

MEDIA → GUIDELINES for Reporting Suicide

Samaritans warn media af

Samaritans warn media

after suspected copycat suicides

The chief execu
last night she was "very alarmed" about
a suspected copycat double suicide on
"One of th

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Contact Samaritans' press office

+44 (0)20 8394 8300

Out of hours: +44 (0)7943 809 162

✉ press@samaritans.org

🌐 www.samaritans.org/mediaguidelines

📱 @samaritans
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SAMARITANS

Samaritans' vision is that fewer people die by suicide.

We achieve this by working in partnership with other organisations to reduce the incidence of suicidal feelings and behaviour. Samaritans provides a safe place for people to talk when things are getting to them, round the clock, every single day of the year.

We work closely with the media to promote sensitive and appropriate reporting of suicide and make it a priority to respond quickly and expertly to journalists' enquiries about how to portray these deaths. *Samaritans' Media Guidelines for Reporting Suicide* are updated regularly and have been a vital part of our work with the media for two decades. This is the 5th edition.

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press@samaritans.org



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“Irresponsible reporting on suicide can have very damaging consequences. These guidelines provide clear, positive advice to help journalists cover a tragedy, and avoid doing more harm.”

Dr Ben Goldacre
Writer, *Bad Science*

“Samaritans has been an incredible help in making our programme. We were keen to make sure we stuck to their guidelines on the portrayal of suicide, when covering the issue in our documentary, and we’re really pleased with the result. We will be more than happy to work with the organisation again in the future.”

Jonny Benjamin
Reporter & Researcher, *Nine Lives Media*

“Reporting on a suicide requires a higher degree of sensitivity and thoughtfulness than almost any other story. Not just because of the family and friends involved but also because of the impact it may have on others watching. That in itself can never be underestimated. Samaritans’ guidelines remind you, as a broadcast journalist, to stop and think about your words and the pictures you choose to use, about the context and even about the reason for doing the story in the first place.”

Victoria Macdonald
Health and Social Care Correspondent, *Channel 4 News*



**WHY
JOURNALISTS
THINK IT'S
IMPORTANT**

INTRODUCTION

On average, more than 6,000 individuals take their own lives by suicide each year across the United Kingdom (UK) and Republic of Ireland (ROI). Some of these deaths attract media attention. Suicide is a complex topic and presents a distinct set of challenges for the journalists who report on it. They have to balance a range of factors including what is in the public interest and the risk of encouraging imitative behaviour. At the same time they must guard against intrusion into the grief and shock of the bereaved while considering industry regulation and codes of practice.

Research shows that inappropriate reporting of suicide may lead to imitative or 'copycat' behaviour. For example, if vulnerable groups such as people with mental health problems and young people are provided with details about the method of suicide used, it can lead to more deaths using the same method.

Similarly, a vulnerable person who might not otherwise have attempted suicide could strongly identify with a particular characteristic of a person who has died by suicide, and this may lead them to take their own life.

Through working closely with the media to promote responsible reporting of suicide, we have seen signs of significant progress over the years. One of the ways coverage of suicide can have a positive effect is by encouraging people to seek help. Sensitive coverage can also help reduce the taboo around talking about suicidal feelings as well as challenging stigma.

Samaritans' Media Guidelines for Reporting Suicide have been produced following extensive consultation with journalists and editors throughout the industry. They provide practical recommendations for reporting suicide across all media. We have also produced a series of supplementary factsheets, available to download via our website, including: guidance on 'Working with bereaved families in the aftermath of a suicide', 'Reporting rail suicides', 'Broadcast media', and 'Drama portrayal'.

Samaritans' media guidelines are advisory. They are not exhaustive and are in no way intended to limit press freedom. Our aim is to prevent suicides whenever possible. First and foremost, Samaritans wants to support the highest quality journalism and help reporters avoid common pitfalls when reporting on suicide.

SUICIDE

Some facts

- Suicide is a significant social inequality and public health issue, with more than 6,000 people across the UK and ROI taking their own lives each year. Tens of thousands more attempt suicide.
- Suicide is more common in some groups than others. For example, it is much more likely among men than women, and in particular, men in their 30s, 40s and 50s, from lower socio-economic groups. Suicide accounts for more deaths than road traffic accidents, particularly in people under the age of 35.
- There is no simple explanation for why someone chooses to die by suicide and it is rarely due to one particular factor. Mental health problems are important influences, as well as alcohol and substance misuse, feeling desperate, helpless or without hope.
- People who have self-harmed or made a serious attempt at suicide in the past are more likely to do so again, and are therefore at much greater risk of dying by suicide in the future.
- Some people considering suicide may hint at or even declare to friends or relatives that they intend to take their own lives. Other people who are feeling suicidal might not mention it at all or give any indication of their intention.
- Various characteristics of the reporting of suicide are thought to increase the risk of imitative or 'copycat' behaviour.
- These characteristics include: information about the method of suicide, prominent or repetitive reporting, or where the person involved is a celebrity.
- Young people are particularly vulnerable to 'copycat' suicides. Research shows they are the group most likely to be influenced by the media.
- In response to evidence indicating that inappropriate reporting of suicide can lead to 'copycat' deaths, many countries have incorporated responsible media reporting into national suicide prevention strategies.
- Most people who make suicide attempts or who die by suicide are not in contact with healthcare services in the month before their attempt or death. Only half of all people who die by suicide have ever been in contact with specialist mental health services.
- The medical and/or psychiatric conditions that could lead a person to take their own life are potentially treatable.
- The media can play a positive role in raising awareness of suicide as a social and public health issue. It can inform the public about suicide, the signs to look out for and promote the fact that suicide is preventable. The media can help reduce the risk of suicide by highlighting sources of help, such as Samaritans.

BEST PRACTICE

Reporting tips

There are many ways for journalists to produce sensitive coverage on the issue of suicide. Samaritans' press office and its out of hours press phone are there to support the media when reporting suicide. Samaritans also offers confidential briefings for individual media outlets.

In the first instance, journalists may find the following reporting tips helpful:

Do's and don'ts

1 Think about the impact of the coverage on your audience

- Your story might have an effect on vulnerable individuals or people connected to the person who has died. Providing information on how to contact appropriate local and national sources of support can encourage people experiencing emotional problems or suicidal thoughts to seek help. It can save lives.

2 Exercise caution when referring to the methods and context of a suicide

- Details of suicide methods have been shown to prompt vulnerable individuals to imitate suicidal behaviour. With this in mind, Samaritans recommends:

– Avoid giving too much detail. Care should be taken when giving any detail of a suicide method. While saying someone hanged themselves or took an overdose is acceptable, detail about the type of ligature or type and quantity of tablets used is not. Avoid any mention of the method in headlines as this inadvertently promotes and perpetuates common methods of suicide.

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– Take extra care when reporting the facts of cases where an unusual or previously unknown method has been used. Incidences of people using unusual or new methods of suicide have been known to increase rapidly after being reported widely. Reporting may also drive people to the internet to search for more information about these methods.

– Remember that there is a risk of copycat behaviour due to 'over-identification'. Vulnerable individuals may identify with a person who has died, or with the circumstances in which a person took their own life. For example, combining references to life circumstances, say a debt problem or job loss, and descriptions of an easy-to-copy suicide method in the same report, could put at greater risk people who are vulnerable as a result of financial stress.

– Never say a method is quick, easy, painless or certain to result in death. Try to avoid portraying anything that is immediate or easy to imitate – especially where the ingredients or tools involved are readily available.

Do's and don'ts

3 Avoid over-simplification

Approximately 90 per cent of people who die by suicide have a diagnosed or undiagnosed mental health problem at the time of death.

- Over-simplification of the causes or perceived 'triggers' for a suicide can be misleading and is unlikely to reflect accurately the complexity of suicide. For example, avoid the suggestion that a single incident, such as loss of a job, relationship breakdown or bereavement, was the cause.
- It is important not to brush over the complex realities of suicide and its devastating impact on those left behind.

4 Steer away from melodramatic depictions of suicide or its aftermath

- Be wary of over-emphasising community expressions of grief. Doing so may suggest that people are honouring the suicidal behaviour rather than mourning a death. Reporting suicide as a tragic waste and an avoidable loss is more beneficial in preventing further deaths.
- A sensitive piece that explores the emotional devastation of a suicide on family and friends may prompt people with suicidal thoughts to reconsider or to seek help.

5 Aim for non-sensationalising, sensitive coverage

- Don't label locations as 'hot spots' or refer to a possible rise in suicides in a particular place or among a specific group as an 'epidemic'. Two or more people taking their own lives who, for example, share a similar background or live in a similar geographic area may be coincidence. Avoid implying a connection where there may be none.
- Be careful not to promote the idea that suicide achieves results. For example, that, as a result of someone taking their own life, a bully was exposed or made to apologise.
- When writing headlines think carefully about content and potential impact. Consider if the headline over-dramatises the story, details the method or uses sensationalist terms.
- Check that inappropriate language has not been used, such as referring to a death as someone having 'committed suicide'. Try an alternative such as 'died by suicide'.
- Avoid reporting the contents of a suicide note.

6 Consider carefully the placement and illustration of reports

- Some suicides attract intense media scrutiny. However, where possible, refrain from positioning a story too prominently, for example on a front page or as a lead bulletin, as this may unduly influence vulnerable people.
- Take extra care with the selection and placement of imagery linked to a report about suicide. For example, question if a large or prominently placed picture of the person who has died is necessary.
- Try to avoid repeated use of images of a deceased person, for example in online galleries. Also avoid recurring use of images of someone who has died previously, to illustrate subsequent stories about them or someone else. This is extremely distressing for bereaved families.
- Avoid dramatic or emotional images and footage, such as a person standing on a ledge. Try not to illustrate a report with specific locations, such as a bridge or cliff, especially if this is a place where people frequently take their own lives.

7 Educate and inform

- Whenever possible, try to refer to the wider issues associated with suicide, such as risk factors like alcohol misuse, mental health problems and deprivation. Also consider the lifelong impact that a suicide can have on those bereaved by a suicide. Discussion of such issues can encourage a better understanding of the topic.
- If possible, include references to suicide being preventable, and to sources of support such as Samaritans.

“For several years Samaritans has been doing extremely useful work advising on media reporting and portrayal of suicidal behaviour. This has quite rightly earned them the respect of many in the media, and also among those with a regulatory role, policy makers and researchers.”

Professor Keith Hawton
Centre for Suicide Research, Oxford University

Additional points to consider

1 Breaking news and instant publishing

A breaking story where events move swiftly and are the focus of national attention can increase pressure on journalists to produce speedy reports, which may increase the potential for error or inappropriate coverage. Consult with your organisation's in-house guidelines or codes of practice on reporting suicide before going live. If in doubt –

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2 High profile deaths by suicide

There may be a higher risk of unintentionally glamorising suicide in the case of celebrities or high profile individuals. Pay special attention to the general reporting tips when working on such stories.

3 Inquests

- It may be months or even years after a death before an inquest is held. Be aware that inquests can be very distressing for the bereaved people and need to be reported sensitively.
- Coroners' reports routinely include explicit detail about the circumstances surrounding a death, such as the methods used. This does not mean, however, that every detail should automatically be reported. In order to protect vulnerable people, careful thought should be given to the reporting of explicit or excessive detail.

Likewise, explicit details supplied by others involved with a case, for example police or paramedics at a scene, should be treated with the same caution. (For additional information see Factsheet '*Working with bereaved families in the aftermath of a suicide*' available at: www.samaritans.org/mediaguidelines).

4 Statistics

If using 'trend' data within a story, be aware that statistical 'blips' in suicide rates may occur from one year to the next. This can be especially true if focusing on the number of suicides in small geographic areas. It is best to look at timeframes of three or more years to identify significant patterns, for example increases in suicide rates for particular groups.

For the latest statistics and explanatory notes for suicides in the UK and ROI go to: www.samaritans.org/suicidefactsfigures

5 Murder-suicide

Murder-suicide is a rare phenomenon but one which can attract an exceptional degree of media attention. A murder-suicide is when a person kills members of their family before taking their own life, or where an individual murders a number of people in a public place, such as a school, before taking their own life. The circumstances of these deaths can be dramatic and disturbing, reports should adhere to the general media guidelines. Extreme caution is required, since 'copycat' behaviour also applies to murder-suicide. (For additional information see factsheet '*murder-suicides*' available at www.samaritans.org/mediaguidelines).

6 Language

The terms and phrases used when reporting suicide are important. Inappropriate or careless use of language can perpetuate stigma or sensationalise a death, while careful use can help balance the coverage, and minimise distress to bereaved family members and friends.

With this in mind, Samaritans recommends:

Phrases to use:



A suicide

Take one's own life

Person at risk of suicide

Die by/death by suicide

Suicide attempt

A completed suicide

Avoid labelling a death as someone having 'committed suicide'. The word 'commit' in the context of suicide is factually incorrect because it is no longer illegal.

Phrases to avoid:



Commit suicide

Cry for help

A 'successful' or 'unsuccessful' suicide attempt

Suicide victim

Suicide 'epidemic', 'craze' or 'hot spot'

Suicide-prone

Suicide 'tourist'

Advice for digital media

1 Sources

Apply extra vigilance when using online sources for a suicide story. Speculation about a death or the circumstances surrounding a person dying can easily be misreported or wrongly repeated as fact. The instantaneous and 'viral' circulation of information online makes it all the more important to double check the reliability and trustworthiness of online sources of information.

2 Chat rooms

Take care when using content from chat rooms, pro-suicide websites and other online forums, and try to avoid identifying these sites. This can be damaging to vulnerable people, driving them to these sources, and distressing for bereaved families.

3 Forums

If your site solicits feedback from readers or users in the form of comment threads or their own submissions, try and make sure that the terms of use are clear, including what constitutes inappropriate material. We recommend proactive monitoring and moderating of comments to guard against hosting information that could influence vulnerable people, including discussion of methods.

4 Referencing

Websites and social networking sites may be used by some people to eulogise or memorialise a person who died as a result of suicide. Be careful if referencing such sites, especially where they refer to young people, as it may glamorise a death.

5 Images and videos

Consider the impact on bereaved families and friends before using images from social networking sites to illustrate a story. Do the same before linking to an online video of, or about, the person who has died.

6 Language

When using social networking tools to promote a story, apply the same caution you would if writing a headline; for example, by checking that the language is appropriate.

7 Support

Add links to sources of support, such as Samaritans, whenever possible.

(For additional information see factsheet '*Digital Media*' available at www.samaritans.org/mediaguidelines).

REPORTING SUICIDE

The wider context

Research and evidence

Over the past few decades there has been significant research into media coverage of suicide and how it can affect behaviour. The research shows that, when the media has applied caution in the reporting of suicide, there have been positive outcomes, potentially reducing the number of deaths.

This academic research has been conducted mainly around 'mainstream' media, including television and print newspapers, but there is growing interest among researchers to investigate the possible influence of digital media on suicidal behaviour.

Media coverage and suicidal behaviour

A World Health Organisation (WHO) publication on media coverage of suicide in 2008, *Preventing Suicide – A Resource for Media Professionals*, verifies universal links between media coverage and imitative behaviour, it states:

“Vulnerable individuals may be influenced to engage in imitative behaviours by reports of suicide, particularly if the coverage is extensive, prominent, sensationalist and/or explicitly describes the method of suicide.”

In 2010 a comprehensive global review of the scientific literature carried out by Jane Pirkis and colleagues of 97 studies on suicide and the media concluded:

“Irresponsible presentations of suicide in news and information media can influence copycat acts.”

The Pirkis et al report also stressed:

“The findings of the current review should not be interpreted as a call for censorship of the media; it is acknowledged that the media has a role to play in raising awareness of suicide as a public health issue. Rather the findings should be interpreted as an indication that media presentation of suicide should be done responsibly, and balanced against the public’s ‘right to know’ in order to reduce the potential harm confirmed by the evidence.”



For a detailed list of academic studies on the media and suicide as well as other useful resources, including national suicide prevention strategies go to:

www.samaritans.org

Key suicide-related phenomena

Related to the phenomenon of ‘copycat’ suicides are the concepts of ‘social contagion’ and suicide ‘clusters’; labelling a place a suicide ‘hot spot’ is also connected. The media can play a role in contributing to all of these.

These terms are explained below:

A ‘copycat’ suicide is defined as an imitation of a suicidal act (completed suicide or attempted suicide) by another person. The person attempting suicide knows about the act either from personal/local knowledge or due to accounts/depictions on television and in other media.

‘Social contagion’ refers to a phenomenon that occurs when a suicidal act (completed suicide or attempted suicide) serves as a ‘model’ or example for subsequent suicidal behaviour. The ‘model’ may be a famous person or celebrity, but could also be a relative, friend or neighbour living in a local community. The contagious effect may be precipitated by pervasive grief or over-identification with a person who has died or the circumstances under which they took their life.

Suicide ‘cluster’ is a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community.

‘Hot spot’ is a colloquial term that can have one of two meanings in relation to suicide.

First, it can refer to a specific geographical area with a relatively high rate of suicide among its resident population, for example a specific town. Second, it can mean a specific (usually public) site such as a bridge that is frequently used as a location for people to take their own lives.

A site that has achieved notoriety as a result of a suicide taking place – especially if it is reported widely in the media – may attract people to that site, transforming it into a known site for suicides.

TEN THINGS TO REMEMBER WHEN REPORTING SUICIDE

- 1** Leave out technical details about the method of suicide, such as describing the type of ligature used or the number and types of pills taken in an overdose. Never suggest that a method is quick, easy, painless or certain to result in death.
- 2** Language matters. Avoid dramatic headlines and terms such as ‘suicide epidemic’ or ‘hot spot’.
- 3** Include references to support groups and places where suicidal people can find help – it really does make a difference.
- 4** Treat social media with particular caution and refrain from mentioning websites or networks that promote or glamorise suicide.
- 5** Avoid dramatic or sensationalist pictures or video. Refrain from including content from suicide notes.
- 6** Young people are especially vulnerable to negative suicide coverage. Do not give undue prominence to photographs of a young person who has died and avoid repeated use of images such as galleries.
- 7** Try not to give a story undue prominence, for example with a front cover splash.
- 8** Don’t brush over the complex realities of suicide and its impact on those left behind. Remember that people bereaved by suicide are often vulnerable and are more likely to take their own lives than the general population.
- 9** Speculation about the ‘trigger’ for a suicide, even if provided by a close family member, should be avoided.
- 10** Use statistics with caution. Check with Samaritans or the relevant national statistical agency to make sure you have the most recent data and are comparing like with like.

MEDIA AND SUICIDE

Codes of practice

Industry-wide codes of practice should be heeded when reporting sensitive or complex issues, including suicide, whether the codes are codified in law or operate on the model of 'self-regulation'.

You can find relevant codes of practice for print, broadcast and online media in one place on our website at: www.samaritans.org/mediaguidelines

Samaritans' helpline and website

Our volunteers are ordinary people who provide a safe place for people to talk.

Samaritans' helpline is available round the clock and can be contacted by phone, email, letter, and face to face.



08457 90 90 90* (UK)
1850 60 90 90* (ROI)



jo@samaritans.org



www.samaritans.org



Chris, PO Box 90 90
Stirling FK8 2SA



visit us – find your nearest branch on our website

Someone to talk to – people contact us when things are getting to them. They don't have to be suicidal.

We're always here – round the clock, every single day of the year.

A safe place – as volunteers we're ordinary people, and keep all our conversations private.

People can be themselves – whoever they are, however they feel, whatever life's done to them.

We're a charity – it's the public's kind donations that keep our helpline open.

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Samaritans Registered Office

The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF

T 020 8394 8300 F 020 8394 8301

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