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Media coverage of suicide is a public health issue. In addition to judging whether a story is newsworthy, journalists need to be aware that their reporting can have wider impacts, not just on relatives and friends of the deceased, but also on readers and audiences. Dart Centre Europe has released a new, comprehensive tip sheet for journalists on covering suicide.



Keri Wiginton / Getty Images

Mourners release balloons in memory of Ashlynn Conner, 10, at Crown Hill Cemetery in Ridge Farm, Illinois, on Wednesday, November 16, 2011.

The spectre that looms over any discussion of this topic is the phenomenon of "suicide contagion". Researchers have found that just covering suicide can contribute to other people deciding to take their own lives. One of the

clearest examples of contagion followed the death of Marilyn Monroe. Three hundred and three suicides occurred in the four weeks following the celebrity death in August 1962, an increase of 12 percent over the US suicide rate at the time. Research suggests that, on average, there is a 2.5 percent rise in the suicide rate following a highly publicised suicide story.¹ But the situation is far from clear-cut: other studies suggest that careful, informed reporting can play a role in reducing suicide and educating the public about important mental health issues. During the month following Kurt Cobain's death by suicide in 1994, the rates of suicide among 15 to 24 year olds in Australia actually fell. How that story was covered is the likely reason for this. According to the authors of that study, the media generally positioned his death as "a tragic and preventable loss" and focused "on the devastating impact of the act on others".²

What we can be clear about, though, is that suicide raises profound issues about our responsibilities both to the people who are in our stories and to those who consume our news. With the stakes so high, these best practice guidelines take in views of mental health experts as well as journalists.

Should a suicide be covered at all? Branding suicide as an untouchable topic has real dangers. We may need to know more about the causes of suicide rather than less: globally, more people die from suicide each year than from homicide and war combined. Speaking at a Dart workshop on suicide in September 2012, Al Tompkins of the Poynter Institute echoed the gut instinct towards disclosure that most reporters feel: "You have to start with a green light - why wouldn't we tell the story?" That said, not all suicides are necessarily news. If you are writing a short piece on the death of, say, a local charity worker, need it be described as suicide, per se? (Your decision may depend on whether you feel you have adequate space to do the issue justice.)

Don't fall into the trap of "the single cause". Balanced reporting cites a range of potential factors. Reducing the suicide to a single cause such as bullying, bankruptcy or relationship breakdown is a common reporting error, especially in early coverage. Clear-cut explanations are attractive - we'd all like simple answers after an unsettling death - but the path that leads somebody to take their own life is never just one thing. "Once you do a psychological autopsy, a complex series of events or circumstances will generally arise," says Madelyn Gould, Professor of Clinical Epidemiology in Psychiatry at Columbia University. While attempting suicide is not necessarily a sign of mental illness, bear in mind that:

- More than 90 percent of suicide victims have a diagnosable mental illness (for instance, clinical depression) at the time of their death.
- Nearly all mental disorders have the potential to increase the risk of suicide.
- Substance abuse may be a factor.

None of the above rules out the possibility that a single pattern of activity, such as bullying or sexual abuse, was a decisive factor in the mind of the deceased. But focusing on one factor as the only explanation is inaccurate. It also does a disservice to those struggling in a similar situation by playing down the associated mental health factors that could be addressed. Some individuals may even read such coverage as implying that suicide is the most viable way out.

Be on the watch for amateur psychology and popular superstitions that have no basis in evidence. These are all myths - don't peddle them:

- *There are suicidal types.* Given a "perfect storm" of adverse events, most people could be in a situation where suicide is a possibility, says Professor Gould.

- *It was an impulsive act.* This is unlikely: there is normally a degree of thought and planning behind suicide, which may have been hidden.
- *Suicide was the inevitable endpoint of suicidal feelings.* Most people experience - and talk about - feelings of low self-worth, loss of trust and suicidal exhaustion (the feeling that continuing to live requires enormous effort) for days, weeks or even months before a suicide attempt. Intervention at this point can bring about a change of heart.

As a journalist, be particularly careful when interacting with friends and relatives. Suicide has a devastating impact on those left behind. Relatives and friends may struggle with intense feelings of guilt, self-blame or anger towards the deceased. Death is always hard to make sense of and suicide complicates that even further.

- You may decide that it is best not to approach friends and relatives at this time.
- If friends and relatives approach you, for instance at an inquest (more likely if there is a public policy or workplace dimension to the story, for instance allegations of bullying), take the time to listen to them - while explaining that a decision to run that story is for your editor. Avoid asking them the direct "why do you think he/she did it?" question. (See too our [guidelines on interviewing the bereaved](#)).
- Be aware that initial reactions by those close to someone who has killed themselves - as well as first responders such as the police - can be unreliable: a death by suicide may initially be seen as inexplicable whereas evidence of prior warning signs may soon emerge. If they advance their own theories as to what happened - such as being fired or jilted by a lover etc. - be careful not to directly contradict them in person. If lost for words, you can always say, "I can see this must all be very confusing right now. I am very sorry that this has happened." or some similar form of words appropriate to the specific situation and dynamic.

Language matters. With suicide, it is all too easy to blunder linguistically and to cause unnecessary distress to those who knew the deceased. Take care with the following:

- Describing a suicide as "successful" or "failed". These phrases may be built into the language - but nevertheless are crass and should be avoided. If it is necessary to discuss "non-fatal attempts," that term is preferable.
- The term "committed suicide". In most countries, suicide has not been a criminal offence for many years. It is much better to say: "died by suicide" or "killed him/herself".
- The description of someone as being "a suicide". This reduces the person to the method of his or her death. Putting the word "suicide" in the headline can have the same effect.

Prominence and space matters. The more extensive the coverage and the more graphic the headline - especially when it's on the front page - the greater the impact, according to new research.³

Take care that you are not inadvertently "selling" suicide as a meaningful way out. When people are feeling low about their lives, the thought that death might bring prestige increases the risk of suicide. Be careful that you are not romanticizing suicide by:

- Letting glamour or celebrity status obscure an individual's mental health problems or substance abuse issues.

- Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person. Vulnerable people may come to feel that choosing to die in the same way will give them a comparable value.
- Suggesting that a hidden hand, mystery link or occult influence binds the dead together. Be wary of anything that implies inevitability or fate. This is a danger with reporting on unexplained “suicide clusters”. One infamous example of this appears to have happened in and around the Welsh town of Bridgend. An unexplained spike in suicides among young people that began in 2007 led to such intense media coverage that it is highly probable that the reporting itself added to the size of the cluster. At a press conference following the death of a 17-year-old schoolgirl, the seventeenth suicide, Assistant Chief Constable David Morris pointedly said: "What is the link since Natasha Randall's death? It is you, the media."
- Using schlock or emotional music - any reconstruction of a suicidal event or footage that idealises the lifestyle of someone who has committed suicide.

Be sparing with description of the method. Experts believe describing the details of how somebody killed themselves is a key trigger for suicide contagion. In 1999, a paracetamol (acetaminophen) overdose on the BBC hospital show, *Casualty*, led in the following week to a 17 percent hike in actual deaths by overdose in the United Kingdom. (Those using paracetamol were twice as likely to have watched the programme). Conversely, withholding information can reduce fatalities. In 1987, researchers at the University of Vienna persuaded editors of Austria's news media to stop identifying the location of suicides as the city's underground railway (among other restrictions including a ban on lurid headlines, graphic photos, prominent page one placement and rehashing of other suicides). The result was a 75 percent reduction in suicides on the underground and a reduction in overall suicides over the following five years.

- If it is important to the story, discuss details in general terms - i.e. "a cocktail of drugs," rather than listing their specific names.
- Consider carefully any visuals used for broadcast pieces. Avoid pictures, whether stills or video, of the scene of the suicide.
- While graphic details should normally be avoided, there is no blanket exclusion on reporting the "how" and "where" of a suicide. In some cases, such as “suicide by cop” for instance, it may be impossible to tell the story without reference to the method.

For depth and context, broaden the story out. Focusing on celebrities and extraordinary situations may blind us to reporting on the broader underlying issues. Despite anecdotal evidence suggesting young people are most likely to kill themselves, the typical suicide is male, over 50, unemployed, unmarried, and (in the US) has access to a gun. What stories are we missing? Broaden the story out and look for new angles. Though it takes care and skill, there is space for sensitive reporting on the impact that suicide has on families, for instance. And what about survivors stories - people who came close but in the end did not kill themselves?

Consult the experts. If you are giving your piece an epidemiological twist, then make sure that you understand the epidemiology. Is the phenomenon really statistically significant? Identifying a “suicide cluster” or a trend in a particular section of the population that is not there could lead to contagion or entrench prejudice. For instance, it is often suggested that suicide rates are higher among lesbian, gay, bisexual or transgender youth, but there is no statistical evidence to support such claims. It is also not true that Japan has the highest suicide rate in the world. It is certainly high - probably about the same as China's - but it is less than half the suicide rate of Lithuania, according to WHO figures.

Be useful to the public. Your reporting could help prevent future suicides. Many mental health and suicide prevention organisations publish excellent resources for the media to use. Consider adding a sidebar on 'Warning Signs for Suicide' - most people are not aware of these - and a "what to do" list. Including a helpline or a link at the end of an article is also simple and effective.

Don't forget your own workplace. Does your newsroom have up to date guidelines? Why not pass these around? And when working on a suicide story, don't forget that many peoples' lives have been touched by the death of a friend or relative, and that this subject can raise personal issues for colleagues. More than that, the investigation of any death can have personal implications for journalists. (See our [self-care resources](#) for more information).

¹ Stack S. Media impacts on suicide: a quantitave review of 293 findings. Social Science Quarterly 2000 - 81:957-71.

² Martin, G & Koo, L. (1997). Celebrity suicide: Did the death of Kurt Cobain affect suicides in Australia? Archives of Suicide Research, 3(3), 187-198.

³ Madelyn S Gould, Newspaper coverage of suicide and initiation of suicide clusters in teenagers in the USA, 1988-96: a retrospective, population based, case-controlled study. Lancet Psychiatry, published online 2 May 2014.

⁴ Sonneck G et al. Imitative suicide on the Viennese subway. Soc Sci Med 1994 Feb;38(3):453-7.

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