SAMARITANS
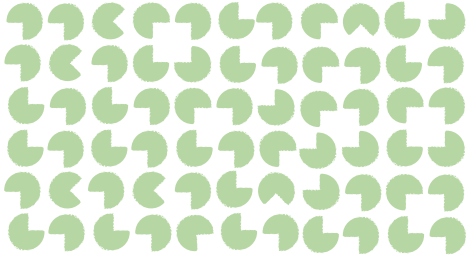
How social media users experience self-harm and suicide content

The internet can be an invaluable space for individuals experiencing self-harm and suicidal feelings as it provides opportunities for users to access information, find options for support, and speak openly about feelings that can be difficult to talk about face to face. However, it can also carry risks by presenting opportunities to access graphic content, details around methods of harm, and content that glorifies or promotes self-harm and suicide. Access to such content can be distressing, triggering and may act to encourage, maintain, or exacerbate self-harm and suicidal behaviours.

Contents

It is vital to create a suicide-safer internet for everyone, ensuring that individuals can access the benefits of the online environment whilst being protected from harm. Samaritans' Online Excellence Programme has developed a hub of excellence in suicide prevention and the online environment, working in partnership with Department of Health and Social Care, Meta, Google, Twitter, Pinterest and TikTok. The aim of the programme is to minimise access to harmful content online relating to self-harm and suicide and maximise opportunities for support.

This research, conducted by Professor Ann John, Dr Amanda Marchant, Moiz Siddiqi and Fran Lewis at Swansea University from January to June 2022, was commissioned as part of the programme, helping us better understand the impact of self-harm and suicide content online and informing Samaritans' Industry Guidelines on how platforms should manage this content in a safe and sensitive way.
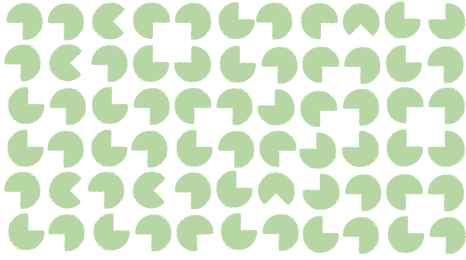
Aim of the research

The aim of the research was to better understand the **perspectives of social media users** on platform safety policies and messaging relating to self-harm and suicide. It is important that messages and policies relating to self-harm and suicide are safe, sensitive and reflect the needs of individuals using these platforms.

Methodology

This mixed-methods research collated users' experiences of seeing self-harm and suicide content on social media and their suggestions for how social media platforms could be made safer for their users.

Sample

Participants were aged 16 and over, from across the UK, with and without a history of self-harm. Participants were recruited through the SHARE UK research register, which has been developed as part of the MQ funded Adolescent Mental Health Platform at Swansea University. It is a register of over 2,000 individuals who have consented to be contacted about research studies relating to self-harm. Participants were also recruited via a social media campaign.
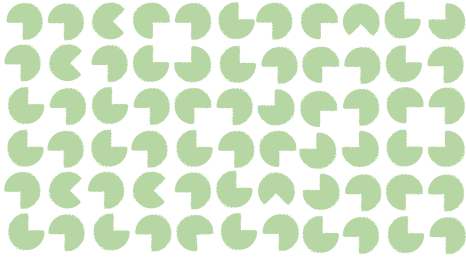
The research had three parts:

1. Online focus groups to gain an overview of social media users' opinions and to codevelop parts two and three. Ten participants aged 18-44 years took part in three online focus groups.

2. A national survey to assess views and experiences of messaging and safety of social media platforms in relation to self-harm and suicide, completed by 5,294 individuals aged 16-84 years (average age 18.9 years); 5,036 (87%) of participants reported having self-harmed, 211 reported that they had never harmed themselves and 45 preferred not to answer.

3. Online in-depth interviews to gain a deeper understanding of the issues raised. This included 17 individuals aged 16-46.

Limitations of research

Recruitment online allowed for rapid low-cost engagement, allowing individuals who may face stigma or other barriers to take part. However, these kinds of samples are inherently biased towards certain groups. Many of the participants here were girls and young women aged under 25. The sample would likely be biased towards those with an interest in the topic or individuals who felt strongly about the issues raised. This does not present an issue for research looking to gather opinions of individuals but is problematic for conclusions around prevalence. This also means that findings may not represent the population as whole.

■ What we learned

1. Experiences of viewing self-harm or suicide-related content

More than three quarters of people in the survey saw self-harm content online for the first time at age 14 or younger. Individuals with a history of self-harm were more likely to report being 10 years old or younger when they first viewed it, whereas those with no history of self-harm were more likely to have been 25 and over at the time of first viewing it. Whilst most platforms have age restrictions and age verification tools, participants highlighted that these can easily be bypassed, for example, by making up a fake date of birth.

❝ Well during this period, my life was already quite traumatic for a number of reasons so seeing this content probably made me de-realise and de-sensitise to a lot of it since it was so available. I remember thinking what are they doing why would someone do that; it definitely gave you access of information on ways to commit suicide from a young age which I think has negatively impacted me. ❞

Participants reported seeing self-harm and suicide content across all social media sites and expressed concerns that some platforms hosted particularly graphic and triggering content. Furthermore, 83% of survey respondents reported that they had seen self-harm and suicide content on social media even though they had not searched for it (for example, through recommended content on TikTok's 'for you' page and Instagram's 'explore' page).

When asked about the impact of seeing or sharing self-harm content online, over half of survey respondents reported that it depended on their mood at the time. However, 35% of respondents reported a worsening of mood, with only 2% reporting that this content improves their mood. Worryingly, of those that responded to the survey, 77% said they had self-harmed in the same or similar ways "sometimes" or "often" after viewing self-harm imagery, while 76% had self-harmed more severely, "sometimes" or "often" because of viewing self-harm content online. 83% said that content specific trigger warnings such as 'self-harm' or 'suicide', rather than a 'sensitive' content warning would have a more positive impact on them.

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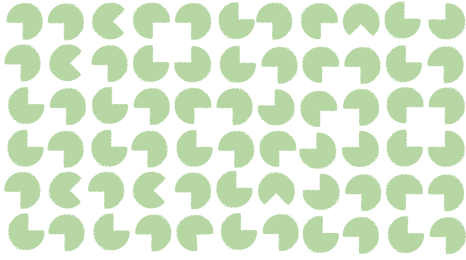
> Depending on my mood and the content, it [self-harm and suicide content] can have a range of effects. If I am not in a good mindset and not prepared for such content it can trigger a flare up in my symptoms, sometimes very severe, and can cause distress. Usually these days, I can tolerate and even enjoy such content. I also find some posts very helpful and meaningful as I follow many self-help and psychiatry pages.

> I think it had an impact on how I perceived self-harm, in the sense that if they were smaller [retracted due to detailed comparison of self-harm injury] then it didn't really count or wasn't severe.

Focus group participants discussed having dedicated mental health, self-harm and/or recovery accounts as a way of controlling what content they saw. Maintaining a recovery account was felt to be helpful for some but was described as a complex area to navigate. The impact of following 'recovery' accounts varied widely and highlighted the need for better guidance on staying safe online.

> It was just kind of a way of connecting with others, but it is quite a tricky area to navigate. [...] and I think, in the moment I thought it was quite nice to be able to see that there were others going through the same thing as me. But on reflection now, where I'm in a slightly better place than I was, I felt like I was constantly seeking the negative images we talk about to try and make myself feel worse in a really like backwards way.

2. Current policies and restrictions around self-harm and suicide content

In 2019, several platforms changed their policies relating to self-harm and suicide by introducing blurring or masking of images, restrictions on posting and searching, and by introducing more signposting and help messaging.

Interview participants discussed the dangers of social media when self-harm content was completely unrestricted.

> At that time, none of those sorts of accounts/ pages were private or restricted, whereas now I'm almost certain it would be harder to access, or warnings would be given beforehand.
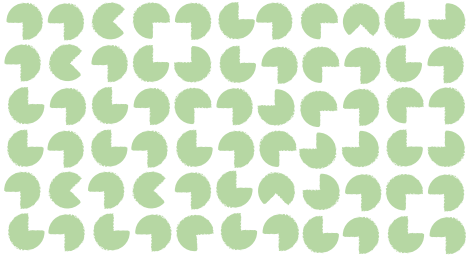
Since these changes, participants reported seeing increases in positive and uplifting content.

> 66 It has 100% improved and is more pushed now – If I'm in a depressed mindset I try and look for uplifting posts. 99

Focus group participants highlighted a lack of messaging from platforms around the changes, which was said to have a negative impact with posts being removed without warning. People use these accounts for journaling and documenting their journeys and this sudden removal of content without warning was described as harmful.

> 66 I'd noticed that they've moved to this whole censoring thing where you can click to view a photo, or you can click to view a post. I'd realized that. But it wasn't made open that this is what they were going to start doing. 99

Despite the changes, the overwhelming majority of survey respondents (88%) still wanted to have more control over the content they see, as self-harm content can still be easily found. Interview and focus group participants discussed being able to filter and turn off suggested content for selected topics and 83% of survey respondents wanted easy-to-mute keywords and hashtags.

> 66 I think it would be helpful if Instagram allowed you to select filters where you can filter out the types of content you don't want to see on your explore page. 99

Participants also suggested that platforms should change their default settings so that recommended content for topics such as self-harm must be manually switched on by the individual. The option for the user to review suggested content could also be more proactive. Suggestions from participants included the platform proactively contacting the user to ask if a person is happy with their suggested content and providing options to change what they see.

Whilst many platforms have tools to give people more control over the content they see, many participants reported that these are difficult to find and use.

> 66 I'm sure I can find out, but it's not something that's openly obvious. 99

Overall, participants felt that any content control features must be accessible, intuitive, and well communicated to users.
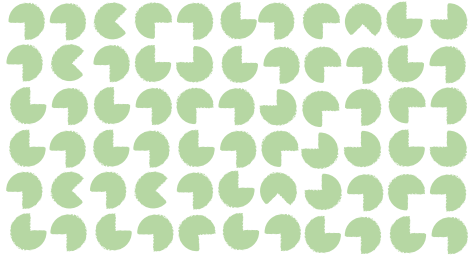
3. Censoring, blurring and removal of self-harm content

Almost all, 98% of survey respondents, reported having seen a post that had been censored, blurred or marked with a warning. 73% of respondents had seen these kinds of posts on their feeds of recommended content. The vast majority, 92% of respondents, would click on posts that had been censored.

Interview participants thought that self-harm specific trigger warnings could be a useful tool to help people protect themselves from harmful content.

However, others were concerned that this may make self-harm content easier to find.

66 You need someone to be in a particular mindset for trigger warnings to be helpful. [They must be] very determined to protect their mental health and well-being and truly don't want to be triggered. In this case, trigger warnings would help prevent these people from accessing these types of posts because they would 'listen' to them. 99

Participants discussed ways of adding more barriers to viewing censored posts. This could include being redirected to signposting and help messaging, or needing to navigate through additional pages before being able to view the censored content.

Participants also reflected on the differences between images of fresh self-harm and images relating to scars and stories of recovery.

66 Healed self-harm, I think, isn't something we should be shying away from, but people who post very explicit pictures of fresh self-harm is a whole other story. 99

Over half (52%) of survey respondents thought that refinement of the way posts are censored (ie, different policies for healed self-harm scars compared to graphic images) would have a positive impact on content. Participants stressed the need for a balance between censorship and allowing people to talk about their experiences.

Contact Samaritans Online Harms Advisory Service

Samaritans online harms team is available to provide support to all sites and platforms to manage self-harm and suicide content online safely.

samaritans.org/industryguidelines
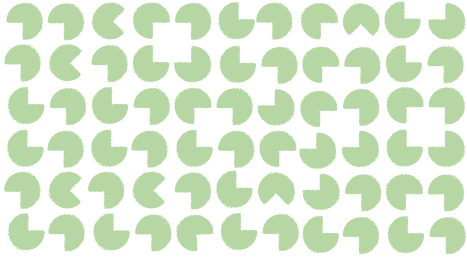
> 66 **I think blocking glorified content 'see this/watch me' is right. Allowing open dialogue and offload would be good. How to differentiate the two? I don't know. Stopping all discussion may be counter intuitive and remove lifelines for some people.** 99

Around a fifth of survey respondents reported having a post censored or removed because of visibly healed self-harm scars. When asked if this was helpful or harmful to them at the time, 90% reported that this was either extremely harmful or harmful.

> 66 **It just makes you more likely to notice the scars. And it was quite harmful for her because she was in recovery.** 99

Similar results were found for individuals having posts that were related to recovery or positive mental health either censored or removed.

When asked their views about suspending accounts, 11% of survey respondents reported having their account suspended for breaking the rules around self-harm content. Of these, only 34% felt they received clear messaging from the platform about why their account was suspended. More than three quarters (76%) of those having their accounts suspended reported that this was either harmful or extremely harmful to them at the time.
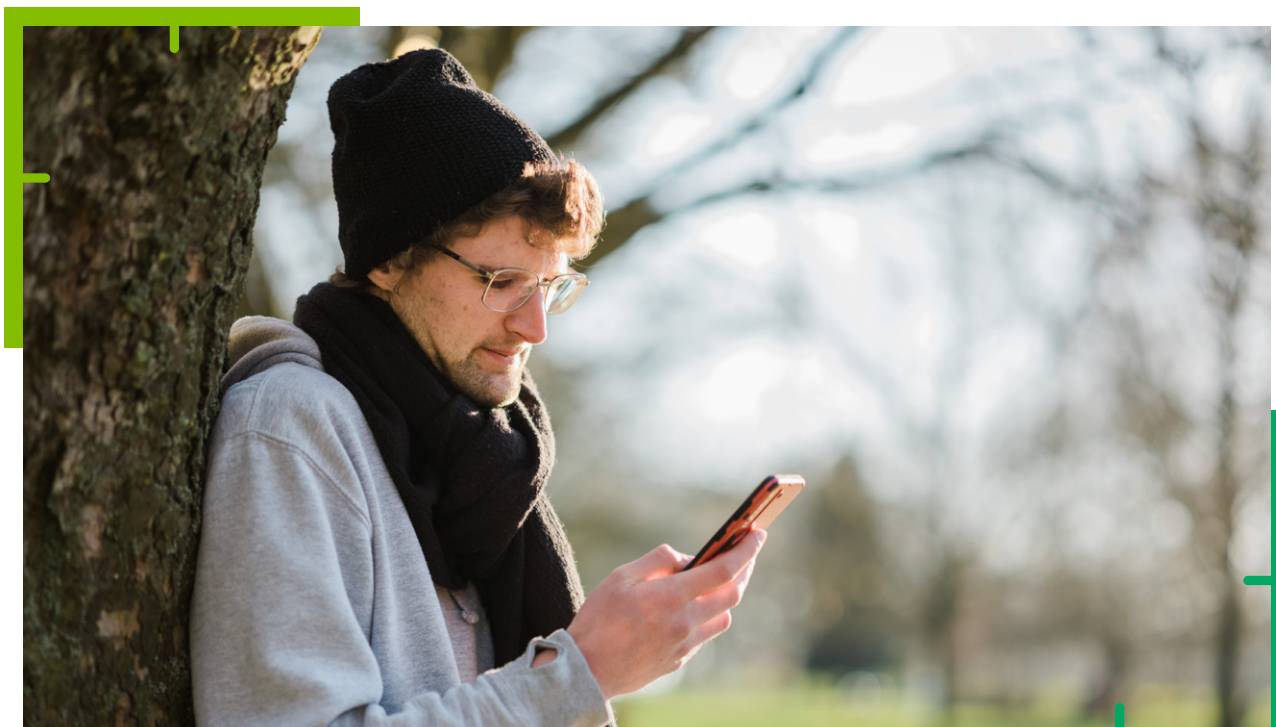
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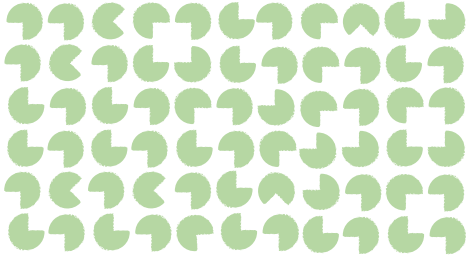
4. Procedures when posts are reported

More than half of survey respondents had reported a post because of self-harm/ suicide content. When asked if this resulted in the post being removed by the platform only 6% answered yes.

> 66 I've had ones that have taken me reporting it at least like three times to have it taken down, and it's annoying because very often you can't type in what it is. You have to put it into a category and there aren't categories for every single thing. 99

There also needs to be an effective process for reviewing and responding to user reports with content moderators and mechanisms in place to prioritise reports around safety.

Participants discussed wanting clearer processes for what happens when a post is reported, and guidance on what people should do if they are worried about someone. This could include information on how to reach out to someone if you're worried about them.

5. Help messages and signposting

More than three quarters of survey respondents reported seeing signposting messages on social media, and around a third had contacted one of the professional sources of help. However, 53% of participants reported that these sources of help were not relevant to them.

Focus group participants described signposting and help messaging on platforms as generic, often with details of helplines outside of the UK.

Participants suggested that it may be more helpful to have:

- sources of help local to their area
- the option for messaging services as well as helplines
- the option to have someone contact them, and/or
- the option for a live chat with someone trained in mental health.

> 66 [...] if their algorithms are clever enough to send you more content, surely they're clever enough to say, 'this is where you should maybe think about looking'. 99
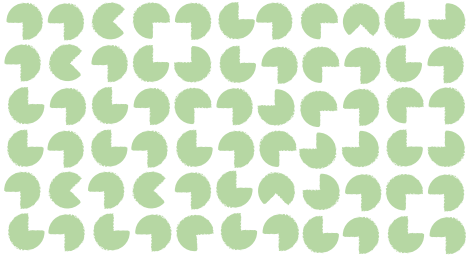
■ Key research recommendations

Participants' recommendations for social media companies on how they can make their platforms safer for people experiencing self-harm and suicidal feelings:

Give people more control over the content they see

- Block censored content from being pushed to users through suggested content.

- Build additional controls for users, including the ability to switch content on and off using easy-to-mute hashtags and keywords.

- Give consideration to nuance around self-harm scars and stories of recovery.

- Ensure that the censoring or removal of content is done more sensitively.

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samaritans.org/industryguidelines

Improve signposting

When signposting individuals to appropriate support, platforms should include:

- Information about local services.

- Options for live chat and messaging services.

- The option for someone to contact you.

- Platforms should also consider ways to make signposting to support more visible to users across their site.

Improve age restrictions

- Develop stronger age verification tools.

- Improve parental controls.

Increase user education and guidance

- Provide guidance for users on posting about self-harm and suicide safely.

- Develop accessible guidance on how users can support others online.

- Provide pop up messages when a user writes a post to giving options around adding trigger warnings and providing guidance on how to talk about self-harm and suicide safely.
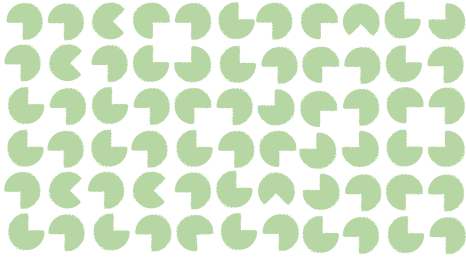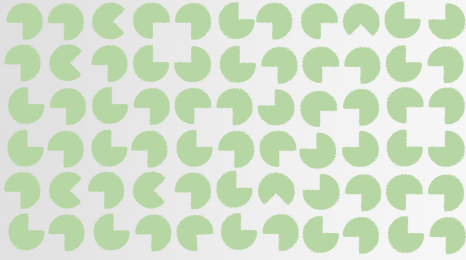
Clear and accessible processes and safety protocols around reporting and removing posts.

- Refinement of policies to prevent the harmful removal of posts relating to healed scars or stories of recovery.

- Providing options to post just for themselves and hide content from public view.

- More options when reporting posts, including when there are concerns around someone's safety.

- Guidance on how to reach out to someone online if you're worried about them.

- The option to add a trusted person to an account who can be contacted if there is a cause for concern.

- If removing a post, platforms should provide users with clear guidance on why their post has been removed, how they could edit their post to stop this happening again and where they can go to finding support.

Any changes to platform practices and policies need to be co-developed with people with lived experience, evaluated thoroughly and clearly communicated to all users.

◼ What needs to happen next?

It is vital that social media platforms, as well as all sites hosting user-generated content, take urgent steps to better protect users from the harmful impacts of viewing self-harm and suicide content online, ensuring that it is never pushed directly to users through suggested content, site features or algorithms. This is particularly important for graphic and censored content.

Platforms should carefully consider how they strike the balance between censorship and providing a valuable space to talk about your experiences. For example, how graphic self-harm imagery is managed compared with content relating to stories of recovery and healed scars. Any changes to policies should be co-developed with people with lived experience, informed by subject matter experts and rigorously evaluated.

Platforms must also improve the support available to users, including giving users more control over the content they see and improving how they signpost users experiencing self-harm and suicidal feelings to appropriate support. They should also take steps to increase user education on how to talk about suicide in a safe way, protecting both themselves and others online. This increased user education must be met in the offline world with increased education in schools and increased support for parents, teachers and health professionals on how to talk to people about their online use and how to direct people to safe spaces, both on and offline, for support.

Whilst platforms have a crucial role to play in making the internet a safer space, it is critical that this is combined with effective legislation to hold all sites and platforms to account for failing to take appropriate action on harmful self-harm and suicide related content. The UK Online Safety Bill is a once-in-a-generation opportunity to create a suicide-safer internet, reducing and restricting access to harmful content while enabling online support to flourish. The new law must ensure that harmful suicide and self-harm content is tackled for children and adults across the UK and in all corners of the internet. Legislation needs to compel platforms and sites to meet a comprehensive set of standards and usher in a new era of online safety.

Useful resources

- Samaritans' industry guidelines
- Hub of online safety resources to help users stay safe online
- Guidance for parents on talking to their child about their online use
- Guidance for practitioners on talking to their service users about their online use
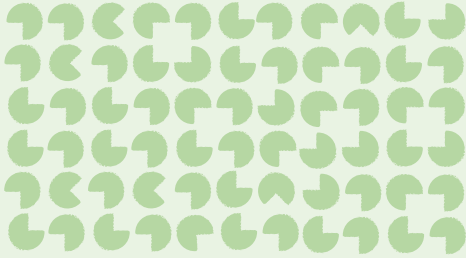
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