# Online Content: Qualitative Research

**Experiences of children encountering online content relating to eating disorders, self-harm and suicide**

## March 2024

**Ipsos UK and TONIC Research**

**TONIC**

**Ipsos**

# Contents

# Acknowledgements

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# Content warning

WARNING: **This report contains distressing discussions of children and young people's experiences with suicide, self-harm and eating disorder content and behaviours.**

If you find anything in this report distressing and would like to speak to someone or seek support, or if you or someone you know is struggling with self-harm, suicide or eating disorders, please consider seeking help from the following resources:

**Samaritans** (for everyone)

Phone: 116 123 (free 24/7 helpline)

**Childline** (for children and young people under 19)

Phone: 0800 1111 (24/7 helpline)

**Campaign Against Living Miserably** (CALM)

Phone: 0800 58 58 58 (5pm to midnight every day)

**Papyrus** (for people under 35)

Phone: 0800 068 41 41 (Hopeline247))

Text: 07860 039967

Email: pat@papyrus-uk.org

**SOS Silence of Suicide** (for everyone)

Phone: 0808 115 1505 (8am to midnight weekdays and 4pm to midnight weekends)

**SHOUT** (for everyone)

Text: text 'Shout' to 85258 (free support 24/7)

In an emergency don't be afraid to dial 999

# Ofcom foreword

This report explores the pathways through which the children in this study have encountered online content that they perceived to promote suicide, self-harm and eating disorders, the impact this can have and perceptions and use of safety measures.

Ofcom is the independent regulator for communications in the UK and has statutory duties in relation to media literacy and online safety. The Online Safety Act 2023 ('the Act') includes the requirement for in-scope services to have systems and processes in place designed to protect children from content that is harmful to them.

Content that is harmful to children is separated into 3 categories in the Act – primary priority content, priority content and non-designated content. The Act sets out duties for services in relation to particular types of harmful content, of which content that encourages, promotes, or provides instruction for suicide, self-injury or eating disorders or behaviours associated with eating disorders are primary priority content. This research was commissioned while the Online Safety Bill was progressing through parliamentary processes. While Ofcom was aware that some suicide, self-harm and eating disorder content would likely be deemed *primary priority content*, the definition of this type of content, that is now contained in the Act, had not been confirmed. The research therefore took a participant-led approach to the range of content discussed, including in relation to content described by participants as 'recovery' or 'supportive' content. As a result, some of the content discussed in this report may differ from that set out in the Act and Ofcom's forthcoming guidance on content that is harmful to children.[1]

There is a huge amount of content online related to suicide, self-harm and eating disorders, ranging from content harmful to children and at times illegal content, right through to safety promoting and awareness raising content, which promotes recovery. However, "recovery content" presents a particular challenge to services, as sometimes what appears to be recovery content can also veer into being harmful, often unintentionally. We see in this research this difficulty also being faced by children and young people, who are trying to make sense of the content they encounter online, and struggled at times to disentangle harmful from helpful or safety-promoting content in this space. For example, whilst children reported that content which they perceived to intend to cause harm naturally felt worse to them, they also at times would categorise content based on whether or not they believed it intended to cause harm (as opposed to whether or not it was likely to cause harm), however the two are not mutually exclusive. Therefore, these findings from children are included to give a representation of the kinds of content children were encountering and how they can conceptualise and navigate it.

This research is one important part of our evidence base when considering how children encounter and are impacted by suicide, self-harm and eating disorder content online. In enacting our duties under the Act to ensure services take action to protect children from harmful content, Ofcom will have regard to a very wide range of evidence, including subject matter and clinical expertise. This important research ensures that the lived experiences of children – the individuals that the Act aims to protect from this type of content – are represented in that evidence.

All findings contained in this report reflect the perceptions of children and professionals interviewed, not the views of Ofcom, Ipsos UK or TONIC. The report includes participant experiences and perceptions of various platform functionalities, including potential safety measures or features. Participant suggestions of what should be improved have not been assessed by the research team and should not be seen as a validation of technical feasibility, proportionality or effectiveness of the suggested solutions. Participant

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[1] The Act lists content which encourages, promotes or provides instructions for suicide, content which encourages, promotes or provides instructions for an act of deliberate self-injury and content which encourages, promotes or provides instructions for an eating disorder or behaviours associated with an eating disorder as categories of primary priority content.

views have also not been verified to ensure they provide an accurate reflection of the functionalities or safety processes deployed by the platforms mentioned by participants.

Specific online platforms are referenced throughout the report reflecting the participants' views and experiences. This should not be interpreted as an indication of the prevalence or origination of suicide, self-harm and eating disorder content on particular platforms, but rather indicative of the platforms used by those taking part in the research and their experiences.

As a safeguarding measure, descriptions of hashtags, certain words/terms and artists and influencers that young people told us might link to harmful content online have not been set out within the report.

**This research was commissioned to build Ofcom's evidence base regarding how children encounter suicide, self-harm and eating disorder content online. The findings should not be considered a reflection of any policy position that Ofcom may adopt as part of our role as the online safety regulator.**
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# Important context and notes on interpretation

This report contains discussion of distressing themes regarding the experiences of children and young people who have encountered content they felt promoted, glamourised or romanticised suicide, self-harm and eating disorder content. For brevity we refer to this as 'harmful online content' or 'content promoting..' throughout the report. Content warnings have been added throughout the report.

Researchers did not show participants any examples of content and participants were asked not to show researchers examples of content for ethical purposes. Where findings differ, or refer to only a specific type of content, this is made clear.

We interviewed professionals working directly with children and young people aged 13-18 years old in a safeguarding capacity. We also interviewed children and young people aged 13-18 who had encountered online content which they considered promoted suicide, self-harm or eating disorders. We also spoke with young people aged 13-21 with previous lived experience of eating disorders, self-harm, suicidal ideation, anxiety and depression, who had encountered this type of content. The small number (10) of young people aged 18-21, across both sample groups, were asked to reflect back to their experiences as children (i.e. when they were under 18). For brevity we refer to all participants as 'young people.'

Certain online platforms may be referenced more frequently in the report. This likely reflects the higher presence of children and young people on these platforms i.e. prevalence within the sample group increasing the likelihood of being mentioned.

Finally, findings outlined in Chapters 2, 3, and 4 are largely based on insights from children and young people rather than from professionals. While both participant groups were asked questions based on the research objectives, generally professionals were less able to provide insights into the content itself, pathways to encountering it, or the negative impact this might have on young people.

# Executive summary

## Background and context

Ofcom commissioned Ipsos UK and TONIC to conduct qualitative research to understand the pathways through which children encounter online content that promotes suicide, self-harm and eating disorders. There is currently limited understanding of how children encounter this type of harmful content online. This research sought to build on the current evidence base by further exploring online content that professionals, children and young people perceive to promote suicide, self-harm and eating disorders, perceptions of how harmful this content can be and the impact it has on children. Pathways to encountering this content and perceptions of mitigations to prevent children from encountering this content were also explored.

A short scoping phase was conducted before the mainstage interviews to inform the recruitment and development of research materials. The mainstage involved interviews with children and young people aged 13-18 years old who had encountered online content which they felt promoted suicide, self-harm or eating disorders ('core' sample) and also with children and young people aged 13-21 years old with lived experience of suicidal ideation, self-harm and eating disorders[2] (lived experience sample). Interviews were also conducted with a range of professionals with a safeguarding responsibility as part of their role and with first-hand experience of working with children who have encountered eating disorder, self-harm or suicide content online.

## Key findings

### Discussion of content felt to be promoting suicide, self-harm and eating disorders

***Young people in our sample reported a strong familiarity with content promoting suicide, self-harm and eating disorders.***
In our research interviews with young people who have encountered content associated with suicide, self-harm and eating disorders, it was common for them to have multiple and regular encounters with such content. They had a **high level of familiarity** with such content and characterised it as being prolific on social media. Overall, suicide content was encountered less frequently than eating disorders or self-harm content.

***Content tended to be in the format of short-form media.***
Young people described a **variety of content** as promoting suicide, self-harm and eating disorders, which they encountered on several different platforms. This was mostly in **short-form media** (e.g., videos, images and songs). **Professionals often lacked in-depth knowledge** of what this harmful content looked like, as direct exposure to it was generally not part of their support role.

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[2] In order to protect this group from any harm that may occur as a result of participating in the research, we specified two key exclusion criteria for young people with lived experience. There were: i) an active diagnosis of an eating disorder, and/or current self-harming behaviour or experiencing suicidal thoughts or intentions and ii) a recovery period of less than six months for any of the issues identified above. The recovery period was defined as the period of time a young person had been discharged from support services for any of the issues identified.

*Young people had mixed views on what they considered to be 'recovery' content.*
In both the core and the lived experience group participants described this as **content posted by
people who were 'in recovery' from suicidal ideation, self-harm or eating disorders.** In general,
young people described genuine recovery content as being positive in helping people share and talk
about their experiences, as well as providing hope and inspiration for others who may not yet be in
recovery. However, there were **mixed views about whether it was always appropriate to post this
type of content,** and some felt that it could be just as damaging as content they felt was explicitly
promoting the issues.

However, the young people we spoke to also said that sometimes **content has been deliberately
tagged as recovery** to attract followers, but in fact was more explicitly harmful. This related to how posts
are labelled and tagged more generally, and young people told us about common ways tagging is being
used to avoid detection and content moderation.

*Young people in our sample described a 'grey area' among suicide, self-harm and eating
disorder content.*
They told us it was often **difficult to understand and discern the difference between deliberately
harmful content** and that which was intended to provide information or raise awareness, causing
challenges when it comes to identifying and reporting harmful content. This was particularly the case
when content was encountered through fashion, music or fitness influencers which young people felt
should be a trusted source and were seen as role models who they looked up to for inspiration.

## Pathways

*Harmful online content can be encountered both purposefully and unintentionally.*
Most commonly, young people, including those with lived experience, who had encountered this content
**first did so unintentionally through personalised recommendations** on their social media feeds,
with the perception that algorithms would then increase **the volume of harmful content** they would see.
Some, particularly those in the lived experience group, said they **actively sought out** harmful online
content using social media hashtags or search bars within platforms. Young people and professionals
noted that **harmful content was also often shared** among friends online and offline, and online fan
groups (e.g., fans of music or public figures), through both messaging services/groups and social media
posts.

Young people with lived experience also told us they had been **proactive and intentional** in seeking out
content related to their mental health difficulty (e.g., through use of adapted hashtags/codewords to find
harmful content). They reported doing so for a range of reasons, including wanting to understand more
about how they were feeling, seeking answers to their questions, and finding others experiencing similar
issues to them. They were also more likely to **generate their own content** (which, for example, included
images of self-harm scars) about their own experiences and **share this content with friends** and in
**online groups where they form a shared interest in the issue**. In contrast, the 'core sample tended **to
follow more passive pathways**, primarily citing personal social media feeds and recommender systems
as the method for encountering content.

*Young people in our sample perceived their recommended content to be impacted by a variety of
factors, including ones they felt they had little or no control over.*
They told us they believed that the content they were recommended was linked to several factors
including: the **hashtags they had liked; posts they commented on;** the **length of time they watched**

**a video;** and **who they followed on their social media accounts**, such as particular celebrities / influencers. In some cases, young people also described harmful content being embedded in seemingly harmless content. Whether content is harmful/helpful and to what degree, was often said to be difficult to ascertain which could lead to spending longer engaging with harmful content than they'd wish to, which in turn they felt would affect their recommended content going forwards.

## Impact

*It was common to hear about negative emotional impacts as a result of encountering harmful content.*
There was consensus among young people and professionals that exposure to content they described as harmful often **triggered negative feelings such as anxiety, shame, and fear**. Lived experience participants sometimes felt seeing this content **exacerbated the issues they were facing**.

While some young people in the lived experience group told us they were drawn to content online because they were already unwell, others told us that viewing some types of content, in their view, **developed their symptoms** or that they **experienced a worsening of their symptoms after their first experiences of viewing this content online.** For example, some young people with lived experience noted that they had discovered previously unknown self-harm techniques online. Many of the young people who told us that they had shared their own content, described their motivation as being for the **attention and validation** they had witnessed other people's content receiving.

*The high frequency of exposure to harmful content encountered online was considered to contribute to desensitisation of the gravity of suicide, self-harm and eating disorder behaviours.*
Young people from both lived experience and core groups felt that that the high frequency of exposure to harmful content contributed to these issues becoming normalised. In turn, this contributed to the young people we spoke to describing that **often they felt desensitised to the gravity of these issues, which can alter their perceptions and emotional responses**. In some cases, we heard they no longer felt affected by this content (having a lower emotional response than might be expected). In other cases, particularly among young people with lived experience, we heard they felt their own behaviour had been normalised by the frequent encounters they had with harmful content online.

*Across groups, raising awareness of issues related to suicide, self-harm and eating disorders, was seen to have some positive impacts.*
Young people and professionals noted that **greater awareness** of these issues could: improve young people's self-reflection and understanding; promote safety particularly in relation to self-harm and hygiene; break down stigma; and provide a language for young people to talk about mental health difficulties.

## Safety measures

*Existing safety features were felt to be ineffective.*
**Young people and professionals that we spoke to acknowledged the safety features,** such as blocking or reporting buttons, implemented by online platforms to monitor and block harmful content. However, these were perceived to be **too basic and easy to get around**, limiting their effectiveness, e.g., young people noted how people posting and searching for harmful content often used "**code**

**words[3]"** to bypass restrictions. To improve safety features, young people suggested making reporting/blocking processes easier/clearer for users and implementing more human moderation rather than relying on what was perceived to be ineffective AI. **The process to report harmful content was perceived as unclear and inconsistent across platforms,** acting as a barrier to reporting harmful content. Furthermore, young people said they wanted to be able to let platforms know about content they wanted to see less of more easily (e.g., having more accessible/visible 'not interested' buttons on content).

*Young people raised the concept of trigger warnings[4] and sensitive content markers[5], and were generally positive about them but in practice, they felt these were not always effective.*
They said they appreciated being given the choice as to whether they wanted to view the content, rather than being automatically shown it. They felt this helped them to continue using online platforms without encountering harmful content themselves. However, some young people noted that in practice, even when trigger warnings and sensitive content markers were implemented by users, these were not always effective. For example, in some cases, they explained that the warning was embedded within the caption of the harmful photo or video or was only shown for a very short amount of time at the beginning of a video. As such, **young people often described not having time to process the warning and to decide whether or not to view the harmful content**.

*There seemed to be differences between the core and lived experience groups in terms of how they used block and report functions.*
For instance, the core group told us they were more likely to block content than report it, whereas young people in the lived experience group told us that, now in recovery, they were more likely to report content they found distressing or harmful, rather than just block it. This stemmed from the lived experience groups' understanding of the extent to which this type of content could cause harm and a desire to take steps to attempt to protect themselves/others from encountering it again in the future.

*Young people and professionals offered several suggestions to improve the online safety of young people online.*
These included online platforms offering more pro-active and clear ways to tailor the type of content shown on users' feeds, clearer guidelines on what type of content should be blocked and reported, and more sophisticated content moderation which takes into account the context and nuance of content. Professionals explained that they felt a key component of mitigating harmful impacts was to **equip young people with the skills and resources necessary to understand and process this content in a healthy and informed way.** Professionals and young people agreed that online safety lessons which address the issue of encountering harmful online content and taught children to identify trustworthy sources of information online would be useful to help protect young people from the negative impacts of exposure to this type of online content. However, young people felt there was a **discrepancy between**

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[3] Code words or slang terms are used within online communities to communicate discreetly, discuss sensitive topics, or search for particular content often to evade detection or censorship. We heard about variations and abbreviations of common terms to describe eating disorders, self-harm and suicide which we refer to as 'code words'. For example, some letters in a word may be changed to symbols or words deliberately misspelled or abbreviated, such as eating disorder to 'ED' or self-harm to 'SH'.

[4] A notice provided before showing content that could potentially evoke strong emotional reactions in individuals who have experienced trauma or have specific sensitivities. Trigger warnings are not meant to censor or eliminate uncomfortable or challenging topics from discussion but rather to provide individuals with the choice to engage at their own discretion.

[5] Sensitive content warnings are for content in a post, such as the image, video, and actual text.

**adult and young people's understanding of the online sphere which was acting as a barrier to successfully supporting them.** Both young people and professionals called for improved information and guidance for adults, particularly those delivering online safety lessons such as teachers, about how young people use online platforms and the type of harmful content they may encounter.

# 5   Introduction

## 1.1   Background to the research

According to research published by Ofcom in 2023, almost all (97%) children aged 3-17 years old went online in 2022[6]. Furthermore, the research found that 93% of 12–15 year olds and 97% of 16–17 year olds use social media apps or sites. While there are multiple benefits of internet usage, the online space can carry a significant risk of adverse physical or psychological harm. Ofcom's Online Experience Tracker (OET) found that, when prompted, 10% of 13-17 year olds said that they had come across online content promoting self-harm or suicide in the last four weeks – notably higher than the average of 4% for all age groups combined (13+). It also found that, when prompted, 15% of 13-17 years olds said that they had seen 'content relating to eating disorders' in the same time period – again notably higher than the average for all age groups combined (9%). [7] Ofcom research highlights that the internet provides both a risk of engaging with harmful content as well as the opportunity to access support for their wellbeing.[8]

Currently, there is limited understanding of how children encounter this type of harmful content. This research aimed to build on the current evidence base to expand Ofcom's understanding of:

- where this content exists online and what it looks like;

- pathways to children encountering content that promotes suicide, self-harm and eating disorders online; and

- perceptions of mitigations, including what works, what doesn't and why, and to identify any suggested potential future mitigations.

Our sample of young people included children aged under 18, as well as young people aged 18-21 who were asked to reflect on their experiences during childhood. For brevity in the report and as some participants were aged 18 and over during fieldwork, we have used the term 'young people' to encompass all participants aged 21 and below. All findings reflected in this report relate to the experiences of children.

## 1.2   Sample and methodology

The research comprised a scoping phase and mainstage interviews. The scoping phase consisted of a series of co-design workshops that engaged with 15 young people (13-18 years old) to inform the design of recruitment and research materials, and professional consultations to inform the ethical and

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[6] https://www.ofcom.org.uk/__data/assets/pdf_file/0027/255852/childrens-media-use-and-attitudes-report-2023.pdf)

[7]  https://www.ofcom.org.uk/research-and-data/online-research/internet-users-experience-of-harm-online

[8] https://www.ofcom.org.uk/__data/assets/pdf_file/0029/272288/online-nation-2023-report.pdf

safeguarding procedures, sampling and recruitment and developing trauma-informed fieldwork processes.

## 1.2.1   Recruitment and consent process

As part of the scoping phase, we worked with the Young Lives Foundation[9] to set up the co-design sessions with young people. During the scoping phase, we sought engagement from a range of these organisations to support recruitment and access to young people supported through their services. Organisations/individuals who may have been suitable to take part in the main stage research were approached via email and provided with an information sheet detailing what the research was about, what taking part would involve, and what steps to take next.

For the mainstage research, young people were recruited by reaching out to existing contacts the team have with national charities, schools and other professional services working with young people. This included working with a number of regional Youth Councils, secondary schools and further education colleges. Recruitment of young people was also supported by the Children's Society[10].

Despite general willingness to contribute to the research, challenges existed in recruiting young people. For some young people, the sensitivity of the topic was a barrier to engagement. To mitigate this, researchers liaised closely with services supporting young people to ensure they were reassured and felt comfortable throughout the research process. Another challenge was arranging interviews around busy school schedules. As such, evening and weekend interview slots were offered to provide flexibility.

Professionals were also recruited by reaching out to existing contacts the team have. We also implemented a snowballing approach for the professional sample, utilising the networks of professionals we interviewed. To aid recruitment of professionals for this project, we conducted a short survey on Ipsos' UK Knowledge Panel[11]. Panellists were asked whether they worked in health, education, social care or charity and also whether their job role involved working with young people aged 13-18 years old directly in a safeguarding capacity. We asked panellists who met our eligibility criteria whether they would be happy to be contacted for an interview and reached out to those who opted in.

Challenges also existed in recruiting professionals due to a feeling among the sample that they did not have enough knowledge of the research subject to contribute, as well as time and resourcing constraints. Shorter interviews were therefore offered.

## 1.2.2   Sample details

The mainstage fieldwork was conducted between **14th March and 7th July 2023** and involved three strands – the breakdown for each strand is included below.

1. Depth interviews with **x10 professionals working directly with young people aged 13-18 years old in a safeguarding capacity.** These professionals took part in a 1-hour, one-to-one MS Teams

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[9] The Young Lives Foundation (YLF) is an independent children's charity in Kent, with expertise in Advocacy, Mentoring, Befriending and Activity Programmes.

[10] The Children's Society is a UK charity which aims to improve the lives of children and young people.

[11] UK KnowledgePanel is the UK's largest online random probability panel.

or phone interview with an Ipsos researcher which explored their perceptions of young people's experiences of encountering harmful content online.

2. Depth interviews with **x17 young people aged 13-18 who had encountered online content which they considered promoted suicide, self-harm or eating disorders** (the core sample)

3. Depth interviews with **x14 young people aged 13-21 with lived experience of eating disorders, self-harm, suicidal ideation, anxiety and depression who had encountered online content which they considered promoted suicide, self-harm or eating disorders** (the 'Lived experience' sample)

*Table 1: Sampling approach*

| Professionals | Number |
|---|---:|
| Education | 4 |
| Charity | 2 |
| Young people's services/support | 2 |
| Psychology | 2 |
| **Professionals total** | ***10*** |
| **Children and Young People** | |
| Core sample total | 17 |
| Lived experience sample total | 14 |
| **Core sample age** | |
| Under 18 | 14 |
| 18 | 3 |
| **Lived experience age** | |
| Under 18 | 7 |
| 18-21 | 7 |
| **Children and Young People total** | **31** |
| **Lived experience sample breakdown (self-reported)** | |
| Eating disorders | 5 |
| Self-harm | 1 |
| Suicidal ideation or attempt | 2 |
| Eating disorders and self-harm | 3 |
| Self-harm and suicidal ideation or attempt | 2 |
| Depression/anxiety | 1 |

Further details on the sample breakdown are included in Annex 1.

18 of the 31 young people interviewed were based in the South East as due to recruitment difficulties, we relied on our existing networks of contacts which are largely where TONIC are based.

Strands Two and Three (interviews with young people) were conducted with researchers from TONIC, either in-person or virtually, and lasted an hour. These interviews followed participant-led topic guides to allow flexibility in what participants felt comfortable discussing in the interview.

## 1.3    Ethical considerations

Given the particularly sensitive topic area and engagement of potentially vulnerable individuals in this research, Ipsos and TONIC put in place several stringent ethical and safeguarding processes to ensure risks of harm to participants and researchers were minimised. These involved:

**Safeguarding and disclosure processes**

Ipsos, TONIC and Ofcom worked collaboratively to put together a detailed safeguarding and disclosure policy. This served to guide researchers on how to recognise a safeguarding issue or disclosure during the research and to understand how to respond appropriately.

**Informed consent**

Due to the sensitive nature of the topic, parent/carer consent was sought for all young people under the age of 18. Information sheets were provided to parents/carers and all young people which outlined the nature of the study, as well as our safeguarding and data protection procedures. Information sheets also contained signposting to organisations that could provide support on the issues discussed. All parents and carers and participants were provided with a contact number and email address of a researcher if they had any questions before signing and returning the consent forms. Consent was provided before interviews took place with young people. At the start of each interview, young people were also provided with their own information sheet and gave consent to proceed. They were also informed that they could stop or pause the interview at any time.

**Appropriate adult present in interviews**

All young people were invited to bring a trusted adult with them to the interview for support. Four young people took up this opportunity and attended with a support worker.

**Recruiting those with lived experience**

As well as recruiting young people who were likely to have encountered the type of content of interest, we recruited a group of young people who also had experience of mental health difficulties, such as an eating disorder, self-harming behaviour or suicidal thoughts or intentions. In order to protect this group from any harm that may occur as a result of participating in the research, we specified two key exclusion criteria for young people with lived experience. There were:

- An active diagnosis of an eating disorder, and/or current self-harming behaviour or experiencing suicidal thoughts or intentions.

- A recovery period of less than six months for any of the issues identified above. The recovery period was defined as the period of time a young person had been discharged from support services for any of the issues identified.

As well as these strict exclusion criteria, we also discussed the safety of young people participating with either a parent/carer, support worker or member of school staff. On this basis, several young people, particularly those under 18, were identified as not suitable to take part. Due to these measures, we took the decision to increase the age limit for participation for young people with lived experience from 18 to 21 years old, acknowledging that many did not qualify as being in recovery until at least 18 years of age. As stated above, those young people aged 18 to 21 who took part were asked to reflect back on their experiences when they were children.

## 1.4    General online behaviour among young people

Before asking about experiences of encountering harmful online content, **young people** were asked more generally about their online habits. **Young people spoke of going online every day,** a pattern of online behaviour reflective of the wider population (outlined in section 1.1).

**Using social media and video sharing platforms was the most common activity cited**. This was followed by gaming and communicating with friends. TikTok, Instagram and YouTube were the most used platforms by our sample, with Snapchat, WhatsApp, Pinterest, Twitter and Reddit also frequently cited. Young people at the upper end of our age range (16 years and over) also used Facebook, Tumblr and SoundCloud, although less frequently.

> *"I mostly use TikTok and Instagram, I use Pinterest as well. I normally just look for different fashion ideas and makeup styles and music. Like people who have a similar music taste to me, I look for that."*
>
> **14 years old, female, core group**

**Professionals also reported using social media as being the most common activity for young people online**, and noted TikTok, Snapchat and Instagram as used most often in their view.

> *"I reckon 90 percent of my 250 kids are on Snapchat all the time, as in, it is on their phone during lessons, lunchtime, they are on it permanently. We've got a real problem with addiction to scrolling, and Snapchat, and Instagram…sometimes the students have their phones in the class on the desks, we ask them to keep them in their bags".*
>
> **Professional group, Education sector**

Young people also reported being part of **online communities or groups** that were formed among followers of celebrities or influencers. We also heard that young people joined communities through special interest websites including a user-generated fan fiction website. Those who used Reddit, also described joining 'subreddits' in relation to interests or activities.

> *"Subreddits are channels I suppose, groups, they're like communities. It's very much tailored to you, so if you wanted to go out and look for it [suicide, self-harm and eating disorder content] you can find it. Unlike YouTube, which are sometimes good at their job of trying to moderate, Reddit isn't as moderated. There isn't one big group of people who work for Reddit who monitor it, each subreddit has their own group of [community] moderators and depending on what the subreddit is some things are allowed and some aren't."*
>
> **14 years old, male, core group.**

**This section contains discussion of children and young peoples' experiences with suicide, self-harm and eating disorder content and behaviours.**

# 2 Suicide, self-harm and eating disorder content

The primary aim of this research was to understand more about young people's experiences with online content that they considered promotes or glamorises suicide, self-harm and eating disorders. We began by asking young people to tell us what this type of content looked like to them, and where they were most likely to encounter it.

While we set out to recruit young people who had encountered this harmful content online, all of the young people we interviewed conveyed a **high level of familiarity with this type of content and were able to articulate a range of experiences and encounters.** Such content was seen as being **prolific on social media** and that it was **common for young people to have multiple and regular encounters** with the type of content young people associated with suicide, self-harm and eating disorders**.**  It was notable that those with lived experience described encountering more graphic content more frequently and from a younger age than the core group. On the other hand, professionals were less aware of what the content looked like in practice and had very little direct experience of encountering it themselves.

Most of the content described by young people **encountered and accessed on social media platforms** was in **short-form video format.** We frequently heard about content being encountered through platform features such as **shorts**, **reels, slideshows and stories.[12]**

As well as explicit and **overtly harmful content,** young people also told us about **'recovery' content[13] and 'vent' posts[14]** as examples of the types of content they believed could have promoted, encouraged or glamorised suicide, self-harm and eating disorders. Many young people felt some of this type of content could also have positive impacts on the individuals posting and on some who might identify with their experiences (See Chapter 4 for further discussion on this impact). We also heard from young people that particular **music genres, as well as celebrities and influencers,** often glamorised these issues through the music and/or lifestyles that they promoted, and within the communities or followers these attracted. Young people told us it was often **difficult to understand and discern the difference**

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[12] 'These describe types of short-form content associated with social media or video sharing platforms. 'Shorts' feature on YouTube with a 60 second limit on uploaded content. Facebook and Instagram have Reels with maximum video lengths between 60 and 90 seconds. 'Slideshows' allow users to create content using sequential images usually up to 60 seconds long. 'Stories' features on platforms such as Facebook, Snapchat and Instagram and are used to share ephemeral content with followers for a limited period of time that may last for up to 24 hours before disappearing. Ephemeral content may combine photos, videos, text, stickers and other interactive features.

[13] Content posted documenting, or discussing the creator's recovery from a physical or mental health problem (e.g. eating disorders, addiction).

[14] Content posted by the creator to express their personal problems to followers.

**between deliberately harmful content** and that which was intended to provide information or raise awareness, but could also be harmful.

## 2.1    Intentionally harmful content

Young people described a range of explicit content that they believed **intentionally promoted or glamorised suicide, self-harm and eating disorders**. Although there were **significant overlaps between the three types of content areas,** there were also differences in how these were described to us and as such we have reported each area separately.

## 2.2    Eating disorder content

Content that young people typically described as intentionally promoting eating disorders, was largely associated with restrictive eating. This included **instructions on how to restrict calories, such as extremely low-calorie diets, extreme fasting and excessive exercise that would compensate for calorie intake or to share their state of mind and current urges.** We heard about this type of content being encountered on a range of online platforms including TikTok, Instagram, YouTube, Pinterest and Twitter.

> *"It's mainly on TikTok. You see lots of things about how to lose weight in two days, how to get a flat stomach by the end of the week. 'Eat this calorie deficit', it's very strict on what you should do. Sometimes it's just words, just a video of words or sometimes it's a person talking about how they went from this to this with before and after photos. They're like 'this is what I do', and it's a screenshot of their workout plan or what they eat in a week."*
>
> *14 years old, female, core group*

Although less common than restrictive eating, we also heard from some of the youngest in our sample (13-15 year olds) about content that they believed glamorised **binging and excessive eating and could also lead to purging behaviours.** This typically took the form of individuals, usually social media celebrities, posting videos of themselves eating excessive amounts of food or engaging in eating challenges such as those promoted by 'mukbang'[15].

> *"There's a community called the mukbang community. So, they basically go and buy piles and piles and piles of food. Just sit in front of a camera, you know, it's gross… you can't eat all that food. They must come straight off the camera and purge. People can end up copying those binge purge habits."*
>
> *14 years old, male, core group*

We heard from young people that most content related to diet and exercise has an underlying message of promoting 'healthy' lifestyle choices. However, young people from all groups in our sample, told us that it was often **very difficult for them to distinguish** between **lifestyle content** that promoted healthy choices, and content that was more **actively promoting or glamorising harmful behaviours**. Young people described how the lines between these different types of content were often blurred and left many, particularly the younger participants (13-15 year olds), **confused about the intentions behind**

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[15] A Mukbang, or eating show, is an online audiovisual broadcast in which a host consumes various quantities of food while interacting with the audience. The genre became popular in South Korea in the early 2010s and has become a global trend. (https://en.wikipedia.org/wiki/Mukbang)

**those posting the material.** This was particularly the case when content was encountered through fashion, music or fitness influencers which young people felt should be a trusted source and were role models who they looked up to for inspiration and example.

*"The closest to this type of content that I've experienced has come in lifestyle videos. These videos are meant to teach people "success" but promote a lifestyle that in my mind is unhealthy. I found this content on YouTube. I believe I was looking for workout advice originally."*

**18 years old, male, lived experience**

*"I think a lot of it was people, influencers, promoting being a certain a weight or they would detail what they'd eaten in a day, and you would use that as a comparison point for your eating. They'd do weigh-ins and a lot of it wasn't necessarily focused on being strong or being healthy it was all focused on what do I look like, how thin can I be."*

**20 years old, female, lived experience**

*"They call themselves fitness influencers but I feel like some of the stuff they promote is quite damaging. I've seen stuff where they've promoted fasting and calorie counting and low calories."*

**18 years old, female, core group**

In addition, we heard from young females that unrealistic beauty and fitness ideals which are widely promoted online make it more difficult to distinguish between healthy and harmful content, and how this can impact on young people's own anxieties about their bodies (See Chapter 4 for further discussion on this impact).

*"From a young person's point of view, and being a girl, you grow up seeing all these images and you feel self-conscious about yourself, and then when you see stuff like that it's kind of drilled into you that you see these people online working out every day and this is the diet to eat really healthy. I feel like that's kind of taking it out of reality."*

**18 years old, female, core group**

### 2.2.1 Indicators of harmful content

Acknowledging the difficulty in distinguishing content promoting healthy behaviour from that promoting more harmful behaviours, we asked young people to tell us what they thought the intentions were behind those posting content they associated with eating disorders.

We heard from young people across all groups that when content explicitly **provided instructions or information on extremely low calorie diets or fasting[16],** these indicated to them that content was likely to be harmful and unhealthy. In addition, many of the young people who were 18 and over,

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[16] These usually involved 200 or less calories per day, and/or single food diets.

particularly those in the lived experience group, described **'body checking'**[17] behaviours as also being a sign that posts may be indicating more harmful behaviour.

> *"This thing called 'body checking' is where people will source skimpy clothing and stand in front of the camera and show how skinny they are, and the caption will be like 'I hate my body so much, look how fat I am' but they won't be, they probably have an eating disorder. It's their skewed thoughts, it's a mental illness isn't it."*
>
> *19 years old, female, lived experience group*

Young people also described using hashtags as a way of identifying whether a post may contain harmful content. A number of hashtags were cited by older participants as being explicitly linked to eating disorders. It was more common for those with lived experience to report having seen or used these hashtags, but they were also known to a minority of young people in the core group.

> *"There was this tag on Tumblr that I can remember called \*\*\*\* which was just people who advocated for anorexia, and it would just be examples of how to make yourself throw up and this is what you can do to make yourself look like you're eating but you're not eating."*
>
> *19 years old, female, lived experience group*

> *"There's this thing called '\*\*\*\*' or '\*\*\*\*' for eating disorders where people will take screenshots of other people's videos and use them to promote 'this is what you should look like/this is what you shouldn't look like.'*
>
> *18 years old, female, core group*

> *"People search for things like \*\*\*\*, \*\*\*\*, literally anything about eating disorders and that's how they can find them. \*\*\*\* is just an abbreviation for eating disorders, but you have like \*\* which is a similar version for bulimia and \*\* which is the equivalent for anorexia."*
>
> *14 years old, male, core group*

In addition, there were other more general hashtags that young people in both the lived experience and core groups told us about which were not exclusively related to eating disorders but which young people felt would often be used to tag content which crossed the line into more harmful material. Young people told us that common hashtags such as this were often used by fitness and lifestyle influencers to tag content that seemingly promoted 'healthy' lifestyles. However, as discussed above, young people felt that these often crossed into extreme dieting and excessive exercise regimes. Some young people in the lived experience sample told us that there was more content on the boundary between healthy and harmful in the present than there had been when they were younger. In addition, this often generated related, but more extreme or explicit content through shared use of the hashtags increasing their exposure (See Chapter 3 for further discussion on this pathway).

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[17] Body checking is the habit of looking at oneself or checking to seek information about one' body's weight, shape, size, or appearance, usually by looking in the mirror (https://www.healthline.com/health/body-checking#definition). In this context, 'body checking' was described as images of individuals usually taken in front of a mirror and using camera angles and/or lighting to accentuate particular body features.

*"You scroll through TikTok, and you see, nowadays anyway you see a child for example, and you think that cannot be healthy. It'll be like a 12 year old, and it'll be 'what I eat in a day diet edition' and it'll just be like I've had a leaf for breakfast and then it'll be like I didn't have lunch because I'm on a diet and it's just ridiculous."*

**18 years old female, lived experience group**

*"There'll be [celebrity singer] \*\*\*\* sound in the background and then photos of grapes sliced in half saying this is all you should eat in a day".*

**14 years old, male, core group**

## 2.3    Harmful eating disorder 'recovery' content

Some participants expressed how even content that purported to be 'recovery focused' such as individuals online describing their hospital stays to recover from an eating disorder, or posts setting out "*what I eat in a day in recovery*" could still pose harm to children online (despite the intention of the poster). The content of such posts was described by participants as displaying harmful behaviours and attitudes associated with eating disorders including celebrating dangerously low bodyweights and unhealthy, low calories diets.

*"The thing is, eating disorders are very competitive where people always want to be better. They'll be like 'I got down to \*\*kg and I was in hospital for this long, I had a feeding tube for this long' which can still be competitive, but I would say those do more good than damage. Whereas other videos like what I eat in a day, or what I eat in a day in recovery and then through their recovery they're having a rice cake and diet coke, I wouldn't say that's helping anything."*

**14 years old, male, core group**

## 2.4    Self-harm

Content that young people described as promoting or glamorising self-harm included **images and videos of scars or wounds**, **instructions on how to self-harm effectively, what tools to use to self-harm**, **how to cover up self-harm** to avoid detection from parents and friends. It also included people **posting about personal experiences or venting posts asking others for coping strategies to resist a current urge** to self-harm. Young people in both the core and lived experience groups described encountering this content on a range of social media platforms including TikTok, Instagram, Pinterest, Twitter and Tumblr.

*"On TikTok or Instagram, there are kids giving self-harm tips. Like how to hurt yourself really badly, how to self-harm without your parents knowing or how to hide it."*

**15 years old transgender male, lived experience group**

*"You see people openly discussing the ins and outs of what they've been doing [self-harm] and how they've been doing it, in a lot of detail."*

**17 years old, female, core group**

*"Someone will post a video using a sound, but it will just be a photo and then someone will write over the top about their problems with self-harm and stuff. It's just not very nice."*

**14 years old, female, core group**

### 2.4.1 Differences between experiences of those with lived experience and the core group

Young people in the lived experience group often described **encountering more explicit content** in relation to self-harm. Particularly, they described **graphic images and videos of people actively self-harming** or **of the immediate aftermath of self-harming**. In comparison, the core group told us more about encountering **evidence of self-harm scars**, rather than active or open wounds. In addition, this group often described self-harm scars being visible on individuals within a post even when the focus of that post was not explicitly about self-harm. Young people described this type of post, as often attracting a lot of comments, both supportive and positive as well as negative and derogatory. Therefore, a potentially non-harmful image could become harmful to child users online based on the comments left by other users.

The lived experience group also reported **posting their own content** more frequently in relation to self-harm and encountering more **content shared between friends through personal messaging and closed groups** (See Chapter 3 for further discussion on this pathway). While many young people in the lived experience group told us that they felt this type of content could be a cry for help, they also discussed how a need for attention was another motivating factor. This reason also drove some of their own behaviours towards creating and sharing content (See Chapter 3 for further discussion on these pathways).

*"In lockdown I had a friend who would post it [self-harm content] on snapchat... he would post trigger warning self-harm and the next thing would just be a photo of him bleeding."*

**19 years old, female, lived experience group**

*"On my stories it would be posts of my self-harm scars or when I'd just cut myself, of blood that was in the sink or that was on the floor."*

**21 years old, female, lived experience group**

### 2.4.2 Online trends

Young people in the lived experience group also told us about hashtag trends which encouraged people to self-harm for a particular reason or cause. One such trend we were told about encouraged people to self-harm to show support for celebrities and influencers.

*"There would be trends like '#****' then it would be the name of a celebrity so '#**** [celebrity name]' or something like that and then people would self-harm to show their support for an influencer."*

**20 years old, female, lived experience group**

### 2.4.3 Changes over time

Some of the young people who were 18 and older in the lived experience group described how **access to content has changed since they first started using social media.** Many described how online

platforms appeared to be much less moderated in the past, a period ranging from 5 to 8 years previously, compared to the present in which they felt content was generally more restricted. Young people who were over 18 years old, described how very graphic images were available in the past during their childhood via 'mainstream' platforms such as Google, as well as Facebook, Tumblr and Instagram. There was a belief among this group that present day content was more moderated, and more extreme and graphic content was less available via 'mainstream' platforms than it had been in the past.

*"I started self-harming from the age of 6. I started getting into social media from 8-9. When I was self-harming you could just go onto google and find floods of pictures of self-harming. People cutting and burning themselves. Different ways to hurt themselves and I would be saving it on my phone thinking I need to do that because my scars aren't good enough."*

*21 years old female, lived experience group*

### 2.4.4   Distinguishing safety-promoting from harmful self-harm content

In addition to the challenges of discerning healthy from harmful content in relation to eating disorders, we also heard from young people that **differentiating between harmful content** and content **intended to inform or raise awareness** about self-harm could also be challenging. For example, young people sometimes described content which provided informational content on **how to self-harm safely, including how to clean wounds and avoid infection, as being potentially harmful**. This was another area where young people often described a blurred line. Sometimes they felt that informational content provided too much detail about self-harm which children may not already have been aware of or even considered. In addition, those 18 and older with lived experience told us that too much information was available to children who may not be old enough to understand it. In this sense, awareness raising content can provide details about methods or ways of self-harming that **could be interpreted as instructional by those who may be more vulnerable**. Overall, this type of informational content was perceived positively by young people.

*"There was a video a couple of days ago that was giving the different types of self-harm. I appreciate that someone who is posting awareness about that kind of thing might do it in not a positive, but in a lighter way. Just saying 'it could be this, but it could also be this, so look out for people'. Or it'll be done in a 'look at all of these different things that all count as self-harm', and it makes them sound like they're giving ideas or instructions."*

*14 years old, female, core group*

## 2.5   Suicide content

**References to encountering harmful suicide-related content were less frequent** than descriptions of harmful content related to eating disorders and self-harm. However, young people in the lived experience group were more likely than the core group to tell us about encountering harmful or instructional content in relation to suicide. Again, the older participants in this group described **encountering more explicit suicide-related content when they were younger,** including people posting about suicidal thoughts as well as content related to descriptions and images of methods of suicide. Often, they said this content would be on social media platforms but also through **following certain genres of music and/or celebrities and influencers** whose communities of followers would discuss, and actively engage with this issue (See Chapter 3 for further discussion on pathways). However, there were also examples given of this content being **encountered more recently and by**

**younger participants** (13-15 year olds) in our core sample, predominantly on social media platforms. This typically took the form of people posting personal stories of despair and suicidal thoughts.

### 2.5.1   Hidden messages and online trends

A consistent theme that emerged across both lived experience and core groups was that often suicide-related (and self-harm) content can be **embedded in seemingly harmless content, or in an online trend** that contained a hidden message. Young people told us about encountering video content about an unrelated topic which **cut part way through to a graphic image or video depicting suicide or self-harm.** As well as video content, young people also told us about dark images in which the screen brightness needs to be altered to see a background image. These we heard frequently **contain graphic images of suicide** or other violence.

We also heard about online trends or challenges where a covert sign or symbol becomes widely known as a call to action to indicate when a challenge should begin or how **someone should end their life.** While many of the young people we spoke to knew of these trends, and some encountered them directly, they were not able to provide many details and they did not know how the covert signs or symbols become widely known. Young people believed the intention behind posting covert signs and symbols online was to disguise the content as harmless and **escape detection by moderators and avoid explicit content bans** (See Chapter 5 for further discussion on mitigations).

*"Ages ago there was a \*\*\*\* trend where you would buy a \*\*\*\* [everyday cosmetic item] and when it was finished some people would end their lives, so it was like a countdown."*

*14 years old, female, core group*

## 2.6   "Recovery" content

Young people in both the core and the lived experience groups also described **content posted by people who were in recovery from suicide, self-harm or eating disorders.**

In some cases, young people described recovery content that was safety focused. For instance, in relation to self-harm and suicide, some examples young people gave of what they described as 'recovery' content included: details of how long someone had been 'clean' from self-harming; **coping strategies and techniques** for staying clean and what support an individual had received; and also, sometimes, **where others could get support**.

*"…it'll be someone talking about tips, things to do instead of self-harming, it can tell you people to contact, or websites you can look at for help."*

*14  years old, female, core group*

We heard from young people that this content can often portray individuals talking about and sharing their recovery and mental health journeys, including descriptions of their mental and emotional states. In general, young people described recovery content as being positive in de-stigmatising mental health issues and helping people share and talk about their experiences, as well as providing hope and inspiration for others who may not yet be in recovery.

However, participants generally showed an understanding that there is a wide range of content that can fall under the broad banner of 'recovery focused', not all of which is safety-promoting. For example, there

were **mixed views among young people about whether it was appropriate to post all types of 'recovery' content,** and some felt that it could be just as damaging as the content they felt was more explicitly promoting the issues at times. For example, many young people said that while it could be helpful to hear recovery stories, some of this content is very graphic and it could also be triggering.

> *"There's sharing a recovery, and then there's showing off about it. Saying things like 'those self-harm scars are so pretty', or 'oh my god guys, I've lost so much weight!'. It's okay to post recovery, but anything that is saying 'look at this, look at this' is not ok."*

**19 years old male, lived experience group.**

> *"I've seen a couple of videos, where it was like people saying 'I tried to slit my wrists but I'm glad I failed, because life is such a wonderful thing'. So, it's sort of showing positivity towards it, and their journey and saying 'you've got so much to live for'."*

**14 years old, male, core group**

Examples of recovery content related to eating disorders were similar and included: individuals posting details of **what they eat in a day or a week**, **details of weight gain or loss**, **coping strategies**, and **providing details of support**. Young people described recovery content in relation to eating disorders as being ambivalent with people often describing very little food intake. Many young people felt that this was more indicative of an eating disorder than of a recovery journey.

> *"There's also what I eat in a day in recovery, and then you see someone bracing themselves eating a rice cake for breakfast, cucumber for lunch, and a rice cake for dinner. That person isn't well and, it might be helping them going through whatever process they're going through to recover, but by posting it, they're doing more damage to other people."*

**14 years old, male, core group**

### 2.6.1   Intentions behind recovery content

Young people in both the lived experience and core group told us that the **intentions of people who posted recovery content was not always clear,** which made its perceived appropriateness more difficult to judge. Intentions were a key factor for many participants in their decision on whether or not to report content. Again, this was often described as a 'grey area', in which the boundaries between healthy and harmful were often blurred. For example, in both the lived experience and core groups, young people referred to the hashtag '****' [daily eating habits]. However, young people often felt that this hashtag could be deceptive as they felt that some of the content was promoting dangerously low calorie intake and restrictive eating. Young people told us that there were many examples of people posting 'recovery' content and claiming to be in recovery but, in their minds, were not maintaining a healthy recovery regime.

We also heard that young people felt that often people were motivated to post recovery content because it elicited attention from others in the form of likes, comments, followers and praise.  Young people referred to celebrities or influencers posting recovery content as a means of attracting followers and **'getting more famous',** which contributed to glamorising the issues. Young people felt this was inappropriate and exploited children's trust and support. However, there was also genuine support for those who were sharing their stories out of pride and a sense of accomplishment.

*"I mean I don't doubt that the reason she's [**** ****] doing it is the mental illness and she needs help, but there's definitely an aspect of glamorising it when you look at her."*

**19 years old female, lived experience**

*"I feel like if someone's proud of overcoming something they can post it and get praise from other people, but I don't always think it's a good idea because it can bring attention to it for the wrong reasons."*

**15 years old male, core group**

*"They're probably posting it because they've stopped, they probably want to get support and show that they've actually gone through with it and stopped doing it."*

**14 years old, female, core group**

### 2.6.2   Disguised content

Again, we heard in relation to "recovery content" that sometimes **content is deliberately tagged as recovery** to attract followers, but in fact it is more explicitly promotional. This relates to **how posts are labelled and tagged more generally,** and young people told us about common ways tagging is being used to avoid detection and content moderation (See Chapter 3 for further discussion on pathways).

*"If it's a video that has the #****, they wouldn't be looking to promote it as much explicitly, but if it said #****Journey or #**** that's a big one, you would know the intention of the posting [was to promote]."*

**14 years old male, core group**

*'There is a site that used to be called '****' and now it's called '****Support Forum' but obviously the content is not a support forum.'*

**14 years old male, core group**

## 2.7   'Vent' posts

When asked what content they felt promoted, encouraged or glamorised eating disorders self-harm or suicide looked like to them, young people in both groups often described content they referred to as 'venting' posts. These were posts where an individual, usually in a distressed or depressed emotional state, **recorded themselves 'venting' about how they were feeling, describing their negative emotions and mood, and often describing an intention to harm themselves.** Descriptions of vent posts were more common among the lived experience group, but young people in the core group also had experience of encountering vent posts.

*"I do think that people like to 'vent'. They make 'vent posts' which is when you talk to someone or a camera about your life or what's going on, how bad it is and what's going wrong."*

**19 years old, female, lived experience group**

Vent posts were described as appearing in a number of ways, including on children's 'stories', being live streamed and also posted as recorded video content. There was also reference to vent posts in relation to more specialised interest groups, such as a user-generated fan fiction website.

*"[Fan fiction site] is a fan fiction site that has no moderation. You can ban hashtags you don't want to see but you can find the most messed up stuff on [fan fiction site]. And people just tag it as '***' or '***' and it's the most messed up stuff. You can find anything. There will be fan fictions about characters killing themselves and they're [content creators] projecting onto characters to make themselves feel better."*

**19 years old, male, lived experience group**

## 2.8    Celebrities, music communities and song lyrics

Young people described particular music genres and celebrities that they believed had become closely linked to content that they felt glamorises or promotes suicide, self-harm and eating disorders. Often, this involved the culture and community surrounding a particular group or genre music, rather than individual musicians. For example, in relation to eating disorders, a culture around Korean Pop (K-Pop) was described as being associated with promoting a lifestyle of restrictive dieting and exercise.

*"The K-pop idols follow very unrealistic diets. The people who are obviously major fans of these idols want to follow in their footsteps. They can promote eating disorders but disguise it as 'I'm just sharing the information on how this person struggled' – they say don't do it yourself, but then tell you exactly how to do it."*

**14 years old, male, core group**

Young people also told us that they had encountered harmful content relating to eating disorders which they believed was associated with following celebrity weight loss journeys. For example, when a celebrity's weight loss was discussed frequently on social media, this coincided with more eating disorder content appearing on their personal feed.

*"The [celebrity singer] community is notoriously bad for promoting eating disorders, probably because of the references she has in a lot of her unreleased songs and her own weight journey. A lot of emo fandoms really glamorise self-harm too also because of the content of songs".*

**16 years old, female, lived experience group**

Other young people described how they felt self-harm and suicide can be glamourised and promoted through music lyrics such as in 'rap' or 'sad' music. Many from the lived experience group described how they would become immersed in genres of music in order to feel and experience their emotional and mental states more intensely.

*"There's a song going around at the moment that is like 'I wish I could cut my body to make me look thinner' and I saw a girl posting and reposting those videos which is fantasising it and making it normal. It's making it look like it's a good thing, a good habit."*

**13 years old, female, core group**

*"When you listen to the lyrics, it's talking about cutting themselves and bleeding on the floor, or 'one more night and then they're done'. Songs that my parents never really paid attention to the lyrics about. You can just search for  **** on YouTube and it's all there for you."*

**21 years old, female, lived experience group**

## 2.9    Professional understanding of harmful online content

Generally, although professionals had experience of supporting children who had encountered this content, most acknowledged that **they felt uninformed and had a lack of understanding about what this type of content looked like in practice**. While some were able to talk about the types of topics this content was related to, very few were able to provide any concrete examples of this type of online content.

A few professionals noted that they had been shown examples of this type of content from young people they worked with, but this tended to be rare among those we spoke to.

*"I know that students look at it [online content promoting eating disorders, self-harm, or suicide], read it, talk about it and one or two cases that I've witnessed of self-harming has come from that background and that source."*

**Education sector, professional group**

*"Only probably through updates and information given in our monthly updates as the lecturers, we get updated quite regularly on safeguarding matters…Personally, I've never been down that route so I can't tell you what that would be but to be fair, I don't know how that actually works but I do know that the youngsters are participating in it."*

**Education sector, professional group**

This section contains discussion of potentially distressing themes regarding children and young peoples' experiences with suicide, self-harm and eating disorder content and behaviours.

# 3 Pathways to encountering harmful content

Understanding **how young people are exposed to content that they considered promotes or glamorises suicide, self-harm and eating disorders was a key aim of the research.** In this section, we explore the different pathways that young people described to encountering harmful online content. Professionals knew less about the specific pathways through which young people encountered this content, therefore this section focuses on young people's accounts.

Young people told us that they felt **algorithms played a substantial role in shaping** the type of content they encountered. In addition, professionals also often referred to **algorithms influencing children and young people's experiences online**.

In addition to **recommended content**, we also heard from young people about how and where they might **actively search for content**, and how **content is shared online between friends and within online communities**. During the interviews, a **distinct contrast became evident** between those young people who had lived experience of mental health difficulties and those from our core sample. Young people with lived experience revealed being **more proactive and intentional** in seeking out content related to their mental health difficulty at times. They were also more likely to **generate content based on their own experiences** and **share this content with friends** and in **online groups where they formed a shared interest in the issue**. In contrast, the core sample tended **to follow more passive pathways**, primarily citing recommender systems as the method for encountering harmful content.

## 3.1   Pathways to content through recommender systems

The most mentioned pathway to encountering harmful content that young people in both the lived experience and core groups told us about was through their **personalised social media feeds showing content recommended by the service i.e. it was not necessarily posted by anyone that they knew or followed, nor had they searched for it.**

Participants across all groups, including professionals, reported that **initial encounters were often unintentional, with children being algorithmically recommended harmful content they had not sought out.** Participants then described how this could often lead to **algorithms then suggesting further harmful content depending on young people's interactions with the content and their related interests.** Young people told us that they believed the algorithms learned their 'scrolling' habits and online behaviours, with even very minor interactions considered, and used to, increase exposure to particular types of content. Although most young people referred to algorithms, we noticed variations in how well young people were able to articulate the way in which they thought these systems worked. In addition, young people exhibited differences in their propensity to say they actively manipulate algorithms and attempt to influence their output.

### 3.1.1   How algorithms were understood by participants

Most young people were able to describe in some detail the way in which they believed algorithms were using their online behaviour and interactions to recommend content. Young people told us they believed that the content they were recommended was linked to a number of factors including: the **hashtags they had liked; posts they commented on;** the **length of time they watched a video;** and **who they followed on their social media or video sharing platform accounts**, such as particular celebrities / influencers.

> *"I think she [**** ****] probably first came up on my YouTube recommended as I watched a lot of YouTubers who posted similar content to her – like gothic, emo sort of content."*

**19 years old female, lived experience**

> *"It just sees you've watched a video that has the hashtag self-harm. It might be a good video, but then it'll show you a bad video because it has the same hashtag."*

**15 years old male, lived experience group.**

> *"Liking it or commenting on it brings it up more. Commenting has more power on the algorithm."*

**17 years old female, core group**

> *"There are so many videos with hashtags like 'for you page/FYP' because it means the video will get on the FYP. So, I can go from liking a Harry Styles video with the hashtag FYP and the next thing is someone ranting about eating disorders or anything. As long as they have the same hashtag, I'll still be seeing it."*

**14 years old, female, core group**

> *"If I want to follow Jonny123 because I like their recovery programme, once the algorithm learns that, and let's say the algorithm is 'Jonny123' plus 'self-harm', then does that then start subjecting you more to that self-harm rabbit hole that you fall down, and then you start getting subjected more to that sort of material that you'd never really, almost 'signed up for' initially."*

**Mental health charity sector, professional group**

Young people felt they understood how their behaviour was influencing the content recommendations they received. Those with the greatest perceived awareness tended to be older and had more online experience. Those who were under 16 years old and those who were less frequent online users often expressed more confusion at why particular content was being recommended to them.

In addition, several young people highlighted **differences in the sensitivity and effectiveness of algorithms** on different platforms in interpreting their behaviour and interests. Many expressed frustrations **with perceptions of algorithms not being able to distinguish between behaviours that indicated a genuine like or interest from any interaction at all that they had with the content,** however brief or unintentional. For example, young people would sometimes describe watching the start of a video before scrolling past and moving on. They felt, however brief, any interaction such as this would be registered as having shown an interest in the content. Moreover, some young people described that even when they left a negative comment, indicating they felt a post was inappropriate or distressing, the algorithm would still register this as an engagement and interest, rather than analysing the content of

their comment. There was a general perception that the algorithm on TikTok was most sensitive to any interactions a user might have with a post, even hovering for a short time. However, young people also expressed confusion about TikTok, as they felt that very often the recommended content felt random and not always directly connected to their behaviour.

> *"The way the algorithm works, from what I've understood, is it likes watch-time and it likes ranks. So, if you watch something to the very end its more likely to say 'oh, this has got a good watch-time, so we're getting more ranks. Which then means we're getting more money so it's profit for us'. So, it will show more of those types of videos. So, if you don't like what you're seeing, and you click off really fast it will tend to not show it as much. But the thing that won't help at the same time is disliking the video, just giving it an interaction. So, if you select the video because you don't like it, the algorithm will take that as it's still an interaction."*
>
> **14 years old, male, core group**

Young people also felt that the **length of time spent on particular platforms influenced the frequency of harmful content they were recommended**. They expressed the view that the longer they spent on a platform, regardless of what they were viewing, the more likely they were to be recommended harmful content.

> *"I don't see it [harmful content] often, but if I'm scrolling for a long time it might come up. But if it's just 5-10 minutes, it's just my feed and what I like."*
>
> **14 years old, female, core group**

> *"Also just don't spend as much time on TikTok, the less time you spend on it the broader the algorithm gets. If I don't interact with anything it kind of just goes into a factory reset and shows me typical stuff."*
>
> **14 years old, female, core group**

### 3.1.2   Views on how algorithms are influenced deliberately by young people

**Young people sometimes described how they tried to influence algorithms** as a way of limiting content or seeing more of the content they liked. However, this was very much dependent on their perceived understanding which, as noted above, tended to become more engrained with age and with more online experience. Those who felt they had a better understanding described using features such as the 'do not recommend' function. Most young people were aware of this type of function within certain platforms, but only a few reported using it regularly (see Chapter 5 for further discussion). Young people also told us about being very alert to scrolling past content quickly to avoid it being registered as a 'watch' by the algorithm. They felt that even short watch times would influence the algorithm. Some platforms (e.g., YouTube) were considered easier to manipulate than others (e.g., TikTok) as young people perceived their algorithms to be less sensitive to shorter interactions or one-off behaviours.

> *"On TikTok it's a lengthy process, you could click 'I'm not interested in this' and that will slowly taper off the content from your FYP. I've done it with some things. It takes quite a long time, even when you click, 'I'm not interested' it still gives you videos but in a different way. You have to keep reporting the same thing until it gets the message."*
>
> **14 years old, male, lived experience group**

*"I think because I've used YouTube for quite a while, I've really understood how the algorithm works so I've gotten really good at manipulating it to show me what I want to see, rather than what I don't want to see. YouTube has recently pulled out a feature called 'shorts' which is basically just TikTok on YouTube and I feel like that algorithm can be very wild sometimes…One of the ways that can help if there is a 'do not recommend' button. So, you hold down on the video then a menu will come up and one of them is 'don't recommend this channel', so if you do this enough it will purge that type of video from your algorithm. So, it's quite easy, it's not very stubborn. There's also a 'not interested' and 'don't recommend' channel button on normal videos as well, so if people are that desperate to get it out, it's even easier."*

**14 years old, male, core group**

### 3.1.3    Hooks[18] and trigger warnings

Another pathway to encountering harmful content that young people described was how they would feel **'taken in' or 'hooked' by sad, worrying or extreme content,** and get drawn in to watching or commenting, and as a result get further related content recommended by the algorithm. Often this was in relation to vent posts which were distressing to watch. Young people in both the core and lived experience groups, told us that their concern for the person posting would often compel them to comment and offer support and show their concern, but that they didn't necessarily wish to be recommended more of this content.

*"They'll put a sad audio up and then write 'I can't take this anymore, I'm not going to last longer'. So, you'll go onto their post because you want to know if they're alright and they'll still be posting. Then I'll go into the comments, and everyone is like 'if you need someone to talk to, I'm here' so with those posts it's more sympathetic."*

**14 years old, female, core group**

Young people from the lived experience group told us they felt particularly sensitive to hooks and trigger warnings and described being drawn in, especially when they had been unwell. Once drawn into a piece of content, those with lived experience mentioned that they would then often engage in the comments, many sharing their own stories in response to the original post. Some shared with us that this then '**drew them down the rabbit hole**' where once they had engaged, they would then become drawn into conversation and lengthy discussions as well as further – sometimes more extreme – content being generated, thus **amplifying a cycle of exposure**. Although this experience was articulated more clearly from young people in the lived experience group, both groups had experience of being drawn into an interaction with an upsetting piece of content, and then that amplifying the volume of similar and related content that would be recommended to them.

*"I either put a helpline in the comments or I say 'you really shouldn't be posting this'."*

**17 years old, non-binary, lived experience group.**

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[18] Young people often described how their attention would be drawn to particular elements of content which would then entice them in to finding out more. These usually involved an emotional, relatable story or person and leave the young person intrigued and curious to engage and find out more.

*"I sometimes feel obliged to respond to it [a vent post] and either talk about my own experience or just say 'look I've been through it as well'. So, there are definitely a lot of people that engage with it. Liking, commenting, following the person."*

**16 years old female, lived experience**

Alternatively, some young people described how some content had explicit **trigger or content warnings** which were helpful in alerting them to the nature of the post and allowed them to **choose whether to interact with the content or not**. These warnings were described as sometimes being applied by the content creator as a hashtag or label, and sometimes by the platforms themselves. Examples of the latter included blurred content with a warning label which only becomes visible once a user chooses to click on it. Although these warnings were seen as helpful, young people also told us that most harmful posts do not contain any warnings, or as discussed above, may even be hidden in content in which the user may already be drawn into (e.g., time spent watching a video) before they become aware of the nature of the content. Young people told us that they felt once this had happened, the algorithm would interpret this as a positive interaction and further content would be generated (See Chapter 5 for further discussion on mitigations).

*"We all see it because it's on TikTok. I don't really comment on it, I don't follow the pages because it's not something I would follow. If it comes up, I just watch it. Some people have trigger warnings and say if you're not comfortable you need to scroll down which I think is good, but some people just go straight into talking about it and show you their scars or their bruises of abuse before you realise."*

**14 years old, female, core group.**

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### 3.1.4   Increased exposure at night

Many young people noted that in their experience **'vent' posts and particularly those referencing self-harm or suicide can become more extreme and are encountered more frequently at night.** Several young people gave examples of seeing 'venting' at night in which the individual expressed explicit suicidal thoughts and intentions.

*"At night-time they get more venty and more of the bad content comes up, compared to the daytime."*

**14 years old, male, lived experience group**

*"So, at night you get a lot of TikToks about people saying they can't do it anymore."*

**14 years old, female, lived experience group**

*"I think there's a lot more at night – I mean if I'm at school, I'm not using my phone much during the day. But especially if I'm sat at the weekend I can always tell, the content on the [recommended feed] FYP [For You Page] will be more deep the later the day gets. I don't know if that's because people are posting a lot more then or if the algorithm's sending things over at that particular time."*

**14 years old, female, core group**

## 3.2    Actively searching for harmful content

As well as encountering content unintentionally, young people also told us about **actively searching for content** on suicide, self-harm and eating disorders. Young people in both lived experience and core

groups told us that they use the internet to search for information on sensitive topics that they may not want to ask an adult about. However, those with **lived experience were considerably more proactive and intentional in searching for content** specifically related to suicide, self-harm and eating disorders.

Active searching across both groups was carried out primarily **within social media platforms,** rather than using general search engines. Typically, searching for content was done either by clicking directly on a hashtag, or by **typing search terms or hashtags into the search bar within a platform**.  Young people also told us about codewords[19] for particular types of content that could be used instead of search terms and were less likely to be detected by moderators.

### 3.2.1   Hashtags

**Using hashtags was the most common search method young people told us they used.** They described this as the easiest way of finding content as just clicking on hashtag descriptors would bring up all content tagged under the same label. Young people told us that this might include harmful content as well as content intended to raise awareness and provide information. The impression many young people had was that hashtags were often used to inappropriately label content as a way of directing children to content, which could be harmful.

*"It's so easy, just searching hashtags like \*\*\* loads of things would come up."*

**20 years old, female, lived experience group**

*"I might go onto the hashtag for anti-suicide month and then it will come up with positive stuff. If I look at the hashtag for support, it will be mainly positive, but some negative stuff can come up too."*

**15 years old, male, lived experience group**

### 3.2.2   Search bars within platforms

Young people told us that it was common for them to use the **search bar function within social media platforms** to search for content. This was done by entering either a search term, such as 'self-harm', or a particular hashtag.

*"With the calorie thing, it came up when I searched [TikTok] how to lose weight quickly or fast workouts to make your tummy look flatter."*

**13 years old female, core group**

*"It's very easy, you just literally search 'self-harm' or whatever issue you wanted to look at and instantly when you search there will be videos about it."*

**14 years old, female, core group**

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[19] Code words or slang terms are used within online communities to communicate discreetly, discuss sensitive topics, or search for particular content often to evade detection or censorship. We heard about variations and abbreviations of common terms to describe eating disorders, self-harm and suicide which we refer to as 'code words'. For example, some letters in a word may be changed to symbols or words deliberately misspelled or abbreviated,

*"So even if you search something in the search bar, like a hashtag, things will come up and a lot of the time it'll be accounts that post quotes that are idolising being thin and not eating and having a certain body and things like that, so yeah I think it's quite easy to access."*

**20 years old, female, lived experience group**

*"AO3 is just a message board and it's done in a way that you have to specifically look at things. You have to figure out how the site works, which is difficult – you have to type in tags. If you're finding it on AO3 you're definitely looking for it"*

**19 years old, male, lived experience group.**

### 3.2.3   Code words

We also heard how **code words are used to search for content in order to get around restrictions and explicit content bans.** Although code words were discussed by young people in both groups, it was the young people with lived experience that had more familiarity with code words, and explicitly described using them to search for content. Many young people stated that when full search terms (e.g., suicide or self-harm) rather than code words are used on social media platforms such as TikTok and Instagram, it is common for these platforms to offer support and signposting (instead of showing harmful content). On the other hand, they said that using code words can easily bypass these measures and usually provide access to the content being sought more directly. Although it was not always clear from young people how particular code words become known, there was a sense that these were often **shared within discussion forums** and within online communities and other groups formed around the particular issues.

*"Sometimes if you search on TikTok it won't show you anything and it will say 'if you need help call this number', but if you want to search how to starve yourself or self-harm you'll search '\*\*' or '\*\*' and then it'll come up, because the computer doesn't know what that is."*

**14 years old, female, core group**

*"People nowadays, they use the short version and say \*\*. So, if you search #\*\* it usually comes up, and it's all these people talking about self-harm."*

**21 years old, non-binary, lived experience group**

## 3.3   Sharing harmful content between friends

Young people noted that **harmful content was often shared among friends, both 'real-life'/offline friends and 'online-only' friends.** The latter were often formed around online communities and special interest groups such as fans of particular celebrities or influencers.

### 3.3.1   Discussion forums, messaging and social media comments

The most common ways that young people told us content was shared between online friends included discussion forums, messaging platforms and through the comments function on social media platforms. We heard from young people that discussion forums on sites such as Reddit would form around a particular issue or celebrity and content was shared within a subreddit. These 'subreddits' were described as being 'self-regulating' forums with little perceived outside moderation. We also heard about closed groups being formed within communities / followers on messaging platforms. Young people with

lived experience told us that sharing between offline friends[20] also typically occurred on messaging platforms such as WhatsApp (closed groups) and Snapchat (either in closed groups or between people with open accounts).

> *"Me and my friends who were self-harming would send each other pictures of our self-harm marks, we would do it together and look up the different ways of doing it. It was crazy how addictive it was. It was every day."*

> **21 years old, female, lived experience group**

The comment feature on social media platforms was also frequently cited as a way of sharing content and engaging in further discussion with others, both offline and online friends, about content that had been shared in a particular post.

> *"If someone has posted a casual video and they've got scars on their arms they'll put a little bit in the caption where they say look I've got scars if that's going to trigger you don't watch it. But again, in the comments people sometimes take it a bit too far and start making comments about it and it just opens up into a whole discussion. Sometimes it'll be about that person's self-harm and sometimes it'll be other stuff about self-harm too."*

> **14 years old, female, core group**

### 3.3.2    Cross-platform sharing

Often content shared between friends was described as happening across platforms. This happened for example when someone shared to a group chat something they had seen on another social media platform. Young people in the core group described how this type of sharing within messaging platforms usually comprised memes or funny videos that friends might enjoy. However, occasionally someone would post more harmful content in this way. For example:

> *"I remember a girl posting a video from TikTok on Snapchat, because you can share videos on Snapchat, and it was just like 'one day my mum's going to wake up and I'm not going to be here anymore'. That was a big thing to say and two years later she's still here.'*

> **13 years old, female, core group**

However, it was more common for young people with lived experience to report **intentionally sharing more explicit or graphic content** (such as images of their own self-harm) within messaging platforms.

## 3.4    Proactive pathways for young people with lived experience

Young people with lived experience mentioned having been more active and intentional in accessing and searching for harmful content, as well as generating their own content and sharing this online. Furthermore, young people with lived experience were more likely to belong to groups or communities online related to self-harm, suicide, or eating disorders. Those reported to us included groups on messaging platforms, as well as groups formed on social media platforms. This aspect of their online

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[20] 'Real-life friends' refer to friends that are made in an offline context.

behaviour distinguished this from the core group, who tended to report more passive and unintentional pathways, such as through recommended content.

> *"It started very young, so just from hearing about it from my friends, because everyone talks about losing weight and being super skinny, so I started dieting and then it moved more into me searching for it and then coming across the deeper stuff. I think searching on Instagram you find the accounts and you can look at those posts. There are certain keywords the community uses like '\*\*\*' for anorexia. I also looked on YouTube for short films."*

> **16 years old, female, lived experience group**

> *"I found it by looking up keywords like 'eating disorder content'. It would come up and then I would follow them. They were usually anonymous, you usually don't know the people. There are a lot of people who can take advantage of you on those pages. They say they're trying to help you lose weight and they want you to send pictures of yourself and they just degrade you to lose weight." [reference to a social media platform Instagram]*

> **16 years old, female, lived experience group**

> *"I would go out of my way to see this content. I would be in that mind state and think 'I'm not feeling this enough'. I would search for posts and songs that would glamorise it."*

> **21 years old, non-binary, lived experience group**

The quotes above highlight how immersive the experience of searching and finding content can be for young people who are experiencing their own mental health difficulties. We heard from several young people in the lived experience group, that they were motivated to search for content in order to understand more about how they were feeling and find answers to their questions. They also described wanting to find others who were experiencing similar issues and people who they could relate to. However, this often led them to harmful content.

### 3.4.1   Creating content

As well as searching for content online, several young people in the lived experience group also described generating their own content and sharing it both on **public social media accounts, as well as within private group chats**. Often, we heard that young people would post to their 'stories' their own user-generated content.

> *"I posted in WhatsApp groups of me and my friends, also on Instagram, and Snapchat. We would send each other pictures of the self-harm scars."*

> **21 years old, female, lived experience group**

Although many of the lived experience sample had generated content, very few had experienced the content being removed. Many commented that they felt this was because when they were younger and in the height of their illness, social media platforms were less moderated and more lenient about explicit content being posted by users. These older participants (19-21 years old) felt that this would be much less likely in the present day, as platforms had got better at monitoring inappropriate content. Indeed, some of the younger participants with lived experience had more recently experienced their own content being removed. In two cases of this happening, the content had been generated as a response to another post about self-harm that had been encountered online. In one example, the individual created

new video content speaking about a post they had encountered online. This method, where both the original and the new content appeared side-by-side was referred to as 'duetting'. However, the young person in this case expressed confusion at why the new content they had generated had been removed, while the original content remained accessible and available.

*"On TikTok I had two videos taken down. I duetted someone showing their scars and I was saying this is really triggering and it shouldn't be up online. It wasn't old scars it was bleeding…I asked to have it put back up and they said no."*

**15 years old, male, lived experience group**

This section contains discussion of potentially distressing themes regarding children and young peoples' experiences with suicide, self-harm and eating disorder content and behaviours.

# 4  Impact of encountering content promoting suicide, self-harm and eating disorders

In this section, we **explore the impact on young people of encountering content** they described as promoting or glamorising suicide, self-harm and eating disorders. Although young people described mixed responses to this type of content, there was also a consensus that encounters could be **harmful and distressing for children**. Moreover, there was a concern that these encounters could serve as triggers, exacerbating existing mental health challenges or potentially instigating new ones for vulnerable individuals.

However, within this general view, a more complex narrative emerged. Young people also offered examples of the potentially positive impact of encountering some types of content. However, both young people and professionals felt that the impact of encountering the content would vary significantly based on individual vulnerabilities, backgrounds and experiences.

Again, there were notable differences between those who had lived experience of the mental health difficulties and those who had not, in their perceptions of potential positive and negative impacts. It was clear that for young people with lived experience, the effects of encountering harmful content were linked to their own experiences and stage of recovery. While some were more positive about the shared connections and sense of belonging they felt as a result of encountering content related to their mental health journey, others felt overwhelmed by it and feared being triggered into relapse.

## 4.1    Negative emotional impact

All the young people we interviewed shared with us the profound emotional impact that encountering content that they considered promotes, encourages or glamorises suicide, self-harm and eating disorders has had on them and others they know. They revealed a spectrum of negative feelings that arose in response to encountering harmful content that they found distressing.

Across the board, young people consistently described the triggering effects of harmful content. The most prevalent negative emotions we heard were feelings of intense anxiety, which often stemmed from the distressing and graphic nature of the content.  In addition to anxiety, fear was also mentioned as a prominent emotion experienced from encountering this type of content, in which young people recounted instances where they felt genuine fear for the safety of others. For some of the younger participants who were between 13 and 15 years old, this included fear for the individuals in the content who expressed intentions to harm themselves. In addition, older participants between 16 and 18 years old in our core group, as well as those with lived experience, also told us they often felt afraid for the children viewing

and encountering content. Particularly those who may be more vulnerable and more likely to be influenced by content that could be interpreted as encouraging suicide, self-harm or eating disorders.

*"I didn't really know about this kind of stuff before so when I see it I think 'why do they want to ****** [die of] suicide, why would they want to end it'. It makes me feel bad for what they must have been through."*

**14 years old, female, core group**

*"It can lead to young people knowing more about self-harming and suicide. Even if people are trying to promote how to cope with it, and strategies so you don't have to go down there…if someone's in a bad way and feeling like that they could still turn to things like that because they're feeling hopeless, then they know that's an option, I guess."*
**18 years old, female, core group**

Young people also often described feeling shame or guilt about their own behaviours primarily in relation to content promoting eating disorders and self-harm. In most cases, this related to a sense of shame at not being able to achieve what was being presented in the posts, such as a particular weight or body type. Many young people also described feeling guilty at not being able to live up to the unrealistic standards and expectations being promoted in this type of content. Some young people described how the negative thoughts and feelings they experience as a result of encountering this content would **endure after they had viewed it and return to play on their minds.** Young people with lived experience also described feeling a sense of shame after they posted content they had created about their own behaviour, discussed further below.

*"It makes me think that 'oh well maybe if I ate less, I would look like that.' Obviously, you know it's glorified and people praising it more but that's how you get sucked into it, but it does make me feel negative."*

**18 years old, female, core group.**

*"Those thoughts can keep coming back and I feel like it depends on the content, but it may just stay with you and makes you think I should do something."*

**18 years old, female, core group.**

### 4.1.1   Impact on young people with lived experience

The impact of encountering harmful content on young people with lived experience was varied and differed between periods when they had been unwell in the past and in periods of recovery. At the time of being interviewed, all young people with lived experience had been in recovery for a period of at least six months. This enabled the young people to draw comparisons and reflect on differences in the impact of encountering content at different points in their mental health journeys.

Some young people with lived experience recounted their early experiences with content that they felt promoted or glamorised their mental health issue and described how these experiences had **worsened their symptoms.** Many described how they had been **consumed and immersed in the content** during periods of illness and how this had created a distressing and challenging cycle. Often young people told us they would learn about new ways to harm themselves as a result of their encounters with content online.

*"I used to watch a lot of content like this when I was at my worst and it definitely didn't improve things. I personally would have never thought to use a [item used to self-harm] until I saw a TikTok about it."*

**16 years old female, lived experience group**

*"It can be triggering, and it can also plant seeds in your head for ideas on how to go through with these sorts of habits."*

**17 years old, non-binary, lived experience group**

*"I've been clean for quite a while now, but when I wasn't, sometimes I would forget about it and I would be good for a few days and then one of those videos would pop up and it would, not spur me to do it again, but would spark that inkling in my mind."*

**14 years old, male, lived experience group.**

*"There were a few occasions where I saw videos about eating disorders or people looking unnaturally slim and it would set off my bulimia."*

**21 years old, female, lived experience group**

*"It was just all sorts of content where it was people really advocating for these destructive behaviours, so seeing them, you'd be like - especially if you felt down and you saw this is a cool way to engage with self-harm - you'd be like 'okay I'll do that then."*

**19 years old, female, lived experience group**

While some young people in the lived experience group told us they were drawn to content online because they were already unwell, others told us that, in their view, they **developed symptoms or experienced a worsening of their symptoms after their first experiences online**. Some young people explicitly linked the start of their behavioural symptoms to specific content they had viewed, although in most cases they acknowledged the feelings or thoughts had already been present before encountering content.

*"I started to self-harm because I saw a video. I already felt the need to self-harm, but I didn't know what self-harm actually was. Then I started to see content and I was like 'oh okay that's what it is.'"*

**14 years old, male, lived experience group**

*"During a lot of my teenage years I've been in and out of therapy for suicidal thoughts and self-harm and I definitely believe that a lot of the content I've seen online has had something to do with that."*

**19 years old, female, lived experience group.**

*"I wanted that kind of attention…Obviously, if you see somebody hurt, you automatically think 'oh my god are they okay, are they alright.' So then they would get a lot of comments like 'no don't do that, you can't do that, we care, we're always here for you' and that obviously - if you're feeling upset and somebody says 'I'm always here for you if you need a chat, I'm here, I understand what you're going through' – it would always be the same, other people that self-harm who interact with them – it does make you feel better even if you're not dealing with that kind of thing."*

**19 years old, female, lived experience group**

Moreover, we also heard that sometimes the feelings associated with posting pictures of self-harm had the same impact as engaging in the self-harm itself. As highlighted in the experience below, we heard that posting one's own content can provide the same sense of release to a young person as they might experience during an act of self-harm, but it can also have a significantly negative emotional impact afterwards, as there are feelings of guilt and shame associated with sharing the experience online. We heard how young people with lived experience felt guilty particularly about potentially harming others who may view their posts describing or documenting their self-harming behaviour.

> *"I'd sort of say it [posting] gives you the same kind of release as self-harm. You get that short relief of 'yeah, I feel so much better now', but the aftermath is awful… When I post it, I feel so much better that there are people commenting telling me they love me and care for me but then you think 'people who get easily triggered by this sort of content are seeing this now, what if I drove somebody else to do that, that was a really stupid thing to post, why would you post that, I wouldn't like it if I scrolled upon this why have I posted that.'"*

> *19 years old, female, lived experience group*

## 4.2    Normalising and desensitising

Young people from both lived experience and core groups told us that the high frequency of exposure to content related to self-harm, eating disorders and although less frequent, suicide, contributed to these issues becoming normalised and part of young people's everyday experiences. In turn, this contributed to young people describing that often they can feel desensitised to the gravity of these issues which can alter their perceptions and emotional responses. In some cases, young people told us they no longer felt affected by this content, although did also note that this was not necessarily a 'normal' response and that they should feel the issues were more serious.  As well as being normalised by others, young people told us that the issues have also been **popularised and are even seen as aspirational** by influencers and celebrities who have associated the issues with glamorous lifestyles.

> *"I think it can normalise the idea for people, so that they might think that it's normal to self-harm. I think that it could give people the idea to do it, when they weren't really thinking about it."*

> **Mental health charity sector, professional group**

> *"On Pinterest, a lot of accounts are dedicated to glamouring all those things, imagery of beautiful girls hurting themselves are extremely popular."*

> **16 years old, female, lived experience group**

> *"I would say the primary factor that we're seeing is it becomes fashionable. So, for a lot of young people now their understanding around self-harm, it becomes a fad. It becomes a 'My friends do it.' It becomes 'I saw it in a film.' It becomes, that they've talked about it on TikTok and it's become less of a…release or coping mechanism, it's become a fad where: 'I need to fit in, my friend does it, so I need to do it' element."*

> **Youth support sector, professional group**

## 4.3    Relatable posts

Young people recognised that online content was **particularly powerful when young people could relate to either the content or to the person who was posting it.** This relatability was often referred to as a key factor in how much young people felt impacted by a particular post. For example, if the experience being shared was something that the young person themselves had experienced, they

described the impact on them as being greater than hearing about something they did not have direct experience of. We also heard that when the person posting the content shared similar characteristics to the young person viewing it (e.g., age, gender, ethnicity), the impact on them was greater. In addition, young people in the lived experience group also described explicitly seeking out content that was relatable as it helped them feel a sense of belonging and that they were not alone.

> *"It makes me quite sad...It's sometimes just all of a sudden that a video comes up and I'm like I really relate to this, this has happened to me in real life and I'm feeling like this right now and my FYP knows. "*

> **15 years old, female, core group**

> *"When I was in a bad place, I would kind of look for the videos so I could have some reassurance, so I could have someone to relate to."*

> **15 years old, male, lived experience group**

> *"It'll be really sad audios and they talk about depression and wanting to kill themselves and not feeling good enough. I think not feeling good enough makes it relatable".*

> **13 years old, female, core group**

## 4.4 Impact of 'recovery' content

As stated above, participants described that 'recovery content' can span a range of different types of content, much of which can be harmful to children online. However, participants in both young people and professional groups felt that sharing genuine recovery stories could have a positive impact, particularly for those who are creating the content and sharing it. They said that sharing stories of recovery can be **cathartic and therapeutic**, it can inspire others not yet in recovery, and it is a means of raising awareness and increasing young people's knowledge of and **access to support services**.

> *"I think it can actually get help for themselves [people who post] and other people through awareness. I think that's a positive aspect if they want to get stories or issues off their chest and they can find help and advice on social media – it has positive aspects to it. "*

> **14 years old, female, core group**

> *"Maybe because the other ones I've seen, they give instructions. With the recovery ones they tell you what not to do. They tell you what's happened to them and what not to do."*

> **14 years old, female, core group**

Young people with lived experience described that seeing any content related to their mental health difficulty, even recovery content, made them vulnerable to relapse. Even for those who were older, this content still had a negative impact on them in adulthood.

> *"If I see content like that now, it kind of sets me off a little bit. Even knowing you know it's unrealistic doesn't stop you from comparing yourself to what you're seeing. It's really difficult."*

> **21 years old, female, lived experience group**

*"It becomes very stressful to even have a phone sometimes. You don't know what the world is going to throw at you still. It's too much sometimes."*

**19 years old, female, lived experience group**

## 4.5    Other potential positive impacts

As well as the positive impact of shared experiences and the sense of belonging and community this can recreate, participants across all groups said that there could potentially be other positive impacts associated with encountering certain types of content about suicide, self-harm and eating disorders.

Young people and professionals noted that content that promotes safety and **greater awareness** of these issues could: improve young people's self-reflection and understanding; promote safety particularly in relation to self-harm and hygiene; break down stigma; and provide a language for young people to talk about mental health difficulties.

*"I can imagine there are positives because if you don't outright talk about it then it feels like a taboo subject, and everyone feels like they're suffering on their own."*

**18 years old, female, core group**

*"I think my experience would lead me to believe it's because they feel a sense of belonging, being listened to and a connectedness...For those people who'll go looking for that, they haven't got anyone necessarily in their world that they can connect with who understands, who doesn't judge."*

**Mental health charity sector, professional group**

This section contains discussion of potentially distressing themes regarding children and young peoples' experiences with suicide, self-harm and eating disorder content and behaviours.

# 5 Mitigations and Safety Measures

One of the main aims of this research was to explore young people's perceptions around safety measures. The interviews uncovered young people and professional understanding of existing mitigations designed **to prevent young people from accessing harmful online content, as well as mitigations which can minimise the harmful impact** of encountering this type of content. Namely, the research sought to understand the effectiveness of interventions and reasons for this, in addition, participants suggested future mitigations.

As reflective of findings from the research overall, findings regarding mitigations are based solely on the perceptions of participants we interviewed for this study, rather than any exploration of platforms' existing safety features or functionalities.

## 5.1    Mitigations to prevent <u>exposure</u> to harmful online content

### 5.1.1    Safety functions within online platforms

Young people and professionals mentioned **a variety of mitigations which aimed to prevent, or at least limit, exposure** to harmful online content. Often, young people and professionals referred to specific functions on social media platforms where users could affect the type of content they would be shown.

### Pro-active safety functions to alter content seen

In some cases, these functions allowed users to **proactively filter the content they would see**. For example, young people described the option on some platforms to **hide or block particular words or hashtags** associated with harmful content. This was considered helpful and effective, although there were some concerns mentioned when code words were used as these would prevent a 'block' from being applied. For example:

*"On Twitter you can hide words so they don't come up on your feed"*

**19-years-old, female, lived experience group**

*"I saw an issue on Tumblr recently where you can have 50 tags on a post and they [the platform] went on this crazy protection thing, and now you can block out certain tags that you don't want to see. But some people try censoring the word to protect people, but then the blocking doesn't work. So creators are saying that you have to use the word the way it's spelt, don't filter or censor it so the block can catch it."*

**15 years old, transgender male, lived experience group**

**More often, the functions described were reactive,** giving users the chance to feed back to platforms where they did not want to see similar content again. For instance, on some platforms, young people described the option to **'dislike'** content, request to **'see less'** of it, or declare that they were **'not interested'** in it, as well as **blocking or reporting** posts or accounts.

*"I think there is a thing on some social media that you can hold down and put 'recommend less' of this kind of post if you don't want to see that kind of content, or blocking certain pages."*

**18 years old, female, core group**

Overall, both young people and professionals interviewed felt that the more reactive mitigations were often ineffective at preventing exposure to harmful content, although experiences were mixed. For example, some young people told us that they would have to use the 'not interested' features many times before they noticed that type of content reducing. Others described how the process of refining what content they consumed online could be **unclear and cumbersome**. For example, requiring users to click numerous times through option menus before allowing them to moderate the content they were shown. Furthermore, some young people did not know that these features were available or where to find them. Young people with more experience of these functions expressed a desire to see these improved and made more effective, so that they had more control over the type of content they consumed.

*"They need to make the 'Not Interested' button more visible so you can quickly tap it and it's gone [the content]."*

**16 years old, female, lived experience group**

Furthermore, a few young people pointed out that the **options available to tailor content were inconsistent across platforms**, with YouTube and Reddit having 'dislike buttons', which they said TikTok, for example, does not have. Young people argued that this made the process of tailoring content more arduous for the user, requiring them to learn about specific features available for different platforms.

Alternatively, a few young people wanted more control over the type of content they were shown online in general. For instance, **they suggested the option of tailoring content to their hobbies and interests** rather than solely indicating what they did not want to see. It was noted that while this was often an option when first setting up an account on an online platform, there were seldom other opportunities to express their content preferences.

*"You should be able to reset the FYP, just say whatever games I like and stuff like that and then you can do that, and it'll have posts based on that."*

**15 years old, male, core group**

Trigger warnings and sensitive content markers

We also heard from some young people that **trigger warnings**[21] **or 'sensitive content' markers**[22] were useful by enabling young people to judge a piece of content before viewing it, giving them the chance to avoid it.

*"There's a thing that comes up on Instagram on the video it goes a grey colour with a lock and says 'you might be affected by this content', and you can choose whether to view it."*

**16-years-old, female, lived experience group**

*"The **** mark [indicating that the content is not suitable to be viewed in a work environment] is very good at saying if you don't want to see it don't see it. So on Reddit if a post has been blurred over so you can't see what's going on, Reddit is very extreme in some places, and marked ****, I can make the decision to say I don't want to see this, I don't want to be to be involved in this and just scroll past."*

**14 years old, male, core group**

*"If there is a picture on your feed and it says 'this picture has sensitive content' you can either click 'watch anyway', and that's all you have to do, or you can watch it or you can click 'skip' and you don't have to view it."*

**20 years old, female, lived experience group**

In general, **young people were positive about trigger warnings and sensitive content markers,** appreciating being given the choice as to whether they wanted to view the content, rather than being automatically shown it. This helped them to continue using online platforms without encountering harmful content.

However, some young people noted that in practice, trigger warnings and sensitive content markers were not always effective. In some cases, they explained that the warning was embedded within the caption of the harmful photo or video or was only shown for a very short amount of time at the beginning of a video. As such, **young people often described not having time to process the warning and to decide whether or not to view the harmful content**.

*"The trigger warning is in the caption, but you've already seen the content by the time you see the caption."*

**14 years old, female, core group**.

### 5.1.2 Blocking and reporting content

While being able to block and report harmful content was welcomed by most young people, the decision of whether to block or report the content was not always straight forward. Many young people described that **content that was blocked did not always prevent the creator from generating further content** equally harmful, either from the same or from another account. Many felt that this meant that **blocking content was not always effective at preventing them encountering it again.** A suggestion was that it would be more effective if users were able to block whole accounts, rather than just individual pieces of

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[21] A trigger warning is a statement at the beginning of a piece of content (e.g., video, caption of a picture, beginning of a blog) or a tag or label describing the content that alerts the viewer that it contains potentially distressing material. These might be put in place by users or platforms.
[22] In some cases, content is blurred and marked in some way as sensitive content. The viewer must then select that they want to proceed with viewing the content before it is shown. These are generally put in place by platforms.

content. Furthermore, if content creators had one account blocked or reported, it was felt they should be restricted from using other accounts. For example:

*"Having something in place that can block accounts and not let them [the creators] make another account would be good. So blocking accounts, then blocking the same email or phone number or IP from having another account."*

*15 years old, transgender male, lived experience group*

In addition, we heard from a number of young people that it was **not always clear to them what content they should block and what they should report**, given the subjective nature of how this type of content might impact individuals and the issue of distinguishing what is harmful from what might be presented as healthy or safety promoting (as discussed in Chapter 2). To further complicate this issue, we heard about a hashtag trend widely used across social media platforms that aimed to discourage people from reporting and to block the content/user instead, if they wanted to take action.

*"I think it can be quite difficult to know what to report, because something that might set me off won't necessarily set other people off."*

*21 years old, female, lived experience group*

### 5.1.3 Differences between groups

There seemed to be a **discrepancy between the core and lived experience groups in terms of how they use block and report functions**. For instance, the core group told us they were more likely to block content than report it, whereas young people in the lived experience group told us they were now more likely to also report content they found distressing or harmful, rather than just block it.

There were a range of reasons that young people in the core group told us made them less likely to report content. These included: **not knowing how to report, not understanding the difference between blocking and reporting, and a perception that reporting might generate further negative content as it involved interaction with the content**. Those from the lived experience group who had reported content, provided further insight into the reasons they felt young people may be reluctant to report. They described **the reporting process as being long winded** and sometimes **involved having to categorise and describe the content they were reporting,** which was sometimes difficult to do. We also heard that young people had concerns about being identified when reporting content. Although most acknowledged the reporting process was anonymous, there appeared from some to be a lack of confidence in this aspect.

*"It's a long process because they need details on why you're reporting it. If you don't want to see something, it's easier to block the account because when you're reporting it you have to pick the category you're reporting for and give details which is a long process. Especially if you're using social media as chill out time you don't want to go through this whole process."*

*21 years old, female, lived experience*

*"It's the same reason people don't report bullying because you don't want to be seen as a snitch, so I imagine it's quite similar. I don't want to report this because I'll be seen as a snitch and people won't like me."*

**19 years old, female, lived experience**

In contrast to these concerns, young people in the lived experience group felt strongly that blocking was not effective in restricting users posting other content of a similar nature. The perception among this group was that by reporting content and/or user accounts, there was a better chance of the content being removed completely or the user's account being restricted. Moreover, young people with lived experience told us that their motivation for this stemmed from a strong sense of responsibility to protect themselves as well as others with similar issues from potentially having their symptoms worsened by encountering this type of content (as discussed earlier in Chapter 4). Interestingly, young people with lived experience acknowledged that this **protective behaviour and the tendency to report content differed from how they had acted when they were experiencing these issues**. During periods of illness, young people described being immersed in the content and less likely in those phases to report or block it.

*"If I see content to do with self-harm or bullying, I tend to report it so they can review it and take it down. If you report something you also get the option to block them as well. I tend to report and block".*

**20 years old, female, lived experience group**

*"My best friend back in the day was the block button. Sometimes I would get so freaked out, maybe I should have taken the initiative on behalf of other people and reported. Nowadays if I see anything like that, I'll report it and then, on Instagram for example, it just automatically when you report something will also ask if you would like to block it, so you can just be like 'yes please'."*

**19 years old, female, lived experience group**

Another suggestion we heard from the lived experience group, was that signposting could be improved when someone blocks or reports content. For example, many young people told us that platforms did offer signposting as a result of someone raising a concern or detection through search terms. However, the perception was that this did not happen when someone blocked or reported content they found distressing, which some felt was necessary to support the young person who may be negatively impacted by the content they had encountered.

*I think when you block or report something, there should be a pop-up that says if you need support call this number or visit this website or something like that.*

**20 years old, female, lived experience group**

### 5.1.3   Automatic content moderation

Aside from moderation functions that required action from the user, another mitigation cited frequently by young people and professionals was the **automatic content moderation conducted by artificial intelligence (AI)** deployed by the online platforms themselves. Young people and professionals perceived that AI identified harmful content using key words or hashtags and then automatically removed this content from the online platform.

Young people and professionals mentioned several perceived limitations of this AI-led content moderation, suggesting that this function was often easy to bypass. For example, where code words or adapted hashtags were used to disguise harmful content, they said these currently appeared to go undetected by automatic content moderation.

Furthermore, in their view automatic content moderation **failed to consider the more nuanced content on these issues and the code words or hidden messages described in chapters 2 and 3**. For instance, participants said they believed that content that is designed to support individuals dealing with eating disorders, suicidal ideation or self-harm, can be misinterpreted as harmful. Young people considered that the AI-deployed content moderation often lacked understanding of the context behind content, instead taking a blanket approach to moderating all content including a particular keyword for example. In line with this, young people explained they thought that **harmful content that is more subtle in nature is often missed by AI-moderation.**

*"I've had so many friends try to promote positive behaviours and try to direct people to suicide helplines and it gets taken down or censored. It doesn't make sense why some content is taken down, it's not a good look for them. It's not [been taken down] when it comes to glamourising my self-harm. Not when it comes to me glamourising my eating disorder. The things they do take down is if you talk about the app itself not doing enough, or political things."*

*19 years old, female, lived experience group*

Young people also described existing AI-moderation as **unsophisticated and easy for users to bypass**. For instance, young people noted that users would often come up with code words to use instead of words known to trigger the automatic moderation, which allowed them to continue posting this type of content, as discussed in chapter 3.

Young people and professionals **called for more human-driven moderation** rather than existing AI in the hope that this would be more effective at accurately targeting harmful content. Young people told us that moderation of content could be significantly improved by taking a more human-led approach and relying less on automatic, machine-led processes.

*Maybe it should be actual people as well as just bots going through the content, because people get smart and have caught on it's a bot, so it'll be like a really cutesy video and then ten seconds, because the bots and people who are looking for this content will only watch the start, then it'll cut and fifteen seconds in it'll be this gross thing, but they [bots] won't see it.*

*19 years old, female, lived experience group*

## 5.2    Reducing impact of exposure to harmful online content

While discussion of mitigations often focused on functions preventing exposure to harmful online content, young people and professionals also felt that **encountering this content was arguably inevitable in the current online environment**. They argued that young people's natural curiosity around topics such as self-harm, suicide and eating disorders, coupled with frequent, and often unrestricted, internet use made encountering harmful online content almost unavoidable.

*"If you see something online, I think it's a difficult one to call because I think it may intrigue people, because I think there's a voyeuristic nature that we have as individuals."*

**Professional, mental health charity**

Professionals suggested that mitigations should focus on minimising the harmful effects (outlined in Chapter 4) that encountering content promoting eating disorders, self-harm or suicide can have on

young people, rather than aiming to prevent them from exposure to any harmful content at all. This was due to feeling that prevention of all harmful content is unrealistic given views on the current environment. Professionals explained that a key component of mitigating these harmful impacts was to **equip young people with the skills and resources necessary to understand and process this content in a healthy and informed way.**

### 5.2.1    Online safety lessons

One suggested way to do this was through online safety lessons taught in schools. Professionals and young people noted that current online safety lessons were sometimes run by internal school staff but could also be facilitated by external organisations, such as charities. While some cited these being part of the school curriculum, for example covered in PSHE[23] lessons, young people and professionals also spoke of one-off sessions about online safety, for example as part of an induction day at the beginning of the school year.

However, both professionals and young people acknowledged that **online safety lessons tended to focus on ensuring online privacy,** such as data protection, rather than techniques for young people to cope with or protect themselves against harmful content. While some professionals and young people noted that topics such as self-harm, suicide and eating disorders were taught about in schools, generally these tended to be discussed separately to online safety, with little focus on encountering online content about these topics.

*"I'd say most of the online safety education for me has been like 'don't give away your location, hide any identifiable feature', rather than 'the internet is a big place and you can see a lot of bad stuff.' I suppose it's important that they focus on online grooming and stuff like that, but I suppose online grooming can be…very noticeable, like if someone leaves [e.g., disappears from home] without any reason, they're more likely to have someone find out why especially if they have parents and stuff. Whereas if you're being fed a lot of self-harm and body negativity type videos, I suppose that can corrupt you from the inside."*

**14 years old, male, core group**

Professionals and young people agreed that online safety lessons which addressed the issue of encountering harmful online content would be useful to help protect young people from the negative impacts of exposure to this type of online content. However, young people identified a **discrepancy between adult and young people's understanding of the online sphere as a key barrier to successfully delivering these**. As such, both young people and professionals called for improved information and guidance for adults, particularly those delivering online safety lessons such as teachers, about how young people use online platforms and the type of harmful content they may encounter.

### 5.2.2    Learning about topics in an age-appropriate way

Professionals highlighted the potential risks of young people being exposed to these topics too early, noting that being confronted with content related to these issues before having the emotional capacity to fully understand them could be harmful. Professionals maintained that a certain level of emotional

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[23] Personal, social, health and economic education lessons.

maturity was needed to be reached by young people before they could be taught about these topics and that the age at which this was reached varied widely.

*"I think it requires ongoing conversation about emotional literacy in all sorts of spaces, to build resilience in young people when they come across some things. I think it's not if, it's when, because I think it's very difficult to be a child in the 21st century with the kind of reliance on online stuff that we have, to not come across things. So, I would say emotional literacy is the main mitigation."*

**Professional group, mental health sector**

However, young people also told us that while online platforms often had age restrictions in place, these were easy to bypass.

As noted above, both professionals and young people felt it was inevitable that young people would be encountering at least some online content on these topics. Therefore, they suggested that **young people should be taught about these topics early on in their development, using age-appropriate language and terminology.** They felt that this might mitigate the potentially harmful effects of exposure to this content being young people's first introduction to topics such as self-harm, suicide, and eating disorders.

To facilitate this, parents/carers, as well as other adults in safeguarding roles such as teachers, should be equipped with the skills and resources to have sensitive, age-appropriate conversations about these topics with children at a young age.

*"Do you remember years ago there was that campaign on the telly about Ask Frank, about drugs…if you want to learn about the topics in a safe environment, maybe directing to, 'This is informative. Parents don't need to worry, this isn't going to teach you how to self-harm, but this is what self-harm means, this is what maybe self-insertion means. This is what, you know, hair-pulling means.' …So I think normalising in as much as educated people are directing people to services like Shout that are non-judgemental, that say, 'Look, of course you can talk about it'…because I do believe there's something about once you're informed, and once you've got more information about it, you can make better decisions."*

**Professional group, mental health sector**

### 5.2.3   Critical thinking skills

In addition to being taught about topics in an age-appropriate way, both young people and professionals recognised the importance of equipping children with critical thinking skills. They reasoned that the **ability to establish what a reliable source of information looks like could protect children from believing unreliable information from** online content they encounter on these topics. For instance, both young people and professionals expressed concern about young people's level of trust in information encountered on social media platforms, often failing to recognise the unreliability of the source.

To mitigate this, young people and professionals called for more **easily accessible, trustworthy sources of information on these topics** to try and counteract the wealth of unreliable information sources in existence. For example, young people and professionals suggested sources such as the NHS website or well-known organisations and charities related to self-harm, suicide or eating disorders. As well as providing information on these topics, young people and professionals suggested that more could

be done to publicise support services for those experiencing difficulties related to these topics, for example, posting these support services on platforms frequently used by young people such as TikTok and Instagram. Young people did acknowledge that platforms had improved signposting and searching for specific content would activate information on where to get support.

*On Instagram if you post certain things people can contact them [Instagram] and you'll get a pop up saying 'we're reaching out to offer you help because somebody has, one of your friends is concerned about you and wants to know that you're okay'. I've had that a couple of times.*

**19 years old, female, lived experience group**

Professionals also cited links to freetext phone numbers or websites with support resources. Some young people noted, that when services were signposted on social media platforms, these could sometimes include numbers or contacts from other countries. They suggested an improvement would be to ensure that all signposted services were relevant and appropriate for the region that young people were accessing the platform from and were official sources, such as the NHS or known charities.

### 5.2.4   Availability of a trusted adult

Professionals acknowledged that the presence of a trusted adult could also help to mitigate harm experienced by encountering online content on these issues. For instance, this could be a parent, carer, teacher, or other adult figure with whom they have established a trusting relationship with. Professionals described the **positive effects of open dialogue between young people and a trusted adult** whereby the young people feel comfortable to ask questions about and discuss the impact of the content they come across online.

*"I don't know if I would feel good about telling a teacher about if something was happening. It would have to be someone I really trust."*

**15 years old, female, core group**

This provides the **opportunity for adults to explain aspects of the content that young people might not have understood in an age-appropriate and sensitive way.** It also enables them to provide emotional support for any distress experienced by young people as a result of encountering the content or signposting them to support services where appropriate. Importantly, the presence of a trusted adult reduces young people's sense of isolation and confusion in response to online content, giving them the chance to process emotions that this experience may have brought up.

# Annex 1 – Sample profile

**Professional sample - Sector**

| Sector | Number |
|---|---|
| Education | 4 |
| Charity | 2 |
| Young people's services/ support | 2 |
| Psychology | 2 |
| **Total** | **10** |

**Professional sample - Region**

| Region | Number |
|---|---|
| South West | 4 |
| South East | 2 |
| West Midlands | 1 |
| East Midlands | 1 |
| UK-wide | 2 |

**Children and young people sample**

| Young people sample | Number |
|---|---|
| Core | 17 |
| Lived experience | 14 |
| **Total** | **31** |

## Children and young people sample (core sample) - Age

| Age | Number |
|---|---|
| 13-14 years old | 9 |
| 15-17 years old | 5 |
| 18 years old | 3 |

## Children and young people sample (lived experience sample) - Age

| Age | Number |
|---|---|
| 13-14 years old | 1 |
| 15-17 years old | 6 |
| 18-21 years old | 7 |

## Children and young people sample - Region

| Region | Number |
|---|---|
| Wales | 1 |
| South West | 3 |
| London | 2 |
| East of England | 5 |
| West Midlands | 2 |
| South East | 18 |

## Children and young people sample - Gender

| Gender | Number |
|---|---|
| Female | 17 |
| Male | 9 |
| Non-Binary | 2 |
| Transgender | 3 |

# Children and young people – Lived experience sample

| Lived experience (self-reported) | Number |
|---|---|
| Eating Disorders | 5 |
| Self-Harm | 1 |
| Suicidal ideation or attempt | 2 |
| Eating Disorders and Self-harm | 3 |
| Self-Harm and Suicidal ideation or attempt | 2 |
| Depression/anxiety | 1 |
| **Total** | **14** |

| Lived experience (self-reported) | Number |
|---|---|

# Annex 2 - Glossary

**Children and Young People**: We spoke to children and young people aged 13-21 years old about their experiences of encountering this content online. Young adults included in the research were asked to reflect back on their experiences as children. However, when discussing the research findings in the report, we have used the term 'young people' for brevity.

**Content moderation:** The process of detecting, reviewing and actioning user-generated content on online platforms to ensure that it meets certain standards and guidelines. This includes removing inappropriate or violative content and enforcing community guidelines and terms of service. This is done by automated moderation technology, or by paid staff, or a combination of the two, or online volunteer site users for certain online communities and platforms.

**Core sample:** Children and young aged 13-18 years old who had encountered online content which they considered promoted suicide, self-harm and eating disorders. Those aged 18 were asked to reflect back to their experiences during childhood.

**Harmful online content:** This includes content which professionals and young people felt promotes, glamourises or romanticises eating disorders, self-harm, and suicide. Where findings differ or refer to only one of the content areas, this is noted. We use the umbrella terms 'harmful content' or 'promotes' to refer to content that professionals and young people felt promoted, glamourised or romanticised these harms.

**Lifestyle content:** Online content about daily life, either from a realistic or aspirational standing. This may include travel, health, beauty, home, personal finances, fitness, cooking, hobbies, etc.

**Lived experience sample:** Children and young people aged 13-21 with lived experience of eating disorders, self-harm or suicidal ideation, and who had encountered suicide, self-harm or eating disorder content online which they considered was harmful. Lived experience participants were eligible for the study if they were more than 6 months past a period of recovery for any of these issues, and no longer had an active diagnosis or ongoing experience of them.

**Mental health difficulties: These encompass a wide range of conditions that affect mood, thinking and behaviour. Examples of mental health difficulties include** eating disorders, self-harming behaviour and suicidal thoughts or intentions.

**Online communities:** A community whose members interact with each other via an online platform and share common interests.

**Professional sample:** Individuals working directly with children and young people aged 13-18 years old in a safeguarding capacity.

**Recovery content:** Content that encourages recovery in the user or others, including posts documenting, or discussing the creator's own recovery progress and struggles (e.g. with eating disorders, addiction etc).

**Trigger warnings:** A notice provided before showing content that could potentially evoke strong emotional reactions in individuals who have experienced trauma or have specific sensitivities. Trigger

warnings are not meant to censor or eliminate uncomfortable or challenging topics from discussion but rather to provide individuals with the choice to engage at their own discretion.

**Triggering content:** Content that may cause someone emotional distress, typically by arousing feelings or memories associated with a particular traumatic experience.

**Vent posts:** Content posted for the creator to express their personal problems to followers.

# Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.

### ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.

### Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.

### ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.

### ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.

### The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.

### HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK's National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.

### Fair Data

Ipsos is signed up as a "Fair Data" company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

# For more information