

Understanding the Roots and Mechanisms of Self-Harm among Palestinian University Students: A Mixed-Methods Study

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Abstract: Aim: This study investigates self-harm behaviors among Palestinian university students, utilizing both quantitative and qualitative methods. **Subject and method.** A sample of 528 Palestinian university students including, 174 males and 354 females' students completed surveys measuring self-harm causes and behaviors. **Results:** Findings showing moderate causes ($M = 3.07$) and low frequency of self-harm behaviors ($M = 1.95$). Significant differences were found based on region, academic level, and income, with higher self-harm causes reported in rural areas, lower academic levels, and lower income brackets. Gender differences revealed that male students exhibited higher self-harm behaviors than females. Qualitative data from focus group discussions provided insights into various self-harm practices, such as skin scratching and meal-skipping, and coping mechanisms like isolation. **Conclusion:** The study highlights economic hardships and gender-specific pressures as key factors influencing self-harm, with males facing increased financial stress. The findings emphasize the urgent need for targeted mental health support and interventions to address self-harm behaviors among university students in Palestine.

Keywords: Self-Harm; University Students; Economic Hardship; Mental Health; Palestine.

سلوكات إيذاء الذات لدى طلبة الجامعات الفلسطينية: دراسة قائمة على المنهج المختلط

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الملخص: الهدف: هدفت الدراسة الحالية إلى التحقق من مدى انتشار سلوكات إيذاء الذات لدى طلبة الجامعات الفلسطينية، باستخدام كل من المنهج الكمي والكيفي. **الطريقة والإجراءات:** تكونت عينة الدراسة من 528 طالباً وطالبة من طلبة الجامعات الفلسطينية، وقد شملت العينة (174) طالباً و (354) طالبة قاموا بالاستجابة على أدوات الدراسة الكمية والنوعية. **النتائج:** أظهرت النتائج الحالية أن سلوكات إيذاء الذات قد انتشرت بمستوى متوسط لدى طلبة الجامعات الفلسطينية، بمتوسط حسابي مقداره (3.07)، كما أشارت النتائج إلى أن تلك السلوكات قد تكرر بشكل منخفض، وبمتوسط حسابي مقداره (= 1.95). أظهرت نتائج الدراسة كذلك وجود فروق ذات دلالة إحصائية في سلوكات إيذاء الذات تبعاً لمكان السكن، والمستوى الأكاديمي للطلبة، إذا أشارت النتائج أن الطلبة المقيمين في الأماكن الريفية قد أظهروا مستوى أعلى من سلوكات إيذاء الذات مقارنة بالطلبة المقيمين في الأماكن الحضرية، كما أشارت النتائج إلى أن الطلبة من ذوي الدخل المنخفض قد أظهروا كذلك مستويات أعلى من سلوكات إيذاء الذات مقارنة بالطلبة من ذوي الدخل المتوسط والمرتفع، كما أظهرت النتائج أن سلوكات إيذاء الذات قد انتشرت بشكل أكبر لدى طلبة السنة الأولى والثانية مقارنة بطلبة السنتين الثالثة والرابعة، وأظهر الطلبة الذكور كذلك مستوى مرتفع من سلوكات إيذاء الذات مقارنة بالطلبات الإناث. **الخلاصة:** سلطت نتائج الدراسة الحالية الضوء على الصعوبات الاقتصادية والضغط الاجتماعي والجنس، كعوامل رئيسية يمكن أن تتنبأ بسلوكات إيذاء الذات لدى الطلبة الجامعيين. كما تؤكد النتائج على الحاجة الملحة إلى ضرورة توفير دعم نفسي وتدخلات علاجية للحد من سلوكات إيذاء الذات لدى طلبة الجامعات الفلسطينية.

الكلمات المفتاحية: إيذاء الذات؛ طلبة الجامعات؛ الصعوبات الاقتصادية؛ الصحة النفسية؛ فلسطين.

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Introduction

While there is not a universally agreed-upon definition of self-harm, it is generally understood as the deliberate damaging of one's own body without the intent to die (Nock, 2009). Numerous factors drive individuals to engage in self-harming activities (Long & Jenkins, 2010), such as using self-harm to escape from reality (Stänicke, 2021), alleviate stress and tension (Fitzgerald & Curtis, 2017), cope with depressive symptoms (Hedley et al., 2018), and manage feelings of anger by utilizing self-harm as a form of control during intense anger episodes (McAndrew & Warne, 2005). Engaging in self-harm has been linked to a reduction in overall life expectancy, regardless of the cause (Bergen et al., 2012). Self-harm involves intentionally causing damage or harm to one's body tissues, including both suicide attempts and non-suicidal self-injury (Klonsky, 2011), as well as behaviors where suicidal intent is not clearly defined and remains uncertain or ambiguous (Turecki & Brent, 2016). Recent reviews indicate that managing or modulating challenging emotional states is one of the most frequently cited reasons for self-harm (Taylor et al., 2018).

Self-inflicted injury, or self-harm, is commonly associated with mental health disorders (Favazza, 2011). However, not everyone who engages in self-harm suffers from mental illness; some resort to self-injury as a manifestation of distress or a coping mechanism for overwhelming emotions (Adler and Adler, 2011). Suicidal behaviors are persistent and complex health issues. Scholars in the fields of psychology and socio-cultural studies undertake in-depth analyses so as to examine the causality of this critical phenomenon, its ideation, and whether or not it can be managed or mitigated (Klonsky et al., 2016). Self-harm, a significant public health issue, is closely linked with an increased risk of suicide and often results in severe

psychological distress (Sheehy et. al., 2019). Despite these similarities, Taylor and Ibanez (2015: 1008) stated that “theories of suicide are not adequate to explain non-suicidal self-injury.” This highlights that suicide and self-harm, while related, are not identical in terms of their intent or motivations. Suicide is a deliberate act of self-destruction. On the other hand, self-harm presents a more ambiguous problem. Prior research indicated that self-harm is a conscious act, not necessarily aimed at ending life, but rather at mitigating distress and altering negative emotions. Furthermore, these studies indicated that self-harm does not solely stem from mental disorders, but also could be a response to temporary psychological disruptions caused by external factors (Miller et al., 2021).

Suicidal behaviors are often intended as a means of expressing certain emotions or messages. Furthermore, the motivations behind suicide can be complex and varied. As noted by Ronningstam et al. (2009: 150), “the wish to kill includes desires to attack, destroy or retaliate against another.” This assertion gives us insight into the idea that suicide may be, in part, interpreted as an “operation by the failing ego to save itself” (Ronningstam et al., 2009: 151). When the individual's personal boundaries are encroached upon, manipulated, or violated by another, the act of self-destruction may paradoxically appear as a protective measure against further harm or degradation.

The perception of self-harm as a form of self-assertion is a key factor in its widespread prevalence, making it a substantial global public health issue (Swannell et al., 2014). It often signals underlying psychological distress and additional needs requiring attention and intervention (Goldman-Mellor et al., 2014). Consequently, self-injury can be understood as a form of non-verbal communication

expressing distress, with visible scars narrating a story of emotional regulation and self-control.

Society's negative reaction to visible signs of self-harm, such as wounds and scars, contributes to the heavy stigmatization of self-harm (Favazza, 2011; Long, 2018). This stigma induces shame in those who self-harm, discouraging them from seeking professional mental health assistance and often leading them to internalize blame, perceiving their self-harming tendencies as a personal failure to manage emotions or cope with life's complexities (Long, 2018).

Gunnarsson (2020) offers an alternative interpretation of self-harm scars, suggesting they might symbolize something beyond shame and self-reproach. Self-injury, in this view, is seen as a mechanism to manage feelings of shame and other intense emotions, as well as a way to restore social equilibrium and reinforce interpersonal connections. However, the sight of self-inflicted injuries often sparks discomfort among healthcare professionals (Hadfield et al., 2009) and other service providers, potentially fostering antipathy towards individuals who self-harm (Patterson et al., 2007). The existing societal stigma surrounding self-injury often results in moral judgment imposed on those who engage in this behavior. Chandler (2016) argues that exposing one's self-inflicted wounds and scars constitutes a transgression of social norms, provoking disdain from observers. Mischaracterizations of self-harming individuals as attention-seekers further exacerbate the stigma and elicit negative reactions from medical professionals (Chandler, 2016).

Efforts have been made by the scientific community to understand the root causes of this phenomenon (Fonseca et al., 2018). A number of factors, such as controlling emotions, social communication, pain reduction, self-punishment, social advancement, and

practicality, contribute to adolescents' self-harm behavior (Nock, 2009). Self-injury can manifest in a variety of ways and via a variety of pathways. When mental disorders are present, self-injury can begin earlier, occur more frequently, and result in more severe injuries (Tschan et al., 2015). A history of mental health problems, a lack of social support networks, peer bullying, and increased emotional reactivity are all risk factors associated with self-harm (Nock, 2009; Sabbah et al., 2024).

In the Arab world, self-harm is a delicate and difficult subject that is frequently encased in stigma and misunderstandings. This can take different methods, such as cutting oneself with razor blade, biting nails, burning oneself with a cigarette, hitting one's head against a wall, etc. We should argue that self-harm in the Arab world is a phenomenon often stigmatized and underreported due to a complex interaction of societal, religious, and cultural factors that influence attitudes and reactions to this behavior.

In the Arab world, mental health is not always openly discussed or given priority; there may be a lack of knowledge and understanding of self-harm as a psychological problem, which can result in misconceptions and ideas that it is merely a way to get attention or appeal for sympathy (Wakim et al., 2021). In Arab societies including Palestine, upholding family bonds, honor, reputation, and societal harmony are values that are deeply ingrained (Samih & Farsoun, 1985). Larger social groups and family members may vehemently object to improper or shameful behaviors. Self-harm is one form of deviant behavior, most often stigmatized within the Palestinian society. The stigma is not mainly rooted in the potential harm to the individual's health, but in the fear of misjudgment and alienation a person may experience when he/she openly displays negative emotions. This may bring him in

disharmony with the society who keeps certain expectations of public behavior and prioritizes emotional restraints in public. Self-harm, therefore, is a practice of emotion suppression, frequently practiced by harmers to hide their behaviors to avoid criticism and rejection because it is thought of as a sign of weakness or an inability to handle life's challenges (Gunnarsson, 2022).

In some Arab societies, access to mental health services may be restricted or socially stigmatized (Krstanoska-Blazeska Thomson & Slewa-Younan, 2021). The underreporting is perpetuated by the lack of mental health resources, which may deter people from getting help for self-harming behaviors (Aloud & Rathur, 2009; Savaya, 1998). Self-harm stigmatization may become even more complex in Arab cultures due to gender roles and expectations (Zafaran, 2023). For instance, men may have more difficulty expressing their vulnerability or emotional distress, which furthers underreporting.

The relationship between religion and mental health is strongly correlated (Hill & Pargament, 2003). Religious beliefs are associated with greater levels of happiness, positive affect, social support, and lower depression levels, as well as higher levels of life satisfaction, happiness, and positive affect (Bushong, 2018). It is important to note that people with negative religious perceptions may also have worse mental health (Pargament, 2002). Islam as the most prevailing religion in the Arab world considers self-harm unlawful, emphasizing the sanctity and well-being of the individual. Muslims are required to maintain their physical well-being and refrain from harming others, with the exception of situations involving self-defense or when participating in a just battle or endeavor for the welfare of others (Nasr, 2001).

Islam, which is the most common religion in the Arab world, has a significant influence on people's attitudes toward self-harm. Many virtues are emphasized in Islam that shape Muslim perspectives on God, self, society, and the environment. "Religion and spirituality were found to enhance quality of life and serve as a coping resource (Bushong, 2018, p. 4). The Quran warns against self-destruction and stresses the importance of good health (Quran, Chapter 2:195). Islamic teachings place a strong emphasis on the value of life and the necessity of turning to Allah for support in times of difficulty. This can lead to underreporting among people experiencing emotional difficulties who are struggling to reconcile their feelings of self-harm with religious principles (Gunnarsson, 2022).

Self-harm may be seen as a criminal act or a sign of mental instability in some Muslim nations (Kiran et al, 2021). Due to possible legal repercussions or unintentional hospitalization, this perception can discourage people from seeking professional assistance or discussing their experiences with mental health professionals. Religion can have positive effects on mental health; however, it may also have negative effects. Religion has historically been linked to disputes, prejudices, and the justification of violent behavior (Lee & Newberg, 2005). Religion can still be "judgmental, alienating, and exclusive" (Williams & Sternthal, 2007, p. 48).

This research aims to make a meaningful contribution to the study of self-harm by considering the Palestinian university students as a case study. Focusing on this specific context, the research endeavors to answer the following questions: What are the prevalent forms of self-harm among Palestinian University students? What are factors, religious, psychological, and cultural, that underlie this behavior in the Palestinian society? By taking Palestinian university

students as a case study, this research seeks to shed light on the nuanced intersection of cultural, religious, and individual factors contributing to self-harm in this specific context.

Theoretical Background

Two valuable theoretical frameworks can be employed to gain insights into the causes and mechanisms of self-harm among Palestinian university students. Firstly, Bronfenbrenner's (2011) bio-ecological model of human development delves into the intricate interactions between individuals and their embedded systems. It considers these interactions in terms of a process-person-context-time (PPCT) framework. The person dimension encompasses the biopsychosocial characteristics of an individual, while the context dimension encompasses their immediate surroundings, interactions within them, external environments, and broader cultural and moral values. The time dimension considers the continuous transformations and consistencies throughout an individual's life journey.

On the other hand, Nock's (2009) integrative theoretical framework takes into consideration both close and distant risk factors influencing adolescents' likelihood to self-harm. Contributing factors include low stress tolerance, negative emotions, cognitive deficits, and interpersonal vulnerability traits such as communication and problem-solving abilities. Due to this low stress tolerance, self-harm becomes a faster and more efficient means of coping with distressing emotional experiences and challenging social situations. Many studies have explored the complexities of suicidal behaviors and self-harm among Palestinian and Arab populations, highlighting both prevalence and the multifaceted factors contributing to these phenomena. Research indicates that 78.9% of Arabic-speaking

individuals report experiencing suicidal thoughts, with 12.4% having made a recent suicide attempt, underscoring a significant public health concern in the Arab world (Sariah et al., 2023). In Palestine, the rising suicide rates are compounded by underreporting, suggesting that actual figures may be significantly higher than those officially recorded (Samah et al., 2023; Mahamid, 2016). For example, Jacobsen, and Kraemer (2017) documented a 25.6% prevalence of suicidal ideation and planning among Palestinian middle school students, with associated risk factors including marijuana use, lack of close friends, and tobacco use.

Cultural and gender factors play a crucial role in shaping the nature and prevalence of suicidal behaviors. Self-harm behaviors vary significantly across cultures, with gender and intent being pivotal factors (Anna et al., 2023; Sariah et al., 2023). Women and younger individuals in the Arab world, in particular, show higher rates of suicidality. These cultural differences impact the types of self-harm behaviors observed, emphasizing the need for culturally sensitive assessments (Anna et al., 2023). The importance of cultural contexts in shaping suicidal tendencies among Israeli and Palestinian adolescents has been highlighted, revealing significant differences in risk behaviors between Arab-Israeli youth and their peers (Harel-Fisch et al., 2012). Cross-national comparisons further illuminate the complexity of these issues. Shah & Chandia (2010) explored the relationship between religious adherence and suicide rates, revealing complex interactions and cautioning against straightforward causal interpretations due to the ecological fallacy. Similarly, Gal et al. (2012) found differences in suicide rates between Muslim and Jewish populations in Israel, shedding light on variations across religious and ethnic communities. Eskin et al. (2019) conducted a survey of university students in 12

Muslim-majority countries, including Palestine, and found a high prevalence of suicidal thoughts, attempts, and motives. Their study noted variations in suicidal ideation rates among different countries and emphasized that legal prohibitions on suicide do not necessarily reduce its occurrence. Understanding these influences is essential for developing effective and culturally appropriate mental health interventions. Saymah, Tait, and Michail (2015) highlighted challenges in Gaza's mental health policy and services, stressing the need for better integration of mental health into primary healthcare. Al-Krenawi et al. (2009) examined help-seeking behaviors across various cultural settings, revealing diverse attitudes toward mental health services among students from Egypt, Kuwait, Palestine, and Israeli Arab communities. Furthermore, training healthcare providers in Palestine has shown promise in enhancing their ability to assess and intervene with suicidal patients, potentially improving clinical outcomes (Samah et al., 2023; Hamamra et al., 2024).

The literature on self-harm among Palestinian university students is limited, mainly focusing on suicidal ideation and attempts. The literature also lacks a comprehensive exploration of cultural, religious, and societal factors that may influence self-harm behaviors. The literature also lacks specific data on the frequency and prevalence of self-harm behaviors, and there is a lack of comprehensive research examining the direct association between risk behaviors and self-harm among Palestinian university students.

This study is meant to address these gaps by targeting Palestinian university students to gain a more comprehensive understanding of the causes, mechanisms, frequency, and common self-harm practices in this population. Put simply, this article examines the interplay between the psychological states of the

participants and the socio-cultural influences that significantly provoke their acts of self-aggression. In other words, this study scrutinizes self-harm within the broader framework of the self and its interactions with others. The researchers aim at answering these two questions: 1) What are the primary causes and mechanisms that lead to self-harm among Palestinian university students? 2) How frequently do Palestinian university students engage in different forms of self-harm behaviors, and what are the most common self-harm practices observed among this population?

Methodology

Study tool

The study employs a mixed-methods approach, incorporating both a structured survey questionnaire and focus groups, to comprehensively investigate the complex phenomenon of self-harm among Palestinian university students. The questionnaire investigates the causes and mechanisms of self-harm among Palestinian university students, examining factors like stress, emotional distress, bullying, health conditions, trauma, self-esteem, societal pressures, and economic factors. Furthermore, it assesses the frequency of self-harm behaviors, ranging from "Never" to "Always," in order to identify the most prevalent practices. Focus groups offer a valuable research strategy to understand the factors and mechanisms underlying self-harm among Palestinian university students. By assembling small groups and facilitating open discussions, focus groups offer a deeper understanding of participants' experiences, perceptions, and emotions. This interactive environment allows for a thorough investigation of self-harm causes and provides nuanced perspectives on various self-harm practices used by Palestinian university students. A committee of experts in psychology

reviewed the items of the questionnaire for content validity and comprehensiveness. The researchers used a score of 80% agreement between experts for inclusion of each item. Accordingly, the researchers modified some items of the questionnaire and changed the interpretation for others; minor modifications were made on the basis of feedback from the committee members. A 5-point scale ranging from 1 (never) to 5 (always) allows participants to rate each item. The cut off score of the scale ranged from 1 to 2.33 (low), 2.34 to 3.67 (moderate), 3.67 to 5 (high).

In order to test validity of the scale, the scale was distributed to (80) participants independent of the sample of the study (validity sample), the questionnaire indicated a high level of construct validity in assessing participants' self-harm behaviors, correlations between items and the total score of the questionnaire ranged between (.45 - .66). Moreover, results of exploratory factor analysis (EFA) indicated a stable one factor construct of our questionnaire. Finally, Cronbach's alpha coefficients indicated high internal consistency for the total questionnaire (.91).

Sample and procedures

A survey was carried out in December 2023 and was focused on Palestinian couples who were living in the West Bank of Palestine. The study sample was recruited using online tools. To be included in the study, participants were required to be 1) Palestinian university students, 2) Without any type of severe mental illness, and 3) Native Arabic speakers. The study was approved by An-Najah Institutional Review Board (IRB) before data collection was administered. Participants were provided with all information about the study and signed an

informed consent. 528 Palestinian university students participated, 174 males and 354 females. Of these participants, 44.3. % of participants were living in urban regions of the West Bank, and the remaining 55.7% were from rural regions. Regarding education, 9.1% of participants were graduate students, 40.3% were in fifth year, 33.0% in fourth year, 10.2% in second year, and 7.2 were in first year. 45.5% were registered in a human sciences faculty, and 54.5% of participants were registered in a natural sciences faculty. Regarding monthly income, 13.1. % of participants earned 6000 Shekel and more, 19.9% earned 4000-5999 Shekel, 30.7%, earned 2000- 3999 Shekel, 36.4% of participants earned less than 2000 Shekel.

Data analysis

The collected data was analyzed using SPSS Statistics version 29. Descriptive statistical procedures were employed, including means and standard deviations, to evaluate the means and standard deviations of responses received for causes of self-harm and self-harm behaviors. ANOVA test was used to test the differences in self-harm and causes of self-harm behaviors due study demographic variables. Finally, a Least Significant Difference (LSD) test was implemented to compare differences in causes of self-harm behaviors due to academic level and income variables.

Findings

Quantitative results

To test the causes of harm behaviors among university students, means and standard deviations were calculated as shown in table (1).

Table (1): Means and standard deviations for causes of self-harm and the degree of self-harm behaviors.

No.	Items	M	SD
<i>Causes of Self-harm</i>			
1	To deal with stress, emotional distress, and unsettling emotions and thoughts	2.94	1.32
2	To manage, convey, or comprehend one's emotions effectively	3.06	1.16
3	Emotions of insignificance, powerlessness, seclusion, and desolation	3.01	1.28

No.	Items	M	SD
4	Emotions of intense fear, anger, and remorse	3.05	1.21
5	Being subjected to bullying, abuse, or harassment	3.07	1.38
6	Having mental and/or physical health disabilities	3.13	1.39
7	Enduring and experiencing past traumatic experiences	3.14	1.29
8	Emotions of being rejected and harboring self-hatred	3.16	1.24
9	Having a negative perception of oneself and experiencing diminished self-esteem	3.07	1.18
10	Influences from family and peers, including societal pressures	3.02	1.28
11	Challenges arising from difficult circumstances and economic factors	3.04	1.21
12	Failure and inability to satisfy needs or objectives	3.10	1.23
<i>Degree of self-harm behaviors</i>			
1	I use a sharp object to cut, scratch, or stab myself	1.90	1.33
2	I rub an area excessively in order to cause a burn	1.78	1.26
3	I burn myself with lit matches, cigarettes, or sharp, heated objects like knives	1.67	1.23
4	I carve and stamp words or symbols into my skin	1.77	1.21
5	I punch and bite myself	2.08	1.27
6	I bang my head and limbs	1.92	1.24
7	I insert objects beneath my skin	1.75	1.22
8	I use alcohol to numb my emotions and distract myself from my problems	1.59	1.09
9	I get addicted to drugs	1.68	1.21
10	I either pull out or cut my hair	2.06	1.31
11	I contemplate and think about committing suicide	2.04	1.32
12	I skip meals and do not eat	2.57	1.35
13	I try not to sleep	2.37	1.38
14	I disregard and neglect personal hygiene by wearing the same clothes for several days	1.87	1.21
15	I engage in risky activities without thinking about the consequences	2.20	1.36
<i>Causes of Self-harm total</i>		3.07	.681
Self-harm behaviors total		1.95	1.03

Results of table 1 revealed that participants reported moderate scores (M=3.07) on causes of self-harm-behaviors, while participants reported low scores (M=1.95) on self-harm behaviors.

Differences in averages were noted in causes of self-harm due to several demographic variables; gender, region, academic level, faculty, and income as the following: Gender (males, M = 3.07; females, M=3.08), region (city, M = 3.00; village, M = 3.14), academic

level (graduate studies, M=2.92; fifth graders, M = 2.96; fourth graders, M= 3.14; second graders, M = 3.26; first graders, M = 3.23), faculty (humanities, M= 3.09; scientific, M= 3.06), and income (6000 Shekel and more, M= 3.07; 4000-5999 Shekel, M = 2.96; 2000 – 3999 Shekel, M = 3.01, and less than 2000 Shekel, M= 3.20). To test the differences in causes of self-harm due to gender, region, academic level, faculty, and income, ANOVA test was conducted (see table 2).

Table (2): Results of ANOVA test for differences in causes of self-harm due to study variables.

Dependent variable	Source	SS	df	MS	F	Sig.
Causes of self-harm	Gender	.043	1	.043	.100	.752
	Region	9.325	2	4.662	10.783	***.001
	Academic	7.854	4	1.964	4.542	***.001
	Faculty	.879	1	.879	2.033	.155
	Income	3.871	3	1.290	2.984	**.031
	Error	223.101	516	.432		
	Corrected Total	244.864	527			

Results of table 2 showed significant differences in the causes of self-harm due to region of residence in favor of village residents (M = 3.14). To compare the differences

between individual academic level categories (graduate studies, fifth graders, fourth graders, M= second graders, and first graders), and income categories (6000 Shekel and more,

4000-5999 Shekel, 2000 – 3999 Shekel, and less than 2000) a Least Significant Difference (LSD) test was calculated (Table 3).

Results of table 3 showed significant differences in the causes of self-harm behaviors

Table (3): LSD test to compare the difference of academic level and income means.

Academic level						
Category	M	(1)	(2)	(3)	(4)	(5)
(1) Graduate studies	2.92		-.02	-.22*	-.34*	-.31*
(2) Fifth graders	2.96			-.18*	-.30*	-.27*
(3) Fourth graders	3.14				-.11*	-.08*
(4) Second graders	3.26					-.03
(5) First graders	3.23					
Income						
Category	M	(1)	(2)	(3)	(4)	
(1) 6000 Shekel and more	3.07		.11	-.12	.05	
(2) 4000-5999 Shekel	2.96			-.05	-.23*	
(3) 2000 – 3999 Shekel	3.01				-.19*	
(4) less than 2000	3.20					

Differences in averages were noted in self-harm behaviors due to several demographic variables; gender, region, academic level, faculty, and income as the following: Gender (males, $M = 2.12$; females, $M=1.87$), region (city, $M = 1.85$; village, $M=2.03$), academic level (graduate studies, $M=1.82$; fifth graders, $M = 1.93$; fourth graders, $M= 2.00$; second

in favor of second and first graders. Moreover, significant differences were noted in the causes of self-harm due to monthly income in favor of individuals with less than 2000 Shekel.

graders, $M = 1.71$; first graders, $M = 2.30$), faculty (humanities, $M= 1.92$; scientific, $M= 1.97$), and income (6000 Shekel and more, $M= 1.80$; 4000-5999 Shekel, $M = 2.10$; 2000 – 3999 Shekel, $M = 1.91$, and less than 2000 Shekel, $M= 1.95$). To test the differences in causes of self-harm due to gender, region, academic level, faculty, and income, ANOVA test was conducted (see table 4).

Table (4): Results of ANOVA test for differences in self-harm behaviors due to study variables.

Dependent variable	Source	SS	DF	MS	F	Sig.
Causes of self-harm	Gender	4.873	1	4.873	4.622	.03*
	Region	2.061	2	1.030	.977	.377
	Academic	7.724	4	1.931	1.832	.121
	Faculty	.072	1	.072	.069	.794
	Income	4.073	3	1.358	1.288	.278
	Error	544.001	516	1.054		
	Corrected Total	566.007	527			

Results of table 4 showed significant differences in the self-harm behaviors due to gender in favor of males ($M = 2.12$).

Qualitative results

Ten pivotal statements were extracted from the discussions held in these focus groups. Students' accounts describe various forms of self-harm and coping mechanisms that have been employed in response to emotional distress, sadness, stress, and anger.

Importantly, it should be noted that these behaviors can have both physical and mental repercussions. Therefore, it is essential for students grappling with these issues to seek professional help and rely on support from friends and family. In one focus group, the students mention a history of physical and emotional self-harm, including skin scratching and self-starvation. However, they decided to discontinue these behaviors after recognizing their adverse effects on both their physical

health and mental well-being. In another discussion, participants illustrate self-harming behaviors like eyelash-pulling and meal-skipping when experiencing sadness or hunger. Similarly, in focus group 3, the students cope by biting their nails when nervous or sad, occasionally leading to bleeding. They also describe extended periods of not eating while feeling sad, which resulted in health problems.

participants highlight the use of isolation as a coping mechanism, particularly in response to negative events or disappointing exam grades. The student also mentions avoiding food when upset. In another session, self-harming behaviors encompass biting lips, bleeding nails, and fasting to the point of dizziness and exhaustion. These actions are believed to reduce anxiety and stress. Focus group 6 portrays the student's response to depression and sadness, which involves cutting off eyelashes and hair, prolonged fasting, and self-imposed isolation in darkness while ruminating on negative thoughts. Similarly, the students who participated in session 7 argue that they bite their nails as a means to cope with sadness and anger, at times causing bleeding. They also admit to not eating for a day or two, which has led to health issues.

On the other hand, some students in subsequent discussions i.e., 8, 9 and 10 reveal that isolation is a common reaction to stress and anger for this student, along with negative responses when others attempt to engage with them. They also mention going without food for an entire day. They also detail self-harming behaviors like biting lips and nails until they bleed, and abstaining from eating to alleviate anxiety and stress. Lastly, some of the student describe self-harming actions such as fasting for several days, and isolating themselves in darkness to ruminate on negative thoughts when feeling depressed and sad.

The focus group discussions reveal the challenges students face in dealing with emotional distress, sadness, stress, and anger. They highlight the prevalence of self-harm behaviors and coping mechanisms, which can have physical and mental consequences. Some students have stopped these behaviors, but many continue to use them, leading to negative health outcomes. The trend towards isolation is also prevalent, with some withdrawing from social environments. Raising awareness and promoting a proactive approach to mental and emotional well-being can help reduce these behaviors and alleviate suffering.

Discussion

This study explores the complex interplay between economic hardships, gender dynamics, and self-harming behaviors among Palestinian university students. The analysis of qualitative and quantitative data reveals that economic instability and gender roles significantly shape students' coping strategies, often leading to self-harm. The personal narratives further illuminate the lived experiences of these students, providing a nuanced understanding of their challenges. Economic hardships are a central factor contributing to self-harm among Palestinian university students. The political and economic instability in Palestine creates a precarious environment that impacts students' mental health. This instability affects various aspects of life, from income sources to educational opportunities.

The ongoing political instability in Palestine disrupts economic activities and income sources, exacerbating financial pressures on students. For many Palestinian families, economic stability is highly dependent on unpredictable factors such as political unrest and restrictions on movement. The Palestinian Central Bureau of Statistics reports that political turmoil, including the recent

aggression in Gaza, has led to significant economic repercussions, including increased unemployment rates and decreased economic activity.

The economic challenges faced by Palestinian families also affect students' ability to afford higher education. Unlike some regions where higher education might be subsidized or free, university education in Palestine often requires families to bear significant costs, including tuition fees, accommodation, and transportation. The instability in income sources, such as employment in agriculture, Palestinian Authority institutions, and labor inside Israel, further complicates this situation.

Many Palestinian students rely on part-time work to support their education and contribute to their family income. This dependence on unstable employment opportunities, coupled with the political instability affecting labor access, creates a volatile environment that heightens stress and increases the risk of self-harm. The Palestinian Central Bureau of Statistics indicates that restrictions on movement and access to jobs in Israel have significantly increased unemployment rates, further straining students' financial resources.

Gender plays a crucial role in shaping self-harming behaviors among Palestinian university students. The data reveal that male students report higher levels of self-harm compared to female students, reflecting the influence of gendered expectations and financial responsibilities.

Male students often bear a greater financial burden due to societal expectations that they should contribute to their own education and support their families. This additional responsibility creates significant stress and emotional distress, which can manifest as self-harming behaviors. In contrast, female students may experience different levels of financial and emotional stress due to traditional gender roles.

Societal expectations often place less financial responsibility on female students, as they are typically expected to focus on domestic roles rather than contributing financially to their households. This difference in expectations can affect the coping strategies employed by female students.

The cultural norms in Palestinian society often dictate that men are the primary breadwinners, while women are expected to take on domestic responsibilities. This gendered division of roles influences the experiences of self-harm, female students might receive more financial and emotional support from their families, reflecting societal expectations that women should not bear the same financial burdens as men. This additional support can mitigate some of the stress related to academic and financial pressures, potentially reducing the likelihood of self-harm. The integration of economic and gender factors provides a comprehensive understanding of self-harming behaviors among Palestinian university students. The intersection of financial strain and gender roles shapes students' experiences and coping strategies.

Future implementations

Addressing self-harm among Palestinian university students requires a multifaceted approach that considers both economic and gender factors. Effective interventions should include:

First: Financial Assistance: Providing financial support for students can alleviate some of the economic pressures that contribute to self-harm. Scholarships, grants, and subsidized educational resources can help reduce the financial burden on students and their families.

Second: Mental Health Support: Enhancing access to mental health resources, including counseling and therapy, is crucial for addressing the underlying emotional distress

that leads to self-harm. University support services should be equipped to provide tailored interventions for students experiencing financial and academic stress.

Third: Gender-Sensitive Approaches: Developing gender-sensitive support strategies can address the specific needs of male and female students. For male students, interventions might focus on managing financial stress and providing coping strategies for handling academic and familial pressures. For female students, support might emphasize balancing academic and domestic responsibilities and addressing any financial challenges they face.

Fourth: Community and Family Support: Encouraging open conversations about mental health within families and communities can reduce stigma and promote understanding. Support from family members and community leaders can play a significant role in alleviating stress and providing emotional support.

Conclusion

This study highlights the significant impact of economic hardships and gender dynamics on self-harming behaviors among Palestinian university students. The integration of qualitative and quantitative data reveals how financial instability and societal expectations shape students' experiences and coping strategies. The personal narratives provide valuable insights into the lived experiences of students, illustrating the complex interplay between economic pressures, gender roles, and self-harm. Addressing these issues requires comprehensive interventions that consider both economic and gender factors. By providing financial support, enhancing mental health resources, and developing gender-sensitive approaches, it is possible to reduce the incidence of self-harm and improve the well-being of Palestinian university students. Promoting understanding and empathy within

families and communities can further support students in navigating the challenges they face, ultimately fostering a more supportive and resilient educational environment.

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- **Ethics approval and consent to participate:** All procedures performed in this study involving human participants were in accordance with the ethical standards of An-Najah National University IRB, the American Psychological Association (APA, 2010) and with the 2013 Helsinki Declaration. Informed consent was obtained from all participants.
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