



Exploring Adults' Engagement with Suicide, Self-Harm, and Eating Disorder Content Online

A qualitative research report
commissioned by Ofcom

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Content warning

This report includes discussion of sensitive and potentially distressing topics, including people's experiences of suicide, self-harm, and eating disorders, as well as online content promoting these. There may also be quotes in which participants use upsetting language. We recognise that this content may be difficult to engage with, so please take care while reading, and feel free to step away or take a break at any point if needed.

We have not provided further written content warnings as these topics come up frequently throughout.

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:

For everyone:

- [Samaritans](#)
Phone: 116 123 (free 24/7 helpline)
- [SOS Silence of Suicide](#)
Phone: 0808 115 1505 (8am to midnight weekdays and 4pm to midnight weekends)
- [SHOUT](#)
Text: text 'Shout' to 85258 (free support 24/7)
- [Campaign Against Living Miserably \(CALM\)](#)
Phone: 0800 58 58 58 (5pm to midnight every day)
- [Beat](#)
Helpline (England): 0808 801 0677 (free)

For people under 35:

- [Papyrus](#)
Phone: 0800 068 41 41 (Hopeline247)
Text: 07860 039967
Email: pat@papyrus-uk.org

For children and young people under 19

- [Childline](#)
Phone: 0800 1111 (24/7 helpline)

In an emergency don't be afraid to dial 999

Ofcom Foreword

Ofcom's mission is to make communications work for everyone, including by improving online safety and promoting media literacy. We aim to make the online world safer for people in the UK, so we can all make the most of opportunities offered by the digital world.

To support our work, Ofcom needs to understand experiences of people across the whole of UK society, and use that understanding to shape the action we take. It is hugely important to understand firsthand what people's online lives are like, including people whose experiences might be less common, but where the impact of harm on them can be devastating. It is also essential for Ofcom to support and commission research to keep our evidence base up to date to make sure we have a good understanding of the issues.

Following [a similar study with children and young people](#) that we published in 2024, this report looks at the perspectives of 30 adults who had been exposed to, and in some cases sought out, online content that they told us promoted suicide, self-harm and eating disorders (SSHED content). It also includes findings from interviews with 5 professionals whose jobs include supporting people who encounter this content online.

For each type of content - suicide, self-harm, and eating disorder - participants described a wide range of experiences. During periods of great distress and vulnerability, on smaller online platforms most internet users never see, some participants encountered instructional content that, from its description, was likely to be illegal.¹ We also heard about people who had used GenAI to give them ideas about how to hurt themselves. More often, on mainstream apps used by millions of people in the UK, participants encountered viral content, involving short-form videos or memes, which they said could be graphic in nature, or romanticise self-harming or disordered eating. Research participants talked about how in some cases, rather than intending to cause harm, SSHED content could be a form of self-expression from internet users undergoing huge challenges with their health and wellbeing - including from participants' friends, and online communities they belonged to.

When asked what they think needs to change to make online spaces safer for those with lived experience of suicide, self-harm and eating disorders, participants felt online platforms need to go further and be quicker to take down content that causes harm or other negative impacts. It is also striking that when asked whether they now tried to avoid such content in their online life, or would like to in the future, many wanted improved tools and features to navigate such online content. But some did not feel that avoiding this content was an option for two very different reasons - either due to the way they felt platforms were designed to show them content based on what they have engaged with in the past, no matter how briefly; or because they felt a sense of purpose and belonging in community

¹ For examples of illegal suicide and self-harm content, see Ofcom's [Illegal Content Judgements Guidance](#).

spaces, where they wanted to support others who talk about their lived experience.

Online service providers in scope of the Online Safety Act must comply with duties relating to suicide, self-harm and eating disorder content that is harmful to children, as well as illegal forms of this content. In addition, some of the largest service providers will also be required to provide adults with tools and features that alert users to the presence, or reduce the likelihood of them encountering, certain kinds of SSHED content that aren't illegal.² For the first time, these service providers will have legal obligations to empower adult users to control their experience with this content. Our [Additional Duties Code of Practice](#) will recommend measures that providers should take to satisfy these duties.

The research findings suggest how important it is for adult internet users to be given meaningful choice about whether or not to engage with SSHED content when it is legal and accessible to them. There is a clear sense from this research that internet users will have different preferences between whether they want to be alerted to this content, or not encounter it at all, and may even have alternative preferences depending on whether the content promotes suicide, self-harm, or eating disorders.

We would like to thank M·E·L Research, the professionals who participated in the research, and most of all, the 30 research participants who generously shared their difficult experiences of offline and online life with M·E·L Research to support our work.

Research like this highlights the importance of the action we have already taken through our supervisory and enforcement related work. We will continue to do that as part of implementing the Act, making sure relevant service providers comply with the user empowerment duties, as well as existing duties on illegal harm and children's safety. We will continue to conduct research and engage with people with lived experience of online harm as we deliver our work.

Context and notes on interpretation

This report contains discussion of distressing themes regarding the experiences of adults who have encountered content they felt promoted, glamourised or romanticised suicide, self-harm and eating disorder content. For brevity we refer to this as SSHED content in most of 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.

² See section 15 of the Online Safety Act.

While this report includes references to online tools and features that are also discussed in Ofcom consultation documents and regulatory outputs, the findings from this research should not be considered a reflection of any policy position that Ofcom may adopt as part of our role as the online safety regulator. All findings contained in this report reflect the perceptions of UK adults who took part in this project, not the views of Ofcom or MEL research. Perceptions of online safety tools and features should not be seen as a validation of technical feasibility, proportionality or effectiveness of these.

In this report we use the term ‘platforms’ to refer to a wide range of online services, sites and apps, including but not limited to social media, video sharing platforms, and online forums. The report does not include any verification of whether adults’ perceptions accurately reflect the functionalities or safety processes deployed by mentioned platforms. Specific online platforms are referenced throughout the report reflecting participants’ views and experiences. This should not be interpreted as an indication of the prevalence or origination of content types on particular platforms, but rather as indicative of the platforms used by those taking part in the project and their experiences on those platforms.

This report has been reviewed and edited to ensure that any information which could signpost readers to harm has been removed for safeguarding purposes.

Executive Summary

This report presents findings from a qualitative study exploring how UK adults engage with online content promoting suicide, self-harm and eating disorders (SSHED). The research draws on in-depth interviews with 30 adults with varying types of lived experience, alongside five professional stakeholders, to understand pathways to content, perceptions of harm, impacts, and user views on platforms and potential interventions.

Key findings

Content, pathways and impacts

Participants experienced a wide range of content that they identified as promoting suicide, self-harm and eating disorders, and described these as having varying levels of risk.

Content perceived as directly harmful included graphic imagery, instructional material describing methods, and other users encouraging harmful behaviour, sometimes in hostile ways in a comment under/reply to someone's post.³ Other content was seen as indirectly harmful by normalising certain behaviours, via romanticised, aestheticized, and/or trend-based formats (e.g. memes), as well as diet and lifestyle content that reinforced disordered eating patterns. Participants emphasised that harm is often context-dependent and can be subjective, with similar content interpreted differently depending on tone, intent, and the internet user's lived experience.

Engagement with SSHED content was shaped by both intentional and unintentional pathways

Participants described frequently encountering SSHED content unintentionally through platform features such as personalised feeds, autoplay, and viral content, often after only minimal engagement with related material. There were also cases of participants encountering SSHED content that was shared by people in their social network or in an online community space. In addition, some users described instances or extended periods of actively seeking out SSHED content, particularly during periods of distress, in pursuit of instructional advice, emotional validation, or connection with others facing similar experiences. Participants engaged with SSHED content on mainstream platforms (e.g. social media), through search services (both traditional and GenAI search), and via smaller platforms (e.g. forums).

Content exposure was cumulative and reinforced over time

Regardless of how engagement began, participants described a pattern in which initial exposure led to ongoing, often passive encounters with similar content through feeds and recommendations. Distancing from this content typically required sustained, deliberate effort, such as disengaging from platforms or curating their

³ This is sometimes described as "egging someone on." See, for example, section 13 of Ofcom's [Illegal Content Judgements Guidance](#).

use of these (e.g. avoiding content from particular accounts; or even avoiding the platform's default content feed altogether).

Exposure to SSHEd content had significant behavioural, cognitive and emotional impacts

Six participants described instances where content directly contributed to self-harm, suicidal behaviour, or disordered eating, typically through exposure to instructional material that was sought in more intentional ways. Those who reported unexpectedly encountering SSHEd content also said that this resulted in negative impacts. Reported impacts included emotional distress, fixation, normalisation of harmful behaviours, and negative self-thought. Impacts were often cyclical, with engagement both reflecting and reinforcing poor mental health. There was frustration with the way in which unexpected encounters with content could result in further engagement with SSHEd content. It was also described as being unwelcome among people who had previous experiences of engaging with content, but now wanted to avoid it.

Within online spaces featuring positive content that participants valued for providing connection, community and support, instances of encountering SSHEd content remained.

Some participants valued online spaces where people talked about suicide, self-harm or eating disorders - or other more general topics like mental health. These helped to reduce isolation, and enabled participants to share experiences and access recovery-oriented content, which was particularly valuable when offline support was limited. However, these benefits frequently coexisted with exposure to harmful material within the same environments.

Managing content, platform tools and accountability

Participants felt that tools and features on platforms they used were not helping them to sufficiently manage exposure to SSHEd content.

Participants highlighted barriers to using platform safety tools including poor discoverability of safety settings, high effort to find and adjust these, inconsistent effectiveness, and limited transparency about content guidelines, reporting and flagging. Tools such as reporting and blocking were more commonly used, but perceived as limited in scope, often failing to prevent broader patterns of exposure. Participants also highlighted how default settings and platform design could influence user experiences - for example, by the 'main' feed upon opening an app involving recommended content from a range of users, rather than content just from accounts they followed.

Users want greater control, but also more proactive protection from platforms.

Participants expressed a desire for simpler, more intuitive tools, greater control over recommendation systems, and more granular content filtering options. There was strong desire for more proactive platform interventions, including improved moderation, better content warnings (e.g. that require a conscious click to proceed), and targeted support and action when harmful engagement patterns are detected. However, there were also participants who wanted to retain the choice to encounter SSHEd content in certain contexts, or if they did not perceive it as harmful

- for example, not wanting to block or filter out content from a friend who was posting such content, and might need help.

Responsibility for protecting and empowering users was primarily attributed to platforms, with a critical role for regulators.

While participants highlighted the importance of retaining choice over what content they were exposed to, they consistently emphasised that responsibility for addressing harmful content lies with platforms, given their control over systems and data. Regulators and government were seen as essential to ensure accountability and enforce action, particularly in light of perceptions that platforms were not prioritising user safety.

Conclusions

The findings highlight that adult engagement with SSHED content is complex, dynamic, and shaped by both individual vulnerability, historical engagement and platform design. Exposure is rarely isolated, instead emerging through interconnected pathways and was said to be sustained by personalised feeds and social dynamics.

While participants expressed desire for greater control over their online environments, many felt that relying solely on user-enforced tools was insufficient, particularly in light of their current design, specificity and difficulty to locate. Participants commented on the need for systemic action, combining improved platform design, stronger and more consistent moderation, and proactive interventions that support users.

Ensuring that harmful content is effectively mitigated, while preserving access to supportive communities and recovery-oriented resources were core suggestions from participants to platforms, policymakers, and wider stakeholders.

1. Background

Purpose and overview

Ofcom commissioned MEL Research to conduct a qualitative research study exploring how adults engage with online content promoting suicide, self-harm and eating disorders (SSHED). There is limited evidence on how adult users encounter this content online and this research sought to fill this gap by engaging with adults with different levels of lived experience, as well as professionals in the field.

As the UK regulator for online safety, media literacy and related areas, Ofcom's role is to make communications work for everyone. To do this, it relies on having access to high quality evidence to deepen its understanding and fulfil its duties. In-depth research on the experiences and views of people across the UK supports Ofcom to better understand citizens and consumers which is central to its policymaking and practice.

Under the Online Safety Act 2023, providers of online services must have systems and processes to protect UK users from illegal content, and children from content that is harmful to them. Ofcom has a range of powers and responsibilities under the Act to help make online services safer, as well as duties to promote and research media literacy. Providers must protect users from illegal content relating to suicide, self-harm and eating disorders.⁴ They must also protect children from these types of content when they are not illegal but are nevertheless harmful to them.⁵ The providers of some of the largest online services must also offer adult users with control over their online experience, by giving them tools to increase their control over these types of content in the form of user empowerment features.⁶

To help deliver its work, Ofcom gathers and produces evidence about internet users' online experiences and the nature of different kinds of online harm and content. Previous research commissioned by Ofcom on the experiences of children and young people online has highlighted the risks posed by online content related to suicide, self-harm, and eating disorders.⁷ To strengthen the evidence base in relation to adult users and support Ofcom in its work, this research focused specifically on online content that promotes suicide, self-harm, and eating disorders (SSHED content) to adults as well as how adults use content controls and safety tools to protect themselves from this content.

The findings from this research can be used by policymakers across Ofcom and its stakeholders to understand people's experiences, while also amplifying the voices

⁴ See paragraphs 1, 2 and 2A of Schedule 7 to the Act.

⁵ See sections 60 and 61 of the Act.

⁶ See sections 15 and 16 of the Act.

⁷ Ofcom (2024) [Online content: Experiences of children encountering online content relating to eating disorders, self-harm and suicide](#). Wider evidence on SSHED content has been gathered and published by Ofcom in its [Illegal Harms](#) and [Children's](#) Registers of Risks.

of those with lived experience. Practical insights on tools and support measures are also highlighted for teams working in areas such as media literacy.

Research aims and objectives

This research sought to understand how UK adults engage with online content promoting suicide, self-harm, and eating disorders, including how such content is encountered, its perceived impact, and how experiences vary across different groups. It also explored the views of internet users on current and potential interventions to protect and empower them in relation to SSHED content.

Below are the central research aims for the project. The core research questions are located in Annex 1:

1. Explore how UK adults engage with, and experience online content promoting suicide, self-harm, and eating disorders, including what role it plays in their online experiences.
2. Understand how such content is encountered (e.g. the types of services or platforms involved, and the pathways leading to it), how individuals respond to it and its overall impact.
3. Examine how individuals interact with and feel about related tools and resources (particularly in relation to legal forms of SSHED content), as well as how these interactions may vary across different services or platforms, and identify what other kinds of interventions could better protect and empower users.
4. Understand how the effects of this content may differ across demographic and community groups, particularly groups who are under-represented in existing evidence.

2. Methodology

Research design

This study was designed to explore how adults engage with online content relating to suicide, self-harm and eating disorders. Because these experiences are often emotionally charged, highly personal and shaped by complex contextual factors, a qualitative approach was adopted. The research centred on in-depth one-to-one interviews that allowed participants to describe their experiences in their own words and at their own pace. The design was grounded in trauma-informed principles, ensuring that participants' wellbeing, autonomy and safety were prioritised throughout.

The research design also included interviews with a small number of professional stakeholders. This dual approach enabled the study to capture both the personal, subjective dimensions of online engagement and the broader clinical, service and policy context in which these experiences sit. Fieldwork took place in December 2025 and early 2026.

Two-stage in-depth interviews

The core of the fieldwork consisted of interviews with 30 adults who had engaged with SSHED content online. To ensure that participation was appropriate for each individual, interviews were conducted in two stages, creating a safe and supportive environment for discussing difficult experiences. It also allowed for richer, more thoughtful accounts, as participants had time to prepare and consider what they wished to share.

- The first stage involved a short pre-interview conversation, by telephone or video call allowing researchers to build rapport and establish a sense of trust before discussing sensitive material. This stage included some initial questions about participants' engagement with SSHED content, both to ensure that it was appropriate to include participants in both stages of the research, and to give participants an initial opportunity to talk openly about these experiences if they wanted to do so. It also provided an opportunity to explore the participant's current circumstances, emotional readiness and previous experiences in a gentle and supportive way. This early engagement helped participants decide whether they wished to continue and enabled the research team to identify any safeguarding concerns and to ensure that participation would not place anyone at risk.

- The second stage was an in-depth remote interview lasting between 60 and 90 minutes. The format was deliberately flexible, allowing participants to guide the conversation and focus on aspects of their experience that felt most important to them. Interviewers adapted their approach in response to participants' emotional cues, offering breaks, slowing the pace or shifting direction when needed. Participants were reminded that they could decline to answer any question or stop the interview at any time. The questions were shared in advance of each stage of the interviews to reduce anxiety and give participants time to reflect.

Professional Stakeholder Interviews

Alongside the participant interviews, the study included five 60-minute interviews with professional stakeholders. These comprised academic researchers specialising in suicide, self-harm and digital behaviours, as well as practitioners and support workers from community mental health, self-harm and eating disorder services. These conversations provided valuable insight into clinical risk, patterns of online engagement observed in practice, and the wider service landscape. They also helped contextualise and triangulate the lived experience findings, offering an additional layer of interpretation and nuance.

Sample profile

The main sample of 30 participants reflected a broad range of experiences and backgrounds. We aimed to speak to people with different kinds of personal connection to self-harm, suicide and eating disorders, including people with relevant first-hand lived experience, and to also include people with diverse characteristics in terms of age, gender, ethnicity, geography, digital literacy and type of online engagement.

Lived experience of suicide, self-harm and eating disorders

There is clear evidence that SSHED content has different and more severe impacts on people who are currently or have previously experienced challenges relating to suicide, self-harm or eating disorders.⁸ We therefore both actively wanted to include people with relevant lived experiences to hear their perspectives, and expected this would happen naturally when looking for participants who had engaged with SSHED content.

⁸ For examples, see Ofcom's [Illegal Harms](#) and [Children's](#) Registers of Risks.

Most participants had direct, personal experiences related to suicide, self-harm or eating disorders.⁹ Twenty-one reported first-hand lived experiences, with participants in some cases having experiences across multiple categories (e.g. of both self-harm and an eating disorder):

- 14 reported personal experiences of self-harm
- 15 reported personal experiences relating to suicide (such as attempting, planning suicide and/or seriously considering suicide)
- 8 reported personal experiences of eating disorders

A further nine participants had forms of second-hand lived experience, meaning they had often been closely affected by someone else’s experiences as discussed in the research findings:

- 6 supported or cared for a close friend or family member with an experience of self-harm, suicide, or an eating disorder
- 3 knew someone else (e.g. via their professional or personal social network) with a relevant experience

Experiences of suicide, self-harm and eating disorder content

Across the sample, participants reported varied engagement with different types of online content, though all had experienced harmful SSHED content within the past 12 months.¹⁰ More details on the variety of content types participants had engaged with are included in Table 1. Not all content encountered was discussed in detail during interviews, as conversations were participant-led and focused on what felt most relevant or comfortable for each individual, based on the flexible, trauma-informed nature of the interview process.

Table 1 - Experiences of SSHED content

Experiences of SSHED content	Suicide	Self-harm	Eating disorder
Encountered	22	18	21
Discussed in interview	19	15	17

⁹ For ethical reasons we did not prompt specifically on what if any medical diagnoses participants had, though some participants mentioned relevant diagnoses during the interviews.

¹⁰ In the interviews, some participants also discussed earlier experiences of SSHED content, including content seen in the past 24 months, and experiences from earlier in life (e.g. adolescence).

Demographic profile

Participants represented a broad age range, from their mid-twenties to their early sixties. The largest group were aged 25-29, followed by those in their early thirties. The sample included twenty women and ten men. Two-thirds of participants identified as White British or White European, with additional representation from Asian, Black and Mixed ethnic backgrounds. Whilst geographical spread was attempted, there were fewer participants that met the research criteria willing to take part from Wales, Scotland and Northern Ireland. As such, the sample skewed more towards participants based in England. A more detailed breakdown of the samples demographic profile can be found in Annex 2.

Professional stakeholders

In addition to the main research sample, the study included additional interviews with five professional stakeholders whose work relates to suicide, self-harm, eating disorders or digital mental health. This group comprised two academic researchers specialising in suicide, self-harm and the relationship between online environments and mental health; and three practitioners and support workers from community mental health, self-harm support and eating disorder services.

Sampling and Recruitment

A dual recruitment strategy was used. The first involved recruitment via M·E·L Research's twice-annual, nationally representative survey: SPARK (Suicide Prevention: Attitudes, Risk & Knowledge).¹¹ In consultation with Ofcom, additional questions were added to the SPARK survey for the Autumn 2025 iteration to capture people's digital encounters with self-harm and/or suicide content. Survey participants who answered the additional questions were given the option to learn more about the Ofcom study and answer some screening questions regarding eligibility and their wellbeing.

The second recruitment process utilised was a recruitment partner specialised in recruiting participants for sensitive research topics. The partner advertised the research study online using a detailed set of screening questions (as used in the SPARK survey) to ensure eligible participants were identified. Where people indicated their interest and met the eligibility criteria, they provided consent for their details to be passed to the research team.

¹¹ SPARK is a large scale tracking survey conducted among the UK population (n=1500, respondents aged 16+), which has been conducted in spring and autumn each year since 2022. The most recent report can be found [here](#).

To recruit professionals for the study, the research team identified relevant individuals and organisations through desk-based research and suggestions from Ofcom, focusing on those with expertise in areas such as mental health, online safety, and support for individuals affected by suicide, self-harm, and eating disorders, particularly in relation to adults.

Safeguarding and Ethical Considerations

Safeguarding was a central pillar of the research design, reflecting the sensitive nature of discussing suicide, self-harm and eating disorders with adults who may have lived experience or be otherwise vulnerable. A detailed safeguarding framework was agreed with Ofcom. The process, from recruitment through to post-interview follow-up, was designed to minimise distress, re-traumatisation or harm, and to ensure participation was safe, voluntary and fully informed.

The safeguarding framework combined trauma-informed practice, robust screening procedures, clear escalation pathways and specialist clinical oversight provided by an independent third party Approved Mental Health Practitioner. All participant-facing materials were written in accessible, non-judgemental language and emphasised choice, control and the right to withdraw. Participants were reminded throughout that the interviews were anonymous and that they could skip questions, pause, or stop at any time.

Safeguarding began at recruitment where screening questions were used to identify individuals who could safely take part, while allowing others to opt out easily. Both the SPARK survey and specialist recruiter included trigger warnings, signposting, and options to skip questions. Open-text responses were reviewed by trained staff, with any concerns escalated to safeguarding leads or MEL Research's Ethics Advisory Group.¹²

A key mechanism was the pre-interview suitability call, which allowed researchers to explain the study, build rapport, and assess readiness to participate. Participants could ask questions and decide whether to proceed. The call followed trauma-informed principles, giving participants control over pace and content. Support options were discussed, and where needed, advice was sought from a mental health specialist. During pre-interview screening calls, participants were assessed to ensure the research was appropriate and would not risk causing distress or re-traumatisation. Where there were concerns about an individual's current wellbeing, or if they were currently experiencing self-harm, an eating disorder or suicidal ideation, they were not invited to take part, and information about relevant support was provided as appropriate. Individuals who were not selected following this stage were offered remuneration in the form of a voucher in recognition of their time and

¹² M·E·L Research's Ethics Advisory Group (provides independent oversight on ethics for all projects, advising on safeguarding, screening decisions, and responses to participant wellbeing concerns, and supporting proportionate, trauma-informed decision making.

contribution. Participants who completed both stages offered further remuneration to reflect the additional contribution given.

Interviews were conducted with the same level of care as suitability calls. Participants received detailed information in advance, including topics, potential risks and safeguarding processes. Researchers checked in throughout, adjusted pace, offered breaks, and prepared participants before sensitive topics. Interviewers were trained to respond to distress and disclosures, with a safeguarding lead available during fieldwork.

Clear procedures were in place for managing safeguarding concerns. Where participants disclosed risk of harm, researchers followed established escalation processes, with decisions made by a safeguarding lead in consultation with a mental health specialist. Participants were kept informed, and support resources were shared proactively.

Safeguarding extended beyond the interview. Where concerns remained, researchers consulted safeguarding leads to determine appropriate follow-up or signposting. All actions were handled with sensitivity and confidentiality. The research team was also supported through training on vicarious trauma, alongside access to debriefs and supervision.

While the safeguarding risks were assessed to be lower for the stakeholder interviews, professional participants were still supported through informed consent, clear information about the topics covered, and the option to pause or stop the discussion if needed.

How to read this report and consider the research findings

As with all qualitative research, the findings in this study reflect subjective experiences and personal interpretations. The sample was weighted towards individuals with lived experience of harm, which mirrors those most likely to encounter SSHED content, but may not fully represent all types of online engagement. The exclusion of individuals currently in crisis, while necessary for safeguarding, may also mean that those engaging most frequently or intensely with harmful content are underrepresented.

The study explored suicide, self-harm and eating disorder content together, rather than adopting separate research designs for each content type. This approach reflects how participants themselves described encountering and engaging with content, often moving across these areas rather than experiencing them in isolation. However, it is possible that a more focused design on a single content type may have produced different findings or greater depth within specific areas. For this reason, findings are not exclusively reported on by content type, except where clear

distinctions emerged. Interviews were participant-led, meaning that not all content types or platforms were discussed evenly. As such, the report reflects what was most salient to participants, rather than providing a comprehensive or evenly distributed account of all possible experiences.

The report does not make great reference to whether content encountered by participants may have been illegal. This is because it was not described in these terms by participants, and we do not have firsthand access to the specific kinds of content encountered, by nature of the study.

These factors should be considered when interpreting the findings, particularly in understanding the scope of the research and how the design has shaped the insights presented.

Note on vignettes: Throughout the report, we include some vignette-style case studies to illustrate key themes in participants' experiences. These are based on participant accounts; however, names have been changed to protect anonymity. Each vignette represents responses from individuals we spoke to (combined from across the participant's full interview, rather than being drawn from a single portion of the interview) to illustrate key themes in the research findings.

3. Pathways to content

Unexpected exposure

Participants often described being exposed to content unintentionally

Participants described being exposed to harmful content unintentionally, often as a result of how platforms surface and distribute material. This exposure was typically passive, with individuals encountering content without actively seeking it out, sometimes shortly after only minimal or unrelated engagement. In some cases participants said they had only briefly engaged with related or sometimes even unrelated content.

A common pathway that harmful content arose through was personalised feeds (referred to as ‘the algorithm’ by participants). Participants described that platforms would suggest and display related content that interviewees thought was shown to them based on prior content interaction and inferred interests. Participants reported that material appeared after engaging with related content (such as general mental health content). This was particularly associated with platform features such as personalised homepages and feeds, including ‘For You’ or ‘Discover’ pages, as well as functions that automatically play video content without user input. Several participants noted that SSHED content appeared with surprising speed and persistence; in some cases, just seconds after they had watched another type of content that might be connected in some way to SSHED as a topic area, even if they had only engaged with this very briefly.

“Seeing other people that are on the journey of encouragement... is helpful for comparisons. But I think I've taught the algorithm that I'm interested in seeing that content, which is helpful sometimes, but you see the other side now, and that's why it gets delivered to me, I'm sure.” Participant, ID8

Content being widely shared, sometimes due to viral formats such as trending audios, was a related pathway through which harmful content appeared in some participants’ feeds. In these cases, the visibility of content appeared to be driven more by overall popularity on the platform than the individual participants’ online behaviour. Some participants also speculated that they had encountered more ‘popular’ SSHED content because there was an overlap between the audiences of the person who had posted this content with the audiences of another account that the participant followed. There was also evidence of a participant who reposted SSHED

and related content during periods of poor mental health, which they considered may have affected what further SSHED content they were exposed to.

“Sometimes these algorithms just bring it to you. If it's packaged in a way where it's not being flagged up by the channel as harmful and everyone's sort of like commenting on it or there's a lot of engagement on it, the algorithm is more likely to bring it up on your feed” Participant, ID13

Harmful comments were a feature of many participants' experiences of SSHED content. Specifically, **written messages left by other users in comment and reply sections**, that normalised SSHED or directed abuse and harassment to others (including 'egging on,' and inferred encouragement of suicide or self-harm), in response to other posts or during live streams were a frequent source of exposure.

Participants perceived that actions like watching SSHED (or related) content or clicking on links might lead personalised feeds to show them SSHED content. A small proportion of participants also felt that their **activity on search engines could influence the content they later encountered on social media platforms**, suggesting that routes to exposure might extend beyond a single platform and be shaped by broader online behaviour. For example, one participant explained that they used a search engine to access information about eating disorders on behalf of a family member and later encountered content encouraging it on TikTok, and perceived these two experiences to be linked.

“I just started thinking, ‘OK, I just want to be on top of this’ [their child’s mental health]. And so I searched them and when I was scrolling on TikTok all of these videos started coming up about self-harm and eating disorders. But I'm pretty sure I hadn't searched for these things on TikTok.” Participant, ID1

Vignette 1 - Community spaces, personal networks and ‘related posts’ can deepen exposure to potentially harmful content:

Alex described repeatedly encountering eating disorder content online without intending to, often because of the way platforms appear to interpret their behaviour. They explain that on X (formerly Twitter), *“unwanted eating disorder content is popping up...there’ll be a couple of days where there’s a real flurry of it and then it’ll disappear,”* noting that they cannot work out *“whether it is something that I'm doing without realising it.”*

Alex is interested in content covering a range of topics, including history, travel and cooking. They describe using careful curation to maintain control of what they are served, such as specifically seeking out positive content (unrelated to SSHED) stating *“[I] try to keep it mostly with, you know, key content,*

positive content, because you know, things do creep in [otherwise]”. However, when on X - a place in which they look at some fitness and exercise content - Alex noticed several times how this content can lead to a cascade of related posts that spill into eating disorder content and, in some cases, self-harm content. “This was just starting off in mental health in general space...looking at an inspirational story of somebody who has been out of hospital for a month.... And then obviously you can look further down and then bang, what happened was literally somebody posting from a hospital.”

Hashtags mislabelling content as being about recovery can exasperate this effect. *“I think because you're in that space and they put hashtag “recovery”, even though they've got no intention of doing any recovery themselves at all, because that's where their head is. That comes up, and this was somebody who bangs her head, which is awful and horrible... it was fairly gory and other similar things have happened where somehow it just pops up and it's like, wow, okay, that's quite nasty”*

A few participants reported a distinct overlap between different types of harmful content, specifically with **eating disorder content leading to self-harm content** (though not in reverse). This co-occurrence contributed to a sense that engaging with one type of content could increase the likelihood of being exposed to another, acting like a gateway and reinforcing patterns of unintended exposure.

*“The thing that I find difficult is if you end up in that [eating-disorder] space you will very rapidly end up in self-harm spaces, it's easy, really easy, within, 15 minutes there's somebody posting pictures of their [self-harm behaviour].”*¹³ Participant, ID26

Participants described engaging with content out of curiosity or when searching for advice

Some participants reported **initially seeking out supportive or informational content related to SSHED**. These searches were often motivated by a desire to better understand their own experiences or to find help for others, usually family members or close friends. The intention was typically focused on accessing guidance, advice or reassurance, rather than harmful material. However, this initial search was reported as opening the gate to encountering more harmful material. Perceived reasons for this included how personalised feeds seemed to respond to the participant's search, and how harmful and non-harmful material were available in the same online space (e.g. a mental health forum).

¹³ Description omitted due to graphicness.

Participants also described instances of **exploring related content out of curiosity**, for example after encountering news stories or media coverage on suicide. This could lead them to search for additional information, which in turn directed them towards specific accounts, discussion threads, or online forums. In some cases, participants noted a pattern of continued or repeated searching, linked to feelings of compulsivity or fixation. One example of this related to a participant who had discovered a content creator who posted materials online describing intentions to die by suicide:

“I actually looked into it and did some research, because it looked so odd. It was just this guy who’s got really, really big on Instagram. His whole USP was that he’s going to commit suicide... And I found it very, very odd, I didn’t get obsessed, but I got a bit fascinated. I was like, ‘what is going on?’” Participant, ID18

Some participants described **searching within social media platforms or forums for advice on other topics that were closely related to potentially harmful content areas**. This included looking for guidance on weight-loss medications prescribed by medical professionals. Others reported looking up adjacent topics, such as healthy eating, exercise, or self-development, without the intention of encountering harmful content. These searches were described as being focused on broader lifestyle or wellbeing themes, but could lead to content and spaces that platformed dangerous advice, most frequently relating to eating disorder content.

Lastly, participants highlighted that **content could also be encountered through links shared across different platforms**. For example, users might post links to content hosted elsewhere, which could then lead to further or more explicit exposure on another platform.

“On [platform]... and this is why I am not on as many of the eating disorder [areas] as I used to be, there will be people linking stuff from other platforms. Someone linked a video... and it was basically a girl just throwing up.” Participant, ID33

In addition, participants mentioned encountering links on social media to news articles about sensitive topics; these articles were described as having clickbait-style titles and attention-grabbing content, that trivialised a harmful topic area in order to encourage people to read about them.

“It comes up on Snapchat a lot, I don’t know why there’s a feature on, it’s like the news section and they do like stupid headlines, like ‘man gets head stuck in a beehive’, something ridiculous like that. And it would be clickbait ones of ‘Eugenia Cooney collapses, maybe she’s died’, things like that.”
Participant, ID31

Community spaces and personal connections were also pathways to unintended engagement with content

Participants described how engagement with online communities and personal networks could also lead to unintended exposure to harmful or distressing content. While these spaces were often accessed with the intention of seeking support or connection, they could still present routes through which such content was encountered.

Some participants reported **actively seeking out online communities focused on SSHED, particularly those centred on recovery**. These spaces were often used to connect with others, share experiences, and access peer support. However, even within environments perceived as supportive, participants noted that exposure to harmful or encouraging content could still occur. This sometimes arose through other users' shared stories, including descriptions of past motivations or behaviours related to self-harm. There were also instances where participants described **exposure through recovery spaces being used in unexpected, harmful ways**. For example, one participant recounted one recovery community that was infiltrated by other users seeking "tips" or advice to enact harmful behaviours from those with lived experience, which they felt introduced additional risks within spaces that were otherwise intended to be supportive.

Vignette 2 - Online communities being used to supplement limited treatment for health, but simultaneously exposing a user to pro-Eating Disorder content:

Jordan is an active, multi-platform user who goes online several times a day, using Instagram frequently, Reddit and YouTube daily, and TikTok occasionally. Their internet use spans social connection, hobbies, and learning.

To aid their eating disorder recovery, they use online forums on Reddit and other sources to find recovery content, describing this as a deliberate way to fill a gap left by a lack of accessible professional therapy: *"it's been really helpful in terms of just supplementing some of the therapy stuff I did, because obviously therapy on the NHS is limited. I can't afford to go private and so I do use it to sort of supplement things."*

However, they found that some recovery focused Reddit threads and subreddits can sometimes be 'infiltrated' by people who want to seek tips on engaging in eating disorders, rather than recovery *"You get posts from people and it would be talking about 'Bingeing and Purging', and then the actual question they're asking is basically how long do people wait before purging?"*

When Jordan was finally able to access therapy they began more intentionally

engaging with harmful ED content. One of the rules of therapy was not be actively losing weight; they decided they wanted to try to lose weight in advance as the therapy was starting, and therefore sought out content with tips to do so. *“When I started seeing the harmful stuff, it was still quite early on...around the same time I actively started looking at recovery stuff...There was a period for a couple of months when my therapy started where I was consuming a lot of content and basically adopting those things and sort of leaning back into the eating disorder”.*

Exposure was not limited to communities explicitly focused on SSHED, with **harmful content experienced in general or unrelated online community spaces**, such as local community notice-board style Facebook groups or closed health groups. For example, within a community group about experiences of chronic health conditions, one participant noted that discussions occasionally included expressions of suicidal thoughts or ideation. The participant described this as upsetting while acknowledging it was intended as self-expression rather than to cause harm.

“I follow various groups on Facebook to do with this illness I'm talking about and that there have been some quite upsetting posts with people sort of talking about that they wish to end their life or to harm themselves as a result of this illness.” Participant, ID1

Personal connections were another route through which participants encountered content. This included interactions with peers who had shared lived experience, with some participants noting that connections formed in offline settings, such as psychiatric wards or hospitals, could continue online and contribute to exposure, even after recovery.

“I was in hospital for a couple of years, a psychiatric hospital. So, I made a lot of, I wouldn't say friends, but acquaintances. And some of those people do have these accounts where there's a lot of graphic content. So that would generally come up on my feed.” Participant, ID40

Participants also described more **general sharing behaviours among friends and contacts**. This included receiving or viewing content shared through messages or social media feeds, such as memes, jokes or other content that participants believed were intended as light-hearted, but which they felt could still cause harm by normalising SSHED.

Intentional engagement

Participants also described instances of intentionally seeking out harmful content, often driven by specific motivations or needs. These behaviours were typically more

deliberate than the pathways described previously, with individuals actively searching for information across a range of platforms and sources.

Some users purposefully seek out content to aid SSHED behaviours - or for emotional validation

Participants reported searching for **information in order to research or plan how to enact self-harm, disordered eating or suicide**. This included looking for specific methods, as well as ways to carry out self-harm safely. Method-seeking was described as occurring both during periods of acute distress as well as in more considered ways, which could happen over longer periods of time. A participant described seeking out instructional information over time to provide a sense of relief, despite not wanting to act on the information. In another case information was sought out due to the participant's self-expressed curiosity about suicide as a topic area.

Harmful content was also sought out intentionally as a function of **wanting to connect with others in similar situations, with the aim of finding understanding, validation or community**. In some cases, this was linked to a desire to manage experiences privately to protect or minimise the impact on family members, particularly for participants who were concerned that their mental health was becoming a burden. This search for connection was corroborated by professionals as a core tenet in exploring SSHED content, especially for those looking for support.

“Suicide, self-harm and eating disorders can be very isolating, lonely conditions and experiences to navigate and as human beings we seek that sense of community and like, ‘Am I the only one that’s experiencing this?’” Professional, ID5

A small number of participants referred to **self-harm and eating disorder-related content as feeding into competitive or addictive patterns** during periods of engaging in harmful behaviours. Within this context, accessing such content was described as becoming habitual over time, with repeated searching or engagement forming part of an ongoing cycle. Another participant referenced being drawn to dark content as a way to match their mood at times where they felt low, seeking content they felt they could relate to, featuring quotes or songs.

“I think I was just kind of looking for someone to relate to or read an article about it or read a quote, because I think, with me personally, when I was in a bad place, I wanted to actively look at things that were in a bad place.” Participant, ID20

Participants identified a range of online sources through which they intentionally sought harmful content. Search engines were commonly mentioned as a starting point for finding information, as well as AI chatbots. In addition, forums and question-and-answer platforms including both more popular and less well-known platforms, were described as spaces where instructional, harmful content could be found. Social media platforms, particularly X (Twitter), were also noted and being explored for SSHED content, with participants referencing strategies to find material that remained visible despite content blocks.

Participants described various ways to locate SSHED content that was harder to access

Participants described mixed experiences about the ease of accessing harmful content online. Several reported that such content was relatively easy to find on certain platforms, including search engines, forums, social media, and GenAI platforms. However, a small number of participants felt that accessing this type of content was becoming more difficult over time, and another suggested that ease of access could depend on having a level of prior knowledge or familiarity with where and how to look.

Participants outlined a **range of strategies to navigate or bypass platform restrictions and content moderation systems**. One approach involved searching from different angles, including unique strategies for how to frame queries, rather than using direct language. One professional corroborated the ease of evading restrictions.

“You could bypass that quite easily... I think [t]here was a study I can't remember the details, but it I think it was saying it took about 12 questions for it to kind of just give you a full list of the best ways or the most effective ways of self-harming and ending your life and those kind of things” Professional, ID2

The **use of hashtags and coded language** were highlighted by participants as a way of discussing SSHED online or locating content. This included community-developed slang or the use of everyday words with alternative meanings, allowing users to communicate about self-harm in ways that might not be immediately identifiable to other users and platform moderation systems. Another evasion strategy discussed by participants was what is sometimes referred to as ‘algospeak’, which refers to the use of altered, coded, or indirect language designed to avoid detection by platform algorithms, particularly content moderation systems.

One participant reflected on the psychological impact of the need to use these alternative terms, suggesting that **the need to avoid keyword filters contributed to increased feelings of stigma and shame**. They described this as adding an additional barrier to open communication, with the sense that individuals were

being prevented from clearly expressing what they were experiencing, which in turn could lead to feelings of isolation.

“It’s just putting another layer of taboo... it’s making people feeling even more isolating and ashamed because they try to communicate and they can’t really say what’s going on.” Participant, ID22

Vignette 3 - Creative methods and multiple sources are used to seek content and fuel addictive-feeling patterns:

Morgan described deliberately seeking out harmful content by going to specific accounts they knew were triggering, using coded spellings and character substitutions to bypass platform filters. They described picking up language to avoid blockers through the communities, learning the ‘lingo’: *“Like ways of getting around, I guess, like the safety net algorithm. So definitely like looking and searching for specific words...And then when you’ve got hold of all of those kind of terms, it opens up a whole new thing because obviously it’s not really being regulated.”*

Morgan described the experience as addictive and escalating: *“I felt addicted to it. It really sent me down this hole.”* Access to harmful content directly informed their behaviour with searches introducing them to new techniques that worsened their self-harm. Morgan also explained that they used the information to try to make their self-harm safer: *“And then I’d use that information to harm myself as safe as possible.”*

Factors shaping exposure to SSHED content

Participants described a range of factors that influenced whether and how they were unintentionally exposed to SSHED content or why they intentionally sought it out online. These factors related both to individual circumstances and characteristics, and to wider aspects of their lives and environments.

The likelihood of encountering harmful content was affected by people’s current and past mental health, and the nature of their lived experience

Participants consistently highlighted **the role of emotional state and persistent stressors in shaping their engagement with SSHED content**. General mood at a given moment influenced whether individuals sought out, engaged with, or actively avoided harmful material. Day-to-day pressures, including stress, ongoing personal difficulties, and lack of sleep, were described as increasing the likelihood of engagement. Periods of acute distress or crisis were identified as times when

participants were more likely to encounter or interact with such content. For example, one participant explained that an amalgamation of stressors, including challenges within family relationships and lack of childcare support, and being sleep deprived for multiple weeks directly contributed to their cry-for-help exploration of suicidal methods in the early hours of one morning.

“I wanted help and support and nobody would until we got to that really, it had to go to that extreme. Not that I wanted to go to that extreme, but I was put down to suicide, but I was like, I wasn't trying to suicide, I was just trying to sleep.” Participant, ID37

The **lack of available formal mental health support was described as a potential influencing factor** in seeking out spaces that exposed participants intentionally and unintentionally to harmful SSHED content, as highlighted in [Vignette 2](#). When professional support was inaccessible or delayed, participants described turning to the internet as an alternative source of information or support. In doing so, some reported encountering harmful content, even where this was not their initial intention. Turning to online support was also a symptom of some participants' desire to not expose friends or family members to their mental health issues, either out of protection or privacy.

Professionals also referenced that thresholds to meet professional support can lead people to seek support online and sometimes engage in harmful behaviours to prove that they need help and intervention.

“People tend to seek support online due to the barriers they face with accessing mental health care, so it's no wonder people are going to such extents to prove that they need help and intervention.”
Professional, ID5

Participants with firsthand experience of suicide, self-harm, and eating disorders described higher levels of exposure overall, compared to people with second-hand or no lived experience. Related to this, previous patterns of searching or engagement, appeared to influence ongoing online experiences. Some participants remained connected to related content or communities that they had frequented during their adolescence or during periods of severe mental health challenges, which they felt in turn increased the likelihood of current exposure. This included individuals who described choosing to continue engaging with these spaces in order to support others, drawing on their own lived experience with the intention of harm prevention, supporting in the aftermath of harm or through recovery. However, others who now avoided online spaces featuring SSHED content still felt that their exposure to SSHED content (e.g. on their social media feed) was heavily influenced by being previously connected to these spaces.

Whilst the research focused on adult experiences, a number of participants detailed how they had actively sought out and accessed SSHED content in their adolescence, adding relevant insight to their journey with SSHED content. Platforms such as Tumblr were referenced frequently as an early place for participants connection and engagement with harmful content. Some of these participants outlined that their exposure during adolescence was linked to social circles, with one participant specifically referencing social group trends (such as being ‘Emo’) led many of them to view this content.

“But then I think just as you're exposed to it more, it just becomes more neutral and it becomes less of a big deal. Like I never saw any of the behaviours or the feelings that I had as a big deal because everyone else did it” Participant, ID31

Characteristics and context shape experience of content and how engagement escalates

Individual characteristics such as gender were believed by participants to play a role in their exposure to harmful eating-disorder content, with women feeling that it is often targeted towards them.

“There's a certain thing of being like a woman of a certain age who maybe is engaged then I also want or I'm interested in sort of body image in general or eating disorders.” Participant, ID3

Younger audiences were also frequently mentioned in relation to aesthetic or romanticised content relating to self-harm and eating disorders. In general, a large amount of concern was voiced by adults within this research for the prevalence of harmful content for young people, with concerns that children and young people were at greater risk of harm as social media usage now began at younger ages.

Professionals described certain trends around who accesses SSHED content, including young men and neurodivergent individuals as particularly likely to search for suicide-related information, often engaging more directly or repeatedly with these materials. A professional also shared insights from their work with middle-aged women exposed to SSHED content. They felt this cohort were overlooked in discussions of who is harmed, stating that they engage with different types of content that follow different trends, and this may not align with a lot of what we know of younger users’ platform engagement.

Some participants **linked their experiences of engaging with content to personal traits associated with compulsivity or neurodiversity**. This included patterns such as falling into ‘rabbit holes’, becoming fixated on particular topics, and engaging in repeated or in-depth searching behaviours. In one case, this was described as leading

from an initial, relatively neutral interest into seeking more extreme or harmful content over time.

“To some extent, especially if [a discussion group] is repetitive, I think that’s enough, but because most of them are a mix of good and bad, it’s hard to actually make this choice. And some other [discussion groups] are kind of generally bad, but you still want to know what is there.” Participant, ID22

Participants also described how **unique life experiences could shape the content they encountered**. For example, one participant working in a mental health setting felt that being exposed to related topics in their offline environment was associated with seeing more mental health content online. They described that this increase occurred when they were in their workplace. Another referred to feeling they were more likely to encounter glamorised or blurry messaging around suicide due to their local community, where local suicides were memorialised on Facebook pages, sometimes in ways that could feel romanticised.

“Where we live here, there’s a really high mental health rate, and if one person suicides, it almost sets off like a string, and then it’ll go quiet for a while and then like another person, but...on social media, it’s almost glorified.” Participant, ID37

From a professional viewpoint, those with more severe clinical diagnoses were seen as more likely to seek out highly harmful content. A lack of offline support was identified as a direct aggravating factor. However, it was also noted that offline relationships could sometimes reinforce harmful norms or pressures, for example within peer groups or certain social environments. Finally, professionals echoed that factors such as time of day and sleep deprivation could increase both exposure to content and its impact.

“That was an interesting one I think that that really deserves looking into is the role insomnia plays because you know, when are you more most likely to get lost in a rabbit hole of Internet? Like it’s late at night, you should be asleep, or you cannot sleep or whatever, and you’re just and suddenly you’re somewhere where you will never find yourself.” Professional, ID2

As this study was qualitative in nature and had a small sample size, it is difficult to draw conclusive insights about exposure to SSHED content according to age and gender. However, we noted that a larger proportion of those aged 25-29 discussed being exposed to ED content compared to the other age categories combined. Regarding gender, women had been exposed to eating disorder content more than men. The male participants were slightly more likely to be exposed to content

through pursuit of understanding issues facing others, out of curiosity or to stay informed about related topics. As a group, the men were exposed to more suicide and self-harm content than eating-disorder content. No trends were seen in type of content women in the sample were exposed to, with all content types roughly equally occurring.

Interaction between pathways

In some cases, individuals moved between engaging with SSHED intentionally and more passively

Findings from participants suggest that exposure to harmful content is not experienced as a simple distinction between intentional and unintentional routes. Instead, what participants described was more of a movement between active and more passive forms of engagement.

For individuals not intentionally seeking harmful content, exposure typically began with an active search for support, advice, or related topics rather than a desire to find harmful material; however, this engagement often led them into environments where such content was present or more easily surfaced. Participants described platform features such as personalised feeds and related content feeds as appearing to interpret engagement as interest, increasing the likelihood that harmful content would be shown.

A similar dynamic operated for those who intentionally sought harmful content, with personalised feeds reinforcing ongoing exposure by keeping users within similar content spaces. The key difference was that intentionally seeking users engaged in repeated, conscious exposure to environments that were wholly or predominantly harmful. When this intentional seeking reduced, their experiences resembled those of the unintentional group, with continued, less deliberate exposure occurring through feeds, autoplay, or linked content.

Participants also indicated that distancing themselves from these content environments often required deliberate action, such as disengaging from specific platforms, accounts, or communities (which will be detailed further in section 6). This reflects a broader pattern in which initial engagement, whether intentional or not, could shape subsequent exposure, with continued interaction reinforcing the likelihood of encountering further related content, a point which was echoed by professionals.

“Invariably we found that people went through this cycle of engagement, disengagement and then re-engaging.” Professional, ID1

4. Content types and perceptions of harm

Content perceived as directly harmful

Graphic, instructional, and abusive types of SSHED content were seen as directly harmful

One **common descriptor of harmful content was graphic or explicit visual material**. This included imagery of injuries, wounds, or medical settings, which participants frequently described as disturbing or triggering. This type of content was primarily associated with self-harm, although some participants also encountered suicide-related material described in this way. This type of content was reported across a range of platforms, including Reddit, X (Twitter), TikTok, and YouTube.

Participants also identified **content which provided guidance or information on how to engage in SSHED to be directly harmful**. This included material framed as “how-to” advice, “tips and tricks”, or step-by-step procedural information. Such content was more often sought out by participants with lived experience of self-harm, suicide, or eating disorders, particularly during periods of crisis. It was encountered across forums and search-engines, including Reddit, Quora, Google Search, some social media platforms and in other specific settings, such as less well-known platforms.

A further category involved **hostile or harmful interactions from other users**. Participants described comments or messages that encouraged harm or reinforced stigma, including responses to expressions of distress that dismissed or incited harmful behaviour. Some participants also referred to individuals seeking harmful guidance within spaces intended for recovery or peer support. While this type of content was widely viewed as harmful, there was also a perception that this was linked to certain language about SSHED that had become normalised. Some participants talked about how comments which egged on other users and encouraged suicide flippantly might not be seriously intended. Despite this, participants agreed that such interactions were dangerous and would still have negative effects, to both the poster and other viewers. These experiences were reported across platforms including TikTok, X (Twitter), Reddit, and Instagram.

Normalising and amplifying content

Participants described a range of content that framed harmful behaviours in ways that could make them appear aspirational, normalised, or encourage competition. This type of content was not always explicitly instructional but was seen as shaping perceptions and attitudes towards self-harm, suicide, and eating disorders.

Romanticised, competitive and trend-based content can normalise or amplify harmful behaviours

One commonly discussed form was **content that aestheticised struggle or presented harmful behaviours as desirable**. This included imagery of self-harm, accounts centred around suicidal identity, and memorial-style posts that romanticised the struggle of individuals who had died by suicide. It was discussed that such content could in effect present harmful behaviours as desirable.

Some SSHED content was described as encouraging competitive harmful behaviours. Visual imagery was often described as playing a key role, especially in eating disorder spaces, although similar dynamics were also noted in text-based forums for both eating disorders and self-harming. Participants said they encountered romanticised and competitive types of content across a wide range of platforms, including, TikTok, Reddit, X (Twitter), Instagram, Facebook and YouTube.

Based on their work with people who had experience of eating disorders and eating disorder content, professionals also reported the harmful effect of eating disorder content that normalises harmful behaviours, concurring that this drives users to go down pathways of disordered behaviour.

“Similarly with, you know, sort of eating disorders, we know that I've mentioned before the sort of competitiveness and that more I suppose the more implicit encouraging. So not telling someone to do it, but just simply through sort of the way that these things are portrayed by the media could make them seem, [could] normalise them in a way that sort of makes them seem unproblematic and OK things to do.”

Professional, ID1

Participants also highlighted **the role of trends in the normalising SSHED content**. This included memes, dances, and interactive prompts. Content sometimes drew on templates or formats that were popular online and could be seen as attempts to attract engagement by being shocking or entertaining. It was felt that this appeared to trivialise serious issues. Examples included:

- Content referencing self-harm behaviours in a stylised or indirect way, such as hand gestures to the wrists or arms

- Verbal prompts inviting users to reply/comment and share extreme weight-loss practices
- Dual window content (sharing a mundane video on one side of a split screen and a graphic harmful one on the other)
- ‘Point of view’ memes where the term point of view is used to exemplify something you’re going through

“I’ve seen on things like Twitter are like POV, like point of view: you’ve just ended it all. And it was like a cartoon image of a boy on the floor with like a gun next to his hand and he just shot himself” Participant ID28

“It’s called 50/50 and it will describe a really normal, boring video like how to fix your dishwasher and then the other video is something very extreme like this one in particular I saw was like, ‘man like shoots himself in the face’” Participant, ID13

“You’ll see a post like... ‘What is the most unhinged way to lose weight really fast?’ See, so people try cayenne pepper and this, but see when you scroll through the comments, that’s when you get sort of the really extreme things. There’s all like, the eating disorder ones are mad.” Participant, ID27

Participants felt these formats were often shared within peer groups experiencing similar challenges and were perceived as being particularly visible to younger audiences. Platforms such as TikTok, Instagram, Snapchat, and YouTube were commonly mentioned in this context. Participants that mentioned these suggested they were part of a subculture for young people, and often involved dark humour as a way of coping with personal challenges.

“On snapchat, there are specific like movements and dances where, they like point, they do this like gun thing to the head and then to the wrist... And the younger ones, they know certain keywords that mean something else and emojis that mean something else. Like it’s almost so plain sight to them. It’s like another language. Whereas maybe myself looking in, someone would have to tell me.” Participant, ID13

Another content type that normalised harmful messaging identified by participants was **content framed around diet, fitness, and weight-loss**. While often presented as ‘lifestyle’ or ‘wellbeing’ content, participants described these narratives as frequently echoing and encouraging disordered eating dynamics¹⁴. This included

¹⁴ Within this study’s sample, there was little reference to content perceived as promoting eating disorders via encouragement of muscular physicality, nor content promoting excess eating

progress-focused content and routines shared by influencers or content creators, often paired with ‘body-checking’¹⁵.

“If we think say over the past five years as a maximum, I think there has been a big change, a massive change and certainly this narrative of health consciousness is really coming through.” Professional, ID4

In some cases, participants noted that this content was associated with commercial incentives for the creator, such as product promotion, referral codes, or other forms of monetisation. For example, one participant explained that after searching for guidance on how to use prescribed weight-loss medication, he would encounter videos advising viewers on how to cheat the criteria to qualify for weight-loss medication providers which the content creator linked their referral code for. This disordered eating and extreme weight-loss oriented content was most commonly visual and encountered on platforms such as X (Twitter), TikTok, and sometimes Instagram.

Ambiguous or subjective content

Participants also described forms of content that were more difficult to categorise as clearly harmful or supportive. These types of content were often seen as highly dependent on context, presentation, and individual interpretation.

Some content wasn’t necessarily promoting SSHED but was seen as triggering depending on context

Content that felt subjective and occasionally harmful included **personal journeys, reflective “story-time” content, and some recovery-intended narratives**. These often incorporated signposting to support services, resources, or helplines, and participants felt they were generally intended to be helpful. However, participants, especially those with lived experience of SSHED, noted that this content could become triggering depending on the level of detail shared or the inclusion of visual material. How such content was interpreted was described as varying according to factors such as tone, the presence or absence of graphic imagery, whether ongoing challenges were acknowledged, and the extent to which the content maintained a focus on recovery. Participants described encountering these narratives across a range of platforms including YouTube, TikTok, Instagram, and even in podcasts.

Participants also identified content featuring **aspirational imagery of thin bodies, often presented in a stylised or aesthetic way, were subjectively harmful**. This content was commonly linked to fashion, fitness, celebrity, or influencer culture and was not always explicitly framed as promoting or encouraging eating disorders.

¹⁵ Body checking refers to repeated behaviours used to monitor or evaluate one’s body shape, size, or weight, often through mirrors, photos, measuring, or comparing oneself to others.

However, participants described it as reinforcing certain body ideals and forming part of a broader ecosystem of content associated with and celebrating extreme thinness. This type of content was perceived by participants as being directed towards women. It was encountered across a range of platforms, including Instagram, TikTok, X (Twitter), YouTube, Tumblr, and Pinterest.

The role of context and subjectivity

Participants described a range of factors that helped them distinguish between harmful and non-harmful content, often relating to how content was framed, presented, and responded to by others. A key distinction many participants expressed was intent and tone. Content perceived as harmful was more likely to encourage, glorify, or normalise harmful behaviours, sometimes through competitive or pressurising dynamics. In contrast, non-harmful content was typically framed around recovery, support, or education, often including empathetic language and signposting to help or resources.

Participants frequently mentioned differences in **how content was introduced and controlled as influencing the likelihood of harm**. Harmful material was often introduced, either within a post or at the outset, without warning, whereas non-harmful content was more likely to include a trigger warning created by the content creator to give users a chance to make an informed choice about whether to engage prior to the content starting. Lack of warning acted as a mechanism for increasing harm especially within the context of lived-experience, for example some participants who had experience of self-harm or suicide noted that harmful content had a worse effect when content warnings were not in place.

“There wasn’t any trigger warning. There was no block. There was no nothing. There was no censorship. And I was just, I don’t know, I was just in a state of shock.” Participant, ID28

Visual presentation and level of detail explicitly shaped degree of harm. Content featuring graphic or explicit imagery, such as injuries or medical settings, was consistently viewed as harmful. Non-harmful content, by contrast, tended to avoid such imagery and use more careful or general language. Similarly, participants distinguished between content that provided procedural or “how-to” detail, which was seen as harmful, and content that discussed issues in broader, non-actionable terms, such as general coping strategies or recovery experiences.

Participants often differentiated harmful and non-harmful content based on whether or not people posted or responded in a community-oriented way. Harmful content was frequently associated with hostile or stigmatising interactions, including comments or replies that encouraged dangerous behaviour or dismissed distress. By comparison, non-harmful community spaces were characterised by

supportive engagement, such as reassurance, check-ins, and practical advice through recovery or directly after engaging in harmful behaviour.

“I'm thinking of like sometimes people do tweet like that they're going to like kill themselves or do something harmful to themselves. And then maybe by chance that reaches the right crowd, there's a lot of nice like support, but it does, it doesn't, it doesn't always reach the right crowd” Participant, ID21

Vignette 4 - What feels supportive or harmful is highly subjective and shaped by tone, context, intent and personal vulnerability:

Taylor drew on their own extensive experiences of online communities discussing self-harm and suicide, coming to the view that there is significant overlap between content that can be experienced as harmful and content that can be experienced as supportive. They emphasised that the meaning and impact of such content is not fixed, but shaped by context, audience, and the mental state of the person encountering it.

Taylor describes the boundary between harmful and supportive content as *“fuzzy,”* arguing that *“the line between promotion and just awareness of what people are going through”* is difficult to define, and that *“what is over the line for one person is nowhere near the line for another.”*

They argue that spaces where people can discuss self-harm actions or what to do if you have self-harmed can be viewed as positive if solution focused, non-judgmental advice is received.

For Taylor, it is not what is said but how it is said that most determines whether a community feels safe or harmful. Responses that demonstrate listening and solution focused coaching behaviours e.g. asking how someone is feeling, helping them focus on positive next steps, working out how to address wounds – reads as supportive, while action-focused or celebratory replies are deemed as glorifying and dangerous.

Ultimately, Taylor felt there were online spaces which some might see as enabling negative behaviours, but which in practice could act as ‘safe spaces’ to support people to remain in healthy routines such as keeping a job or feeling able to attend Christmas with their family due to receiving advice on covering self-harm scars.

“But I could also see if, say, a parent Googled us and was like, my God, this is an entire forum of people encouraging other people to self-harm. And we're

both reading the same thing. And I'm going, well, no, that's stopping someone from quitting their job impulsively.”

Finally, **participants highlighted the role of language and source credibility in predicting harm**, with non-harmful content tending to use less drastic and more recovery focused language, sometimes supported by signposting. In addition, participants placed importance on who was creating the content. In some cases participants felt that harmful material, or related content that could perpetuate harmful narratives, was posted or shared by seemingly unqualified individuals or influencers sharing personal or potentially risky advice, and sometimes even from faceless or bot-style accounts.

Interactions between content type and lived experience

There were some distinct differences in content across eating disorder, self-harm and suicide-related material, each with characteristic formats, tones, and modes of engagement.

Across all three content categories, forum discussions were described as a type of content and service where users could be exposed to objectively harmful content with instructional or method sharing techniques. However, within social media platforms and visual formats, there were some stronger differences reported between the three categories.

Some eating disorder content was unique for its highly visual and aestheticised manner, often presenting bodies and food as a form of spectacle or pedestal. Common formats included “what I eat in a day” videos, body-check images, instructional videos and before-and-after progress posts. Content spread across subliminal messaging through to instructional, prescriptive content more than self-harm or suicide content which tended to not be subliminal. Regardless of visual depiction, eating disorder content often initiated feelings of comparison or competition. Professionals also felt that the messaging around eating disorder content generated feelings of inadequacy and comparison.

“So, it could be so many things. It's someone sharing their weight loss journey, which is great, but then it sort of gets in your mind...almost as if you're never allowed to be satisfied with who you are”

Participant, ID35

“We see the same image, we hear this narration and if it's an image of, ‘well, you can alter your life if you want and you can become like

this'. If you don't want to do that, then what? What does that mean for you? If you don't want to do that, does that mean you're lazy? If you don't want to do that, does that mean you're not bothered about yourself?" Professional, ID4

Self-harm-related content was described as both visual and instructional. Similarly to, but less frequently than eating disorder content, participants referred to aestheticized imagery. Visual examples of lived experiences were common with self-harm content, with participants often referencing hospital content, and recovery accounts that foreground visible wounds. On the more instructive side, content was described as instructional, particularly within forums, where step-by-step guidance and method detail were shared. Participants were most likely to be discussing self-harm content when explaining impacts such as shock or distress.

Suicide-related content was characterised by a mix of personal narratives, real-time content, romanticised messaging and instructional information. Participants described first-person testimonial videos, point-of-view content, and in some cases live-streamed or recorded crisis situations presenting suicide as something immediate and observable. Instructional content was also reported, including forum discussions, threads and linked resources that presented methods in a reproduceable way. In contrast to self-harm and eating disorder content, participants conveyed curiosity inducing content such as online accounts centring around a creator wanting to take their life.

Participants with first-hand lived experience sometimes provided further insight into unique ways in which content could be harmful in style and tone. For example, one participant referenced popular video formats such as mukbang-style content in which content creators eat large amounts of food, sometimes whilst discussing or talking. This participant referenced that while harmless in theory, having had an eating disorder themselves they were able to distinguish between ones that felt 'nefarious' from those that weren't. This distinction lay in small cues that felt easier to distinguish due to their lived experience.

"Sometimes you can tell by the fact that they'll eat the same things, not like, it won't be hard food, it will be soft with like cream or peanut butter and it will always be like the same foods over and over again. And sometimes you can tell by their face, like if they look sad, it looks like they don't really want to be eating it." Participant, ID31.

Participants with first-hand lived experience also shared insights into the wider history of some kinds of SSHED content. Participants with personal experience of eating disorders talked about how 'healthy lifestyle' diet and fitness content seen online in recent years was in effect the same as content they'd previously experienced on platforms such as Tumblr in previous decades. They talked about how the tenet of the messaging about restricting food intake was the same, but the

packaging it was delivered in had changed, becoming more ‘aesthetic’ and visually appealing. and more mainstream. One participant expressed that content which perpetuates eating disorder behaviours being packaged as ‘healthy eating’ felt like a form of gaslighting.

“It’s just exactly the same content they’ve just changed the wording, so it’s all, it’s all the same to me anyway. They’ve just like made it look a bit prettier. So I do think it is damaging in that way when they propose it as a solution, so it’s like what I eat to stay healthy, but what they’re just saying is ‘what I eat to stay skinny’ if they just change the wording, like if you’ve been in that space, you know what they mean.”

Participant, ID21

5. Impacts of content on users

Behavioural impacts

The most acute impacts that SSHED content had on participants were behavioural, which centred around acting on suicide methods, engaging in self-harm or disordered eating. These were most commonly experienced by participants who were experiencing suicidal ideation, depression, an eating disorder (or multiple of the three), and/or other severe mental health issues at the time. These participants, with first-hand lived experience, often reported that once in recovery these behavioural affects transitioned away from acting on the harmful advice and into *considering* acting on the advice.

Instructional content can directly inform harmful behaviour and relapse

Some participants described how they had followed instructions or methods detailed in SSHED content. It was reported that searching for methods, or being drawn into detailed information about harmful behaviours, provided a sense of short-term relief, but subsequently led to harm. **Six participants within the sample described experiences where content had directly facilitated or contributed to suicide attempts, self-harm, or disordered eating behaviours.** In each of these cases, this involved accessing instructional advice. A further two participants referred to their actions being informed by SSHED content during adolescence, which led to a suicide attempt and the purchase of weight-loss supplements.

“Because I think...I was in a very desperate space, so finding the answers that I was kind of looking for was a bit of a relief, but it would also be triggering for worse behaviours and I do think it did progress things.” Participant, ID15

In addition to reported behavioural outcomes, some participants described having thoughts about or considering harmful actions after engaging with SSHED-related content, while recognising that they would not act on these thoughts. Among participants with second-hand lived experience, this type of response was only described in relation to eating disorder content, rather than suicide or self-harm content.

“It did make me feel like... maybe I should... [that] purging works... maybe it's just worth like trying that again” Participant, ID33

Cognitive impacts

Harmful content can trigger fixation and reminiscence of harmful behaviour

Participants described a range of cognitive impacts associated with engaging with SSHED-related content. One such effect reported by those with lived experience was reminiscing, in which participants noted that despite being in recovery or fully recovered, exposure to harmful content could **prompt reflection on periods when they had experienced self-harm or suicidal ideation**. For one participant, viewing livestreams or posts from people currently in psychiatric wards triggers them to recall their experience of staying in one where they reported feeling cared for and looked after. At points of loneliness this led them to honing in on that positive experience, despite acknowledging the greater proportion of negative experiences during that time. However, more often participants who experienced this reminiscing effect described that these memories could lead to dark thoughts and reconsideration of harmful behaviours.

“At worst I think there have been times when it’s just reminded me of those dark thoughts that I’ve had in the past and I think I’m probably not in a place where I would be... I think I just have enough within me to put that aside and resist.” Participant, ID11

Another **key impact of experiencing SSHED content was fixation**. Some participants reported becoming increasingly focused on harmful content over time, describing patterns of repeated searching or engagement. This was sometimes linked to curiosity, but in other cases to a more sustained or intrinsic fixation, including elements of planning. One participant described a progression in their engagement with suicide-related content, beginning with a general interest in psychological topics which developed into more focused research on suicide methods. Over time, this shifted alongside personal circumstances and mental health difficulties, leading to more rigid and narrowed thinking centred on methods, followed by a decision to act and movement towards planning and obtaining means.

“I then did develop suicidal thoughts and then I kind of very much got, I think the intrigue then came into, oh well, I’ve got to, I’ve got to try one of these plans, I’ve got to try one of these methods” Participant, ID25

Repeated exposure to SSHED-related content could also shape participants perceptions of harmful behaviours over time. In particular, participants reported that **frequent exposure to aestheticized SSHED content made these behaviours feel more normal, achievable, or even desirable**, especially in relation to eating

disorder content. This effect was often reinforced by trends, jokes, and meme culture, as well as by content that romanticised or stylised harmful experiences.

“Those who have been in the ecosystem social media don't realise how dumbed down they've become for some of these trends that are subconsciously like, what's the word, encoding self-harm. Like there's certain dances...certain words that are used... and it's now being carried as like mainstream to different people that may not understand what it means” Participant, ID13

Participants also described the **cognitive effect of eating disorder content driving comparison and shaping self-perception**. Extreme diet and fitness videos that encouraged minimal calories and daily excessive exercise as well as more neutral-appearing ‘what I eat in a day’ formats, were frequently associated with increased self-criticism and pressure to achieve thinness by following restrictive routines. This could lead to more focused attention on food and eating behaviours, including checking food labels or considering skipping meals, alongside broader impacts on self-esteem and sense of self-worth.

Emotional impacts

Pro SSHED content can cause immediate emotional distress and low mood, with those with first-hand experience reporting heightened effects

The majority of participants described a variety of immediate emotional impacts after exposure to SSHED content. Content was often reported to cause distress, including feelings of upset, agitation, or feeling ‘stirred up’, and in some cases left individuals feeling low or unsettled for extended periods.

“I felt a bit distressed, like I had to put my phone down a bit further away from myself, and then I felt a bit agitated for an hour or so afterwards until I sort of calmed down a bit.” Participant, ID17

These responses were particularly associated with **unexpected exposure to vivid or graphic material**, such as imagery of wounds. For participants with lived experience, emotional reactions could also be accompanied by physical responses, such as feelings of nausea, as well as cognitive effects, including the resurfacing of distressing or intrusive thoughts. These impacts were described as more pronounced among those with direct lived experience compared to those with second-hand experience.

Some participants also described a **cyclical relationship between their mental state and engagement with content**. Periods of feeling unwell were associated with

increased likelihood of seeking out or engaging with SSHED material. In turn, this engagement was perceived to influence platform algorithms, leading to increased exposure to similar content. Participants described how this could contribute to further declines in mood, creating a reinforcing loop in which exposure and emotional wellbeing influenced one another over time.

“When I'm in that sort of mindset then it's horrible, then I'm likely to find myself miserable, more anxious, more depressed, thoughts of self-harm, and just, and then I disassociate...That's when I that when I'm feeling like that, I will engage more with that content.” Participant, ID26

A small number of participants described **feeling somewhat desensitised to SSHED content** over time, particularly when reflecting on its impact. There was a feeling of despair which connected to comments about repeated exposure to increasingly graphic material online beyond SSHED (such as content from warzones). There were also some participants who worked in professions that gave them broader familiarity with mental health issues, and who therefore linked desensitisation, or feeling less impacted by SSHED content, to this. However, people were not always affected by desensitisation. Those with lived experience, for example, noted that they could still have strong reactions when content was particularly graphic or when it connected to personal memories.

“You don't realise how dark it is until you've come out or until you sought help...I was in it like properly, but looking back now, it's just, it terrifies me that it exists and I think even when you've gotten to that point, you have been desensitised to how serious it is as well”

Participant, ID13

Participants also described emotional responses centred on concern for others and frustration that content is accessible. Even where content did not have a direct personal impact, some reported feelings of worry or anger about the potential effects on younger people, friends, or more vulnerable audiences. This response was particularly prominent among those with second-hand lived experience, who'd had family members, friends, or colleagues that had experienced suicidal ideation, self-harm or eating disorders. These participants frequently reported heightened empathy, vigilance, and a strong sense of responsibility towards others, which was emotionally unbalancing, rather than a positive impact. Concern for others was the most commonly reported response among people with only second-hand lived experience (though other participants also reported this impact too). One participant felt that the amount of stories about suicide platformed in the media was unhealthy and could give people ideas if they were in a bad place.

“I know they're not necessarily encouraging it, but it's quite frustrating that it's so widely and massively, like they're publicising it so that if

somebody wants to attempt to take their own life, they know that that exists rather than it just being something that's there and found."

Participant, ID12

Impacts perceived as positive

Participants reported positive impacts from recovery content as well as pro-SSHED content

While the overall impacts of SSHED content were typically described as harmful or distressing, a small number of participants reflected that some forms of engagement could feel helpful, especially in the moment. For example, A key impact felt by participants as positive related to connection and understanding. Participants described online spaces as providing opportunities to share experiences and feel less alone, particularly when they preferred not to rely on friends or family. For some, including participants who identified as neurodiverse, these interactions helped them to better understand their own thoughts and feelings.

"I tried doing stuff on my own to overcome it, which, you know, obviously hadn't worked. So being able to read posts from people who were going through similar experiences and reading some of their [recovery] tips was really helpful. It kind of made me feel less alone."

Participants also described how certain types of content, particularly those focused on shared experiences or recovery, could feel supportive at specific points in time. This included content that helped to normalise feelings, reduce stigma, or provide practical advice, particularly where offline support was limited. A small number of participants also described personal benefits from supporting others online, with one noting that this contributed to their own recovery and sense of empowerment.

"And having such an experience of supporting someone and seeing like someone, you know...kind of go through the bump to slightly more alright place, it's really empowering in this place of, like, if you can give it to someone else, it's slightly easier to give it to yourself."

Participant, ID22

Another impact interpreted by participants as positive in the moment was a sense of relief being able to access suicide-related content, as it allowed them to feel as though they had a 'way out' should they want it. However, in retrospect these participants reported that possessing this information wasn't positive, despite it having a paradoxically calming effect at the time. Others noted that it was reassuring to see people with similar or sometimes worse experiences to them. Whilst some participants referenced this feeling morally problematic, it did offer support especially during recovery.

“Sometimes it makes me relieved that I'm not actively like that at the moment and pleased with my progress.” Participant, ID26

Variations in impact by content type and lived experience

Different types of SSHEd content were associated with distinct patterns of impact

Eating disorder-related content was most commonly linked to cognitive and behavioural impacts, and findings suggest this occurred regardless of whether individuals had prior experience of an eating disorder. This included effects on thinking patterns, self-perception, dissatisfaction with body image, and behaviours such as fixating on food nutrition labels. Some participants also noted that engagement with this type of content could lead to slipping into adjacent harmful areas, specifically self-harm-related spaces. This was sometimes due to accounts and content creators that posted both types of content, but also due to spaces with overlapping content. This led from the more explicitly promotional or instructional eating disorder content, as opposed to restrictive diet, fitness and ‘wellness’ content. Participants described this content as contributing to patterns of thinking rather than causing immediate or acute harm, particularly when it was framed within lifestyle narratives.

Self-harm content was often associated with immediate emotional and physical reactions compared with eating disorder content, with self-harm content far less frequently subjective in degree of felt harm. Participants described responses such as shock, disgust, and somatic effects including nausea, particularly where content included graphic or explicit imagery. This type of content was frequently described as highly triggering, with its impact often intensified when encountered unexpectedly or without prior warning. Where content about self-harm had positive effects, it was found in recovery spaces. While this sometimes could increase exposure to harmful accounts of lived experiences, this content was more likely to be community-oriented and supportive.

Suicide content was commonly associated with internalised and externalised emotional responses including shock and distress but also concern, empathy, and, in some cases cognitive impacts such as curiosity or intrigue. Participants who sought out instructional suicide content described pathways in which engagement with this content could lead to further exposure through linked material or platform recommendations, sometimes resulting in movement into more harmful or extreme spaces. As with self-harm content, the absence of content warnings was seen to heighten the impact of unexpected exposure.

The impact of content was also aligned to its intent, and the perceived purpose of the content or space. For example, eating disorder content framed as aspirational encouraged comparison and emulation. Spaces centred around eating disorders and self-harm that implicitly or explicitly encouraged harmful behaviours were often experienced as competitive and in some cases addictive, for example through body checking or sharing of self-harm methods, which could reinforce comparison and influence behaviour. However, content that was designed to be supportive was more likely to lead to positive or reassuring experiences, despite sometimes leading to unintended negative effects through exposure to detailed personal accounts or recovery-focused content that did not always align with recovery in practice.

The impact of content was dependent on why people engaged with it and what challenges they were experiencing

Impact was closely linked to participants' engagement intentions. Those actively searching for instructional material often described this access as feeling positive at the time, as it met their current experiences or needs. However, in retrospect, many recognised this engagement as harmful, with some noting that they had learned new methods through engaging with such content. For example, one participant described how accessing self-harm content, combined with the competitive nature of the content, led them to adopt new techniques. While they felt a sense of validation in being able to access this information, this was accompanied by self-criticism and an acknowledgement that the overall impact was negative.

“I think felt good in the moment, but then after, in some ways had like a direct, well, not direct impact, because at the end of the day, like I was the one putting the action in to harm myself. So it's not anyone's fault. But like, you know, having access to that information did not help.” Participant, ID15

Participants described a range of factors that either protected or aggravated the extent to which SSHED content had a harmful impact

These factors were often interconnected and could shift over time depending on individual circumstances.

Protective factors

Certain conditions were described as reducing the likelihood or severity of harm. These included having strong social support and connection to others offline helped to mitigate the impact of harmful material, or their likelihood to engage with it. This was sometimes in conjunction with being in recovery, with participants noting

that they were in a better place now and alongside having supportive people around them, they were less likely to be directly and acutely affected when unintentionally exposed to harmful content. A couple of participants also referenced caring responsibilities, with having children acting as a constraint on likelihood to take action on harmful content.

Aggravating factors

In contrast, a number of factors were described as increasing likelihood of harm from content. These included traits associated with neurodiversity or compulsivity, which some participants linked to patterns of fixation or repeated engagement. Mood also acted as a mediating factor, in which impact can be better or worse depending on how mentally resilient the user was at the time.

“It was horrible, it was upsetting. Just made me really sad... It's just, trying to get the gory images out of my head sometimes because sometimes that's okay, sometimes it's not, if I'm feeling rough anyway, it's not what you want to see.” Participant, ID26

Limited access to support services was also identified as increasing reliance on online spaces, sometimes leading to following online advice. Feelings of isolation and broader vulnerability were consistently highlighted as key drivers of risk. In addition, participants noted that time of day, particularly during the night, could influence both engagement and impact.

“Early hours is probably the hardest. I know it's quite common for people's mental state to deteriorate of an evening. Then it's more likely that people are posting as well. So, you're going to see it in the middle of the night and then you don't necessarily have anyone to talk to. Limited services, it's like if you're under the mental health team or you need to ring the doctors, they're not available at that time.”
Participant, ID40

6. Attitudes to navigating SSHED content

User strategies for managing exposure

Participants described a range of strategies for managing their exposure to harmful or distressing content online

While some individuals actively attempted to reduce the likelihood of encountering such material, these approaches were often limited in effectiveness and sometimes carried unintended consequences. **A minority of participants reported taking deliberate steps to avoid harmful content.** These actions included creating new accounts, reducing their overall screen time, leaving particular groups or platforms, or physically distancing themselves from their phones. For some, these strategies were a necessary response to feeling overwhelmed or unsafe online.

“I had to just switch it off at one time. I left the group because I didn’t think it was helpful to keep coming across those things.” Participant, ID1

Vignette 5 - Some users take extensive steps to manage harmful content when platform tools and features fall short:

Ashley explained that they had to create a separate TikTok account due to constantly encountering harmful messaging around diet, exercise and platforming of underweight models and influencers. As someone with a lived experience of an eating disorder and an interest in fitness, diet and weight-loss, they took matters into their own hands to limit their unpredictable exposure to harmful content: *“I wanted to have a fun account and then an account for a specific purpose.”*

To keep this new account tightly curated, Ashley would actively avoid TikTok’s main recommendation feed on the new account saying, *“I don’t ever go on the ‘For You’. I will search for things on that and then I will just follow the ones that I want and then go back to the following page.”*

However, despite these precautions working with their method of using the ‘Following’ page, Ashley found that harmful content appeared almost immediately on the ‘For You’ page. As they put it, *“when I made it, I typed in fitness, I typed in recipes, meal prep, things like that, and it was quite instantaneous the kind of disguised eating disorder content that I got. It did not take long at all,”* adding

that *“even now if I go on the ‘For You’ page on my fitness account...it will feed me that stuff.”*

Ashley advocated for two main solutions to the obstacles that they had to take into their own hands:

1. Allow users to specify which types of content they’d like to view only from accounts they are following
2. Allow TikTok to open on ‘People you follow’ homepage, not defaulting to ‘For You’ as the homepage

“I do feel like having some sort of option where you could click themes, but able to engage with that theme safely. Because I don’t want to have 7 different TikTok accounts to look at different things. That’s annoying.”

Not all participants felt able—or willing—to deliberately try to avoid harmful content. Personal and social factors played a significant role in shaping these decisions. Some participants expressed reluctance to block or mute people they knew offline, even when the content shared was distressing. Others described a sense of guilt associated with using controls such as blocking or muting, particularly when posts came from peers who might themselves be struggling, with one participant articulating this tension starkly.

“What if I muted one of these people? And then they killed themselves... I’d feel absolutely devastated by the idea that they were suffering that much, and that I’d sort of muzzled their voice.” Participant, ID11

Participants worried that using content controls might inadvertently remove access to valuable resources. Because tags and topics often overlap, some feared that if they were to use some of the protective measures available, it would hide professional information, news updates, or supportive communities. Others were concerned that these measures might prevent or limit their exposure to smaller creators whose content they valued.

“I want to be shown new things... it’s important for smaller creators and for the circulation of media for the algorithm to feed you that.”
Participant, ID31

For many, attempts to use platform tools—particularly reporting mechanisms—had been discouraging. Repeated negative experiences created an emotional burden, leading to frustration, anger, and ultimately disengagement from the tools altogether. As one participant explained:

“I don't really ever really bother doing that [reporting] because I've not had success with stuff that really should definitely be taken down by their own standards” Participant, ID3.

When asked to describe their experience in reporting online content, another participant explained:

“Um...Frustrating is a word, but it's like disheartening...when I view something, I shouldn't have to view...what's the point in trying? You know.” Participant, ID37

Despite this, participants were clear that effective, trustworthy tools should exist to help users navigate these challenges.

General perceptions on platform tools and features

Participants report barriers across discovery, usability and effectiveness

Participants' general reflections on platform tools and safety features revealed a consistent set of barriers that shaped whether, when, and how these tools were used. Even among those who had attempted to manage their online environment, experiences were often marked by difficulty, uncertainty, and a sense that the tools available were not designed with their real-world needs in mind. Participants who have used tools and platform features report barriers across discovery, usability and effectiveness:

1. Poor discoverability: Many participants reported that they only became aware of safety tools by accident, through other users, or by experimenting with settings. Very few recalled receiving onboarding or reminders that would help them understand what tools existed or how to use them. Some noted that low levels of digital literacy—either their own or among peers—further reduced the likelihood that these features would be found or used.

“I have seen so many people struggling to tailor the content. They don't really understand how the algorithm works or how they can tailor it for their needs” Participant, ID39

2. High effort: Participants frequently described the process of adjusting settings as time-consuming and cumbersome. Multi-step menus, repeated actions, and differences between platforms created friction that discouraged use. Some also

highlighted that tools often required them to first encounter harmful content before they could take action, undermining their preventative purpose.

3. Capability dip in crisis: A recurring theme was that the moments when users most needed support were also the moments when they felt least able to navigate settings. Participants described being too distressed, overwhelmed, or triggered to engage with tools effectively. Some acknowledged that during periods of crisis they might even be actively seeking out harmful content, reducing motivation to use controls.

4. Unreliable effectiveness: Some participants expressed frustration that tools did not reliably reduce their exposure to unwanted content. This inconsistency contributed to a sense that tools could not be trusted to work as intended.

5. Too blunt: Several participants felt that existing tools, for example, for filtering out content, might lack the nuance needed to manage their online experience effectively, with fear that too much content might be removed.

6. Low transparency and poor feedback loops: Participants frequently reported uncertainty about what specific settings actually did or how they influenced their feed. Reporting mechanisms were described as opaque, with automated “doesn’t violate” responses offering little explanation or follow-up. This lack of clarity contributed to what some described as an “illusion of control,” where tools appeared to offer protection but delivered limited real impact.

“I have a little bit of control over the content, but there are things that I can use, but unfortunately a lot of those tools don't work or they're very inconsistent. So, it feels like, it always feels like there's an illusion of control. There isn't like proper...proper control.” Participant, ID33

7. Protection varies hugely by platform and interface: Finally, participants highlighted significant differences in the degree of safety offered across platforms and interfaces. Some environments, such as X/Twitter and TikTok, were repeatedly referenced as unpredictable, with one participant describing X/Twitter as a “wild west,” with fewer effective controls and more difficulty locating safety settings.

*“It's all ambiguous and it's really hidden quite well in there”
Participant, ID29*

Some participants described frustration at the fact different interfaces on the same platform had different processes for applying controls, for example in an effort to reduce their screen time, one participant began using mobile site for social media platforms rather than the app, and reported that finding safety features was even harder. This inconsistency created uneven experiences and further reduced confidence in platform-level protections.

“I’m not saying safety features aren’t available, but if you’re like, ‘okay, how to block something?’, it’s always like, ‘oh, this is how you do it on the app’. And I’m like, ‘well, I’m not on the app, I’m on the mobile site.’” Participant, ID5

User feedback on specific platform tools and features

Adults wanted features for navigating SSHEd content to be more effective and consistent

We prompted participants to provide direct feedback on specific tools that they had used, in addition to tools in general. The below section highlights which tools were familiar to participants and feedback from those who’d used them. Where tools were less widely known, some participants also provided their thoughts on them.

Reporting and flagging were highly familiar tools to most participants, yet their experiences highlighted a complex balance of strengths and limitations. On the positive side, reporting offered a formal route for users to alert platforms to harmful or inappropriate content. For some, this provided a sense of agency, albeit limited.

“It doesn’t make me feel like it’s going to come down or it’s going to be removed. It just makes me feel like...I’ve done something.”

Participant, ID28

However, participants overwhelmingly described reporting as ineffective, inconsistent, and slow to produce meaningful outcomes. Inconsistency was highlighted with an example of political content being removed from certain platforms, while graphic SSHEd content remained which participants felt confused by as they felt this was much less of a harmful thing to remove. Some participants described platform responses as automated and generic, leaving users uncertain about whether their concerns had been taken seriously.

“And then I just get a message back a few minutes later saying we’ve looked into this and it doesn’t break our terms and conditions and you just... What’s the point?” Participant, ID11

Many also noted the counterintuitive nature of the process: harmful content must be seen—and sometimes engaged with—before it can be reported. Additionally, users expressed frustration that accounts removed following reports could easily reappear by creating new profiles, undermining trust in the system.

Blocking, muting, and unfollowing accounts were widely used and generally regarded as straightforward tools but with limited scope for managing exposure

to specific individuals or accounts. Participants appreciated their simplicity and the immediate relief they could provide from unwanted interactions or triggering content. However, whilst these tools effectively stopped content from particular accounts, they did little to influence the broader algorithmic ecosystem. Participants frequently found that similar accounts or themes continued to surface, meaning that blocking one source did not prevent the wider pattern of exposure.

“It didn’t show any content from that particular person again, but it still kept showing me content of that same nature. So it’s not the best. It’s very patchy.” Participant, ID33

Warnings that require an action to view content (e.g. blurs/hidden previews, implemented by platforms, not creators) were familiar to participants, who had mixed views about these. Participants were familiar with these tools on some platforms (particularly Instagram and Reddit), and they acknowledged their value in offering a moment of pause before encountering sensitive material. For some, this brief interruption helped them avoid unexpected triggers which was helpful as many participants explained how content that appeared without any warning could be especially harmful. The need to act - for example, by clicking - in order to view content also meant these were seen as generally more effective than content warnings included by a creator. However, participants raised concerns about their inconsistency and overall effectiveness. These were sometimes applied to content that users felt should not be available at all, while in contrast other harmful material appeared without any caution. Many also noted that these were easy to bypass—often with a single click—and that curiosity or emotional vulnerability could lead them to proceed regardless. For some of these participants, they felt that the ease of bypassing reduced their effectiveness as a safeguarding tool.

“I’ve seen some of the warnings that are that ‘Click to proceed’, but I mean, especially with like the blurred out images, I feel like sometimes it just intrigues you, like you just want to know. And I think sometimes it can be more enticing to be like, what is this? I’d rather just it not come up entirely than be like, ‘Oh, warning’” Participant, ID28

While many participants were familiar with muting keywords and hashtags, awareness was uneven with many only having discovered these features through friends or by actively searching their settings. Those who had used these tools saw them as a useful way to filter out specific topics which aided their perception of control on the platform, citing that when it worked, it enabled them to tailor their online environment more closely to their needs.

“Mute until further notice... I think that is probably one of my favourite ones and just because it's kind of still leaving me in control of it.” Participant, ID9

However, those who were less familiar with the tool felt it might be labour-intensive to maintain. This was due to the repeated effort required to mute new terms, spellings, or coded language, or potentially harmful content may slip through. The tool was also felt to be limited to text-based material, offering no protection against images or videos that might carry similar themes.

Features designed to **hide sensitive content or enable restricted modes were known to some participants and were appreciated for their ability to reduce exposure** to broad categories of potentially distressing material. For some, these settings could create a more controlled and predictable online experience. However, participants with less familiarity (but who had heard of them) were concerned they would be overly blunt. Some feared implementing such settings might remove too much content—filtering out material users still wanted to see - while potentially still missing text-based or nuanced posts that could be distressing. The perceived lack of granularity led users who hadn't tested these tools to be dubious about their ability to tailor the tool to reduce specific types of content they wished to avoid.

“So, hiding sensitive content I haven't used, I mean I know that you that YouTube have a restricted mode, but I just found that was filtering out way too much stuff that I actually want needed and wanted to look at. So, I don't use that.” Participant, ID1

Awareness of an **algorithm reset was mixed with only a couple of participants that knew and had used platform resets**, many either hadn't heard of the feature or only discovered it recently. Of those who had not heard of it, the majority felt it was something they would benefit from and for those who had used it, it had helped break entrenched patterns of harmful recommendations and offered a fresh start.

“No, I've never done that, mainly because I didn't ever know it was available to me. If I'm honest, I kind of thought that you just kind of saw what you saw.” Participant, ID28

Despite the benefits, some participants felt there were potential risks to using a reset from those who hadn't used it, fearing that resetting could temporarily expose users to more harmful or extreme content as the algorithm recalibrated. Participants also worried about losing the beneficial aspects of personalisation, such as access to supportive communities or niche interests. These concerns led some to suggest they would avoid using the feature altogether.

“I wouldn't want to because...to get rid of that bit of negative, unless it was like awful and making me want to quit the app, it would get rid

of all of the good stuff and all of the stuff it serves me...because that factory reset would basically, you're set to lose all the positives of the app.” Participant, ID8

Disabling recommended or suggested content (such as ‘reels’ or ‘for you’ pages) altogether was another less familiar tool, but was highly appealing to participants, especially on certain apps that showed suggested or recommended content immediately upon opening the app. This was especially echoed by one participant who had unintentionally seen harmful content immediately on opening X, as its settings had changed to open on the explore page. Other users felt that such a tool would also give them the ability to reduce unsolicited content and potentially curb doomscrolling and mindless browsing.

“If that [being able to turn off suggested posts] came out on X, I would use it in a millisecond.” Participant, ID11

Participant views on how to protect and empower users

While most participants felt safety settings should be the default, there were mixed views. Those with lived experience of SSHED were more likely to favour default-on approaches, particularly where safety settings are currently difficult to locate. They felt this would prevent the harm caused by needing to see content before being able to block or report it. Participants felt that users could then turn off certain features if they wanted to.

“I think some of them should definitely be the default, so such as the sensitive content filters, the warnings, maybe the community-driven sort of flags. I think those should be turned on by default, because I don't see why users would choose to opt out of it.” Participant, ID35

However, participants also raised concerns about autonomy and the risk that default on safety settings would be overly paternalistic or infantilise adult users which they felt some may dislike. They also acknowledged that users actively seeking harmful content do, and would still, find ways to access it, and therefore they would likely get around these settings. However, a core sentiment despite these considerations was that default-on safety settings could protect a larger group of people than are currently protected.

“But it should be down to the individual. And if they do decide that they want to watch, you know, certain content, then it's down to them.” Participant, ID9

Participants wanted simpler, more intuitive and more powerful tools for managing their online environment. They emphasised that during periods of distress—described as a “capability dip”—complex menus become impossible to navigate. As such, they made a number of recommendations. The most common suggestion was for platforms to establish clear onboarding walkthroughs showing how to block, mute, filter and report. Several participants commented that this should be a continuous process whereby users are proactively and frequently reminded of tool availability, especially as these tools change.

“There should be a walkthrough that's mandatory to look at with all of the different tools that you can use to protect yourself.” Participant, ID40

“I think maybe there should be a bit more of like a reminder of it because if you've been on a platform for a really long time, then...there might be things that have changed and also like you just might have forgotten that those things exist” Participant, ID3

Connected to this, many participants felt that **safety tools should be accessed in one place that is easy for users to find.** This would ensure that beyond onboarding and reminders that users can quickly locate settings to alter their platform experience, should they desire.

Participants also wanted greater specificity and sophistication in controls highlighting gaps in current tools, particularly around text-based content where warnings are less common. Some wanted the ability to block entire categories of content (e.g., dieting content). As one participant explained:

“If you could quite easily at one click, take out a whole group of content...So say if I was struggling with eating disorders and I wanted to take out anything to do with like food and diet. Generally, if there was easier ways, like very quickly, get rid of that rather than adding like 12,000 different tags, I'm sure that would be very useful.”

Participant, ID3

Similarly, others felt that **being able to restrict visibility to trusted users would help** with managing the content they were exposed to. One participant, as described in Vignette 05, emphasised that having specificity on which categories this is applied to would provide even greater control. For example, seeing content by users you follow for food related content, but seeing all content for craft categories.

Participants expressed a desire for greater control over recommendation systems. Suggestions included a one-click “reset my algorithm” function to undo harmful patterns formed during crisis periods, the ability to turn off recommendations entirely and a “safe mode” that opens the app to followed accounts only, therefore bypassing discovery pages.

“If you could reset it [the algorithm] and like start a fresh sort of thing, that would be good. I think that'd be something definitely, especially if you've been in a bad place and then all of a sudden...you come out of that and actually it's still caught on your 'for you' page and you don't really want to see it.” Participant, ID20

Participants want platforms with better moderation, human judgement, nuanced filters and lived-experience expertise

Participants called for platforms to invest in better moderation, combining human judgement with improved AI. They felt that sensitive content should be reviewed by specialist human moderators, particularly where clinical or technical detail is involved. Training – both for human moderators and AI systems – should focus on nuance, context and distinguishing harmful content from legitimate recovery discussions.

“And I think one thing they should consider is to train AIs based on nuance and context rather than, you know, like they just filter out every single, like, video that's based around self-harm or suicide. They should kind of be trained to kind of keep the content that is supportive of expression.” Participant, ID32

This desire for nuance and balance related to another strong theme voiced across the sample on **the importance of maintaining access to genuine recovery and peer-support spaces**. Participants stressed that safety measures, moderation and controls must not inadvertently isolate people from their only perceived support system in online communities. For many, empowerment meant safety alongside connection, not safety at the expense of community.

“Instead of just completely blocking off content, sometimes like showing posts that are focused on recovery or like, you know, people talking about resources instead of just links, you know, I think that would be helpful” Participant, ID32

Professionals questioned whether existing tools have been adequately tested and argued that platforms should publish evidence of effectiveness. They also strongly supported co-design with people who have lived experience as it would help identify coded language and ensure that support tools resonate with users.

“The platforms that do have these tools don't seem to give any information about whether they've been tested in terms of effectiveness or how they've been derived in in terms of whether there's been sort of user input.” Professional, ID1

Participants wanted proactive approaches from platforms in terms of moderation, warnings and support

Participants wanted platforms to adopt more proactive approaches, rather than relying solely on user reporting. Some participants criticised platforms for keeping potentially harmful content visible while it was being reviewed. It was therefore suggested by participants that content that is getting frequently reported should be hidden or deleted, at least until it has been reviewed. Others recommended proactively surveying users about content that approaches a flagged threshold, by asking “Did you find this harmful?”. One user explained that there are pop ups that show on apps such as TikTok that ask users if they were interested in the content they just saw, suggesting that this could be a mechanism used to keep content safe.

Another common suggestion was the need for more proactive moderation by platforms for content related to SSHED, particularly before content is posted. Suggestions centred around platforms vetting content that is uploaded more thoroughly if it contains words or tags related to SSHED. Participants also recommended that platforms and users should provide more specific content warnings (e.g., “this includes hospitalisation images”) and prompts asking whether users want to review their safety settings before viewing sensitive material.

“If you're posting a video, I don't know how they would do this because it's that many views, but if you posted something with that hashtag, it kind of goes in, it gets blocked from posting or something until it's been reviewed.” Participant, ID20

Proactive support was another key theme. **Participants wanted platforms to intervene when harmful patterns of content consumption are detected**, offering supportive resources, or ability to be connected to support. Professionals supported this direction, emphasising that platforms should *“increase opportunities to actually help the user online in their journeys...to reach out to users that are in distress”* Professional, ID1. Participants also suggested that providing alternative content or signposting to support services when users are asked whether they want to reveal hidden content might alleviate the impact of it.

“Like TikTok, but being like, here are some videos that might help you and it either be like a decent recovery account, or I guess like TikTok videos of Mind or something like that, not just a link to [support services] website or phone number.” Participant, ID15

This proactive support was also raised with regards to content creators, with a couple of participants suggesting that platforms should prompt creators who are posting about SSHED, providing them with a moment's pause to consider if what they are posting is helpful. Finally, **participants proposed a vetting process for creators**

who produce recovery-oriented or sensitive content. A visible badge could signal that their content meets safety standards, helping users identify trustworthy sources. This would resolve the feeling that participants had that there were many people providing support online that aren't necessarily qualified to do so, which can inadvertently cause harm.

“Maybe like before they post something on TikTok or whatever, something comes up like ‘Is this helpful? Will this trigger others?’ Just to give them like a brief moment's pause to think about what they're posting.” Participant, ID2

“I think it would be good if there was like, for instance, a badge or something where people are sort of like safe creators. So something where people know that they're trusted creators...so verified creators that you can kind of look at, you know, people with expertise and experience of these things instead of, yeah, just blocking out the content.” Participant, ID22

7. Responsibility and solutions

Attribution of responsibility

Participants consistently located responsibility for addressing SSHEd content at a system level, with platforms at the forefront holding the majority of responsibility, followed by regulators and government seen as vital for enforcement. Participants felt that platforms possess the data, technical capability and tools to intervene effectively, yet many doubted that meaningful action would occur without external pressure. This distrust was rooted in a perception that platforms' commercial incentives often outweigh user safety, leading to a belief that platforms will only act when compelled to do so.

“I think every platform cares more about profits than keeping their users alive. I don't think that they care that someone's viewing harmful content if it means they're spending whatever amount of time or they're taking in more ad money.” Participant, ID5

Regulators and governments were therefore positioned as essential drivers of change. Participants expected them to enforce action through legal powers, fines, audits and, where necessary, national restrictions on non-compliant platforms. Participants and professionals agreed that tools within platforms and the platforms themselves should be subject to a certain level of scrutiny. This would ensure that what platforms offer to keep users safe is evidence based, which one professional reported isn't currently demonstrated.

“I think they need to perform more audits of whether platforms are actually following the Online Safety Act. They need to do audits of...Sort of the content the audience have been given, or the triggers that people might see, and whether those tools are actually, you know, helping people.” Participant, ID32

While some participants acknowledged a degree of individual responsibility – such as using available tools or adjusting settings – this was framed as secondary to the obligations of platforms and regulatory bodies. A key reason for this was that when people are struggling with their mental health, they may not be in a position to use available tools, a sentiment echoed by participants and professionals.

“All these tools that we're talking about, they require a certain level of...cognition beforehand, don't they? For you to actually go ahead and apply them, you have to be aware of what's affecting you and how it's affecting you, and you have to have bought into the idea of trying”.

Professional, ID1

Professionals emphasised that responsibility extends beyond social media platforms. Highlighting that search engines are often the first point of contact for individuals in crisis, noting that search engines are most often the first place people go when they feel suicidal; ensuring they are safe was therefore seen as imperative. Professionals argued that it is technically feasible for signposting and helplines to be more tailored, and that certain keywords should trigger direct pathways to support rather than generic banners and phone numbers. One professional consistently recommended the need for signposting to link to local services that can provide more immediate and nearby support.

Participants expressed that though signposting and safeguards frequently appear, they have mixed effects. They articulated that when platforms provide signposting and safeguards, they feel well intentioned yet often inadequate—particularly during moments of acute emotional distress.

“A lot of it is just very generalised, not specific help and a lot of just signposting to other people who, and you're not really getting the help if you do access those sites or helplines.” Participant, ID40

Opportunities for intervention across the system

Participants identified a range of opportunities for regulators, government, schools, healthcare and wider stakeholders. At a national level, they called for **coordinated public awareness and education campaigns (such as staying safe online, and mental health support resources), alongside consideration of jurisdictional measures for platforms** that fail to comply with safety standards. Improved funding for mental health services and increased access to support were also seen as essential.

Education emerged as a recurring theme. Participants recommended embedding digital literacy in schools, workplaces and community settings, and suggested that organisations such as Ofcom or major broadcasters could play a role in public campaigns. Importantly, they emphasised the need for signposting and education that speaks directly to adults, not only young people.

“It's educating people as well. I think we have just kind of left everyone to it to a certain extent.” Participant, ID26

Professionals supported education but cautioned against over-reliance on it. They noted that educational interventions take time to have an impact and need to work in tandem with regulation, referencing other educational campaigns alone, such as about smoking not preventing behaviour without government support. They also identified clinician training as a concrete gap, arguing that healthcare professionals

should routinely ask about patients' online experiences as part of holistic care. They emphasised that more training for healthcare practitioners about the harms of online content is important to empower and equip them to support adults towards recovery.

“It's a lack of knowledge, which is why people probably aren't asking about it, because we don't know as professionals and practitioners what's actually out there, what things people are actually looking for and how they're looking for it.” Professional, ID3

Annex 1: Research questions

Research questions

To support the research aims, this project was guided by the following research questions:

Pathways to content

- How do UK adults come across online content - intentionally or unintentionally - related to eating disorders and associated behaviours, suicide, and self-harm?
- On which platforms, services, or types of service is this material encountered?
- How do personal, social, or contextual factors influence pathways to this content?

Attitudes to content and digital life

- What role does SSHED content play in users' online experiences? How much is it perceived as supportive, harmful, and/or serving another purpose?
- What content relating to suicide, self-harm and eating disorders do they feel should or shouldn't be available to users (for example, content where people provide instructions vs. content where people reflect on personal experiences)?

Impact of content

- What effects do individuals report after engaging with this content?
- How does the impact of this content differ between individuals (e.g. coping, harm, connection)?
- Are there variations in impact across different demographic or community groups?

Online tools

- What tools (e.g. content warnings) do individuals encounter when engaging with this content?
- How do participants use these tools, how often have they used them, and how effective are they perceived to be?
- How does the availability and use of tools differ across platforms or services?
- What attitudes do users have to using tools to be empowered in relation to SSHED content?
- What barriers exist to accessing or using support tools online?

Mitigations

- How do participants think online tools could be improved to help empower them in relation SSHED content?

- How valuable do people think other platform features and tools would be? (e.g. options to apply content filters and/or tailor their feed - see below)
- What else do individuals believe would help control and improve their experience when encountering this type of content online?

Annex 2: Sample profile

Characteristic	Category	Count
Age	25 to 29	11
	30 to 34	8
	35 to 39	3
	40 to 54	4
	55 to 64	4
Gender	Female	20
	Male	10
Ethnicity	Asian or Asian British	2
	Indian	2
	Black, Black British, Caribbean or African	3
	Caribbean	2
	African	1
	Mixed or multiple ethnic groups	4
	White and Black Caribbean	1
	White and Asian	1
	Other mixed / multiple ethnic group	2
	White	21
	English, Welsh, Scottish, Northern Irish or British	18
	Irish	1
	White European	2
Location	England	25
	Wales	2
	Scotland	2

	Northern Ireland	1
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