

Guidelines for

Ethically Reporting on Suicide

AFSP advises media and others messaging about suicide to follow these ethical reporting guidelines as a matter of public health to safeguard vulnerable people in society who are at risk for suicide. These guidelines are based on substantive research that has shown that ethical and supportive coverage about suicide can positively deepen the public's knowledge related to suicide and mitigate the occurrence of additional suicides (known as contagion) which unethical reporting can exacerbate. AFSP is available for consultation and training on related questions at pr@afsp.org and at www.afsp.org/EthicalReporting. Refer to the Associated Press Style Book entry on "Suicide" for similar guidance.

- 1. Language:** Do not refer to a suicide attempt as "successful," "unsuccessful" or as a "failed attempt," and do not use the word "committed." Instead, use "attempted suicide," "made an attempt," "died by suicide" or "took his/her life." Use terminology that is not moralistic and better aligns suicide with other health conditions and decreases negative attitudes of mental health conditions.
- 2. Sensationalizing:** Inform the audience without sensationalizing the suicide. This means excluding to the degree possible images or graphic depictions of a suicide death, such as details, notes, and location of death. Research shows that mentioning method increases the risk of suicide contagion. Instead, focus on the lived life, any mental health or general struggles they had been public about, as well as positive aspects of the individual. If the story is centered on firearms or bridges, care should be taken to not describe how death occurs through these methods.
- 3. Causes:** Research shows that suicide is complex. Avoid reporting that a suicide death was caused by a single event, such as a job loss or divorce, since research shows no one takes their life for a single reason, but rather a combination of **factors**. Reporting one "cause" leaves the public with an overly simplistic and misleading understanding of suicide, and promotes the myth that suicide is the direct result of circumstances and is not preventable.
- 4. Prominence:** Do not feature suicide stories on front pages of newspapers or main landing pages of online media and do not mention the word "suicide" or method in the headline or in the opening paragraphs of stories. This applies to broadcast. Prominent placement of the word suicide and method has shown to lead to contagion (copycat suicides).
- 5. Magnitude:** Do not refer to suicide as an "epidemic," or "skyrocketing" as this language has shown to cause contagion. When referencing suicide as a "leading cause of death," include the most recent rates to ground people in facts. Instead, refer to suicide as a solvable and preventable public health issue.
- 6. Hope and Help:** Research tells us that showing that help is available and recovery is possible can not only lessen the risk of contagion, but also encourage people to seek help. Include hopeful messages for the public that support and treatment – including therapy and medications – are available for mental health conditions. Always provide helpline information

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– “If you are in crisis, please call, text or chat with the Suicide and Crisis Lifeline at 988, or contact the Crisis Text Line by texting TALK to 741741.”

- 7. Interviews:** Avoid interviewing suicide loss survivors or people who attempt suicide in the immediate aftermath. It is recommended that some time has passed from their experience to ensure they can tell their story in an empowered manner. Those who are impacted by suicide and show distress when talking about it, can negatively affect others who are vulnerable to suicide or are survivors of suicide loss.
- 8. Celebrities:** Report on celebrity or people of note suicides with caution. Glamorizing suicide deaths may inadvertently glorify suicidal behavior and present suicide as a normalized solution to pain or distress; frame suicide as preventable. When possible, include the celebrity’s struggles, health, or mental health experiences as a way to emphasize the fact that all humans have mental health and can struggle. Avoid speculation when the cause of death is unknown.
- 9. Social Media:** **Orygen** developed social media guidelines for **communities** and for **youth**. Additionally, AFSP Chief Medical Officer Dr. Moutier, with other experts, outlined **guidance** that builds on current guidelines and includes providing content warnings, not sharing news stories that do not adhere to ethical reporting guidelines, and monitoring replies.

- 10. Images:** Under no circumstances should photographs or video of the scene of the suicide – including images of the deceased or notes – or the location be featured in news coverage. Research shows these can trigger suicidal behavior in vulnerable people. Additionally, care should be taken to not use any imagery that portrays subjects in sadness or pain as these can exacerbate feelings of hopelessness in those exposed to them.
- 11. Duration and Frequency:** How long the story is covered and how many stories run have a corollary effect on increasing the risk of suicide contagion. Do not sensationalize a story through repetitive coverage beyond the need to notify the public. Ongoing coverage of celebrities poses the greatest risk of suicide. Explore other angles that can support vulnerable populations.

For more information on reporting on suicide, including research that supports these guidelines, visit <http://reportingonsuicide.org>. For more AFSP resources on ethical reporting visit afsp.org/EthicalReporting.