



## Do Internet self-harm discussion groups alleviate or exacerbate self-harming behaviour?

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### Abstract

The Internet has proved a popular medium for persons with a variety of health-related complaints to provide one another with information and mutual support. However, although there are currently hundreds of Internet discussion groups dedicated to the issue of self-harm, there is disagreement as to whether these groups exacerbate or help alleviate self-harming behaviour. The present study sought to explore possible positive and negative aspects of membership of a self-harm discussion group. Members of one self-harm discussion group (n=102) completed a web-based questionnaire. The findings indicated that the majority of respondents viewed the discussion group as having positive effects, with many respondents reducing the frequency and severity of their self-harming behaviour as a consequence of group membership. Future work needs to address how typical the present findings are for Internet self-harm groups in general, and whether these groups are of any more (or less) benefit than current self-harm support groups that meet face-to-face.

### Keywords

*Internet, on-line, discussion group, mental health, self-harm, self-injury*

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### Introduction

In recent years there has been a proliferation of Internet discussion groups dedicated to the topic of self-harm. The participants in these groups are usually self-harmers themselves. While recent academic research has discussed the possible merits of these groups, there is disagreement as to whether participation in them exacerbates or alleviates self-harming behaviour. The data presented herein was collected as a survey of members of one of the largest self-harm discussion groups on the Internet in order to address this issue.

The practice of self-harm, whereby people deliberately inflict short or long term physical damage to their bodies by a variety of means,

has now been reported in the research literature for several decades. It has been estimated that at least 1 in 600 people require hospital treatment as a direct result of self-inflicted injury (Tantam & Whittaker, 1992). While much of the available literature on self-harm focuses on overdosing (self-poisoning), recent research has suggested that other forms of self-harm, such as cutting and burning, are more prevalent but under-researched due to biased sampling techniques (Warm, Murray & Fox, 2002, 2003). For instance, many self-harm studies use samples comprised of admissions to Accident and Emergency (A&E) departments. These settings are more likely to witness life-threatening forms of self-harm, such as overdoses, whereas instances of cutting, burning and other self-

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mutilating practices rarely require hospitalisation (Hurry, 2000). However, a recent survey of Internet self-harm discussion groups found respondents were twice as likely to have cut themselves than taken an overdose (Warm et al., 2002; Warm et al., 2003).

Self-harm is a practice that is often misunderstood by family, friends and many clinical professionals. Doctors and nurses working in A&E departments are sometimes reported as being unsympathetic towards self-harmers, perceiving such behaviour as manipulative and attention-seeking (Walsh & Rosen, 1988), although recent research has challenged the accuracy of these perceptions (Jeffery & Warm, 2002; Warm et al., 2003). Therefore, due to inaccurate understandings, health professionals, family and friends may not provide the support that self-harmers require.

A lack of emotional support and social integration have been discussed in relation to a person's health by Cohen (1988), who argued that such persons are likely to face more stressful events, to feel alienated and to perceive themselves as lacking control over their lives. Support groups, made up of people with the same physical health complaint for example, have been found to provide members with much needed emotional support (Huws, Jones & Ingledew, 2001). However, face-to-face support groups may not provide readily accessible support; they may meet infrequently, require considerable travel time, as well as impinge upon family and work commitments.

The advent of the Internet provides new sources of social communication and support, and may encourage the growth of community (as demonstrated by the work of the Pew Internet & American Life Project, e.g. Horrigan, 2001). Web sites are also an increasingly popular source for obtaining health-related information (Griffiths, Tang, Hawking & Christensen, 2005). Electronic discussion groups have the potential to provide readily accessible emotional support and social integration, from the comfort of home or the workplace, at any time of day and night (Huws et al., 2001). The advantages of these groups over groups which meet face-to-face may mean that self-harmers will find self-harm Internet discussion groups an attractive form of support (Warm et al., 2002).

The topic of self-harm is ubiquitous on the Internet, with hundreds of on-line discussion groups dedicated to the issue. The Internet service 'Yahoo!' currently hosts more than 100 groups alone<sup>1</sup>, with the number of subscribed members to these groups ranging from the tens to the hundreds. Many more groups exist on the Internet where group membership may run into the thousands (such as alt.support.self-harm).

Some on-line groups have moderators (usually peers who self-harm or are former self-harmers) who prevent or remove messages with content which contravenes the rules of the group (e.g. posts which encourage self-harm). These groups may also require membership to be approved before a person can read or post messages. If group members send abusive messages or contravene posting rules then they may be 'removed' and no longer have access to the group. However, other groups operate in a looser manner, with no moderators or rigidly enforced rules.

Therefore, the Internet allows connectivity on a scale not previously possible between individuals who self-harm. However, it is not certain whether these on-line self-harm groups provide 'network capital', namely relationships that 'significantly provide companionship, emotional aid...information, and a sense of belonging' (Wellman & Frank, 2001), nor is it known if such groups reduce the frequency and severity of self-harm episodes. Indeed, it has been suggested that the Internet is a source of 'potentially destructive information' on self-harm and as such may have a detrimental effect on some persons, making it 'difficult' for professionals working with self-harmers to recommend their 'surf[ing] the Internet' (Thompson, 2001, p.400). Health professionals who work with self-harmers may also be concerned that these groups do not usually involve trained counsellors, for example, but rely predominantly on peers who also self-harm.

While previous research has examined what information is available on the topic of self-harm on the Internet (e.g. Prasad & Owens, 2001), such as web pages, empirical research related to Internet self-harm discussion groups is lacking. Warm and colleagues (Fox, Murray & Warm, 2003; Warm et al., 2002; Warm et al., 2003) used a web-based questionnaire to survey eight

different Internet self-harm discussion groups, and have been important in beginning to identify the characteristics and behaviours of self-harmers recruited via self-harm Internet discussion groups, and how they differ from the samples that usually comprise self-harm research.

More recently Whitlock, Powers & Eckenrode (2006) examined the messages posted on self-injury discussion groups. They concluded that online interactions provide important social support for members who would otherwise be socially isolated. However, they expressed a concern that such messages might normalise and encourage self-injurious behaviour. The posts made to self-harm discussion groups may, for example, contain the type of detail which the media have been urged to avoid when reporting on suicides so as not to encourage the behaviour in others, such as 'how to' descriptions and the presentation of the behaviour as a means to solve problems (World Federation for Mental Health, 2006).

Examples of such contagion have been reported in the literature, for example among adolescent patients on a psychiatric ward (Taiminen, Kallio-Soukainen, Nokso-Koivisto et al., 1998). However, the issue of whether such groups actually exacerbate or alleviate self-harm behaviour is as yet unexplored. Therefore the present study employs a web-based questionnaire to survey members of one of the largest self-harm discussion groups available on the Internet in order to assess any positive or negative effects upon members, along with what aspects of group membership are responsible for these effects.

## **Method**

### ***Sampling approach***

Respondents were recruited via postings to a self-harm Internet discussion group. This group was located via an Internet search, using the search engine Alta Vista, and the search terms 'self-harm', 'discussion', and 'group'. From this search a number of relevant groups were identified. A decision was made to approach the particular group used in this study as it was considered one of the 'busiest' and longest established, as evidenced in the amount of communication that took place on a daily basis

and the number of individual contributors, and by the age of the oldest stored posts. Following negotiation with the moderators the wording of a post describing the study and appealing for respondents was posted to the group.

### ***Respondents***

A total of 102 respondents completed the questionnaire. Of these 95 respondents specified their gender as female, 6 male, and 1 declined to specify. Respondents' ages ranged from 12 to 47. The mean age of respondents was 21.4 years, while the mean age at which respondents had begun self-harming was 13.6 years. Some 43% of respondents had been a group member for one year or more, 27% for 6 months or more, 20% for one month or more, and 6% for less than a month. At the time of completing the questionnaire, 50% of respondents had last self-harmed 'less than a week ago', 19% 'a week ago', 12% 'a month ago', and 20% 'more than a month ago'.

### ***Materials***

In order to address the aforementioned research questions, a questionnaire was developed consisting of 15 closed questions and 6 open-ended questions. These questions were concerned with the feelings and behaviours of respondents that the researchers felt were pertinent to questions about the relationship between self-harm behaviour and membership of an Internet self-harm discussion group. The response options to the closed questions were based upon our reading of the research literature. Open-ended questions were used to allow respondents to answer in their own words. This was considered an important strategy for understanding several issues from the vantage point of respondents' own experiences. The questionnaire was presented in a single HTML file. Upon submission responses were recorded into a data file by means of a Perl CGI-Script.

### ***Content analysis***

We conducted a content analysis of responses to each open-ended question in order to produce a number of categories and sub-categories that represented as succinctly as possible the broad array of responses. The following procedure was adopted. Responses to each question were compiled on separate sheets of paper. In the left hand margin the researcher used a key word or

phrase to sum up the dominant content of each response. Next, these key words or phrases were grouped together into broad but distinct categories. Finally, in order to indicate the varied content of each category, responses were divided into sub-categories. For example, the comment, 'It has helped me feel less ashamed' was placed in the category 'Positive effect', and in the sub-category 'Respondents feel less ashamed'. After the comments were analysed in this manner, one researcher independently audited the analysis. Through this discussion and review, they reached consensus about a set of categories and sub-categories.

## Results

### *Summary of responses to closed questions<sup>2</sup>*

The first question was concerned with communication and self-harm. Respondents were asked which of the provided options best described how they felt when they wanted to self-harm. The majority of responses were for the option 'I would like to talk to someone' (n=47), which had nearly twice as many responses as the option 'I would like to be left alone' (n=25) (23 responded 'I don't know'). In response to a question of how they felt following participation in an on-line group discussion, the most frequently endorsed responses were 'less alone' (n=43) and 'understood' (n=34). 'Stronger' was chosen by 4 respondents, 'don't know' by 12, while the options 'confused' and 'depressed' were not endorsed by any respondents.

Most respondents posted to the group on a weekly basis (n=44), followed by those who did so on a daily basis (n=30) (16 did so monthly). However, most respondents read the discussion group posts on a daily basis (n=82) with the remainder doing so on a weekly basis (n=20). The majority of respondents (n=60) communicated via private one-to-one e-mail on a regular basis with other self-harmers met via the on-line discussion group. Most of these did so on a weekly basis (n=30), while others did so on a daily (n=12), monthly (n=11), or less than monthly (n=7) basis.

In response to the question 'Do you ever envisage a time when you might not use the discussion group?' half of respondents endorsed 'yes' (n=51) while nearly a third responded 'no'

(n=32). Respondents were near-evenly split between those who felt being a member of the discussion group had influenced their self-harm (n=51) and those who thought it had not (n=47). However, the largest response to the question of whether respondents' self-harm had changed since becoming a member was for 'no change' (n=47), followed by 'decreased' (n=42) with only 10 respondents indicating that it had 'increased'. Respondents were near-evenly split between those who had (n=49) and those who had not (n=48) had their self-harm 'triggered' by the content of posts made to the group.

Respondents were near-evenly split between those who had known self-harmers prior to joining the discussion group (n=49) and those who had not (n=51). Most respondents did not know other self-harmers prior to beginning self-harming themselves (n=79) although a sizeable number did (n=21).

### *Summary of responses to open-ended questions*

#### *Why have you chosen to talk on-line about self-harm? (n=99)*

Responses to this question were divided into six categories. The largest of these was 'Support from like-minded others' (37%) in which respondents related a number of ways in which 'talking' on-line enabled them to receive support and feel 'less isolated'. Respondents described how family members and friends felt uncomfortable discussing their self-harm, and how they did not know other self-harmers off-line. They also felt their on-line support was uncensored and non-judgemental.

The next largest category was 'Freedom of expression' (19%) in which respondents related how they felt better able to express themselves in the written form of Internet communication. A third category was one of 'Safety' (16%) in which respondents indicated that the features of Internet communication enabled anonymity, secrecy, confidentiality and privacy. Respondents related a general feeling of safety when communicating on-line and the avoidance of talking about their self-harm face-to-face, a situation which some experienced as shameful.

The final three categories of responses to this question were fairly evenly split. In the fourth category 'Alleviation of self-harm' (10%) respondents described how being a member

reduced their self-harm or was intended to do so. They also described the therapeutic benefits of their online discussions and the opportunity to 'talk through problems'. Respondents sometimes made posts to which they did not read the replies, finding the process of writing therapeutic in itself.

The fifth category 'Casual involvement' (10%) related to the lack of professional involvement in the group and respondents' ability 'to come and go' as they pleased, both of which were seen as benefits of group membership. The final category 'Ease of communication' (7%) related to the availability of the group and the immediacy of on-line communication.

***Do you ever envisage a time when you might not use the discussion group? (n=79)***

Respondents' responses to this question were divided into six categories. The largest of these was 'A decline in self-harm would result in a decrease in use of the discussion group' (44%) in which respondents indicated that they would cease to use the group on a regular basis when they had stopped self-harming. However, a large number of these indicated that they would occasionally check the group discussion. A further 20% of respondents indicated that even if they did manage to stop self-harming they would want to continue to be members of the group in order to provide help to other self-harmers, while 11% indicated that they would always need the support of the group, even in the event that they did cease self-harming.

In the fourth category of responses to this question, 'Recovery and independence' (10%), respondents described how appropriate off-line support could productively replace the need for the on-line group, how membership of the on-line group would become counter productive, or that a change in identity from a self-harmer to a former self-harmer would lead to them stopping self-harm. The remaining two categories related to respondents either not having enough time to read the group discussion (8%) or no longer having Internet access (6%).

***Do you think that being a member of the discussion group has influenced your self-harm? (n=79)***

Twenty seven respondents provided brief responses which indicated that being a member of the group had not influenced their self-harm (e.g. 'no', 'not much'). A further 23 people declined to answer. The responses of the remaining 52 respondents to this question were grouped into three categories (see Table 1). The largest of these indicated that group membership had helped to reduce their self-harm (73%). A sizeable number (15%) reported feeling less ashamed, or of having an increased self-understanding, and increased levels of self-confidence. In contrast, 11% of respondents indicated a negative impact of group membership on their self-harming behaviour, with responses here split between those who had learnt and enacted more severe methods of self-harm and those who felt less of a need to stop self-harming as a consequence of exposure to the group.

**Table 1. The influence of the discussion group on respondents' self-harm (n=52)**

Category	% of responses	n	Sub-category	% of category	n
<b>A reduction in self-harm</b>	73.1	38	Respondents have decreased both the variety of self-harm methods used and the frequency of their self-harm	44.7	17
			Respondents have learnt other coping mechanisms other than self-harm	29.0	11
			Respondents take better care of wounds, and take part in 'less risky' forms of self-harm	15.8	6
			People on the list 'reward' respondents for refraining from self-harm	10.5	4
<b>Positive effect</b>	15.4	8	Respondents feel less ashamed	62.5	5
			Respondents feel they have increased self-understanding	25.0	2
			Respondents have increased confidence	12.5	1
<b>An increase in self-harm</b>	11.5	6	The respondents have learnt more severe methods of self-harm	50.0	3
			Knowing others self-harm has decreased respondents' own felt need to stop	50.0	3

***Has anything posted in the self-harm discussion group triggered your self-harm? (n=74)***

Twenty four respondents provided brief responses (most commonly 'no') which indicated that no material posted to the self-harm discussion group had triggered their self-harm. A further 28 people declined to answer. The responses of the remaining 50 respondents to this question were grouped into three main categories (see Table 2). The largest of these was 'Posts which trigger respondents' self-harm' (46%), which refers mainly to the nature of those posts which respondents had found triggering. These include those posts that include graphic descriptions of self-harm, negative responses to respondents' posts, and descriptions of new methods of self-harming. However, two of these respondents also pointed out that the posts were not the exclusive cause of their self-harm response or as no different to triggers they encountered in daily life.

The second category referred to the practice of reading or not reading 'spoiler' posts (38%). These are posts which contain warnings at the beginning of the text about the possibly triggering content of the post to enable group members to make a choice as to whether to read it or not. What emerged here was that

respondents often ignored these warnings or had learnt what not to read. Respondents also indicated that the discussion group had a culture of discouraging posts that described various methods of self-harm.

The final category here referred to respondents actively wanting to be triggered by the material posted to the discussion group (16%). Such respondents felt competitive about their self-harm when reading the posts of others, with some feeling that their own self-harm was inadequate. Some of these respondents deliberately read the group discussions when they felt self-harm urges.

***Can you explain when and why you use private e-mail communication rather than using the discussion group? (n=68)***

Responses to this question were grouped into five categories. The largest of these was 'Friendship' (45%) in which respondents described the development of a relationship between themselves and others in which subsequent discussions were considered 'too personal' for the group and specifically aimed at another person. These respondents described an increased intimacy, stronger bond, and deeper disclosure between respondents and others than would be engaged in with the list.

**Table 2. Discussion group content and triggers to self-harm (n=50)**

Category	% of responses	n	Sub-category	% of sub-category	n
<b>Posts which trigger respondents' self-harm</b>	46.0	23	Respondents find graphic descriptions, particularly those which mirror own experiences, as triggering	35.0	8
			Negative replies are triggering	8.7	2
			New methods of self-harm	8.7	2
			Descriptions of abuse	8.7	2
			Suicidal posts are triggering	8.7	2
			Positive posts can be triggering	8.7	2
			Posts can be triggering, but not exclusive cause	4.3	1
			Descriptions of the good feeling of self-harm	4.3	1
			Spending too long reading messages can be triggering	4.3	1
			Others' emotional pain can be triggering	4.3	1
			No different to triggers in daily life	4.3	1
			<b>Reading and not reading 'spoiler' posts</b>	38.0	19
The group discourages 'methods' postings	26.3	5			
Respondents have learned what not to read	15.8	3			
Respondents ask moderator to modify messages which are triggering	5.5	1			
<b>Want to be triggered</b>	16.0	8	Respondents feel competitive about their self-harm	37.5	3
			Respondents looking to be triggered	37.5	3
			When they began using the group, respondents felt that their own self-harm was inadequate	12.5	1
			Respondents 'log-on' when 'triggery'	12.5	1

The category 'Etiquette' was the second largest reason (25%) given for engaging in private e-mail. Here respondents described various considerations for the group (e.g. not wanting to send too many, lengthy e-mails to the list, off-topic issues, and the infringement of group rules).

The third category was 'Instrumental support' (19%) in which respondents gave a number of instrumental reasons for private e-mail, all revolving around the issue of support. Here respondents described taking part in private e-mail in order to check the progress of individuals who they knew were going through, or had been through, 'a bad time'. Most of the remaining responses in this category referred to respondents' own specific need to receive the support of certain individuals.

The remaining two categories here were 'Safety' and 'Self-consciousness', both relatively small compared to the previous three (6% and 4% of responses respectively). The first of these referred to an increased feeling of safety when engaging in private e-mail than group discussion, while the latter referred to being self-conscious about poor spelling and grammar as well as being 'too shy' to communicate in the group forum.

## Discussion

### *Does group membership exacerbate or alleviate respondents' self-harm?*

In addressing the question of whether the particular self-harm discussion group drawn upon in the present study exacerbates or alleviates participants' self-harming behaviour, it is of interest that 42 respondents self-reported a decrease in their self-harm since becoming a group member, while only 10 self-reported an increase (with a further 47 reporting no change).

However, when asked whether they had self-harmed in response to any of the material posted to the discussion group 49 indicated that they had. On first examination this would seem evidence of a negative impact of the group on self-harming behaviour. However, in response to an open-ended question of the influence of the discussion group on members' self-harm, 73% of responses could be categorised as 'a reduction in self-harm'. Indeed, 47 respondents indicated that

membership of the group did not influence their self-harm.

The above set of findings may appear contradictory. However, the most parsimonious explanation of these results is that while some participants had self-harmed in response to material posted to the group at one time or another, on the whole respondents had experienced either a decrease or no change in their self-harming behaviour. The net effect of group membership, then, at least for the group drawn upon in the present study, would appear to be either no change or a reduction in the frequency and severity of self-harming behaviour.

### *What are the benefits of group membership?*

Clearly some group members attributed a reduction in their self-harm to the group itself. These findings are in accordance with the main reason given by respondents for becoming a member in the first place, namely to receive support. Respondents also indicated that they would like to talk to someone when they felt like self-harming. Previous research has found that health professionals (Bancroft & Hawton, 1983; Renton, 1996) and family and partners of self-injurers (James & Hawton, 1985) frequently perceive such behaviour as a form of attention seeking. For this reason respondents may see friends and family as difficult to communicate with or as not understanding their behaviour. Therefore self-harm discussion groups may provide an alternative channel of communication and support. This would seem supported by the frequency with which respondents posted to the group, with 90 respondents posting to the group each month, and 74 of these doing so each week.

Despite the above findings it is of interest that respondents foresaw a time when they would no longer use the group, which would accompany a reduction or cessation of their self-harming behaviour. Only 13% of respondents stated that they would have a continued need for the group, even if they stopped self-harming. The group, then, appeared to be an instrumental medium of support that members intended to use for a temporary period, and there was little evidence that the group was directly involved in the exacerbation of members' self-harm.

The group also became a 'place' where respondents 'met' other self-harmers and formed friendships. This is evident in that 60 respondents communicated with other group members via private e-mail on a regular basis. Fifty-three of these did so on a monthly basis, with 42 of these doing so on a weekly basis. The most often cited reason for engaging in private e-mail was 'friendship' and concerned the development of relationships that were privileged and portrayed as more personal than group communication. While a sizeable number of respondents indicated that concerns for the group led to private e-mail communication, a similar number of respondents stated that private e-mail was an effective way of receiving or providing instrumental support.

### ***Limitations of the study and future work***

While such a large number of responses from a single Internet self-harm discussion group must be considered advantageous, it is perhaps wise to be cautious in drawing firm conclusions about the therapeutic benefits of such groups in general. However, it must also be borne in mind that respondents' inclusion in the study was by self-selection, and that the details given by them regarding increased or reduced frequency and severity of self-harm were made via self-reports, relying on retrospective recall, which cannot be verified by other means. The present study relies on cross sectional data collection. Future studies with longitudinal designs, perhaps incorporating a diary or 'log' report data collection method of self-injurious behaviour, would be better positioned to make stronger claims regarding whether membership of self-harm discussion groups alleviate or exacerbate self-harming behaviour.

A second critique is that while the findings presented in this paper suggest that the group from which respondents were drawn provided such benefits, we cannot be certain that the present research did not simply tap into the 'culture' of the particular group rather than general norms and benefits of Internet self-harm groups. Just as the present group appeared to be comprised mainly of individuals who wanted to reach a stage where they could stop self-harming and had developed rules, norms and 'etiquette' towards this aim, so other groups may encourage a different set of values and behaviours.

Therefore we would encourage similar further research which seeks to compare different groups and to identify the most prevalent form that Internet self-harm groups take.

In addition to the above concerns, even in the event that the findings within this paper are found to be typical of Internet self-harm groups in general, we do not know if such groups are of any more (or less) benefit than current self-harm support groups that meet face-to-face, although they may have a number of practical advantages as outlined in the introduction. In order to discern implications for self-harm service provision future work could address this issue, exploring and comparing frequency and severity of self-harm, recidivism, and long-term cessation of self-harm in these two forms of support group.

### **Notes**

1. A Yahoo! Groups search on 12 September 2005 using the search term 'self-harm' found 170 such groups, while 'self-injury' found 187.
2. The sum of the responses provided for both open and closed questions does not always equal the number of respondents in the survey as there was also an option to decline answering each question.

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