

Perceptions and Understanding of Digital Self-Harm: A Qualitative Analysis of Mental Health Practitioners and Parents of Adolescents



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Abstract The proliferation of digital technology has provided considerable connectivity benefits for young people due to the growth of social media platforms and applications. However, there is growing concern regarding the online behaviour ‘digital self-harm’. This study explored perceptions of digital self-harm held by key stakeholders—mental health practitioners and parents of adolescents. Semi-structured one-to-one interviews were conducted with five mental health practitioners and four parents of adolescents (aged 11–19 year-olds). Reflexive thematic analysis identified three themes: (a) online power, (b) effective support, and (c) morality and shame. The results suggest that parents and practitioners perceive digital self-harm as a behaviour with a cause and desired effect for young people—a means for adolescents to address power imbalances (e.g., structural, familial, or individual) and express their insecurities. Structured time and open communication are seen as essential for providing effective support for young people who engage in digital self-harm. Digital self-harm is perceived as being morally wrong and even shameful. The findings are discussed in relation to practical implications, especially the need to support parents and practitioners to support young people who may be engaging in digital self-harm.

1 Introduction

In the United Kingdom, Ofcom (2022) reported that 89% of 12–15-year-olds and 94% of 16–17-year-olds have their own social media profile online. There is substantial interest in how such widespread access to and frequent use of social media may affect adolescents’ wellbeing and development (Valkenburg et al., 2022). Social media offers opportunities to establish and maintain relationships with peers—a key developmental period for adolescents (Van & Monks, 2020). Whilst the influence of peer relationships on adolescents’ behaviours and attitudes has been well-evidenced, most research in this area has focused on face-to-face rather than online interactions (Laursen & Veenstra, 2021; Scholte & Van Aken, 2006).

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The online environment presents many social and recreational benefits. However, one concern is vulnerability to cyberbullying (Macaulay et al., 2022; Zhu et al., 2021). Cyberbullying is defined as the ‘*wilful and repeated harm inflicted through the use of computers, cell phones, and other electronic devices*’ (Hinduja & Patchin, 2015, p. 11). A recent systematic review of cyberbullying prevalence amongst children and adolescents suggests that on average, one in three have experienced cyberbullying victimisation, with one in four identified as perpetrating cyberbullying (Zhu et al., 2021). This suggests an increase in cyberbullying involvement when compared to a previous meta-analysis (Modecki et al., 2014). Cyberbullying victimisation has been associated with negative outcomes such as suicidal ideation and intention (Hsieh et al., 2021), depressive symptoms (Reed et al., 2016), substance misuse (Yoon et al., 2019), and can have an impact on academic achievement and attainment (Hinduja & Patchin, 2015). Furthermore, Marciano et al. (2020) reported in a meta-analysis of longitudinal studies that cyberbullying victimisation constitutes a risk factor for internalising problems. This highlights the negative impact associated with cyberbullying involvement.

Ranney et al. (2020) explored the lived experience of adolescents who have experienced cyberbullying, and revealed that few identify purely as a victim, often taking various roles within cyberbullying such as perpetrator, victim, and bystander. Erikson’s (1968) theory of development suggests that identity experimentation is a common feature in the adolescent process of identity formation. However, identity formation in the context of the online environment presents unique challenges, such as a dependence on the perceived social approval from online feedback such as ‘likes’ (Meeus et al., 2019). For example, Nesi et al. (2018) suggest that unique features of online social media environments create a distinct social context that transforms adolescent peer interactions, affecting the nature of problematic interpersonal behaviours such as bullying. A further feature of online communication is the ability to use it anonymously. Anonymity can be categorised on a functional scale, from ‘full anonymity’ where users use text-based communication without any identifiable information, to ‘pseudonymity’ where a user may be represented by a pseudonym or using a fake profile, to ‘visual anonymity’ (Keipi & Oksanen, 2014; Pfizmann & Köhntopp, 2001). Such features associated with the online domain highlight how young people can use them to target others online.

Online anonymity has been linked with a phenomenon conceptualised by Suler (2004) as the Online Disinhibition Effect. Suler suggests that people behave differently online than they would offline—they may share more or demonstrate unusual generosity online, in what is termed ‘benign disinhibition’; or they may access disturbing content or display aggression online, in what is termed ‘toxic disinhibition’. Multiple factors are theorised to interact with each other in creating this disinhibition effect, including minimisation of authority, invisibility and dissociative anonymity. Suler suggests that the anonymity afforded online leads to the separation of ‘online self’ from ‘offline self’, which facilitates aversion of responsibility for hostile or deviant online behaviour. This theory has been supported by research which demonstrates an association between toxic disinhibition and cyber-aggression amongst adolescents (Wachs & Wright, 2018; Wright et al., 2019).

These unique features of online communication have contributed to a new form of cyberbullying, referred to as ‘digital self-harm’. Digital self-harm is defined as the ‘*anonymous online posting, sending, or otherwise sharing of hurtful content about oneself*’ (Patchin & Hinduja, 2017, p. 762). Studies investigating the prevalence of digital self-harm in the USA and New Zealand suggest a rate of around 6% of adolescents engaging in this behaviour (Pacheco et al., 2019; Patchin & Hinduja, 2017). However, the self-reported nature of prevalence studies raises caution in interpreting these results. Research suggests that this behaviour is more common amongst at-risk young people: those with depressive symptoms, ones who engage in physical self-harm, members of the LGBTQIA+ community, or abusers of drugs and alcohol (Englander, 2012; Pacheco et al., 2019; Patchin & Hinduja, 2017). Furthermore, Meldrum et al. (2020) found a strong positive association between bullying victimisation and digital self-harm. They discuss this association using Agnew’s (1992) general strain theory as a theoretical framework and surmise that experiencing a strain (bullying victimisation) contributes to engagement in negative behaviours such as digital self-harm to cope with the negative emotions provoked by the strain.

Digital self-harm has been compared to physical self-harm, with the suggestion that adolescents may engage with it to cause themselves pain in order to experience the positive after-effects they may derive from cathartic emotional release and social validation (Edmondson et al., 2016; Yu, 2021). This idea that digital self-harm may be like physical self-harm in its purpose—a means for adolescents to cope with negative life experiences—is supported by Erreygers’ et al. (2022) study which found an association between engagement in digital and physical self-harm. These associations highlight the need for more research into digital self-harm to improve understanding of the behaviour to allow for improved identification and targeted preventative and supportive interventions.

Yu (2021) highlights the roles of both youth mental health practitioners and parents when it comes to identifying and supporting young people engaging in digital self-harm. They suggest that practitioners may be best placed to take a biopsychosocial therapeutic approach to understand motivations and unmet needs of the young person engaging in digital self-harm, as recommended by Beard (2011) in the context of problematic social media use. Furthermore, they suggest that parents play a key role in monitoring, communicating, and signposting their children to support. Parents are encouraged to monitor their adolescent’s online activity; however, this presents multiple challenges such as balancing the developmental need for adolescent autonomy with the parental desire to control what their child is exposed to online, and practical issues such as parental lack of technological expertise undermining their ability to set boundaries (Erickson et al., 2016). Communication within the family around incidents of cyber-victimisation has been demonstrated to reduce the psychological impact of these negative events (Hellfeldt et al., 2020); however, young people exposed to cyberbullying report unwillingness to involve their parents in their online conflicts (Young & Tully, 2019).

Parents’ role in signposting their young person to support requires an understanding of the point at which they may need to take action, knowledge of support options available, and confidence in other stakeholders such as schools to take the

appropriate supportive action—all of which have been highlighted as concerns and barriers by parents (Young & Tully, 2019). When considering problematic online behaviours, parents and adolescents' perceptions around their online risk and the level of parental supervision offered may not be congruent as parents may underestimate their child's involvement (i.e., perceive their child is safe online) and overestimate their awareness of parental supervision (i.e., perceive they are effectively monitoring their child's use of the internet). For example, Barlett and Fennel (2018) suggested a disconnect between parents' and adolescents' perceptions around risk and parental supervision. This suggests that parental perceptions may act as a barrier to providing effective support to adolescents engaging in problematic online behaviours.

This study will address the need for qualitative research on digital self-harm focusing on the perspectives of key stake-holders to better understand the relationship between social media and mental health from the point of view of those working with and supporting young people. It will focus on understanding current perceptions of digital self-harm held by mental health practitioners and parents of teenagers, as these two groups are well-placed to support these young people. This is the first-known comprehensive qualitative study looking at the concept of digital self-harm and exploring the unique accounts of parents and mental health practitioners. Qualitative research allows an opportunity to collect rich and expressive data, whilst thematic analysis is a methodology which is accessible to researchers due to the availability of detailed and comprehensive guidance and has the capacity to produce data-driven themes which are not tied to existing theory (Braun & Clarke, 2006; Coolican, 2019). This study will aim to address the research question: how do parents and mental health practitioners perceive and understand digital self-harm?

2 Method

2.1 Participants

There were nine participants in this study—five mental health practitioners and four parents. In line with Braun and Clarke's (2022) recommendations for consideration of sample size, an exact number was not set, but instead a range of eight to fourteen total participants with an equal split across both groups was aimed for. Following familiarisation of the data by the researcher, the sample size of nine was determined to be sufficient to address the aim of the research by providing rich data from these specific populations. Table 1 describes the demographic information of practitioner participants, and Table 2 of parent participants.

Das et al. (2016) review of mental health interventions for adolescents highlighted that these can be delivered by practitioners in multiple contexts such as online, school-based, or community-based. For the context of the current study, 'mental health practitioner' will refer to professionals employed to support the mental health of adolescents on a digital platform. Mental health practitioners were recruited through the

Table 1 Demographic information of mental health practitioner participants

Practitioner participant	Job title	Age	Gender
Practitioner 1	Emotional wellbeing practitioner	40	Female
Practitioner 2	Clinical training support officer (previously Emotional Wellbeing Practitioner)	41	Female
Practitioner 3	Online counsellor	36	Female
Practitioner 4	Online counsellor/Psychotherapist	59	Male
Practitioner 5	Emotional wellbeing practitioner	38	Female

Table 2 Demographic information of parent participants

Parent participant	Age	Gender	Age and gender of adolescent child or children
Parent 1	60	Male	Female, 18
Parent 2	46	Female	Non-binary, 19 Female, 18 Female, 15
Parent 3	61	Male	Male, 19 Male, 19
Parent 4	30	Female	Male, 11

researcher’s workplace (an online mental wellbeing service for adolescents). Practitioners are trained in safeguarding, have robust professional experience supporting children and young people, and have passed an enhanced background check. A total of five mental health practitioners participated in this study, with four identifying as female, and one as male. This gender split is representative of the predominantly female frontline mental health service provision in the United Kingdom (Morison et al., 2014). Their ages ranged from 36 to 59 years.

There are multiple accepted age ranges attributed to the stage of adolescence (Curtis, 2015). For this study, the age range of 11–19 was selected to encapsulate the full range of adolescence and reflect the increase in use of digital technology at this age (Ofcom, 2022). Parents of 11–19-year-olds were recruited through social media platforms. Parents of 11–19-year-olds who worked as mental health practitioners were excluded from participation. A total of four parents participated in this study, with two identifying as female and two as male. Their ages ranged from 30 to 61 years, with the ages of their adolescent children ranging from 11 to 19 years ($M = 17, SD = 2.8$).

2.2 *Materials*

Interview schedules were used to guide the semi-structured interviews. The questions included in the schedules were developed using recommendations from DeJonckheere and Vaughn (2019). For instance, supplementary questions and prompts were employed to encourage expression and gain clarification from participants where needed. All interviews initially explored how participants define and understand digital self-harm. Following this, a definition of digital self-harm by Patchin and Hinduja (2017) was presented to the participant. The interviews then explored motivational factors for digital self-harm, and supportive strategies for young people. All interviews were audio-recorded, transcribed verbatim, and lasted approximately one hour.

2.3 *Procedure*

Practitioner participants were recruited through the researcher's workplace (an online mental wellbeing community for adolescents). Parent participants were recruited via online advertisement. Those interested in participating were signposted to email the researcher expressing their interest. Potential participants were emailed the participant information sheet detailing the nature of the study and inclusion/exclusion criteria and the consent form. Signed consent forms were obtained from all participants prior to taking part. Consent was also verbally reaffirmed at the start of the interview.

The interviews were conducted online using Microsoft Teams and were audio-recorded. The wellbeing of participants was prioritised, with screen breaks and comfortable seating encouraged and that they may pause or withdraw at any point. The interviews explored mental health practitioners and parents of adolescents' perceptions of digital self-harm. The interview schedule was used to guide the interview, with supplementary questions added to encourage clarification and explanation from participants where needed. At the end of the interview, participants were given the opportunity to ask any questions and were asked how they were feeling post-participation. Participants received a debriefing and sources of support immediately after the interview.

The interviews were transcribed verbatim. Transcriptions and recordings were kept in separate password protected files on OneDrive, separate from the consent forms to ensure confidentiality. Participants' data was anonymised by removing identifiable information from transcripts (such as the name of their workplace) and allocating unique participant codes (6-unit code made up of the first three letters of their surname and the last three digits of their mobile phone number). Ethical approval was granted by the College of Health, Psychology, and Social Care at the University of Derby. Ethical approval was also supported by the digital mental health company involved in recruitment of mental health practitioners.

2.4 Data Analysis

An inducted reflexive thematic analysis was conducted to explore the data (Braun et al., 2014). The flexibility offered in this method allows for the researcher to define the theoretical assumptions used to guide the analytic process rather than them being prescribed as part of a wider methodology (Braun et al., 2014).

Braun and Clarke's (2006) six-stage approach was used to guide the process of thematically analysing the data. A reflexive approach to thematic analysis was employed, acknowledging the researcher's role as an active developer of themes (Braun & Clarke, 2019). The coding process was reflexive and involved immersion in the data through multiple readings, reflection on the codes produced and re-examination of the data. An inductive, data-driven approach was taken when coding the data as the aim was not to apply theory or be guided by previous research but to better understand an under-researched topic like digital self-harm (Braun & Clarke, 2006).

The aim of the analysis was to provide a rich description of the predominant themes, rather than a detailed account of one theme, to gain a broader understanding of the data. A latent approach was taken to the analysis of the data, with the researcher aiming to identify underlying ideas and constructs that influenced the content of the data (Coolican, 2019).

These underlying ideas and constructs were approached from a constructionist epistemological position—acknowledging that knowledge is subjective and shaped by socio-cultural context (Burr, 1995). Rather than focusing on individual experience, this analytical strategy aimed to better understand the socially constructed knowledge that underpinned the perceptions of digital self-harm held by parent and practitioner participants. This approach has been successfully used to understand the perceptions teachers held around the concept of gender (Morrissette et al., 2018), and of self-harm amongst professionals who work with adolescents (Sarubbi, 2005).

3 Results

Three themes were identified from the reflexive thematic analysis: (a) online power, (b) effective support, and (c) morality and shame.

The *online power* theme explores the perception that young people consider themselves to be in a position of power in the online world due to the opportunities for anonymity available to them. Parents discussed how they perceive power dynamics within the family in the context of their adolescent children using digital technology.

Digital self-harm is perceived as a way for 'powerless' adolescents to express themselves and seek support without fear of negative responses. It is also perceived as a representation of a power-shift between the younger and older generations within a family, leading to parents feeling ill-equipped to support their adolescent child.

The *effective support* theme details the challenges and opportunities practitioners and parents identify in supporting young people with digital self-harm. Supporting an adolescent engaging in digital self-harm is viewed by parents and practitioners as requiring communication and time, and they highlight perceived barriers to providing effective support.

The *morality and shame* theme relates to the role that both morality and shame play in understanding and responding to digital self-harm. Parents and practitioners express that they believe a young people's experience and understanding of morality and shame may contribute to their behaviour online. Digital self-harm is seen as something that is morally wrong, with great shame perceived as being attached both to the young person engaging in it and the parent of the young person.

(a) Online power

This theme comprised of two sub-themes: the role of anonymity, and family dynamics.

The role of anonymity

Young people engaging in digital self-harm do so by creating and using an anonymous profile to direct abuse at themselves online (Patchin & Hinduja, 2017). Using an anonymous online persona was seen by practitioners as part of a process of constructing an environment where the young person has a sense of ownership and power: *'it's like your anonymous world. You have control to say and do what you want online via anonymity'* (Practitioner 1).

This view of the online environment as a different 'world' has been shared by adolescent participants in previous research, where they referred to the online environment as the 'online world' and face-to-face environments as the 'real world' (van der Merwe, 2017, p. 206). A feature of this online world which distinguishes it from the real world is the opportunity it presents to young people for anonymity. Online anonymity is suggested to provide internet users with a further distinction—their 'online self' which can be understood as separate from their 'offline self' (Suler, 2004). This separation between online and offline worlds and identities may result in young people engaging in behaviours online consistent with 'toxic disinhibition' such as cyber-aggression (Wachs & Wright, 2018; Wright et al., 2019). It could be suggested that digital self-harm is a self-directed form of cyber-aggression that is influenced by toxic disinhibition and facilitated by online anonymity.

Parents described the negative responses that can take place when a person expresses insecurities online openly:

People put their 'oh feeling cute, might delete later' or 'I don't look that good today', all those malarkey kind of, you know, all of those comments online and then other people are just like 'oh my god. They're just such an attention seeker' (Parent 2)

'Attention seeking' was raised in the above extract as a pejorative term. This response may reflect a perceived violation of a social norm to not seek attention from others. Attention seeking was identified by adolescents as reflecting inauthenticity in Dixon-Ward and Chan's (2022) study, which explored negative responses to social

media posts amongst adolescents. Following this, perceived inauthenticity in social media posts was associated with a negative response online amongst adolescents (Dixon-Ward & Chan, 2022). On the other hand, perceived credibility of social media posts sharing self-harm has been shown to influence the level of sympathy, empathy, or sense of injustice the witness feels after reading it (Tan & Chiang, 2022). In the context of digital self-harm, the young person engaging in the behaviour may be using anonymity to express their insecurities—minimising the social risk involved.

When engaging in digital self-harm, the young person can hold multiple roles using anonymity. Practitioners suggested that acting out these multiple roles may give the young person a sense of power and control that they were previously lacking:

Maybe the anonymous hurtful comment goes in and they ... as themselves, then put a contradiction in and that maybe makes them feel more powerful? So, they hold multiple roles through the use of anonymity – the victim, the bully, and, in some cases, the defender (Practitioner 2)

This suggests that the young person engaging in digital self-harm is seen as someone who is feeling powerless. Both parents and practitioners shared their perception that being bullied, feeling isolated, or struggling with low self-esteem may be a risk factor for engaging in digital self-harm. As Mishna and colleagues' (2012) systematic review highlights, prior in-person bullying victimisation is a risk factor for becoming a cyberbully. Furthermore, Meldrum and colleagues (2020) found a strong positive association between bullying victimisation and digital self-harm. This is in line with parents' and practitioners' views for a potential risk factor for digital self-harm.

Practitioners highlighted the anonymity offered by some online support services as integral to the young person's sense of empowerment:

the therapist who's wanting to tell, to call the crisis team, she'll go 'no, It doesn't matter. I'll just talk to [online counsellor].' Which I love that she does that because at least she's telling someone... I think that's a big thing for her – that we don't go and tell anyone (Practitioner 3)

Anonymous online support was described as a 'blank space' where the young person's words can be heard in 'an absolutely equal forum' (Practitioner 4). This was contrasted with traditional face-to-face settings such as school, where the hierarchy between teacher and student was seen by some practitioners to be a barrier to the young person's confidence in expressing themselves and expectations around being heard. Whilst Suler (2004, p. 324) frames the minimisation of status and authority through online anonymity as a factor that allows for people to 'misbehave', it may present an opportunity for young people to feel more comfortable to speak their truth and seek support if they are engaging in digital self-harm. The concept of anonymity providing a 'level playing field' for young people amongst adults was highlighted as a positive by young people participating in Keipi and Oksanen's (2014) study.

Family dynamics

Parent participants shared their perception that their teenage children choose what they wish to share with them when it comes to their online use, leading to them feeling powerless in the face of online threats such as digital self-harm:

In reality, you know, uh, we are clueless, because let's face it, we're only aware of really what our children want to be us to be aware of, aren't we? (Parent 1)

This complements previous qualitative research in which parents describe their 'frustration or resignation' (p. 1398) regarding their perceived lack of control over what their adolescent shares or is exposed to online. Combined with parental feelings of technological inadequacy in comparison to their adolescent children, this has been suggested to contribute to a power-shift within the family (Erickson et al., 2016). In the context of digital self-harm, parents may feel unable to identify the behaviour due to their perception of their powerlessness. Subsequent emotional responses may act as a barrier to effective support or inform future parenting choices.

In response to a young person sharing that they digitally self-harm, some parents expressed their desire to '*deal with it quite strongly using discipline and confiscating their devices*' (Parent 3). This reaction aligns with the belief expressed by some parent participants that digital self-harm is linked with lack of discipline. This perception that lenient parenting may have contributed to, or facilitated, a young person engaging in digital self-harm and subsequent desire to impose an authoritarian parenting style complements the findings of Ferrey and colleagues' (2016) qualitative study. Within that study, parent participants expressed concern that their original approaches to parenting had contributed to the onset of their child's self-harm and so trialled alternative parenting approaches following the disclosure (Ferrey et al., 2016).

(b) Effective support

This theme consisted of two sub-themes: communication and offering time.

Communication

Communication around young people's mental health was perceived as challenging by practitioners, highlighting difficulties in explaining digital self-harm to parents of young people who engage in it:

there's that extra challenge of, of saying to, you know, if this is something that the young person wants or needs to be made public to people around them, then like you have to get those, those people to understand that there's an issue here and that could really create another aspect of like, not understanding... 'what, why would they do that? That's crazy why would you do anything like...' (Practitioner 2).

This aligns with the bewildered parental response to self-harm demonstrated in Hughes and colleagues' (2017) thematic analysis. However, this initial reaction is contextualised by Hughes and colleagues as the start of a process of 'sense-making', with the result in most cases being a success in understanding motivations behind self-harm in young people. In the current study, parents could be seen to be engaging with this sense-making process, with most parent participants independently moving from bewilderment (e.g., '*Digital self-harm is just like mind-blowing, I struggle to understand why young people would do that to themselves*' (Parent 4)) to expressing theories and opinions around what could contribute to young people engaging in

digital self-harm (e.g., ‘*young people say nasty things about themselves online as they need help, it’s a cry for help*’ (Parent 2)).

Understanding the motivations behind digital self-harm was not viewed as the only way to support a young person engaging with the behaviour. The simple act of listening was also highlighted as important:

And you don’t need to be a professional to just sit and listen to somebody and just for that young person to know that, you know they’re loved regardless, they’re cared for regardless, and someone’s gonna listen to them without judgement, is is is huge, it will have a massive positive impact on the young person (Practitioner 2)

This relates with a review of the perspectives of young people who self-harm, which highlighted that young people believed that the most helpful way that parents could assist them in managing their self-harm was to talk and to listen to them in a non-judgmental way (Curtis et al., 2018).

Offering time

Young people were seen as spending a lot of their time on social media, with one parent sharing that it ‘*makes up a huge proportion*’ of their child’s day (Parent 1). Unstructured time was seen as a risk factor for engaging in digital self-harm, which is depicted by this parent as something that a young person may turn to out of boredom:

I imagine that they [young people] would have a difficult time filling their time and they could then drift into into trouble by saying these things online. If they are bored, who knows what they get up to online? (Parent 3)

Unplanned leisure time was also highlighted as a risk by mothers in Hashemi and colleagues’ (2020) qualitative study into preventative strategies to cope with adolescents’ online activities. Supporting young people who digitally self-harm to disengage from this behaviour is seen as a process that takes time by parents and practitioners:

But it couldn’t just happen overnight, there’d have to be steps towards it. You would need to understand the reasons for doing it in the first place before identifying steps to prevent digital self-harm (Practitioner 1)

Spending time with a young person and listening to them is described as ‘*investing*’ in them by one practitioner (Practitioner 4). A review of perspectives of young people who self-harm revealed that they wish for more love, attention, *time*, support, and care from their parents (Curtis et al., 2018). However, some parents highlighted that this investment of time is a privilege that not all can enjoy:

Good parenting is the key, but to do good parenting, it needs time and most parents would say they don’t have time ... To a certain extent, we’re fortunate that I don’t work now, so I’m at home so I have got time to think and look and help ... I dread to think what other people go through in these circumstances who don’t have time and have a job and have to go out and can’t put any time or thought into it, you know? (Parent 1)

The financial and practical issues around providing parent–adolescent time were also highlighted by parents of young people who self-harm in Ferrey and colleagues’

(2016) qualitative study. Parents expressed how their desire to spend time at home with their child often conflicted with the demands of full-time work, leading to parental concern both for their child's wellbeing and the financial stability of the family.

(c) *Morality and Shame*

Digital self-harm was perceived by some parents and practitioners as something that is morally wrong or bad. The literature around moral judgement of self-harm suggests that this is a common perception amongst varied social groups such as nurses (Karman et al., 2015) and Evangelical Christian communities (Lloyd & Panagopoulos, 2022). Some attributed young people engaging in digital self-harm to not having the 'right parents' who provide their children with a robust moral education that dictates their future behaviour:

if you have the right parents, and you know from a very very early age, right from wrong...then they wouldn't do it [digital self-harm] (Parent 1)

Shame may also play a part when it comes to supporting a child who has disclosed digital self-harm, with the suggestion that parental embarrassment may act as a barrier to arranging external support:

perhaps if parents or guardians feel... perhaps shame, or they're embarrassed by it, they might try and keep it in-house (Parent 2)

Engaging in digital self-harm is seen as a 'slippery slope', with the risk of blurring of moral lines:

it's a very easy transition from kind of like being their own and other people's like victim to to them being the perpetrator of bullying online and, and so I bet it's like trolling, isn't it? I guess it's sort of that, you know you, you, very quickly the lines are very blurred don't you think? (Practitioner 1)

However, when considered as a choice between bullying oneself rather than directing that negativity at others online, one practitioner suggested that digital self-harm may represent a keen sense of morality combined with low self-worth:

I think if you've experienced that [bullying] that's the way that you, you think that people behave. That's the norm for you. But you might you know, you might also have a conscience, so it's like, 'well, I don't want to do that to somebody else, so I'm going to do it to myself because I'm worthless anyway? So I may as well, you know? That's where my focus is going to be. Is on myself' (Practitioner 4).

This practitioner suggests that young people may attempt to validate the act of digital self-harm as morally acceptable by contrasting it with the bullying of someone else, whom the young person might see as undeserving of such treatment.

4 Discussion

Three themes were identified from the data gathered from interviews with mental health practitioners and parents of adolescents: (a) online power, (b) effective support, and (c) morality and shame. The results suggest that parents and practitioners perceive digital self-harm as a means for adolescents to address power imbalances (whether structural, familial, or individual) and express their insecurities. Structured time spent together, and open communication are seen as essential for providing effective support for young people who engage in digital self-harm. Digital self-harm is perceived within a wider context of morality and as subject to feelings of shame.

Theme 1: Online power

In the *online power* theme, practitioners discussed the role of anonymity. They suggested that the anonymity is necessary to engage in digital self-harm as a means for young people to feel powerful. Online anonymity is seen as key to opening a new 'world' for young people where they feel they are in control. This perception is supported by Suler's (2004) theory of online disinhibition. However, this is not necessarily seen as a negative. Parent participants highlighted that posting insecurities publicly can lead to judgement from peers, who may suspect inauthenticity. Previous research highlights that online anonymity is seen to avoid the social risk involved in interacting publicly as yourself, whilst allowing for positive outcomes such as social validation and self-expression (Kang et al., 2016; Keipi & Oksanen, 2014).

The anonymity involved in digital self-harm may be an attractive option for the young person with low self-worth to express their insecurities whilst minimising social risk. Whether the young person engaging in digital self-harm is considering the risk of being exposed as a self-cyberbully is unclear. Previous research suggests that adolescents perceive that online content is not permanent, and that they are less likely to be held to account for their online behaviour. These two factors have been shown to contribute to the link between anonymity and cyber-aggression towards others (Wright, 2013). Further research is needed on the factors involved in cyber-aggression towards oneself, as in digital self-harm.

Practitioners highlighted that online anonymity allows the young person to take on distinct roles. In the context of digital self-harm, a young person can become the victim and the perpetrator of, and even the intervening bystander to, cyberbullying. This taking on of different identities online was perceived by practitioners to be a means to gain power and control that the young person may have felt they lacked previously due to a low sense of self-worth. Following from this, bullying victimisation may be a risk factor for engaging in digital self-harm, as it is for cyberbullying and physical self-harm (Heerde & Hemphill, 2019; Mishna et al., 2012).

However, from a developmental psychological perspective, taking on different self-presentations can also be attributed to the typical adolescent process of identity formation (Erikson, 1968). There are also other factors which may predispose a person to experiment with self-presentation online, such as narcissism (Mehdizadeh,

2010) or an unclear sense of self (Fullwood et al., 2016). More research is needed into the motivations behind the behaviour of taking on distinct roles within the cyberbullying chain, to better understand digital self-harm.

Practitioners perceived the anonymity offered by some online support services to empower the young person. They described this environment as a 'blank space' where the young person (the talker) was held in equal esteem to the practitioner (the listener). The belief that the online environment allows for a more equal playing field has been termed the equalisation hypothesis, which posits that status is neutralised by anonymity (Dubrovsky et al., 1991). Rappaport (1981) suggests that collaborative approaches which avoid traditional 'helper–helpee' relationships contribute to individual empowerment and positive behavioural change. This perception of anonymous online support as an empowering option was contrasted with the school environment. Practitioners expressed that the power imbalance between teacher and student could act as a barrier to the young person seeking support for any issue.

Within the *online power* theme, parent participants shared their perception that their teenage children hold power over them when it comes to the online world. Parents felt that their adolescents were selective in what they shared with them about their online use, which left them feeling 'helpless'. Discrepancies between parent and child awareness of online threats have been evidenced in prior cyberbullying research, such as Cassidy and colleagues' (2012) study which compared the parent- and child-reported awareness of cyberbullying incidents and found that parent awareness of their child's cyberbullying experiences is low. From a developmental psychological perspective, Finkenauer and colleagues (2002) suggest that the development of secrecy typical of adolescence is key to changes within family power dynamics. It follows that online secrecy could be partially explained by typical adolescent development.

Furthermore, Young and Tully's (2019) qualitative study of adolescents' and parents' responses to hypothetical cyberbullying situations revealed the influence of social norms and acceptability on disclosure to parents. Adolescent participants described beliefs that they would not share cyberbullying experiences in any instance due to peer norms, which require them to keep aggressive interactions within the peer group and not share with parents or other adults. The influence of peer norms and the developmental need for privacy suggests that intra-family power dynamics are not the sole factor in adolescents not sharing with parents. Future research around adolescent online secrecy may benefit from taking an ecological systems approach to better understand the complexities of the interactions between an adolescent's environments and the effect on their online usage (Bronfenbrenner & Ceci, 1994).

In the current study, upon being asked to share what they thought they would do in response to their teenage child disclosing digital self-harm, some parent participants' responses were authoritarian in style—characterised by restriction of devices and decreasing opportunities for independence. This response may be explained by the perception shared by some parents in this study that digital self-harm is due to lack of discipline. Previous research demonstrates that teens are reluctant to disclose online issues to parents due to fear of a restrictive response (Perren et al., 2012). Interestingly, whilst Katz and colleagues (2019) found that a controlling parenting

style was associated with a higher prevalence of adolescent involvement in cyberbullying as victims and as perpetrators, they also found that inconsistency within controlling parenting was a risk factor for cyberbullying involvement. They suggest that consistency in online and offline parenting supervision was preferable to avoid contradiction and confusion resulting from different rules across the two settings and subsequent adolescent exploitation of online freedom.

Parent participants in this study referring to themselves as ‘clueless’ in the face of online threats to their adolescent could be linked with their perception of their ability to monitor their child’s online activity. Erickson and colleagues (2016) found that parents who feel technological inadequacy feel frustrated and like ‘giving up’ in the face of parenting an online adolescent. Martín-Criado and colleagues’ (2021) recent study examined the predictive value of variables including parental knowledge of cyberbullying and perception of parental competence in this regard on positive parental involvement in cyberbullying prevention. Their results suggest that perceived parental competence (for example: ‘I feel able to detect and identify cyberbullying’) is the most influential factor for involvement in parental supervision. The influence of parental knowledge of cyberbullying was highlighted as key to increased perceptions of competence, suggesting that parental education is key to empowering parents to engage with successful online supervision of their adolescents. This may also help parents engage with responding effectively to disclosures of digital self-harm, as mediation parenting strategies have been found to be less effective when parents have low internet skills (Benrazavi et al., 2015).

Theme 2: Effective support

In the *effective support* theme, communication between practitioners, parents, and adolescents was discussed. Practitioners identified communicating with parents following a disclosure of digital self-harm as a potential challenge. They predicted that parents may not understand why a young person would engage in digital self-harm and may react with shock and confusion to a disclosure. This aligns with research around reactions to teenage self-harm disclosures that have found a common response of bewilderment amongst parents (Hughes et al., 2017). It is of note that most parent participants in this study answered that they could not imagine that their adolescent child would engage in digital self-harm, as this may account for a potential reaction of shock.

Hughes and colleagues (2017) noted that parents tended to go through a ‘sense-making’ process following their initial reaction. Within the current study, parents could be seen to be engaging with this sense-making process, with most parent participants independently moving from bewilderment to expressing theories and opinions around what could contribute to young people engaging in digital self-harm. This suggests that it may be prudent to warn practitioners and adolescents of a potential initial reaction of shock, and that parents may benefit from time and support to digest a disclosure of digital self-harm.

Practitioners highlighted that professional input or training is not necessary to listen to a young person who is disclosing digital self-harm. In previous research, parents have shared that open communication and making a connection with their

adolescent are their preferred strategies for mediating their child's internet use (Symons et al., 2017). In Ginott's (1965) seminal work, he suggests that communication is the key factor in a strong parent-child relationship, and that the initial response by a parent to a child's disclosure is often extremely significant to the child. Ginott introduced the idea that active listening is a skill that can be learned by any parent. Some parents in the current study displayed confidence in their existing communication techniques, sharing that they feel inviting their child to talk to them would be a 'normal thing'. However, it is important to consider how the adolescent perceives these communications—in Wisniewski and colleagues' (2017) study, adolescents interpreted parents' responses to disclosures of online risks as 'lecturing'.

The subject of 'time' was raised by parents and practitioners in the current study, under the theme of *effective support*. Parent participants highlighted the 'huge proportion' of their adolescent's day which is spent on social media. Interestingly, Jensen and colleagues' (2021) recent longitudinal study found little evidence to suggest that the quantity of adolescents' daily technology use displaces or disrupts key features of the parent-adolescent relationship on a day-to-day basis.

Social media use can be considered as an unstructured leisure activity, as in Abbott and Barber's (2007) study into the developmental opportunities offered by structured versus unstructured activities. Whilst that study outlined the developmental benefits of structured activity, parent participants in the current study shared their perception that unstructured time is a risk factor for digital self-harm and other harmful behaviour. This view is consistent with the perceptions of mothers in Hashemi and colleagues' (2020) study, who highlighted unplanned leisure time as a risk for problematic online activities. Unstructured time as a risk factor for digital self-harm could be explained by Chapman and colleagues' (2006) theory of deliberate self-harm being motivated by a desire to escape unwanted emotional experiences. Young people engaging in digital self-harm may experience under-stimulation itself as unwanted and uncomfortable, or the unfilled time may present opportunities for unwanted thoughts or feelings to present themselves.

Practitioners highlighted the time commitment involved in supporting a young person engaging in digital self-harm. The word 'investing' was used, implying that those around the young person are expected to give something of their own (their time) to that person to reap the benefits of their investment (the young person's mental health improving or cessation of digital self-harm). Young people who self-harm have expressed their desire for more time with their parents, and a longitudinal study found that self-harming participants reported less frequent contact with their family members compared to those who did not self-harm (Curtis et al., 2018; Turner et al., 2017).

However, parent participants in the current study acknowledged the privilege involved in being able not only to spend time with their adolescents, but also to spend time considering how best to support their child and to reflect. Balancing or juggling caring for children and work commitments is a well-documented concern for parents (Milkie et al., 2015; St George & Fletcher, 2012). The conflict between needing to work full-time and wanting to spend time supporting their child was also raised by parents of young people who self-harm in Ferrey and colleagues' (2016)

study. Hsin's (2009) study demonstrated that it was the substance of time spent between parent and child, rather than the quantity, which had the greater impact on child outcomes. However, this study related to cognitive outcomes rather than mental health outcomes.

St George and Fletcher (2012) suggest a solution-focused rather than deficit-focused approach to the issue of time-deficit in working families. In their qualitative research with working parents who have a long commute time, they found that parents placed a heavy significance on 'attentive parenting', which was characterised by parent-led intense moments of connection with their children through shared activities, undivided attention, and mindful listening. As with mediative parenting approaches to internet use, quality adolescent-parent time has been shown to be perceived differently by the parent and the adolescent, with the adolescent's perception being a more significant factor in wellbeing than the parents' (Kutrovátz & Geszler, 2022).

Theme 3: Morality and Shame

In the *morality and shame* theme, the perception that digital self-harm was morally wrong was shared by some parents and practitioners. This fits with previous research around both self-harm and cyberbullying perpetration, both of which have been perceived as immoral (Karman et al., 2015; Lloyd & Panagopoulos, 2022; Young & Tully, 2019). It is unclear whether digital self-harm is being grouped with self-harm or cyberbullying behaviours, and so further research into the contextual positioning of digital self-harm is recommended in order to better understand morality judgements of those supporting young people.

One practitioner situated digital self-harm in the context of cyberbullying and suggested that engagement in bullying oneself online could lead a young person to progress to cyberbullying others. It was suggested that this progression could be a result of 'blurring' of moral lines. This blurring of moral lines may be understood in the context of a process of moral disengagement. A recent systematic review of the literature around cyberbullying involvement and moral disengagement revealed that ninety-one per cent of the studies examining the relationship found a significant positive association between the two (Lo Cricchio et al., 2021). Furthermore, cyber 'bully-victims'—those who are both subjected to cyberbullying and cyberbully others—have been shown to display higher moral disengagement than non-cyberbullies (Arató et al., 2020).

However, the unique self-directed nature of digital self-harm has been interpreted by one practitioner in the current study to be indicative of a strong sense of morality. The practitioner suggests that whilst a bullying victim may perceive aggression towards others as a social norm due to their experience, their personal sense of morality does not allow them to take part in it. Instead, their low self-worth influences them to engage with this norm whilst respecting their own moral code. This behaviour is then deemed as acceptable by the young person by contrasting it with the alternative of bullying another person who they perceive as less deserving of abuse. This could be interpreted as an advantageous comparison—described by Bandura

(2002) as a mechanism used to deactivate negative moral judgements by cognitively restructuring the behaviour.

Parents in Young and Tully's (2019) qualitative study exploring perceptions of cyberbullying shared that they would feel disappointed that their child had strayed from the values they had been taught by bullying others online. This idea that parents hold themselves accountable for their child's morality is complemented by the findings of the current study. Some parent participants expressed their view that adolescents who engage in digital self-harm have not had a robust enough moral education from their parents in their early years. However, parental influence on adolescent behaviour may be wider than initial moral teachings, with poor parenting practice, as perceived by young adolescents, found to be directly associated with higher levels of moral disengagement one year later in Campaert and colleagues' (2018) study.

The phrase 'right parents' was also used by one parent participant. The concept that parents can be 'right' or 'wrong', 'good' or 'bad' as an explanation or response to an adolescent presenting with harmful behaviour has been a theme throughout qualitative research into the experiences of parents of adolescents facing mental health challenges (Berkley-Smith, 2020; Cohen-Filipic & Bentley, 2015; Slemmon et al., 2019). The need to assign blame for an adolescent engaging in digital self-harm may be explained by attribution theory, which posits that human beings are driven to assign causality to make sense of the world around them (Weiner, 1995). As noted previously, most parent participants in the current study shared that they could not imagine their adolescent child taking part in digital self-harm. Taken in the context of this behaviour being perceived as immoral, and that a child's behaviour reflects the quality of parenting received, this response could be seen as a defence against moral judgement of their own parenting ability.

Fearing the judgement of others may also act as a barrier to parents seeking external support for their child who is engaging in digital self-harm. One parent participant in the current study highlighted embarrassment and shame around their child's behaviour as a factor in deciding whether to involve others in supporting their child. Embarrassment is characterised as concerning one's public image as it reflects others' perceptions of oneself which do not necessarily align with self-perception—for example 'They will think I am a bad parent'. Conversely, shame often occurs in the absence of others and therefore is suggested to be an emotional representation of an individual's internalised moral judgement of themselves—for example 'I am a bad parent' (Sabini et al., 2001). Shame has been associated with social withdrawal across varied cultural contexts (Sheikh, 2014) and can be explained in the context of social regulation theory, wherein avoiding a perceived negative outcome motivates a person to engage in inhibitory behaviours (Carver, 2006).

It is of note that both embarrassment and shame are highlighted as possibilities in the current study, suggesting that there may be two processes at work—internal and external moral judgements. This was demonstrated in McDonald and colleagues' (2007) qualitative study which sought to understand the experience of parents of self-harming children. Within that study, mothers shared feeling embarrassed when in public with their child due to the visibility of self-harm marks, and also feelings of

shame that their child was experiencing extreme unhappiness and engaging in self-harm. Interestingly, the parent participant who gave the most detail regarding feelings of shame and guilt in the current study identified as a woman, and McDonald and colleagues' study involved almost exclusively mothers. Further research may benefit from exploring gender differences in the experience of embarrassment of shame and guilt in parenting adolescents' who engage in self-harmful behaviours.

Self-punishment via digital self-harm was seen by participants as a means for the young person to restore order and address their cognitive dissonance—they feel they deserve pain and so they inflict it upon themselves (Festinger, 1957). This is supported by Stănicke's (2021) recent study which aimed to understand the lived experience of self-harm amongst adolescent girls. A key theme from the analysis of the interview data was 'I deserve pain', which Stănicke suggested formed a self-representation of a person that deserved to be punished. This could be linked back to Patchin and Hinduja's (2017) study, which identified a connection between bullying victimisation and digital self-harm—"I felt like I deserved to be treated that way, so I thought I would get in on the "fun"" (p. 764).

5 Conclusion

In conclusion, the findings demonstrate that parents' and practitioners' perceptions of digital self-harm centre around key themes: online power, effective support, and morality and shame. The online world was perceived to be the young person's domain, where they held power over the family and could feel empowered to express themselves. Supporting young people who engage in digital self-harm includes communicating with involving, supporting, and educating parents to invest time and actively listen to their child. Discussion around the immorality of digital self-harm raised questions around where the behaviour sits in between self-harm and cyberbullying and gave context to both the perceived motivations behind the behaviour and the responses of parents.

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