

## FOR MEDIA

# Reporting on Suicide

A quick guide for journalists, editors and producers

Distilled from [Responsible Reporting on Suicide for Journalists](#), a free Johns Hopkins course on Coursera.

## WHY IT MATTERS

## The short version

How a story about suicide is told can raise or lower the risk for people who are already struggling. Decades of research show that detailed, prominent or sensational coverage is followed by more suicides, especially among young people. Coverage that treats suicide as a preventable public health issue, leaves out method details and shows that people get through suicidal crises is linked to safer outcomes.

This guide brings the core practices from the Johns Hopkins course [Responsible Reporting on Suicide for Journalists](#) into four pages you can keep beside your desk. It follows the [Recommendations for Reporting on Suicide](#), which the Center endorses.

## QUICK-READ CHART

### At a glance

**DO**

- ✓ Say **“died by suicide.”**
- ✓ Leave out **the method and exact location.**
- ✓ Explain that suicide has **many causes and is preventable.**
- ✓ Use **current data and plain words like “rising.”**
- ✓ Include people who **found help and are coping.**
- ✓ Put **988 and other help near the top.**
- ✓ Place the story **off the front page and after the lead segment.**

**AVOID**

- ✗ **“Committed,” “successful” or “failed attempt.”**
- ✗ Describing **how or exactly where someone died.**
- ✗ Blaming the death on **one event, like a breakup or job loss.**
- ✗ **“Epidemic,” “skyrocketing” or “hotspot.”**
- ✗ Framing suicide as **inevitable or as a way to solve problems.**
- ✗ Quoting **notes or posts left by the person who died.**
- ✗ Photos or video of **the scene, the method or grieving relatives.**

**Every story, every format: include help.**

**Suggested story tag:** *“If you or someone you know is struggling or in crisis, call or text 988 or chat at 988lifeline.org to reach the 988 Suicide & Crisis Lifeline. It is free, confidential and available 24/7.”*

## THE EVIDENCE

## Coverage changes outcomes

**Harmful coverage is followed by more deaths.** A landmark 1974 study by sociologist David Phillips found that U.S. suicides rose after front-page suicide stories, and rose more when coverage was greater. A 2020 review of studies

from many countries found suicides increased by about 13% in the one to two months after news of a celebrity's death by suicide.

**Young people are most affected.** A study of U.S. teen suicide clusters found that the news stories before a cluster were more likely to run on the front page, carry large headlines and photos, and describe the method.

**Responsible coverage helps.** After Austria introduced media guidelines, reporting changed and suicides fell. Stories about people who thought about suicide and found another way through may encourage others to seek help. Researchers call this the Papageno effect. That evidence is newer, but it points in a hopeful direction.



EIGHT PRACTICES

## For every story that touches on suicide

*This includes breaking news, court cases, memorials, awareness events and new research, not only reports of a death.*

### 1. Choose words that don't blame or glamorize

“Committed” suggests a crime. “Successful” and “failed” suggest that death is a goal. Plain, neutral language treats suicide like any other health outcome.

| INSTEAD OF                                 | SAY                                                  |
|--------------------------------------------|------------------------------------------------------|
| <del>Committed suicide</del>               | <b>Died by suicide; took their own life</b>          |
| <del>Successful or completed suicide</del> | <b>Died by suicide</b>                               |
| <del>Failed or unsuccessful attempt</del>  | <b>Attempted suicide; survived a suicide attempt</b> |
| <del>Suicide epidemic; skyrocketing</del>  | <b>Rising; or give the exact rate and year</b>       |
| <del>Suicide hotspot</del>                 | <b>Leave the location out</b>                        |

### 2. Leave out the method and location

This is the most important guideline. Details about how or where someone died can give a person at risk a plan. Keep locations general, such as naming the city rather than the building, and don't describe a place as a “hotspot.” If your newsroom will only agree to one change, make it this one.

### 3. Show that suicide is complex

No one dies by suicide for a single reason. Naming one cause, such as bullying or a lost job, suggests suicide is an understandable response to that problem. Describe the range of risk factors, warning signs and treatments instead. Wait for official confirmation before reporting a death as a suicide, and don't speculate.

### 4. Report the scale without alarm

Use exact, current figures from the CDC or your state health department. “Rising” is accurate; “epidemic” and “skyrocketing” are not. Where you can, break data down by group. A single overall rate can hide large differences between communities.

## 5. Frame the story around help and hope

A story can avoid “committed suicide,” include a hotline number and still leave readers feeling suicide is inevitable. Framing is about the whole story: who you quote, the headline, the lead. Far more people live through suicidal thoughts or attempts than die by suicide. Including their experience, along with where to find help, gives a truer picture.

## 6. Think about placement and headlines

Keep suicide stories off the front page and out of the lead broadcast segment. Online, place them lower on the page. Keep the method out of headlines, and write headlines that inform rather than shock. Take extra care when a well-known person dies. Repeated or glamorizing coverage of celebrity deaths carries the highest risk.

## 7. Choose images, sound and video with care

Don’t show the scene, the method, the location, notes or footage of a death, even if it is already online. Skip dark, lonely images that make suicide look inevitable. A good test: would you run this image if the person had died of cancer? Ask the family before using photos of the person who died. Charts, helpline graphics or footage of a counseling center make good alternatives. In audio, let your tone and music carry some hope when you discuss treatment and recovery.

## 8. Always include help

Add the 988 story tag near the top, not only at the end, because many readers stop partway. In broadcast, show the number on screen and read it aloud. Add it to social posts and to call-outs for sources, too.



### IN THE FIELD

## Interviewing people with lived experience

Balance your sources. Researchers and clinicians can explain the public health picture and correct myths. People who have lived through suicidal thoughts, an attempt or a loss can show what coping and recovery look like. When you talk with them:

- **Ask whether you need the interview.** Data, research and strong writing can carry a story. An interview always carries some risk of reopening trauma, so know what it adds. Give recently bereaved people time before approaching them.
- **Be upfront.** Explain who you are, your outlet, the format and audience, and that others may contact them after the story runs. With a minor, include a parent or trusted adult.
- **Set the ground rules.** Explain on the record, on background and off the record, and your policy on sharing drafts, before they ask.
- **Give them control.** They can skip questions, take breaks or stop. Ask open questions, such as “Can you tell me how you learned about your brother’s death?”
- **End on resilience.** Ask what helped, why they are sharing now and what they hope others take from their story.
- **Check facts kindly.** Trauma affects memory. Confirm dates and details, and explain that you do this for every story. Say thank you afterward.

## On social media

Don’t quote suicide notes or final posts, even if they are public. They can romanticize suicide, and you rarely know their full context. Vet sources you find online and correct myths with facts. When promoting your story, follow the same rules: no method images, add 988, and consider a “CW: suicide” content warning. Share these guidelines with your social team.

## In your newsroom

Leave notes explaining your word and image choices, and ask for a read-back after the final edit, so a copy editor doesn't change "died by suicide" back to "committed suicide." If you meet pushback, stay calm, share the research and tie the guidelines to journalism's public service mission. Look for allies, such as the health desk.

## Take care of yourself

It is normal to feel affected by these stories. Debrief with a colleague, take breaks between difficult stories and keep up with meals and sleep. If distress lasts more than two to three weeks, reach out to a mental health professional or your employee assistance program.

### TAKE THE FULL COURSE

## Responsible Reporting on Suicide for Journalists

**Free · Self-paced · About 7 hours · Johns Hopkins University on Coursera**

This guide covers the essentials. The course goes further, with video lectures, real headlines to learn from, practice activities and interactive newsroom scenarios. It has three modules:

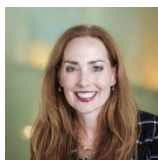
- 1 Suicide as a global public health issue
- 2 How media reports can affect suicide trends
- 3 Applying the guidelines in the field: framing, interviewing, production, editing and social media

**Enroll free:** [coursera.org/learn/responsible-reporting-on-suicide-for-journalists](https://coursera.org/learn/responsible-reporting-on-suicide-for-journalists)

### CREDITS

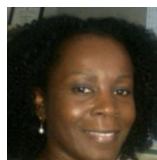
## Meet the course creators

The course launched on Coursera in 2022. Johns Hopkins Bloomberg School of Public Health researchers and a working journalist created it together, and their teaching is the basis for this guide.



### Holly C. Wilcox, PhD

Founding Director, Johns Hopkins Center for Suicide Prevention; Professor, Department of Mental Health  
Co-hosts Module 1 on suicide as a public health issue. Her research advances public health approaches to prevention, and she serves as President of the International Academy of Suicide Research.



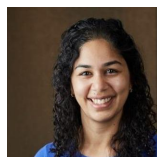
### Diana E. Clarke, PhD

Center Core Faculty; epidemiologist  
Co-hosts Module 1. An epidemiologist and educator with 20 years of work across academic, clinical and behavioral health settings. President-elect of the International Academy of Suicide Research.



### William W. Eaton, PhD, MHS

Professor Emeritus, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health  
Leads Module 2 on how media coverage affects suicide trends. A psychiatric epidemiologist who studies risk factors for mental health conditions and their long-term effects.



### Aneri Pattani

Senior Correspondent, KFF Health News  
Leads Module 3 on applying the guidelines in the field. Reports on mental health, suicide and substance use, and was a Rosalynn Carter Fellow for Mental Health Journalism. She taught the module while a Bloomberg Fellow in the Johns Hopkins MPH program.

## More resources

[Recommendations for Reporting on Suicide](#) · [World Health Organization: Preventing Suicide, A Resource for Media Professionals \(2023 update\)](#) · [Samaritans media guidelines](#), including guidance on broadcast coverage and on working with bereaved families · [Dart Center for Journalism & Trauma](#)

## Talk to a Center expert

The Center's media-trained faculty are available for interviews, background and briefings on topics from youth mental health to means safety. Visit our [For Media page](#) to request an expert.