ADOLESCENT ATTITUDES, AGGRESSION, AND VIOLENCE

Linking Youth Internet and Conventional Problems: Findings from a Clinical Perspective

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ABSTRACT. This article utilizes data from a clinical sample of 512 youth to examine whether various problematic Internet experiences are distinctly different from or extensions of the conventional adolescent mental and behavioral health problems seen by clinicians. A Two-step Cluster Analysis identified four mutually exclusive groups of youth, those with: (a) online victimization; (b) inappropriate sexual behavior online; (c) online isolation; and (d) online and offline problems. Results suggest support for the idea that problematic Internet experiences are often extensions of experiences and behaviors that clinicians were working with prior to the advent of the Internet. However, the Internet may be introducing something qualitatively or quantitatively new, such as an in-

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Mental health professionals, educators, law enforcement, and policy makers are increasingly called upon to proffer advice and design policies about youth Internet use. But much like parents, they are puzzled because the media offer competing images of the Internet as both a tremendous new tool for education and recreation for young people (Lenhart, Madden, & Hitlin, 2005) and as a potential threat to their physical and emotional safety (Turow, 1999). Further, as is often the case with child welfare issues, there are competing images of the vulnerable population of youth online. On the one hand, there are descriptions of naïve and inexperienced children prey to exploitation as a result of Internet use (Aftab, 2000); on the other hand, there are images of technologically savvy teens whose propensities for risk-taking and getting in trouble are exponentially expanded by the Internet (Websense, 1999). While both of these images have their reality, they have different implications for prevention and protection.

YOUTH, MENTAL HEALTH, AND THE INTERNET

A wide variety of types of Internet problems are coming to the attention of mental health professionals (Mitchell, Becker-Blease, & Finkelhor, 2005). Such problems include overuse of the Internet, use of pornography, sexual exploitation, harassment, isolative-avoidant use, fraud, and online infidelity, to name a few. The vast majority of these Internet problems are, to a greater or lesser extent, extensions of problem behaviors that clinicians were working with prior to the advent of the Internet. Have the Internet forms of the problem, however, added something qualitatively or quantitatively new? The new element could, for example, be (a) an increase in the severity of the problem; (b) an increase in its frequency; or (c) provide some unique dynamics that require new responses or interventions.

Pornography exposure is an example of a problem generally thought to be more severe and more frequent online than offline. For example, law enforcement officials believe that the Internet has made illegal pornography, such as images of children and other extreme kinds of images, more available to people (Jenkins, 2001). Although there are no concrete statistics, it is likely that the Internet has made all forms of pornography more generally available than they were when they had to be purchased at commercial establishments. An example of an older problem to which the Internet has added a new dynamic might be the case of harassment involving organized, anonymous online bulletin boards. Gossip and malicious rumors about students has always been a feature of school life, but when they take the form of formal postings to a website that everyone can access, they acquire a new authority and currency.

The Internet might also create new opportunities for conflict and deviance among those with the kinds of problems typically seen by mental health clinicians. An adolescent curious about sex and interested in sexual relationships who may have been too shy or embarrassed to explore these feelings in "real life" may participate in cybersex or develop a relationship with someone miles away, potentially placing themselves at risk. Internet use may also intersect with clients' vulnerabilities to produce new problems. Youth with developmental disabilities may be vulnerable to new kinds of online scams and fraud. Mental health conditions such as obsessive-compulsive disorder may make it difficult for some clients to put limits on time spent online. In most cases, the lines are unclear between what is an old problem existing in a new medium, and what is a qualitatively or quantitatively new problem. This paper will explore whether problematic Internet experiences are distinctly different from or extensions of the conventional problems seen by clinicians. To do so, using a clinical sample, specific clusters of youth will be identified based on problematic Internet experiences and other conventional problems.

METHOD

Participants

A random sample of 31,382 names and addresses were gathered from professional organization memberships lists predominantly in the areas of psychology, psychiatry, and social work. All professionals were sent

a one-page postage paid survey asking whether they had worked with any youth or adult clients who had a variety of different types of problematic Internet experiences. There were 7,841 valid respondents to this one-page survey, of which 92% ($n = 7,232$) had provided direct services to clients within the past five years. Of these 7,232, a total of 3,398 indicated they wanted to participate in the Phase 2 follow-up survey. A total of 2,170 actually returned a completed survey, resulting in a 64% response rate. Of these, 71% ($n = 1,534$) encountered at least one client with a problematic Internet experience in the target time frame (past 5 years). Ninety-three cases were dropped from the current analysis because of duplication (i.e., they responded more than once), difficulty in coding, or because the client was not the individual who had the problematic Internet experience, resulting in 1,441 cases. Of these, 35% ($n = 512$) were cases involving youth (under 18 years of age). The youth clients of these 512 professionals were the focus of the current paper.

Measures

The follow-up instrument to the postcard mailing was designed through semi-structured interviews with a variety of mental health professionals known to the authors. The survey covered several sections aimed at understanding the client's problematic Internet experience, including client demographics and background, mental health service referral, primary and secondary problems for which the client was in treatment (e.g., various issues surrounding mental and physical health, family and/or relationships, school and/or work, victimization, aggression, computer/Internet addiction), types of Internet-related problems (i.e., overuse; pornography; infidelity; sexual exploitation and abuse; gaming, gambling, and role-playing; harassment; isolative-avoidant use; fraud, stealing, and deception; failed online relationships; harmful influence websites; and risky or inappropriate use, not otherwise specified); and diagnosis and treatment. See Mitchell and colleagues (2005) for more information about the problematic Internet experiences and how they were identified.

Procedures

Each professional received a cover letter in 2003 and a one-page postage paid survey on which respondents could indicate whether they had worked with any clients (child and/or adult) in the past five years who had problematic Internet experiences. The process of completing and returning the survey was taken as assent to participate. At the end of the survey, respondents were asked whether they would like to participate in a follow-up survey about professional needs in this area and to provide some anonymous information about one of their clients (if applicable). For those who consented, a detailed survey was sent by mail and a link to a website (along with a login password) was provided if they preferred to complete the survey online.

Professionals were asked to respond to this survey about one client only, and were provided with the following three guidelines for selecting that client: (a) if you have encountered only one client with a problematic Internet experience, complete the survey about that client; (b) if you have encountered more than one, provide information about the most recent youth client (under 18), if you have youth clients; or (c) provide information about the adult client you have seen the most recently. The survey was pre-tested on 100 professionals across all disciplines in the study. This study and all its methodology were reviewed, approved, and thus conducted in compliance with the University of New Hampshire's Institutional Review Board.

Statistical Analysis

A Two-step Cluster Analysis was used; this is an exploratory tool designed to reveal natural groupings (or clusters) within a data set that would otherwise not be apparent (SPSS Inc., 2004). This procedure has all the features of traditional clustering methods with the added features of handling both categorical and continuous variables, automatic selection of number of clusters, scalability, and use with large datasets. Variables in this procedure were various problematic Internet experiences and other conventional problems presenting in treatment. All variables were dichotomous in nature (yes/no) and included a variety of problematic Internet experiences and conventional problems. See Tables 1 and 2 for a complete listing of variables included in the analysis.

Youth were clustered using the log-likelihood distance measure. Schwartz's Bayesian Criterion was used as the clustering criterion. The number of clusters was determined as part of the analysis procedure (and not predetermined by the authors). To examine the reliability of the cluster solution, the sample was randomly divided into two groups of youth and a cluster analysis was performed on each half. The results of each cluster analysis, including the proportion and structure of clusters, were similar to the original solution and to each other. These results suggest the cluster solution is robust and not an artifact of the clustering technique.

TABLE 1. Percentages of Youth with Various Problematic Internet Experiences by Cluster Type (N = 512)

	Cluster 1 Online victimization (N = 175)		Cluster 2 Inappropriate sexual behavior online (N = 117)		Cluster 3 Online isolation (N = 104)		Cluster 4 Online and offline problems (N = 116)	
Type of problematic Internet experience	*n*	(%)	*n*	(%)	*n*	(%)	*n*	(%)
Problematic Internet experiences								
Sexual exploitation and abuse perpetration***	*0*	*0*	**30**	**26**	2	2	2	2
Sexual exploitation and abuse victimization***	**66**	**38**	*9*	*8*	*13*	*13*	**44**	**38**
Harassment perpetration***	9	5	1	1	2	2	**17**	**15**
Harassment victimization***	**32**	**18**	3	3	*0*	*0*	7	6
Fraud, stealing, or deception perpetration ns	13	7	8	7	4	4	15	13
Fraud, stealing or deception victimization**	14	8	1	1	2	2	5	4
Overuse***	*56*	*32*	*50*	*43*	**94**	**90**	**98**	**85**
Gaming or role-playing***	*9*	*5*	*9*	*8*	**68**	**65**	40	35
Pornography use (inc. adult and child)***	*3*	*2*	**113**	**97**	49	47	43	37
Unwanted pornography***	**22**	**13**	*0*	*0*	4	4	3	3
Isolative-avoidant use***	*5*	*3*	*3*	*3*	**43**	**41**	23	20
Harmful material**	15	9	*0*	*0*	3	3	10	9
Risky or inappropriate use, NOS***	**48**	**27**	*6*	*5*	14	13	15	13
Computer or Internet addiction***	*7*	*4*	*22*	*19*	**74**	**71**	**58**	**50**

Note. Bold cells reflect problems that significantly contributed to cluster formation due to their higher occurrence within each cluster. Italicized cells indicate problems that significantly contributed to cluster development based on their lower occurrence within each cluster.

** $p \leq .01$, *** $p \leq .001$ for differences across clusters

TABLE 2. Percentages of Youth with Various Conventional Problems Presenting in Treatment by Cluster Type (N = 512)

	Cluster 1 Online victimization (N = 175)		Cluster 2 Inappropriate sexual behavior online (N = 117)		Cluster 3 Online isolation (N = 104)		Cluster 4 Online and offline problems (N = 116)	
Type of presenting problem	*n*	(%)	*n*	(%)	*n*	(%)	*n*	(%)
Mental and physical health problems								
Somatic complaints or insomnia***	17	10	*2*	*2*	14	13	**31**	**27**
Anxiety or other phobias**	69	39	38	33	55	53	59	51
Diagnosed mental illness***	*12*	*7*	20	17	6	6	**31**	**27**
Suicide ideation or attempt***	38	22	*3*	*3*	17	16	**38**	**33**
Grief***	8	5	2	2	9	9	**19**	**16**
Physical disability or chronic health problem ns	6	3	2	2	4	4	**11**	**9**
Drug and/or alcohol use***	*7*	*4*	*2*	*2*	11	11	**34**	**29**
Specific life stressor***	*41*	*23*	41	35	34	33	**53**	**46**
Social withdrawal***	*47*	*27*	*18*	*15*	**77**	**74**	51	44
Marital conflict or divorce ns	14	8	18	15	8	8	19	16
Some other relationship problem ns	50	29	33	28	24	23	33	28
Substance abuse problems within the family***	8	5	4	3	9	9	**26**	**22**
Disciplinary problems at home***	*53*	*30*	46	39	*21*	*20*	**92**	**79**
Running away from home***	19	11	*0*	*0*	*1*	*1*	**32**	**28**
Trouble making friends***	*38*	*22*	32	27	**51**	**49**	**64**	**55**
School failure or drop-out***	23	13	*10*	*9*	22	21	**42**	**36**
Disciplinary problems at school***	*34*	*19*	44	38	*12*	*11*	**89**	**77**
Failing grades at school***	*55*	*31*	*36*	*31*	45	43	**89**	**77**
Physical victimization***	*5*	*3*	8	7	*1*	*1*	**31**	**27**
Sexual victimization***	55	31	20	17	*10*	*10*	**42**	**36**

TABLE 2 (continued)

Bully victimization***	*24*	14	*5*	*4*	7	7	**28**	**24**	
Emotional victimization**	**6**	3	6	5	5	5	**16**	**14**	
Aggressive acting out or conduct problems***	*19*	*11*	36	31	*8*	*8*	**82**	**71**	
Bullying others***	*2*	*1*	12	10	5	5	**33**	**28**	
Sexual acting out***	*22*	*13*	38	33	15	14	**53**	**46**	
Sexual abuse of others***	*0*	*0*	**27**	**23**	5	5	10	9	
Criminal history***	*2*	*1*	13	11	4	4	**19**	**16**	

Note. Bold cells reflect problems that significantly contributed to cluster formation due to their higher occurrence within each cluster. Italicized cells indicate problems that significantly contributed to cluster development based on their lower occurrence within each cluster.

** $p \leq .01$, *** $p \leq .001$ for differences across clusters

RESULTS

Characteristics of Youth Clients

Slightly over half (57%) of youth clients were male, with ages ranging from 6 to 17 years old ($M = 14.28$, $SD = 1.95$) at the time of the problematic Internet experience. The majority of youth clients were White (89%). Youth clients' families were predominately middle class but included a variety of income levels, with 7% having an annual income of less than $20,000 and 19% over $80,000. Most youth clients lived with both biological parents or a biological parent and a step-parent (92%). The majority of youth were in school at the time of the problematic Internet experience (92%).

Classification of Youth with Problematic Internet Experiences

Four mutually exclusive groups of youth were identified: those with online victimization (Cluster 1; 34%), inappropriate sexual behavior online (Cluster 2; 23%), online isolation (Cluster 3; 20%), and online and offline problems (Cluster 4; 23%). Cluster profiles are provided in Tables 1 and 2 and show the percentage of youth with various problematic Internet experiences and conventional problems, respectively, across clusters. To reduce Type I error, alpha was set at $p < 0.01$.

Cluster 1: Online Victimization

Youth in this group ($n = 175$) were mostly female (72%), teenagers (79% ages 13 to 17), and White (92%). They were characterized by significantly higher rates of online sexual exploitation and abuse victimization, online harassment victimization, unwanted pornography, harmful material, and risky or inappropriate behavior not otherwise specified than most other youth in this clinical sample (see Table 1). These youth were also reported to have significantly lower rates of online sexual exploitation or abuse perpetration, overuse of the Internet, gaming or role-playing, pornography use, isolative-avoidant use, and computer or Internet addiction.

In terms of conventional problems, these youth had lower rates of a diagnosed mental illness, drug and/or alcohol use, a specific life stressor, social withdrawal, disciplinary problems at home, failing grades at school, physical victimization, aggressive acting out or conduct problems, bullying others, sexual acting out, sexual abuse of oth-

ers, and the presence of a criminal history compared with all youth (see Table 2). The Internet problems experienced by youth in this cluster were categorized as a primary presenting problem for 59% of youth. For approximately one-third (34%) of these youth, the Internet problem played a primary role in the client's treatment, for 31% it played a secondary role, and for 34% the Internet problem was peripheral to other presenting problems.

Cluster 2: Inappropriate Sexual Behavior Online

Youth in this group (n = 117) were mostly male (87%), teenagers (82% ages 13 to 17), and White (91%). They were characterized by significantly higher rates of online sexual exploitation or abuse perpetration and pornography use than most other youth in this clinical sample (see Table 1). Youth in this group also had lower rates of online sexual exploitation or abuse victimization, overuse, gaming or role-playing, unwanted pornography, isolative-avoidant use, harmful material, risky or inappropriate use, and computer or Internet addiction.

These youth had higher rates of conventional sexual abuse of others (see Table 2). They were less likely to have conventional problems related to somatic complaints or insomnia, suicide ideation or attempt, drug and/or alcohol use, social withdrawal, running away from home, school failure or drop-out, failing grades at school, and bully victimization. The Internet problems experienced by youth in this cluster were categorized as a primary presenting problem for the majority of youth (64%). For approximately one-third (32%), the Internet problem ultimately played a primary role in the client's treatment, for 43% a secondary role, and for 26% the Internet problem was peripheral to other presenting problems.

Cluster 3: Online Isolation

Youth in this group (n = 104) were largely male (76%), mainly teenagers (85% ages 13 to 17 years), and predominantly White (94%). They were characterized by significantly higher rates of Internet-related overuse, gaming or role-playing, isolative-avoidant use, and computer or Internet addiction than most other youth in this clinical sample (see Table 1). These youth did not tend to have problems related to online sexual exploitation or abuse victimization or online harassment victimization.

Youth in this group typically showed signs of social withdrawal and trouble making friends (see Table 2). They had lower rates of disciplinary problems at home, running away from home, disciplinary problems at school, physical and sexual victimization, and aggressive acting out or conduct problems. The Internet problems experienced by youth in this cluster were categorized as a primary presenting problem for less than half of youth (39%). For slightly over one-third (36%), the Internet problem ultimately played a primary role in the client's treatment; for half (51%), a secondary role, and for 13% the Internet problem was peripheral to other presenting problems.

Cluster 4: Online and Offline Problems

Of the youth in this group (n = 117), slightly over half (53%) were male, significantly fewer were White (79%), and most were teenagers (82% ages 13 to 17 years). They were characterized by significantly higher rates of online sexual exploitation or abuse victimization, online harassment perpetration, overuse, and computer or Internet addiction than most other youth in this clinical sample (see Table 1).

This group also had numerous conventional problems, including somatic complaints or insomnia, diagnosed mental illness, suicide ideation or attempt, grief, physical disability or chronic health problem, drug and/or alcohol use, a specific life stressor, substance abuse problems within the family, disciplinary problems at home, running away from home, trouble making friends, school failure or drop-out, disciplinary problems at school, failing grades at school, physical, sexual, bully and emotional victimization, aggressive acting out or conduct problems, bullying others, sexual acting out, and a criminal history (see Table 2). In contrast to the other three clusters, there was no noticeably lower rates of remaining conventional problems.

The Internet problems experienced by youth in this cluster were categorized as a primary presenting problem for 62% of youth. For approximately one-fifth (21%) of these youth, the Internet problem ultimately played a primary role in the client's treatment; for almost half (47%), it played a secondary role, and for 33% the Internet problem was peripheral to other presenting problems.

DISCUSSION

Our findings suggest the existence of four mutually exclusive groups of youth receiving mental health treatment with an Internet-related problem: online victimization, inappropriate sexual behavior online, online isolation, and online and offline problems.

Cluster 1: Online Victimization

When it comes to the Internet, the dominant policy concern is the exploitation of children. A national population-based study reports that one in seven youth between the ages of 10 and 17 received an unwanted sexual solicitation or approach over the Internet in the last year, 4% received an aggressive sexual solicitation in which a solicitor asked to meet them somewhere, called them on the telephone, and/or sent them regular mail, money, or gifts (Wolak, Mitchell, & Finkelhor, 2006). Many such solicitations remain online, but a limited number move to face-to-face meetings. This is documented by a law enforcement study that revealed an estimated 508 arrests in the U.S. during the year following July 1, 2000 for Internet-related crimes in which an offender originally met a minor online (Wolak, Mitchell, & Finkelhor, 2003). This Wolak and colleagues study revealed that the main targets of Internet solicitations are teenagers; offenders rarely use force or deception about age and sexual motives; and teens typically go to meet the offenders after a lengthy Internet correspondence, knowing that the adult is interested in a sexual relationship (Wolak, Finkelhor, & Mitchell, 2004). In the online victim group identified in the current paper, we saw youth who fell into both of the above situations: youth with unwanted sexual solicitations that were distressing and those with some allegiance to the perpetrator. From a mental health viewpoint, these Internet-related victim issues can be somewhat different from the classic sexual abuse trauma paradigm (i.e., those with young children abused by family members) because many involve teenagers with some allegiance to the perpetrator. Instead, these Internet cases are most similar to cases of statutory sexual assault. Some of the treatment issues can also concern the teen's involvement in or exposure to child pornography and the impact of this on the victim. Of note, this cluster consists primarily of females, which supports previous research suggesting the majority of youth that are victims of online sexual solicitation (Mitchell, Finkelhor, & Wolak, 2001) and sex crimes in general (Snyder & Sickmund, 2006) are female.

Youth in this cluster also experience harassment online. One population-based study revealed that 1 in 11 of a national sample of youth had been threatened or harassed online in the last year (Wolak et al., 2006). These experiences included feeling worried or threatened because someone was bothering or harassing them online, and being threatened or embarrassed because someone posted or sent messages about them for other people to see. In the current study, many extensions from real-life harassment were seen among the online victim group, especially those involving school peers. For example, cases involved the development of websites by students who degraded, embarrassed, or even threatened other students or teachers. Another example is youth who went online as a classmate and said malicious things about other students. Though not always criminal, harassment is problematic based on its aggressive and distressing nature to its victims.

Cluster 2: Inappropriate Sexual Behavior Online

Some observers have expressed concern that exposure to Internet pornography may increase the number of persons with deviant sexual interests, who might not otherwise have developed them (Cooper, 2004; Reed, 1994). One hypothesized process is that young people, while exploring general sexual imagery on the Internet, might very easily be exposed to and therefore learn to be aroused to more deviant images than they would have in a previous era, when such images were harder to access. Another way through which deviance amplification could occur is through satiation for ordinary images, and therefore a search for more and more unusual images, which then acquire arousal value to the observers (Thornburgh & Lin, 2002). Further, inexperienced youth exploring sexual images on the Internet may perceive some deviant imagery as "normal" since there may be no one with them to define what is within normal ranges and what is not. In the current study, we do not have a full evaluation of these youth and why they engaged in sexual offenses or sexual acting out in others ways. For those youth who were sexually assaulting a younger sibling or friend, clinicians typically spoke of a clear relationship between their viewing of pornography (both adult and child images) on the Internet and the sexual offense, often relaying their clients' desires to "try out" what was seen in the images with others. Yet, there were other youth in this group who had problems related to viewing pornography that did not result in the sexual assault of another child. Some of these youth were sexually promiscuous whereas others had mental disorders that impaired their judgment. Still others were curious about the material and were caught by a concerned parent or teacher who referred the child to treatment. It

is unclear how often the Internet plays a role in forming sexual interests, and what mechanisms are at work. Such developments may not manifest to professionals very often, except in the treatment of offenders, when they cause concerns to the people who develop such interests, or when youth are "caught" and referred. Because of important theoretical questions about these processes, it may be important for professionals to pay attention to clinical episodes illustrating such matters and write scientifically relevant case histories about them. Of note, most of the youth in this cluster were males, supporting previous research that indicates that most perpetrators of sex crimes are male (Greenfeld, 1997).

Cluster 3: Online Isolation

Internet use and its relationship with isolation, loneliness, and depression has been raised in public, research, and other profession arenas with mixed findings (e.g., Gross, 2004; Gross, Juvonen, & Gable, 2002; Turow, 1999; Ybarra, Alexander, & Mitchell, 2005). Findings from this paper suggest that some youth seen in clinical settings do have problems with online isolation, either from choosing to have all social interaction online or from spending so much time engaged in online pursuits (e.g., gaming or role-playing) that they isolate themselves from family, friends, and social engagements. Isolative-avoidant use is brought to the attention of mental health professionals either because of interference with relationships or problems with daily obligations. It also comes into clinical work through self-referral about problems with social withdrawal or phobia. To date, little is known about the true extent of online isolation. It may be difficult clinically to distinguish between someone who would ordinarily be even more isolated were it not for his/her Internet activity, and people for whom their Internet activity is interfering with the potential for a fuller social life.

Many of the youth in this group had problems related to overusing the Internet but their actual amount of Internet use varied, with 7% online less than seven hours per week and 21% more than 28 hours per week, with an assortment of usage times in between. This suggests the overuse problem could have been a judgment of the client, a parent, the professional, or possibly some other person. Further, overuse may not have been a judgment about absolute use levels, but rather a concern about usage interfering with other needs or responsibilities. For example, some parents were concerned that their teenagers preferred to spend more time online than with the family. To date, there are no norms defining overuse of the Internet. Problems with too much Internet use could be indicative of a normal developmental stage and current societal norms but more research is needed in this area.

A large proportion of overuse and isolative-avoidant use was associated with gaming or role-playing. This helps explain why so many youth in this cluster were male, given that adolescent males are more likely to use the Internet for playing games than adolescent females (Lenhart, Rainie, & Lewis, 2001). Playing video games is not a new phenomenon, especially for children and adolescents, so playing games on the Internet and any resulting problems may simply be putting a new technological twist on existing behaviors. Yet, the interactive and role-playing ability with games on the Internet may result in magnified effects not normally seen prior to the advent of this technology. Although little is known about online interactive gaming or its impact, the potential for becoming engulfed into this fantasy world exists, along with problems resulting from interactions with other users. One study comparing adolescents and adult players of the popular online game 'Everquest' found that compared to adults, adolescents were more likely to be male, less likely to gender swap their characters, more likely to sacrifice their education or work, and more likely to indicate violence as their favorite aspect of the game, and that they spent more time playing each week (Griffiths, Davies, & Chappell, 2004). In future research it may be important to distinguish between interactive games involving characters created by game developers and games involving interactions with other (real) players.

Cluster 4: Online and Offline Problems

We identified a group of youth that could be described as having significant problems both online and offline. These youth were the only group that was harassing others online. They also commonly had problems related to overuse, sexual exploitation and abuse victimization, and computer or Internet addiction. Most notable is the variety of conventional problems seen with these youth, including various mental and physical health problems, family and other relationship problems, school problems, victimization, and aggression or sexually acting out. Given the diversity of their problems, it is likely that, for many of these youth, problematic Internet experiences were ancillary to conventional problems. Some of these youth had internalizing problems (e.g., suicide ideation or attempt, somatic complaints or other phobia), whereas others had externalizing issues (e.g., aggressive acting out or conduct prob-

lems). Still others had a combination of the two. These youth may be particularly prone to a variety of behavioral and victimization problems online due to their vulnerability in other areas of their lives, and clinicians should be aware of this potential. As such, the Internet may simply be yet another outlet for their problem behavior. Given the diverse array of conventional problems for these youth, the Internet may simply be an extension of a broader problematic lifestyle.

Role of the Internet

In this study, problematic Internet experiences played different roles in the client's overall pattern of behaviors and treatment, depending on the cluster. For the majority of youth in the online victimization, inappropriate sexual behavior, and online and offline problem clusters, a problematic Internet experience was one of their presenting problems when beginning treatment. For youth in the online isolation group, this was only the case for slightly more than one-third of youth. However the proportion of all youth (across all clusters) for whom the Internet problem was the primary reason for treatment was less than the proportion of youth for whom Internet problems were ultimately important in treatment. In other words, the overall involvement of Internet problems as a treatment issue (primary and secondary) was ultimately greater than clinicians might have expected based on the presenting issues. This difference is most marked for the online isolation group. For clinicians treating youth who present with Internet problems, the relative importance of the Internet and its role in the youth's greater behavior pattern may be clear. Yet, for other clinicians working with clients whose problematic Internet experiences do not initially present in treatment, the role of the Internet may still play a key function in the youth's overall well-being and successful treatment. As such, routinely asking about Internet usage patterns and characteristics may prove beneficial in establishing a better understanding of the client's problems.

Findings from this study provide support for the view that problematic Internet experiences are often extensions of experiences and behaviors that mental health professionals were working with prior to the Internet. Each of the identified clusters were defined by both online and offline problems. This suggests that online problems may manifest in ways similar to their conventional counterparts. Specifically, we identified youth with online problems related to victimization (both sexual exploitation and harassment), inappropriate sexual behavior, social isolation, and those with multiple problems across several domains of their lives. These are all problems clinicians have been encountering in their practice long before the advent of the Internet. For some, there may be no real distinction between the online and offline problems, whereas for others the Internet may have introduced something qualitatively or quantitatively new in the form of increased severity, increased frequency, or some unique dynamic that requires new responses or interventions. Clinicians should be alert for examples of how the Internet has changed problem behaviors and the dynamics of interpersonal conflict in significant ways.

Clinical Implications

The findings from this study have implications for mental health professionals working with the youth population. First, clinicians should ask questions about Internet use during assessment. Although it is unclear what proportion of professionals are encountering clients with problematic Internet experiences, the spectrum of experiences clinicians are encountering is wide. Moreover, the problems are varied in their presentation and ramifications. Professionals may not find out about these behaviors or understand their connections to other problems unless they inquire about them. Thus, professionals should be aware of the Internet and the potential problems young people can encounter. They should be prepared to ask some basic screening questions during assessment to see if problematic Internet experiences are relevant to treatment on a client-by-client basis.

Second, professionals need to be aware of risk markers that suggest their young clients are having Internet-related problems. For example, youth in treatment with problems related to social withdrawal should be questioned about their Internet use, including how often they are online, when they are online, what they use the Internet for, and the degree of importance of the Internet in their lives. If the Internet seems to be a prominent component of their client's life, addressing the role of the Internet in their problems may serve as a potential avenue for treatment that could alleviate some of the problems surrounding their social withdrawal. Similar risk markers may exist for teens that present with sexual assault perpetration.

Third, professionals should be aware of how problematic Internet experiences interact with conventional mental health issues. The Internet may be impacting several areas of young client's lives, including relationships, family dynamics, sexual orientation, other mental health con-

cerns, and school behavior. For example, teenagers who are exploring their sexual orientation have a wealth of information available to them online, ranging from helpful information from respected websites to potentially dangerous information and experiences with questionable persons in chat rooms. Clinicians working with teens who are struggling with these questions should be aware of the potential role Internet experiences have played in their client's concerns, as well as the potential benefits of educational material and support groups available online. The role of the Internet, in terms of their communication patterns or what they are viewing online may play a key function in successful treatment.

Limitations of the Study

Although this study explores a new domain, a few limitations must be noted. First, the methodology was not designed to capture a representative sample of all mental health professionals, so the frequency with which problematic Internet experiences are seen in clinical settings cannot be determined. Second, the problematic Internet experiences in this study are not necessarily representative of all problematic experiences online because it is likely that many people with such problems do not receive mental health services. It could be that some people most in need of mental health services do not have access to them. On the other end of the spectrum, there are likely youth who experience less severe or extreme problematic experiences on the Internet that still result in distress. However, this distress may go unreported because those involved cope with them well without professional help. Third, professionals were only asked to respond about a single client, and although respondents were instructed on how to choose a client so that cases would be as systematic as possible, it is conceivable that professionals decided to choose the more memorable, interesting, or otherwise salient cases, possibly skewing cases in this way. This could have resulted in a less representative and generalizable group of cases.

CONCLUSION

The findings from this study suggest the existence of four mutually exclusive groups of youth with problematic Internet experiences being seen in mental health settings: online victimization, inappropriate sexual behavior online, online isolation, and online and offline problems.

We found support for the idea that problematic Internet experiences are often extensions of experiences and behaviors that clinicians were working with prior to the advent of the Internet. However, the Internet is likely introducing something qualitatively or quantitatively new to these conventional problems, such as an increased severity, increased frequency, or some unique dynamic that requires new responses or interventions. Clinicians should be aware of this possibility and be able to discuss and treat the role the Internet plays in their young client's overall well-being.

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