

## Unveiling Interpersonal Dynamics and Childhood Sexual Abuse as Risk Factors for Non-Suicidal Self-Injury among Emerging Adults: A Qualitative Approach

Soulat Khan and Dr. Tasnim Rehna

### Abstract

**Background:** Non-suicidal self-injury (NSSI) represents a significant global mental health issue, impacting not only adolescents but also emerging adults, with substantial repercussions for their psychological, physical, and social well-being. While intrapersonal risk factors, particularly personality traits, have been widely investigated, the influence of interpersonal factors, specifically significant relationships, in predisposing emerging adults to NSSI remains underexplored. Consequently, the current study seeks to examine the role of interpersonal risk factors, with a particular focus on the cultural dynamics that shape interpersonal relationships and contribute to the onset and persistence of NSSI in this population.

**Methods:** This study employed a qualitative design utilizing semi-structured, face-to-face individual interviews to explore the interpersonal factors and traumatic events contributing to non-suicidal self-injury (NSSI). A purposive sampling technique was employed to recruit individuals who met the DSM-5-TR criteria for NSSI. The sample consisted of 10 self-injurers (N=8 females, N=2 males) aged 18 to 29 years, representing the emerging adult population. Semi-structured interviews were conducted with the participants, and the data were analyzed using Interpretative Phenomenological Analysis (IPA).

**Results:** The results of the IPA identified three superordinate themes that reflect the interpersonal risk factors for non-suicidal self-injury (NSSI). These themes are: "Childhood Sexual Abuse," "Dysfunctional Family Dynamics," and "Interpersonal Conflict." These findings highlight the significant role of parenting, family structure, relationships with parents and siblings, and experiences of pre-marital relationships in precipitating episodes of NSSI. Additionally, the experience of childhood sexual abuse by a close family member emerged as a particularly significant etiological factor, especially among female participants.

**Conclusion:** The findings of this study underscore the critical role of cultural influences in shaping interpersonal relationships with family, friends, and partners, which are pivotal in the development of non-suicidal self-injury (NSSI) among emerging adults. The identified interpersonal risk factors emphasize the importance of understanding family dynamics and early parent-child relationships in addressing the underlying causes of NSSI. These insights can assist clinicians in tailoring treatment plans that are more effective and individualized for those engaging in NSSI.

**Keywords.** Interpersonal conflicts, childhood sexual abuse, dysfunctional family dynamics, parental conflicts, emerging adults

1. PhD scholar, Department of Applied Psychology at the National University of Modern Languages (NUML), Islamabad, Pakistan.
2. Assistant Professor, Department of Applied Psychology at the National University of Modern Languages (NUML), Islamabad, Pakistan.

Correspondence concerning this article should be addressed to Soulat Khan, Department of Applied Psychology at the National University of Modern Languages (NUML), Islamabad, Pakistan. Email: [soulatk1@gmail.com](mailto:soulatk1@gmail.com). This open-access publication is distributed under the Creative Commons Attribution 4.0 International License, allowing unrestricted use, distribution, and reproduction, provided proper credit is given to the original authors and source. The study complies with the ethical guidelines of the Committee on Publication Ethics (COPE), ensuring research integrity and transparency.

## Background

Non-suicidal self-injury is one of the most common mental health concerns across the globe. NSSI is the intentional damage to the body tissues without suicide intent using various methods such as cutting, burning, hitting, scratching, etc. (American Psychiatric Association, 2022). The overall prevalence rate of NSSI among emerging adults is 8.4% in community samples (Dierickx et al., 2023) indicating its significant impact on emerging adults. NSSI comorbid with other psychiatric disorders such as depression, anxiety, and borderline personality disorder. This highlights the risk of NSSI among different mental health disorders emphasized in the literature. However, the exact causes of NSSI are multifaceted and complex involving social, psychological, and biological factors (Wang et al., 2022) rather than being solely a comorbid condition. Additionally, research suggests that a variety of external factors such as family plays a significant role in its development and perpetuation (Khan & Kausar, 2020; Nock, 2010; Waals et al., 2018).

The integrated theoretical model of NSSI by Nock (2010) explains the role of childhood abuse, family criticism, and parenting styles as risk factors contributing to the development and maintenance of NSSI. Moreover, the biosocial developmental model of borderline personality (Crowell et al., 2009) explains that family environment, dysfunctional parental relationships, and family hostility including unmet emotional needs, invalidating family environment, and parental neglect play a role in hampering the development of emotion regulation skills and increasing emotional reactivity leading to NSSI. Therefore, family dynamics and dysfunctional relationship with parents are significant risk factors involved in the etiology of NSSI because self-injurers use NSSI as emotion regulation strategy when emotion regulation is hindered due to harsh family environment.

The role of parenting and childhood maltreatment has been emphasized in NSSI literature as antecedents (Chen et al., 2022; Wang et al., 2022). Martin et al. (2011) highlighted that individuals involved in NSSI experience more physical abuse and have negative childhood experiences that are associated with NSSI thoughts. Moreover, self-injurers perceive that their parents are more intrusive, provide less emotional support, and are more critical as compared to non-self-injurers. Moreover, self-injurers highly self-criticize themselves and have high perceived parental expressed emotions contributing to NSSI (Ammerman & Brown, 2018). Furthermore, poor interpersonal relationships are also a significant precipitating factor for NSSI which needs attention (Gao et al., 2021; Wang et al., 2022). Parental criticism and dysfunctional relationships are linked with NSSI as they instill abandonment issues and fear of rejection (Favazza, 2011). It is well-known that NSSI serves interpersonal functions including attention and support from others as social-positive reinforcement for self-injurers and avoiding responsibilities as social-negative reinforcement for self-injurers which maintains the vicious cycle of self-injury and emphasize on role of family in continuation of NSSI (Muehlenkamp et al., 2013; Taylor et al., 2018).

One of the interpersonal functions of NSSI identified in the social theory of NSSI by Nock (2008) is the

use of NSSI as an effective way of connecting and communicating with the environment. Muehlenkamp et al. (2013) also explain the interpersonal functions of NSSI through behavioral models such that interpersonal factors maintain NSSI as it serves the purpose of avoiding undesirable interpersonal demands. Even though NSSI has interpersonal functions, but interpersonal context is assumed to be the core process that makes self-injurers feel that they are in a disempowered state, invalidating environment, and are not valued in other's minds. In this way, their interpersonal needs are unmet and these individuals have difficulties in communicating and controlling their emotions, thus engaging in NSSI to process the negative feelings (Nock, 2008; Peel-Wainwright et al., 2021).

Quantitative studies on NSSI have been conducted extensively in Pakistan including variables such as anger, self-criticism, family rigidity (Khan & Kausar, 2020), self-blame, childhood sexual abuse (Naeem et al., 2024), difficulties in emotion regulation (Fatima & Azam, 2023; Naeem et al., 2023), and low emotional intelligence (Waris & Quratulain, 2023). However, there is scarce qualitative research on NSSI in Pakistan. Khan et al. (2024) emphasized on rumination, distress tolerance and high emotional reactivity as antecedents for NSSI due to issues in emotional expression in emerging adults in Pakistan. Syed and Masroor (2024) conducted IPA and found that unhealthy coping mechanisms, emotional strain from family, less self-endurance, bullying, and feelings of emptiness as risk factors for the development of NSSI in adolescents. Another qualitative study conducted by Batool and Masood (2024) among individuals with substance use disorder revealed risk factors of NSSI including maladaptive personality traits, adverse experiences, intense emotions and thoughts, and difficulties in stress management. Moreover, protective factors for NSSI were demonstrated as social support, building helpful resources and using adaptive coping strategies. Therefore, these studies highlight the interplay of social, familial, and personal factors in increasing the probability of NSSI leading to maladaptive coping mechanisms, psychological distress and negative self-evaluation.

Intrapersonal factors for NSSI such as emotion regulation, emotional reactivity, and negative emotions have been extensively studied (Boyes et al., 2020; Hasking et al., 2017; Khan et al., 2024; Klonsky et al., 2015; Liu et al., 2022). However, there is a lack of extensive research on the interpersonal risk factors (Wang et al., 2017) involved in the maintenance of NSSI. Furthermore, interpersonal functions have been explored in Pakistan (Yasmeen & Sitwat, 2024), but interpersonal risk factors for the development of NSSI in Pakistan lacks in-depth understanding through qualitative lens. Thus, this study explored the cultural interpersonal risk factors of NSSI and the role of family systems in Pakistan which differ significantly from Western countries. Qualitative studies have explored the role of family in development of NSSI in Pakistan (Batool & Masood, 2024; Syed & Masroor, 2024), though there is dearth of research on the role of interpersonal relationships other than family in contributing to NSSI. Moreover, specific familial factors have not been extensively studied which are important for cultural perspective on NSSI in Pakistan. During emerging adulthood, there is increased stress related to developmental

challenges, interpersonal relationships, and financial concerns (Almeida et al., 2023), along with a higher risk for NSSI (Gandhi et al., 2018; Kiekens et al., 2023). Therefore, it is crucial to understand the determinants and stressful events as antecedents of NSSI among emerging adults. The current study aims to investigate interpersonal risk factors for NSSI among emerging adults, especially the cultural aspect involved in predisposing emerging adults to NSSI in Pakistan.

The research questions of the present study aim to explore the interpersonal factors contributing to non-suicidal self-injury (NSSI) among emerging adults. Specifically, the study seeks to understand the interpersonal factors that play a role in the development of NSSI, how interpersonal relationships influence the experience of NSSI, and the traumatic events that may be linked to the occurrence of NSSI in this population.

## **Method**

### **Research Design**

This study employed a qualitative design utilizing semi-structured, face-to-face individual interviews. A qualitative methodology was chosen to explore the interpersonal factors that predispose emerging adults to engage in non-suicidal self-injury (NSSI). A phenomenological approach was adopted to capture the subjective experiences of individuals who engage in NSSI, aiming to understand how they interpret and make meaning of these experiences (Neubauer et al., 2019) pertaining to their interpersonal connections. IPA emphasizes on an idiographic perspective, along with searching for patterns related to a phenomenon (Smith et al., 2021). Therefore, IPA is suitable for this study to understand how self-injurers make sense of their interpersonal relationships, traumatic experiences and their influence on NSSI (Smith et al., 2021). This qualitative approach will also assist in identifying the cultural underpinning of NSSI by analyzing each participant's experience.

### **Sample and Sampling Strategy**

A purposive sampling technique was utilized to recruit emerging adults who performed NSSI. Participants with lived experience of NSSI were recruited according to the proposed DSM-5-TR criteria of NSSI (Patton, 2014). This research included emerging adults aged between 18 and 29 years (Arnett, 2014) who had self-injured themselves at least five times within the past one year, without suicidal intent (APA, 2022). Those individuals who exhibited suicidal attempts were excluded. Moreover, individuals with physical disabilities, medical conditions, mental health conditions, or those experiencing bereavement were also excluded. Married individuals who performed NSSI were not included as there might be additional factors and reasons for NSSI that may influence their behavior in marital context.

The sample size for this study consisted of 10 participants (8 females and 2 males) with average age of 22.2 years. In phenomenological studies, a smaller sample size is not considered as a limitation, as the emphasis is on rich data and its in-depth understanding of the lived experiences (Frechette et al., 2020). Creswell (2014) recommends a sample size of three to ten for qualitative research to facilitate an in-depth analysis of rich data. Morse (2000) suggests six to eight sample range so that richness of data is not lost. One of the reasons for the higher ratio of female to male

participants was that NSSI is more prevalent in women as compared to men (Lutz et al., 2023). Additionally, females are more likely to disclose a history of NSSI (Bresin & Schoenleber, 2015). The characteristics of NSSI among the participants are represented in Table 1.

### **Interview Protocol**

A semi-structured interview guide was established by the researcher and two experts who were clinical psychologists with extensive clinical experience with individuals performing NSSI. The questions formed were open-ended based on the lived experiences of the self-injurers. The interview guide consisted of questions related to NSSI experiences pertaining to interpersonal relationships and traumatic events in their life followed by probing questions. Table 2 indicates the interview guide developed for the present study and the discussion related to the super-ordinate themes emerged in this study.

### **Ethical Considerations**

The present study was approved by the Institutional Review Board of National University of Modern Languages (NUML), Islamabad, Pakistan. Ethical guidelines were followed in accordance with the American Psychological Association (2002). To ensure the well-being of participants, the primary researcher who is also a psychologist took in-person interviews. Furthermore, the participants were referred to Psychology Clinic for counseling sessions. Participants were debriefed about the purpose of the study and their questions were answered. Written informed consent was taken from the participants for audio recording of the interview. Recording was stopped when the participants felt discomfort while talking about sexual abuse. Furthermore, the participants discussing about their experience of sexual abuse were informed that they can discontinue the interview at any time if they felt overwhelmed. Also, the participants were allowed to withdraw at any time even during the interview from participating. Confidentiality and anonymity were ensured by using pseudonyms given to participants in transcripts to conceal their identity. Only the researcher of this study had access to the data.

### **Procedure**

Based on the inclusion and exclusion criteria of the study, self-injurers were approached and recruited from university settings through purposive sampling. The potential participants were approached in university classrooms where they were briefed about the phenomenon of NSSI, purpose of the study and inclusion and exclusion criteria of the study. University setting was selected for recruiting emerging adults as age range of university students lies within the age range of emerging adulthood. The researcher's contact details were provided to the potential participants so that the participants who volunteered to participate could directly contact the researcher to ensure confidentiality. The volunteered participants gave written informed consent and were debriefed about the study. Participants were screened using the "Non-Suicidal Self-injury" section of Self-Injurious Thoughts and Behaviors Interview (SITBI, Nock et al., 2007) to ensure that the potential participants meet the inclusion criteria and DSM-5-TR proposed criteria of NSSI. All the interviews were audio recorded with the consent of participants. Afterwards, the interviews were transcribed and analyzed using IPA (Smith et al., 2021) to develop super-ordinate themes.

## Data Analysis

IPA was followed for data analysis (Smith et al., 2009). Interviews were analyzed manually. Firstly, the interviews were transcribed from the audio recordings. The transcripts were re-read and the initial notes and observations made during the interview were also considered for the analysis. Within each case, patterns were identified reflecting the individual's thinking and understanding of lived experience of NSSI. Moreover, as IPA involves double hermeneutics (Smith et al., 2021), so researcher's interpretation based on the interview and transcripts were made. The researcher's interpretations were written in a separate column on the transcript. Based on the initial notations and researcher's interpretation, emergent themes were generated from each transcript. Additionally, rather than creating major themes based on all the cases, each case was analyzed to follow the idiographic approach in IPA. The themes from each case were documented. Consequently, cross-case analysis was conducted by searching for similarities in the content and meaning made by the participants. The inter-related content and meaning found in some of the cases were formed into subordinate themes. Lastly, these subordinate themes were shaped into super-ordinate themes representing all individuals indulged in NSSI. Super-ordinate themes reflected both participants' lived experiences of NSSI and the researcher's interpretation.

To avoid research bias, reflexive logs were written by the researcher to reflect on the process of making sense of experiences of the participants. The researcher reflected on emotions and thoughts throughout the process that might influence the data analysis (Olmos-Vega et al., 2023). Bracketing is another process considered in this study. It is used especially in phenomenology by setting aside prior opinions, perceptions and knowledge about the phenomenon of NSSI, thus reducing researcher bias (Neubauer et al., 2019). Furthermore, the final themes were cross-checked by the second author to enhance the validity of the results.

## Results

The results of IPA are reported in Table 3 which indicate the super-ordinate and sub-ordinate themes of interpersonal risk factors for NSSI among emerging adults. Figure 1 illustrates the identified interpersonal risk factors.

### Theme 1: Childhood Sexual Abuse

Except two female participants, all the other females disclosed that they encountered sexual harassment or abuse during childhood which has a major impact on the self-injury cycle. They believed that the trauma has some role in NSSI, and the memory associated with it affects their functioning. Many respondents starting inflicting NSSI because of sexual abuse and to validate the pain linked with the experience of childhood sexual abuse (Quote# 1). The abusers included father, uncle, or cousin. However, the participant's verbatim was not recorded as they were not comfortable.

"Bad touch" by cousins was commonly reported by females which even involved touching private body part. In all the cases, a close family member was involved in the sexual abuse or harassment (Quote# 2). Moreover, seeing the abuser or harasser again and again reminds them of the traumatic event which frightens and agitates them (Quote# 3). The corresponding quotes relevant to the childhood sexual abuse theme are presented in Table 4.

## Theme 2: Dysfunctional Family Dynamics

The participants mentioned about the issues with family members and reserved relationship with parents and siblings which negatively influenced their mental wellbeing and relationships. The role of extended family is significant in life events as their comments and judgments disturb them leading to NSSI episodes. Table 5 represents the quotes from the interviews related to the theme of dysfunctional family dynamics.

### Parental Conflicts

Watching fight between parents and being in a stressful environment for most of the time made the self-injurers fearful about the upcoming disturbing fights between the parents due to which they felt mentally burdened and stressful leading to NSSI to feel relieved during stress (Quotes #4, #5 and # 6). Parental conflict was one of the reasons for some self-injurers for first episode of NSSI and also a maintaining factor for many emerging adults for persistent stress and NSSI.

### Strained Relationship with Family Members

The emerging adults reported to have flawed relationship with their family, mostly father and brother. Such family dynamics served as a breeding ground for NSSI among emerging adults. The emotional neglect by father created a void in relationship with both father and mother. Most of the participants complained about absence of father and emotional warmth from father (Quotes #7 and #8). This made the self-injurers unwanted and unloved (Quote #9).

As men are head of family mostly in Pakistan, and men are in power to make decisions and monitor family, especially for female family members. Female self-injurers reported that their brothers questioned their character and are physically abusive as well to displace their anger towards their sisters (Quotes #10 and #11). Moreover, self-injurers reported that extended family had a huge impact on their daily life events and stress which led to NSSI.

### Strict Parenting

The participants informed that their parents were strict on them, not allowing them to go out with friends or use social media. Moreover, self-injurers reported that people, especially their parents had high expectations from them since childhood which induced a lot of stress and anxiety in them. The high expectations and strictness were related to academics mostly due to which they are in limelight and under pressure to perform best (Quote #12). Additionally, the role of extensive family and relatives in co-parenting effects the privacy of emerging adults and induce stress associated with NSSI (Quote # 13).

## Theme 3: Interpersonal Conflicts

The self-injurers not only have conflicts with their parents and siblings, but also reported to indulge in NSSI because of disputes with friends and breakup with partner. The quotes relevant to interpersonal conflicts theme are indicated in Table 6.

### Breakup with Partner

Some of the participants were in intimate relationship and had breakup with their partner which deeply impacted them emotionally. Sadness along with aggression contributed to NSSI episodes because of issues in pre-marital relationships.

**Table 1***NSSI Characteristics of Emerging Adults indulged in NSSI (N=10)*

<b>Participant</b>	<b>Age</b>	<b>Frequency of NSSI (past one year)</b>	<b>Age of onset</b>	<b>Methods of Inflicting NSSI</b>	<b>Parts of body where injury is induced</b>	<b>Duration of NSSI (in years)</b>
P1	23	10-11 times	17	<ul style="list-style-type: none"> <li>• Cuts with blades</li> </ul>	Arm	6
P2	22	40-50 times	18.5	<ul style="list-style-type: none"> <li>• Cigarette burns</li> <li>• Scratching by nails</li> <li>• Cuts from light bulbs, glass, steel hanger and sharpener blade</li> </ul>	Thighs, belly, arms	3.5
P3	23	8-10 times	19	<ul style="list-style-type: none"> <li>• Safety pin</li> <li>• Knife</li> <li>• Pinching</li> </ul>	Arm	4
P4	24	9-10 times	19	<ul style="list-style-type: none"> <li>• Cuts by nail cutter</li> <li>• Cuts by eyebrow razor</li> <li>• Scratching</li> <li>• Punching wall</li> </ul>	Arm, thighs	5
P5	23	10-12 times	18.5	<ul style="list-style-type: none"> <li>• Cuts by blades</li> <li>• Cuts by knife</li> <li>• Cuts by glass</li> </ul>	Arm	4.5
P6	20	12-15 times	16	<ul style="list-style-type: none"> <li>• Head bang</li> <li>• Slapping</li> <li>• Cuts by compass needle</li> <li>• Scratching</li> </ul>	Head	4
P7	20	120 times	13	<ul style="list-style-type: none"> <li>• Skin pulling by nails</li> <li>• Cuts with blade</li> <li>• Cuts with compass needle</li> <li>• Biting</li> </ul>	Around nails, arms, hands	7
P8	21	12-14 times	14	<ul style="list-style-type: none"> <li>• Nails</li> <li>• Knife</li> <li>• Sharpener blade</li> </ul>	Forearm, hands, thighs	5
P9	22	15-18 times	18	<ul style="list-style-type: none"> <li>• Needle, Punching wall</li> </ul>	Hands, Arm	4
P10	24	8-10 times	17	<ul style="list-style-type: none"> <li>• Knife, blade, scratching</li> </ul>	Arm	7

**Table 2***Interview Guide*

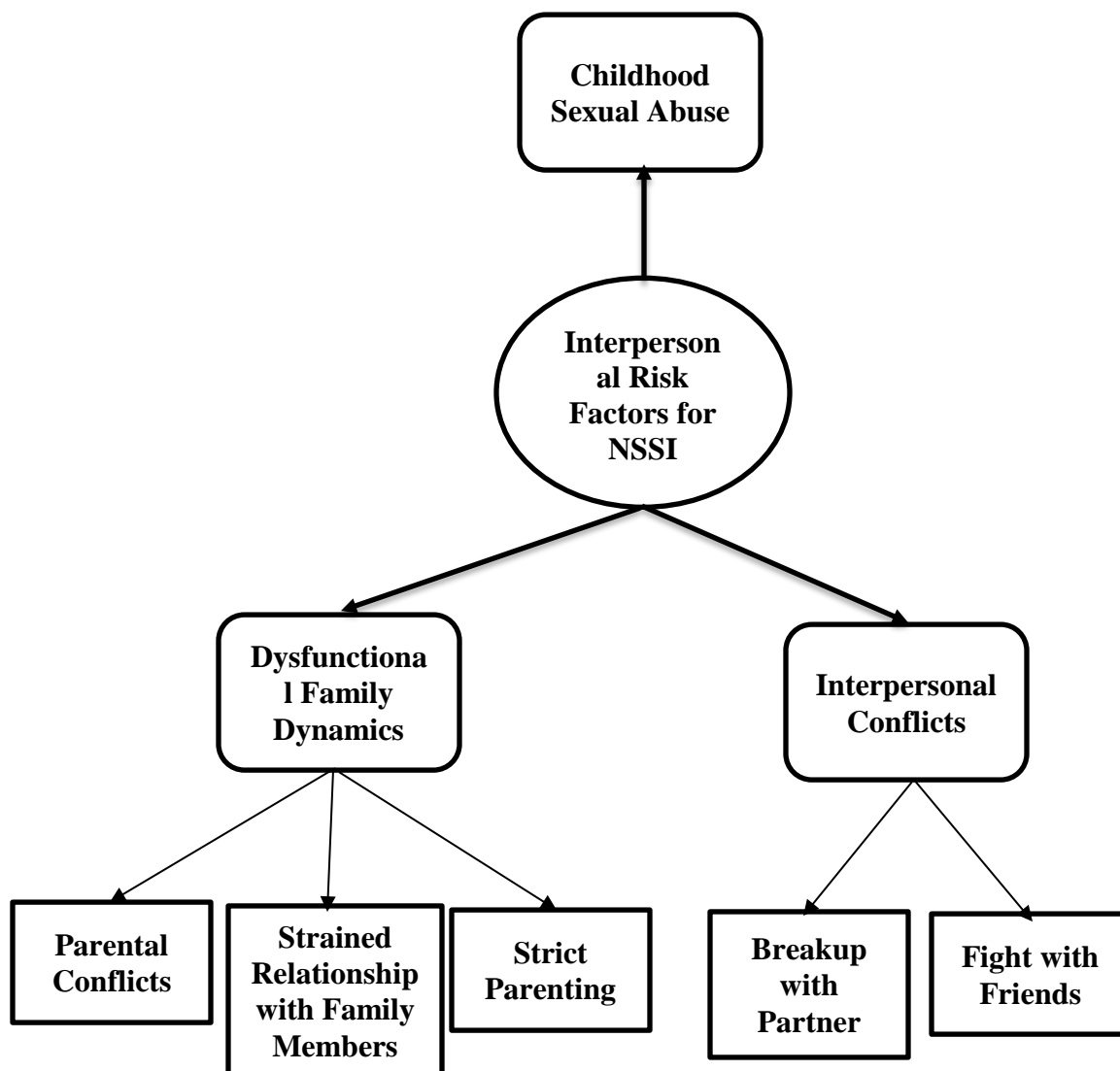
<b>Topic</b>	<b>Discussion</b>
<b>Childhood sexual abuse</b>	Experiences of sexual abuse, how it influenced their daily life and its contribution to NSSI.
<b>Dysfunctional family dynamics</b>	
Parental conflicts	Recognizing the role of parental conflicts and its impact on mental health of the participants and NSSI episodes regardless of the intensity of the fights between the parents.
Strained relationships with family members	Understanding the differences and issues with parents and siblings and how it is related to NSSI, how the equation with each family member contributes to NSSI.
Strict parenting	Identifying strict parenting and its characteristics, specifically cultural context associated with NSSI
<b>Interpersonal conflicts</b>	
Breakup with partner	The role of pre-marital relationships and relationship dynamics in NSSI episodes.
Fight with friends	Relationship dynamics in social context i.e., friendships and its influence on emotional aspect and NSSI.

**Table 3***Interpersonal Risk Factors Associated with NSSI among Emerging Adults (N= 10)*

<b>Super-ordinate Themes</b>	<b>Sub-ordinate Themes</b>	<b>Key factors</b>
<b>Childhood sexual abuse</b>		Sexual abuse by father, Sexual by relative, Sexual harassment by cousin, Bad touch by cousin
<b>Dysfunctional family dynamics</b>	<b>Parental conflicts</b>	Parental disputes, Parents always fight with each other, Distant parental relationship, Communication gap between parents
	<b>Strained relationship with family members</b>	Difference in point of views within family, Communication gap, Uninvolved father in family matters, Critical brother, Brother takes out anger on me, Brother physically and verbally abusive, Taunts from mother and relatives
	<b>Strict parenting</b>	Criticism from parents, High expectations from parents and relatives, Parents compare with others, Restriction from going out
<b>Interpersonal conflicts</b>	<b>Breakup with partner</b>	Failed pre-marital relationships, Manipulative boyfriend, The partner made emotionally volatile, Partner cheating
	<b>Fight with friends</b>	Friends used me for personal gains, Spread rumors and imposed false accusations, Possessive friends, Emotionally demanding friends, Toxic friendship

**Figure 1**

*Interpersonal Risk Factors for NSSI among Emerging Adults*

**Table 4**

*Respondent Quotes for the Theme of Childhood Sexual Abuse*

<b>Quote #</b>	<b>Quotes and Respondent</b>
#1	“I guess this (abuse) was triggering point where I started this thing (NSSI).” (P7)
#2	“My cousin physically touched me that is a traumatic for me. Even though I did not absorb it much but this event does hit my mind every now and then.” (P5)
#3	“It is possible that it (bad touch) affected me, but I am not sure .... It disturbs me whenever I see that person again, it does.” (P6)

**Table 5***Respondent Quotes for the Theme of Dysfunctional Family Dynamics*

Quote #	Quotes and Respondents
#4	“Like from start, my mother father they don’t have good relation not sort of abusive, but they fight a lot, so sometimes you wake up in the morning because they are fighting. So, due to this gradually I realized that like I can’t I can’t fix their relation and I have a reserved relationship with my father so due to this it happened (NSSI).” (P4)
#5	“Family problems have been present, a lot. I have faced a lot. There were a lot of fights of my parents.... First time I did it (NSSI) because of a severe fight of my parents.” (P6)
#6	“My father used to live foreign, and my mother used to be at home. When my father comes, they have a fight all the time that you have not worked, home is dirty, etc. They argue a lot and it becomes mentally as well as physically exhausting for me and I self-harm then.” (P1)
#7	“A part in my life was that when I see my family, my family is emotionally unavailable, and this hurts me. When I see my family, I cry that why my family is like this, distant....” (P4)
#8	“My father has always been emotionally unavailable, and he was never there with us....” (P10)
#9	“My mother used to put this in my mind again and again as if I was an unwanted child and since childhood, I couldn’t eat food in front of my father. I felt like I was burden, and they wanted a son.” (P2)
#10	“My brother used to be in hostel and when he came back home, he was insecure. When my other siblings and I used to love my mother, he used to get angry, beat me, slap me, fight with me, so the environment is very toxic, so I did this (NSSI).” (P5)
#11	“Maybe things were overwhelming for him (brother), so he questioned my character. So, on that day also, I did a lot of self-harm.” (P3)
#12	“My personal emotions are reason for it (NSSI). Secondly, family expectations as well. I am spotlight in my family and I must meet my parents’ expectations, so I do it (NSSI).” (P9)
#13	“If my parents check then it is fine, but whole family keeps a check on me is not acceptable. My uncle will call me again and again asking where I am which irritates me.” (P2)



**Table 6***Respondent Quotes for the Theme of Interpersonal Conflicts*

<b>Quotes #</b>	<b>Quotes and Respondents</b>
#14	“He (boyfriend) cheated on me, he used to post pictures with some other girl, and I was so angry. I used to cry. When I used to see his picture with other girls, I did self-harm.” (P3)
#15	“I liked him (boyfriend), but he just moved on with someone else in my presence. So, it was really traumatic for me, So, I did head bang.” (P6)
#16	“The boy (boyfriend) used to give me a lot of attention, but suddenly, he was not replying to my messages and blamed me that ‘you are replying after ages’, so he was manipulative.” (P2)
#17	“My university friend X, we have a strong bonding, but she knew about my anger issues that I become loud and once she started crying on it. I said something to her, and it has been two months, we are not talking to each other and I’m doing NSSI due to this stress.” (P8)
#18	“I had a toxic friendship. Actually, I was an extrovert, and I always preferred my friends over family. I had a big group, and my friends would say that why the other friends are with them,. They had a problem that why I was with others like why I’m so extrovert. Then this phase (NSSI) started, and I stopped meeting people.” (P5)

Cheating by the partner by being in another relationship and blaming the partner without any reason for cheating and moving on instilled the feelings of loneliness and sadness leading to NSSI (Quotes #14 and 15). Some of the respondents had manipulative partner who blamed them for not giving in the relationship and not being present for their partner (Quote #16).

### ***Fight with Friends***

When self-injurers have argument or fight with their friends, some of the self-injurers reported to perform NSSI as argument with friends induced stress and they become worried about the relationship with their friends. Not only arguments but also the anger issues result in fights with friends without any reason leading to NSSI (Quote #17). Moreover, grouping within friends' group and possessiveness associated with friendship led to fights between friends and consequently NSSI episodes (Quote #18).

### **Discussion**

The present study explored the interpersonal risk factors associated with NSSI. Intrapersonal and cognitive-emotional risk factors are identified in the literature. This study highlights the interpersonal factors and relationships involved in the development and maintenance of NSSI among emerging adults. Interpretative Phenomenological Analysis revealed three super-ordinate themes: "Childhood sexual abuse", "Dysfunctional family dynamics", and "Interpersonal conflicts" contributing to psychological stress and NSSI among emerging adults.

Child maltreatment has an established relationship through cross-sectional and longitudinal studies such that a positive association of NSSI has been found especially with child sexual abuse (Roley-Roberts et al., 2023; Serafini et al., 2017; Tatnell et al., 2017; Wong & Chung, 2023; Wu et al., 2023). However, the current study highlights the role of childhood traumatic experiences of sexual abuse and sexual harassment, specifically within the context of family and close relationships such as father, relatives, and cousins. This indicates the crucial role of early childhood experiences in close relationships impacting mental well-being and predisposing emerging adults to NSSI. In Pakistan, the extended family system is prevalent with even three generations living in the same house, and play a vital role in decision-making, especially for females (Nath, 2005). As informed by the self-injurers of this study, the abusers were in front of them which resulted in aggression towards the abuser, consequently resulting in NSSI to displace emotions. Furthermore, Roley-Roberts et al. (2017) argues that childhood sexual abuse serves social negative reinforcement in childhood trauma survivors which explains the maintenance of NSSI and its use as an escape from traumatic experiences (Nock, 2009) as reflected by the self-injurers in this study. These findings indicate the long-term detrimental effect of childhood sexual abuse on adult self-injurers. Moreover, most of the female participants reported childhood sexual abuse while no male participant reported childhood sexual abuse, highlighting the role of childhood maltreatment in the etiology of NSSI among females. Although, there is gender imbalance in sample of this study, however analysis implies gender differences in childhood sexual abuse as a risk factor for NSSI among female self-injurers.

Dysfunctional family dynamics have been highlighted as a major risk factor for NSSI in this study. Gatta et al. (2017) explained the importance of family dynamics patterns, hostile environments, communication issues, and parenting style in contributing to NSSI. Pakistan is a patriarchal society where men exercise control and rates of violence towards women is high (Hadi, 2019), such an environment where relationships are influenced by societal norms and standards might foster NSSI as revealed through the results of

the current study. A study conducted by Khan and Kausar (2020) in Pakistan found family patterns such as disengagement, inflexibility, and poor family cohesion as predictors for adolescents and young adults. The role of familial hostility, parental criticism and childhood abuse highlighted by the current study adds to the Integrated Theoretical Model of Development and Maintenance of NSSI (Nock, 2010). This model emphasizes on hostile family environment and childhood maltreatment as distal risk factors for the development of NSSI. Therefore, the role of poor family functioning and parental conflicts is supported by the previous empirical findings (Tatnell et al., 2014; Wang et al., 2022).

Parental conflicts were found to be a significant factor within the family system leading to NSSI as represented in the present study. Communication issues, arguments, and fights, not necessarily physical violence negatively affects the emerging adults contributing to NSSI. These findings align with the family system theory that if the relationship between family members is broken or strained then it affects the whole family (Minuchin, 2018) which occurs with self-injurers such that parental conflicts lead to NSSI. Findings suggest a positive relationship of interparental conflict with NSSI in adolescents which aligns with the developmental psychopathology framework (Wu et al., 2024; Zhong et al., 2024). Furthermore, this study implies that parental conflicts and dysfunctional family relationships are linked with NSSI, not only in adolescence but also in emerging adulthood.

Interpersonal conflicts are not limited to conflicts with parents but also include conflicts with friends and intimate relationships. Interpersonal models of NSSI argue that NSSI is used as a maladaptive coping strategy to decrease the negative impact of interpersonal stressors (Prinstein et al., 2009). Similarly, in this study, the emerging adults indulge in NSSI due to arguments and differences with friends and partners. The transition from adolescence to emerging adulthood is stressful and tiring (Arnett, 2014) because of role changes and forming romantic relationships (Almeida et al., 2023), and maintaining these relationships makes it difficult for self-injurers to process the strong emotions and cope with the problems accompanying these relationships. Yawar et al. (2022) conducted a study on university students in Pakistan and found possessiveness towards friends and disagreement with friends to have an impact on rejection sensitivity indicating the significance of interpersonal relationships, especially friendship on mental health. Miles (2018) also explains that interpersonal conflicts lead to higher NSSI which is consistent with interpersonal models of NSSI, highlighting the significance of relationships in fostering NSSI behavior (Turner et al., 2016). Thus, this study contributes to understanding the role of pre-marital relationships and breakup with the partner in paving path towards NSSI.

### **Novel Contribution**

The present study adds to the integrated theoretical model of NSSI and aids in understanding the development of NSSI in Pakistan. This study has novel contribution in terms of identification of cultural risk factors for development and maintenance of NSSI, and the long-term impact of childhood sexual abuse on interpersonal relationships and functioning. Moreover, the results emphasize on the significance of pre-marital relationships in NSSI episodes which is less studied area in Pakistani culture, highlighting their role in aggravating NSSI.

### **Limitations and Suggestions**

The current study provides insight towards interpersonal factors leading to NSSI and adds a cultural perspective to NSSI risk factors. Though, there are a few limitations of this study. Firstly, the sample size of this study is small as the topic is sensitive, and many

self-injurers were not comfortable in giving interviews about self-injury. Secondly, males are not equally represented in this study as women are more likely to disclose about NSSI as compared to men. In the future, equal representation of both genders can help generalize the risk factors for NSSI to men as well as women. Although the present study identifies the role of family dynamics and parenting in fostering self-harm behavior however, the association of a particular parenting style with NSSI can be studied by the researchers in future by conducting longitudinal studies on different parenting styles, parental conflict, and NSSI to capture a strong link between parenting and interpersonal relationships with NSSI. Additionally, this study emphasized on interpersonal risk factors among emerging adults, limiting the findings of this study to a specific population. Future studies can explore specific interpersonal risk factors among different age groups to understand the etiology of NSSI and devise interventions accordingly.

### **Conclusion**

Interpersonal relationships have been found to have a significant influence on the development and maintenance of NSSI among emerging adults as evident by the themes emerged in this study. This study provides valuable insight into the interplay of cultural factors and interpersonal dynamics in increasing risk for NSSI among emerging adults in Pakistan. The collectivistic culture and joint family system in Pakistan involves the significant role of relatives influencing daily life events and parenting in a harsh and dysfunctional environment leading to NSSI. Childhood sexual abuse by close family members associated with NSSI sheds light on the cultural dynamics and long-term influence of childhood maltreatment. In addition to parental conflicts, premarital relationship and disagreements with friends are area that need attention as they pose a significant risk for NSSI due to stress related to maintaining relationships, which could be challenging for emerging adults. These findings have clinical implications as the identified interpersonal risk factors can assist therapists in working on the root causes of NSSI and including the family system in cessation of NSSI. Furthermore, interventions and programs can be devised catering the dysfunctional family dynamics in Pakistan to reduce NSSI among emerging adults.

### **Ethical Considerations**

The study was reviewed and approved by the Ethics Review Committee of the Department of Applied Psychology at the National University of Modern Languages (NUML), Islamabad, Pakistan. Written informed consent was obtained from all participants before data collection, ensuring voluntary participation. Participants were informed of their right to withdraw from the study at any stage without any consequences. The study adhered to the ethical principles outlined in the Declaration of Helsinki (2013) and followed the ethical guidelines established by the American Psychological Association (APA, 2017). All collected data were anonymized and kept confidential, ensuring compliance with data protection regulations.

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### **Availability of Data and Materials**

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request, ensuring compliance with data-sharing policies.

### **Authors' Contributions**

Soulat Khan conducted the research, data collection, and analysis under the supervision of Dr. Tasnim Rehna, who provided guidance in conceptualization, methodology, and manuscript preparation. Both authors contributed to the final manuscript and approved its submission.

### **Competing Interests Statement**

The authors declare no conflicts of interest regarding the publication of this article.

### **COPE Compliance Statement**

This study complies with the ethical standards outlined by the Committee on Publication Ethics (COPE). The authors affirm that the work is original, free from fabrication, falsification, and plagiarism. All necessary permissions for data collection and participant inclusion were obtained, and the study does not involve any unethical practices.

### **Corresponding Author**

For any correspondence regarding this study, please contact: Soulat Khan  
Email: soulatk1@gmail.com.

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