

Media alert

23 October 2020

Please cascade to all appropriate staff

Reminder for safe reporting on the death on youth

The *Mindframe* team wish to acknowledge the grief and loss of family, friends and community who have been impacted by the recent death of a young Aboriginal girl as reported in the media.

As the story continues to develop, we remind media of the importance of following the *Mindframe* guidelines when reporting on child suicide and in relation to bereaved Aboriginal communities.

The following statement has been made by Professor Pat Dudgeon, Director of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, University of WA in relation to this matter:

THE DATA

Australian Bureau of Statistics data shows that:

- *Suicide accounts for 5.5% of deaths among Indigenous people (vs 2% non-Indigenous)*
- *Suicide is the 2nd leading cause of death for Indigenous males (10th non-Indigenous)*
- *Suicide is the 7th leading cause of death for Indigenous males (21st non-Indigenous)*
- *Suicide accounts for 40% of all Indigenous child deaths (ages 5 to 17)*
- *Of all suicide deaths in Australian children and young people, 26% are Indigenous.*

(Australian Bureau of Statistics 2018)

National statistics indicate suicide rates are four times higher among 15–24-year-old Indigenous females and three times higher among Indigenous males compared with non-Indigenous youth, and the female rate has continued to rise while among young men it has levelled off. This is consistent with international trends showing a rise in young female suicide.

Analysis by Jo Robinson from Orygen, The National Centre of Excellence in Youth Mental Health, shows that in recent years adolescent girls and young women have been more likely than in earlier periods to use more lethal methods in attempting suicide, meaning their suicide is more likely to be completed.

This is a major concern because it means young Indigenous females are less likely than in the past to survive a first suicide attempt and then receive intensive mental health and social and emotional wellbeing support, potentially preventing further suicidal behaviour.

This evidence suggests young Aboriginal and Torres Strait Islander girls and women are at high and increasing risk of suicide, and urgent strategies are required to support them.

CULTURAL FACTORS

Colonisation has had a devastating impact on Indigenous people's lives, which continues today. Our people live every day with loss, grief and disconnection, trauma, helplessness and powerlessness.

Community consultations for the [Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project \(ATSISPEP\)](#) identified concerns about the ongoing effects of colonisation and its relationship to the high suicide rates among Indigenous people, including what was described as 'theft of identity and spirit'.

Trauma, including intergenerational trauma from forced child removals (the Stolen Generations) and family dysfunction, violence, sexual abuse, substance use and high incarceration rates were among the other effects identified through ATSISPEP as direct consequences of colonisation and connected to high suicide rates.

Continuing colonisation, disempowerment and dispossession also result in disadvantage across a wide spectrum of measures, and socioeconomic disadvantage is an additional risk factor for suicide. Indigenous people are three times as likely as other Australians to be in the most disadvantaged population quintile, and a quarter as likely to be in the highest quintile: ([ABS 2018](#)) Suicide deaths among the most disadvantaged Australians have risen faster than among people who are more economically secure, by 3.5% a year for the most disadvantaged quintile compared to 0.2% in the highest quintile. (AIHW and Flinders University 2019).

The WA Coroner, in a 2017 inquest into the deaths of 13 Aboriginal children and young people in the Kimberley region, wrote: "To focus only upon the individual events that occurred shortly before their deaths would not adequately address the circumstances attending the deaths. The tragic individual events were shaped by the crushing effects of intergenerational trauma and poverty upon entire communities. That community-wide trauma generated multiple and prolonged exposures to individual traumatic events for these children and young persons."

The Coroner recommended greater investment in community-led cultural solutions to trauma, and stronger efforts by authorities including police to respond supportively to Aboriginal people.

The link between self-determination, empowerment and suicide prevention among Indigenous Australians is at the heart of the [Gayaa Dhuwi \(Proud Spirit\) Declaration](#) (2015) which has been adopted in full within the [Fifth National Mental Health and Suicide Prevention Plan](#) (2018). But despite positive changes to policy, the exclusion, disadvantage and disempowerment of Aboriginal and Torres Strait Islander people continues, compounded by intergenerational effects.

Healing from historical trauma requires self-determination and community governance, reconnection and community life, cultural restoration and community resilience. This in turn requires funding delivered direct to communities to develop and deliver their own solutions, which may look very different from western mainstream ideas about mental health responses.

Media are advised to:

- Place the story in context and ensure accuracy and balance
- Use safe, inclusive language and avoid stigmatising or sensationalist language
- Avoid or minimise details about method or location
- Avoid stigmatising or sensationalist images (video, photographs, graphics)
- Include help-seeking pathways.

More information on reporting guidelines can be found on the [Mindframe](#) website.

Consider the language you use

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ 'successful suicide' 'unsuccessful suicide'	✓ 'died by suicide' 'took their own life'
Associating suicide with crime or sin	✗ 'committed suicide' 'commit suicide'	✓ 'took their own life' 'died by suicide'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing rates' 'higher rates'
Language glamourising a suicide attempt	✗ 'failed suicide' 'suicide bid'	✓ 'suicide attempt' 'non-fatal attempt'
Gratuitous use of the term 'suicide'	✗ 'political suicide' 'suicide mission'	✓ refrain from using the term suicide out of context

Contact the *Mindframe* team

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Twitter @MindframeMedia

Help-seeking information

Adding help-seeking information to stories (online, print and broadcast) can provide somewhere for people who may be adversely impacted by the coverage to find professional support. It is recommended in this instance that youth focused support services be included along with services to support those with a lived experience of childhood trauma or sexual assault.

If you find any problematic media coverage, please refer directly on to [Sane StigmaWatch](#) for urgent follow up:
<https://www.sane.org/changing-attitudes/report-a-media-item-to-stigmawatch>

Support services

Adult

Lifeline: 13 11 14
lifeline.org.au
Suicide Call Back Service: 1300 659 467
suicidecallbackservice.org.au
Beyond Blue: 1300 22 4636
beyondblue.org.au/forums
MensLine Australia: 1300 789 978
mensline.org.au

Aboriginal and Torres Strait Islander services

Australian Indigenous HealthInfoNet: healthinonet.ecu.edu.au
National Aboriginal Community Controlled Health: naccho.org.au
Social and Emotional Wellbeing and Mental Health: sewbmh.org.au
Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP):
indigenous.uwa.edu.au/indigenous-research/Centre-for-Best-Practice

Other resources

Head to Health: headtohealth.gov.au
Life in Mind: lifeinmindaustralia.com.au
SANE: saneforums.org

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Other national resources

1800RESPECT: 1800 737 732 (24/7)

Blue Knot Foundation: blueknot.org.au 1300 657 380

Media self-care

Reporting suicide and mental illness can also impact to the welfare of journalists. To support media professionals *Mindframe*, in consultation with the [DART Center Asia Pacific](#), has developed journalism self-care resources for media professionals reporting suicide and mental illness. These resources can be found [here](#).

