

**Media Guidelines for the Responsible Reporting and Depicting of  
Nonsuicidal Self-Injury (NSSI)**

Nicholas J. Westers, Psy.D.,<sup>a</sup> Stephen P. Lewis, PhD,<sup>b</sup> Janis Whitlock, PhD,<sup>c</sup>  
Heather T. Schatten, PhD,<sup>d</sup> Brooke Ammerman, PhD,<sup>e</sup> Margaret S. Andover, PhD,<sup>f</sup>  
Elizabeth E. Lloyd-Richardson, PhD<sup>g</sup>

**Affiliations:** <sup>a</sup>Department of Psychiatry, Children’s Health & University of Texas Southwestern Medical Center, Dallas, Texas; <sup>b</sup>Department of Psychology, University of Guelph, Ontario, Canada; <sup>c</sup>Bronfenbrenner Center for Translational Research, Cornell University, Ithaca, New York; <sup>d</sup>Psychosocial Research Program, Butler Hospital, & Department of Psychiatry and Human Behavior, Alpert Medical School of Brown University, Providence, Rhode Island; <sup>e</sup>Department of Psychology, University of Notre Dame, Notre Dame, Indiana; <sup>f</sup>Department of Psychology, Fordham University, Bronx, New York; and <sup>g</sup>Department of Psychology, University of Massachusetts Dartmouth, North Dartmouth, Massachusetts

**Address correspondence to:** Nicholas J. Westers, Psy.D., Department of Psychiatry, Children’s Medical Center of Dallas, University of Texas Southwestern Medical Center, 6300 Harry Hines Blvd, CH12.01, Dallas, TX 75235. E-mail: [nicholas.westers@childrens.com](mailto:nicholas.westers@childrens.com)

**Funding Source:** None

**Financial Disclosure:** None

**Conflict of Interest:** None

**Abbreviations:** NSSI (nonsuicidal self-injury); ISSS (International Society for the Study of Self-Injury)

### **Summary**

An increase in research on NSSI over recent years has corresponded to an increase in media coverage of NSSI. However, this coverage has ranged from providing helpful education about NSSI to displaying graphic or provocative images of NSSI and perpetuation of myths. Improper coverage can trigger NSSI among vulnerable individuals and further stigmatize those who engage in it, but thoughtful coverage of NSSI can foster hope and help-seeking behavior. Media guidelines for the responsible reporting of suicide have been published across multiple organizations, but no such guidelines for the responsible reporting and depicting of NSSI have been offered until now. In an age in which individuals across the globe have greater access to media than ever before, the goal of this paper has been to provide media guidelines that are timely, proactive, research-informed, consensus-based, and practical, while also advising ideas for dissemination and collaboration between media professionals and NSSI experts.

## Introduction

Nonsuicidal self-injury (NSSI), the intentional and direct damaging of one's own bodily tissue without the intent to die by suicide, is a behavior of public health concern due to high prevalence rates among both adults (4-6%)<sup>1</sup> and adolescents (22.9%).<sup>2</sup> Moreover, NSSI is associated with several psychological and social difficulties<sup>2,3</sup> and is a strong risk factor for suicidal behavior.<sup>2</sup> Increased awareness of the widespread impact of NSSI over the past 15 years has resulted in a growth of NSSI-focused research and media stories on NSSI. Using the search terms “self-harm” and “self-injury” on Google yields almost 200,000 news article hits alone. News stories are varied and range from providing education, recent research, and facts to perpetuating myths and/or graphic portrayals of NSSI (e.g., *Sharp Objects*, *Thirteen*, *13 Reasons Why*). Despite this, and unlike suicide reporting guidelines (e.g., World Health Organization; American Foundation for Suicide Prevention; Canadian Psychiatric Association; Mindframe), there are no clear recommendations for journalists and reporters to follow to ensure responsible presentation of NSSI-related content. The goal of this paper is to offer the first empirically informed, consensus-based guidelines for the responsible reporting and depicting of NSSI in the media.

## Rationale for Media Guidelines

Beyond the prevalence of NSSI-related content in the media, there are additional reasons to consider the need for media guidelines pertinent to NSSI. First, how mental health difficulties are portrayed by news media may contribute to stigma concerning mental illness.<sup>4</sup> Guidelines for the responsible reporting of suicide set forth by the World Health Organization<sup>5</sup> exemplify the importance of careful, destigmatizing word choice. Even well-intentioned efforts may inadvertently propagate common myths and misconceptions regarding NSSI (e.g., it is attention-

seeking, it is manipulative), which can increase stigma, contribute to unhelpful public perceptions about the behavior and those who engage in it, and leave individuals who self-injure feeling marginalized and less apt to seek help.<sup>6,7</sup> When considering the robust stigma associated with NSSI, attention to and guidance for the representation of NSSI in the media seems especially warranted.

Second, NSSI is often depicted online in ways that make recovery seem impossible or that justifies its use. For example, research examining online NSSI content indicates that NSSI is often portrayed using hopeless tones that emphasize emotional pain without mention of encouragement of recovery; in other cases, NSSI is presented as an acceptable means of coping with emotional pain. Hence, mention of alternative means of coping is rare.<sup>8</sup> Such portrayals, especially if repeatedly accessed, may also lead to continued NSSI and thwarted help-seeking efforts.<sup>9</sup>

Third, NSSI imagery and detailed text-based depictions, especially if graphic in nature (e.g., images of wounds, methods used), may provoke NSSI urges or even behavior.<sup>10-12</sup> Consistent with guidelines for reporting on suicide, how NSSI methods are depicted must be considered.

Finally, media professionals are well positioned to ensure that media representations of NSSI are accurate, evidence-based, and hopeful. Likewise, healthcare professionals are well positioned to provide this education to media professionals. Indeed, evidence suggests that the “Papageno effect,” in which responsible media coverage of suicide can play a protective role against suicide by highlighting how individuals struggling with suicidal thoughts can use alternative strategies to cope in a healthy and positive way,<sup>13</sup> may extend to responsible coverage of NSSI. For instance, provision of hopeful messages concerning recovery may elicit more

positive attitudes toward recovery.<sup>14</sup> Hence, while media representations can and should validate the inherent challenges associated with NSSI, ensuring that hopeful messages are offered in tandem is important.

### **Development of Media Guidelines**

We first synthesized extant literature on how media portrayals of NSSI may perpetuate stigma, limit efforts to seek help, and lead to increases in NSSI urges and behavior. For example, research suggests that graphic photos portraying NSSI may encourage the behavior among some individuals;<sup>8</sup> therefore, we recommend avoiding use of NSSI-related images. Additionally, we reviewed media guidelines for reporting on suicide, as they are accepted as best practice and provide examples of clear and concise public health messaging. After drafting these guidelines, we consulted with a range of individuals (NSSI and suicide prevention researchers; members of the International Society for the Study of Self-Injury [ISSS], which comprises leading researchers, clinicians, and individuals with lived experience; a pediatrician; and a freelance journalist with a health specialty) who all offered feedback and provided a preliminary understanding of potential barriers to implementation. The guidelines were revised based on their feedback. In summary, the guidelines articulated here reflect a synthesis of research, consultation with experts from various health professions, and many hours of discussion and whole group review of guideline language (i.e., expert consensus). Our views are in line with, and endorsed by, those of ISSS, whose mission is to promote the understanding, prevention, and treatment of NSSI as well as to foster well-being among those with lived NSSI experiences and those impacted by NSSI. ISSS is uniquely positioned to develop and promote guidelines related to representation of NSSI in media forums.

## Overview of Media Guidelines

Described below and in Table 1 (see also infographic provided in Figure 1), we provide six specific recommendations for depicting or reporting on NSSI in the media in ways that enhance likelihood of appropriate and responsible coverage. Rather than simply advise what not to do, we offer alternative recommendations as replacements. Based on available research and expert consensus, media should make particular effort to follow recommendations 1, 2, and 3.

### **Key recommendations.**

- 1. Avoid use of NSSI-related images and details within text, especially of wounds and methods/tools.*

Showing images of NSSI wounds, acts, and tools are certain to draw audiences. However, such images can be harmful to vulnerable audiences, sometimes increasing NSSI risk.<sup>10-11</sup> Similarly, the presentation of imagery is associated with some individuals using the very methods depicted, and providing details on methods of NSSI can reinforce the behavior or inadvertently expose those not otherwise familiar with NSSI or specific methods to consider engaging in it.<sup>12</sup> Visual content and images are powerful artistic tools that draw attention to important topics. Instead of using provocative or graphic images, we recommend using images that promote hope, are neutral, or are symbolic (e.g., orange awareness ribbon, butterfly, semicolon). Rather than gratuitously depicting individuals or characters engaging in NSSI, we recommend transitioning the scene to the next frame. We also recommend using general, non-specific, non-sensational terms and accurate definitions when referring to the behavior. For example, rather than including explicit details on method, location of injury, and tool used, self-injury behaviors that occur without intent to die can be identified simply as “nonsuicidal self-

injury.” In addition, we recommend avoiding the term “self-mutilation,” which is no longer used in the field.

**2. *Highlight efforts to seek treatment, stories of recovery, adaptive coping strategies as alternatives to NSSI, and updated treatment and crisis resources.***

Interviews and stories of those who have engaged in NSSI rarely provide a full picture of the behavior and its consequences, which may further mystify and romanticize the behavior.<sup>15</sup> People tend to look to others who are similar to themselves in order to determine how best to behave, particularly in uncertain or ambiguous situations.<sup>16</sup> When media highlight NSSI of celebrities, individuals, or characters with whom audiences relate, it can trigger NSSI behavior in vulnerable individuals unless such stories also highlight how to identify resources, seek treatment, and understand that recovery is possible. Instead of depicting the struggle only, we recommend highlighting character efforts to seek support and treatment (mental, emotional, and physical) and/or how they overcame the urge to self-injure. For many people, NSSI is a means of coping with difficult or uncomfortable emotions.<sup>2</sup> However, it is not and should not be presented as the only way of coping or as inevitable for a person or situation. Instead, we recommend including examples of healthy coping strategies as alternatives to NSSI, as well as helplines, resources, and encouragement to seek treatment (see Table 1 for resources for support). We recommend that major medical and mental health information sources provide links to relevant and reputable articles, websites, and resources, and that search engines automatically provide links to NSSI-relevant resources when NSSI-related terms are used in online searches.

**3. *Avoid misinformation about NSSI by communicating peer-reviewed and empirically supported material, including distinguishing NSSI from suicide.***

Unfortunately, most NSSI websites perpetuate at least one myth.<sup>6</sup> Common myths include: people self-injure as a way to manipulate others or solicit attention; only girls do it; anyone who does it has Borderline Personality Disorder or features of it; it is a fad or a phase; cutting is the only form of NSSI; and everyone who engages in NSSI also considers suicide. We recommend becoming familiar with common myths, dispelling them when possible, and including only research and facts. Reputable resources and websites that provide monitored and accurate information are also included in Table 1.

#### **Recommendations to mitigate sensationalism and stigma.**

We recognize that different media outlets and news articles serve different purposes (e.g., to inform, educate, persuade, entertain) and target different audiences (e.g., the public, parents, teens, adults). Because NSSI is a sensitive topic, we recommend consulting mental health experts knowledgeable about the latest research on NSSI to discuss the nuances of each media depiction or report in order to reduce risk of sensationalizing, mystifying, stigmatizing, or reinforcing the behavior. Additionally, individuals who engage in NSSI commonly experience social ridicule and stigma from peers, family, and healthcare providers.<sup>17,18</sup> The experience of stigma, and the associated shame related to engaging NSSI, interfere with disclosing to important others<sup>7</sup> and seeking help.<sup>19</sup> Stigma is associated with wide ranging adverse social and emotional consequences, including social withdrawal, self-loathing, and deep shame.<sup>18</sup>

#### ***4. Present information neutrally and avoid exaggerated descriptions of NSSI prevalence and sensational headlines that include NSSI, especially the method of NSSI.***

Headlines and ledes are designed to capture readers' attention, but they can also sensationalize, glamorize, stigmatize, and trigger NSSI. In addition, NSSI itself should not be the focus of the headline or lede if the article is about an individual or group who engages in the



behavior. Instead, headlines and ledes should use appropriately intriguing language that avoids details of NSSI and sensationalizing, triggering, or stigmatizing wording. NSSI is relatively common, especially among adolescents and young adults. It is important not to use sensational wording when describing the prevalence of the behavior. Although terms like “skyrocketing” and “epidemic” are eye-catching, they are alarmist and do not appropriately represent the data. Some wording, such as “epidemic” and “contagion,” are based in disease models and perpetuate stigma.<sup>20</sup> Instead, we recommend including actual rates of NSSI as reported in published research or cited by reputable organizations, reporting from a public health perspective,<sup>21</sup> and using non-sensational words to describe prevalence trends, such as “rise”, “remain high”, and “common.”

**5. Use non-stigmatizing language and avoid terms that conflate person and behavior (e.g., “cutter”).**

Each individual is more than the behavior in which he or she engages. Terms such as *self-injurer*, *cutter*, and *self-harmer* are still inappropriately used at times in the scientific literature as well as popular news and social media outlets. These terms exacerbate the stigma that many individuals already experience as a result of engaging in this behavior, while also implying that those who self-injure are a homogenous group.<sup>22</sup> Given the strong relation between stigma, shame, and avoidance of support-seeking among individuals who self-injure, it is important to change the dialogue around this conversation.<sup>20</sup> Separating the person from the behavior avoids labeling someone and avoids perpetuating an expectation that change is not possible.

**6. Ensure that online article comments are responsibly moderated.**

People tend to make hurtful comments more easily when they can hide behind anonymity or without directly witnessing the impact of such statements on the other person. Given the

power of online platforms and other social media, when an article is published relating to NSSI, we recommend moderating comment sections in order to remove hateful and stigmatizing comments. If routine monitoring is not possible, we recommend that online platforms consider not including a comment section.

### **Recommendations for Social Media**

Because of the sheer volume of users and posts at any given time, social media platform developers face considerable challenges in adhering to nuanced guidelines related to how to best triage and reduce or eliminate potentially damaging content. Many of the guidelines we advocate here for media, such as limiting content likely to perpetuate reinforcement of NSSI, are nearly impossible to implement on social media platforms where much of the content is created, viewed, and/or curated by individuals who are not professionals trained to present NSSI-related material in ways that reduce risk of iatrogenic effects. Moreover, even when guidelines clearly articulate what is and is not allowed on the platform, there are multiple ways of skirting restrictions on even the most responsible social platform,<sup>23,24</sup> making rapid identification of problematic content or exchange difficult.

Despite these challenges, however, there are remedial steps social media platforms can take to reduce risk overall and increase timely removal of triggering material. The first step is for platform developers and managers to be educated about the ways that users can and do use their platform to post and engage with triggering NSSI content (e.g., images or descriptions of self-inflicted wounds) in ways that enhance stigma or that reinforce negative messages. Platform affordances and primary user bases vary, so the onus is on platform designers and managers to become well acquainted with the ways platform regulations related to NSSI are skirted.

Development of sensible policies and guidelines follows directly from such education and should address/include:

1. Posting clear rules (e.g., no posting of triggering content, clear placement of trigger warnings)
2. Posting clear response guidelines for individuals interacting with other user posts, and easily activated flagging options so that clearly damaging or stigmatizing responses can be quickly identified and removed
3. Utilizing robust human and/or machine moderation protocols aimed at quickly identifying and responding to posts that breach platform guidelines
4. Applying meaningful consequences for repeat offenders (e.g., removal from the platform)
5. Regularly updating guidelines, site moderators, and/or algorithmic responses that incorporate new and emerging knowledge about relevant posting trends

Development of algorithmic or machine learning methods for enforcing platform guidelines is a promising approach for mitigating risk to vulnerable populations, such as those who self-injure. In addition to investing in development of “smart” interventions, responsible platforms can and should include “help” or “resources” buttons that are triggered to appear when key words or phrases, such as “cutting”, “self-harm”, “self-injury”, or “hurt myself”, are used. These can link to educational material and/or web-based resources intended to support help-seeking and increased self-awareness. There are also a growing number of creative design-level mechanisms for reducing potential harm, such as automatic replacement of potentially triggering words (“cutting”, for example, is automatically replaced with the word “caring” or “combing”) and algorithmic preference of posts with more positive emotion or support words. Nevertheless, while responsible social media developers and managers are making strides in capitalizing on

machine learning in service of reducing user risk, developing algorithms with the sensitivity needed to effectively differentiate between posts and exchange patterns likely to compromise, rather than support, is one that remains on the horizon for many platforms.

Because of this, it is vital that there be productive collaboration between platform regulation professionals and mental health professionals, and other key social media stakeholders (e.g., parent groups, journalists, pediatricians, key advocacy groups). Strong linkages between these groups can speed awareness of quickly mutating trends in posting trends and can pool ideas for responding in ways that leverage diverse perspectives.

### **Recommendations for Disseminating These Guidelines**

News about medical or mental health issues such as NSSI can be oversimplified or even sensationalized due to pressure, such as ratings.<sup>25</sup> In fact, reporting guidelines may come in conflict with some of the core values of media culture.<sup>26</sup> The media are fast-paced and deadline-driven and rely on the importance of visuals and details. Media culture values free speech and independence, and recommendations such as those found in suicide reporting guidelines<sup>26</sup> and the NSSI guidelines proposed here may appear to lack that flexibility. It has been suggested that healthcare professionals and media professionals take a collaborative approach to dissemination,<sup>27</sup> particularly as collaborative approaches to disseminating suicide reporting guidelines have led to greater implementation of those guidelines.<sup>28</sup> We welcome feedback from media professionals about these guidelines and potential barriers to implementation.

In addition to a collaborative approach, targeted strategies for dissemination are also important. Mass mail-outs to media outlets without targeted communication is suboptimal.<sup>28</sup> Targeted strategies include providing face-to-face briefings, distributing copies of the guidelines, offering ad-hoc advice, working with media organizations to incorporate the guidelines into

policies and practice, and providing regular follow-up and promotion.<sup>28</sup> When media professionals are aware of these resources, usage of them is high, particularly among those who receive in-person briefings.<sup>29</sup> Experts on NSSI who are requested for interviews should consider providing copies of the guidelines (Table 1 and/or the infographic provided in Figure 1) to media professionals directly and can offer general guidance based on research and sound clinical practice. On a larger scale, those wishing to disseminate the NSSI guidelines may wish to reach out to media officers (e.g., media relations, press officers, communications directors) at major health organizations that have reported on or are likely to report on NSSI. Specific dates of the year when there may be an increase in NSSI-related media content, which would be optimal times for dissemination of these guidelines, are included in Table 2.

Finally, although most reporters do not cover health exclusively<sup>25</sup> there are educational opportunities available through organizations such as the Association of Health Care Journalists. Similarly, because healthcare professionals, including mental health professionals, are often more comfortable speaking to the media if they have media training,<sup>30</sup> NSSI experts interested in speaking to the media about NSSI may wish to pursue media training to increase comfort. On a final note, it is our hope that clinicians, researchers, and those in academia and other teaching professions carefully follow these guidelines not only when speaking to the media but when presenting to audiences of all types (e.g., academics, continuing education, lay professionals, and parents).

### **Acknowledgments**

We thank Dr. Daniel Reidenberg, Dr. Richard Graham, Jane Bianchi, and the ISSS membership for reviewing these guidelines and providing feedback. These guidelines were

revised based on their input. The ISSS organization supports and endorses the recommendations listed here.

## References

1. Swannell SV, Martin GE, Page A, Hasking P, St John NJ. Prevalence of nonsuicidal self-injury in nonclinical samples: Systematic review, meta-analysis and meta-regression. *Suicide Life-Threat Behav*, 2014;44:273-303.
2. Gillies D, Christou MA, Dixon AC, et al. Prevalence and characteristics of self-harm in adolescents: Meta-analyses of community-based studies 1990-2015. *J Am Acad Child Adolesc Psychiatry*, 2018;57:733-741.
3. Plener PL, Schumacher TS, Munz LM, Groschwitz RC. The longitudinal course of non-suicidal self-injury and deliberate self-harm: A systematic review of the literature. *Borderline Personal Disord Emot Dysregul*, 2015;2:2.
4. Corrigan PW, Powell KJ, Michaels PJ. (2013). The effects of news stories on the stigma of mental illness. *J Nerv Ment Dis*, 2013;201:179-182.
5. World Health Organization. *Preventing suicide: A resource for media professionals, update 2017*. 2017; Geneva, Switzerland: World Health Organization.
6. Lewis SP, Mahdy JC, Michal NJ, Arbuthnott AE. Googling self-injury: The state of health information obtained through online searches for self-injury. *JAMA Pediatr*, 2014;168:443-449.
7. Rosenrot SA, Lewis SP. Barriers and responses to the disclosure of non-suicidal self-injury: A thematic analysis. *Couns Psychol Q*, Online Publication: July 3, 2018 (doi:10.1080/09515070.2018.1489220).
8. Lewis SP, Seko Y. A double-edged sword: A review of benefits and risks of online nonsuicidal self-injury activities. *J Clin Psychol*, 2016;72:249-262.
9. Jarvi S, Jackson B, Swenson L, Crawford H. The impact of social contagion on non-suicidal self-injury: A review of the literature. *Arch Suicide Res*, 2013;17:1-19.
10. Baker TG, Lewis SP. Responses to online photographs of non-suicidal self-injury: a thematic analysis. *Arch Suicide Res*, 2013;17:223-235.
11. Lewis SP, Baker TG. The possible risks of self-injury web sites: A content analysis. *Arch Suicide Res*, 2011;15:390-396.
12. Zhu L, Westers NJ, Horton SE, et al. Frequency of exposure to and engagement in nonsuicidal self-injury among inpatient adolescents. *Arch Suicide Res*, 2016;20:580-590.
13. Niederkrotenthaler T, Voracek M, Herberth A, et al. Role of media reports in completed and prevented suicide: Werther v. Papageno effects. *Br J Psychiatry*, 2010;197:234-243.
14. Lewis SP, Seko Y, Joshi P. The impact of YouTube peer feedback on attitudes toward recovery from non-suicidal self-injury: An experimental pilot study. *Digit Health*, 2018;4:1-7.
15. Purington AP, Whitlock J. Non-suicidal self-injury in the media. *Prev Rese*, 2010;17:11-13.
16. Abrams D, Wetherell M, Cochrane S, Hogg MA, Turner JC. Knowing what to think by knowing who you are: Self-categorization and the nature of norm formation, conformity and group polarization. *Br J Soc Psychol*, 1990;29:97-119.
17. Gayfer BL, Mahdy J, Lewis SJ. Peer reactions to non-suicidal self-injury disclosures: A thematic analysis. *Couns Psychol Q*, Published online Oct. 22, 2018 (doi:10.1080/09515070.2018.1536647).
18. Burke TA, Piccirillo ML, Moore-Berg SL, Alloy LB, Heimberg RG. The stigmatization of nonsuicidal self-injury. *J Clin Psychol*, 2018;75:481-498.

19. Pumpa M, Martin G. (2015). The impact of attitudes as a mediator between sense of autonomy and help-seeking intentions for self-injury. *Child Adolesc Psychiatry Ment Health*, 2015;9:27.
20. Hasking P, Boyes M. Cutting words: A commentary on language and stigma in the context of nonsuicidal self-injury. *J Nerv Ment Dis*, 2018;206:829-833.
21. Westers NJ, Culyba AJ. Nonsuicidal self-injury: A neglected public health problem among adolescents. *Am J Pub Health*, 2018;108:981-983.
22. Lewis SP. I cut therefore I am? Avoiding labels in the context of self-injury. *Med Humanit*, 2017;43:204.
23. Moreno MA, Ton A, Selkie E, Evans Y. Secret society 123: Understanding the language of self-harm on Instagram. *J Adolesc Health*, 2016;58:78-84.
24. Brown RC, Fischer T, Goldwich AD, Keller F, Young R, Plener PL. #cutting: Non-suicidal self-injury (NSSI) on Instagram. *Psychol Med*, 2018;48:337-346.
25. Schwitzer G, Mudur G, Henry D, et al. What are the roles and responsibilities of the media in disseminating health information? *PLOS Med*, 2005;2:e321.
26. Gandy J, Terrion JL. Journalism and suicide reporting guidelines in Canada: Perspectives, partnerships, and processes. *Int J Ment Health Promot*, 2015;15:249-260.
27. Nepon J, Fotti S, Katz L, Sareen J, Swampy Cree Suicide Prevention Team *Media guidelines for reporting suicide*. 2009; Ottawa, ON: The Canadian Psychiatric Association.
28. Pirkis J, Blood RW, Beautrais A, Burgess P, Skehan J. Media guidelines on the reporting of suicide. *Crisis*, 2006;27:82-87.
29. Skehan J, Greenhalgh S, Hazell T, Pirkis J. Reach, awareness and uptake of media guidelines for reporting suicide and mental illness: An Australian perspective. *Int J Ment Health Prom*, 2006;8:28-34.
30. Chapman B, Shankar R, Palmer J, Laugharne R. Mental health professionals and media professionals: a survey of attitudes toward one another. *J Ment Health*, 2017;26:464-470.



**Table 1. Recommendations for Media**

The table below provides six specific elements to be avoided and included when reporting on nonsuicidal self-injury (NSSI) in the media. Whenever possible, media coverage should follow all recommendations, especially recommendations **1, 2, and 3**.

Avoid (Don'ts)	Instead (Do's)
<p>1. Avoid use of NSSI-related images and details within text, especially of NSSI wounds and methods/tools.</p> <p>Examples (to avoid):</p> <p>Images (including artwork) of:</p> <ul style="list-style-type: none"> <li>● Wounds (even if blurred)</li> <li>● Methods/tools used</li> <li>● Individuals in despair</li> </ul> <p>Text-based descriptions:</p> <ul style="list-style-type: none"> <li>● “Cutting”</li> <li>● “Razor blades”</li> <li>● “Self-mutilation”</li> </ul>	<p>1. Do use images that are neutral or symbolize hope or mental health recovery. Refer to NSSI using general, non-sensational terms instead of detailed descriptions.</p> <p>Examples (to use):</p> <p>Images that are:</p> <ul style="list-style-type: none"> <li>● Neutral</li> <li>● Symbolic (e.g., orange awareness ribbon, butterfly, semicolon, flower)</li> <li>● Linked to helplines (local &amp; national)</li> <li>● Infographics</li> </ul> <p>Terms and definitions of NSSI:</p> <ul style="list-style-type: none"> <li>● “Nonsuicidal self-injury”</li> <li>● “NSSI”</li> <li>● “Self-injury”</li> <li>● “Nonsuicidal self-injury is the deliberate, self-inflicted damage of body tissue done without suicidal intent and not socially accepted.”</li> </ul>
<p>2. Avoid highlights and stories that talk only of struggle, and avoid describing NSSI as the only solution.</p> <p>Examples (to avoid):</p> <ul style="list-style-type: none"> <li>● “She continues to struggle with NSSI and emotional battles daily.”</li> <li>● “He/she could not cope without NSSI.”</li> <li>● “NSSI was the only thing that could help him/her feel relief.”</li> </ul>	<p>2. Do highlight efforts to seek treatment (mental, emotional, and physical), stories of NSSI recovery, and healthy coping strategies as alternatives to NSSI. Always include resources for those seeking support and help.</p> <p>Examples (to use):</p> <p>Healthy coping &amp; treatment:</p> <ul style="list-style-type: none"> <li>● “Individuals may benefit from counseling services, positive family communications, and other healthy ways to express their emotions, including journaling and exercise.”</li> <li>● “Clinicians and researchers remind us that there are always alternatives to NSSI.”</li> </ul>

	<p>Resources for support and help:</p> <ul style="list-style-type: none"> <li>• <a href="http://sioutreach.org">http://sioutreach.org</a></li> <li>• <a href="http://www.selfinjury.bctr.cornell.edu">http://www.selfinjury.bctr.cornell.edu</a></li> <li>• <a href="https://selfinjury.com">https://selfinjury.com</a></li> <li>• <a href="https://www.self-injury.org.au/">https://www.self-injury.org.au/</a></li> </ul>
<p>3. Avoid communicating misinformation about NSSI.</p> <p>Examples (to avoid):</p> <ul style="list-style-type: none"> <li>• Engaging in NSSI as a way to get attention or to manipulate others</li> <li>• Everyone who engages in NSSI also thinks about suicide</li> <li>• Only girls do it</li> <li>• Cutting is the only method of NSSI</li> </ul>	<p>3. Do communicate peer-reviewed research and empirically-supported information, including distinguishing NSSI from suicide.</p> <p>Examples (to use):</p> <ul style="list-style-type: none"> <li>• Empirically-based, reliable resource pages such as those found at <a href="https://itriples.org/">https://itriples.org/</a></li> <li>• “NSSI is most often used to cope with life’s demands, while suicide is prompted by at least some intent to end life”</li> </ul>
<p>4. Avoid exaggerated descriptions of NSSI prevalence and sensational, stigmatizing headlines that include NSSI (especially method).</p> <p>Examples (to avoid):</p> <p>Sensational headlines &amp; methods:</p> <ul style="list-style-type: none"> <li>• “[Name of person/celebrity] on why she was driven to cut herself”</li> <li>• “Self-mutilation skyrocketing among youth”</li> </ul> <p>Sensational descriptions of rates:</p> <ul style="list-style-type: none"> <li>• “epidemic”</li> <li>• “skyrocketing”</li> <li>• “epic proportions”</li> <li>• “frighteningly high”</li> </ul>	<p>4. Do present information neutrally by including actual rates of NSSI as reported in published research or cited by reputable organizations, reporting from a public health perspective, and using non-sensational language.</p> <p>Examples (to use):</p> <p>Non-sensational, intriguing headlines:</p> <ul style="list-style-type: none"> <li>• “[Name of person/celebrity] shares personal struggle and how they overcame”</li> <li>• “What can help your child recover from non-suicidal self-injury”</li> <li>• “Hope for those who engage in non-suicidal-self-injury”</li> </ul> <p>Non-sensational descriptions of rates:</p> <ul style="list-style-type: none"> <li>• “remain high”</li> <li>• “rise”</li> <li>• “common”</li> </ul>

<p>5. Avoid terms that conflate person and behavior. Conflating person and behavior can be stigmatizing to those with lived NSSI experience.</p> <p>Examples (to avoid):</p> <ul style="list-style-type: none"> <li>● “self-injurers”</li> <li>● “cutters”</li> <li>● “self-harmers”</li> </ul>	<p>5. Do use terms and phrases that separate the person from the behavior.</p> <p>Examples (to use):</p> <ul style="list-style-type: none"> <li>● “Those who self-injure”</li> <li>● “Those with lived self-injury experience”</li> <li>● “An individual who self-injured(s)”</li> <li>● “Individuals who engage in NSSI”</li> </ul>
<p>6. Avoid allowing (or consider not allowing) unmonitored open commenting on stories published online.</p>	<p>6. Do ensure responsible moderation of comment sections of stories published online to allow for open conversation about NSSI while removing hateful, stigmatizing, and triggering comments toward those with lived self-injury experience.</p> <p>Examples of comments to remove:</p> <ul style="list-style-type: none"> <li>● “Just kill yourself”</li> <li>● “They’re all attention-seeking”</li> <li>● “It’s the parents’ fault”</li> </ul>

**Table 2. Optimal Dates for Disseminating these Guidelines**

We recommend disseminating these guidelines one week prior to awareness and prevention days/weeks, and on and during awareness and prevention days/weeks.

<b>March 1</b>	Self-Injury Awareness Day
<b>May</b>	Mental Health Awareness Month
<b>September 10</b>	World Suicide Prevention Day
<b>September 10 week</b>	National Suicide Prevention Week (United States)
<b>October 10</b>	World Mental Health Day
<b>October first full week</b>	Mental Illness Awareness Week