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EXPLORING THE RELATIONSHIP BETWEEN SELF-ESTEEM AND SELF-HARM: A GENDER-BASED ANALYSIS

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ABSTRACT

This study investigates the relationship between self-esteem and self-harm behaviours among Indian Population aged 13–50. Using the Rosenberg Self-Esteem Scale (RSE) and the Self-Harm Inventory (SHI), data were collected from 78 participants. Results showed a significant negative correlation between self-esteem and self-harm ($r = -0.611$, $p < 0.0001$), with a stronger association observed among females ($r = -0.644$) than males ($r = -0.476$). These findings highlight the role of self-esteem as a protective psychological factor and emphasize the need for gender-sensitive mental health interventions.

INTRODUCTION

Self-harm, particularly non-suicidal self-injury (NSSI), has emerged as a significant mental health concern among adolescents and young adults worldwide. Defined as the deliberate infliction of injury on oneself without suicidal intent, self-harm often functions as a maladaptive coping strategy in response to psychological distress, trauma, or emotional dysregulation (Klonsky, 2007). The World Health Organization (2021) identifies self-harm as one of the leading causes of death among individuals aged 15–29, underlining the urgency of addressing its underlying psychological correlates.

One such correlate is self-esteem, broadly defined as an individual's overall evaluation of their own worth. Low self-esteem has consistently been linked to a range of emotional and behavioural issues, including depression, anxiety, eating disorders, substance abuse, and self-harm (Rosenberg, 1965; Baumeister et al., 2003). According to the Rosenberg Self-Esteem Scale (RSE)a widely validated toolself-esteem is not merely a trait but a dynamic construct shaped by personal experiences, social feedback, and internal narratives (Rosenberg, 1989).

Empirical studies have demonstrated a significant negative correlation between self-esteem and self-harming behaviours. Overholser et al. (1995) found that adolescents with low self-esteem were significantly more likely to engage in self-injury, even when controlling for depressive symptoms. Similarly, Harter et al. (1998) observed that declines in self-esteem preceded increases in self-harming behaviour, indicating a predictive relationship.

The influence of gender further complicates this dynamic. Research consistently shows that adolescent females report lower self-esteem compared to males (Kling et al., 1999), and are more likely to engage in internalizing behaviours such as self-harm (Fortune et al., 2008). In the Indian socio-cultural context, gender norms, academic stress, and stigma around mental health amplify these risks. Girls are often socialized to suppress emotional expression and conform to rigid societal expectations, increasing their vulnerability to emotional suppression and internalized distress (Singh & Mukherjee, 2017; Sharma & Joshi, 2019).

Moreover, the digital environment has introduced new challenges. Social media intensifies social comparisons and body image concerns, often contributing to decreased self-esteem and increased instances of self-harm among adolescents (Nesi & Prinstein, 2015).

Despite these insights, there remains a lack of culturally contextualized research exploring the intersection of self-esteem and self-harm among Indian youth. Much of the available literature is Western-centric, failing to account for unique societal pressures, stigma, and help-seeking behaviours prevalent in South Asia.

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This study aims to fill this gap by investigating the relationship between self-esteem and self-harm in an Indian sample, with a particular focus on gender-based differences. The research hypothesizes a significant negative correlation between self-esteem and self-harm, and anticipates that this relationship is stronger in females due to gender-specific emotional and cultural experiences.

METHODOLOGY

Research Design

This study adopted a quantitative, cross-sectional, correlational design to examine the relationship between self-esteem and self-harming behaviours. A correlational approach was appropriate to identify the strength and direction of association between the variables without manipulating them. The cross-sectional nature of the design allowed data to be collected at a single point in time.

Participants

A total of 78 participants, aged between 13 and 50 years, were recruited through online platforms including social media and academic networks. The sample consisted of 43 females, 34 males, and 1 non-binary individual, with a majority representing the 19–30 age group. Participants were selected using convenience sampling.

Instruments

Two standardized psychometric tools were used:

Rosenberg Self-Esteem Scale (RSE)

The Rosenberg Self-Esteem Scale (RSE) is a widely used 10-item self-report instrument designed to assess global self-worth by measuring both positive and negative feelings about the self (Rosenberg, 1965). Each item is rated on a 4-point Likert scale ranging from Strongly Agree to Strongly Disagree. Items include statements such as "On the whole, I am satisfied with myself" and "I feel I do not have much to be proud of." Scores range from 10 to 40, with higher scores indicating higher levels of self-esteem. The RSE has demonstrated strong psychometric properties, including high internal consistency and construct validity across diverse populations.

Self-Harm Inventory (SHI)

The Self-Harm Inventory (SHI) is a 22-item self-report screening tool developed to assess lifetime engagement in self-harming behaviors (Sansone et al., 1998). Each item reflects a specific self-injurious behavior (e.g., cutting, burning, self-starving, or hitting oneself), and respondents indicate whether they have ever engaged in each behavior with a binary "Yes" or "No" response. Each affirmative response scores one point, resulting in a total score ranging from 0 to 22. Higher scores indicate greater self-harm tendencies. The SHI has been validated in both clinical and non-clinical populations and is considered a reliable instrument for identifying individuals at risk for self-injurious behaviors and associated psychopathology.

Procedure

Data were collected through a structured online questionnaire using Google Forms. The survey included an informed consent section, followed by demographic questions, the RSE, and SHI. Participation was anonymous and voluntary. The survey remained open for 54 days, and participants were given mental health helpline resources upon completion.

The demographic section included questions on age, gender, education, employment status, marital status, and mental health history. To assess mental health diagnosis, participants were asked: "Have you ever been diagnosed with a mental health condition by a qualified professional?" This was a binary (Yes/No) question, and no further diagnostic details were requested to protect participants' anonymity.

Data were cleaned and analyzed using SPSS and Microsoft Excel. Descriptive statistics summarized demographic and psychological variables. Pearson's correlation coefficient assessed the relationship between self-esteem and self-harm. One-way ANOVA tested for significant differences across demographic subgroups such as gender, age, and mental health history.

RESULT

Table 1. Descriptive Statistics of Key Variables (N = 78)	**Mean**	**SD**	**Min**	**Max**
Rosenberg Self-Esteem Scale (RSE)	25.79	4.74	13	37
Self-Harm Inventory (SHI)	7.10	5.32	0	20

The descriptive statistics for the key variables in the sample of 78 participants are summarized in Table 1. The Rosenberg Self-Esteem Scale (RSE) scores ranged from 13 to 37, with a mean of 25.79 (SD = 4.74), indicating a moderate level of self-esteem in the sample. The Self-Harm Inventory (SHI) scores varied between 0 and 20, with a mean of 7.10 (SD = 5.32), suggesting a range of self-harm behaviors reported among participants, with some reporting no self-harm and others reporting multiple instances.

Table 2. Pearson Correlation Results (Overall Sample)	**r**	**p-value**	**Interpretation**
RSE ↔ SHI	–0.611	< 0.0001	Strong, negative, significant

Presents the Pearson correlation between the Rosenberg Self-Esteem Scale (RSE) and the Self-Harm Inventory (SHI) for the overall sample (N = 78). The correlation coefficient (r) was –0.611, indicating a strong negative relationship between self-esteem and self-harm behaviors. This correlation was statistically significant ($p < 0.0001$), suggesting that higher self-esteem is associated with fewer self-harm behaviors among the participants.

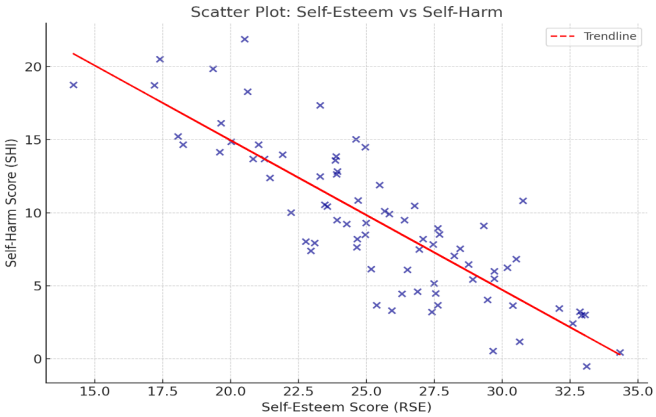
Table 3. Gender-Based Correlation Analysis	n	r	p-value	Strength
Females	43	–0.644	< 0.00001	Strong

Males	34	–0.476	0.0045	Moderate
Non-Binary	1	—	—	Not analysable

Shows the Pearson correlation between Rosenberg Self-Esteem Scale (RSE) and Self-Harm Inventory (SHI) scores by gender. For females (n = 43), there was a strong, significant negative correlation (r = –0.644, p < 0.00001), indicating that higher self-esteem strongly relates to lower self-harm behaviors. For males (n = 34), the correlation was moderate and significant (r = –0.476, p = 0.0045), also suggesting an inverse relationship between self-esteem and self-harm. Due to the sample size of only one non-binary participant, correlation analysis was not possible for this group.

Table 4. One-Way ANOVA Highlights	Factor (df)	Dependent	F	p
Gender (2, 75)	SHI	4.73	0.011	
Mental-health diagnosis (1, 76)	SHI	16.42	< 0.001	
Age group (3, 74)	SHI	3.87		

Presents the results of one-way ANOVA tests examining the effects of gender, mental-health diagnosis, and age group on Self-Harm Inventory (SHI) scores.There was a significant effect of gender on SHI scores, F(2, 75) = 4.73, p = 0.011, indicating that self-harm behaviors differ across gender groups.A highly significant effect was found for mental-health diagnosis, F(1, 76) = 16.42, p < 0.001, suggesting that participants with a mental-health diagnosis reported significantly different levels of self-harm compared to those without.Age group also had a significant effect on SHI scores, F(3, 74) = 3.87, p = 0.013, indicating variation in self-harm behaviors across different age categories.These findings highlight the influence of demographic and clinical factors on self-harm behaviors in the sample.



Illustrating the relationship between Self-Esteem (RSE) and Self-Harm (SHI). The plot reflects a strong negative correlation (approximately –0.61), meaning that higher self-esteem is generally associated with lower self-harm tendencies. The red dashed line represents the regression line, showing the overall trend of this inverse relationship.

DISCUSSION

The present study revealed a significant negative correlation between self-esteem and self-harm among Indian Population, aligning with prior research that highlights low self-esteem as a risk factor for self-injurious behaviors (Overholser et al., 1995; Harter et al., 1998). The relationship was stronger among females, supporting earlier findings that women are more prone to internalizing emotional distress due to cultural expectations and limited avenues for emotional expression (Kling et al., 1999; Singh & Mukherjee, 2017). Social media and societal pressures likely intensify these vulnerabilities, lowering self-esteem and increasing risk for self-harm (Nesi & Prinstein, 2015).

These findings emphasize the need for gender-sensitive mental health interventions that foster self-worth and emotional resilience. Educational institutions should incorporate self-esteem enhancement programs and early screening strategies. Moreover, clinicians should consider cultural and gender factors when addressing self-harm tendencies.

Although the study provides valuable insights, limitations include a small, non-random sample and underrepresentation of non-binary individuals. Future research should employ longitudinal methods and larger, more diverse samples to better understand causal pathways and broader gender identities.

CONCLUSION

This study confirms a strong negative correlation between self-esteem and self-harm, especially among females, highlighting the role of gender-specific emotional and cultural factors. Enhancing self-esteem through gender-sensitive mental health interventions can help reduce self-harming behaviors. While the findings are valuable, future research with larger and more diverse samples is needed to deepen understanding and guide effective prevention strategies.

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