



## Challenges of conducting qualitative research of non-suicidal self-injury in South Korea: An international nursing research collaboration



Kimberly A. Williams, Eun Jin Lee\*

Department of Nursing, Inha University, 100 Inha-ro, Michuhol-gu, Incheon 22212, South Korea

### ABSTRACT

Understanding non-suicidal self-injury in foreign countries considering their cultural context requires collaboration among international researchers. Through an international collaborative approach, gaps in cultural views can be closed, thereby increasing the understanding of non-suicidal self-injury at a global level. The aim of this article was to illustrate the methodological and ethical challenges of an international collaboration that occurred during a qualitative study with South Korean young adults and the corresponding strategies that were implemented. It is hoped that the dissemination of these strategies and lessons learned can assist other researchers as they pursue international collaborative research.

### Introduction

Mental health disorders include associated behaviors that lead to a reduction in overall well-being and have continued to grow, significantly increasing the social and economic burden in all countries (WHO, 2018). One behavior associated with a number of mental health disorders and increasingly common among adolescents and young adults is non-suicidal self-injury. Non-suicidal self-injury (NSSI) involves the direct and purposeful destruction of one's body tissue without suicidal intent (Nock & Favazza, 2009). This self-destructive behavior has prevalence rates ranging from 5% to 30% worldwide (Muehlenkamp, Claes, Havertape, & Plener, 2012). Consequently, non-suicidal self-injury may lead to lasting physical injury and can be predictive of suicide in later years (Turner, Layden, Butler, & Chapman, 2013). Although NSSI behavior exists across the world, few qualitative studies have been conducted of NSSI behavior in Eastern cultures, such as South Korea (Williams, Lee, Shahrour, & Kanan, 2018). The majority of research related to NSSI has been primarily conducted in Western countries (Benjet et al., 2017; Chesin, Moster, & Jeglic, 2013; Gholamrezaei, De Stefano, & Heath, 2017; Williams et al., 2018). In Eastern cultures, it is difficult to conduct research on mental illness, especially NSSI. This difficulty stems from the feelings of shame, guilt, and stigma that are experienced by mentally ill patients of Eastern cultures and their families (Hyun, Chung, & Kim, 2017; Kim et al., 2015). Additionally, there is a heavy influence of Confucianism that forbids expressing negative emotions (Choi, 2015), thereby suppressing knowledge of the behavior to others. Therefore, conducting studies of NSSI behavior, especially ones of a qualitative nature, can be difficult leaving a gap in understanding NSSI from an Eastern perspective.

International collaboration is one approach that can improve the success of conducting international research, increase the understanding of NSSI at the global level, and move the science of nursing forward.

### Background

International collaborative research has barriers including cost, language, multiple institutional review boards (IRBs), recruitment, staff, international time zones, internet accessibility, and globalization (Santos, Black, & Sandelowski, 2015). Of these barriers, cost and language pose the most difficult challenges for nursing researchers. International collaborative research may require more financial cost than local or national research due to the extra expense of international travel, international calls, international conferences, translation fees, and currency exchange fees. Nursing researchers conducting collaborative research in foreign countries must overcome language barriers in countries where dominant languages are different from their own. These researchers are required to work with their own institutional review board, foreign institutional review boards, as well as potential and actual research subjects while conducting studies and collecting data (Santos et al., 2015). Additionally, navigating the institutional review boards of both countries is a huge hurdle for international collaborative research. Nursing researchers are faced with deciding which IRB will be the appropriate one of record for submitting an application or if both countries will require submission of an application. Additional decisions include who will be the primary investigator and how to meet the legal requirements of both countries to conduct the research. Furthermore, recruitment procedures can differ from one country or culture to another based on that country's governing laws, as

\* Corresponding author.

E-mail addresses: [kwilliams@southalabama.edu](mailto:kwilliams@southalabama.edu) (K.A. Williams), [eunjinlee@inha.ac.kr](mailto:eunjinlee@inha.ac.kr) (E.J. Lee).

well as their cultural attitudes, beliefs, or lifestyles. Study subjects may not respond well to formal Western recruitment methods resulting in no or a less than optimal number of participants. Therefore, researchers also need to learn culturally competent recruitment practices that meet ethical standards for both countries (Eckhardt, 2016). For many international collaborative nursing studies, staff shortage can be an additional barrier. Institutions and organizations must provide coverage for other duties of nursing researchers to lessen the workload and allow time for conducting research (Rolfe et al., 2004). Not only can staffing affect the ability to conduct international research, but also difficulties in coordinating across time zones due to the different points at which each researcher is awake and their work hours (Freshwater, Sherwood, & Drury, 2006). In addition, accessibility and dependability of the internet can influence international collaborative research by affecting the ability to hold online meetings and conferences (Freshwater et al., 2006).

The aim of this article was to illustrate the methodological and ethical challenges of international collaboration and the corresponding strategies that were implemented. Through collaboration of two researchers, one from the U.S. and one from South Korea, a study of NSSI with young adults, aged 20 to 25 years in South Korea, was successfully conducted. The study's purpose was to describe NSSI from the perspective of young South Koreans who performed NSSI. Findings included learning the behavior through influences of family and/or friends, along with an onset during adolescence, and triggered by negative relationships with family and/or friends (Williams et al., 2018). Through dissemination of these experiences, nursing researchers may improve the ability to conduct successful international collaborative research. Barriers that were encountered and addressed during this study included:

- Institutional review board approval and selection of the primary investigator
- Translations and back-translations
- Sample and recruitment of participants
- Differences in informed consent
- Data collection and data analysis.

### **Institutional review board approval**

#### *Relevant literature*

As highlighted above, challenges and barriers of protocol review with culturally different IRBs can significantly delay the implementation of research. Some U.S.-based IRBs may not recognize differences related to cultural norms and values involved in protocol review and may lack access to cultural experts of the other country (Barchi, Singleton, & Berz, 2014). Protocols that follow the standards of U.S. IRBs without a full understanding of the cultural norms of the other country's IRB risk the chance of not being approved (Barchi et al., 2014). Thus, important findings impacting the growth of culturally diverse healthcare can be lost. However, there are a number of guidelines for international IRBs that can help improve the success of collaboration, such as those from the United Nations Education, Scientific, and Cultural Organization (UNESCO) and the World Health Organization (WHO, 2018). Additionally, the Council of International Organizations of Medical Sciences (CIOMS) has provided recommendations to help in deciding the role of international IRBs. These recommendations include deferring to one country's IRB committee, review by both countries' IRBs committees, or review by a committee represented by members from both countries' IRBs (Barchi et al., 2014).

#### *Challenges, decisions, and strategies*

One of the initial barriers of this qualitative study was to consider which of the two IRBs would become the IRB of record and review the

application. After consulting with the U.S. university IRB, it was decided that the South Korean University IRB would be the IRB of record to seek protocol approval. There were two reasons for this decision. First, the U.S. researcher was working with the South Korean researcher in South Korea. Second, the South Korean University IRB adhered to international medical ethics standards provided by the Korean Association of Institutional Review Boards (Jung et al., 2012). A second barrier was that the IRB forms for the application and e-mail communications from the university IRB were in Hangul, the Korean language.

To work through the initial process of completing the forms for the South Korean university IRB, it was decided that the U.S. nursing researcher, who was the primary investigator, would first complete the U.S. university's IRB forms as they were very similar to the South Korean university IRB forms. The information from the U.S. university's forms could then be translated from English to Hangul. The forms included the protocol, interview questions, and a recruitment flyer. The South Korean researcher translated the information and completed the South Korean IRB application.

The initial submission was returned for two reasons: the language barrier of the primary investigator and the use of the word "suicide" in the recruitment flyer. The U.S. nursing researcher was only fluent in English and utilized a translation software to communicate by email with the IRB board for submission of the research protocol. Because this software was not completely accurate, it was apparent that a significant language barrier existed. To address this barrier, the South Korean nursing researcher (co-investigator) agreed to conduct the interviews. In addition to this agreement, the South Korean university's IRB required that the primary investigator be the South Korean nursing researcher as a language barrier would impact the ability to adequately conduct a qualitative study.

As mentioned above, the South Korean university IRB was not initially willing to approve the recruitment flyer. The major concern was the use of the word of "suicide" and the topic being offensive within South Korean culture. To adhere to cultural norms and address the IRB's concern, the wording of non-suicidal self-injury in the flyer was changed to phrasing that would be less offensive. A discussion with the U.S. and South Korean nursing researchers and a Korean graduate assistant led to the agreement to describe the behavior as those who perform "soft-tissue injury behavior" was achieved. The protocol was submitted again with the requested changes.

The South Korean university's IRB returned the application a second time, requesting inclusion of the primary investigator's name and number as a contact for emergency situations in the application, as well as a statement that parents and the nursing department would be contacted if such a situation occurs. Additionally, the IRB requested the precise location of where the interviews would be conducted including the room number of the office on the application, along with adding the inclusion of the primary investigator's contact telephone number to the consent form. Once the changes were completed the application was submitted a third time, taking seven months to obtain IRB approval.

### **Translation and back-translation**

#### *Relevant literature*

It is important to ensure that assessment tools and/or qualitative questions in research do not lose their meaning across cultures through translation. Therefore, back-translation is essential for the validity of studies seeking to understand issues within a cultural context that is different from the researcher's culture. Translation to the target language can be difficult and differs depending on the area of the study, the assessment tool, or questions being posed. This difference can be attributed to words that may not have existing or an equivalent word within the target language. Additionally, different geographic areas within the same country may have language variations posing difficulty

if the translator is not from the same area where the study is to be conducted. Another issue can arise if a translator has difficulty in the ability to decenter during the translation or translate where neither language dominates. Decentering can vary depending on the translator's qualifications. For example, a translator may be fluent in English and not understand medical terms frequently used in nursing research. Such issues can lead to poor content equivalence. One approach is the use of Brislin's (1970) back-translation model, commonly used by researchers conducting studies of disorders or phenomena across cultures. However, some researchers faced with resource limitations, such as funds or access to qualified translators, may find it difficult to utilize each step of the model (Cha, Kim, & Erlen, 2007). In such situations, a combination of methods for translation, such as back-translation by multiple translators, back-translation by a committee of translators, and pre-test/post-test using a small group from the target population, can be considered (Brislin, 1970; Cha et al., 2007).

### *Challenges, decisions, and strategies*

This study did not utilize Brislin's model. Steps taken for increasing content equivalence included the use of translators within the same geographic location where the study was conducted, multiple translators, translators with experience in the nursing and health fields, and meetings with translators for back-translation. Four translators fluent in both Korean and English agreed to help with translation and back-translation of the flyer and interview questions across the two cultures. The South Korean nursing researcher was a doctorate, had lived in the U.S. for 8 years, received two post-master certificates, taught nursing in a U.S. university, practiced as an advance practice nurse, and had frequently published in English. Thus, the South Korean nursing researcher was fluent in the English language. A colleague of the South Korean nursing researcher assisted with back-translation. She was also a South Korean nursing researcher and faculty who had completed English courses in both high school and college, along with frequently publishing research in English and was fluent in the English language. The third translator was a bachelor's prepared nurse graduate assistant who had completed English courses in both high school and college. A fourth translator was employed by the South Korean university's hospital as an English translator and frequently translated documents for both medical, research, and academic purposes.

After the flyer and interview questions were composed in English using short simple sentences to increase the ease of translation (Cha et al., 2007), they were sent to the South Korean nursing researcher. The flyer and questions were then sent to the hospital translator who completed the translations and sent them back to the South Korean nursing researcher to review. Afterwards, the documents were forwarded along with the application to the U.S. nursing researcher. Upon review of the interview questions, it was noted that there were fewer questions than the original English version. These questions were then back-translated using translation software and compared to the original English questions confirming that one of the questions was missing. A face-to-face meeting was scheduled for another back-translation of qualitative interview questions by the South Korean nursing researcher's colleague. Each question was translated back to English word-by-word and line-by-line for translative equivalence. It was noted that two original questions appeared to ask about similar behaviors and had been merged into one question. The two questions were: "What happened that caused you to injure yourself for the first time?" and "What reasons can you tell me as to why you injure yourself?" These were merged into: "Why do you cause harm to yourself?" It was explained that the focus of the first question was to understand the initial past triggers for beginning NSSI and the second question was to understand the current triggers for continuing NSSI. The original two questions were re-translated into two equivalent questions in Hangul, the target language.

## **Sampling and recruitment**

### *Relevant literature*

Very few studies conducted internationally were found in the literature that provided guidance on sampling and recruitment of participants. The majority of recommendations were for sampling and recruitment of culturally diverse participants for studies conducted within the U.S. There were a number of articles that described existing barriers of recruitment for international studies and recommended further studies of these barriers (Eckhardt, 2016; Santos et al., 2015). This presented a gap in the literature. Therefore, it is hoped that the strategies below add to the limited literature related to recruitment of participants with NSSI behaviors in foreign countries.

### *Challenges, decisions, and strategies*

Considering the shame that may be culturally associated with NSSI, the South Korean nursing researcher expressed concern in being able to recruit a minimum of ten participants. In South Korean culture, mental disorders, including NSSI and suicide, are not considered a medical problem but a weakness of the individual that brings shame to the family. Therefore, many individuals with non-suicidal self-injury may not tell family, friends, or seek help as a way of preserving their family's honor. As this barrier existed, culturally sensitive language and anonymous recruitment methods were used to enhance recruitment as discussed in the IRB approval section above. To be sure the flyer for recruitment reached the target population while allowing for anonymity, it was posted on a university student website. The flyer provided an email address and phone number to arrange a private interview with the South Korean nursing researcher. The flyer informed potential subjects that they would receive \$22 US dollars/25,000 won for their participation in the study. A total of 16 people e-mailed and inquired about the study. Of the 16 people, six stated that they tore the skin around their nails, but did not engage in this behavior for any known reason and did not meet the criteria for NSSI. Although the flyer was posted on the university website and included an incentive, it took approximately 12 months to recruit and interview ten participants.

## **Informed consent**

### *Relevant literature*

Privacy must be considered within the cultural context of the target population when conducting internationally collaborative research, which differs globally. The U.S. and other Western countries adhere to the principles of respect, beneficence, and justice, which has been adapted world-wide (El-Setouhy, Crouch, & Earhart, 2008), with autonomy being the main area addressed through the consenting process for research. In addition to the consideration of autonomy, Health Insurance Portability and Accountability Act of 1996 (HIPAA) also influences the consenting process by preventing discussion of or providing personal health information to any other facilities or persons without their written consent. Similarly, the 2011 Personal Information Protection Act (PIPA) of South Korea was one of the strictest laws passed in the world for protecting privacy of data, including encryption and strong enforcement of the law for data security breaches (Gustke, 2013; Thales, 2018). According to South Korea's PIPA law, verbal or hand-written consent, or electronic consent is required to obtain health information. If the person has no relative available and is unconscious, or there is an emergency, the person's health information can be shared with other health professionals without their consent (Ministry of the Interior and Safety, 2016).

Although both the U.S. and South Korea have similar processes for addressing consent for research, there are cultural differences of these principles that can influence the consenting process. While autonomy

and privacy of the child is very important for U.S. research, parental authority, family, and community benefits are valued more than that of individual choice within the South Korean culture (Jung et al., 2012; Lee, Lee, Kong, Kim, & Kim, 2009). Additionally, differences in views of autonomy and the implementation of privacy laws can be attributed to South Korean's communal society. In South Korea, the good for the family and community has been a major focus rather than the wants of the individual. South Koreans consider asking personal questions about others and discussing personal information as a form of caring, influencing how research is conducted. This could include obtaining consent for a participant and or information about the person's problem from a parent or family member who holds economic power (Lee et al., 2009).

#### *Challenges, decisions, and strategies*

Both confidentiality and participation in the consenting process posed challenges for this study. If participants were of legal consenting age in the U.S., the subject's participation and information would not have been revealed to anyone including family, healthcare providers, and faculty without their written consent. However, if an emergency occurred, such as suicidal threats, emergency services would have been contacted, and the person would have been transported to a crisis or emergency facility for further evaluation. While this requirement was similar for conducting research in South Korea, there were additional requirements by the South Korean IRB. If any participant attempted suicide during the interview, the researcher was required not only to contact emergency services, but also the department of nursing and their parents because interviews were conducted within the school. Additionally, the researcher might have needed help from the nursing department with physical control or assisting with first aid. In anticipation that these additional contact requirements could lead to less honest answers and reluctance in participation, participants were reassured that the interview is confidential. Additionally, participants were assured that parents and the nursing department would only be notified if an attempted suicide or self-harm behavior took place during the interview. Because the U.S. nursing researcher was not accustomed to including faculty and parents in the consent form for participants of legal consenting age, this information was not included in the first and second submission to the South Korean university's IRB. However, the lack of this requirement was noted in the second review and was included in the final submission to the IRB. Additionally, the U.S. researcher was unable to participate in the consenting process for two reasons. First, the language barrier prevented the ability to communicate fully with participants. Second, the study approval was given two months prior to the end of the visiting professorship position. Therefore, the South Korean nursing researcher reviewed the consent form, answered any questions related to the study, obtained consent, and conducted the interviews with participants. It should be noted that the study was carried out without any emergency or adverse events occurring that required us to implement this process.

#### **Data collection and analysis**

##### *Relevant literature*

Accurate translations in non-Western qualitative research are essential for data analysis and valid findings that can be compared with other studies. According to Al-Amer, Ramjan, Glew, Darwish, and Salamonsen (2015), the use of back-translation can cause issues related to the differences in dialects within the target language of the country. This is especially true for narrative data as translations from the native language to English result in gaps in semantics and equivalence leading to partial or complete loss of the intended meaning. Dialect can depend upon the translator's area or region of birth within their country. Working with members and translators who reside within the community where the research is conducted can improve the quality of

translated qualitative data (Al-Amer et al., 2015).

Also, collecting demographic data, such as accurate age in South Korea, can pose some difficulty. This is related to understanding how age is calculated by South Koreans. Those who are born in the same year are all considered one year old at the time they are born (Park & Pan, 2017). For instance, if a person is born this year in January or December, their age is one year, and they will turn two years old the following January. Therefore, this can be a limitation when attempting to analyze the age of initial onset and other age-related timeframes associated with important aspects of NSSI behavior.

#### *Challenges, decision, and strategies*

After completion of each interview, de-identified transcripts were translated from Hangul to English and sent by e-mail to the U.S. nursing researcher for review. There were problems with the translation of the first participant's transcript. A different translator was used for transcript translation. While the translator had a Bachelor of Science in English, the semantics used in the translation resulted in difficulty extracting clear meanings, such as the starting of NSSI and the causes for continuing NSSI. Because the South Korean nursing researcher's reply and the participant's response was not clearly labeled, it was difficult to ensure the translated responses were those of the participant. Through inquiry, it was found that the translator was from a different area of the country and did not work within the healthcare setting. Thus, the translator most likely was not familiar with some of the medical terminology used during the interview. The decision was made to use translators working within the healthcare setting or those with a nursing education background located within the local community. Therefore, help was enlisted from a graduate assistant who was a bachelor's prepared nurse currently enrolled in a Master of Nursing program and had completed English courses in both high school and college. Once the translations of the transcripts were completed, the South Korean nursing researcher reviewed the translations and compared them to the original transcripts for accuracy through back-translation before they were e-mailed to the U.S. researcher. Although the semantics of the transcripts improved upon review by the U.S. nursing researcher, some of the participants' demographics was not complete. For instance, due to the practice of calculating age as noted above, the participant's age was indicated in numbers (i.e. 22 years old) or listed only the year of birth (i.e. 1997). In addition, gender information was missing in some transcriptions.

Two problems arose towards the end of the data collection. The South Korean IRB was expiring in December 2016 and the U.S. researcher had taken a new faculty position. Thus, review of the translated transcripts was stopped until an application for continued data analysis could be submitted to and approved by the new university's IRB. As the expiration date of the South Korean IRB was approaching, all ten interviews were completed by the South Korean nursing researcher. It was required that the U.S. nursing researcher would be listed as primary investigator and the South Korean researcher listed as the co-investigator for the U.S. university's IRB application. In addition, the original approval from the foreign IRB and the South Korean researcher's certificates of completion of the required human subjects and ethics training had to be included. Each of these documents were in Hangul; this required a document with the translation from Hangul to English that included an authentication letter from the translating agency. Once approval was given, all IRB protocol approved documents were sent to the South Korean nursing researcher. The U.S. researcher traveled to South Korea to meet with the South Korean researcher to verify the dates of birth, gender data, and to review and confirm the themes found in the data collected. Once agreement of themes was reached, the nursing researchers began dissemination.

## Discussion and conclusions

### Strengths and limitations of strategies and recommendations

Neither researcher had experience with internationally collaborative research and was not fully aware of or prepared for the barriers that arose. Each obstacle was successfully overcome, after requiring significant time, with lessons learned throughout the process and are discussed in this section. Prior to engaging in international research, it is recommended that researchers review literature associated with conducting international research to understand barriers that may be faced and potential solutions. Second, the decision for the IRB of record should be considered as this can cause difficulty for researchers located in multiple countries conducting a study. Barchi et al. (2014) recommends several solutions to develop capacity, streamline the process for obtaining approval for conducting studies, and improve multinational research. Additionally, future researchers considering studying suicide or self-harm in Eastern cultures should be proactive in seeking guidance regarding emergencies from the IRB within the culture of focus for inclusion in the IRB protocol. Such actions can reduce the time needed for repeated submission for IRB approval. As mentioned previously, no emergency situations occurred during this study. The inclusion of needing to contact the parents and nursing department may have been preventative factors and may require further inquiry.

Communication in collaborative research should be clear and frequent. Working closely together during a visiting professorship helped to improve the ability to communicate clearly and frequently using translation software, translators, face-to-face meetings, online meeting platforms, and cell phone data call services. However, limitations with communication arose related to translations and language barriers, within the processes for IRB approval and data analysis. For instance, the length of time for IRB approval took longer. Additionally, changes in translators and translations of the data to English resulted in a longer time for data analysis. The researcher's fluency in the target language and need for additional translators should be considered in the timeline needed for IRB approval, implementation, and data analysis of internationally collaborative research.

Brislin's (1970) model for back-translation was not utilized and can be a limitation of the validity of qualitative questions for this study. However, four translators fluent in English were recruited, which helped to increase the equivalence of the translation. Another consideration that would have reduced this limitation is the use of a focus group or committee for back-translations. Through this method, conversations can be conducted to help improve equivalence regarding meanings of words and target symptoms and behaviors being studied. Considering this limitation, it is recommended that future researchers use Brislin's back-translation model, if feasible, or a combination of methods, such as multiple translators along with focus groups.

Another limitation is the number of study participants. The study successfully recruited ten participants who met the criteria using a flyer for recruitment. The use of snowballing along with a flyer can be used to increase recruitment. While snowballing could be useful in future studies, careful consideration should be given for the Eastern cultural views on NSSI and shame. During data analysis, translation of data from Hangeul to English posed a limitation as the initial translator was not from the same area and not familiar with medical terminology and required re-translation by a more qualified translator. Therefore, it is recommended that careful consideration should be given when selecting a translator for data translation. These considerations should include the geographical location and local dialects along with the need to understand medical terms with respect to a specific group, sub-group or profession. Last, relocation and need for additional IRB approval for data analysis impacted the time needed to analyze the data. It is important to understand the need for additional IRB approval when relocating across countries or universities. Should these issues arise, it is recommended that researchers seek guidance from the IRB of the new

employing facility to ensure continuation of legal and ethical requirements for research and data analysis.

This paper's purpose was to describe ethical and methodological challenges and barriers that exist when conducting international research. The authors presented specific challenges that arose while studying NSSI within a young adult South Korean population along with the steps taken to overcome these challenges. Although it took over three years to conduct, analyze, and disseminate the findings, this study was successfully conducted through the dedication of two researchers. While barriers certainly exist, understanding cultural context of behaviors, disorders, and needs provides a platform for development of culturally competent approaches to care, making international collaborative research worthwhile. Through understanding of barriers, solutions, and time allotments, researchers can successfully engage in research across the globe. It is the hope that this paper encourages nursing researchers to pursue the path of international collaboration for improving cultural meanings in research and to advance the science of nursing.

### Declaration of interests

None.

### Acknowledgements

This research was approved by the IRB of Inha University in South Korea and continued data analysis was approved by Kent State University, in Ohio, United States.

### References

- Al-Amer, R., Ramjan, L., Glew, P., Darwish, M., & Salamonson, Y. (2015). Translation of interview from a source language to a target language: Examining issues of cross-cultural healthcare research. *Journal of Clinical Nursing*, 24(9–10), 1151–1162. <https://doi.org/10.1111/jocn.12681>.
- Barchi, F., Singleton, M. K., & Berz, J. F. (2014). Fostering IRB collaboration for review of international research. *Journal of Bioethics*, 14(5), 3–8. <https://doi.org/10.1080/15265161.2014.89216>.
- Benjet, C., Gonzalez-Herrera, I., Castro-Sliva, E., Mendez, E., Borges, G., Casanova, L., & Medina-Mora, M. E. (2017). Non-suicidal self-injury in Mexican young adults: Prevalence, association with suicidal behavior and psychiatric disorders, and DSM-5 proposed diagnostic criteria. *Journal of Affective Disorders*, 215, 1–8. <https://doi.org/10.1016/j.jad.2017.03.025>.
- Brislin, R. W. (1970). Back-translation for cross-cultural research. *Journal of Cross-Cultural Psychology*, 1(3), 185–216.
- Cha, E. S., Kim, K. H., & Erlen, J. A. (2007). Translation of scales in cross-cultural research: Issue and techniques. *Journal of Advanced Nursing*, 58(4), 386–395. <https://doi.org/10.1111/j.1365-2648.2007.04242.x>.
- Chesin, M. S., Moster, A. N., & Jeglic, E. L. (2013). Non-suicidal self-injury among ethnically and racially diverse emerging adults: Do factors unique to the minority experience matter? *Current Psychology*, 32(4), 318–328. <https://doi.org/10.1007/s12144-013-9185-2>.
- Choi, Y.-J. (2015). The impact of gender, culture, and society on Korean women's mental health. *Social Behavior and Personality*, 43(4), 593–600. <https://doi.org/10.2224/sbp.2015.43.4.593>.
- Eckhardt, A. L. (2016). Transcultural collaborative research. *Western Journal of Nursing Research*, 38(6), 663–667. <https://doi.org/10.1177/0193945915607362>.
- El-Setouhy, M., Crouch, M. M., & Earhart, K. C. (2008). Developing cultural competence and overcoming ethical challenges in the informed consent process: An experience from Egypt. *Journal of Research Administration*, 39(2), 33–40.
- Freshwater, D., Sherwood, G., & Drury, V. (2006). International research collaboration: Issues, benefits and challenges of the global network. 11(4), 295–303. <https://doi.org/10.1177/1744987106066304>.
- Gholamrezaei, M., De Stefano, J. D., & Heath, N. (2017). Non-suicidal self-injury across cultures and ethnic and racial minorities: A review. *International Journal of Psychology*, 5(4), 216–226. <https://doi.org/10.1002/ijop.12230>.
- Gustke, C. (2013). *Which countries are better at protecting privacy?* London, UK: BBC. Retrieved from <http://www.bbc.com/capital/story/20130625-your-private-data-is-showing>.
- Hyun, M.-S., Chung, H.-I. C., & Kim, H. (2017). Experiences of family stigma among mothers of adult children with mental illness in South Korea. *Issues in Mental Health Nursing*, 38(10), 845–851. <https://doi.org/10.1080/01612840.2017.1335361>.
- Jung, S., Jeong, Y. H., Lee, W. J., Lee, C., Kajji, A. H., & Lewis, R. J. (2012). A survey study of international review board thought process in the United States and South Korea. *The Western Journal of Emergency Medicine*, 13(4), 335–341. <https://doi.org/10.5811/westjem.2011.6.6756>.

- Kim, W. J., Song, Y. J., Ryu, H. S., Ryu, V., Kim, J. M., Ha, R. Y., ... Cho, H. S. (2015). Internalized stigma and its psychosocial correlates in Korean patients with serious mental illness. *Psychiatry Research*, 225(3), 433–439. <https://doi.org/10.1016/j.psychres.2014.11.071>.
- Lee, S., Lee, W. H., Kong, B. H., Kim, I. S., & Kim, S. (2009). Nurses' perceptions of informed consent and their related roles in Korea: An exploratory study. *International Journal of Nursing Studies*, 46(12), 1580–1584. <https://doi.org/10.1016/j.ijnurstu.2009.05.011>.
- Ministry of the Interior and Safety (2016). Personal information protection act: Guidelines and notices. Retrieved from [www.privacy.go.kr](http://www.privacy.go.kr).
- Muehlenkamp, J. J., Claes, L., Havertape, L., & Plener, P. L. (2012). International prevalence of adolescent non-suicidal self-injury and deliberate self-harm. *Child and Adolescent Psychiatry and Mental Health*, 6(10), 1–10. <https://doi.org/10.1186/1753-2000-6-10>.
- Nock, M. K., & Favazza, A. R. (2009). Nonsuicidal self-injury: Definition and classification. In M. K. Nock (Ed.). *Understanding nonsuicidal self-injury: Origins, assessment, and treatment* (pp. 9–18). Washington, DC: US: American Psychological Association. <https://doi.org/10.1037/11875-001>.
- Park, H., & Pan, Y. (2017). *Cognitive interviewing with Asian populations: Findings from Chinese and Korean interviews*. RTI International. Retrieved from [https://www.rti.org/sites/default/files/resources/aapor07\\_park\\_pres.pdf](https://www.rti.org/sites/default/files/resources/aapor07_park_pres.pdf).
- Rolfe, M. K., Bryar, R. M., Hjelm, K., Apelquist, J., Fletcher, M., & Anderson, B. L. (2004). International collaboration to address common problems in health care: processes, practicalities, and power. International Council of Nurses. *International Nursing Review*, 51, 140–148.
- Santos, H., Black, A., & Sandelowski, M. (2015). Timing of translation in cross-language qualitative research. *Qualitative Health Research*, 25(1), 134–144. <https://doi.org/10.1177/1049732314549603>.
- Thales eSecurity (2018). South Korea's PIPA compliance. Retrieved from <https://www.thalesecurity.com/solutions/compliance/apac/south-koreas-pipa>.
- Turner, B. J., Layden, B. K., Butler, S. M., & Chapman, A. L. (2013). How often, or how many ways: Clarifying the relationship between non-suicidal self-injury and suicidality. *Archives of Suicide Research*, 17(4), 397–415. <https://doi.org/10.1080/13811118.2013.802660>.
- Williams, K., Lee, E., Shahrour, G., & Kanan, S. (2018). Perspectives of non-suicidal self-injury behaviors in ten South Korean young adults. *Journal of Cultural Diversity*, 25(3), 101–109.
- World Health Organization [WHO] (2018, April 9). Mental disorders. Retrieved from <http://www.who.int/en/news-room/fact-sheets/detail/mental-disorders>.