Preparing for and Responding to a Death by Suicide Issue 7 b

ORANGE COUNTY • NEW YORK

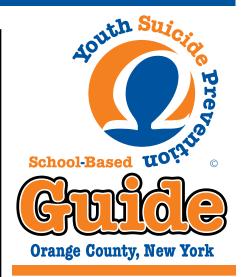
Responding to and Working with the Media

Suicide is often a newsworthy occurrence, particularly when young people take their lives. After the suicide of a child or adolescent occurs, it is likely that the event will be reported. The last twenty years has yielded much research on the effect of media coverage of suicide on those who consume information from newspapers and television, and school staff and faculty can use the findings of these studies to assist journalists to safely and appropriately report on youth suicide.

Evidence suggests that exposure to suicide through the media can lead others to take their life or attempt suicide under the theory that much human behavior is learned observationally through modeling, and that this effect is especially strong for young people as they navigate adolescence and the transition to adulthood (2, 4, 9, 11). This effect is sometimes referred to as suicide contagion or suicide imitation/modeling (2, 4, 5, 6, 9, 11). Additionally, research has shown that media coverage may have an influence on whether, following a suicide, copycat or imitation suicides will occur (1, 2, 4, 7, 11).

An example of the impact of suicide media coverage occurred during the early 1980s, when Viennese journalists dramatically and extensively covered the deaths of individuals who jumped in front of subway cars to their death. In 1987, a campaign alerted reporters to the dangers of their coverage, and they were given suggestions on how to more appropriately report the news of the suicides. As a result of the new media guidelines in Vienna, Austria, suicide rates declined by 7% in the first year, nearly 20% in the 4-year follow-up (8, 10). These studies also found that subway suicides decreased by approximately 75% (8, 10). More recently, researchers found that the majority of journalists they interviewed were unaware that reporting on suicide could produce an imitative effect (9), but that once educated, journalists and editors are interested in considering the possibility of contagion when reporting about suicides (2, 9).

It is important to note, when working with the media, that the kind of suicide that is being covered, and how it is being covered can impact the possibility of suicide contagion. Research indicates that it is five times more likely that an imitative effect will occur following the coverage of a celebrity who dies by suicide than the death of someone who is not famous (4, 7), so it is critical that those news stories be handled with extreme care (16). Additionally, it has been found that the coverage of suicide deaths in newspapers





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may be responsible for 80% more contagion than those stories that appear on televised news (possibly because of the fact that newspapers can be clipped and saved) (4,7), demonstrating that journalists who report for newspapers and magazines may have an additional responsibility when covering death by suicide.

In addition to simply reporting an incident of a death by suicide, the media has the potential to play a powerful role in educating the public about suicide prevention. The following guidelines can be helpful for schools in effectively responding to and working with the media who may contact them after death by suicide. These guidelines are based upon those formulated by the Annenberg Public Policy Center of the University of Pennsylvania (2, 13), the American Association of Suicidology (AAS) (13), the American Foundations for Suicide Prevention (AFSP)(13), and the World Health Organization (WHO) (12). More examples of media education programs and information include: The Texas Suicide Prevention Project (14), the Washington State Youth Suicide Prevention Implementation Plan (3).

What to DO

When Responding to and Working with the Media

Recommendations for dealing with the media include:

- Have an established person that will act as the media spokesperson and who will act as a liaison between the school and the media.
- Have an established set of procedures in place for dealing with the media. Before approaching a reporter write down key points that you want to get across.
- The media spokesperson should try to ascertain what questions the media will ask. Common questions include:
 - » How many students attend the school?
 - » What prevention tools does the school currently have in place?
 - » What does the school plan to do following the suicide?
 - » What feedback has there been from families, friends, other students, and community agencies?
- State appropriate concern for the victim and his or her family.

- Provide the appropriate factual information about the student such as age and grade.
- The suicide of the student should be honestly acknowledged, but do so very succinctly and avoid discussing the method (firearm, overdose).
- Encourage news reporters to provide information that increases public awareness of risk factors and warning signs.
- Provide the press written information from a reliable source indicating the warning signs and symptoms of suicide for use in publications.
- Always provide information on state, local, and school resources available for suicide prevention and crisis intervention, including crisis hotlines.
- "No comment" is not an appropriate response to media representatives who are covering a story about suicide. Use a media request for information as an opportunity to influence the contents of the story and to educate about suicide prevention.
- Assist news professionals in providing accurate and responsible information.
- Communicate to news professionals the dangers of suicide imitation and how inappropriate reporting may contribute to more suicidal behavior.
- Acknowledge the deceased person's problems and struggles, as well as the positive aspects of his or her life, which will contribute to a more balanced picture and will decrease the chance for imitation.

What Not to DO

When Responding to and Working with the Media

Caveats when dealing with the media include:

(These guidelines should be communicated to the media and should probably be done by a crisis response member through the designated media spokesperson):

Avoid presenting simplistic explanations for suicide. Suicide is never the result of a single factor or event, but rather from a complex interaction between many factors. There is no research evidence that will corroborate a simple attribution of responsibility.

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- Avoid sensationalizing, romanticizing, or glorifying the suicide. Do not report or show pictures of flags at half-mast or a permanent public memorial such as planting a tree, establishing a scholarship fund, or presenting a plaque. Such displays have been found to increase the likelihood of imitation suicides. Keep in mind that consistent practices in managing student deaths is essential. When setting up practices, consideration should be made about possible contagion in the event the death is by suicide.
- Avoid dramatizing the impact of suicide through descriptions and pictures of grieving friends, family, teachers, or classmates. This could lead other adolescents to see suicide as a way of getting attention or, as a form of retaliation against others.
- Avoid using adolescents on television or in print media to tell their suicide attempt story. Other students may identify with these students and imitate their behavior.
- Avoid engaging in repetitive, prominent, or excessive reporting of the suicide. Repetitive or prominent coverage of a suicide tends to promote and maintain preoccupation among at-risk persons. This preoccupation has been linked to imitation suicides.
- Avoid placing the story on the front page of the newspaper and using large headlines. Avoid dramatic or sensational headlines (for example, "Boy, 12, Kills Himself Over Poor Grades").
- Avoid reporting "how-to" descriptions of the suicide. Do not describe the technical details about the suicide, such as detailed descriptions or pictures of the location where the suicide took place and the means used.
- Do not present suicide as a tool for accomplishing certain ends. Do not present suicide as a means of coping with personal problems. Although such factors may precipitate a suicidal act, other psychological predispositions are almost always involved.
- Avoid focusing only on the positive characteristics of the youth that attempted or died by suicide. News professionals should acknowledge that the person had problems and struggles along with the positive aspects of his/her life. This will contribute to a more balanced picture and may make suicide appear less attractive to other students at risk.

- Avoid unhelpful narratives regarding suicide. For example, reporting that suicide rates increase during the holiday season (a common myth), or comparing a young couple's death to Romeo and Juliet.
- Avoid using language that may contribute to more suicides.
 - » In the body of the story, describe the deceased as having "died by suicide" rather than as "a suicide" or having "committed suicide." The latter two expressions connote criminal or sinful behavior.
 - » Contrasting "suicidal deaths" with "non-fatal attempts" is preferable to using terms such as "successful", "unsuccessful", or "failed."

References

- 1. Gould, M.S. (2001). Suicide and the media. *Annals of the New York Academy of Sciences, 932,* 200-221.
- 2. Gould, M., Jamieson, P., & Romer, D. (2003). Media contagion and suicide among the young. *American Behavioral Scientist*, 46(9), 1269-1284. doi:10.1177/0002764202250670
- 3. Maine Center for Disease Control and Prevention. (2007). Maine Youth Suicide Prevention Implementation Plan. Retrieved from http://www.state.me.us/suicide/myspp/program/plan.htm
- 4. Stack, S. (2005). Suicide in the media: A quantitative review of studies based on nonfictional stories. *Suicide and Life-Threatening Behavior, 35*(2), 121-133. doi:10.1521/suli.35.2.121.628777
- 5. Institute of Medicine. (2002). *Reducing suicide: A national imperative*. Committee on Pathophysiology and Prevention of Adolescent and Adult Suicide, Board of Neuroscience and Behavioral Health: Washington, DC: The National Academies Press.
- Gould, M.S., Wallenstein, S., Kleinman, M.H., O'Carrol, P.W., & Marcy, J.A. (1990). Suicide clusters: An examination of age-specific effects. *American Journal of Public Health*, 80(2), 211–212.
- 7. Stack, S. (2000). Media impacts on suicide: A quantitative review of 293 findings. *Social Science Quarterly, 81*(4), 957-971.

References continued

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- 8. Etzersdorfer, E., & Sonneck, G. (1998). Preventing suicide by influencing mass-media reporting: The Viennese experience 1980-1996. *Archives of Suicide Research*, 4(1), 67–74. doi:10.1080/13811119808258290
- 9. Jamieson, P., Jamieson, K.H., & Romer, D. (2003). The responsible reporting of suicide in print journalism. *American Behavioral Scientist*, *46*(12), 1643-1660.
- 10. Sonneck, G., Etzersdorfer, E., & Nagel-Duess, S. (1994). Imitation suicide on the Viennese subway. *Social Science and Medicine*, *38*, 453–457.
- 11. Romer, D., Jamieson, P.E., & Jamieson, K.H. (2006). Are news reports of suicide contagious? A stringent test in six U.S. cities. *Journal of Communication*, *56*, 253-270. doi:10.1111/j.1460-2466.2006.00018.x
- 12. World Health Organization. (2008). *Preventing Suicide: A Resource for Media Professionals*. Retrieved from http://www.who.int/mental_health/prevention/suicide/resource_media.pdf
- 13. American Association of Suicidology, American Foundation for Suicide Prevention, Annenburg Public Policy Center, Associated Press Editing Managers, Canterbury Suicide Project-University of Otago, Christchurch, New Zealand, Columbia University Department of Psychiatry,... UCLA School of Public Health, Community Health Sciences. (2011). *Recommendations for the Media*. Retrieved from www. reportingonsuicide.org
- 14. The Texas Suicide Prevention Council. (2009). Coming Together to Care: A Suicide Prevention and Postvention Toolkit for Texas Communities. Retrieved from http://texassuicideprevention.org/docs_pdf/24215-Mental_Health_09_Suicide_Prev_Book_Complete_FINAL.pdf
- 15. Washington State Youth Suicide Prevention Program. (2010). *Reporting Guidelines*. Retrieved from http://www.yspp.org/resources/resourcesguidelinesmediamenu. htm#top
- 16. Mesoudi, A. (2009). *The cultural dynamics of copycat suicide*. PLoS ONE 4(9), e7252, 1-9. doi:10.1371/journal.pone.0007252



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