Special Considerations: Self-Harm & Suicide Online

Youth & Digital Technology: Growing Up Online Toolkit

Online Self-Harm & Suicide

Self-Harm

Gaps in mental health support, previous unhelpful experiences with clinical services and stigma around self-harm have been identified as key motivators for individuals to seek online platforms with the potential for both positive and negative impacts [1, 2, 3, 4]. Youth can access pro-self-harming websites by searching terms such as “self-harm community” or “pro-ana/mia” (Warning: These sites contain extremely graphic and triggering pictures and content). On these platforms, youth can find forums, communities, blogs and videos that can normalize or even encourage various forms of self-harm, including cutting, anorexia, and bulimia. Social media platforms such as Instagram and Tumblr have increased in popularity for self-harm communities [1]. These websites and platforms can inform children and youth on a multitude of ways they can harm themselves, provide instructions on how to hide these behaviours from adults, and may challenge the reader to push themselves to new limits of harm.

Members of pro-eating disorder sites commonly provide tips and strategies on maintaining and intensifying disordered eating behaviors. While self-injury content can influence people to self-harm, it appears most members post to prevent unintended outcomes and to help mitigate judgement and stigmatizing responses from others rather than encouraging these behaviours [2, 4]. Recovery based and support-related content and sites are available but tend to be congregated on platforms with the least problematic content [1, 4].

Signs and symptoms that a child or youth could be self-harming:

- Withdrawal or isolation from everyday life
- Signs of depression, such as low mood, tearfulness, or decreased of interest in previously enjoyed activities
- Changes in mood (e.g., more aggressive than usual)
- Changes in eating/sleeping habits
- Increased risk-taking behaviors (e.g., substance use, unprotected sex)
- Expressing feelings of failure, hopelessness, or worthlessness
- Abusing drugs or alcohol
- Unexplained cuts, bruises or marks
- Constantly covering up, even in warm weather
- Persistent fatigue or unusual quietness [5]

Figure 1 The image provides clarity on the experiences of those who self-harm. It can also help services providers visualize case conceptualization and therapeutic interventions. This cycle typically begins with emotional suffering, leading to emotional overload and panic. To manage these intense feelings, an individual may engage in self-harm. This is often followed by temporary relief, which is then replaced by feelings of shame or grief, perpetuating the cycle.

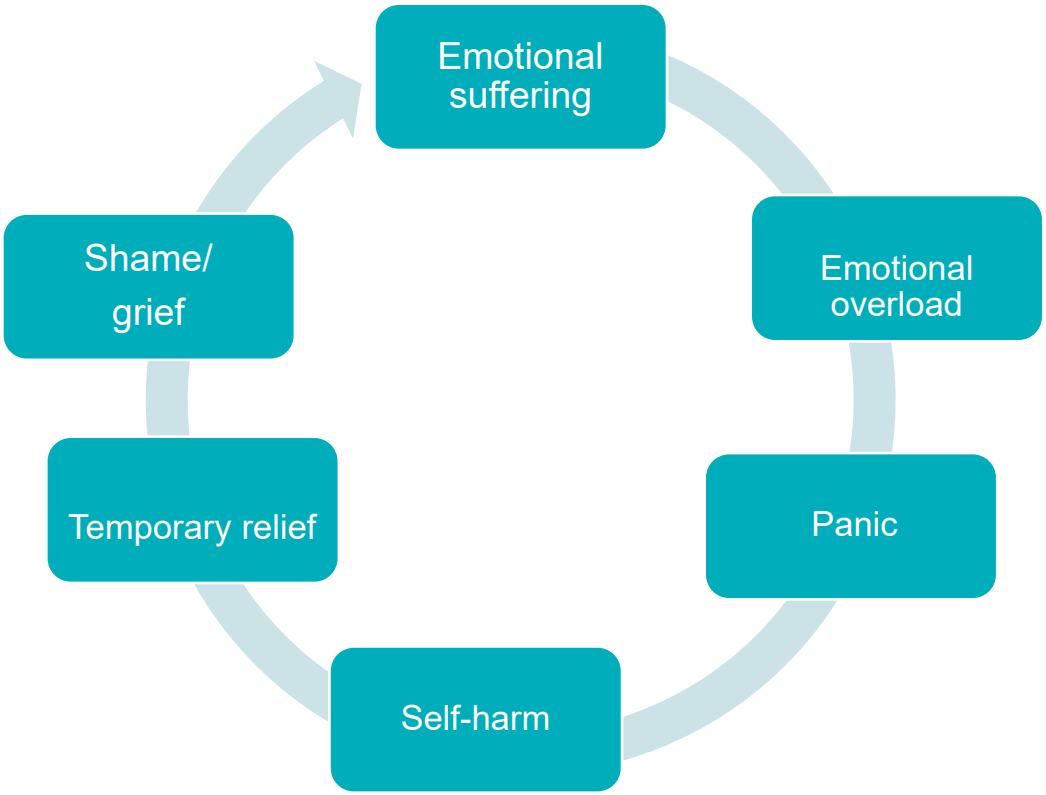

Figure 1: The Cycle of Self-Harm. Used with Permission of the Mental Health Foundation [5].

While most children and youth do not visit websites that discuss or encourage self-harm, those who do are 11 times more likely to engage in self-harming behaviors. These individuals are also more likely to have a history of physical or sexual abuse and addiction [6]. Questions regarding self-harm behaviours are therefore recommended as part of assessment for ongoing care to ensure that children and youth are aware of the risks [6]. Clinicians should also ask about internet use, support youth in recognizing and managing triggering content, and encourage healthy online behaviors. This includes disengaging from harmful self-harm and suicide-related digital spaces while fostering safer, more supportive online interactions [1].

Suicide Online

Suicide remains the second leading cause of death for youth aged 15 to 19 [7]. Vulnerable youth are more likely to be exposed to harmful online content and experience cyberbullying, both of which can contribute to increased suicide risk [3,4]. Youth in distress may seek out online suicide-related content, which can range from providing supportive resources to dangerously normalizing or even suggesting methods of self-harm [4]. A simple Google search can yield information on suicide methods, as well as statistics about lethality, mortality rates and discussions that may reinforce suicidal ideation. A range of both reactions to viewing online content may be experienced such as empathy, solidarity, support and resources to negative impacts including suggesting new methods and normalization [1].

As a care provider working with children, youth, and families, consider assessing for self-harm and suicidal ideation and behaviours. If present, explore whether these thoughts and behaviours are related to the use of digital technology and the internet, and whether it is a safe place that offers support or if it is adding to their risk.

Canadian Resources

Self-Injury Support
Self-Injury Outreach and Support: https://sioutreach.org/
Self-Injury - Foundry - https://foundrybc.ca/resource/self-injury/

Eating Disorder Support
National Eating Disorder Information Centre (NEDIC): https://nedic.ca/
The National Initiative for Eating Disorders (NIED): https://www.nied.ca/
Body Brave: https://www.bodybrave.ca/

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