensure reliability, with discrepancies resolved through discussion. Themes were validated by cross-referencing with participants' narratives and existing literature. Analytical emphasis was placed on interpreting how participants constructed emotional, moral, and cognitive meanings around their self-injury experiences within their relational histories.

RESULT

The analysis identified five main themes: coping mechanisms and self-injury, experiences of abuse, family neglect, and impacts of abuse and neglect. These are summarized in Table 1.

Table 1. Main Themes and Patterns Across Participants

Main Theme	Superordinate Themes
Coping Mechanisms and Self-Injury	Emotion regulation; tension relief; dissociation
Moral Self-Punishment and Cognitive Regulation	Self-punishment; intrusive thoughts; cognitive overload
Experiences of Abuse	Physical abuse; emotional abuse; exposure to conflict
Family Neglect	Emotional neglect; abandonment; lack of validation
Impacts of Abuse and Neglect	Relationship avoidance; fear of abandonment; self-blame

Coping Mechanisms and Self-Injury

Subject 1 engaged in NSSI due to emotional exhaustion and anger from past abuse and neglect, with behaviors escalating from hair-pulling to biting hands until bruised. NSSI served as a calming mechanism and self-punishment, with emotional numbness during acts, only noticing wounds later (e.g., during bathing). Repeated NSSI was driven by difficulty redirecting thoughts, with physical pain providing awareness during stress. NSSI evolved from sadness to impulsive self-directed anger, though journaling offered a positive coping alternative.

Subject 2 used NSSI to release unexpressed emotional pressure, finding calm in pain from behaviors like biting nails and lips or interfering with wound healing. Weekly NSSI was triggered by overthinking past and future events, serving as an escape from unresolved feelings.

Subject 3 performed NSSI during emotional exhaustion and confusion, with past abuse and neglect as triggers. Behaviors included replicating past abuse (e.g., forcing hands into the mouth, choking, punching the face). NSSI often failed to alleviate emotions, prompting further self-harm. All subjects noted NSSI occurred most frequently in quiet, solitary settings, especially at night.

NSSI as Moral Self-Punishment and Cognitive Regulation

Participants described NSSI not only as a response to emotional distress but also as a form of moral self-punishment. Self-injury was framed as a consequence for perceived personal failure and ingratitude. One participant stated, “I hurt myself because I feel angry at myself… it feels like a punishment for not being grateful enough.”

During these episodes, participants frequently reported an absence of physical pain, followed by delayed sensory awareness, such as noticing wounds only after bathing. As one participant explained, “When I did it, I didn’t feel anything. The pain only came later.” This pattern suggests dissociative processes linked to trauma-related coping.

Additionally, NSSI functioned as a strategy to interrupt overwhelming cognitive activity. Participants described self-injury as a way to silence intrusive thoughts and mental noise, particularly during periods of solitude at night.

Experiences of Abuse

All subjects attributed abuse to family members' emotional outbursts following conflicts, often related to infidelity. Subject 1 faced physical (e.g., beatings with iron or brooms, slapping) and verbal/symbolic abuse (e.g., clothes thrown out) from their mother starting in first grade. Subject 2 endured broom beatings causing bruises and nosebleeds from their grandmother, beginning in kindergarten. Subject 3 experienced severe physical abuse (e.g., being slammed against walls, stepped on) and verbal degradation from their mother, starting in kindergarten.

Family Neglect

Subject 1 faced emotional neglect (e.g., being left with neighbors for days), financial neglect (e.g., father's abandonment without support), and nutritional neglect (e.g., no food at home). Subject 2 experienced emotional neglect from parents and grandmother, with conditional attention causing sadness, and financial neglect from their mother's self-prioritization. Subject 3 faced emotional neglect, including being ignored while crying, locked in a bathroom, or tied to a tree, and a degrading incident of being stripped and tied to a pole.

Impacts of Abuse and Neglect

Subject 1 reported emotional disappointment, anger, and difficulty expressing emotions, feeling unwanted and unlovable, impacting social and romantic relationships with fears of abandonment. Subject 2 internalized issues, isolating emotionally and fearing objects associated with past abuse, with romantic relationships marked by fear of mistakes. Subject 3 developed pessimistic views on love and friendship, withdrawing socially due to beliefs of causing harm and distrust of affection.

DISCUSSION

NSSI as Self-Punishment

The self-injurious behaviors exhibited by the participants were predominantly driven by a pervasive belief that they deserved punishment or warranted harm, leading to the engagement in Non-Suicidal Self-Injury (NSSI). This belief stemmed from prior experiences of abuse, which evolved into internal emotional pressure, manifesting as self-harming behaviors. Klonsky (2007) identifies self-punishment as a key trigger for NSSI, where individuals internalize feelings of anger and express them through self-injury to alleviate this emotional state. Additionally, one participant deliberately engaged in self-injury followed by a focus on wound healing, reflecting a form of self-care as described by Klonsky (2007).

Beyond emotion regulation, findings indicate that NSSI serves a moral regulatory function. Participants internalized punitive caregiving experiences into self-directed moral judgments, positioning self-injury as deserved punishment. This

extends existing NSSI frameworks by highlighting how chronic childhood maltreatment shapes not only emotional dysregulation but also moral self-evaluation in late adolescence.

Empirical work further substantiates the prominence of intrapersonal functions especially self-punishment and anti-dissociation in clinically meaningful NSSI. A large clinical adolescent sample found that intrapersonal motivations (including self-punishment and anti-dissociation) were the primary predictors of NSSI severity, current/repetitive engagement, and method versatility, and were associated with greater internalizing symptoms and self-critical rumination (Reinhardt, Rice, & Horváth, 2022). These quantitative associations align with our idiographic accounts: participants' narratives that place NSSI as both a punitive act and a means to silence cognitive overload are consistent with patterns observed in clinical cohorts where self-punitive motives co-occur with more severe and recurrent self-injury.

Complementing quantitative evidence, recent qualitative research with young people (aged 16–25) identified self-punishment as a distinct function alongside emotion regulation and coping with trauma, and emphasized that a single individual may hold multiple, overlapping motives for self-harm (Mughal et al., 2023). This multi-functional perspective strengthens our interpretation that moral self-punishment and cognitive interruption (silencing intrusive thoughts) can coexist with affect regulation functions within the same individual, and that addressing only one functional domain (e.g., emotion regulation training) may be insufficient for clinical intervention.

Participants reported engaging in NSSI due to a sense of emotional numbness, often feeling nothing during the act itself. This prompted repeated self-injury to elicit a sensory shock, enabling them to regain a sense of self previously lost. This aligns with Klonsky's (2007) concept of anti-dissociation, where NSSI serves to restore self-awareness. According to Klonsky (2011), two of three NSSI aspects difficulty in emotion regulation and self-punishment are critical drivers of these behaviors. Participants exhibited challenges in expressing and understanding their emotions, with self-punishment reflecting internalized anger channeled into self-harm.

NSSI to Relieve Tension

Klonsky (2011) posits that negative emotions, such as anger, anxiety, and frustration, are a core aspect of NSSI, increasing the desire to engage in self-injury as a primary means to alleviate emotional tension. All three participants demonstrated negative emotions that induced significant tension, prompting NSSI as a coping mechanism to mitigate this distress. Klonsky (2007) distinguishes between intrapersonal and interpersonal triggers for NSSI, with affect regulation an intrapersonal factor being central. Participants engaged in NSSI to stabilize

emotions that were difficult to articulate verbally. The first participant reported an inability to express emotions through crying, resorting to NSSI instead. The second participant noted that, in the absence of opportunities to verbalize emotions, NSSI behaviors such as nail-biting to the point of injury emerged to regulate emotional states. The third participant experienced physiological symptoms, including elevated heart rate and intrusive thoughts, leading to NSSI to alleviate emotional instability and achieve subsequent relief.

This emotional regulation function of NSSI, as outlined by Klonsky (2007), is supported by Kristina et al. (2024), who describe NSSI as a method to cope with intense emotional or psychological distress without suicidal intent, though it may still pose life-threatening risks. Similarly, Rahayu and Ariana (2023) characterize NSSI as a maladaptive coping strategy to relieve tension or stress. Within the intrapersonal framework, NSSI also serves an anti-suicide function, countering suicidal ideation by reducing negative emotional instability without directly addressing suicidal impulses (Klonsky, 2007).

NSSI as Repetitive Behavior

NSSI in this study was not an isolated occurrence but a recurring coping mechanism to stabilize negative emotions, leading to dependency on these behaviors. This aligns with Khairunnisa et al. (2022), who suggest that NSSI becomes repetitive as individuals perceive it as soothing during recurring emotional difficulties, perpetuating a vicious cycle where negative emotions intensify. The first participant reported an escalation in NSSI behaviors over time, while the second and third participants described consistent, non-escalating patterns of NSSI. Prolonged engagement in NSSI for emotional regulation can develop into addictive behavior, reinforced by maladaptive cognitive patterns and emotion dysregulation. This is corroborated by Wang et al.'s (2023) longitudinal study of 3,925 adolescents, which found that emotion dysregulation mediates the relationship between stressors and the frequency of Repetitive NSSI (R-NSSI), indicating that NSSI may evolve from a coping mechanism into an addictive response to emotional management challenges.

Limitations

This study has several limitations. First, the small and gender-specific sample limits the transferability of the findings to male or non-binary adolescents. Second, participants were drawn from a single cultural context, which may influence how abuse, neglect, and self-injury are experienced and narrated. Third, reliance on retrospective self-reports may introduce recall bias. Future studies should involve more diverse samples and mixed-method designs to enhance generalizability.

CONCLUSION

This study demonstrates that non-suicidal self-injury among late adolescents with histories of child abuse and neglect functions as a maladaptive coping strategy rooted in emotional dysregulation, moral self-punishment, and unresolved relational trauma. NSSI behaviors were closely linked to internalized self-blame, cognitive overload, and difficulties expressing anger, often emerging in solitary contexts triggered by memories of childhood maltreatment.

These findings underscore the importance of trauma-informed interventions that address emotion regulation difficulties and internalized punitive beliefs. Clinicians should prioritize therapeutic approaches that foster self-compassion and adaptive coping. Theoretically, this study contributes to a deeper understanding of NSSI as a relationally embedded and morally mediated coping mechanism. Future research should expand these findings through larger, longitudinal, and culturally diverse samples.

REFERENCES

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Brown, R. C., Heines, S., Witt, A., Braehler, E., Fegert, J. M., Harsch, D., & Plener, P. L. (2018). The impact of child maltreatment on non-suicidal self-injury: Data from a representative sample of the general population. *BMC Psychiatry, 18*(1), 1–8.

Elvira, S. R., & Sakti, H. (2021). Eksplorasi pengalaman nonsuicidal self-injury (NSSI) pada wanita dewasa awal: Sebuah interpretative phenomenological analysis. *Jurnal Empati, 10*(5), 319–327.

Khairunnisa, N., & Oriza, I. I. (2023). Infleksibilitas psikologis dan perilaku non-suicidal self-injury (NSSI) pada dewasa muda: Kepuasan hidup sebagai moderator. *Jurnal Magister Psikologi UMA, 15*(2), 124–133.

Klonsky, E. D. (2007). Non-suicidal self-injury: An introduction. *Journal of Clinical Psychology: In Session, 63*(11), 1039–1043.

Klonsky, E. D. (2011). Non-suicidal self-injury in United States adults: Prevalence, sociodemographics, topography and functions. *Psychological Medicine, 41*(10), 1981–1986.

Krisnanti, W., Yuspendi, & Megarini, M. Y. (2024). Pengaruh terapi reach forgiveness terhadap dimensi attachment remaja dengan perilaku non-suicidal self-injury (NSSI). *Jurnal Procedia Studi Kasus dan Intervensi Psikologi, 12*(3), 137–143.

Kementrian Pemberdayaan Perempuan dan Perlindungan Anak. (2024). *Kasus kekerasan menurut provinsi di Indonesia*. https://kekerasan.kemenpppa.go.id/ringkasan

Mughal, F., Chew-Graham, C. A., Babatunde, O. O., Saunders, B., Meki, A., & Dikomitis, L. (2023). The functions of self-harm in young people and their perspectives about future general practitioner-led care: A qualitative study. *Health Expectations, 26*, 1180–1188.

Puspa, P., & Sinaga, S. I. (2023). A case study: Child abused in early childhood. *Journal of Early Childhood Education*, 23–32.

Rahayu, A. L., & Ariana, A. D. (2023). Hubungan dukungan sosial secara daring melalui Twitter dengan perilaku nonsuicidal self-injury pada remaja. *Jurnal Fusion, 3*, 528–536.

Reinhardt, M., Rice, K. G., & Horváth, Z. (2022). Non-suicidal self-injury motivations in the light of self-harm severity indicators and psychopathology in a clinical adolescent sample. *Frontiers in Psychiatry, 13*, 1-16.

Sabrina, V. A., & Afiatin, T. (2023). Peran disregulasi emosi terhadap kecenderungan melakukan perilaku nonsuicidal self-injury (NSSI) pada remaja. *Gadjah Mada Journal of Psychology, 9*(2), 192–214.

Santrock, J. W. (2012). *Life-span development* (13th ed.). Erlangga.

Sevtin, K. S., & Satiningsih. (2023). Dampak negatif korban child abuse and neglect (CAN). *Jurnal Penelitian Psikologi*, 312–313.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method, and research*. Sage Publications.

Sugiyono. (2022). *Metode penelitian kualitatif*. Alfabeta.

Wang, Y., Liu, J., Liu, X., & Xing, S. (2023). Experiencing stress impact on adolescent repetitive nonsuicidal self-injury: The mediating role of emotion dysregulation and maladaptive cognitive schemas. *Journal of Affective Disorders*, 392–399.

Zain, Z. F., & Arbi, D. K. (2023). Gambaran perilaku non-suicidal self-injury (NSSI) pada remaja dengan kecenderungan eating disorders. *Jurnal Fusion, 3*, 537–544.