







Analysis Causative Factors of Self-Harm Behavior in Early Childhood: A Systematic Literature Review

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Abstract: The phenomenon of self-harm at this time is also detected in early children, including early childhood. Given the long-term impact on children's emotional and social development, this raises serious concerns. The most significant risk is felt from family factors, especially mental disorders in parents. This study explores self-harm behaviors that occur in children, their impacts, and influencing factors from various aspects. The study aims to achieve three main objectives: first, to identify examples of self-harm behavior in children; second, to detect factors as a precursor to self-harm behavior; and third, to assess the effectiveness of current prevention strategies. The study involved a comprehensive review of articles from three major databases—Scopus, ScienceDirect, and Google Scholar—resulting in an initial selection of 160 articles. After applying specific inclusion and exclusion criteria, 18 articles were considered relevant for the analysis. These findings suggest that the factors that cause children aged 3-6 to commit self-harm are not just an individual problem, but also reflect the wider environment and experiences that can affect their wellbeing. Implications highlight the importance of monitoring and support for at-risk children, as well as the need for intervention approaches to address these mental health issues at an early age.


1 INTRODUCTION


Self-harming behavior has been on the rise for decades, not only among adolescents and young adults, but also begins to be identified early, including in childhood (Jung et al., 2018). Given its long-term impact on a child's emotional and social development, this development raises significant concerns among educators and mental health professionals. Childhood traumatic events, including physical abuse, sexual abuse, neglect, and disharmonious domestic situations, are closely related to self-harm behaviors in young children (Stewart et al., 2020). Furthermore, self-harm behavior is closely associated with childhood trauma. The fact that 75% of self-harming


teens have a history of sexual disclosure as a child supports this (Naeem, 2024).


Furthermore, long-term research shows that children who experience trauma or injury from violence before the age of 15 are significantly more likely to commit acts of self-harm during their adolescence and early adulthood (Griffin, 2018). According to Chinese research, psychological resilience may act as a mediator in the relationship between behavioral tendencies to have self-harm behaviors in early adolescence and violence during childhood, offering a possible avenue for preventive measures (Li et al., 2024). Furthermore, it was found that psychological traits such as impulsivity, dissociative tendencies, and low self-esteem served as


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mediating factors, reinforcing the link between self-harm behaviors and childhood trauma (Cheng et al., 2023).

According to a longitudinal study of child abuse and neglect, children who have self-harming behaviors by the age of four, such as suicidal thoughts and self-harm, are more likely to continue these behaviors by the time they are six years old (Marcheselli et al., 2018). Data from 387 children between the ages of 5 and 12 who were hospitalized for self-harm examined in a study in the UK found that 39% of cases occurred in children aged 5 to 11, with a greater percentage in boys under the age of 11 (Geulayov, 2022). In addition, the youngest of the 30 children sent to mental health facilities for self-harm was less than 6 years old, and the majority of them had a history of learning problems, parental conflict, or severe family stress (Krishnakumar, 2011).

Self-harm behaviors and bad childhood experiences are also mediated by psychological characteristics, including problems with emotional control, low resilience, and low self-esteem (Chen et al., 2022). Children who are victims of bullying, neglect, or poor parenting also tend to do self-harm, either directly or indirectly through aggressive behavior towards others (Handayani et al., 2023; Myklestad & Straiton, 2021). In populations with developmental disorders such as ADHD or bipolar disorder, where self-harm behaviors are more common and influenced by traumatic childhood experiences, these problems become more severe. Self-harm behaviors in early childhood have serious long-term impacts, such as a higher risk of psychopathological diseases, social isolation, and risky behavior tendencies in adulthood (Handayani et al., 2024; Islam et al., 2020; Müller-Vahl et al., 2023; Suryana & Latifa, 2023). To stop self-harm behaviors and more serious psychosocial problems in the future, children exposed to risk factors must receive early detection and treatment (Kirkbride, 2020).

Based on these considerations, it is essential to conduct a systematic review of the existing literature to gain a deeper understanding of risk factors, psychological mechanisms, and relevant preventive and intervention measures for self-harm behaviors in children. Emphasizing the importance of taking action to prevent self-harm behavior in children, this study aims to systematically identify the factors that contribute to self-harm behavior in children and analyze planned or carried out interventions related to this phenomenon. In addition, as far as we know, research on various forms of self-harm behavior in children is still minimal.

Research on self-harm behaviors in early childhood is urgently needed to identify risk factors, mechanisms, and practical preventive measures that will protect children from long-term negative impacts. Researchers believe that self-harm behavior can be reduced if the factors that trigger it can be avoided. As self-harm behaviors become more common and interfere with children's development later in life, this research is critical to address as soon as possible. This research aims to find ways to reduce incidents and their impact.

2 METHODOLOGY

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) tool was utilized in this SLR investigation. A series of recommendations created by the PRISMA approach is intended to raise the caliber and openness of systematic reviews and meta-analyses (Page et al., 2021). SLR is an exacting research methodology that entails a thorough and systematic search for relevant studies, followed by a critical evaluation and synthesis of the results (Azarian et al., 2023). PRISMA provides an organized approach to SLR, including guidelines for choosing research, creating a search strategy, gathering data, and synthesizing the findings (Shaffril et al., 2021). The following Systematic Searching Strategies are used when conducting SLR research:

2.1 Identification

This part involved looking through the current internet research databases on Scopus, Google Scholar, and Scopus for relevant scientific papers. Many criteria, such as accessibility, time coverage, subject relevance, and content quality, affect the choice of these platforms (Wesz et al., 2023). To find articles about self-harm, the article search included many keywords, including "Self-harm" OR "Self-Injury" AND "Self-harm for Child".

2.2 Screening

We found 160 articles total—147 on the Scopus database, four on the Sciencedirect database, and nine on the Google Scholar database—by conducting keyword searches across three databases. Only English articles from the last 10 years, 2015–2025, have been found.

Table 1. Data Base.

No.	Data Base	Total
1	Scopus	147
2	Sciendirect	4
3	Google Scholar	9
Total		160

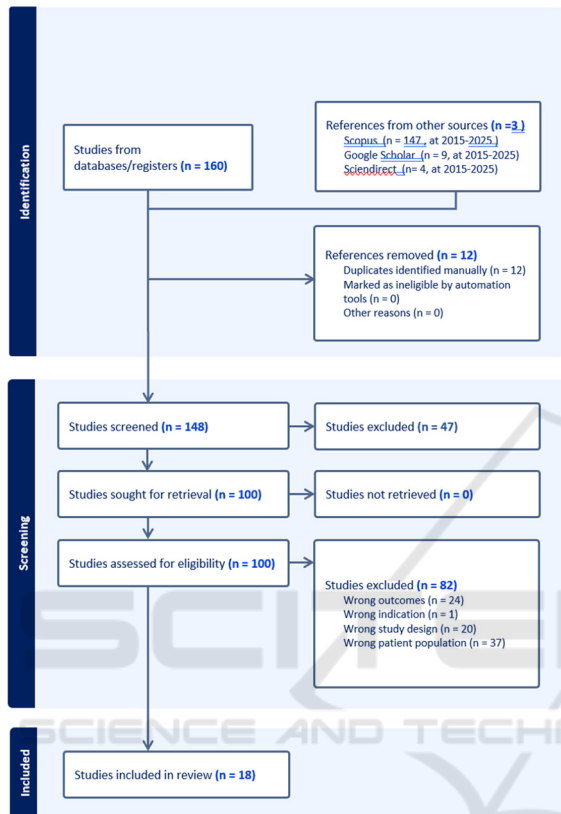


Figure 1: PRISMA Flow Chart.

Duplication is possible; out of 160 articles, 12 are identified as duplicates, making the total number of articles 148. After that, we chose publications pertinent to the research issue by going through the 148 titles and abstracts. We eliminated 47 items out of 148, leaving 100 articles. The researchers next identified the population: children aged three to six. Of the 100 articles not categorized as children, 37 were classified as individuals, and 63 were left. We eliminated forty-five articles after rereading the entire manuscript on the results, indication, intervention, and research design. Ultimately, the researchers identified the details by excluding any references to juvenile self-harm; 18 articles remained from the 45 that had nothing to do with the circumstances at hand.

2.3 Eligibility

Articles that now meet the first set of requirements still need to be thoroughly validated by reading and analyzing the entire text. Making sure all required portions are included is the primary goal. A thorough examination of the abstract, introduction, methods, results, discussion, and conclusion is part of this evaluation process. The researcher must guarantee coherence and seamless integration between all segments. To lessen potential bias, the researcher should openly explain the rationale for exclusion of any publication that is judged inappropriate (Tawfik et al., 2019).

3 RESULT

All eighteen of the papers that are pertinent to this study topic are quantitative studies. The 18 research environments differed.

Table 2: Article Details Studies Included in Review.

No	Author	Findings	Causal Factors	Intervention
1	(Paul, 2019)	It has been found that children between the ages of 4 and 6 engage in self-harm behavior. This behavior affects about 3.9% of 4-year-olds and 3.2% of 6-year-olds. Overall, self-harm behavior in children is not just a personal problem; These behaviors also reflect the broader environment and events that can affect their wellbeing.	● Experiencing abuse, especially physical neglect, indicates a link between harmful behavior and an unsupportive environment.	● supervision and support for children
2	(Paul & Peralta, 2016)	Children who are victims of violence—physical, emotional, or neglect—are more likely to have suicidal thoughts and self-harm.	● Children who experience physical, emotional, or neglect are more likely to have	● Trauma care interventions

			<ul style="list-style-type: none"> suicidal thoughts and self-harm. In the context of preventing harmful behaviour in children, attention to physical and sexual education is just as significant as dealing with forms of violence, including emotional neglect. 	
3	(Aitken, 2016)	Thoughts of suicide and self-harm were found to be more common in children referred to gender dysphoria, and the impulses for self-harm and suicide increased with age.	<ul style="list-style-type: none"> One example of behavioral problems is the refusal to accept gender norms. The social problems arise from the feeling that their current gender has rejected them. 	<ul style="list-style-type: none"> Clinical Medicine
4	(Zubrick, 2016)	Self-harm behavior occurs in 11% of children aged 4 to 17 years. Suggests that this behavior occurs in early childhood.	<ul style="list-style-type: none"> Having a mental illness 	<ul style="list-style-type: none"> Clinical treatment
5	(Mitchell, 2018)	Children who feel imperfect are more likely to self-harm or end their lives.	<ul style="list-style-type: none"> Physical violence Economically disadvantaged. 	<ul style="list-style-type: none"> Psychosocial care Providing education to parents.
6	(Borschmann, 2020)	Self-harm behavior in early childhood is quite prevalent and can be anticipated from an early age based on many risk factors.	<ul style="list-style-type: none"> These include ongoing anxiety issues, experiences of social oppression and rejection, as well as emotional disorders and behaviors such as emotional dysregulation and antisocial behavior. 	<ul style="list-style-type: none"> School environment collaboration, including peers.
7	(MacMullin, 2020)	Suicidal thoughts and actions in a community sample of children who exhibit gender nonconformity (GNC).	<ul style="list-style-type: none"> Gender today does not match the wishes of parents. 	<ul style="list-style-type: none"> Marriage education Parent education
8	(Geulayov, 2022)	Men are more likely to commit acts of self-harm than women, especially at the ages of 5 and 10.	<ul style="list-style-type: none"> Gender 	<ul style="list-style-type: none"> Marriage education Parent Education
9	(Predescu, 2023)	Girls with depressive symptoms were more likely to attempt suicide than boys, and girls with depressive symptoms and behavioral problems showed more self-harm behaviors.	<ul style="list-style-type: none"> Depression occurs in an unstable family and social environment. 	<ul style="list-style-type: none"> Counseling Clinical treatment
10	(McCluskey, 2022)	Children between the ages of 5 and 18 who are treated for diagnoses involving intentional self-harm or suicide attempts. Women are the cause of the most hospitalizations, while men are the cause of the most deaths in hospitals. Intentional drug consumption is the most common mode of self-harm.	<ul style="list-style-type: none"> Deliberate excessive consumption of drugs. 	<ul style="list-style-type: none"> Clinical treatment Counseling

11	(Jiang, 2019)	Self-harm behavior arises triggered by stress because it was born to HIV/AIDS-positive parents.	<ul style="list-style-type: none"> • The experience of verbal victimization • Depression 	<ul style="list-style-type: none"> • Taking preventive measures
12	(Sekmen, 2023)	1,098 children treated at (37%) were diagnosed with a self-harm event. We identified four different profiles with varying risks for the diagnosis of self-harm behavior, mainly consisting of children ages 5 to 9 years without a previous psychiatric diagnosis.	<ul style="list-style-type: none"> • Health conditions • Social environment 	<ul style="list-style-type: none"> • Medical care • Family education
13	(Townsend, 2022)	Understanding of how widespread the problem of self-harm is among younger school students is still limited. Further, support is needed to help children who engage in self-injurious behaviour.	<ul style="list-style-type: none"> • Anxious • Stress • Bullying 	<ul style="list-style-type: none"> • Improving the skills of teachers and parents
14	John, J.R. (John, 2024)	Children with disabilities show significantly higher incidents of self-harm than children without disabilities.	<ul style="list-style-type: none"> • Disability • Sleep problems 	<ul style="list-style-type: none"> • Medical care • Therapeutic Treatment
15	(Avanci, 2021)	The results showed 58 deaths of Brazilian children with intentional self-harm, mainly male, white ones.	<ul style="list-style-type: none"> • Related risk factors include social, cultural, and family conditions and stigma that inhibit early reporting and treatment. 	<ul style="list-style-type: none"> • Improve early identification, prevention, and strengthening of health and education systems to protect children from the risk of suicidal behaviour from an early age.
16	(Townsend, 2024)	Self-harm and suicidal thoughts occur as a result of poor parenting.	<ul style="list-style-type: none"> • Bad use of language from parent to child. 	<ul style="list-style-type: none"> • Collaboration with parents is mainly essential in the use of language.
17	(Zhu, 2019)	Children with one or several disabilities have a statistically higher tendency to self-harm than children without disabilities.	<ul style="list-style-type: none"> • Disability 	<ul style="list-style-type: none"> • Carry out preventive efforts together with a disability therapist.
18	(He, 2025)	The increase in self-harm behavior is caused by academic pressure and relationships with parents that result in stress and depression.	<ul style="list-style-type: none"> • Study pressure • Depression • Parent-child relationship 	<ul style="list-style-type: none"> • Carry out preventive intervention efforts before it happens.

There is a substantial correlation between the experience of self-harm behavior and its causative factors, based on data on self-harm behavior, causal variables, and interventions in Table 1. These results suggest that many complex elements, such as social context, mental health, and experiences of violence, influence self-harm behavior in children. According to research, children who are abandoned, physically abused, or emotionally abused are more likely to self-

harm or consider suicide. The increase in self-harm behaviors is also caused by a variety of factors, including gender identity challenges and scholastic pressures. Supporting at-risk children requires effective interventions. Collaboration between schools and families, teaching mindful of children's needs, and parental supervision can help reduce the likelihood of these negative behaviors. By understanding the factors that contribute to self-harm

behaviors, we can create more effective prevention strategies to maintain the mental health of children and adolescents.

Further, it is essential to remember that children in need may be reluctant to seek help due to social stigma and a lack of knowledge about mental health issues. To reduce this stigma and make it easier for children and families to receive requests for help, communities must be strengthened through education and awareness initiatives. Peer support is also essential to provide a safe space for children to express their emotions and experiences.

Finally, further investigation is needed to explore the relationship between risk variables and self-harm behaviors fully. Interventions can be more appropriately tailored to meet the needs of each individual by recognizing a more specific risk profile and understanding the underlying mechanisms. Researchers, medical experts, and the general public must work together to create conditions that improve children's mental health and prevent negative behaviors in the future.

4 DISCUSSION

4.1 Factors that Cause Early Childhood Self-Harm

Although rare, self-harm among young children is on the rise (Cybulski, 2021). The main risk factors found were a history of mental disorders or criminal behavior in the elderly (Nisar et al., 2015). Parents of nearly 75% of self-harmed children have a history of mental illness and/or criminal activity (Hare et al., 2022). After family characteristics were considered, community environmental factors such as low socioeconomic status, location, and ecological crime rates were not shown to be significantly related (Favril et al., 2020; B. P. Liu et al., 2022; J. Liu & Accid, 2006).

Adverse childhood experiences (ACEs), including neglect, emotional, physical, and sexual abuse, are also closely associated with a higher risk of self-harm, including suicidal thoughts and non-suicidal self-harm (NSSI) (Laporte et al., 2023). Exposure to ACEs in long-term or mid-term childhood to adolescence increases the likelihood of depression and self-harm in adolescence (Chen et al., 2022).

The development of symptoms of anxiety, sadness, emotional control problems, and aggressive behavior is one of the mechanisms that links negative childhood experiences to acts of self-harm (Huang et

al., 2022). Children who are abandoned or victims of violence tend to show signs of aggression and depression/anxiety, which increases their risk for self-harm (Paul & Ortin, 2019). Furthermore, sleep problems and low self-esteem are significant predictors of self-harm behavior later in life (Uh et al., 2021).

4.2 Intervention Plan

Psychological resilience has been proven to reduce the risk of self-harm in children who experience violence or neglect (Tian et al., 2020). Interventions that increase resilience and strengthen family and peer relationships can be effective prevention strategies (Pollak et al., 2023). Early detection of a history of mental disorders in parents, bad childhood experiences, and psychological symptoms in children is essential to prevent self-harm (Bunting et al., 2023). Interventions should involve families, schools, and communities, and focus on increasing resilience, emotion regulation, and social support (Bethell et al., 2022). Prevention efforts should begin early and continue throughout childhood to adolescence.

To stop the formation of self-harm behaviors in young children, preventive care is critical (Morken, 2020). One practical approach is school-based programs focusing on improving emotion management skills, strengthening self-esteem, and developing problem-solving skills (Lee et al., 2020). The program can be broadcast to young people who show increased risk or is widely used in school settings (Bıdık & Sisman, 2021). Research shows that school-based interventions can prevent suicide attempts in the long term and can reduce suicidal thoughts and attempts in the short term (Ebrahim et al., 2019; Gaspar et al., 2018).

From a curative standpoint, parents and counselors can collaborate to offer evidence-supported therapeutic and psychosocial help, such as dialectical behavioral therapy (DBT) (Stallard et al., 2024), cognitive behavioral therapy (CBT) (Handayani et al., 2022), and Mentalization Therapy (MBT) (Yoon et al., 2017). These therapies are successful in reducing repetitive self-harm behaviors in children and adolescents. To ensure prompt and effective treatment, it is also important to identify signs of depression, anxiety, or other behavioral problems that can lead to self-injuring behaviors early on. In addition, in both types of therapy, parental participation is essential. Parents should be taught how to recognize the warning signs of self-harm behavior in their children and how to help them emotionally (Townsend et al., 2021). In addition,

fostering open and loving communication between parents and children can help children develop resilience and prevent self-harm (Curtis et al., 2018). Cooperation between families, schools, and counselors is essential for early childhood education to be safe and supportive.

5 CONCLUSIONS

In early infancy (3–6 years), self-harm behaviors can occur, especially in children who have developmental disorders, trauma, or an unsupportive environment. Although its prevalence is lower than during puberty, health and education providers should be aware of its dangers from an early age. Although research on self-harm behavior in early childhood (ages 3–6) is limited, there is growing concern about the increasing prevalence of self-harm behavior in children. The identification and treatment process relies heavily on age-appropriate language use and parental involvement, which has educational consequences. In addition, it is highly recommended that schools, parents, and mental health specialists work together; However, teachers and parents still need special training.

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