Special Considerations: Self-Harm and Suicide Online

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Self-Harm

Youth can access pro self-harming websites by googling terms such as "self-harm community" or "pro-ana/mia" (Warning: These sites contain extremely graphic and triggering pictures and content). Online, youth can find sites and communities that can encourage various forms of self-harm, including cutting, anorexia, and bulimia. These types of websites inform children and youth on a multitude of ways they can harm themselves. They can provide tips, have discussion forums where they are pushed and encouraged to engage in harmful behaviors, such as getting to the lowest possible body fat percentage, and have shared spaces where youth can post images of their self-injuries or view images of others for inspiration. These sites can also give instructions on how to hide these behaviours from adults, and often challenge the reader to push themselves to new limits of harm.

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
- changes in activity
- talking about self-harming or suicide
- abusing drugs or alcohol
- expressing feelings of failure, uselessness or loss of hope
- risk-taking behaviour (e.g., substance misuse, unprotected sex)
- signs of low self-esteem, such as saying they are not good enough
- unexplained cuts, bruises or marks
- covering up all the time, even in hot weather
- being quieter or more tired than usual [3]

Figure 1 highlights the cycle of self-harm. The image provides clarity on the experiences of those who self-harm. It can also help services providers visualize case conceptualization and therapeutic interventions.
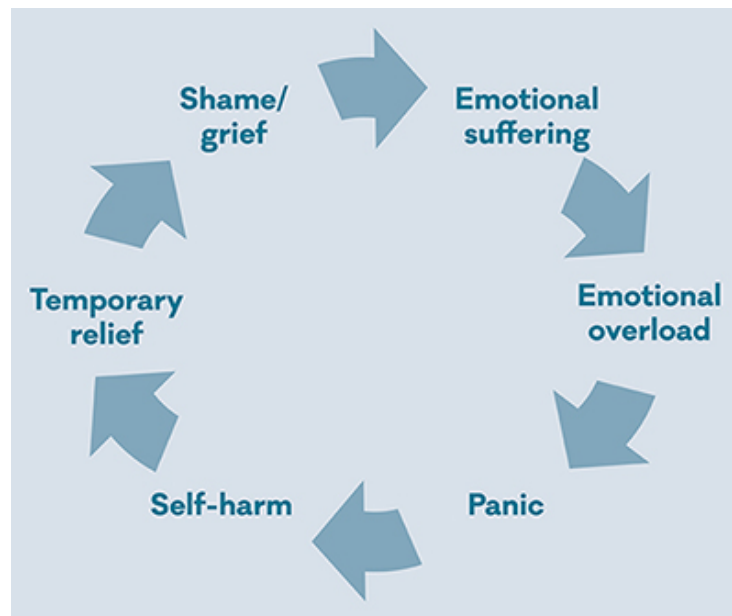
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Figure 1: The Cycle of Self-Harm. Used with Permission of the Mental Health Foundation [2].

The vast majority of children and youth do not visit websites that discuss or encourage self-harm. Despite this, those who do are 11 times more likely to consider self-harming than their counterparts. They are also more likely to have a history of physical or sexual abuse and addiction [1]. 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 [1].

Suicide Online

Suicide remains the second leading cause of death for youth aged 15 to 24 – and has now become the leading cause of death among children aged 10 to 14 [4]. An alarming trend is online suicide websites and content. A Google search reveals different ways to complete suicide, as well as statistics about lethality and mortality rates. Some young people will even live stream their suicides to viewers online. When youth reveal online that they are considering suicide, they get a variety of responses. Some are referrals to appropriate mental health resources. Others come from cyberbullies who have reportedly encouraged youth to complete suicide [5].

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.

References

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