




Emotion Dysregulation as a Mediator of the Relationship Between Childhood Trauma and Self-Harm

Syarifah. Maisarah¹ , Mei-Ling. Chen^{2*} 

¹ Faculty of Social Sciences & Liberal Arts, Department of Psychology, UCSI University, Kuala Lumpur, Malaysia

² Department of Educational Psychology and Counseling, National Taiwan Normal University, Taipei, Taiwan

* Corresponding author email address: meiling.chen@ntnu.edu.tw

E d i t o r	R e v i e w e r s
Muhammad Rizwan  Associate Professor, Department of Psychology, Haripur University, Islamabad, Pakistan muhammad.rizwan@uoh.edu.pk	Reviewer 1: Shahrokh Makvand Hoseini  Associate Professor, Department of Psychology, Semnan University, Iran. Email: shmakvand@semnan.ac.ir Reviewer 2: Davood Taghvaei  Department of Psychology, Arak Branch, Islamic Azad University, Arak, Iran. Email: d-taghvaeii@iau-arak.ac.ir

1. Round 1

1.1. Reviewer 1

Reviewer:

This paragraph lacks a transition linking NSSI with emotion dysregulation. Please insert a sentence explicitly stating how emotional dysregulation underpins the use of NSSI as a coping strategy, as this supports the rationale for the mediation model.

There is a discrepancy in the demographic data reported here and in the Findings section, which states “449 participants from India.” Please resolve this inconsistency and ensure uniformity throughout the manuscript.

The DSHI scoring procedure should be elaborated further. For instance, explain whether a cumulative frequency score or a binary classification of self-harm was used in SEM analysis.

Again, the description states “participants from India” while earlier it was stated “from Taiwan.” This contradiction needs urgent correction and may affect the generalizability discussion in the conclusion.

It would be helpful to include 95% confidence intervals for correlation coefficients to enhance interpretive clarity regarding effect size stability.

The text mentions assumption testing but lacks reference to multivariate normality. Please clarify whether Mardia’s coefficient was computed to confirm this assumption for SEM.

The manuscript does not provide a breakdown of trauma subtypes within the sample. Including such information (or stating its absence as a limitation) would enhance interpretation.

Authors uploaded the revised manuscript.

1.2. Reviewer 2

Reviewer:

While the operational definition is accurate, this paragraph would benefit from linking emotion dysregulation to neurobiological evidence (e.g., amygdala hyperactivity or prefrontal cortex deficits), as mentioned earlier in the paragraph. Consider referencing neurodevelopmental models to bolster this point.

This paragraph introduces novel variables like online sexual abuse and COVID-19 stress. These are highly relevant but are not addressed elsewhere in the study. Either integrate them methodologically or limit their mention in the introduction to maintain coherence.

Add clarification regarding the cutoff scores used to classify trauma severity. Were participants screened or grouped based on trauma levels, and if so, what were the thresholds?

The six subscales of the DERS are listed, but their individual relevance to self-harm is not explained. Consider briefly stating which subscales are most predictive of self-harming behavior based on prior studies.

While the indices are listed, the rationale for the selected thresholds is not provided. Please include citations or criteria that justify the cutoff points for CFI, TLI, and RMSEA.

Although standardized coefficients are reported, the implications of the indirect effect size ($\beta = .29$) are not discussed. Consider discussing whether this indicates a partial or full mediation, supported by model comparison results if available.

The text refers to a figure but does not describe it in detail. Add a description within the body of the article explaining what Figure 1 depicts and how it visually confirms the hypothesized mediation model.

The authors should elaborate on the practical implications of the mediation effect. For instance, how can these findings inform specific interventions or therapeutic techniques for adolescents?

Authors uploaded the revised manuscript.

2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.