

At-a-Glance: Safe Reporting on Suicide

Research indicates that the way suicide is reported in the media can contribute to additional suicides and suicide attempts. Conversely, stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. The following recommendations have been developed to assist reporters and editors in safe reporting on suicide.

For Reporters

What to Avoid

- *Avoid detailed descriptions of the suicide, including specifics of the method and location.*
Reason: Detailed descriptions increase the risk of a vulnerable individual imitating the act.
- *Avoid romanticizing someone who has died by suicide. Avoid featuring tributes by friends or relatives. Avoid first-person accounts from adolescents about their suicide attempts.*
Reason: Positive attention given to someone who has died (or attempted to die) by suicide can lead vulnerable individuals who desire such attention to take their own lives.
- *Avoid glamorizing the suicide of a celebrity.*
Reason: Research indicates that celebrity suicides can promote copycat suicides among vulnerable people. Do not let the glamour of the celebrity obscure any mental health or substance abuse problems that may have contributed to the celebrity's death.
- *Avoid oversimplifying the causes of suicides, murder-suicides, or suicide pacts, and avoid presenting them as inexplicable or unavoidable.*
Reason: Research shows that more than 90 percent of suicide victims have a diagnosable mental illness and/or substance use disorder. People whose suicide act appears to be triggered by a particular event often have significant underlying mental health problems that may not be readily evident, even to family and friends. Studies also have found that perpetrators of murder-suicides are often depressed, and that most suicide pacts involve one individual who is coercive and another who is extremely dependent.
- *Avoid overstating the frequency of suicide.*
Reason: Overstating the frequency of suicide (by, for example, referring to a "suicide epidemic") may

cause vulnerable individuals to think of it as an accepted or normal response to problems. Even in populations that have the highest suicide rates, suicides are rare.

- *Avoid using the words "committed suicide" or "failed" or "successful" suicide attempt.*
Reason: The verb "committed" is usually associated with sins or crimes. Suicide is better understood in a behavioral health context than a criminal context. Consider using the phrase "died by suicide." The phrases "successful suicide" or "failed suicide attempt" imply favorable or inadequate outcomes. Consider using "death by suicide" or "non-fatal suicide attempt."

What to Do

- *Always include a referral phone number and information about local crisis intervention services.*
Refer to: The National Suicide Prevention Lifeline toll-free number, 1-800-273-TALK (273-8255), which is available 24/7, can be used anywhere in the United States, and connects the caller to a certified crisis center near where the call is placed. More information can be found on the National Suicide Prevention Lifeline website:
<http://www.suicidepreventionlifeline.org>
- *Emphasize recent treatment advances for depression and other mental illness. Include stories of people whose treatment was life-saving or who overcame despair without attempting suicide.*
Refer to: Suicide Prevention Resource Center's research and news briefs:
<http://www.sprc.org/news/research.asp>
- *Interview a mental health professional who is knowledgeable about suicide and the role of treatment or screening for mental disorders as a preventive strategy.*
Refer to: The American Foundation for Suicide

continued ►►

I. For Reporters *(continued)*

Prevention's "Talk to the Experts" page:
<http://www.afsp.org/education/recommendations/6/index.html>

Reporters may also contact the Suicide Prevention Resource Center at 1-877-GET-SPRC (438-7772), the American Association of Suicidology at (202) 237-2280, or the Suicide Prevention Action Network USA at (202) 449-3600.

- *Emphasize decreasing trends in national suicide rates over the past decade.*
Refer to: CDC's (Centers for Disease Control and Prevention) WISQARS (Web-based Injury Statistics Query and Reporting System):
<http://www.cdc.gov/ncipc/wisqars/> or talk with an expert (see previous recommendation).
- *Emphasize actions that communities can take to prevent suicides.*

Refer to: CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters:
<http://wonder.cdc.gov/wonder/PrevGuid/p0000214/p0000214.asp>

Suicide Prevention Resource Center's Evidence-Based Practices in Suicide Prevention:
http://www.sprc.org/whatweoffer/ebp_factsheets.asp

- *Report on activities coordinated by your local or state suicide prevention coalition.*
Refer to: Your state suicide prevention contact will be able to tell you if there are local groups or organizations providing suicide prevention training in your community. See the Suicide Prevention Resource Center's State Suicide Prevention webpages:
<http://www.sprc.org/statepages/index.asp>

For Editors

What to Avoid

- *Avoid giving prominent placement to stories about suicide. Avoid using the word "suicide" in the headline.*
Reason: Research shows that each of the following lead to an increase in suicide among media consumers: the placement of stories about suicide, the number of stories (about a particular suicide, or suicide in general), and dramatic headlines for stories. Using the word "suicide" or referring to the cause of death as "self-inflicted" in headlines increases the likelihood of suicide contagion.
- *Avoid describing the site or showing pictures of the suicide.*
Reason: Research indicates that such detailed coverage encourages vulnerable people to imitate the act.

What to Do

- *Suggest that all reporters and editors review Reporting on Suicide: Recommendations for the Media.* These guidelines for responsible reporting of suicide were developed by a number of Federal agencies and

private organizations, including the Annenberg Public Policy Center.

Refer to: <http://www.afsp.org/education/recommendations>

- *Encourage your reporters to review examples of good and problematic reporting of suicide.*
Refer to: The American Foundation for Suicide Prevention's website:
<http://www.afsp.org/education/recommendations/index.html>
- *Include a sidebar listing warning signs, or risk and protective factors for suicide.*
Refer to: American Association of Suicidology's warning signs: <http://www.sprc.org/library/helping.pdf>
National Strategy for Suicide Prevention's risk and protective factors: <http://www.sprc.org/library/srisk.pdf>
National Institute of Mental Health's Suicide FAQ: <http://www.nimh.nih.gov/SuicidePrevention/suicidefaq.cfm>

The recommendations in this publication were adapted from *Reporting on Suicide: Recommendations for the Media*, a 2001 report by the Centers for Disease Control and Prevention, National Institute of Mental Health, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration, American Foundation for Suicide Prevention, American Association of Suicidology, and Annenberg Public Policy Center. The original report and supporting documents can be found at <http://www.afsp.org/education/recommendations>.

We would like to acknowledge Lanny Berman of the American Association of Suicidology; Lidia Bernik of the Suicide Prevention Action Network USA; Ann Haas of the American Foundation for Suicide Prevention; Karen Marshall of The Stop Suicide Alliance; and Dan Romer of the Annenberg Public Policy Center for their contributions to this document.