

Best Practices for Medico–Legal Professionals Who Work with the Media

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AUDIENCE:

- Law enforcement professionals
- Medical examiners/coroners/forensic experts
- Public Health Information Officers



Introduction

There is an extensive body of research from around the world confirming that how media reports on suicide can influence other suicides (historically considered to be “copy-cat suicide” now referred to as “suicide contagion” or imitative suicide). More recent research has also demonstrated that when media report on suicide with a focus on messages of help, hope, and recovery, suicides do not increase. In fact, such messages can encourage people to seek help and may be followed by fewer suicides.

As someone who works directly with the media, you have an important role that can help the media as they report on suicide. Your background and knowledge about this topic can help influence the information that the media shares with the public and the way it is framed and understood. This can not only reduce the risk of harm to others with respect to suicide contagion/imitative suicide, but potentially increases the chance that people at risk who are exposed to the information reach out for help. The following best practice recommendations are designed to help you consider the safety of information you share with media including suicide rates, information about suicide methods and location, and in particular novel methods of suicide. An important note to remember: There are judicial/legal differences in regulations, obligations and requirements for those working in the medico–legal profession. We encourage you to refer to those details for current ethical and regulatory mandates of your region. We also encourage you to read the World Health Organization’s Media Reporting guide (found at <https://www.who.int/publications/i/item/9789240076846>) for more information on the best practices.

GENERAL BEST PRACTICE RECOMMENDATIONS

Regarding methods of suicide

Avoid describing suicide methods to media whenever possible, in particular for novel (i.e. new and/or unusual” or highly lethal methods.

- Why? Because including methods in a story can lead to others using the same or a similar method.



If there is a compelling organizational or ethical reason to report on the method (e.g. jurisdictional requirements state you must share this information with the media or public):

- Avoid talking to media about the method as a first discussion point.
 - Why? If you raise this first it might suggest to a journalist that it has heightened importance. Media might take this as a message to include it first, which would violate responsible reporting guidelines; when they do, the method could be the first thing audiences see, often in larger or bold font, grabbing their attention while also sensationalizing the issue and not providing enough context or understanding of a complex topic.



Avoid talking to media about suicide method data whenever possible.

- Why? Because high or low numbers might influence what the journalist uses in their report and that can influence others to seek and use that method.



Avoid stating the name of a drug or substance when talking to the media.

- Why? It can lead to others seeking that same substance. If the decision is made that the method must be mentioned, instead of specifics, say “the substance,” “toxic substance,” or the equivalent.



Avoid sharing details with the media related to the method.

- Why? It can lead to others seeking that same method. For example, if it is necessary to mention the method in the case of a suicide by firearm, avoid saying “he used a [specific model of firearm]” and instead simply say “firearm.”



Avoid showing image(s) of method(s).

- Why? Because they are graphic and sensational and can be traumatic to audiences. Instead, use images that demonstrate hope and recovery are possible.



Regarding methods of suicide

Avoid showing or describing to media where to obtain/access a method, this is particularly relevant to reporting on novel methods.

- Why? Because it provides audiences at risk with a place to turn to for a suicide method, such as a website or store.



Avoid using language that makes suicide sound as a way to end pain.

- Avoid saying someone “died quickly” or “died painlessly” especially in relation to a suicide method.
 - Why? Because it makes suicide sound easy or desirable, and as such may make suicide seem like a reasonable option or alternative for those at risk. It is better to be factual and use the term death or say “died by suicide.”



Avoid describing a method as novel.

- Why? Because it creates intrigue and may normalize and spread a method that is not commonly used.



Avoid discussing novel methods as “spreading” or “going viral.”

- Why? Because it creates a dangerous level of interest in the method that can become a self-fulfilling prophecy. It can also increase people’s perception of the effectiveness/lethality of the method.



Avoid discussing online games and challenges related to suicide.

- Why? Because it can inadvertently spread these challenges and online games. Remind audiences that in some jurisdictions engaging in the spreading of this information is illegal and they are also often a hoax.



Regarding locations where suicides occur

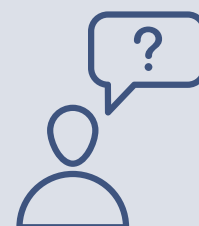
Avoid talking with the media about a specific location of a suicide whenever possible.

- Why? Because reporting the location can increase the risk of further suicidal acts at that location.



If there is a compelling need or reason to report on a location (e.g. jurisdictional requirements):

- Avoid using language such as “suicide hot spot” or “suicide destination.”
- Avoid including the height (e.g. bridge, specific floor number or rooftop of building).
- Avoid details of location (X tree in the park, front room of house located at X) which can become points of interest.



Regarding data

When talking about any short-term change in suicide rates, let the media know that it is short-term and not trend data.

- Why? Because describing increasing rates of suicide can contribute to hopelessness and cause harm and we know that data fluctuates each year and one year does not imply a trend.
- It is helpful to share long-term trends rather than data from just one moment (month, year) in time.
- Encourage media to report on multiple-year comparisons whenever possible.



Do not use the word “epidemic” when talking to the media about suicide.

- Why? Framing it as an epidemic causes unnecessary alarm to the public and incorrectly leaves the impression that suicide is inevitable. Suicide is a complex issue and the overwhelming majority of people in a suicidal crisis find ways to survive.
- Use words such as “increase” or “rise” to describe the change.



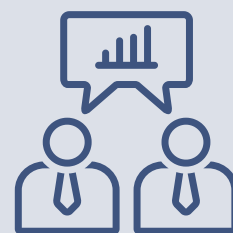
Use only a few talking points when talking with the media.

- Why? News reports are typically very short and there is a lot of information in a news story. Too many data points can be overwhelming for the audience, and it prevents journalists from including other hope and help-seeking messages to be shared.



Rather than talking about rates of suicide, it is better to share actual numbers of suicide.

- Why? Because data can be complicated, and many people do not understand the concept of “rates per 100,000”.
- For context, consider also sharing local information about how many people consider suicide but do not go on to attempt or die by suicide, as this is always a much larger number.



Use care when talking to media about special populations and data.

- Why? We do not want to normalize suicidal behavior among a population or sensationalize suicidal behavior.
- Be clear in communicating background and context on the data that you share with the media. For example, be clear that the data you are talking about is suicidal ideation, suicide attempts or suicide among the special populations.
- Ensure that the media gives the audience a message that most people in general and from at-risk groups, do not die by suicide. In fact, the overwhelming majority find a way to survive through their crises.



Regarding data

Give credible sources for more data.

- Why? Including a reputable, credible source for data helps the public know where to turn for reliable information and to be discerning consumers of information.
- Share current, local and national data/statistics that help the public understand the issue of suicide.



General best practices

- Encourage media to follow the best practices for reporting on suicide which discourages including suicide methods in stories whenever possible.
- Always recommend media include a resource/helpline such as call, text or chat 988 in their reports (national and local).
- Please be aware that the work you do is often used as a basis for the reporting by media professionals.
- Let the media know that including a method in headlines or first comments in a news report is not a best practice and increases risk to vulnerable individuals.
- Always recommend media include a message of hope (such as “treatment is available and it works,” “many have overcome a suicidal crisis,” or “with help, most people return to their life and thrive”).
- Recommend that media not include simplistic listing of suicide triggers (e.g. breakup of a relationship, grade in school, loss of job) in their story and ask them to emphasize that suicide is a complex event.
- Avoid normalizing suicide or claiming it is common.
- Minimize details shared with the media as they are often graphic and sensational.
- Avoid speculations and disseminating unconfirmed information.
- Avoid sharing quotes from those grieving or directly impacted when possible.
- It is ok to explain suicide contagion/imitative suicide as well as why you have chosen to release information according to the principles outlined here, however, avoid saying that suicide is “contagious” as for some the word “contagious” is interpreted as “they caught something” like a cold is contagious.
- Suicide contagion is a real phenomenon and particularly affects youth and/or all populations when media reporting does not follow best practices. Youth and other populations (e.g. those who have thoughts of suicide, a prior suicide attempt, are suicide loss survivors, etc.) are vulnerable to media reports about suicide and at higher risk of impact from the stories.
- Know that there are separate recommendations for media professionals available (<https://www.who.int/publications/i/item/9789240076846>) and we encourage you to be familiar with the guidelines, and whenever you have contact with the press, to let journalists know about the guidelines.

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