



SUICIDE SENSITIVE JOURNALISM HANDBOOK

Centre for Policy Alternatives
&
PressWise Trust (UK)

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INTRODUCTION

The media can play a powerful role in educating the public about suicide prevention. Stories about suicide can inform readers, listeners and viewers about the likely causes of suicide, its warning signs, sources of help and advice, trends in suicide rates, and recent treatment advances. They can also highlight opportunities to prevent suicide. Media stories about individual deaths by suicide may be newsworthy and need to be covered, but they also have the potential to do harm. Implementation of recommendations for media coverage of suicide has been shown to decrease suicide rates. There is evidence that sensitive media coverage of suicide can help to save lives.

Although many countries have already begun to address the problem of reporting suicide in the mainstream media, and have formulated voluntary Codes of Ethics to govern guide such reporting, the Centre for Policy Alternatives (CPA) found that there was a need to raise awareness among media professionals in Sri Lanka about the importance of reporting suicides with sensitivity needed to be raised.

For this project, CPA worked in close collaboration with The PressWise Trust. Set up in 1993, this media ethics charity, based in the United Kingdom, has undertaken research and training on a variety of media issues in the UK and elsewhere and, over recent years, has developed special expertise on Suicide Sensitive Journalism worldwide.

The CPA study of media coverage in Sri Lanka was conducted from March-May 2003. This report is a synthesis of its main findings and also contains guidelines and recommendations for suicide sensitive journalism. The report was written by Mr. Sunanda Deshapriya (Head, Media Unit, CPA) and Mr. Sanjana Hattotuwa (Coordinator, Media Unit, CPA).

The authors gratefully acknowledge all those who provided valuable input into both the research and writing of this report.

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September 2003

MAIN FINDINGS OF STUDY ON SUICIDE REPORTING

- Evidence of a tendency towards extreme sensationalism in reporting suicides.
- The media in Sri Lanka is aware that the country has one of the highest suicide rates in the world, but seems to be unable or unwilling to explore the root causes. This inability or unwillingness has resulted in a media which is numb to the effects of sensational and irresponsible reporting. Coverage of the complex issues associated with suicide is extremely rare.
- Every single article on suicide in the newspapers monitored clearly specified the method used in each case. There seems to be a trend towards use of vivid and explicit detail when reporting suicide methods.
- The mainstream media seem happy to rely upon offering a single, simple cause as an explanation of suicide. Little or no interest is shown in exploring the series of events and personal circumstances that led to a suicide.
- Coroner's Reports or Police Reports are the primary sources of information for media stories about suicide. It is almost impossible to find any article in the mainstream media that goes beyond these primary sources of information, and examines the circumstances of from an analytical perspective.
- A surprising phenomenon is the tendency to downplay the seriousness of suicides. Some headlines appear to treat suicides lightly - a stark reminder of the incapacity of mainstream media to handle suicide reports with sensitivity.
- According to the majority of reports on suicide the most common suicide methods are the consumption of pesticides, hanging or jumping in front of an on-coming train.
- Many of the reports reveal the exact details of the method used in attempted or actual suicides; including the name of the pesticide, the location, the ingredients of a fatal concoction etc — details which could have easily been left out. There appears to be little or no

appreciation of the effects of such reporting.

- The study also demonstrated a tendency in the print media to announce the cause and method of a suicide in the headline. This has the inadvertent and undesirable effect of promoting suicide as a solution to certain problems.
- For example :
 1. Man commits suicide because his wife left him
 2. Student takes cyanide and dies because her friends got to know about her secret love affair
 3. Woman commits suicide because husband abuses her
 4. Mother kills child and then takes poison herself
 5. Wife takes poison because she cannot bear the sadness of her husband leaving her
 6. Wife poisons children and then commits suicide herself because husband suspected her of infidelity
 7. Lover takes poison after argument

For further data on study and suicides statistics in general, please visit our website at

www.cpalanka.org/media.html

SUICIDE GLORIFIED: THE TALE OF BUDDHIKA AND ARUNI

On 30th March 2002, the Pothuhera Police Division, near Kurunegala, was witness to a cruel murder and suicide. In a macabre orgy, 26 year old Buddhika Chaminda Bandara killed 20 year old Aruni Ratnayake, who had rejected his love, and her father, 42 year old M. Tillekeratna, before killing himself by exploding a bomb.

This incident soon became headline news in the print and electronic media. Headlines like “Two horrific murders”. “A Suicide” and “A Sad End to a Failed Relationship” served to heighten public interest in this incident. Many reports willingly or unwillingly portrayed Buddhika as a hero. More disturbingly, Aruni’s change of heart was, according to some reports, the cause of the entire tragedy. This reflects *is reflective of* a male-centred perspective that dominates mainstream media reporting of suicides. Many articles also featured completely fabricated exchanges between Aruni and Buddhika. Some columnists went even further and claimed that *believed* Buddhika’s actions were the ultimate sacrifice on the altar of love. These tragi-comic and ultimately grotesque standards of reporting dominated media coverage of this incident.

Main Points:

- Sensationalism
- Fabrication of *true* events
- Male-centred perspective
- False heroism
- False portrayal of love
- Lack of sensitivity to victims or the families of the victims

An article from the Lankadeepa of 2nd April 2002 serves as a prime example of these concerns:

He could not believe what his girlfriend told him. He could not believe that this was the same girl who had told him earlier that she would rather die with him than let their love fade away.

This is a complete fabrication, but the imagination of the columnist does not end here. He conjures up the thoughts of Buddhika at an earlier time, when he had assaulted Aruni:

He was transformed the minute he closed the door. He did not believe that the one girl he loved more than life could do something like this to him. He asked her whether she was the same person who said that they should die if their love was not allowed to blossom.

Again this is pure fiction. Amazingly, the article even reports a conversation that allegedly took place at the time of the incident and graphically describes the murders:

With a lightening blow, Buddhika aimed his sword at Tillekeratna’s head. The sword was so sharp that a piece of Tillekeratne’s head was chopped off and he died instantly.

Aruni, screaming in terror at her father’s death, was attacked by Buddhika, who aimed his blows

with his sword to her face and neck. Not wasting a moment, he took two hand grenades and blew himself and Aruni up, to resolve all the questions he was facing.

Such detail is incredible, especially since there was no surviving witness to the murders. In short, this article elevated this entire incident to a romantic heroism on the part of Buddhika, and belittled the tragedy and loss of life with extraneous details drawn entirely from the author's imagination.

Not one article suggested that Buddhika's unusual approach to conflict resolution was erroneous or that a more complex set of circumstances might have been involved. Despite the media attention paid to the tragedy there was no discussion on how situations like this could be avoided in future, or how young men facing similar problems might approach things differently. Anyone relying on the media coverage, could be forgiven for believing that murder and suicide was the only solution to such personal dilemmas.

SUICIDE AS HEROISM: THE TALE OF 'KUDAWELLE-AKKA'

Main Points:

- Sensationalism
- Male-centric perspective
- Suicide Portrayed as Solution to certain problems
- No exploration of alternatives
- Suicide portrayed as an act of martyrdom

This feature article was published in the Irida Lankadeepa newspaper on 20th April 2003. The Irida Lankadeepa is a high-circulation weekend newspaper.

The article was about a woman who had killed herself by drinking poison. Since 1983, this woman had engaged in inland fishing in the Buttala-Weeraketiya Lake. She had also procured a licence for her business through the Inland Fisheries Department. After purchasing fish from the Department, she would release them into the lake and then catch them once grown. Undisturbed, she had carried on this business for a number of years. In 2003, however, her licence was revoked since she had helped in the work of a prominent member of the Opposition party. At the time the licence was revoked, she had already spent Rs. 17,000/= in purchasing fish for the lake.

It was reported that she had visited the Inland Fisheries Department no less than nine times, travelling a distance of over 200km for each trip. All these trips were to no avail. On April 1st, on what was to be her last trip to the Ministry, she took poison in front of Ministry Officials, and died as a result.

In the story, the action of Kudawelle-Akka is raised to the level of martyrdom. Her suicide is presented as an act of final heroism – *Kudawelle Akka* she is presented as someone with immense courage.

“Kudawelle-Akka did not die by drinking poison. Her death was avenged by her actions, which will prevent the callousness of officialdom from ever taking another life again. Facing the injustices of the world, it is possible that Kudawelle-Akka, taking the bottle of poison from her bosom, thought that it was better to die than to face the insensitivity of society.”

Although the article is a critique of the prevailing state of affairs in polity and society, it nevertheless sends *gives* out a very dangerous message to other women in *the* a similar position. *of Kudawelle Akka*. The article does not explore the alternatives to which Kudawelle-Akka might have resorted, and makes no mention of agencies to whom she might have gone for advice or support. The article could have clearly indicated that seeking help or advice is a better option in the face of grave injustice than self-harm. Instead, the article glorifies Kudawelle-Akka's suicide and portrays it as an almost inevitable consequence of her predicament.

REPORTING OF CAUSES OF SUICIDE - MARCH 2003

FREQUENCY OF REPORTS WITH / WITHOUT CAUSES OF *FOR* SUICIDE

Newspaper	No. of Reports	With Cause(s)	Without Cause(s)
Dinamina	30	28	02
Divaina	20	17	03
Lankadeepa	21	19	02
Lakbima	13	11	02
Total	84	75	09

LIST OF CAUSES: *LANKADEEPA*

Date	Reason given for suicide / Description	Positioning <i>Placement of Story</i>
3 rd March 2003	The pain of ulcers being too much to bear	Headlines
3 rd March 2003	The pain of his wife leaving him	Headlines
4 th March 2003	5 year old daughter	Headlines
11 th March 2003		First Paragraph
11 th March 2003	Having been locked up in room for 4 years	Headlines
11 th March 2003		Headlines
11 th March 2003	Depression	Headlines
12 th March 2003	After killing medical student with knife	Headlines
12 th March 2003	After shooting his wife	Headlines
13 th March 2003	In order to o scare his wife	Headlines
14 th March 2003	The burden of debt, after which only Rs. 1,500 remains of salary	Headlines
15 th March 2003	Family feud over land	Headlines
15 th March 2003	Drunkenness	Headlines
17 th March 2003	Excessive drinking	First Paragraph
20 th March 2003	Being blamed for the death of his father	Headlines
22 nd March 2003	After returning from a job in Switzerland	Headlines
22 nd March 2003	After a fight with wife	Headlines
25 th March 2003	Anger	Fourth Paragraph
28 th March 2003	The end of a love affair and the refusal to take a love letter	Throughout article

REPORTING OF CAUSES OF SUICIDE - MARCH 2003

LIST OF CAUSES: *DINAMINA*

Date	Reason given for suicide / Description	Placement of Story
3 rd March 2003	Family feud	Headlines
3 rd March 2003	Love affair	Headlines
6 th March 2003	Sexual taunts against female student	Headlines
6 th March 2003	Wife's consumption of poison	First paragraph
8 th March 2003	Undisclosed disease	Headlines
11 th March 2003		Headlines
12 th March 2003	Love affair	Headlines
12 th March 2003	Drunkenness	Headlines
14 th March 2003	Infidelity of husband	Headlines
14 th March 2003	Severe headache	First Paragraph
18 th March 2003	Extra-marital relationship	Sixth Paragraph
18 th March 2003	Quarrel with wife	Third Paragraph
18 th March 2003	Inability to pay back debt	First Paragraph
19 th March 2003	Quarrel with wife	Headlines
19 th March 2003	Love affair	Headlines
20 th March 2003	Sadness at mother's departure	Headlines
21 st March 2003	Set house on fire	Headlines
22 nd March 2003	Inability to bear taunts of friends	Headlines
22 nd March 2003	Killing father with knife	Headlines
22 nd March 2003		Headlines
26 th March 2003	Mental disorder	Second Paragraph
26 th March 2003	Unemployment	Headlines
26 th March 2003	Quarrel with husband	Headlines
26 th March 2003	Departure of husband	Headlines
27 th March 2003	Quarrel with lover	Headlines
27 th March 2003	After killing female student with knife	Headlines
27 th March 2003	Quarrel with lover	Headlines

REPORTING OF CAUSES OF SUICIDE - MARCH 2003

LIST OF CAUSES: *DINAMINA*

Date	Reason given for suicide / Description	Placement of Story
3 rd March 2003	Extreme depression	First Paragraph
4 th March 2003	Exposure of love affair to friends	First Paragraph
6 th March 2003	Divorce	Headlines
6 th March 2003	Victim of friend's plot	Headlines
11 th March 2003	Secret reason	Headlines
12 th March 2003	Infidelity of husband	First Paragraph
12 th March 2003	Failed love affair	Headlines
13 th March 2003	Failed love affair	Headlines
15 th March 2003	Mental duress after rape of young girl	Headlines
18 th March 2003	Drunkenness	First Paragraph
18 th March 2003	After killing father with knife	First Paragraph
18 th March 2003	Failed love affair	Headlines
19 th March 2003	Infidelity of wife	Headlines
21 st March 2003	Mental duress after scolding by parents	First Paragraph
22 nd March 2003	No money to buy a pair of shoes	First Paragraph
25 th March 2003	Mental patient	First Paragraph
27 th March 2003	After killing lover with knife	First Paragraph

~ Mainstream media show no interest in exploring the series of events that led to the suicide and instead explain the suicide as a result of a single event or at best, a simplistic chain of events ~

Reporting of Method used in Suicide - March 2003

FREQUENCY OF REPORTS ON METHOD OF SUICIDE

Newspaper	No. of Reports	With Cause(s)	Without Cause(s)
Lankadeepa	21	21	00
Dinamina	30	30	00
Divaina	20	20	00
Lakbima	13	13	00
Total	84	84	00

Newspaper	Poison	Hanging	Jumping in front of train
Lankadeepa	9	8	1
Dinamina	11	7	2
Divaina	8	6	1
Lakbima	4	00	2
Total	32	21	6

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~ Every single article on suicide in the newspapers monitored clearly specified the method used in each case. There seems to be a trend towards use of vivid and explicit detail when reporting suicide methods ~

REPORTING OF METHOD USED IN SUICIDE - MARCH 2003

LIST OF METHODS: *LANKADEEPA*

Date	Description of Method	Placement of Story
3 rd March 2003	Hanging	Headlines
3 rd March 2003	Hanging	Headlines
4 th March 2003	Poison	Headlines
11 th March 2003	Poison	Headlines
11 th March 2003	Hanging	Headlines
11 th March 2003	Jumping in front of train	Headlines
11 th March 2003	Hanging on rafter	Headlines
12 th March 2003	Poison	Headlines
12 th March 2003	Shot himself	Headlines
13 th March 2003	Poison	Headlines
14 th March 2003	Jumping into well	Headlines
15 th March 2003	Poison	Headlines
15 th March 2003	Poison and kasippu	Headlines
17 th March 2003	Hanging on lemon tree	Headlines
17 th March 2003	Hanging	First Paragraph
18 th March 2003	Drinking acid	First Paragraph
20 th March 2003	Drinking pesticides	First Paragraph
22 nd March 2003	Hanging	First Paragraph
22 nd March 2003	Jumping into lake after killing wife with knife	First Paragraph
25 th March 2003	Hanging in bedroom	First Paragraph
28 th March 2003	Drinking poison after killing lover with knife	First Paragraph

REPORTING OF METHOD USED IN SUICIDE MARCH 2003

LIST OF METHODS: *DINAMINA*

Date	Description of Method	Placement of Story
3 rd March 2003	Doused with kerosene, self-immolation <i>set oneself alight</i> in <i>the</i> forest	Headlines
3 rd March 2003	Poison	Headlines
6 th March 2003	Poison	Fourth Paragraph
6 th March 2003	Poison	Headlines
7 th March 2003	Hanging	Headlines
8 th March 2003	Burning	Headlines
11 th March 2003	Jumping in front of train	Headlines
12 th March 2003	Drinking poison after killing lover with knife	Headlines
12 th March 2003	Hanging	Headlines
14 th March 2003	Drinking poison after giving poison to child	Headlines
14 th March 2003	Hanging	Headlines
18 th March 2003	Poison	Third Paragraph
18 th March 2003	Hanging	First Paragraph
18 th March 2003	Hanging	Headlines
19 th March 2003	Stabbing oneself	First Paragraph
19 th March 2003	Jumping in front of train	Headlines
19 th March 2003	Jumping into sea	Headlines
20 th March 2003	Jumping in front of train	Headlines
21 st March 2003	Hanging on rafter	Headlines
22 nd March 2003	Poison	Headlines
22 nd March 2003	Poison	Headlines
22 nd March 2003	Jumping into lake	Headlines
26 th March 2003	Poison	Second Paragraph
26 th March 2003	Hanging	Headlines
26 th March 2003	Jumping out of building	Headlines
26 th March 2003	Self-immolation	Headlines
27 th March 2003	Poison	Headlines
27 th March 2003	Poison	Second Paragraph
27 th March 2003	Poison	Headlines

REPORTING OF METHOD USED IN SUICIDE MARCH 2003

LIST OF METHODS: *DIVAINA*

Date	Description of Method	Placement of Story
3 rd March 2003	Jumping into well	Headlines
4 th March 2003	Poison	Headlines
4 th March 2003	Drinking cyanide	Headlines
6 th March 2003	Hanging on ceiling fan	Headlines
6 th March 2003	Hanging on rafter in hall	First Paragraph
11 th March 2003	Hanging on Bo-tree using robe	First Paragraph
11 th March 2003	Consuming poison after giving poison to child	Headlines
12 th March 2003	Killing female medical student with two knives and then consuming poison	Headlines
12 th March 2003	Hanging	Headlines
13 th March 2003	Jumping in front of train	Headlines
15 th March 2003	Poison	Headlines
18 th March 2003	Hanging on rafter	First Paragraph
18 th March 2003	Jumping into lake	Headlines
18 th March 2003	Husband takes poison	Headlines
21 st March 2003	School <i>going</i> student jumps into lake	Headlines
22 nd March 2003	Student jumps into lake	Headlines
22 nd March 2003	Student drinks poison	Headlines
25 th March 2003	Mental patient hangs himself	First Paragraph
27 th March 2003	Lover takes poison	Headlines

SENSITIVE REPORTING OF SUICIDES

Suicide prevention : Working with the Samurdhi staff Targeting a change in harmful social practices

by Nalini Ellawela,

Member of the Suicide Prevention Task Force, Sumithrayo Drug Demand Reduction

14th May 2003, *Daily News*

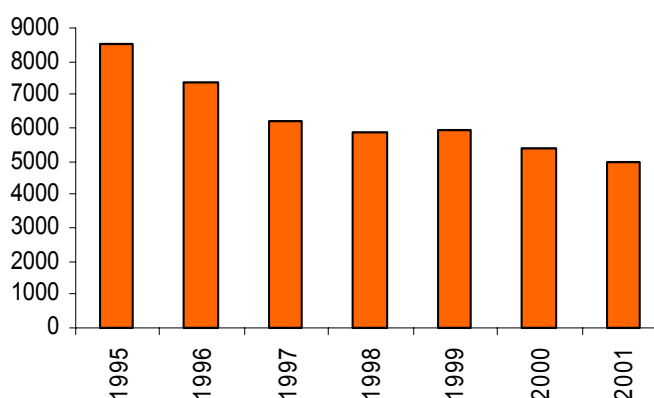
After 2 years of regular interaction, the Presidential Task Force for the Prevention of Suicide, issued a series of recommendations in 1996. 3 units of trainers were brought in to train 450 Samurdhi Officers, drawn from all parts of the country other than the North and the East. The three units covered those social concerns which required priority attention i.e. Child Abuse; Drug Use and Suicide.

Two Samurdhi Officers from each Divisional Secretariat were selected for this training. The Divisional Secretary nominating the most active and committed persons from among the Samurdhi Officers (S.Os) attached to his Secretariat.

The graph shows the gradual transformation of the suicide phenomenon in the country. Although we have no researched document to prove that the methodology followed by the group of trainees were in fact responsible for the change, we are inclined to suspect that the SOs had a hand in evoking the change.

The training programme had an inbuilt evaluation mechanism and the trainees worked on the indicators as identified during the training. Each time they returned for a follow-up training they were able to share their experiences in the field. They began to realise that changing the attitudes and values of the community regarding the social concerns mentioned above, was more important than saving a

Suicide Rates in Sri Lanka - 1995 to 2001



life or two. Primary prevention was given priority attention and gradually, community perceptions, harmful attitudes and values, were seen to change. We began by evoking a change in the trainees, and improving their own level of well-being.

The recommendations of the Presidential Task Force for the Prevention of Suicide (1996) can be summarised as follows:

- Reduce easy access to lethal methods.
- Set up education and awareness programmes to change the suicide culture and also to enable the community to understand that the method of coping with suicide varies according to individual circumstances and issues involved.
- Engage media support to actually discourage suicide and to help the community realise that suicide is not an option when faced with difficulties.
- Humanise the law and introduce compulsory medical and counselling support for attempted suicides.
- Improve medical management to reduce fatalities especially in those cases where it is purely a cry for help.
- Set up a research centre.
- Set up experimental interventions at the community level.

What were the SOs doing with the recommendations of the Presidential Task Force?

1. Reduce easy access to lethal methods: The SOs started visiting all the chemical sales points in their areas and enlisted the support of these outlets, sensitising the traders to the need to be more cautious when making sales. They also alerted the farming communities about safe storage. Where Kaneru was known to be the agent of death they encouraged the community to keep the bushes in the area well trimmed so that the poisonous fruit would not be so readily available.
2. Set up education and awareness programmes: The S.Os were also trained to question harmful opinions and beliefs that perpetuated the suicide culture. They had the task of changing the value placed on suicide as the answer to supposedly, un-surmountable issues.

They began to share with the community that mental illness and drug dependence were preventable, but left unattended suicide rates would continue to be high. Those reasons that were considered as rational and reasonable for any individual to commit suicide, were now being questioned. E.g. broken

love affairs; failure at examinations; loss of limb or loved one; fear of punishment; these issues were now seen as the inability to cope and a weakness in the individual.

Unemployment and poverty were no longer accepted as reasonable causes for suicide. They began to understand that if we did rationalise this, millions would be resorting to suicide in a developing country like ours.

3. Engage media support: Irresponsible reporting was minimised with the S.Os developing a relationship with the local correspondents and sharing their newly gained knowledge with them. They would contact/write to any of the media whenever they noticed unhealthy approaches being adopted and publicised.
4. Humanise the Law: Section 302 of the Penal Code was removed as it was agreed that in this age of enlightenment we could no longer treat an attempted suicide as a criminal offence. It was acknowledged that the Law of the land went a long way to shape attitudes and values in the community. Accordingly, urgent medical intervention and counselling was to be made available to bring down the mortality rates, while removing the penalty clause.
5. Medical Intervention: With the change in the law, the attitude of the hospital staff had to change and this meant that the S.Os had to make regular visits and relate to the hospital network to bring about the necessary change. Medical management took on a more humane approach and more lives were now being saved.
6. Support and care for those at risk: Along with awareness programmes aimed at changing harmful opinions and beliefs relating to suicide, it was agreed that community support systems should be set in place to help those who were directly at risk for suicide.

The S.Os were trained to recognise the different categories and give the type of support that each category required, e.g. those suffering from mental illness needed medical care. Those with poor coping skills needed support to strengthen themselves and understand that the flight syndrome was a weakness contrary to the common perception that it needed courage to commit suicide! The empathic listening ear was perhaps all that was needed by this category. Finally, the youth group of manipulators had to be treated somewhat differently as a special effort had to be made to break a trend where suicide had become fashionable and acknowledged as the clever thing to do.

The healthy lifestyle concept

When we started working with the S.Os we had to contend with an initial problem. The community had little respect for these Officers as they were political appointees. Our task therefore was to introduce them to the

concepts of personal growth and help to develop their own coping skills. We approached this project on the premise that those who serve the community must themselves enjoy a satisfactory level of well-being before they could begin to work for the welfare of the community.

After several rounds of training the S.Os began to respond to the goals we set for ourselves. The sense of disillusionment and dissatisfaction commonly noted with these recruits were seen to recede. They began to develop the skill of coping with political changes and many realised the distinct harm in working for the community while supporting a particular political group.

Perhaps the greatest achievement of our training programme could be de-politicisation of the Samurdhi Network. Today these Officers are to mental well-being, what the Family health worker is to physical well-being.

Both sectors are invaluable assets and an investment for all-time. From a position of derision and mockery, the trained S.O. is now seen as someone special. A change in the mindset and a positive outlook has enabled the S.Os to infuse a similar approach in the community they serve.

Hard on the heels of this operation we have set in motion a long-term and multi-pronged attack on the well-being of the Anuradhpura district. 40 S.Os are now enlisted to challenge the unhealthy social practices that are prevalent in this district.

The project was set in motion only on the 2nd of May and training will continue for a period of 12 months. The suicide situation as reported from the hospital in Anuradhapura is set out in Table 2. As we have now targeted an identified geographical area, we will be able to report quite specifically whether our approaches to a change in the harmful behavioral practices are effective or not. The J.M.O. reported that over 98% of all the suicides in 2002 were alcohol related. We are therefore making a serious attempt at changing the value placed on two harmful behaviours i.e. suicide and drug use.

The data we gather from hospitals and police in the area will indicate in the years to come whether our training and the subsequent intervention of the S.Os are in fact contributory to the well-being of the community. If the Anuradhapura project is evaluated as being effective, we will be in a position to replicate the project in other districts showing similar social concerns.

COMMON MYTHS ABOUT SUICIDE

Myth

People who talk about suicide do not go on to kill themselves.

Fact

Most people who kill themselves have talked about or given definite warning signs of their suicidal intentions.

Myth

Suicide happens without warning.

Fact

There are almost always warning signs, but others are often unaware of the significance of the warnings or unsure about what to do.

Myth

Suicidal people are fully intent on dying. Nothing others do or say can help.

Fact

Suicide is preventable. Most suicidal people desperately want to live; they are just unable to see alternatives to their problems.

Myth

Once someone is suicidal, they are suicidal forever.

Fact

Most suicidal people are suicidal for only limited periods of time. However, someone who has made an attempt is at increased risk of future attempts.

Myth

Apparent recovery from a suicidal crisis means that the risk of suicide is over.

Fact

Many suicides occur several months after what appears to be an improvement in their well-being when a person has energy to act on suicidal feelings.

Myth

Suicide strikes most often among the rich, or conversely, among the poor.

Fact

Suicide cuts across social and economic boundaries.

HOW THE MEDIA CAN HELP



Evidence from all around the world suggests that sensitive handling of suicide stories can save lives. Given the history and culture of suicide coverage in Sri Lanka, it is clear that media professionals need to develop their capacity to report with sensitivity, respecting the emotions of those connected with the story and readers, listeners or viewers who might have experienced similar traumas.

Will your coverage make those in the same position want to seek help or kill themselves?

Stories about suicide can inform readers and viewers about the likely causes, warning signs, trends in suicide rates, and recent advances in prevention strategies. They can also highlight opportunities to prevent suicide. Media stories about individual deaths by suicide may be newsworthy and need to be covered, but they also have the potential to do harm. Sensitive coverage of suicide can help to save lives.

Did you know?

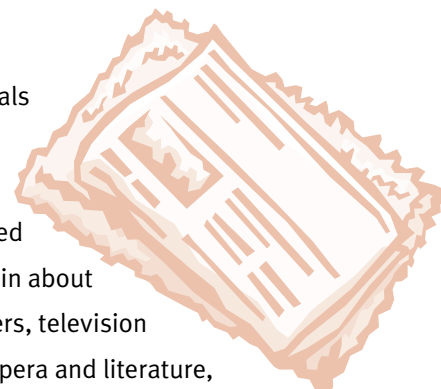
- Certain ways of describing suicide in the news contribute to what behavioral scientists call "suicide contagion" or "copycat" suicides.
- Research suggests that inadvertently romanticizing suicide or idealizing those who take their own lives by portraying suicide as a heroic or romantic act may encourage others to identify with the person who chose that route.
- There is evidence to suggest that exposure to explicit details of effective suicide methods encourages imitation among vulnerable individuals.
- Presenting a suicide without adequate context may encourage misplaced identification or emulation among others.

SUICIDAL BEHAVIOUR AND MASS MEDIA

Kathryn Williams & Keith Hawton

Centre for Suicide Research, Department of Psychiatry, Oxford University, 2001

Suicide prevention is a major public health issue. Media reporting and portrayals have been identified as having a significant influence on suicidal behaviour. A review of all available evidence on the media effects of suicide has been conducted, following a systematic and thorough worldwide search for published and unpublished studies, which identified around 90 before-and-after studies in about 20 countries. The studies include analysis of portrayals of suicide in newspapers, television news and news in multiple media, broadcast fictional drama, popular music, opera and literature, suicide manuals and the Internet. The findings of this review have implications for suicide prevention and could assist media professionals in making informed judgements when reporting on or producing fictional portrayals of suicidal behaviour.



Key conclusions

1. To treat suicide as a 'mystery' is misleading; most people who die by suicide have been suffering from psychiatric illnesses, and this is consistently under-reported by the news media in many countries.
2. Responsible approaches to the portrayal of suicidal behaviour in the media can save lives, Voluntary restraints on reporting suicides by specific lethal methods have resulted in abrupt and statistically significant reductions in deaths by those methods, In contrast, providing warning a about the danger of certain medications, poisons or other methods of suicide may be helpful to most of the audience but send the opposite message – that these methods are effective (that is, lethal) – to depressed and suicidal people.
3. Highlighting risk factors and providing the telephone numbers of crisis lines can have positive effects, encouraging people to seek help.
4. There is considerable potential for innovative media presentations which communicate positive

messages (for example help is available for those in suicidal crisis/ mental illness can be treated). Depicting celebrities or fictional characters dealing with their emotional distress in constructive ways is another way in which the media can promote life and hope. Such presentations would reflect the reality that most people who consider suicide never act upon their feelings, but find ways to solve their problems.

5. Nonetheless media portrayals can lead to imitative suicidal behaviour. There is compelling evidence of increases in suicidal behaviour after the appearance of news reports, fictional drama presentations on television and suicide manuals.
6. Certain aspects of media portrayals tend to increase the likelihood that imitative behaviour will occur. Of particular concern are:
 - news stories, fictional drama and suicide manuals that name or depict a method of suicide especially when that method is lethal and readily available;
 - prominent and/or repetitive news coverage of suicide;
 - coverage of celebrities who take their own lives.
7. Imitation is more likely among audiences members who can identify with the suicide victim in some way; for example by age, gender or nationality.
8. Young people and elderly people appear to be more vulnerable than those in their middle years to media-related suicide contagion.
9. These findings support a number of theoretical explanations of how and why imitative suicide occurs. In turn these models predict that certain characteristics of media presentations will promote imitation; specifically:
 - portraying suicidal behaviour as a natural or understandable response to problems such as failure to achieve important goals, relationship difficulties or financial crises;
 - showing or implying that a person may be 'rewarded;' for suicidal behaviour, for example by achieving a reconciliation, gaining revenge or eliciting sympathy;
 - treating suicide as a tragic or heroic act by someone who apparently had everything to live for.
 - treating suicide as a tragic or heroic act by someone who apparently had everything to live for.

WHAT TO AVOID WHEN REPORTING SUICIDE

According to numerous research studies, there is an association between increased suicide rates and the prominence given to detailed accounts of suicides in the media. Adolescents and young adults seem to be especially susceptible to ‘copycat behaviour’ or ‘suicide contagion’. There is also evidence to suggest that when sources of help and advice are supplied as part of coverage, vulnerable people are more likely to seek alternative remedies to their problems.

Good practice suggests that responsible media professionals — health and law communication officers and journalists — should seek to avoid:

- **Simplifying the reasons for suicide**

Suicide is rarely the result of a single factor or event, but rather results from a complex interaction of many factors and usually involves a history of psycho-social problems, particularly depression. Public officials and the media should explain carefully that the final precipitating event was not the only cause. Most people who kill themselves have had a history of problems that may not have been acknowledged at the time of death. Cataloguing the problems that could have helped to cause a suicide is not necessary, but it is important to acknowledge the likely existence of these problems.

- **Engaging in repetitive, or excessive reporting of suicide**

Repetitive and continuous prominent coverage of a suicide is likely to generate an unhealthy with suicide among those most at risk, especially the 15-24 age group — a preoccupation associated with ‘suicide contagion’. Public officials presenting information to the media should emphasise the potential of inappropriate coverage to encourage imitative behaviour. Public officials and media professionals should discuss alternative ways of covering *of* newsworthy suicide stories.

- **Sensational coverage of suicide**

News coverage of a suicide is likely to heighten interest in suicide among the general public. This is believed to be associated with a significant increase in suicide rates and the development of ‘suicide clusters’. Public officials can help minimize sensationalism by refusing to disclose morbid details. News Media professionals should consider the context in which they frame reports of suicide and avoid the use of dramatic photographs related to the suicide (e.g., photographs of the body, blood, suicide implements, the scene of the suicide, the deceased person's room, the funeral).

- **Describing explicit, technical details about suicide methods.**

Reporting that a person died from carbon monoxide poisoning may not be harmful; however, providing details of the mechanism and procedures used by to put an end to a person's life may facilitate imitation by other people at risk. To say that someone killed him/herself by overdosing or taking poison is sufficient, without naming the drug, medicine or poison or the fatal dosage. Separate stories may be appropriate to warn the public of the dangers of misusing chemicals.

- **Presenting suicide as an appropriate or acceptable way of solving personal problems**

Suicide is usually a rare and desperate measure adopted by a troubled or depressed person. Presenting suicide as an appropriate means of coping with personal problems (e.g., the breakup of a relationship or retaliation against parental discipline) may suggest suicide as a coping mechanism to at-risk groups. Although such factors may often seem be the trigger for suicide, other psycho-pathological problems are almost always involved. If suicide is presented as an effective means of resolving apparently difficult problems, it may be perceived as an appropriate solution by other potentially suicidal people facing similar dilemmas.

- **Glorifying suicide or people who kill themselves**

News coverage is less likely to contribute to suicide contagion when reports of community expressions of grief (e.g., public eulogies, flying flags at half-mast, and erecting permanent public memorials) are minimized. Such actions may contribute to imitative behaviour by suggesting to susceptible people that society is honoring the suicidal behavior of the deceased, rather than mourning the person's death. At the same time it should be unacceptable to allow survivors to blame the dead persons for the problems that drove them to suicide.

- **Focusing on the dead person's positive characteristics**

Empathy for family and friends often focuses the positive aspects of the dead person's life. Statements venerating the deceased person are often reported in the news (E.g. family, friends or teachers may be quoted as saying the deceased "was a great kid" or "had a bright future," without mentioning the problems s/he experienced. However, if the problems that contributed to the suicide are not also acknowledged suicide may appear attractive to others - especially those who feel they are not receiving in life the recognition they believe they deserve.

RECOMMENDATIONS ON PORTRAYAL

Use appropriate language — use phrases like:

- A suicide
- Die by suicide
- A suicide attempt
- A completed suicide
- Person at risk of suicide
- Help prevent suicide

Encourage public understanding of the complexity of suicide

People do not decide to take their own life in response to a single event, however painful that event may be. Nor can social conditions alone explain suicide. The causes of an individual suicide are manifold, and suicide should not be portrayed as the inevitable outcome of serious personal problems.

Seek expert advice

Organisations like Sumithrayo, *or* the Family Planning Association (FPA) or the World Health Organisation (WHO) can help put you in contact with acknowledged experts on suicide, and offer advice about depiction based on an overview of previous cases.

Debunk the common myths about suicide

There is an opportunity to educate the public by challenging popular myths.

Encourage explanation of the risk factors of suicide

Encourage discussion by health experts on the possible contributory causes of suicide.

Consider the timing

Coincidental deaths by suicide of two or more people may makes the events more topical and newsworthy, but additional care is required. Reporting of "another suicide, just days after..." might imply a (non-existent) connection. If proper investigation does reveal a connection, seek expert advice to help explain the phenomenon.

Include details of further sources of information and advice

Listing appropriate sources of help or support at the end of an article or a programme shows the person who might be feeling suicidal that they are not alone and that they have the opportunity to make positive choices.

Remember the effect on survivors of suicide – the bereaved and those who have attempted suicide in the past

Show care and consideration when interviewing close family and friends. Remember that they are likely to be suffering severe emotional trauma. Publishing information and contact details about organisations which help victims of mental stress or trauma, or details of informal and formal counseling and support services in the area.

Look after yourself

Reporting suicide can be very distressing in itself, even for the most hardened news reporter, especially if the subject touches something in your own experience. Talk it over with colleagues, friends & family.

Why does the media report suicides?

Never forget the human side of suicide reporting.

Sensational reporting sells, but sensitive reporting saves lives.

Practice journalism that acknowledges its social purpose.

FURTHER READING AND INFORMATION

- Sumithrayo
60B, Horton Place,
Colombo 7
Tel : 692909 / 683555 / 682535
- Family Planning Association of Sri Lanka
37/27, Bullers Lane,
Colombo 7
Tel: 584157
- Centre for Policy Alternatives (CPA)
www.cpalanka.org/media.html
24/2, 28th Lane,
Off Flower Road,
Colombo 7
Tel: 565304/6 Fax: 074-714460
www.cpalanka.org
- The PressWise Trust (UK)
www.presswise.org.uk/health
38 EBC, Felix Road, Bristol BS5 0HE, UK
Tel: +44 117 941 5889 Fax: +44 117 941 5848
- The Samaritans (UK)
www.samaritans.org
- Media Guidelines for Suicide Reporting
<http://www.211bigbend.org/hotlines/suicide/media.htm>
- International Academy for Suicide Research
www.uni-wuerzburg.de/IASR
- International Association for Suicide Prevention
www.med.uio.no/iasp

FURTHER READING AND INFORMATION

- Centre for Suicide Research, UK
cebmh.warne.ox.ac.uk/csr
- American Association of Suicidology
www.suicidology.org
- American Foundation for Suicide Prevention
www.afsp.org
- Mindframe-media, Canberra, Australia
www.mindframe-media.info
- Suicide Information and Education Centre, Canada
www.siec.ca/
- Suicide Research and Prevention Unit, Norway
www.med.uio.no/ipsy/ssff
- Former site of Befrienders International
www.befrienders.org
www.suicide-helplines.org/srilanka.htm

MEDIA MONITORING UNIT @ CPA

The Centre for Policy Alternatives (CPA) was formed in 1996 in the firm belief that the vital contribution of civil society to the public policy debate is in need of strengthening.

The primary role envisaged for the Centre in the field of public policy is a pro-active and interventionary one, aimed at the dissemination and advocacy of policy alternatives for non-violent conflict resolution and democratic governance. Accordingly, the work of the Centre involves a major research component through which the policy alternatives advocated are identified and developed.

The Media Unit in CPA was constituted to further CPA's objectives of formulating policy options to inform and shape the practice and culture of governance in Sri Lanka. The Media Unit examines hopes to engender a socially responsible media by examining the content and form of media coverage, and by publishing 'Media Monitor', a journal highlighting problems with media reportage in Sri Lanka.

CPA has worked with the Free Media Movement (FMM), The Editors Guild of Sri Lanka, the Newspaper Society of Sri Lanka, the Sri Lanka Working Journalists Association, and international partners such as Article IX (UK), International Media Support (Denmark), IMPACS (Canada), The International Telecommunications Union (ITU), and the Commonwealth Press Union (CPU) in a wide range of media interventions in Sri Lanka, ranging from workshops and publications on the Freedom of Expression to Conflict Sensitive Journalism and the formulation of the Colombo Declaration on Media Freedom and Social Responsibility in 1998.

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www.cpalanka.org/media.html

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