

Guidance for covering self-harm in the media

Background

Self-harm is a sign of serious emotional distress and is a strong risk factor for suicide. While most people who self-harm will not go on to take their own life, over the longer term it is associated with developing suicidal thoughts.

There are a number of definitions of self-harm. Researchers, clinicians and charities may use the term to describe a range of behaviours. Samaritans defines self-harm as any deliberate act of self-poisoning or self-injury without suicidal intent. This excludes accidents, substance misuse and eating disorders. Some of the evidence below applies different definitions: where the intent of a person's self-harm is unknown, we refer to 'self-harm/suicide attempts'.

Statistics and susceptibility to self-harm

Self-harm rates are increasing, particularly among young people. In England we have seen increases in the number of people reporting they have self-harmed since 2000. Self-harm is much more common among young people than other age groups, and is particularly common among young women. More than a quarter of women aged 16-24 in England have self-harmed at some point.

It is possible that the increase in self-harm among young people could lead to it being seen as a 'normal' response to difficulties by those who are struggling within this age group and it becoming a long-term response to emotional distress. Media coverage has the potential to further normalise self-harm behaviour, especially if it is portrayed as a common or effective way of coping with emotional distress.

Group norms appear to have a strong influence on young people's likelihood to self-harm and/or attempt suicide. Having friends or family members who have self-harmed/attempted suicide has been consistently associated with self-harm/suicide attempts in young people. Research suggests that the self-harm/suicide attempts of others probably provides a behavioural model for vulnerable individuals.

A study found that adolescents who self-harmed/attempted suicide for the first time during the study were more likely to report that their friends and peers were more positive about self-harm than the non-self-harmers (i.e. stronger group norms). Adolescents who repeat self-harm/suicide attempts were significantly more likely to know friends who have self-harmed and their group norms were more accepting of self-harm than non-self-harmers. An Australian study of school children found that exposure to self-harm in family and in friends was the strongest association with self-harm/suicide attempts among participants.

Younger people aged between 16 and 34 are also less likely than older people to be in contact with health services following self-harm. This means they may not be getting the support they need.

An American survey of college and university counselling directors found that an increase in media coverage of self-harm was one of the most common reasons given for the perceived increase in the proportion of their clients who self-harmed.

If covering self-harm please refer to the following best practice reporting tips. More information on how to report on young people, suicide and self-harm can be found on the media guidelines section of [our website](#).

Best practice for reporting on self-harm

- Self-harming behaviour should never be presented as a solution to problems. Nor should coverage of self-harm give the impression that many young people are doing it, or suggest that it is a normal reaction to emotional distress.
 - Describing self-harming as a 'coping mechanism' may promote this perception to younger people, so please pay particular attention when covering the underlying reasons for self-harm.
 - Avoid over-reporting of self-harm. Media coverage may contribute to the normalisation of self-harm if it is portrayed as a common or effective way to cope with emotional distress, or if the coverage is excessive.
 - Don't refer to an incidence of self-harm as a 'failed suicide attempt'. The link between self-harm and suicide is very complex and the intent behind an incidence of self-harm is not always clear. While self-harm can be potentially life-threatening or even fatal, this does not mean the intent was to die.
 - Avoid coverage that in any way glamorises self-harm. This may encourage others to start or continue to self-harm.
 - Aim for sensitive, informed reporting that addresses a range of issues that may underlie self-harm. This can help to avoid reinforcing stereotypes about self-harming behaviour and encourage people to seek help.
 - Don't use images of self-harm as this may trigger a desire to self-harm.
 - Include positive messages whenever possible, for instance where people have found other, safer ways of coping with their problems or were able to move on from self-harming behaviour.
- Coverage of self-harm by celebrities may unintentionally glamorise the behaviour. Avoid placing these stories too prominently and take extra care when writing headlines, avoiding emotive or sensational language. Include as much factual information as possible about the causes and triggers underlying self-harm.
 - If using case studies to illustrate a report, avoid featuring young people who are still self-harming or have recently self-harmed and may still be vulnerable. It is safer to include people who have not self-harmed for several years. Always take care to ensure that they clearly understand that what they say will be published or broadcast and could affect others or themselves. Always check that interviewees have a good support network and are aware of contacts for help organisations.
 - Avoid opening up stories about self-harm for online comments. Some individuals may use comment sections to share their own experiences of self-harm, these may include graphic, unhelpful content which could be harmful to others.

Benefits of sensitive reporting

Responsible reporting of self-harm can educate the wider public about the behaviour, highlighting its importance as a public health issue and potentially assist with prevention efforts by encouraging people to seek help.

Include positive messages of recovery whenever possible, for instance where people have found alternative safe ways to cope with their problems, or were able to move on from self-harming behaviour.



How Samaritans can help you

Samaritans' media advice team is available to support journalists and to answer questions relating to self-harm at mediaadvice@samaritans.org

For general advice and best practice consult [Samaritans' Media Guidelines for Reporting Suicide](#) on our website.

When covering the topic of suicide or self-harm please encourage help-seeking by including sources of support, such as Samaritans' helpline:

When life is difficult, Samaritans are here – day or night, 365 days a year. You can call them for free on 116 123, email them at jo@samaritans.org, or visit www.samaritans.org to find your nearest branch.