# OFFICE OF SUICIDE AND VIOLENCE PREVENTION

Nova Southeastern University
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## SUICIDE, VIOLENCE, AND MEDIA

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# SVP Events and Highlights

**Fall 2022 Events:**
- **08/04/22 - STEPS Training for Palm Beach County School District Behavioral and Mental Health Professionals**
- **08/31/22 - Preventing Suicide in the Justice System - Online Presentation with Forensic Advocates for Rehabilitation and Reintegration**
- **09/20/22 - United Way of Broward County Community Training - Suicide Prevention, Intervention and Postvention: Best Practices for Behavioral Health Services**
- **09/23/22 - Cultural Considerations and Suicide Prevention - Online Presentation with Humanitarian Global Outreach**
- **10/08/22 - NAMIWalks Your Way Broward**
- **11/02/22 - Suicide Prevention for Medical Professionals - Team-Based Learning with NSU's College of Allopathic Medicine**
- **11/13/22 - American Foundation for Suicide Prevention Out of Darkness Walk at NSU**
- **12/05/22 - STEPS Training for the Florida Association of School Psychologists**

**Upcoming Events:**
- **02/04/2023 - Community Fest**
- **02/22/23 - STEPS Training for Miami-Dade County Public Schools**

# Understanding Cyberbullying
Diana Alvarado, M.S.

Online and social media play a universal role in the lives of today's youth. The Pew Research Center reports that 95% of teenagers have a smartphone or have access to one. In addition, 45% of teens indicate that they are online nearly on a constant basis (Anderson& Jiang, 2021). Taking this into consideration, it is worthwhile to explore the role of cyberbullying in the digital age. According to the Centers for Disease Control and Prevention (Basile et al., 2020) bullying is a type of youth violence that involves repeated, unwanted aggressive behavior by another youth or group of youths who are not siblings or current dating partners which also involves an observed or perceived power imbalance. Cyberbullying takes place over digital devices and can occur through texting, use of apps, online social media, forums, or gaming platforms. Cyberbullying usually involves sending, posting, or sharing negative, harmful, false, or mean content about someone else (U.S Department of and Human Services, 2021). The 2019 Youth Risk Behavior Survey indicated that 15.7% of students reported electronic bullying. White, non-Hispanic students reported the highest rates of bullying at school and electronically compared to Hispanic or Black students. In addition, prevalence of electronic bullying among Hispanic students was significantly greater than Black students (Basile et al., 2020). The percentage of students who reported electronic bullying was also higher among gay, lesbian, or bisexual students than students who were not sure of their sexual identity and higher than heterosexual students (National Center for Education Statistics, 2021). Taking this into consideration, it is important to continue to understand the effects of cyberbullying and what can be done in terms of prevention.

There are many negative outcomes associated with cyberbullying which can include anxiety, depression, substance abuse, participating in risky behaviors, and somatic issues. Of more concern, cyberbullying has also been associated with an increased risk of suicidal ideation, planning, and attempts (Dorol-Beauroy-Eustache and Mishara, 2021).

In addition, students who have reported incidents of both school bullying and cyberbullying are five times more likely to report suicidal ideation than those who have not experienced either. Cyber bullying victimization has also been found to be more strongly related to suicidal thoughts and behaviors than school bullying victimization (Hinduja & Patchin, 2019). One possible explanation is that experiencing cyberbullying can increase stress and in turn increase psychological distress and related risk factors (e.g., mental health problems such as depressive symptoms, feelings of loneliness, violent behaviors, and substance use). As a result, a combination of these factors can may lead to increases suicidal behaviors (Dorol-Beauroy-Eustache and Mishara, 2021). Further, engaging in cyber bullying has also been found to be associated with similar risk factors. Perpetration of cyberbullying has been found to be a risk factor for internalizing and externalizing problems including depression, anxiety, loneliness, lower levels of self- esteem, aggression, disengagement, and substance abuse. Engagement in these behaviors has also been found as a risk for self harm, suicidal thoughts, and attempts (Marciano et al.,2020).
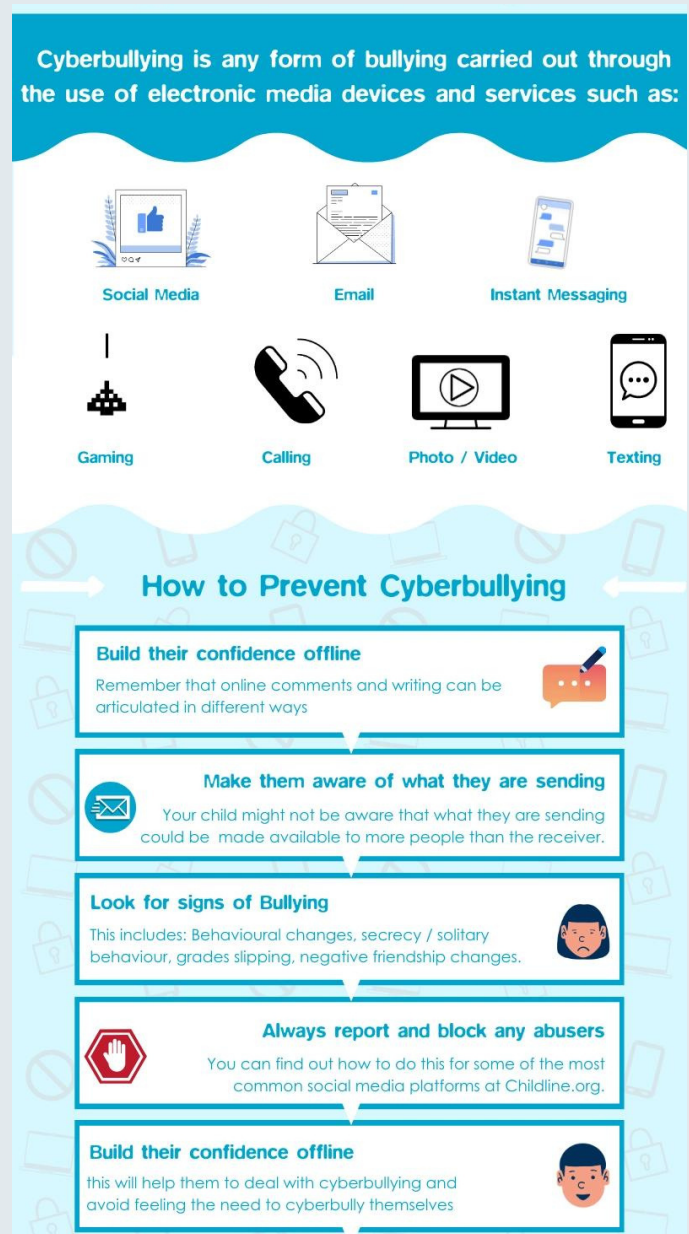
As both groups experience negative outcomes, it is beneficial to look at protective factors for both perpetrators and victims of cyberbullying. Educational factors such as school connectedness, a safe school environment, and having a positive connection with an adult at school have been found to be protective against cyberbullying. In addition, positive parental interactions, life satisfaction, and subjective well-being have also been found as protective factors (Dorol-Beauroy-Eustache and Mishara, 2021; Marciano et al., 2020). Overall, increasing positive interactions and providing supportive environments can help youth that are experiencing issues as a result of cyberbullying.

Several warning signs have been identified that may help to spot potential cyberbullying. There may be noticeable increases or decreases in device usage and emotional responses (e.g., laughter or anger) when using a device may occur. In addition, youth may hide their screens when others are near and avoid discussing their media usage. They may also shut down or create new social media accounts, avoid social situations, and they may become withdrawn or depressed (U.S Department of Health and Human Services, 2021). If these warning signs are present, communicating about what is happening, documenting any harmful content, reporting content, and providing support are some examples of action steps that can be taken (U.S Department of Health and Human Services, 2021). There are also several resources available via stopbullying.gov for parents, the public, and teachers that can help provide additional information and guidance on preventing cyberbullying.

Several strategies for prevention and intervention can be implemented to reduce cyberbullying. Suicide prevention initiatives have been found to serve as prevention for bullying as they seek to accomplish risk reducing behaviors. These include increasing positive ties with adults and schools, teaching positive coping skills, and shaping attitudes related to bullying and suicide (Hinduha and Patchin, 2019). Since both victims and perpetrators of cyberbullying may be at risk for suicide, it is essential that schools have formal suicide prevention programs in place. Schools can also integrate life skills training, wellness content, positive coping skills and tie-ins to mental health services into their overall prevention efforts. Universal screenings can also be beneficial to help identify any at risk students. It can also be useful to provide anonymous reporting outlets for students to feel safe to report any incidents of bullying taking place either in person or online (Hinduha and Patchin, 2019).

Given its impact on mental health and suicidal ideation, cyberbullying represents a significant concern for parents, teachers, and health professionals. This is particularly true as cyberbullying has negative impacts on both victims and perpetrators. Given the ever changing landscape of social media, it is important for those individuals working with children to maintain awareness of social media platforms, risk factors, warning signs, and protective factors. Positively, bullying prevention initiatives which promote coping skills and increase positive connections may help reduce risk and promote protective factors. When utilized within a comprehensive prevention framework which include suicide prevention, bullying prevention, and social-emotional wellness, schools and communities can address the complex mental health needs of youth and young adults.



Cyberbullying is any form of bullying carried out through the use of electronic media devices and services such as:

Social Media    Email    Instant Messaging

Gaming    Calling    Photo / Video    Texting

**How to Prevent Cyberbullying**

**Build their confidence offline**
Remember that online comments and writing can be articulated in different ways

**Make them aware of what they are sending**
Your child might not be aware that what they are sending could be made available to more people than the receiver.

**Look for signs of Bullying**
This includes: Behavioural changes, secrecy / solitary behaviour, grades slipping, negative friendship changes.

**Always report and block any abusers**
You can find out how to do this for some of the most common social media platforms at Childline.org.

**Build their confidence offline**
this will help them to deal with cyberbullying and avoid feeling the need to cyberbully themselves

# How to Promote Healthy Technology and Social Media Use for Your Child

Kiley Hommel, B.A.

❖ **Establish trust with your child so that communication surrounding social media can occur openly and honestly**

❖ **Encourage your child to be open with discussing how screen time and social media affects their emotional health**

❖ **Talk about and establish clear guidelines for appropriate versus inappropriate social media use**

❖ **Set time limits**
  ➢ **18 months and younger: Appropriate when video chatting with family, listening to music and books, looking at photos**
  ➢ **2-5 years: 1 hour per day (ensure age appropriateness and quality of information)**
  ➢ **6+ years: Balance with hobbies/school, spending quality time with friends/family, ensure it does not interfere with sleep or physical activity**

❖ **Set up "screen free zones/times"**
  ➢ **Bedroom**
  ➢ **Kitchen/dinner time**
  ➢ **Family time**
  ➢ **One hour before bed**

❖ **Model by limiting your own screen time in front of your child**

❖ **"Friend" or "follow" your child on social media so you are aware of what they are posting**

❖ **Place parental locks on certain websites or channels**

# Social Media and Suicidality in Adolescents

Alex Deckard, B.A., Melissa Grobler, M.A., BCBA, & Jacqueline Isler, B.S.

The association between suicidality in adolescents and social media is highly understudied. Research by Luxton et al. (2012) has suggested significant correlations between suicidality, cyberbullying/victimization, adverse content, and the dark web (i.e. encrypted online content which can only by specific means). Furthermore, some studies reported that excessive screen time could reinforce negative thoughts and behaviors through suggestive content on various social media platforms (Cepni et al., 2019). For example, one study found themes such as self-loathing, loneliness, and feeling unloved in a content analysis of 3360 randomly selected Tumblr posts from depression-related accounts; 82% of those posts consisted of depression, suicide, or self-harm related content (Sedgwick et al., 2019). While new technologies may be profoundly beneficial, adverse implications should be further explored to create or improve early intervention methods to combat self-harm. The following article discusses the potential social media influence on the increasing crisis of adolescent suicidality and the use of online monitoring/prevention software.

The CDC's latest 2020 WISQARS findings state that suicide was ranked the second leading cause of death in individuals aged 10-14, third for ages 15-24, and second for ages 25-34 in the US (2020). Notably, social media sites are commonly used among adolescents & young adults aged 15-29 (Arendt et al., 2020). Studies conducted by Khasawneh et al. (2020) and Coyne et al. (2021) highlight the need to analyze the relationship between social media, suicidality, and self-harm rates for adolescents and young adults. Social media has been defined as a "web-based social network" (Khasawneh et al., 2020). Traditional platforms include Facebook, Instagram, Snapchat, YouTube, Twitter, etc. There are other online communities such as gaming (e.g., Fortnite, Call of Duty, & Sims), blogs (e.g., WordPress & Tumblr), discussion forums (e.g., Reddit, Quora, & Digg), and chat rooms (e.g., Allo Talk, 321 Chat, & Chatogo). These social media sites have become increasingly popular among adolescents (Khasawneh et al., 2020).

Current research has demonstrated the significant presence of suicide-related and self-harm content on social media platforms, whether visual, text posts or hashtags.

A systematic review of ten studies published in five countries between 2010-2019 reviewed social media content related to self-harm and suicide, with eight studies focusing on Instagram and the remaining two on Instagram, Twitter, and Tumblr (Picardo et al., 2020). The results found self-harm or suicide-related content in approximately 66% of reviewed posts, with posts in the English language comprising 46% text-based images and 20% authentic images of self-harm wounds. Additionally, in posts evaluated from Germany with the hashtag "suicide," 26% were quick videos displaying self-harm behaviors, and across Instagram, Twitter, and Tumblr, 60% of sampled posts using the hashtag "cutting" showed past or current self-injury (Picardo et al., 2020).



The level of exposure to such posts has become a concern, with many researchers believing that social media content, such as Instagram, does not adhere to media reporting guidelines and that suicide-related content may increase the replicability of suicidal behaviors. Among 729 surveyed adults, 43% had seen self-harm content on Instagram, and 33% reported conducting similar self-harm behaviors due to viewing this content (Arendt et al., 2019, as cited by Picardo et al., 2020). A systematic web search of 12 suicide-related terms, including methods to carry out suicide, yielded 240 sites, focusing on the top ten and finding that half were pro-suicide sites and that half contained fact-based information regarding suicide (Biddle et al., as cited by Luxton et al., 2012).

The suicide and self-harm content shared on social media may increase the likelihood of social media users engaging in self-harm or encouraging suicidal behaviors (Khasawneh et al., 2020). Research has indicated that direct exposure to suicidal behaviors and acts of self-harm may increase suicidality among vulnerable populations, which can be seen through imitation and modeling (Khasawneh et al., 2020). For example, Khasawneh et al. (2020) conducted a study on the contagion effects of the Blue Whale Challenge. This online game encourages adolescents and young adults to engage in self-harm and eventually die by suicide. After analyzing 60 publicly posted videos on YouTube with 1112 comments and 150 Twitter posts referencing the Blue Whale Challenge, the authors found that over 50% of the videos on YouTube violated the Suicide Prevention Resource Center (SPRC) safe messaging guidelines.

A 10-year longitudinal study was conducted by Coyne et al. (2021) to examine a link between screen media use and the risk of suicide in emerging adulthood. They found that entertainment apps (e.g., Instagram, Twitter, YouTube, etc.) were associated with a higher risk of suicidality in females and an increased reliance on social media to cope or obtain help. Further, the results of this study suggested that males who play games online might be at risk due to the high occurrence of bullying when playing online with others. Specifically, in this study, 57% of adolescents reported being bullied while playing video games online (e.g., death threats, name-calling, or threatened), leading to increased suicide risk. Additionally, a study of 2000 middle schoolers found that victims of cyberbullying were approximately two times more likely to make a suicide attempt than those who were not victims (Hinduja & Patchin, 2010, as cited by Luxton et al., 2012). Therefore, social media can increase suicidal behaviors through cyberbullying and cyber-harassment, enhancing feelings such as loneliness and desperation (Luxton et al., 2012).

To address this concern, schools across the United States should consider implementing monitoring software that uses algorithms to organize and flag content across social media platforms (Byars, Graybill, & Wellons, 2020). Social Sentinel and GoGuardian are two programs that are used in schools as their software reports real-time alerts to school personnel 24/7, ensuring quick crisis intervention (Sheridan, 2015). GoGuardian's Beacon program aims to red flag at-risk behaviors such as self-harm, suicidality, or potential harm to others (Racine et al., 2021). GoGuardian Beacon even highlights that they consulted the American Association of Suicidology and the American Foundation for Suicide Prevention (GoGuardian, 2021). Unfortunately, limited research has been conducted on the use of such programs in schools. Another debate is whether these programs hinder one's first and fourth Amendment rights (Cvek, 2017).

In 2019, the American Association of Suicidology (AAS) released recommendations for parents and clinicians who may be engaging in social media monitoring adolescents at risk for suicide (Biernesser et al., 2020). Clinicians are encouraged to engage in risk assessment to identify possible harms stemming from adolescents' social media involvement and use the information to build a crisis intervention plan (Biernesser et al., 2020). Further, the crisis intervention plan should be shared with parents in addition to monitoring their child's social media activity. Clinicians and parents should also consider the meaningful ways social media can offer support, avenues of emotional expression, and support for adolescents who may be at risk. However, restrictive and invasive strategies may weaken parent-child connections and unintentionally put the child at a higher risk (Biernesser et al., 2020). The Family Media Plan, created by the American Academy of Pediatrics, may help develop a plan that both adolescents and parents can agree on (Biernesser et al., 2020). The plan offers opportunities for discussion planning regarding screen time, social media content, and ways parents can encourage appropriate autonomy of adolescents.

The current literature indicated a relationship between social media use and increased ideation and at-risk behaviors in adolescents. Adolescents are largely impacted by the implications of social media due to its popularity within this group, making it essential to educate adolescents, their parents, and schools on the safe use of social media. While social media may serve as an outlet for many adolescents, it also contains harmful and uncensored content, including self-harm and suicide promotion. This content may influence and even encourage the performance of such behaviors. Many schools are implementing GoGuardian and Social Sentinel programs as cyber suicidality prevention programs. However, little to no research has been published proving their salience. For now, educating adolescents, parents, and school personnel on social media safety and risk factors is the first defense. Further evaluation of cyber monitoring programs' efficacy, legality, and effectiveness is needed.

# The Hope Squad: An Interview with Dr. Gregory A. Hudnall

## Juliette Hubbard, PsyD

On average, most children will spend a minimum of 180 days in school, almost half of the year. With such a large amount of time allocated to school settings, schools are tasked with helping students to manage a host of different day-to-day issues, such as healthy living, social-emotional skills, or bullying prevention, in addition to providing for their educational needs. Among these programs, one area stands out as deserving special attention: suicide prevention in schools.

Data collected from the Youth Risk Behavior Survey (YRBS), a nationally representative sample of US public and private high school students, suggests that suicide attempts among this population have risen over the last ten years (Ivey-Stephenson et al., 2020). Furthermore, data from the 2019 YRBS found that approximately one in five youths had seriously considered an attempt, one in six had made a plan, and one in 11 had made an attempt. While this data highlights a national problem, the experience of educators and educational staff transcends statistics. Dr. Gregory Hudnall, a former high school principal for the Provo County School District in Idaho, met with Dr. Poland and Dr. Hubbard of the Office of Suicide and Violence Prevention to discuss his unique experience as an educator, and the peer-to-peer suicide prevention program he developed – The Hope Squad. "In the state of Utah, [suicide] is the number one cause of death for ages 10-17," he stated, "I was a high school principal, and I lost five kids to suicide. I spoke at three of their funerals."

After one particularly harrowing experience where he was called by the police department to identify the body of a student, Dr. Hudnall made it his mission to improve suicide prevention in his district. "Our goal within the school system was to create a common language, so that everybody knew the warning signs and the risk factors. We started training every employee, and 18 years later we still do so," he explained. He went on, "We trained every bus driver, lunch lady, custodian, hall monitor, secretary, counselor, teacher, principal." Given the complex nature of suicide prevention, Dr. Hudnall and his team didn't stop there. "The second piece," he shared, "was a common understanding of how to intervene."

This proved difficult in many respects. "We're afraid to talk about suicide," Dr. Hudnall expanded, "I have many schools that want to do Hope Squads, but their principals say, 'oh no, we're not going to talk about that because it will cause more suicide.'" Lastly, Dr. Hudnall trained eight to ten thousand people in the community in order to help connect struggling students with community resources.

Tragically, even this immense effort was not enough. "We had a young man walk into Provo High School, take his watch off, give it to his best friend, said I'm not going to need this after tomorrow," said Dr. Hudnall, "went on to tell five other friends he was going to take his life. Not one of those friends told an adult." That student went on to die by suicide the next day and, according to Dr. Hudnall, "It just devastated our community." Far from deterred, Dr. Hudnall took a year to gather his team of school counselors, social workers, school psychologists, and professors to find the missing piece – a peer-to-peer suicide prevention programs. Despite a thorough search, they were unable to find what they were looking for. One that was designed by educators, one that would be long term, and one that included strong relationships with local mental health agencies. As Dr. Hudnall explained, "…it really is our mantra, while it takes an entire village to raise a child, I believe it take an entire community to save it." There was one final piece the perfect program needed. "Nomination by their peers," Dr. Hudnall shared, "is very, very powerful."

Unable to find a program with all of those things, Dr. Hudnall and his team decided to create one. At a local high school serving over 2000 students, the piloted their program. "The previous three years they had four suicides, so we went through every English class and asked every young person, 'if you were struggling emotionally and needed to talk to someone, list the names of three of those peers that you would feel comfortable going to….in the end the most amazing thing happened. The same forty names rose to the top of 2100." With these names, Dr. Hudnall and his team began the first Hope Squad, training these students on warning signs, risk factors, self-care boundaries, and when to reach out for help. With this training, these students are tasked with recognizing warning signs and talking to fellow students. Most importantly, while these students are trained to be a listening ear, they are not expected to be a counselor for their peers.

Their most important role is helping to convince students in need to seek adult help and, if that doesn't work, to alert a school counselor with their concerns. The results were even better than they had hoped. After starting the Hope Squad in 2004, data collected in the district on suicidal threats, attempts, and completions took an astounding turn. "We didn't lose one child," Dr. Hudnall shared. Equally important, the students who were part of the Hope Squad were enthusiastic about their newfound ability to help fellow students. As Hope Squads began spreading to different schools, the role of the participants grew. "They reduce the stigma of mental illness. They increase help-seeking behavior. They organized school-wide activities that promote connectedness and inclusion," Dr. Hudnall explained. "They had saved four lives of kids that have actually, one kid had a gun that was going to take his life, and he had been bullied at school, came home, got the gun out, and was loading it, and one of the Hope Squad members who didn't know him very well called him and said, 'Hey you want to go hang out at the mall?' and the kid just was like, 'holy mackerel!' So, he leaves the gun there, goes to the mall."

For each student nominated to be on the Hope Squad, parents must give permission and go through a fifty-minute training that helps them to monitor their child and work with them. Parents are offered the opportunity to participate in other ways as well. "Three years ago, we had parents come to us and say, 'I want to learn what my kids are learning,' so we created a parent manual," Dr. Hudnall related. Parents also help by participating as advisors, bringing snacks, and helping with activities to raise funds. It's not unusual for parents to have more than one child participate and, in one inspiring video on the Hope Squad, Christy Wood of Lyndon, Utah proudly stated, "Some families do baseball, and some families do karate. Our family does Hope Squad."

Now, Hope Squads exist in about 1400 schools nationwide, including elementary, middle, and high schools. What does it take to start a Hope Squad? After receiving approval from the school principal or administration, schools need to form a partnership with mental health support in the community. Then schools gather funding, choose Hope Squad advisors, and receive the intensive, six-hour licensed advisor training. Schools also participate in pre- and post-surveys to collect data on and evaluate the strengths and areas for improvement in their programs. Some schools are able to devote an entire class to the Hope Squad while others use time during lunch, online, or after school. During this time, Hope Squad members are taught a 30-minute lesson and, the next week, they take part in a 30-minute activity that reinforces the previous lesson. "I had a principal come up to me and say, 'Oh, three years now without a suicide.

Do we really need to keep spending this much time with the kids," Dr. Hudnall recalls, "and I said 'tell me what happens when a fire breaks. How do kids know where to look?' 'Oh because we practice it every year, and they know where to go.'...and I said, 'That's why we do it every year.'" Hope Squads continue to grow each year with approximately 30 to 50 being added each month. "We have forty Hope Squad National Council members...we meet with them twice a month, they go out and do presentations in their state." In addition to presentations both nationally and internationally, the National Council greets brand new Hope Squads. Additionally, the program has begun to expand outside of schools. "We have two Hope Squads in the VA...and then we have one in the next level below a nursing home." Colleges and Universities are also beginning to establish their own Hope Squads. This movement, which began as one principal mission, has taken on a life of its own, providing hope and guidance to individuals of all ages, from Elementary Schools to assisted living facilities.

# Social Media Platforms Policies and Procedures for Suicidal Behavior

Katlyn Bagarella, MS and Christina Castellana, MS

Social media use among Americans has increased significantly over the past 17 years. The Pew Research Center began tracking social media use among Americans in 2005, and found that 5% of adults used at least one platform(Pew Research Center, 2022). As of their last tracking in 2021, those numbers had increased substantially with 72% of the public using some form of social media. Rates of social media use may be even higher for adolescents. According to the American Academy of Child and Adolescent Psychiatry (AACAP), as of 2018, 90% of teens between the ages of 13 and 17 years old have used social media, with 51% reporting visiting a social media site daily. On average, teens are online almost nine hours a day, with two thirds of teens having access to their own cell phone and internet. As social media and accessibility rapidly increases among young adults, the call for research on its effects has developed(American Academy of Child and Adolescent Psychiatry[AACAP] 2022). One particular development of research has been surrounding the use of social media and the various ways that it may facilitate, encourage or prevent suicide within adolescents (Krysinska et al., 2017).

Before the COVID-19 pandemic, mental health challenges were the leading cause of disability and poor life outcomes in young people. According to the U.S. Surgeon General, the share of high school students who reported persistent feelings of sadness or hopelessness from 2009 to 2019 increased by 40% to more than 1 in 3 students (U.S Surgeon General, 2021). More gravely, suicidal behavior was on the rise preceding the pandemic among high school aged individuals, with a 57% increase between 2007 and 2018. In 2020, the estimated increase has been more than 6,600 suicide deaths within this age range.

The pandemic added to the preexisting challenges that American youth faced, and resisted access to protective and supportive factors such as safe spaces at school , social connections with peers and mentors, and access to physical and mental health care (U.S. Surgeon General, 2021). With social media remaining as a platform for teens to maintain communication during that extended period of isolation, it became an outlet for coping and social connection (Eden et al., 2020).

Current literature has identified certain factors surrounding social media that can increase or decrease adolescents chances of dying by suicide. Aspects such as suicide contagion, cybervictimization, misinformation and pro suicide groups and websites have all been identified as influences that can increase adolescents risk of suicide (Swedo et al., 2015; Reid & Weigle., 2014; Arango et al., 2016). Social media has also been identified as facilitating protective factors, such as creating a platform for social connection and support, in addition to allowing for suicide prevention initiatives to reach a widespread audience (Reid & Weigle, 2014; Weinstein et al., 2021). As social media continues to grow and infuse into the lives of adolescents and the general population, it is vital that the platforms develop policies and procedures that address suicidal content and behavior among their users. More importantly, users need to be informed on said policies and procedures so they know how to take action if they are worried that another individual is at risk for suicide. This article will provide readers with information on signs of suicidal behavior and content via social media, as well as a overview of commonly used social media platforms' policies and procedures surrounding this topic that users can utilize.

## Identifying Suicidal Behavior on Social Media

Signs of self-harm or suicidal ideation are not always obvious or easy to recognize on social media, especially given the sarcastic or self-deprecating nature that can surround the content. This could include joking about suicide or using lyrics, quotes, or even emojis about how they are feeling. Warning signs on social media can be seen in comments, messages, profiles, or posts online. Other things to consider when determining someones risk of suicide based on their social media is if they are liking posts or following accounts that promote negative behaviors or writing posts or comments that show impulsive behavior, irritability, hostility or indicate insomnia (JED Foundation, 2022). Further warning signs provided by the 988 Suicide and Crisis Lifeline are provided in the chart below.

# Signs of Suicidal Behavior on Social Media

| | | | |
|---|---|---|---|
| Talking about wanting to die or kill oneself | Expressing the desire to kill or injure themselves | Talking about feeling hopeless or having no reason to live | Talking about feeling trapped or in unbearable pain |
| Talking about being a burden to others (" People are better off without me") | Increasing the use of alcohol or drugs | Acting anxious or agitated; behaving recklessly | Withdrawing or feeling isolated |
| Showing rage or talking about seeking revenge | Displaying extreme mood swings | Talking about wishing to harm themselves | Expressing a heighted fixation with death or violence |

(JED Foundation, 2021)

## Social Media platforms such as Snapchat, Tiktok, Instagram and Twitter have created community guidelines surrounding suicidal and self harming behavior.

| | |
|---|---|
| **Instagram** | • Instagram's community guidelines state that users should help to maintain a supportive environment by not glorifying self-injury.<br>• It is stated that encouraging or urging people to embrace self-injury is counter to their environment of support, and Instagram will remove it or disable accounts if it's reported. They also may remove content identifying victims or survivors of self-injury if the content targets them for attack or humor.<br>• User's are able to anonymously report concern for another user. Instagram will then assess the risk and may send suicide prevention resources they have created. The resource includes options on how to reach out to a friend for help and a option to reach out via instagram messengers, provides links to crisis helplines and resources (i.e., Suicide and Crisis Lifeline, National Eating Disorder Lifeline, The Trevor Project). |
| **TikTok** | • TikTok prohibits any form of content that promotes, normalizes, or glorifies suicide, provides instructions for suicide, or posts that portray a suicide as heroic or honorable.<br>• They remove content that depicts suicide, involves suicidal ideation, or that might encourage suicidal or self-injurious behavior from the platform. They also remove content that depicts attempted suicide or behavior likely to lead to self-inflicted death.<br>• TikTok does support members of the TikTok community sharing their personal experiences with these issues in a safe way to raise awareness and find community support.<br>• They encourage individuals who are struggling with thoughts of suicide or self-harm, or who know someone is seriously considering suicide, to immediately contact local emergency services or a suicide prevention hotline. In the event that TikTok's intervention could help a user who may be at risk of harming themselves, TikTok may also alert local emergency services.<br>• Tiktok has a "Wellness Hub" feature that provides mental health and wellness activities and resources for users to utilize while using the app. |
| **Snapchat** | • Snapchat's community guidelines state that encouraging violence or dangerous behavior is prohibited.<br>• It also states that they do not allow the glorification of self-harm, including the promotion of self-injury, suicide, or eating disorders. |
| **Twitter** | • Twitter does not allow for promotion or encouragement of suicide or self-harm.<br>• Violations of the policy include encouraging someone to physically harm or kill themselves, asking others for encouragement to engage in self-harm or suicide, and sharing information, strategies, methods, or instructions that would assist people to engage in self-harm and suicide.<br>• If this policy is violated, the enforcement approach depends on the type of content being shared, whether or not the reported account it encouraging or promoting self-harm or suicide, and the account's previous history of violations. The account may be asked to remove their tweets, the account may be temporarily locked, or the account may be permanently suspended. |

(TikTok, 2022; Twitter, 2022; Snapchat, 2022; Instagram, 2022)

Positively, these large social media platforms have taken steps to reduce harmful content regarding suicide and self-harm. While it may logically follow that information on suicide and self-harm will become less accessible with greater restrictions, few researchers have examined the effectiveness of these policies. Qualitative research on user interpretations of content moderation suggest that users experience content moderation as, at best, frustrating and, at worst, substantially negative and potentially isolating (West, 2018). Furthermore, research on similar restrictions in pro-eating disorder communities indicates that users may adopt lexical variants of flagged terms to circumvent content moderation (Chancellor et al., 2016). More research is needed to determine the effectiveness of moderation policies in suicide prevention effort. Additionally, it may be important to focus on greater education for users to promote positive content creation rather than solely focusing on restricting negative content.

For more information on best practices in social media visit https://reportingonsuicide.org/recommendations/

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# SUICIDE AND VIOLENCE PREVENTION RESOURCES

Center for Student Counseling and Well-Being
954-424-6911 (available 24/7)
www.nova.edu/healthcare/student-services/student-counseling.html

NSU Wellness
(mental health services for NSU employees)
1-877-398-5816; TTY: 800-338-2039
www.nova.edu/hr/index.html

National Suicide Prevention Lifeline
1-800-273-TALK (8255) or 1-800-SUICIDE
www.suicidepreventionlifeline.org
Veterans: Press "1" or Text 838255
Chat: www.suicidepreventionlifeline.org/chat
TTY: 1-800-799-4889

Crisis Text Line
Text: "Home" to 741741
Mobile Crisis Response Teams
(for on-site crisis assessment)
Broward (Henderson): 954-463-0911
Palm Beach: North: 561-383-5777
South: 561-637-2102
Miami-Dade (Miami Behavioral): 305-774-3627

Broward 2-1-1 Help Line
2-1-1 or 954-537-0211
211-broward.org
Chat:
https://secure5.revation.com/211FirstCallforHelp/contact.html

Palm Beach 2-1-1 Help Line
2-1-1 or 561-383-1111 or 211Palmbeach.org

Jewish Community Services of South Florida
305-358-HELP (4357); 305-644-9449 (TTY)
www.jcsfl.org/programs/contact-center/

Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Locators
www.samhsa.gov/find-help

The Jed Foundation (JED)
www.jedfoundation.org Suicide

Prevention Resource Center
www.sprc.org

Suicide Awareness Voices of Education
www.save.org

The Depression Center
www.depressioncenter.net

Yellow Ribbon International
www.yellowribbon.org

Florida Initiative for Suicide Prevention
www.fisponline.org

Florida Suicide Prevention Coalition
www.floridasuicideprevention.org

National Center for Injury Prevention and Control
www.cdc.gov/ncipc/dvp/suicide

American Association of Suicidology
www.suicidology.org

American Association for Suicide Prevention
www.afsp.org

Florida Department of Children and Families: Suicide Prevention
www.myflfamilies.com/service-programs/mental- health/suicide-prevention