Self-Control in Cyberbullying among Adolescents: A Concept Analysis

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Abstract: The increase in cyberbullying among adolescents poses a challenge for mental health professionals. One contributing factor is the lack of a clear and consistent definition of self-control in digital interactions, leading to variability in prevention and intervention strategies in nursing care. This concept analysis aimed to clarify the concept of self-control in the context of adolescents' experiences with cyberbullying. The concept analysis method developed by Walker and Avant was employed. A comprehensive literature search was conducted in PubMed, ProQuest, ScienceDirect, Scopus, and Google Scholar for articles published between 2010 and 2024.

The results revealed that the defining attributes of self-control include self-regulation, impulse control, delayed gratif ication to achieve goal orientation, responsible decision-making, and self-care capacity. Antecedents comprise emotional intelligence, motivation for positive behaviour, empathy, awareness of digital ethics, understanding of cyberbullying's impact, and social support. The consequences include improved problem-solving skills, better social relationships, enhanced mental health, increased self-conf idence, and a higher quality of life. In conclusion, understanding the attributes, antecedents, and consequences of self-control provides a transparent framework for designing preventive strategies against cyberbullying. This conceptual clarity can be applied in nursing practice, particularly in psychosocial care programs that empower adolescents to navigate digital environments with resilience and responsibility.

Keywords: Adolescents; Concept analysis; Cyberbullying; Decision making; Delayed gratification; Impulse control; Self-control; Self-regulation.

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Background

Adolescence is a critical developmental stage characterized by rapid emotional, cognitive, and social changes. During this period, self-control emerges as a fundamental ability—enabling adolescents to regulate impulses, delay gratification, and make responsible decisions when confronted with challenges and harmful digital influences.[1,2] The digital revolution intensifies these challenges, as adolescents are increasingly

exposed to stimuli that test their capacity for impulse regulation. Those with weaker self-control are prone to problematic digital behaviors, such as excessive technology use or addiction, while those with stronger self-control manage digital temptations more effectively.[1]

Self-control also plays a protective role in mobile phone use: higher self-control can buffer against negative emotions and excessive use, particularly during stressful periods.[3] Likewise, a healthy parent-child relationship has been shown to correlate with greater adolescent flourishing, mediated through self-respect and self-control.[2] Cyberbullying is a concrete example of digital risk stemming from compromised self-control. Adolescents who struggle with self-regulation may either perpetrate aggression or respond impulsively as victims. Conversely, those with stronger self-control are better equipped to cope adaptively and avoid harmful behaviors.[4]

A crucial factor determining whether an adolescent becomes a perpetrator, victim, or bystander in cyberbullying situations is self-control.[5] In this context, self-control refers to the ability to regulate urges, emotions, and behaviors, especially when faced with provocation or emotionally charged interactions on social media.[5] Since digital platforms are filled with impulsive stimuli and social pressures, self-control is crucial for resisting immediate reactions and considering long-term consequences. High self-control is associated with reduced aggression, better emotion regulation, improved interpersonal relationships, and greater resilience to provocation or peer pressure.[4,6] Conversely, low self-control increases the likelihood of impulsive, defensive, and harmful online behavior.

In nursing science, particularly in mental health and adolescent health, the concept of self-control remains underutilized. Nurses play a strategic role in prevention, treatment, and education,[7] particularly in schools, clinics, and community health settings. Clarifying self-control in the context of cyberbullying enables nurses to identify behavioral cues, design

effective interventions, and support adolescent psychosocial development more holistically.

Concept analysis is necessary to clarify the dimensions, attributes, and boundaries of self-control, enabling its consistent application in nursing interventions. According to Walker and Avant,[8] concept analysis allows health professionals to understand a concept's fundamental meaning, differentiate it from related terms, and identify measurable components. Thus, analysing self-control in the context of adolescent cyberbullying has both theoretical relevance and practical implications for evidence-based interventions. A deeper understanding of self-control can strengthen efforts to promote adolescent mental health by enhancing resilience to digital pressure.[9] Adolescents who develop self-control are more adaptive in facing adverse situations, capable of long-term thinking, and skilled in self-reflection.[2] These are critical competencies for the digital generation to thrive in a world of constant information flow and rapidly shifting social dynamics. Therefore, this study aimed to analyse the concept of self-control in the context of adolescent cyberbullying.

Concept and Aim of the Analysis

The concept of interest was self-control in adolescents exposed to cyberbullying in digital environments. The aim of this analysis was to identify, analyse, and clarify this concept comprehensively, in order to develop a practical, context-specific definition that can be applied in nursing care—particularly in mental health promotion, adolescent behavioural assessment, and the design of nursing interventions to prevent or mitigate cyberbullying.[8]

Method

The Walker and Avant[8] approach was employed to examine the concept of self-control systematically. Definitions of self-control in the literature were reviewed, and key attributes as well as exemplar cases

(model, borderline, and contrary) were identified and discussed. This process also included an analysis of the antecedents and consequences. Finally, empirical referents were presented to delineate methods for measuring self-control. This comprehensive exploration was necessary to capture diverse perspectives and uses of the concept. A multidisciplinary literature review was conducted to capture diverse perspectives and ensure a broad analytical scope.[8]

Electronic databases, including PubMed, ProQuest, ScienceDirect, Scopus, and Google Scholar, were searched February 19, 2025. The researchers did not restrict the use of concepts to nursing, but also considered related fields such as psychiatry, psychology, and criminology. The search keywords were: ("self-control" OR "self-regulation" OR "willpower") AND ("adolescent" OR "teen" OR "youth" OR "teenager") AND ("cyberbullying" OR "online harassment" OR "digital bullying" OR "internet bullying"). Boolean operators and subject headings (MeSH/SH) were adapted for each database.

Inclusion criteria were: (1) original research articles or concept/theory papers; (2) published between January 2010 and December 2024; (3) written in English; and (4) full-text available. Screening of titles and abstracts was followed by full-text review to determine alignment with the aims of concept analysis. Eighteen articles met the criteria. Data were then analysed through Walker and Avant's sequential steps: (1) identifying all uses of the concept from the literature; (2) determining defining attributes by grouping recurring themes such as emotional regulation, impulse control, goal orientation, responsible decision-making, and self-care capacity; (3) identifying antecedents that precede the occurrence of self-control, and consequences that follow from its presence; (4) constructing model, borderline, and contrary cases to illustrate the attributes in practice; and (5) identifying empirical referents as observable measures of the concept. This structured process ensured that the findings were systematically derived and consistent with the conceptual analysis framework.

Uses of self-control in nursing and related disciplines

Nursing: In nursing, *self-control* is framed within both adolescent care and nurse education. For adolescents, it reflects the ability to regulate emotional and behavioral responses in digital contexts, which can be supported through structured interventions in school health settings.[10] Drawing on Orem's self-care theory, self-control promotes independence, decision-making, and coping during cyberbullying experiences.[11] Nursing education can also enhance self-regulation through training in emotional awareness and digital sensitivity.[12]

Criminology: In criminology, self-control is foundational for understanding deviant behavior. It is described as the ability to delay gratification and consider long-term consequences.[13] Gottfredson and Hirschi[14] define it as "control of the self by the self," where individuals override impulses or act contrary to their preferences.[15] It is also seen as a restraint over one's desires, serving as a predictor of antisocial or aggressive behaviors, including cyberbullying.[16,17] Low self-control is strongly associated with a higher likelihood of online aggression and criminal activity.

Psychology: In psychology, *self-control* is defined as the capacity to override dominant impulses in favor of long-term goals.[18,19] It is often conceptualized as a trait closely related to willpower and cognitive regulation.[20] Adolescents with high self-control are better equipped to avoid harmful behaviors, particularly in emotionally charged online conflict.[4] It encompasses both conscious inhibition and the redirection of behavior toward abstract goals that promote well-being.

Psychiatry: Psychiatry views *self-control* through a developmental lens, emphasizing the ability to inhibit dominant responses and resist temptation.[21] This ability evolves during adolescence due to neurological maturation and cognitive development, though individual social environments also shape it.[22] Understanding self-control in psychiatric contexts aids targeted interventions for behavioral disorders or emotional dysregulation.

Behavioral and Social Sciences: In behavioral science, *self-control* highlights the regulation of behavior amid peer pressure and environmental triggers.[23] It supports socially adaptive functioning, enabling one to resist risky group behaviors. Social scientists link *self-control* with outcomes such as educational attainment and health.[24] It is considered a socio-cognitive asset guiding consistent behavior despite temptation or distraction. In digital contexts, self-control helps adolescents regulate actions in emotionally reactive environments.[5]

Management and Education: In management, *self-control* is integrated into self-management, where individuals regulate time, energy, and focus to achieve objectives.[25] This capacity underpins productivity and the attainment of long-term goals across both educational and professional domains.

Determining the Defining Attributes: Attributes are identified by examining clusters that are most frequently associated with the concept, thereby broadening the understanding. Words and phrases from the definition were grouped into clusters and refined into key attributes. Five defining attributes of self-control were identified: self-regulation, impulse control, delayed gratification for goal orientation, responsible decision making, and self-care capacity (**Table 1**).

Table 1. Keywords cluster in defining attributes

Keyword clusters and sources	Attributes
Regulate one's emotions, thoughts, and behaviour;[18] To exert control over one's behaviour;[15] Directing personal behaviour;[23] Able to resist desires;[16] Ability to manage;[25] Adherence to medication and lifestyle changes;[10] Overcoming a temptation or prepotent;[21] Individuals' capacity to override;[20] To resist temptation or inhibit a dominant response;[22] To regulate attention, emotion, and behaviour;[5] Capacity to alter or override dominant response;[19] To regulate behavior, thoughts, and emotions;[10] To override or change one's inner responses; To override or inhibit dominant; To promote abstract and distal objectives;[4] Restraint;[16] Alters or overrides their own responses or acts contrary;[15] The capacity for self-regulation;[25] Organize their time, energy, and resources; Manage one's behaviour.[23]	Self-regulation
The face of temptations and impulses;[4] Desires that are inconsistent with moral or ethical values;[17] Impulsive, immediately rewarding behaviours;[16] In the presence of temptation;[18] Dominant response tendencies;[15] Undesired behavioral tendencies (such as impulses);[5] One's own impulses, emotions or desires; Preferences and impulses.[4]	Impulse control

Table 1. Keywords cluster in defining attributes (Cont.)

Keyword clusters and sources	Attributes
Delay gratification and take into account future consequences;[16] Directing personal behavior toward achieving goals;[13] To resist desires that are inconsistent with moral or ethical values;[5] Lifestyle changes, which have an impact on the patient's recovery and well-being;[25] Control resources to achieve personal and professional goals effectively;[19] Overcoming a temptation or prepotent response in favor of a competing goal;[4] To delay impulsive, immediately rewarding behaviours and engage in sustained; effortful goal-oriented action.[24]	Delayed gratification to achieve goal orientation
Dominant response that have an impact on the patient's recovery and well-being;[18] Response tendencies about consequences of behavior for oneself and others;[10] Direct responding with moral or ethical values. Responsible decision-making.[12]	Responsible decision-making
Time, energy, and resources;[16] Connote the capacity;[18] Attention, emotion, and behaviour; Behavior, thoughts, and emotions;[21] Thoughts and emotions;[40] Personal characteristics and socialization experiences.[25]	Self-care capacity

Self-regulation: This refers to the capacity to monitor and manage emotional, cognitive, and behavioral responses to align with social and personal standards, including delaying impulsive reactions in digital environments.[26] High self-regulation protects against both perpetrating and reacting impulsively in cyberbullying situations, as adolescents with stronger regulation evaluate consequences before acting. In practice, self-regulation enables adolescents to pause before responding online, reflect on values, and choose constructive behavior, thereby reducing digital aggression and fostering resilience. While self-regulation broadly refers to managing internal states, self-control specifically reflects inhibiting impulses to align with long-term goals.

Impulsive control: This is the ability to inhibit immediate emotional reactions and resist instant gratification, especially in online provocation.[4] Adolescents with strong impulse control are less likely to engage in reactive cyberbullying, while those with lower impulsivity demonstrate more reflective digital behaviour.[27] It also entails aligning behavior with moral values and societal expectations.[17]

Delayed gratification for goal orientation: Delayed gratification refers to the ability to resist immediate rewards in favor of long-term benefits, which supports goal-directed behavior, such as refraining from retaliatory online responses.[28] Adolescents who delay gratification are more goal-oriented and less reactive to provocation.[29]

Responsible decision-making: This is the capacity to assess ethical options and anticipate consequences in digital contexts.[30] Adolescents with strong decision-making skills are less likely to engage in cyberbullying, as they pause, reflect, and choose respectful responses despite peer pressure.[31]

Self-care capacity: This entails adolescents' internal resources—such as self-awareness, emotional stamina, and self-compassion—that sustain self-regulation and resilience.[32] Adolescents who manage stress adaptively through greater self-care can maintain ethical online behavior, whereas fatigue or emotional overload can erode self-control and increase vulnerability to conflict.[33]

Self-control can be understood as an integrative construct composed of interrelated attributes. Self-regulation functions as the overarching capacity to monitor and guide thoughts, emotions, and behaviors, providing the foundation for other attributes to operate. Within this framework, impulse control represents the ability to inhibit immediate reactions, ensuring that short-term urges do not dominate behavior. Building on this, delayed gratification and goal orientation connect restraint to future-oriented purposes, directing adolescents to act in line with long-term aspirations, such as academic success or social harmony.

These processes are reinforced by responsible decision-making, which translates internal regulations into outwardly ethical and socially responsible actions. However, none of these attributes can be sustained without self-care capacity, the reservoir of cognitive, emotional, and physical resources that supports adolescents in maintaining control under pressure. Together, these attributes illustrate that self-control is more than momentary inhibition; it is a multidimensional system where monitoring (self-regulation), restraint (impulse control), direction (goal orientation), evaluation (responsible decision-making), and sustainability (self-care capacity) are involved.

Model Case: To further clarify the concept of self-control, the authors developed illustrative cases based on the defining attributes identified in the analysis: a model case, a borderline case, and a contrary case. A model case represents the concept by including all its essential attributes and provides a clear example that facilitates understanding of self-control concept.

A 15-year-old girl received a negative comment on social media about her appearance. Initially, she felt angry and wanted to respond with a rude comment (impulse). However, she took some time to think and decided not to respond (self-regulation) because she realized that responding would only condone the situation (awareness of consequences). Instead, she chose to talk to a friend and ask for advice on how to deal with the situation, and she felt calm after that (responsible decision-making and goal orientation).

This case exemplifies all the defining attributes of self-control—regulation, impulse control, goal-directed behavior, responsible decision-making, and resource utilization—making it a model case that fully represents the concept.

Borderline Case: A borderline case has nearly all the features of a concept, except for one significant difference.

A high school student, S, received negative comments from a classmate on social media. She felt very angry and wanted to respond offensively. After a brief pause, she decided not to reply directly. Instead, she posted a sarcastic status on her personal account, indirectly attacking the classmate. Although this avoided direct confrontation, she felt satisfied with her response.

This case demonstrates partial self-control (restraint from direct aggression) but lacks full regulation, responsible decision-making, and long-term goal orientation. Therefore, it represents a borderline case.

Contrary Case: A contrary case clarifies a concept by presenting an example that does not represent it.

A 16-year-old boy, R, was an avid online gamer and active in the gaming community. After losing a match, he became frustrated and, without hesitation, sent rude messages to his opponent in the group chat. He used derogatory language

and spread negative rumors about the opponent on social media. Venting in this way made him feel satisfied. However, a few days later, his actions were reported to the school counsellor, and he was sanctioned by his school.

This case contradicts all attributes of self-control, as it demonstrates a lack of regulation, impulse control, and consideration of long-term consequences, leading to harmful decision-making. It is, therefore, a contrary case that illustrates the absence of self-control.

Antecedents: An antecedent is defined as an event or condition that must occur before the concept can manifest.[8] In the case of self-control among adolescents, key antecedents include emotional intelligence, motivation for positive behavior, empathy, awareness of digital ethics and the consequences of cyberbullying, and social support—all of which provide the cognitive-affective groundwork for developing self-regulation. Emotional intelligence enables adolescents to recognize and regulate emotion during digital conflict. Adolescents with higher emotional intelligence demonstrate stronger impulse control and are less likely to engage in cyber-aggression.[34] It enhances adolescents' ability to recognize, interpret, and manage emotions in digital conflicts, thereby supporting adaptive responses.[35]

Motivation for positive behavior, cultivated through school and community-based prosocial programs, strengthens self-regulatory skills and reduces impulsive reactions.[10] Empathy, particularly cognitive empathy, allows adolescents to consider others' perspectives and reduces the likelihood of reactive aggression online. Cultivated through school or community programs, empathy fosters prosocial norms and lowers susceptibility to retaliation. Evidence shows that adolescents who internalize prosocial motivations are less involved in cyberbullying.[4] Awareness of digital ethics and understanding the psychological consequences of cyberbullying contribute to value-driven behavior in online spaces (STEP digital ethics model).[36]

Awareness of digital ethics and the impact of cyberbullying strengthens adolescents' capacity to anticipate the psychological consequences of online aggression, thereby discouraging harmful behaviors.[37] Social support from family, peers, and school buffers stress, reinforces responsible decision making, and sustains self-control under digital provocation.[2] Parental guidance, as a specific form of support, can provide structure, supervision, and modeling of coping strategies. Although evidence is mixed, family involvement remains an important contextual influence on adolescent self-regulation[38] (see **Figure 1**).
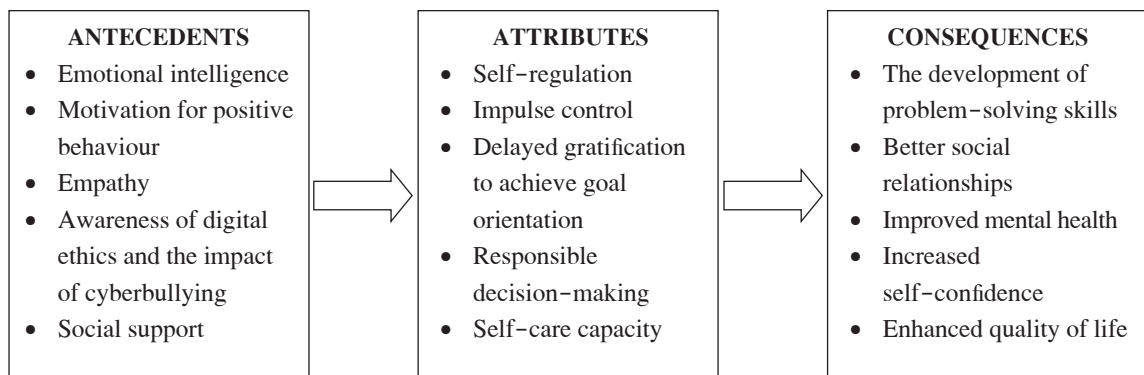
ANTECEDENTS	ATTRIBUTES	CONSEQUENCES
• Emotional intelligence • Motivation for positive behaviour • Empathy • Awareness of digital ethics and the impact of cyberbullying • Social support	• Self-regulation • Impulse control • Delayed gratification to achieve goal orientation • Responsible decision-making • Self-care capacity	• The development of problem-solving skills • Better social relationships • Improved mental health • Increased self-confidence • Enhanced quality of life

Figure 1. Self-control: antecedents, attributes, and consequences

Consequences: Self-control produces several positive outcomes. Adolescents with higher self-control demonstrate improved problem-solving skills, enabling them to resolve online conflicts adaptively rather than through retaliation.[39] Self-control also promotes healthier peer relationships, as restrained digital behaviors foster trust and reduce relational aggression.[1]

Psychosocial outcomes, such as strong self-control, support better mental health by reducing symptoms of depression, anxiety, and stress associated with online victimization. Adolescents with adequate self-control also report greater self-confidence in managing peer pressure and digital conflict, contributing to enhanced well-being and quality of life.[2] Conversely, poor self-control is associated with impulsive online aggression, escalation of conflicts, and increased risk of both perpetrating and experiencing cyberbullying.[17] Thus, self-control functions as a protective mechanism, and its absence leads to harmful digital behaviors and negative psychological outcomes (see **Figure 1**).

Empirical Referents: These are used to observe and measure the five defining attributes of self-control in adolescents facing cyberbullying. In the case of self-control among adolescents, several validated instruments have been developed to assess behavioral regulation, impulse inhibition, and goal-directed behavior. For general self-control, the Brief Self-Control Scale (BSCS)[39] is widely used and validated across cultures. It assesses tendencies such as resisting temptation, maintaining habits, and pursuing goals, which are relevant to both offline and online contexts. Similarly, the Adolescent Self-Regulatory Inventory (ASRI)[40] measures both short-term and long-term regulatory capacities, providing insight into how adolescents balance immediate reactions with future goals.

Self-control among adolescents was assessed using a shortened version of the Low Self-Control Scale, which measures impulsivity and the tendency to act without considering long-term consequences. This scale has been applied to examine how lower levels of self-control are associated with greater engagement in risky online behaviors, including cyberbullying perpetration, highlighting the crucial role of self-regulatory capacity in adolescents' digital interactions.[17] Additionally, the Adolescent Self-Control Scale has been utilized to assess adolescents' general capacity for behavioral and emotional regulation, which has been shown to predict patterns of digital technology use and perceived technological impairment.[1] These instruments are valuable for identifying adolescents vulnerable to engaging in or being harmed by cyberbullying. Future research should focus on developing or adapting an integrative tool that fully reflects self-control as a protective factor against cyberbullying.

Implications for Nursing Knowledge and Practice

The results of this concept analysis highlight the relevance of self-control in three adolescent roles within cyberbullying: (1) The bully, whose aggressive impulses may be restrained; (2) The retaliating victim, whose escalation can be prevented; and (3) The adaptive victim, whose coping and resilience can be strengthened. Clarifying these roles highlights the dual function of self-control as both a preventive and a coping mechanism. In nursing, the five attributes of self-control—self-regulation, impulse control, delayed gratification for goal orientation, responsible decision-making, and self-care capacity—can serve as foundational components for theoretical frameworks and behavioral interventions aimed at digital resilience. Nurses can apply this conceptual clarity to better assess psychosocial risks, emotional responses, and coping mechanisms in adolescents facing cyberbullying.

In clinical practice, this analysis encourages the development of targeted interventions such as emotion regulation training, mindfulness-based counseling, or peer support strategies. These interventions can strengthen adolescents' capacity for self-control and help them navigate digital challenges responsibly.

Conclusion

This concept analysis identified five defining attributes of self-control in adolescents exposed to cyberbullying: self-regulation, impulse control, delayed gratification for goal orientation, responsible decision-making, and self-care capacity. Together, these attributes provide a clear framework for understanding how adolescents manage emotional and behavioral responses in digital environments. Such conceptual clarity supports nursing practice by enhancing assessment, guiding intervention planning, and informing digital literacy education. The findings may also be used to refine or develop empirical tools that measure adolescent self-control more accurately in the cyberbullying context. Ultimately, this analysis underscores the importance of integrating preventive and promotive strategies into adolescent-focused nursing care. Future research should further develop measurement tools that capture the multidimensional nature of self-control in digital interactions.

Author Contributions

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การควบคุมตนเองในการถูกรังแกทางไซเบอร์ของวัยรุ่น : การวิเคราะห์มโนทัศน์

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บทคัดย่อ : การเพิ่มขึ้นของการถูกรังแกทางไซเบอร์ในกลุ่มวัยรุ่นเป็นความท้าทายของบุคลากร
ด้านสุขภาพจิต ปัจจัยสนับสนุนประการหนึ่งคือ การขาดคำนิยามของ "การควบคุมตนเอง"
ที่เกี่ยวข้องกับทางดิจิทัลที่ชัดเจนและสอดคล้องกัน ซึ่งนำไปสู่ความแตกต่างหลากหลายในกลยุทธ์
การป้องกันและการให้ความช่วยเหลือดูแลทางการพยาบาล การศึกษาวิเคราะห์มโนทัศน์นี้จึงมี
วัตถุประสงค์เพื่อสร้างความชัดเจนในมโนทัศน์เรื่องการควบคุมตนเองตามบริบทประสบการณ์
ของวัยรุ่นที่เกี่ยวข้องกับการรังแกทางไซเบอร์ การศึกษานี้ใช้ระเบียบวิธีการวิเคราะห์มโนทัศน์
ของวอล์คเกอร์และเอแวนท์ โดยทำการสืบค้นวรรณกรรมอย่างครอบคลุมจากฐานข้อมูล PubMed,
ProQuest, ScienceDirect, Scopus, และ Google Scholar ที่มีบทความที่ตีพิมพ์ระหว่างปี พ.ศ. 2553
ถึง พ.ศ. 2567

ผลการศึกษาพบว่า คุณลักษณะบ่งชี้ของการควบคุมตนเองประกอบด้วย การกำกับตนเอง
การควบคุมแรงกระตุ้น การชะลอความพึงพอใจเพื่อให้บรรลุเป้าหมาย การตัดสินใจด้วยความรับผิดชอบ
และความสามารถในการดูแลตนเอง สำหรับปัจจัยนำ ประกอบด้วย ความฉลาดทางอารมณ์ แรงจูงใจ
ในการมีพฤติกรรมเชิงบวก ความเห็นอกเห็นใจ ความตระหนักรู้ในจริยธรรมดิจิทัล ความเข้าใจ
ในผลกระทบของการรังแกทางไซเบอร์ และการสนับสนุนทางสังคม ผลลัพธ์ที่ตามมา ได้แก่ ทักษะ
การแก้ปัญหาที่ดีขึ้น สัมพันธภาพทางสังคมที่ดีขึ้น สุขภาพจิตที่ดีขึ้น ความมั่นใจในตนเองที่เพิ่มขึ้น
และคุณภาพชีวิตที่สูงขึ้น กล่าวโดยสรุป ความเข้าใจในคุณลักษณะ ปัจจัยนำ และผลลัพธ์ที่ตามมา
ของการควบคุมตนเองนี้ ช่วยให้เห็นกรอบการทำงานที่ชัดเจนสำหรับการออกแบบกลยุทธ์ป้องกัน
การรังแกทางไซเบอร์ ความชัดเจนเชิงมโนทัศน์นี้สามารถนำไปประยุกต์ใช้ในการปฏิบัติการพยาบาล
โดยเฉพาะอย่างยิ่งในโปรแกรมการดูแลด้านจิตสังคมที่มุ่งเสริมสร้างพลังให้วัยรุ่นสามารถนำไป
ปฏิบัติในโลกดิจิทัลได้อย่างเข้มแข็งและมีความรับผิดชอบ

คำสำคัญ : วัยรุ่น การวิเคราะห์มโนทัศน์ การถูกรังแกทางไซเบอร์ การตัดสินใจ การชะลอ
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