

Coping strategies as predictors of non-suicidal self-injury (NSSI) tendencies among university students

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Abstract: *This study aims to examine the effect of coping strategies on Non-Suicidal Self-Injury (NSSI) behavior among students at Universitas Negeri Semarang. This study employed a quantitative design involving 125 respondents selected through purposive sampling. The research instruments used were the Brief COPE Scale and the Inventory of Statements About Self-Injury (ISAS). The data were analyzed using multiple linear regression. The results showed that, simultaneously, coping strategies had a significant effect on NSSI behavior ($R^2 = 0,124$; $F = 5,692$; $p = 0,001$). Coping strategies accounted for 12,4% of NSSI behavior, while the remaining 87,6% was influenced by factors outside the research model. Partially, the coping dimensions did not show a significant individual effect ($p > 0,05$). These findings indicate that the effect of coping strategies on NSSI behavior is collective, with statistical significance emerging from the interaction among coping dimensions as a whole rather than from the independent effect of each dimension. The implication of this study is the need for holistic intervention programs to optimize students' overall coping systems as a preventive measure against NSSI.*

Keywords: coping strategies; non-suicidal self-injury; university students.

Abstrak: Penelitian ini bertujuan untuk menganalisis pengaruh strategi koping terhadap perilaku Non-Suicidal Self-Injury (NSSI) pada mahasiswa Universitas Negeri Semarang. Penelitian ini menggunakan desain kuantitatif dengan melibatkan 125 responden yang dipilih melalui teknik purposive sampling. Instrumen penelitian yang digunakan adalah Brief COPE Scale dan Inventory of Statements About Self-Injury (ISAS). Teknik analisis data yang diterapkan adalah regresi linier berganda. Hasil penelitian menunjukkan bahwa secara simultan, variabel strategi koping berpengaruh signifikan terhadap perilaku NSSI ($R^2 = 0,124$, $F = 5,692$, $p = 0,001$). Strategi koping memberikan kontribusi sebesar 12,4% terhadap perilaku NSSI, sedangkan sisanya sebesar 87,6% dipengaruhi oleh faktor lain di luar model penelitian ini. Secara parsial, dimensi koping tidak menunjukkan pengaruh signifikan secara individual ($p > 0,05$). Hasil penelitian ini mengindikasikan bahwa pengaruh strategi koping terhadap perilaku NSSI bersifat kolektif, di mana signifikansi statistik muncul melalui interaksi antar dimensi koping secara bersama-sama, bukan melalui pengaruh independen dari masing-masing dimensi. Implikasi penelitian ini adalah perlunya program intervensi holistik untuk mengoptimalkan sistem koping mahasiswa secara menyeluruh sebagai upaya preventif terhadap perilaku NSSI.

Kata kunci: strategi koping; melukai diri tanpa niat bunuh diri; mahasiswa.

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INTRODUCTION

University students are individuals in the early adulthood phase who are pursuing higher education, a period characterized by efforts to explore self-identity and demands for independence in academic and social domains (Arinda & Mansoer, 2020). Students are often exposed to pressures arising from the intensity of academic workloads (Qiptiah & Muluk, 2024). The developmental demands of early adulthood require students to possess emotional maturity and the capacity for self-regulation to cope with academic and social pressures (Pujiati, 2024).

There is a discrepancy between expectations of self-regulation and the high prevalence of psychological problems among university students. Based on survey data from BEMKM UNNES (2024), the prevalence of psychological problems among students was relatively high, including anxiety at 35%, depression at 23.8%, and stress at 20.6%. According to Sabrina & Afiatin, (2023), students who face pressure without adequate support or with poor emotion regulation are more likely to use maladaptive coping strategies, such as avoidance, denial, or the discharge of negative emotions.

Zulkifli et al., (2024) emphasized that NSSI is a form of maladaptive coping used to reduce emotional tension, particularly when individuals do not possess healthy stress-management strategies. The consequences of unhealthy coping may include decreased learning motivation, sleep disturbances, social isolation, and the emergence of self-destructive behaviors such as Non-Suicidal Self-Injury.

The phenomenon of NSSI among university students has become increasingly relevant due to the high academic, social, and emotional pressures they face. Based on the study by Thippaiah et al., (2021), some adolescents and young adults use NSSI as a way to cope with unresolved emotional distress.

NSSI is a form of maladaptive coping used to reduce emotional tension when healthy stress-management strategies are unavailable. According to the DSM-5-TR, this behavior is performed at least five times within one year to relieve negative emotions or gain control over stressful situations, with common forms including hitting oneself, pulling hair, and cutting the skin (American Psychiatric Association, 2022).

Understanding the causes of Non-Suicidal Self-Injury cannot be separated from the various factors that influence an individual's psychological condition. The triggering factors of NSSI are divided into two broad groups. The first is intrapersonal factors, which include maladaptive coping mechanisms, difficulties in regulating emotions, and low self-confidence. The second is interpersonal factors, such as poor communication skills, limited social support, and negative media influences. When individuals do not have healthy ways to manage distress, they become more vulnerable to seeking instant but destructive outlets, such as self-injury (Yuliandhani et al., 2020).

According to Pujiati, (2024), factors such as resilience, social support, gender, age, and prior stressful experiences also influence students' coping patterns. The coping strategies employed by students not only reflect how they respond to pressure but also directly affect their psychological well-being and quality of life. Students with high levels of resilience and good emotion regulation tend to use adaptive coping to solve problems constructively and maintain emotional stability (Basaria, 2023).

Lazarus and Folkman's theory, as discussed in Elvika et al., (2023), defines coping as a dynamic cognitive and behavioral process for managing stress in accordance with an individual's appraisal. Coping strategies in Folkman and Lazarus's theory, as adapted by Siaputra et al., (2023) consist of three main aspects: Problem-Focused Coping, which focuses on seeking solutions; Emotion-Focused Coping, which focuses on emotion regulation; and Dysfunctional Coping, which represents destructive escape when individuals fail to manage negative emotions.

Individuals who engage in NSSI show a strong tendency to use maladaptive coping, particularly patterns of denial and avoidance (Han et al., 2024). Thus, NSSI is not merely an impulsive act but a coping strategy that emerges when individuals do not have healthy alternatives for managing distress.

This study focuses on the theoretical urgency of positioning coping strategies as a primary predictor for understanding NSSI among university students. This focus aims to address a gap in the literature at Universitas Negeri Semarang (UNNES), where previous studies have more often discussed academic stressors in general. This urgency is reinforced by internal data showing significant levels of

anxiety, depression, and stress, which clinically increase the risk of maladaptive behavior due to limited emotion regulation. By positioning coping strategies as predictor variables, this study is expected to explain how NSSI becomes an alternative when an individual's adaptive mechanisms do not function optimally in the face of intense emotional burdens. Pre-research interview data with a student identified by the initials DN showed the persistence of NSSI behavior as a coping mechanism despite

external clinical intervention. This indicates that independent coping capacity is a crucial predictor of the continuation of such behavior.

METHOD

This study used a quantitative correlational approach to examine two variables: coping strategies and NSSI. The study population consisted of students at Universitas Negeri Semarang.

Table 1. Respondent Demographics

Characteristic	Respondent	Frequency	Percentage
Gender	Male	31	24,8%
	Female	94	75,2%
Age	18-20 years	66	52,8%
	21-25 years	59	47,8%
Cohort	2020-2021	8	6,4%
	2022-2025	17	93,6%
Faculty	FEB, FBS, FIPP andFT	95	76%
	FMIPA, FH, FK, FIK and FISIP	30	24%
	Jumlah	125	100%

The majority of participants were female students, with the most dominant age distribution between 20 and 21 years. Most participants were students from the newer cohorts, from 2022 to 2025, and came from various academic backgrounds, with the largest representation from the Faculty of Economics and Business, Faculty of Languages and Arts, Faculty of Education and Psychology, and Faculty of Engineering, which together accounted for most of the total sample.

Subject characteristics were limited to the age range of 18-25 years to ensure that participants were in the early adulthood developmental phase. Participants with a history of self-injurious behavior (Non-Suicidal Self-Injury) were limited to those who had intentionally performed such acts on at least five days in the past year, in accordance with the DSM-5-TR criteria. The data collection procedure was conducted in accordance with ethical principles in psychological research. Each participant was provided with informed consent explaining the research objectives, data confidentiality, and the participant's right to withdraw without penalty. Considering the sensitivity of the research topic related to self-injurious behavior, the researcher also provided an early warning and minimized the risk of psychological distress among respondents during questionnaire completion. Recruitment

of 125 participants was conducted by distributing questionnaires via various student communities, without including sensitive labels or titles related to self-injurious behavior on the initial flyer, to prevent subjects from choosing to participate solely because they were attracted to or personally relevant to the research topic.

Data were collected using two main instruments. The first was the 28 item Brief COPE scale to measure coping strategies, adapted by Siaputra et al., (2023), the reliability test results showed very good coefficients across all three dimensions. The Problem-Focused Coping dimension had a coefficient value of 0,812, the Emotion-Focused Coping dimension had a coefficient value of 0,825, and the Dysfunctional Coping dimension had a coefficient value of 0,808.

The Inventory of Statements About Self-Injury (ISAS) scale was used to identify self-injurious behavior (Liza et al., 2024) and demonstrated very high reliability. The test results indicated a reliability coefficient of 0,966. Data analysis was conducted using quantitative correlational analysis to describe demographic profiles and the distribution of variable scores. Hypothesis testing was then performed using multiple linear regression to examine the effects of the variables both individually (t-tests) and jointly (F-tests), followed by statistical assumption tests,

including normality, heteroscedasticity, and linearity.

RESULTS AND DISCUSSION

Table 2. Types of Behavior

No	Respondent	N	F	%
1.	Hitting	125	59	47,2%
2.	Pulling Hair	125	56	44,8%
3.	Picking Wounds	125	49	39,2%
4.	Biting	125	45	36,0%
5.	Scratching	125	39	31,2%
6.	Cutting	125	32	25,6%
7.	Scraping/Abrading	125	29	23,2%
8.	Other	125	25	20,0%
9.	Piercing the Skin with a Sharp Object	125	16	12,8%
10.	Burning	125	10	8,0%
11	Injuring the Eyes	125	5	4,0%

The prevalence of NSSI behaviors varied from the highest category, namely hitting (F = 59; 47,2%), to the lowest category, namely

injuring the eye area (F = 5; 4,0%), among the total sample of n = 125 participants.

Table 3. Descriptive Test Results

	N	Min	Max	Mean	SD
PFC	125	6	24	15	4,2
EFC	125	13	40	26	6,3
DC	125	17	47	30	5,3
NSSI	125	46	156	102	21

Participants had an average PFC score of 15, with a range from 6 to 24 and a standard deviation of 4,2. For EFC, the average score was 26, with a range from 13 to 40 and a standard deviation of 6,3. Meanwhile, DC had the highest mean score of 30, with a range from

17 to 47 and a standard deviation of 5,3. Finally, the NSSI variable showed a mean score of 102, with a broad range from 46 to 156, and a standard deviation of 21, reflecting substantial variation in self-injury tendencies among the 125 participants.

Table 4. Categorization Results

Score	Category	F	%
High	$X > 123$	23	18,4%
Moderate	$81 < X < 123$	79	63,2%
Low	$X < 81$	23	18,4%
Total		125	100,0

Most participants exhibited NSSI at a moderate level, namely 79 (63,2%).

Meanwhile, the numbers of participants in the high and low categories were equal, with 23 participants in each (18,4%).

Table 5. F-Test Results

	Sum of Squares	df	Mean Square	F	Sig
Regression	6851,091	3	2283,697	5,692	0,001
Residual	49548,797	121	401,230		
Total	55399,888	124			

The simultaneous test results showed an F-value of 5.692 at a significance level of 0,001. The dimensions of coping strategies, consisting

of PFC, EFC, and DC, jointly influenced NSSI behavior.

Table 6. t-Test

Variabel	B	Std.Error	Beta	T	Sig
Constant	72,906	11,945		6,104	0,000
PFC	1,392	0,812	0,278	1,714	0,089
EFC	0,275	0,549	0,082	0,501	0,617
DC	0,021	0,348	0,005	0,060	0,953

The t-test results showed that the three dimensions of coping strategies did not have a significant effect on NSSI behavior ($p > 0,05$).

Specifically, the PFC dimension had a beta of 0,278 ($p = 0,089$), EFC had a beta of 0,082 ($p = 0,617$), and DC had a beta of 0,005 ($p = 0,953$).

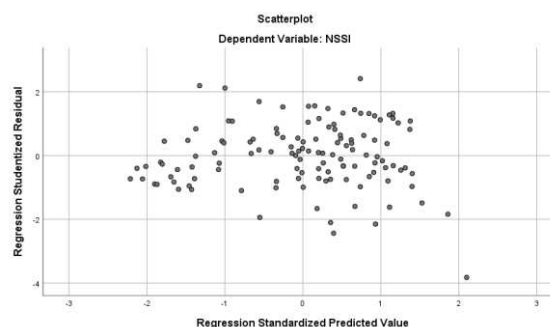
Table 7. Normality Test

Statistik	Nilai
N	125
Mean Residual	0,000
Residual Standard Deviation	19,78
Nilai K-S (Z)	0,056
Asymp. Sig. (2-tailed)	0,200

A significance value of 0,200 was obtained. Because this value exceeds the

significance level of 0,05, the residuals in this research model are normally distributed.

Figure 1. Heteroscedasticity Test



Based on the scatterplot, the data points were randomly distributed above and below 0 on the Y-axis without forming a specific

pattern; therefore, the regression model showed no evidence of heteroscedasticity.

Table 8. Linearity Test

Source	Sum of Squares	df	Mean Square	f	Sig
Linearity	4751,262	1	4751,262	13,786	0,000
Deviation from Linearity	23421,726	44	532,312	1,545	0,046

The test results showed that the linear component was significant ($F = 13,786$; $p < 0,001$). Although the deviation from linearity was 0,046, the model was considered robust because the assumptions of normality and homoscedasticity were fulfilled.

Table 9. Coeffecient of Determination

R	R Square	Adjusted R-Square	Std. Error of the Estimate
0,352	0,124	0,102	20,03072

The coefficient of determination (R^2) was 0,124, indicating that coping strategy variables, assessed through the dimensions of Problem-Focused Coping, Emotion-Focused Coping, and Dysfunctional Coping, collectively explained 12,4% of the variation in NSSI behavior among participants. Meanwhile, the remaining 87,6% was influenced by other variables not included in this research model.

The findings of this study reveal that coping strategies simultaneously influence the tendency toward Non-Suicidal Self-Injury among students at Universitas Negeri Semarang. Based on the regression test, coping strategies contributed 12,4%, indicating that self-injurious behavior on campus is not merely a technical problem-solving issue. This finding confirms that 87,6% of the variance is influenced by other variables.

The relatively low contribution of coping strategies in this study supports Awalinni & Harsono (2023) view that coping is often situational and fragile. This demonstrates that mastery of coping strategies alone does not guarantee that students will avoid NSSI behavior without affective stability. Based on Folkman and Lazarus's (1984) stress and coping theory, individuals with NSSI tendencies are indicated to experience barriers at the secondary appraisal stage. In this

condition, students perceive that the available coping resources are inadequate to address existing stressors, resulting in dysfunction of adaptive strategies, which then shift toward physical regulation mechanisms through self-injurious acts.

One other variable that may exacerbate coping failure is maladaptive emotion regulation. From a network analysis perspective, Yang et al., (2025) found that emotion regulation is a central node linking psychological distress to NSSI among university students. Szewczuk-Bogusławska et al., (2024) showed that emotion regulation and depression are more dominant than coping mechanisms alone. The gap between academic demands and emotional maturity leads students with poor emotional regulation to use NSSI as an immediate escape mechanism.

Zhou & Luo (2025) explained that students who feel powerless over their lives tend to maintain NSSI as a persistent coping method. Low self-efficacy makes the Problem-Focused Coping dimension in this study less meaningful. Without self-belief, problem-solving efforts may instead become a new source of frustration, triggering anger toward oneself.

The most common forms of NSSI among UNNES students were hitting the body and pulling hair. This study is consistent with the

report by Putri et al., (2023) which found that self-hitting is among the most frequently concealed forms of aggression. Non-bloody NSSI behaviors such as hitting the body and pulling hair are often perceived as mild, even though they are associated with psychological distress (Breet et al., 2025).

Coping failure on campus is often rooted in the fragility of the support foundations at home, which serve as the primary support system. Ajos (2024) added that disengagement coping is positively associated with NSSI, particularly among students from vulnerable family backgrounds. Conversely, systemic support can strengthen adaptive coping. Traumatic experiences and family violence have been shown to drastically increase the frequency of NSSI (Gaspar et al., 2025). Yuditha et al., (2024) found that victims of violence tend to internalize pain through physical aggression toward themselves as a defense mechanism against past wounds.

The findings of Liu et al., (2023) indicate that individuals with self-compassion have far more adaptive emotion regulation. Low self-compassion among students is often caused by unrealistic standards of perfection. Students who judge themselves for every failure tend to engage in NSSI as a form of “atonement” or punishment. Without changing the mindset from self-judgment to self-acceptance, all forms of coping training will fail completely. Developing self-love is a radical step needed to counter destructive urges that arise from self-hatred.

There is a contradiction in which students continue to engage in NSSI even though they understand healthy coping. According to Yuliandhani et al., (2020), emotional pressure in early adulthood often leads individuals to ignore their cognitive knowledge. This study is in line with Lazarus and Folkman’s (1984) stress and coping theory, which posits that at the secondary appraisal stage, individuals evaluate the resources available to them for coping with stressors. Perceived limitations in coping resources can increase an individual’s tendency to use less adaptive coping strategies. However,

maladaptive coping cannot be explained solely through an individual’s evaluation of their own capacity; it is also influenced by contextual factors, such as the intensity of emotional distress, social support, stigma toward seeking psychological help, and access to mental health services. Knowledge of adaptive coping is not always applied when resources are perceived as limited.

Maladaptive coping worsens risk, but social stigma and limited access to services are more decisive (Lindquist et al., 2025). This is relevant to the study by Siswanto & Sandjaja (2024) which found that stigma continues to prevent students from seeking help even when services are available. The gap between university health services and students’ needs is a critical issue that leaves students feeling trapped and distrustful of the effectiveness of support. Psychological barriers in the form of shame significantly hinder students with NSSI tendencies from accessing professional support.

Coping strategies do play a significant role in NSSI tendencies among UNNES students; however, their influence is limited within a complex system. Self-injurious behavior is a manifestation of the interaction between fragile coping, failed emotion regulation, and environmental pressure. The limitations of this study lie in the narrow range of predictor variables and the homogeneity of the sample.

CONCLUSION AND SUGGESTIONS

This study concludes that coping strategies simultaneously influence tendencies toward Non-Suicidal Self-Injury behavior among UNNES students. However, the relatively small contribution (12,4%) indicates that coping strategies are not the sole determining factor. Self-injurious behavior is more appropriately understood as the result of failures in other areas, such as emotion regulation, cognitive distortions, and limited social support. Students tend to choose NSSI as an immediate escape mechanism when academic and emotional burdens exceed their mental defense capacity.

Rather than teaching only partial technical coping skills, the UNNES Psychological Services Unit is advised to implement systemic interventions that integrate all dimensions of coping strategies simultaneously to mitigate

NSSI behavior. This recommendation is based on the finding that coping effectiveness depends on the collective synergy among dimensions rather than on a single predictor. However, it should be noted that this study used a cross-

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