



Self-Harm Measurements

¹Sugeng Mashudi, ²Laily Isroin, ³Aslan Alwi
^{1,2,3}Universitas Muhammadiyah Ponorogo
Email: sugengmashudi@umpo.ac.id

Abstract

Background: Self-harm could be a basic nursing mental health issue for adolescents/young grown-ups. **Aims:** The purpose of this study is to explain the self-harm measurement tool. **Method:** Four databases were systematically searched (Google Scholar, PubMed, Scopus and Web of Science). **Results and Discussion:** Eight frequently used self-harm assessment tools were identified and assessed for risk of bias, criteria for good measurement properties, and quality of evidence using the COSMIN checklist. Of these, two tools had sufficient evidence of internal consistency (ISAS, QNSSI), and one had been frequently used with adults (NSSI-AT). **Conclusion:** These five tools may have the potential for use in adults for content validity and measurement properties in the general population.

Keywords: Self-harm, Nursing, Adolescents, Measurement, Mental Health.

Introduction

Self-harm is a complex phenomenon that involves a variety of psychological, social, and cultural factors. Self-harm (an umbrella term for suicide, attempted suicide, and non-suicidal self-harm) has gained attention as an open topic for well-being (Moon et al., 2024; Sugeng Mashudi, T.N. Saifullah, 2024). Measurement of self-harm is an important aspect of psychiatric care that involves identifying, assessing, and intervening in self-destructive behaviours (Liljedahl et al., 2023). This phenomenon can manifest itself as cutting oneself, setting oneself on fire, or other actions that can cause injury, even without suicidal intent (Smith, 2015). Measuring self-harm behaviour is important in nursing care. By understanding and measuring the frequency, intensity, and context of self-harm, nurses can design appropriate interventions to help clients manage and reduce self-harm. Accurate measurement of self-harm behaviour allows evaluation of the effectiveness of implemented interventions and facilitates collaboration between nurses, clients, and care teams in the client's recovery process. Therefore, developing valid and reliable methods to measure self-harm behaviour is a priority in mental health nursing research. A subsequent meta-analysis found that the global 12-month prevalence of self-harm among children and young people was 14.2% (Lim et al., 2019). More people commit suicide within a year than the average population (Hawton et al., 2021; Wong et al., 2023). Therefore, avoiding self-harm can be an important factor for adolescents' well-being.

Mediation must specifically address the situation of groups at risk of self-harm. Young women, women, and people with disabilities are increasingly considered to be two of these groups (Krahn et al., 2015; Mashudi & Yusuf, 2021). Population-based studies have found that adults with disabilities are more likely to self-harm than other adults (Emerson et al., 2024). However, little is known about the prevalence of self-harm and its associated risk factors among teens with disabilities (Emerson et al., 2019). There are four self-harm measurement tools outlined in this article. The purpose of this article was to explain the self-harm measurement tool.



Method

From inception to February 20, 2024, four databases were systematically searched (Google Scholar, PubMed, Scopus and Web of Science). Combination keyword are Assess* or measur* or test* or tool* or “treatment outcome*“or scale* or survey or screen* or questionnaire* or quotient* or inventor* or instrument* or interview* or checklist* or index* or indices) AND (“Self-harm*“or selfharm* or “self injur*“or selfinjur* or “non suicid* self injur*).

Result And Discussion

We searched for studies that used instruments to assess self-harm behaviour in adults in the general population, and 953 articles were reviewed, of which 80 were retained for analysis. Most studies used a cross-sectional design (n = 74, 81.32%), and sample sizes ranged from 97 to 11,529 adults from the general population. Fourteen different instruments were used to assess self-harm. The self-report questionnaire included: Body-Focused Self-Harm Expectancy Questionnaire (BSBEQ; Forbes, Tull, Lavender, Dixon-Gordon, & Gratz, 2022).

Cardiff Self-Injury Inventory (CSII; Snowden, Tyree, Gray, 2023); Deliberate Self-Injury Inventory (DSHI; Gratz, 2001). Functional Assessment of Self-Mutilation (FASM; Lloyd, 1997). Self-Injury Statement Inventory (ISAS; Klonsky & Glenn, 2009); NSSI-AT (Whitlock et al., 2014); QNSSI (Turner et al., 2012); Self-Injury Inventory (SHI; Sansone, Wiederman, & Sansone, 1998). Self-Injury Questionnaire – Treatment-Related (SIQ-TR; Claes & Vandereycken, 2007b); Ottawa Self-Injury Inventory (OSI; Martin et al., 2013); Repetitive Nonsuicidal Self-Injury Questionnaire (R-NSSI-Q; Manca, 2009). Self-Harm Behavior Questionnaire (SHBQ; Gutierrez, 1998). This search also identified two interviews with clinicians. Clinician-Administered Nonsuicidal Self-Injury Disorder Index (CANDI; Gratz, Dixon-Gordon, Chapman, and Tull, 2015). and SITBI (Nock et al, 2007).

Five of these tools were used in only one study (BSBEQ, CANDI, OSI, R-NSSI-Q, SHBQ) in adults from the general population without comorbid medical conditions; No further consideration was given.

Conclusion

These five tools may have the potential for use in adults for content validity and measurement properties in the general population. Future research should examine the content validity of tools developed for the general population of autistic people to determine whether they also adequately capture self-harm behaviours in this group. If not, further work is needed to adapt the available measures using focus groups and cognitive interviews and to examine whether this improves measurement properties.

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