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Analyse the Impact of Bullying Victimisation on Adolescent Self-Harm Behavior, and What are the Counseling Effort?

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Abstrak

Insiden self-harm yang sangat tinggi di kalangan remaja, tindakan self-harm sering dipicu oleh tekanan eksternal, terutama perundungan, yang telah diidentifikasi sebagai faktor kontributor signifikan. Studi ini bertujuan mencapai tiga tujuan utama: pertama, mengidentifikasi kasus melukai diri pada remaja; kedua, meneliti peran perundungan sebagai pendahulu perilaku tersebut; dan ketiga, menilai efektivitas strategi pencegahan saat ini. Penelitian ini melibatkan tinjauan komprehensif terhadap artikel melalui tinjauan literatur sistematis dimana 40 artikel dianggap relevan untuk dianalisis. Temuan menunjukkan adanya hubungan yang jelas antara bullying dan self-harm, di mana remaja yang mengalami perundungan jauh lebih rentan untuk melakukan perilaku menyakiti diri sendiri. Hal ini sebagian disebabkan oleh respons psikologis korban, di mana mereka mungkin mencoba "membalas" atau mengekspresikan gejolak batin mereka dengan melakukan self-harm. Oleh karena itu, penting untuk memulai pencegahan dengan tujuan mencegah bullying agar perilaku self-harm dapat dikurangi. Setelah itu, perlu mengambil langkah pemulihan untuk mengurangi dampak bullying.

Kata kunci: Korban Bullying; Konseling; Remaja; *Self-Harm*

Abstract

The alarmingly high incidence of self-harm among adolescents, such acts of self-harm are often triggered by external pressures, notably bullying, which has been identified as a significant contributing factor. The study aims to achieve three main objectives: firstly, to identify instances of self-harm in adolescents; secondly, to examine the role of bullying as a precursor to such behaviours; and thirdly, to assess the effectiveness of current prevention strategies. This research involves a comprehensive review of articles form throught a systematic literature review of which 40 article are considered relevant for analysis. The findings indicate a clear association between bullying and self-harm, with adolescents who experience bullying being significantly more susceptible to engaging in self-harming behaviour. This is partly attributed to the victims' psychological response, in which they may attempt to "retaliate" or express their inner turmoil by inflicting harm upon themselves. Therefore, it is important to start prevention with the aim of preventing bullying so that self-harming behaviors can be reduced. After that, it is necessary to take recovery steps to reduce the impact of bullying.

Keywords: *Adolescent; Bullying Victimization; Counseling; Self-Harm Behavior*

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INTRODUCTION

Adolescence is an important period for developing life goals that can support adolescents' developmental tasks in achieving desired goals. (Avedissian, 2021). Being a happy adolescent can be realised if developmental tasks are carried out properly. Happy adolescents are able to define life values deeply. The development of identity and autonomy often leads to mental health problems for the first time (Lewis-smith et al., 2021). Among mental health problems caused by bullying. The incidence of bullying in schools is a serious problem that affects student well-being (Varela et al., 2020). There are various factors that can influence bullying, such as the individual's self, peer group, school, parents, community environment, and social factors (Ahmed et al., 2022; Ding et al., 2020). Bullying can have a negative impact both in the short and long term (Pabian et al., 2022). Victims of bullying have a greater risk of developing mental disorders (Ahmed et al., 2022).

Bullying tends to peak during adolescence. Bullying is considered a serious problem among students in developed countries. As in Canada and the Netherlands adolescents in schools experience bullying around 10-30%. Bullying is a social pressure that has a great influence on adolescents (X. Li, 2020). Victims of bullying have a high risk of major mental disorders, disability, depression, anxiety, suicidal thoughts and self-harm behaviour. (Islam et al., 2020a). Bullying is verbal, physical, relational and cyber (Azami & Taremian, 2020). Experiencing bullying in childhood is a risk factor for suicidal behaviour later in life (Geoffroy et al., 2023). Relational and physical bullying appear to have a stronger impact than verbal and cyber bullying (Peng et al., 2020).

Research in China explains that adolescents who self-harm have a 66 times greater risk of committing suicide than adolescents in general within 1 year. The risk of suicide increases over time to 2.4-3% within 15 years. The prevalence of bullying victims was 12.4-59% for males and 8.4-45.5% for females. Meanwhile, in Australia in the last 12 years has a prevalence of self-harm of 8% which occurs among adolescents aged 12-17 years and is the leading cause of death in 15-24 years old (Islam et al., 2020b). Meanwhile, in China about 10-47% is committed by adolescents (X. Li, 2020; Peng et al., 2020; Ran et al., 2020a), and about 56% of children reported recurrent self-harm as a result of bullying (Ran et al., 2020b).

Self-harm is an important mental health problem and needs further attention to prevent its adverse effects. (Hetrick et al., 2020). Self-harm and bullying behaviour have a two-way relationship, namely bullying can affect self-harm and vice versa self-harm can also affect bullying (Esposito et al., 2017). Not many studies have examined intervention strategies to reduce the effects of bullying and self-harm in adolescents. Therefore, it is necessary to identify the perpetrators of self-harm. Intervention strategies can be provided by creating intervention programmers to address bullying in schools to prevent long-term impacts on adolescents' mental health development.

Research to date has clearly established that exposure to bullying is a factor in bullying. Given the importance of understanding efforts to alleviate self-harm behaviour as a result of bullying, this study aims to systematically investigate the relationship between bullying and self-harm in adolescents, and analyse intervention efforts designed or conducted regarding the phenomenon. In addition, to our knowledge there is little research on the different impacts of bullying and how to address these impacts.

Researchers hypothesis that if bullying can be addressed then the impact of bullying such as self-harm will also be reduced. This research is important because over the years bullying has increased which has led to an increase in self-harm behaviour, therefore it must be addressed as soon as possible. The importance of this research is to find strategies to reduce the occurrence of bullying and its effects, and self-harm.

METHOD

This SLR study used the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) instrument. The PRISMA method produces a set of guidelines designed to improve the quality and transparency of systematic reviews and meta-analyses. (Page et al., 2021). SLR is a rigorous research approach that involves a careful and methodical search for related studies, followed by critical appraisal and synthesising the findings (Azarian et al., 2023). PRISMA offers a structured methodology for conducting SLR, which includes directions for designing a search strategy, selecting studies, extracting data, and synthesising the information. (Shaffril et al., 2021). SLR research is conducted following the following Systematic Searching Strategies:

Identification

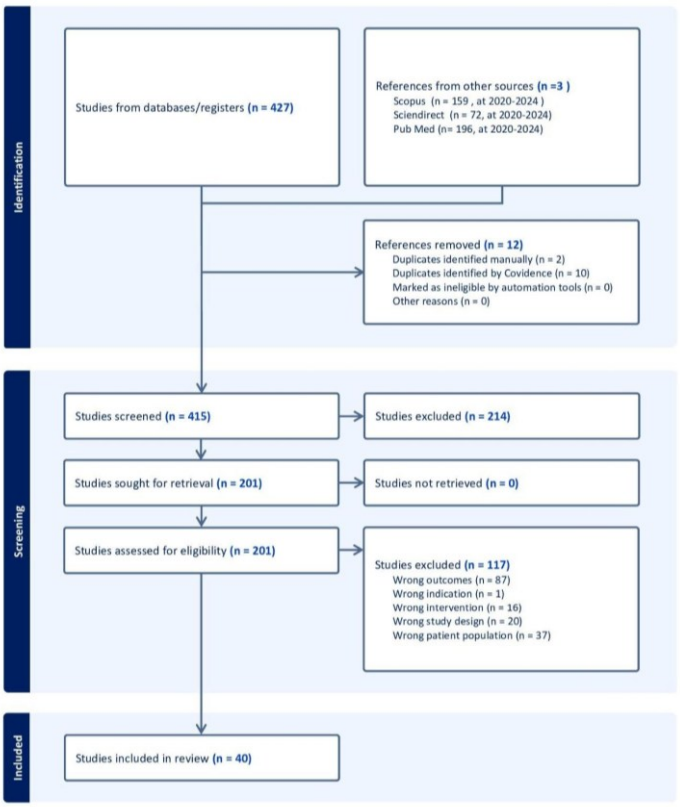
This section consisted of searching for related scientific articles in existing online research databases on Scopus, Sciencedirect, PubMed. The selection of these platforms is influenced by several factors, including accessibility, time coverage, thematic relevance, and content quality. (Wesz et al., 2023). The article search used several keywords such as "Self-harm" OR "Self-Injury" AND "Bullying) to search for articles related to self-harm.

Screening

Based on keyword searches on three databases, we obtained 159 articles on the Scopus database, 72 on the sciendirect database, and 196 on the PubMed database, totalling 427 articles. The articles identified are only for the last five years, 2020-2024, which use English.

Table 1. Data Base

No.	Data Base	Total
1	Scopus	159
2	Sciendirect	72
3	PubMed	196
Total		427



Picture 1. PRISMA Flow Chart

The number of articles may contain duplication, from 427 articles there are 12 articles that are indicated to be duplication so that it becomes 415. We then read the 415 titles and abstracts to select articles that were relevant to the research question. From 415 we excluded 201 articles and left 201 articles. Then, the researchers determined the population, namely adolescents aged 13-19 years, from 214 articles that were not classified as adolescents there were 37 people and 177 articles remained. Then, we re-read the full paper on outcomes, indication, intervention, study design, then we excluded 117 articles. Finally, the researchers determined the specifics by not linking self-harm with bullying, out of 117 articles that were not related to the specifics in question, 40 articles remained.

Eligibility

At this stage, articles that fulfil the initial criteria still require thorough validation through comprehensive reading and examination of the full text. The main objective is to ensure the presence of all necessary sections. This evaluative phase includes a careful review of the abstract, introduction, methodology, results, discussion and conclusion. The researcher must ensure smooth integration and coherence across all segments. If any article is deemed inappropriate, the researcher should transparently explain the reasons for exclusion, thereby reducing potential bias. (Tawfik et al., 2019).

HASIL DAN PEMBAHASAN

There are 40 articles relevant to this research topic and all of them are quantitative studies. The settings of the 40 studies varied.

Table 1. Relevant Research

No	Author	Findings	An intervention plan that has been done
1	(Peng et al., 2020)	There are different influences of bullying sub-types with suicide attempts	Create a curriculum for bullying prevention and mental health promotion programmes in schools.
2	(Ran et al., 2020b)	Emotion regulation and social support can be effective in reducing the risk of self-harm behaviour caused by bullying.	Form a training team consisting of counselling teachers, school psychologists and health workers.
3	(Azami & Taremian, 2020)	There is a relationship between the experience of being a victim of bullying and the risk of self-harm behaviour.	Preventive programmes should also consider the potential link between bullied victims and substance use, self-harm and suicide attempts.
4	(N. Wu, 2021)	There was an association between bullying experience and self-harm, which had the strongest effect on the bully-victim group.	Create a personal resilience learning programme.
5	(Kent et al., 2024)	Victims of bullying are 2.7 times more likely to self-harm.	Conduct mental health adaptation programmes.
6	(X. Wen, 2023)	There is an association between the experience of bullying, either as a victim or perpetrator, with an increased risk of suicide in adolescents and pre-adolescents.	1. A cognitive approach to improving memory function that may be impaired by bullying 2. Create a school environment that is conducive and intolerant of bullying through policy changes, anti-bullying curriculum, and social education for all students and staff. 3. Involve parents and the surrounding community to support the prevention and handling of bullying issues.

7	(X. Li, 2020)	Adolescents who have experienced bullying have a greater risk of self-harm.	1. Integrate learning about mental health and emotion management into the school curriculum. 2. Form a community of support among students to listen to each other, guide each other, and control emotional distress.
8	(Goueslard et al., 2024)	At least one in five teens will self-harm, and one in two hundred will die within three years of being hospitalised for self-harm.	Intervention in a psychiatric hospital
9	(Nguyen et al., 2020)	The phenomenon of self-harm behaviour among young adolescents in developing countries.	Development of apps or online support services for adolescents experiencing cyberbullying or mild mental disorders to prevent escalation to more serious levels.
10	(Zhao, 2022)	There is no relationship between bullying victimisation and self-harm.	Suggested intervention and prevention strategies include helping young people reduce emotional reactivity and to raise adolescents' awareness to withstand the adverse effects of cyberbullying victimisation.
11	(Faura-Garcia, 2021)	Cyberbullying victimisation is associated with self-harm through increased depression and maladaptive cognitive schemas.	Intervention using cognitive schema
12	(N. Wu et al., 2023)	Victims of bullying may be associated long-term with increased self-harm.	1. Increase intervention programmes that emphasise the importance of gratitude for students. 2. Involving parents and students in bullying prevention programmes at school
13	(Tetkovic et al., 2024)	Sexual minority youth are 2.44 times more likely to attempt suicide and 2.59 times more likely to self-harm by age 17.	Provide intervention in the form of providing an understanding of the impact of being a minority.

14	(Al-bitar et al., 2022)	Relatively high self-harm experiences reported by adolescents as a result of bullying.	A self-harm risk prevention and education programme that involves parents, teachers, and school officials with the aim of raising awareness of the dangers of self-harm.
15	(Zhu, 2022)	The study found a positive within-person association between victims of generalised bullying at age 15 with increased suicidal ideation at age 17.	Integrated prevention and intervention programmes to improve their efficiency and effectiveness.
16	(Kent et al., 2024)	Broader vulnerability to suicide and self-harm among detainees considering multiple individual risk factors.	An alleviation programme designed in collaboration with a mental hospital.
17	(Chen et al., 2023)	Symptoms of anxiety, depression, academic stress and school bullying are all associated with self-harm behaviours in the form of suicide attempts and non-suicidal self-injury.	Facilitate students with school counselling services and referral to mental health professionals if needed.
18	(Islam et al., 2020a)	Victims of traditional bullying and cyberbullying are associated with an increased risk of mental disorders, and self-harm in students.	Psychosocial support and counselling.
19	(O'Reilly et al., 2021)	Bullying has been associated with increased risk of self-harm and suicide attempts among unrelated individuals.	Interventions to combat bullying need to be comprehensive and take into account other factors such as underlying psychopathology and collaborative school culture to reduce self-harm and suicide attempts.
20	(Yang et al., 2021)	Adolescents who are victims of cyberbullying are more likely to make self-harm and suicide attempts compared to direct and relational victims.	A targeted intervention to address bullying victimisation is to create collaborative prevention.
21	(Y. Xiong et al., 2022)	Co-occurring and transitional self-harm and agreements and the transdiagnostic role of bullying victimisation.	A programme used to guide prevention and intervention strategies.

22	(Myklestad & Straiton, 2021a)	There is a strong relationship between bullying and self-harm.	Parent support and wellbeing programmes in schools.
23	(C. Q. Li, 2020)	There is a significant relationship between bullying behaviour and self-harm behaviour among junior high school students in Beijing. The more often a person is a victim of bullying, the greater their risk of self-harm.	Provide socialisation and counselling on bullying to students, teachers and parents to be more aware and vigilant.
24	(Hartmann et al., 2022)	Self-harm is caused by cyberbullying on social media.	Increased resilience as an effort to prevent the impact of bullying.
25	(John et al., 2023)	Self-harm occurs as a result of bullying	Loneliness avoidance measures.
26	(Che et al., 2022)	There is a relationship between victims of bullying and self-harm	Parent mediation and support services
27	(Hamal et al., 2023)	Self-harm is more common among adolescent victims of bullying compared to their peers.	Conduct mediation
28	(Luo, 2022)	Compared to uninvolved students, students with anxiety symptoms, self-harm and suicidal ideation had a higher risk of engaging in bullying at school and were more likely to be bullies, and victims.	Intervention programmes are urgently needed to help students involved in bullying at school, both in terms of their mental and physical health.
29	(Liang, 2023)	There are differences in self-harm between men and women who experience bullying.	Prevention and intervention
30	(Guo, 2024)	Bullying, alexithymia, and low self-esteem are important variables that influence self-harm among adolescents.	Prevention and intervention to improve campus atmosphere and mental health.
31	(Song, 2024)	There is a relationship between bullying and self-harm.	Prevention and intervention

32	(A. Wen, 2024)	There is a relationship between bullying and self-harm.	Parental autonomy support and fortitude were associated with weaker positive predictive effects of depression in adolescents who frequently self-harm.
33	(Lee, 2021)	The need to identify and manage related psychological factors in adolescent victims of bullying who self-harm.	Prevention and intervention
34	(H. Wang, 2024)	Clinically relevant depressive symptoms had a moderate effect on the relationship between childhood maltreatment, adulthood, and self-harm behaviour.	Identifying these factors may inform targeted interventions to prevent the development of self-harm behaviours among adolescents and young adults.
35	(Drubina, 2023)	Students who engage in bullying are more prone to self-harm behaviour and psychological symptoms compared to their peers who do not engage in bullying.	Identification in the school environment and cyberspace.
36	(Baker, 2023)	Higher school connectedness was indirectly associated with lower odds of having self-harm behaviour and depressive symptoms.	School support.
37	(Yan, 2023)	Bullying leads to depression and self-harm through negative thoughts.	Collaboration of parents, schools and psychoeducational workers on interventions.
38	(X. Wang, 2024)	Teens who are bullied tend to have a higher risk of suicidal tendencies.	Parent-school collaboration
39	(Ji, 2024)	Bullying has an indirect influence on self-harm behaviour.	Psychological well-being and adolescent development programme.
40	(Quitério et al., 2023)	Victims who experience bullying tend to be reticent to admit they are self-harming.	Accelerate early diagnosis and intervention, emphasising the need for comprehensive and timely treatment.

Based on the data in Table 1 on self-harm, bullying, and counselling interventions, there is a strong relationship between the experience of being a victim of bullying and self-harm behaviour among adolescents. Several studies revealed that the experience of bullying, either directly or through cyberbullying, can increase the risk of self-harm behaviour and even suicide attempts (John et al., 2018). For example, research by Peng et al., (2020) showed that certain sub-types of

bullying had a significant influence on suicidal ideation and self-harm, especially in adolescent victims or perpetrators between males and females in certain educational units. Eyuboglu et al., (2021) to address this issue, various intervention plans have been implemented, ranging from bullying prevention programmers in schools, emotion regulation skills training, to the establishment of communities of support for students (Schoeps et al., 2018). Some interventions emphasise the importance of social and psychological support, including the involvement of teachers, parents, and mental health workers in the context of education (which can be mediated through UKS services in schools). Cognitive-based approaches, such as improved memory function, mindfulness, and parental autonomy support, are also used to reduce the impact of bullying on self-harm behaviour.

Discussion

Self-Harm Behaviour

Researchers have identified a range of risk factors that increase the likelihood of self-harm. One of the main causes of self-harm is the inability to regulate emotions and distress effectively. Individuals who experience intense negative emotions, such as anxiety, depression or anger, may resort to self-harm as a maladaptive coping mechanism. In addition, a history of trauma, abuse, bullying, or other adverse life experiences can also increase the risk of self-harm, as such experiences can lead to difficulties in emotion regulation and interpersonal functioning. (Irwandi & Zin 2022; Stänicke et al., 2018).

Neurobiological factors also play an important role in the development of self-harm. Research suggests that individuals who engage in self-harm may have underlying neurological differences, such as changes in brain activity or neurotransmitter imbalances, that predispose them to this behaviour. (Li. et al., 2023). For example, research suggests that individuals with a history of self-harm may have decreased levels of serotonin, which can lead to impulsivity and difficulty in regulating emotions (Thompson et al., 2024). Genetic factors also contribute to the risk of self-harm, as certain genetic predispositions can make individuals more susceptible to developing self-harm behaviours (Campos et al., 2020). In addition, environmental and social factors, such as peer influence, family dynamics, and societal norms, can also play an important role in shaping an individual's propensity for self-harm (Crudgington et al., 2023).

It is important to note that acts of self-harm are often associated with a range of mental health conditions, including depression, anxiety, and borderline personality disorder (Reichl & Kaess 2021; Langjord et al., 2023). Individuals struggling with these disorders may be more likely to self-harm as a way to cope with their symptoms. In addition to the aforementioned risk factors, the function and meaning of self-harm can also vary across individuals. For some, self-harm may be a way to regulate strong emotions, while for others, self-harm may be a way to punish themselves or ask for help (Stänicke, 2021; Hetrick et al., 2020).

Understanding the various factors that contribute to self-harm is critical to developing effective prevention and intervention strategies. By addressing the psychological, biological and environmental factors that drive self-harming behaviour, mental health professionals can better support individuals in developing healthier coping mechanisms and improve their overall well-being.

Self-harm behaviour in adolescent victims of bullying

Self-harm, a complex and often misunderstood behaviour, has long been a topic of concern for the mental health community (Florindo Salvador et al., 2023). More in-depth evidence on the

complex relationship between various risk factors and mental health among adolescents has been needed (Stea et al., 2024). Self-harming behaviour among adolescents has increased in many countries, but little research has examined possible explanations (Tørmoen et al., 2023). Recent research has shed light on the potential relationship between self-harm and bullying, suggesting that these two issues may be more closely linked than previously thought. Bullying partially mediates the relationship between same-sex attraction and mental health (Tetkovic et al., 2024). Bullying, defined as intentional aggressive behaviour involving an offender and a victim in a school setting, was shown to be a significant risk factor for self-harm among adolescents (Dorol et al., 2021). Adolescents who are bullied at school are more likely to experience poor academic performance, low self-esteem, anxiety, depression, and even self-harming behaviour. (Myklestad & Straiton 2021a). In addition, adolescents who bully others and those who bully themselves are at greatest risk of experiencing mental health and behavioural problems (Källmén & Hallmén 2021a) (Källmén & Hallgren 2021).

The negative impact of bullying on adolescents' physical and mental health cannot be overstated. Bullying can result in physical injury, social and emotional distress, self-harm, and even death (Bryson et al., 2021). It also increases the risk of depression, anxiety, sleep difficulties, low academic performance, and school dropout (Awadalla et al., 2020). Interestingly, research has also found that adolescents who bully others have an increased risk of substance use, academic problems, and experiencing violence in adolescence and adulthood (Arcadepani et al., 2021). The link between self-harm and bullying is complex, and it is clear that more research is needed to fully understand the underlying mechanisms. However, existing evidence suggests that addressing bullying issues may be an important step in preventing self-harm behaviour among adolescents.

In conclusion, the relationship between self-harm and bullying is an important and concerning issue that requires further investigation and attention. Effective prevention and intervention strategies to address bullying and self-harm are essential to improve the overall well-being of young people, an issue of concern in adolescents, especially in those who are victims of bullying (Gabrielli et al., 2021). Self-harm behaviour can be defined as intentionally damaging or injuring oneself with the possibility of suicidal intent (Demuth 2019; Duarte et al., 2019). Bullying experienced by adolescents can be a significant risk factor for the likelihood of self-harm (Azami & Taremian, 2020).

Adolescents who are victims of bullying, be it physical, verbal, or social bullying, are vulnerable to mental health problems such as depression, anxiety, and low self-esteem (Balluerka et al., 2023). This condition can encourage them to commit self-harm as a way to cope with the pressure and pain they feel (Woodley et al., 2021). In addition, bullying can also cause adolescents to feel helpless, unaccepted by the environment, and lose hope for the future, which increases the risk of self-harm behaviour (Polat & Cansiz, 2024). In addition to bullying, another factor that can trigger self-harm behaviour in adolescents is academic stress (Nguyen et al., 2020). Pressure to do well in school, parental demands, and hormonal changes in adolescence can be a significant source of stress for adolescents (Utari & Hamid, 2021). Adolescents who experience high academic stress tend to be more prone to self-harm as a way to manage negative emotions and reduce the pain they feel (Chen et al., 2023).

Interventions already in place

The serious nature of this impact of bullying on physical and mental health points to the need for proactive policies and procedures to address this behaviour and improve screening and treatment for affected individuals (Jones et al., 2024). Bullying victimisation is the environmental

exposure most associated with suicide (Richardson et al., 2024). Meanwhile, self-harm and bullying behaviours were found to still occur in the 21st century education scene (Cheng, 2024; Louloudi, 2023). The strategic role of guidance and counselling is one of the important parts that accommodate non-ideal conditions such as bullying and self-harm behaviour in adolescents (Hawton et al., 2016). Guidance and counselling is an important educational tool in shaping the orientation of individuals from negative ideas instilled by their peers or even the closest social environment that comes from the family and society around them (Ahmad & Zadha, 2013). School guidance and counselling services are important for adolescent development (Xiong et al., 2023). Studies have shown that CBT counselling model is effective in reducing the frequency of self-harm behaviour, especially in adolescents by developing better emotion regulation skills to cope with stress (Kane et al., 2024).

Interventions for self-harm and bullying behaviours are conducted in the context of education at various levels ranging from secondary school to tertiary level (Madi et al., 2024; Richardson et al., 2024). A counselling intervention that has been used to reduce the risk of self-harm and bullying is Dialectical Behaviour Therapy (DBT). DBT is a comprehensive, evidence-based intervention for individuals with high-risk mental health problems, such as chronic suicidal tendencies, parasuicidal behaviour, and substance abuse (DeSerisy et al., 2023). Although primarily designed for self-harm behaviours, DBT remains effective when tailored to the needs of other clinical populations, age groups, or treatment settings integrated with other techniques (Sinnaeve et al., 2018; Swales, 2018). One of them is the integration of DBT with mindfulness techniques with emotion regulation, stress tolerance, and interpersonal effectiveness skills (Beaulac et al., 2019; Feliu-Soler et al., 2014). Nonetheless, DBT originally aimed to treat women who had high suicidal tendencies (Melo et al., 2024).. In addition, DBT helps individuals develop mindfulness of their emotions, which in turn reduces the urge to self-harm (Linehan et al., 1992). Subsequent research, suggests that mindfulness can help reduce self-harm behaviour by increasing individuals' ability to manage negative emotions (Kingston, 2008).

Interventions to address bullying can reduce self-harm (Myklestad & Straiton, 2021b). A multidimensional approach is believed to support the achievement of interventions for adolescents' self-harm and bullying behaviours and their attachment relationships with parents (Suljevic & Marquardt, 2016). Interventions for bullying behaviour also require a multidimensional approach, both on the part of the victim and the perpetrator. When assessed using multidimensional measures, only the subfactors of behavioural avoidance and repression and denial differentiated those with no history of self-injury from those with a recent history and those with a recent history from those with a past history of self-injury (Haywood et al., 2024). For victims, group therapy provides social support and allows them to share their experiences with others who have gone through similar experiences (Evans & Simms, 2019). For perpetrators, group therapy offers an environment where they can understand the impact of their actions and learn healthier ways of interacting with others. Group intervention programmes, such as the Olweus Anti-Bullying Programme, are effective in reducing the incidence of bullying in schools by providing a holistic approach involving students, teachers and families (Andrews et al., 2023; Olweus, 2010).

Adjustment to school is felt differently by each student who is a victim or perpetrator of bullying or self-harm. Interventions in schools play an important role in the prevention and treatment of bullying (Milsom & Gallo, 2006).. Violence manifests itself in many ways, and there is growing evidence that low-level or latent forms of violence have a profound impact on the school learning environment such as bullying behaviour among students or even with other

school members (Whitted & Dupper, 2005). A person-centred approach that emphasises connectedness and a school environment free from bullying should be a priority focus for schools, health professionals and public health policy makers (Richardson et al., 2024). Psychoeducational programmes, which provide training to students and teachers on the impact of bullying, have been shown to be effective in reducing bullying rates (Midgett et al., 2015, 2023). School-based intervention programmes that comprehensively involve the entire school community are more effective in creating long-term change (Kratochwill et al., 2004). Multidisciplinary and holistic approaches have been shown to be important in addressing self harm and bullying in individuals, as well as preventing adverse impacts on individuals' mental and emotional health (Diggins et al., 2016).

Future interventions

Interventions focused on alleviating self-harm and bullying problems have the opportunity to be developed more optimally in future intervention activities. Key intervention challenges include developing a better understanding of the factors that contribute to self-harm and suicidal behaviours in young people, particularly the mechanisms underlying contagion and the effects of information media (Hawton et al., 2012). Previous relevant interventions to address self-harm and bullying behaviours are recognised to have a significant impact on individual change in the counselling context. (Hawton et al., 2016). However, due to the complex social and psychological dynamics of these two issues, research continues to be required due to the need to develop more comprehensive and innovative interventions (Townsend et al., 2018). Further interventions are recommended to be able to explore as well as give consideration to factors that have not been optimally reached by conventional approaches or methods, such as trauma-informed approaches (Hikmat et al., 2024), utilisation of digital technology (Patchin & Hinduja, 2017) as well as an emphasis on the involvement of families and specialised communities around individuals that can provide positive energy to achieve adaptive attitudes and behaviours (Fortune et al., 2016).

Self-harm behaviours most commonly occur as a manifestation of past trauma, such as domestic violence, sexual abuse, or profound loss felt by individuals (Mossige et al., 2016; Raemen et al., 2021). Meanwhile, cases of bullying experienced by individuals as victims or perpetrators, often result from traumatic experiences such as emotional abuse or neglect (Selekman & Vessey, 2004). A trauma-informed approach emphasises the importance of understanding how past trauma influences current behaviour and helps counsellors design interventions that are more sensitive to individuals' traumatic experiences (X. Wang et al., 2019). Trauma informed approaches need to be integrated into individual and group counselling practices for individuals identified as exhibiting self-harm behaviours and their involvement in bullying (as perpetrators or victims). Trauma-informed interventions accommodate a deep understanding of the individual's trauma experience and history, provide emotional support, and create a harmonious environment for the individual. EMDR (Eye Movement Desensitisation and Reprocessing) therapy is one of the methods used in this approach (J.-Y. Wu et al., 2024). In addition, EMDR therapy can also accommodate the alleviation of psychological symptoms such as self harm and other bullying (Bal, 2024).

Information technology-based approaches have the potential to be an efficient intervention alternative for counsellors in the future. Digital technology is increasingly becoming an important tool in counselling interventions (Sagalakova et al., 2023).This includes addressing self-harm and bullying behaviours. Recent research has shown that mental health apps have the

potential to reduce self-harm behaviour among app users of different ages, especially adolescents with facilities and features that can be accessed at any time by the individual (Guerrero et al., 2024). Digital technology also plays a key role in addressing cyberbullying, which is becoming increasingly prevalent in the era of information technology development (Nurlia & Suardiman, 2020). More effective cyberbullying interventions should combine education and prevention approaches, which can be delivered through online platforms, social media, or digital intervention programmes (Ismaili et al., 2024; Quintana-Orts et al., 2024).

Community-based approaches such as schools and families are known to be effective in addressing individual self harm and bullying issues. Research results show that many schools are now oriented towards implementing socioemotional learning programmes to prevent school violence, including bullying and self-harm (Ramirez et al., 2023). This is supported by the fact that bullying among school-aged children continues to be a public health problem and is associated with a number of short- and long-term psychosocial and academic challenges for all youth involved, including youth who are victims, those who bully, and those who witness bullying (Espelage & Swearer, 2023). Among adolescents, supportive relationships with peers, parents, and teachers can support interventions in bullying and victimization, psychological health issues, and inform the formulation of more effective coping strategies with the support of positive school academic performance and positive social/emotional adjustment(Cross et al., 2024).

Family-based interventions include family therapy by leveraging family members to understand the emotional and interpersonal dynamics that may trigger deviant behaviours of self harm and bullying. People who experience suicidal thoughts and self-harming behaviours often struggle with a range of mental health, social, family and personal challenges (Jalali Azar et al., 2024). This approach can simultaneously improve psychological health and relationships within the family, so that helpful emotional and thought states can be established. In addition, education that promotes emotional and social skills should be reinforced in school programmes and curricula as a component of long-term interventions against potential self-harm and bullying in individuals (Cook et al., 2023; Joubert & Jacobs, 2024).

KESIMPULAN

Bullying and self-harm behaviours are strongly linked, especially among adolescents. Victims of abuse often experience excessive emotional distress, anxiety, depression, or feelings of helplessness, which can drive them to self-harm as a way to escape or relieve the emotional pain they are experiencing. Victims of bullying have a greater risk of self-harm behaviour compared to individuals who do not experience bullying, according to the study. In addition, bullies also often exhibit psychological problems, such as a lack of empathy or poor emotional control, which can also encourage aggressive behaviour and self-harm as a way of expressing their inability to deal with emotional problems in a healthy manner.

Intervention programs to address the link between self-harm and abuse, can be done with the help of different types of counselling therapies, mostly focusing on therapies that help control emotions and manage stress. Some of the most commonly used counselling therapies for self-harm are Cognitive Behavioural Therapy (CBT), which helps people recognise and change their negative thought patterns, and Dialectical Behavioural Therapy (DBT), which incorporates emotion regulation and self-awareness. Group therapy and restorative justice approaches are often used to restore relationships between perpetrators and victims of bullying. In addition, interventions conducted by schools and families have proven to be successful in preventing and reducing cases of bullying and its negative effects. Taking into account the psychological and social

factors underlying both behaviours, a holistic and multidisciplinary approach to intervention has proven to be effective in addressing this issue.

However, this study emphasises that more holistic and sustainable interventions are needed. The development of broader interventions requires trauma-informed approaches, the involvement of digital technology, and family and community support. For counselling to be more effective in addressing self-harm and bullying in the future, interventions that consider various psychological, social, and emotional aspects should be considered.

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