

Pasifika media guidelines for reporting suicide in New Zealand



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Published in January 2016
by Le Va, Auckland, New Zealand.
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ISBN: 978-0-473-34985-1 (PDF)

Recommended citation: Le Va. (2016).
*Pasifika media guidelines for reporting suicide
in New Zealand. Auckland. New Zealand.*

Le Va is part of the [wisegroup](#).



Foreword

Talofa lava, Kia Orana, Malo e lelei, Fakaalofa lahi atu, Bula vinaka, Malo ni, Halo ola keta, Mauri, Fakatalofa atu, Kia Ora.

Our Pasifika media can play a key role in leading safe messaging in reporting suicide to our Pasifika communities.

Suicide prevention is complex and challenging, and no single initiative or organisation can prevent suicide on its own. That's why these *Pasifika media guidelines for reporting suicide* are part of Le Va's multi-faceted national Pasifika suicide prevention programme, called *FLO: Pasifika for Life*. It's also why we worked with 23 Pasifika media organisations, empowering them to lead their own solutions and address suicide reporting with confidence,

cultural competency, and sensitivity. During the process, these volunteer Pasifika media also upskilled, and are now more equipped to prevent suicide in their own families and communities.

In partnership with Pasifika media, we aim to move the conversation from a reactive narrative centered on the loss of life, to an empowered narrative focussed on hope and resiliency. This is a rare chance to ignite communities and create change alongside best practice journalism. These guidelines and workshops mark the start of an ongoing dialogue of mutual support with our Pasifika media industry to contribute to preventing suicide in our communities.

Thank you: fa'afetai tele lava, meitaki maata, malo 'aupito, fakefetai, fakefetai lasi, fakaue lahi, vinaka vaka levu.

CollaborACTION

We would like to thank the 23 Pasifika media organisations that contributed to the co-development of these guidelines, our FLO workshops, and for their ongoing dedication and support for suicide prevention.

A very special acknowledgment for the expertise and leadership of our leading Pacific journalist, Sandra Kailahi, for contributing to the effective uptake of these guidelines.

Thank you for the collaborACTION from the Hunter Institute of Mental Health for the permission to use information from the Mindframe National Media Initiative's resource for media (©HIMH - for more information visit www.mindframe-media.info/), the Ministry of Health and the Waka Hourua national suicide prevention programme for Māori and Pasifika communities.

Radio 531PI	Tonga Media Association
Niu FM	Radio Tonga
Pacific Radio News	Niue Star
Niu FM	Radio Tamaohi
Radio Samoa	NZ Kaniva Pacific (Online)
Samoa Times	Kaniva Tonga (Radio)
Moana TV	Samoa Capital Radio
Dateline Tonga (Radio)	Samoa Observer
Tonga Independent	NZ Pacific Newspaper
Kakalu 'o Tonga	Spasifik Magazine
Tagata Pasifika	
TNews - Television (Pasifika Broadcasting Ltd)	
Pacific Viewpoint - Television (Pasifika Broadcasting Ltd)	



Pacific Peoples
Health

SPASIFIK

Radio Samoa
dockland 129 fm

SUN ⚡ PIX



**KAKAU
TONGA**
TONGA SIPOTI

**PASIFIKA
BROADCASTING**

MOANATV

SAMOA TIMES

This resource outlines the issues and legislation relating to suicide and provides some practical suggestions for best practice reporting. It identifies sources of information that journalists and broadcasters might find useful. It should be used in conjunction with the Ministry of Health's Reporting Suicide resource guide for media.¹

These guidelines have been co-produced and co-designed for Pasifika journalists, broadcasters and other media who may report or comment publicly on suicide in New Zealand. This resource has been led by Le Va, who lead the first national Pasifika suicide prevention programme in New Zealand – FLO:*Pasifika for Life*. FLO aims to engage, inform and equip Pasifika communities with the information, tools and resources they need to prevent suicide and the harm caused by suicide.²

This resource provides useful information on:

- ❖ terminology related to suicide behaviour
- ❖ Pasifika peoples and suicide in New Zealand
- ❖ legislation – The Coroners Act 2006
- ❖ the power of language – choices for Pasifika media to consider
- ❖ examples of reporting suicide in the media
- ❖ promoting help-seeking when reporting on suicide.

Terminology

Suicidal behaviour	includes the range of behaviours related to suicide and self-harm including acute self-harming behaviours not aimed at causing death and suicide attempts. Some commentators also include deliberate risk-taking behaviours as suicidal behaviours.
Suicide	is the deliberate and conscious act by a person to end their life.
Suicide attempt	is a range of actions where a person makes an attempt at suicide but does not die.
Suicide ideation	is when a person has thoughts about ending their life.
Suicidal contagion/copycat	is where suicidal thinking, verbalisations and behaviours spread through a community. Where suicide contagion occurs a suicide cluster can also occur.*
Suicide cluster	occurs in a community when there are "multiple deaths linked by geospatial and/or psychosocial connections. In the absence of transparent psycho-social connectedness, evidence of space and time linkages is required". *
Deliberate self-harm	is a deliberate act of self-inflicted injury without the intent to die. However some people who self-harm are at increased risk of suicide.

* www.casa.org.nz/resources.html

Pasifika peoples and suicide in New Zealand

Suicide is a problem around the globe. Every 40 seconds a person dies by suicide somewhere. Compared to other OECD countries, New Zealand has the 16th highest rate of suicides in the world. For 15-24 year olds, New Zealand has the highest rate in the world.³

Provisional figures for New Zealand released by the Chief Coroner (2007-2014) show that on average 26 Pasifika people have died by suicide each year in the last seven years. Many more Pasifika males die by suicide, compared to females.⁴

Three national surveys (2000, 2007 and 2012) of high school students have found that Pasifika students are three times more likely to attempt suicide than New Zealand European students.⁵

Suicide is an issue of legitimate public concern, and the Pasifika media can perform an important role in informing and educating Pasifika communities about this complex issue. Stories that can address likely causes, warning signs, trends in suicide rates, recent advances in treatment, and suicide prevention strategies can provide a useful context in tackling suicide.

Reporting of a specific suicide event requires journalists and broadcasters to exercise good editorial judgment within the framework of statutory constraints imposed by the Coroners Act 2006 and best practice relating to the reporting of traumatic events.

*Reporting of Suicide in New Zealand Media*⁶ highlighted the following points around the Pacific population in relation to suicide.

- ❖ One of the concerns about reporting Pasifika suicide is that it is a sensitive and tapu topic to discuss as there is often stigma attached to the act.
- ❖ Family is traditionally a core cultural value and family members should always be taken in to account. Family involved may feel blamed and guilty and the level of shame increased because of sensitivities and tapu issues.
- ❖ It is important for the media to make sure their facts are correct and they consult with a family member, community elder or family spokesperson before publishing stories of suicide in the newspapers; that is, to ensure the family and the community are always included.
- ❖ The shame factor and feeling of rejection, grief, sadness and self-worth contribute a lot to suicide.
- ❖ It is important that media do not focus on the act of suicide but take into account the person and the positive aspects of the person, and not only focus on the horrific events of the suicide.
- ❖ Media need to be careful that what is reported does not lead to copycat suicides. For example, "threw himself in front of an express train"; "fatal drug overdose"; "suffered head and neck injuries, apparently self-inflicted"; "found hanging from his bunk" are quite explicit and there is a potential for others to re-enact these methods.

Online

Cyber bullying is using the internet, phone or other technology to hurt somebody, have power over them, or embarrass them.

The Harmful Digital Communications Act 2015⁷ addresses cyber bullying. Its purpose is to deter, prevent and mitigate the harm caused by individuals by digital communications and to provide victims of harmful digital communications with a quick and efficient means of redress.

It also states it is against the law to incite or encourage an individual to commit suicide.⁷

“We believe the information is crucial”
Pasifika media workshop participant

Pasifika young people as digital natives

- ❖ Some research shows that Pasifika young people are practising ‘under cover’ online communications; i.e. parents are not aware of their online activities.⁶
- ❖ Difficulties with open communication is a key issue regarding the relationship between Pacific parents (as well as elders) and their children³ in reference to social media use.
- ❖ Poor communication can lead to some young people living ‘double lives’ where they appear on one hand to be their ‘normal selves’ with no problems in front of their parents because they do not want to hurt them or show disrespect. However, on the other hand they may engage in risk taking behaviours as a way of escaping pressures and as an outlet for expression.

*“Just being aware
now has changed
everything for me.
I will not be reporting
the same”*

Pasifika media workshop participant

The Coroners Act 2006⁸

The Coroners Act 2006 places restrictions on media reporting of individual suicides. Details relating to the manner in which the death occurred and the circumstances of the death may not be made public without the Coroner's permission.

Sections 71, 73, and 74 of the Act (refer to Appendix one) impose restrictions on "making public" the details of self-inflicted deaths. There is unresolved debate on the definition of the word "particulars" in relation to the "particulars of a death" in section 71 and journalists should at all times consult their editors and/or legal advisers when considering such details.

The Chief Coroner considers any “particular” includes the:

- ❖ method of death
- ❖ the cause of death
- ❖ and circumstances leading up to the death.⁹

“Particulars” would therefore include mental health history, other potential causal factors involved in the death and the circumstances leading up to the death.

The Chief Coroner considers the Act breached if the death is reported as an apparent, suspected or presumed suicide.

However, some journalists, media companies and their legal representatives disagree that the word “particulars” is capable of such broad meaning. They also refer to Section 14 of the Bill of Rights Act 1990 and the right to freedom of expression.¹⁰

The restriction on publishing or broadcasting should not prevent agencies that provide trauma and post-event support from talking to people affected by suicide or from delivering timely and pragmatic communication.

It is important to ensure support is available to communities in the immediate aftermath of a suspected suicide so that well-meaning but potentially unsafe practices are not undertaken by schools, communities and the media, and appropriate support and advice can be provided.

Anyone who publishes or permits to be published any information that breaches the Act is liable on summary conviction to a fine of up to \$5,000.

The power of language

Choices for Pasifika media to consider

The following information is suggested based on Ministry of Health guidelines¹ and a combination of Pasifika clinical, cultural and journalistic technical expertise. It focusses advice on preferred language, reporting suicide, approaching bereaved families, social media, and cultural and spiritual attitudes.

PREFERRED LANGUAGE

✓ Do	✗ Don't	?
'Died by suicide' 'Took their own life' 'Suicide attempt' 'Made an attempt'	'Successful suicide' 'Completed suicide' 'Unsuccessful suicide' 'Failed suicide attempt'	So we don't present suicide as a desired outcome.
'Died by suicide' 'Took their own life'	'Committed suicide'	So we avoid phrases that associate suicide with crime or sin. Suicide was historically a crime in New Zealand hence the term 'committed' was used. It is no longer a crime and not helpful to use the word 'committed' because it can imply blame on the individual for 'committing a crime' and moral shortcomings, and also impact negatively on vulnerable people or survivors of suicide.
'Increasing rates' 'Concerning rates'	'Suicide epidemic'	So we are not overstating the frequency of suicide and hence sensationalising suicide and potentially creating a sense of panic.

WHEN REPORTING ABOUT SUICIDE

 Do	 Don't	 Why?
<ul style="list-style-type: none">• Think carefully about your justification for the story and whether the story is in the public's interest.• Consider how many stories about suicide there have been recently.• Understand your legal obligations under the Coroners Act.• Report suicide in a straightforward manner by providing concise and factual information.• Consider reducing the prominence of the story and avoiding the word suicide in headlines.• Be mindful of the impact of eyewitness accounts.	<ul style="list-style-type: none">• Use language that trivialises, romanticises or glorifies suicide, particularly in material that targets young readers.• Specify in detail the method.• Sensationalise the death through language or graphic photographs or images.• Name the specific location of suicide.• Disclose explicit content from a suicide note.• Just focus on the deceased person's positive characteristics.	<p>The way in which suicide and suicidal behaviours are reported in the media can influence vulnerable people to make suicide attempts.</p> <p>Unsafe media reporting may lead to imitative or 'copycat' suicide attempts, facilitate contagious behavior, or normalise public perception that suicide is a reasonable, understandable and common approach to solving life difficulties.</p>

WHEN REPORTING ABOUT SUICIDE (cont.)

 Do	 Don't	 Why?
<ul style="list-style-type: none">• Encourage public understanding of the complexity of suicide.• Explore the risk factors and protective factors associated with suicide.• Give context by including accurate suicide data and relevant policy and initiatives.• Promote comments that focus on how suicide can be prevented as well as the lasting impact it has on family, friends and the wider community.• Provide contact details for support services offering immediate crisis support.• Consult with reputable experts for advice about the impacts of reporting a specific case.• Consider reporting 'mastery of crisis' stories (people who considered suicide then rejected it) focused on hope.• Think about keeping yourself and your colleagues' safe - reporting on suicide can be traumatic.	<ul style="list-style-type: none">• Simplify the cause of death by attributing it to a single cause.• Imply the death was spontaneous or preceded by a single event.	<p>The media has an important role to play in influencing public awareness about preventing suicide.</p> <p>Covering suicide accurately and sensitively can raise awareness of suicide prevention, challenge public misconceptions and myths, encourage people to talk about suicide in a safe way, and enhance help seeking for those that might need help.</p>

APPROACHING BEREAVED FAMILIES AND FRIENDS

 Do	 Don't	 Why?
<ul style="list-style-type: none">Follow media codes of practice on privacy, grief and trauma.Check the facts – this is especially important if the interviewee is not a close relative and may have taken it upon themselves to make comment.Consider carefully about interviewing children, young people or other people who might be especially vulnerable to copycat suicide behaviour.Inform all of their right to withdraw consent. Be mindful that a person grieving, traumatised or in shock may have reduced capacity to give informed consent.Provide support service contact details to interviewees.	<ul style="list-style-type: none">Identify with the person you are interviewing and suggest that you know how they feel because you have experienced the death of a relative or friend.Use images or language that will add to the pain of the bereaved family.	Bereaved families and friends that have lost a loved one to suicide are vulnerable and can be at greater risk of suicide or suicidal behaviour themselves.

SOCIAL MEDIA

 Do	 Don't	 Why?
<ul style="list-style-type: none">• Promote online help and information services - if your story is online, provide direct links to online support services.• Monitor your social media pages for a number of days for any unsafe or concerning comments that your audience may post.• Encourage parents to talk to their children about the risks of social networking.• Inform parents/caregivers that removing technology from young people can be counterproductive.	<ul style="list-style-type: none">• Promote memorial sites, which can glorify the deceased and give the impression of 'celebrity' to others.• Blame social media for suicide.	<p>Social networking sites can facilitate wide reach of potentially unsafe messages regarding suicide, particularly for young people. They can also facilitate social connection and increase awareness of suicide prevention programs, crisis help lines, and other support and educational resources</p>

CULTURAL AND SPIRITUAL ATTITUDES

 Do	 Don't	 Why?
<ul style="list-style-type: none">• Seek advice about the cultural and religious implications of the story.• Give a balanced view of cultural and religious attitudes to suicide - these may be contradictory; a strong belief in the sanctity of life against the feeling of bereavement.	<ul style="list-style-type: none">• Assume that you have knowledge of cultural and religious values and attitudes; these can change.	Knowledge of the cultural and religious context can ensure that reports of a suicide are not offensive or lead to further distress for the bereaved.

Examples of reporting on suicide

Pacific media

Cyber Bullying might see tougher laws to protect victims - Tagata Pasifika, April 11 2013

<https://www.youtube.com/watch?v=u8rRxecazRg>

Tongans have the highest suicide deaths among NZ's Pacific communities - 15 July 2013

<https://www.youtube.com/watch?v=hKJbeVKPzUo>

Triple Suicide Alarm, 23 April 2015

<http://www.samoaobserver.ws/home/headlines/13436-triple-suicide-alarm>

Mainstream media

Suicide rate remains 'stubbornly high' - RNZ, 20 August 2014

<http://www.radionz.co.nz/news/national/252584/suicide-rate-remains-'stubbornly-high'>

Further changes to suicide reporting proposed - RNZ, 4 August 2015

<http://www.radionz.co.nz/news/political/280474/further-changes-to-suicide-reporting-proposed>

Backing for suicide reporting rule change - RNZ, 5 August 2015

<http://www.radionz.co.nz/news/national/280516/backing-for-suicide-reporting-rule-change>

Promote help-seeking

Information about crisis support should be included in reporting to ensure people who may be vulnerable and at risk know where to access help.

Crisis Helplines

Tautoko Suicide Crisis Helpline

0508 828 865 (0508 TAUTOKO)

Lifeline – 0800 543 354

Depression Helpline – 0800 111 757

Samaritans – 0800 726 666

Youthline – 0800 376 633

OUTLine NZ – 0800 688 5463

Websites

Le Va suicide prevention knowledge bank

www.leva.co.nz

The Lowdown – Free text 5626

www.thelowdown.co.nz



“Being involved in the guidelines has challenged my thinking and being aware I am a voice to making a difference in our community around suicide prevention”

Pasifika media workshop participant

APPENDIX ONE: The Coroners Act 2006

Section 71

Restrictions on making public of details of self-inflicted deaths¹¹

- ❖ (1) No person may, without a coroner's authority, make public any particular relating to the manner in which a death occurred if –
 - (a) the death occurred in New Zealand after the commencement of this section; and
 - (b) there is reasonable cause to believe the death was self-inflicted; and
 - (c) no inquiry into the death has been completed.
- (2) If a coroner has found a death to be self-inflicted, no person may, without a coroner's authority or permission under section 72, make public a particular of the death other than –
 - (a) the name, address, and occupation of the person concerned; and
 - (b) the fact that the coroner has found the death to be self-inflicted.
- (3) The only grounds on which a coroner may under this section authorise the making public of particulars of the death (other than those specified in subsection (2) (a) and (b)) are that the making public of particulars of that kind is unlikely to be detrimental to public safety.
- (4) In determining whether the grounds specified in subsection (3) are made out, a coroner must have regard to –
 - (a) the characteristics of the person who is, or is suspected to be, the dead person concerned; and
 - (b) matters specified in any relevant practice notes issued under section 132 by the chief coroner; and
 - (c) any other matters the coroner considers relevant.

Section 73

Definitions for sections 71 and 74¹²

❖ In sections 71 and 74 –

make public means publish by means of –

- (a) broadcasting (within the meaning of the Broadcasting Act 1989); or
- (b) a newspaper (within the meaning of the Defamation Act 1992); or
- (c) a book, journal, magazine, newsletter, or other similar document; or
- (d) a sound or visual recording; or
- (e) an Internet site that is generally accessible to the public, or some other similar electronic means

particularly, in relation to a death, means a detail relating to the manner in which the death occurred, to the circumstances of the death, or to an inquiry into the death

Section 74

Coroner may prohibit making public of evidence given at any part of inquiry proceedings¹³

❖ If satisfied that it is in the interests of justice, decency, public order, or personal privacy to do so, a coroner may prohibit the making public of –

- (a) any evidence given or submissions made at or for the purposes of any part of the proceedings of an inquiry (for example, at an inquest); and
- (b) the name, and any name or particulars likely to lead to the identification, of any witness or witnesses.

Section 75 allows for any person, including the media, who is dissatisfied with a Coroner's ruling concerning reporting restrictions to seek a review through the High Court.

Section 75

Review of coroner's decision as to making public of details, evidence, etc¹⁴

- ❖ (1) This subsection applies to a person affected by –
 - (a) a refusal to authorise the making public of particulars of a death under section 71; or
 - (b) a prohibition under section 74.
- (2) A person to whom subsection (1) applies may apply to a High Court Judge for a review of the refusal or prohibition.
- (3) Until the Judge reaches a decision on the application, the refusal or prohibition concerned continues in effect.
- (4) The Judge may (as the case requires), in the Judge's absolute discretion and on any ground the Judge thinks fit, –
 - (a) confirm the refusal, or revoke it and issue an authority; or
 - (b) confirm, modify, or revoke the prohibition.
- (5) An authority may be issued under subsection (4)(a) unconditionally, or subject to conditions the Judge thinks fit.



“It is more important for us in Pasifika media to dialogue and understand how this is vitally important because it will protect/bind us in the area of reporting suicides. It also gives meaning to how we approach the issue as a Pasifika community.”

Pasifika media workshop participant

APPENDIX TWO: Comparing New Zealand sources of data on suicide

In addition to the Ministry's official statistics on suicide, each year the Chief Coroner releases provisional data on suspected self-inflicted deaths notified to the Coroner.

The following table outlines the key differences between the Ministry's official statistical publication Suicide Facts and the Chief Coroner's provisional data.

SUICIDE FACTS (Ministry of Health) ¹⁵	PROVISIONAL SUICIDE DATA (Coronial Services Of NZ) ⁴
Annually by calendar year	Annually from July to June
Deaths which have been determined by a Coroner to be a suicide (including only a few provisional cases still to be determined).	Provisional count of all self-inflicted deaths referred into the coronial system, including active cases before a Coroner where intent is yet to be established by a Coroner.
Subject to minor revisions as the few remaining provisional cases are finalised.	Subject to significant revision as Coronial determinations are completed.
For the above reasons, data is published approximately two to three years after the annual period of interest.	For the above reasons, data is published two months after the annual period of interest.

References

- ¹ <http://www.health.govt.nz/publication/reporting-suicide-resource-media>
- ² <http://www.leva.co.nz/suicide-prevention/what-le-va-does>
- ³ <http://www.leva.co.nz/suicide-prevention/pacific-stats-facts-and-research>
- ⁴ <http://www.justice.govt.nz/courts/coroners-court/suicide-in-new-zealand/provisional-suicide-statistics>
- ⁵ <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012-overview.pdf>
- ⁶ <http://www.tepou.co.nz/uploads/files/resource-assets/Reporting-of-Suicide-in-New-Zealand-Media-Content-and-Case-Study-Analysis.pdf>
- ⁷ <http://www.legislation.govt.nz/act/public/2015/0063/latest/whole.html#DLM612440>

This pertains to Section 6 of the Act under Communications Principles.

- ⁸ <http://www.legislation.govt.nz/act/public/2006/0038/latest/DLM377057.html>
- ⁹ <http://www.legislation.govt.nz/act/public/1990/0109/latest/whole.html#DLM225513>
- ¹⁰ <http://www.legislation.govt.nz/act/public/2006/0038/latest/DLM377809.html>
- ¹¹ <http://www.legislation.govt.nz/act/public/2006/0038/latest/DLM377811.html>
- ¹² <http://www.legislation.govt.nz/act/public/2006/0038/latest/DLM377816.html>
- ¹³ <http://www.legislation.govt.nz/act/public/2006/0038/latest/DLM377817.html>
- ¹⁴ <http://www.health.govt.nz/publication/suicide-facts-2013-data> - 2015 data is not out at time of publishing.



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