Which suicides are reported in the media, and what makes them newsworthy

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Abstract

Background

Media reporting of suicide has attracted public health attention because of its potential to trigger 'copycat' acts.

Aims

To determine the factors associated with an individual suicide featuring in the media.

Method

We identified all suicides that occurred in Australia over a one-year period from the National Coroners Information System (NCIS) and established those that were reported in the Australian media using data from our earlier Media Monitoring Project. Available variables were used to examine factors associated with a suicide being reported in the media.

Results

Of the 2,161 suicides, 29 were reported in the media. Suicides by younger individuals were particularly likely to be reported, as were suicides by gunshot and other violent methods, suicides in commercial areas (e.g., office buildings, construction sites and hotels) and medical/residential facilities (e.g., hospitals, retirement villages and detention centres), and suicides which occurred in the context of multiple fatality events (e.g., homicide-suicides and suicide pacts).

Conclusions

Striking the right balance in terms of media reporting of suicide is crucial. The current study suggests that the reported suicides tend to be ones that may either heighten the risk of lethal imitative behaviours or serve to distort public perceptions about suicide.

Introduction

The issue of media reporting of suicide has attracted considerable public health attention because of its potential to trigger 'copycat' acts (Crane, Hawton, Simkin, & Coulter, 2005; Hawton & Williams, 2002; Niederkrotenthaler et al., 2009; Pirkis & Blood, 2001; Stack, 2002). In response to this, many countries have developed guidelines to encourage responsible reporting (2006). These guidelines are not about censorship; they recognize that the media has an important role to play in educating the community about suicide. They do, however, highlight that the likelihood of imitative behavior is heightened by certain types of reporting (e.g., reporting that sensationalizes suicide, reporting that explicitly describes the method or location of a suicide). They also warn that inaccurate presentation of suicide and the risks associated with it can be counterproductive, in that it can lead to skewed public understanding of suicide.

Very few studies have examined which suicides tend to feature in the media, but those which have suggest that suicides involving unusual circumstances and/or methods are particularly likely to be reported, as are suicides by people in certain demographic groups. In Hong Kong, Au, Yip, Chan, & Law (2004) observed over-reporting of suicides by people with relationship problems and students. In Austria, Niederkrotenthaler, et al (2009) found that suicides by younger people and foreign citizenship were particularly likely to be reported, as were suicides involving drowning, jumping, shooting and rare methods, and suicides which occurred in conjunction with homicides.

Our own work has also demonstrated that particular suicides are preferentially reported in the media (Pirkis, Burgess, Blood, & Francis, 2007). We took all suicides that occurred in Australia in 2000/01 and the subset of these suicides that were reported in the media, and profiled both groups on the basis of age, sex and suicide method. We found that there was over-reporting of suicides by older people and females, and suicides involving violent methods (Pirkis, et al., 2007). Additional qualitative analysis of the media reports tended to suggest that the reported suicides fell into three categories: those attributed to some sort of system failure (e.g., poor mental health care facilities); those involving people 'in the public eye' (e.g., at a community, state or national level); and those where the method was particularly unusual.

The major limitation of our previous study was that it relied on comparisons made at an aggregate level (e.g., the proportion of all suicides accounted for by males versus the proportion of reported suicides accounted for by males). This limited the comparisons to the above-mentioned 'lowest common denominator' variables of age, gender and method. Our National Coroners Information System (NCIS) contains much richer data than this, and the current study capitalizes on this by taking each suicide recorded in this database for 2006/07, and systematically searching the national media to determine whether it was reported. This allowed us to examine a far greater range of predictors of reporting than we had previously been able to do. At the time the data were collected, Australia's guidelines on media reporting of suicide had been in place for about five years; they have since been updated but their content remains essentially the same (Commonwealth of Australia, 2011).

Method

Ethical approvals

We received ethical approval for this study from the Human Research Ethics Committees of the Department of Justice and the University of Melbourne.

Data sources

We used NCIS data to identify all suicides occurring over a one-year period (1 September 2006 and 31 August 2007). The NCIS records every death reported to an Australian coroner. It includes coded and free text data fields, as well as full text reports which describe the person who died and the circumstances surrounding the death (i.e., police and post-mortem procedures including toxicology and autopsy reports). Deaths for which the 'intent' was registered as intentional self-harm were interpreted as suicides. If a case was still open or if the 'intent completion' field was recorded as unintentional, the case was excluded from analysis (even if the 'method' and 'initial intent' fields suggested suicide). For each individual deemed to have died by suicide, the following data were extracted: name, age, gender, place of birth, marital status, Indigenous origin, employment status, incident date, suicide method (determined by considering the primary mechanism of death and the underlying ICD-10 classification), multiple fatality event information, residential location, and location of death.

Most of the above variables are self-explanatory but three require additional clarification. The suicide method variable was classified into seven categories: hanging (including strangulation and suffocation), drowning, firearms, jumping, poisoning (including ingestion of substances intended for and not intended for human consumption, and carbon monoxide poisoning), sharp objects, and other (e.g., jumping/lying in front of a moving object, smoke, fire, electrocution and motor vehicle incidents). The multiple fatality event variable made reference to homicide-suicides, suicide pacts and other incidents which resulted in the death of more than one person. The location of death variable was grouped into five categories: private home, commercial areas (including office buildings, construction sites and hotels), farm or countryside (including national parks), public areas (including public parks, sporting grounds and bridges), and residential or medical facilities (including hospitals, retirement villages and detention centres).

We identified the subset of suicides that were reported by matching data from our own Media Monitoring Project data to the above NCIS data. The Media Monitoring Project has been described in detail elsewhere (Pirkis et al., 2009), so a brief outline only is given here. We contracted a media retrieval service to identify all suicide-related news and current affairs articles appearing in various media sources during a one-year period (1 September 2006 to 31 August 2007). We used a wildcard search term (suicid*) that picked up any variation on the word (e.g., suicide, suicidal, attempted suicide, parasuicide), and searched newspapers (all national daily papers and a selection of suburban and regional papers) and radio and television stations (all broadcasters). We retrieved 8,363 articles that mentioned suicide, and trained coders extracted particular information from them, including information about their content. For the purposes of the current study, we selected those

articles that reported on an individual's suicide. To be included, the article had to mention the individual by name, report on a death occurring within Australia within the year-long study period, and unequivocally report the death as a suicide. Articles on the same individual were collated, and the individual became the unit of analysis.

Because the data on all suicides from the NCIS and the data on reported suicides from the Media Monitoring Project both identified individuals by name, it was possible to match individuals in the two datasets. A binary media reporting variable was created in the matched dataset to indicate whether each suicide was reported or not reported.

Data analysis

We conducted simple descriptive analyses to profile the demographic and contextual characteristic of each suicide and each reported suicide.

We then conducted two logistic regression analyses. The first used the full sample, and compared all reported suicides with all suicides that were not reported. It used age, gender, rurality, state/territory of residence, place of birth, marital status, Indigenous origin, suicide method and location of death as covariates.

The second analysis was conducted on a restricted sample that enabled closer consideration of contextual factors available from coronial, inquest, police, toxicology and/or autopsy reports. These reports were available from the NCIS for almost all of the reported suicides. To obtain a sub-sample of the unreported suicides, we selected every tenth unreported

suicide in the data file. If these reports were available for that case, it was included in the sub-sample. If they were unavailable, the next unreported suicide was selected, and so on. This approach was chosen for pragmatic reasons; ideally, we would have randomly selected this sub-sample from the pool of cases with reports, but that would have required us to examine the entire dataset in detail at the outset which was not practical given time and resource constraints. The analysis included covariates mentioned above, as well as diagnoses of mental illness, prior suicide attempts, recent stressful circumstances and alcohol intoxication at the time of death.

In each regression analysis, the objective was to determine which variables were independently predictive of a suicide being reported. At each stage in this process, the effect of a given variable was considered: if the variable was not significant in its own right or did not substantially influence the coefficient of (i.e., confound) another variable, it was excluded from the model. The effect of categorical predictors was assessed using the joint Wald test.

All analyses were performed with Stata 11.2.

Results

During the year-long period under consideration, 2,161 suicides occurred in Australia, 29 of which were reported in the media (1.3%). These suicides were reported in 390 media reports (272 in newspapers, 91 on radio and 27 on television). There were between 1 and 100 media reports on each suicide. The one with 100 media reports involved a teenage girl who took part in a suicide pact. The other participant in the pact (another teenage girl) was featured in 96 of these reports. In cases where the same report referred to both girls, the reports were counted twice.

Table 1 presents the characteristics of the reported, unreported and total suicides during the same time period. Missing data have been excluded from the denominator, so the totals do not always equal 2,161, 2,132 or 29. These descriptive data suggest that there may have been over-reporting of suicides by people in certain demographic groups (e.g., younger people, people born in Australia, and employed people). Similarly, the descriptive data suggest that suicides that involved particular methods (e.g., firearms), occurred outside the home or involved multiple fatalities may have been disproportionately likely to attract media attention.

Table 2 shows the results of the logistic regression analysis for all suicides. After controlling for all other variables in the model, suicides by people in the younger age groups (aged <20, 20-29) were significantly more likely to be reported than suicides by older people (aged ≥60). Suicides involving firearms and other methods (e.g., by fire or by lying in front of

moving vehicles) were significantly more likely to be reported than suicides by hanging. Suicides in commercial areas or in medical/residential facilities were significantly more likely to be reported than suicides in private homes. Additionally, Table 2 indicates that suicides that included multiple fatalities were significantly more likely to be reported than those that did not involve multiple fatalities.

Table 3 provides a descriptive overview of the sub-sample of unreported suicides, comparing this with the group of media reported suicides (n=27) for which reports were available (additional reports were not available in the NCIS database for two of the media reported suicides). As with the previous descriptive analysis, Table 3 suggests that there may have been over-reporting of suicides by young people, suicides involving firearms and/or suicides involving multiple fatalities. Table 3 augments this picture by suggesting that there may also have been over-reporting of suicides precipitated by stressful events.

Table 4 presents the findings from the second logistic regression which compared the sub-sample of reported and unreported suicides. In this analysis, age and suicide method were significant predictors of the likelihood of a suicide being reported. Specifically, suicides among people in the younger age groups (<20 and 20-29) were significantly more likely to be reported than suicides by those in oldest age group (≥ 60) and suicides involving firearms were significantly more likely to be reported than suicides by hanging. None of the contextual variables were significant. It should be noted that the logistic regression was unable to estimate the statistical effect of multiple fatality events because none of the unreported suicides involved multiple fatalities. However, the finding that 19% of the reported suicides involved multiple fatalities and 0% of the unreported suicides did so indicates that multiple fatalities are a newsworthy event.

Discussion

Interpreting the findings

This study suggests that only a small percentage of individual suicides (approximately 1%) were reported in the Australian media in 2006/07. This proportion has remained constant since 2000/01 (Pirkis, et al., 2007), before Australia's media guidelines were introduced. Contrary to conventional wisdom in this area, there have recently been calls from some quarters for greater reporting of individual suicides (McGorry, 2011). Advocates of this position argue that journalists have felt they are being stifled by the guidelines and that greater reporting is necessary to raise awareness about the issue of suicide (McGorry, 2011). Our data suggest that journalists are certainly reporting some suicides, but they are making decisions that involve weighing up what is in the 'public interest' with the likelihood that copycat events may ensue. As an aside, we would also note that in fact media reporting of the *issue* of suicide has increased substantially over the past decade (Pirkis, et al., 2009), indicating that journalists may be taking the opportunity to educate the public about suicide and its prevention in ways that do not involve describing individuals' deaths.

Certain factors appear to increase the likelihood that a suicide will be reported. The present study suggests that suicides by younger individuals are particularly likely to be reported, which is consistent with recent international research (Niederkrotenthaler, et al., 2009) but out of alignment with our own findings from 2000/01 (Pirkis, et al., 2007) which suggested that suicides by older individuals were more commonly reported. This pattern of reporting

may be reflective of the growing concern held by mental health professionals and the general public about suicide in the younger age group (Hawton & Williams, 2005; McGorry, 2011). Particular caution may be required in reporting suicides by younger individuals as there is evidence that this group may be more impressionable and vulnerable to the influence of the media than their older counterparts (Hawton & Williams, 2005).

Suicides by particular methods also appear to attract media attention. These include suicides by gunshot and other violent methods. Suicides by these methods are more likely to be reported, even after controlling for factors like residential location (i.e., rurality). One interpretation for the media emphasis on these methods is that they are 'novel' and that they appeal to the sometimes macabre curiosity of the general public. These methods are typically ones that have high case fatality rates (Elnour & Harrison, 2008) and may therefore be particularly lethal if they are copied. This is of concern given that there is evidence that those who engage in imitation acts following media reports of suicide may explicitly copy the method described (Etzersdorfer, Voracek, & Sonneck, 2004).

Suicides occurring in commercial areas and medical/residential facilities are particularly likely to be reported relative to those occurring in individuals' homes. The media may focus on suicides in these locations for different reasons. Suicides that occur in commercial areas are likely to be witnessed by members of the public, and may be seen to be newsworthy for this reason. Suicides that take place in medical/residential facilities may be reported in the context of wider issues surrounding these institutions, such as the quality of care they provide. These motivations for reporting are understandable from a media perspective but again raise questions about whether they heighten the risk of copycat acts. Suicides occurring in commercial areas, for example, often take place at accessible locations. These

sorts of locations can become known as 'suicide sites' and attract vulnerable individuals, and excessive media attention on these sites may amplify this risk (Gunnell & Miller, 2010).

Suicides which occur in the context of multiple fatality events are significantly more likely to be reported than suicides which occur as isolated events, despite the fact that they occur far less frequently. Internationally, others have expressed concern about the over-reporting of these suicides and suggested that they receive media coverage because of their sensational and unusual nature (Liem & Koenraadt, 2007). Reporting of such events may serve to distort the public's view about the circumstances in which suicides typically occur, rather than educating the community about suicide, the factors which lead to it, and how it might be prevented.

Study limitations

The current study used data sources that provided a wealth of information pertaining to all suicides and reported suicides. Despite this, there were still some gaps in the records available.

Data on suicides came from the NCIS. This is considered to be the most comprehensive national database of deaths by intentional self harm in Australia, but it inevitably misses some suicides (e.g., because they are not classified as such by the coroner) (Walker, Chen, & Madden, 2008). In addition, the details provided in the NCIS are variable. In particular, coronial and police reports vary in terms of comprehensiveness. Some reports provide in-depth information about the given suicide (e.g., events in the days leading up to the suicide,

underlying contributing factors) whereas others provide minimal information. For our study, this meant that we probably undercounted the total number of suicides, and we could not always be sure that an absence of evidence about a particular variable indicated evidence of absence of the existence of that variable (e.g., a lack of information about mental illness in the reports may not necessarily have meant that mental illness was not a contributing factor).

Data on media reporting of suicide came from the Media Monitoring Project (Pirkis, et al., 2009). This project involved identification of media reports on suicide from a large number of media sources (632 in total) but it did not include all Australian media sources. A suicide that only featured in a source that was not reviewed would not have been captured in the current analysis.

We did not systematically examine the quality of the reports on individuals' suicides. We know from the Media Monitoring Project that the overall quality of general stories about suicide have improved over time (Pirkis, et al., 2009), at least in terms of their adherence with the recommendations in Australia's guidelines (Commonwealth of Australia, 2011). In the current study, the unit of counting was the individual who died by suicide, not the media reports of that suicide. Examining the quality of reporting for the 29 individuals whose suicides featured in the news would have required us to develop some way of averaging quality across reports for given individuals, in order to aggregate the data to a person level.

Conclusions

Striking the right balance in terms of media reporting of suicide is crucial. Suicide prevention experts and media professionals do not always agree, and there are often divergent views even within these groups. On the one hand, there is a case for being cautious about how we report suicide because of the risk of copycat acts. On the other hand, there is an argument that reporting of individual suicide is a matter of public interest. Our view is that, at the very least, we should be making sure that we are doing no harm in reporting individuals' deaths. We are persuaded by the public interest argument insofar as it relates to the public's right to know about suicide, its precursors and how it might be prevented. We would argue, however, that the individual suicides that are reported tend to be ones that may either heighten the risk of lethal imitative behaviours and/or serve to distort public perceptions about suicide. It is imperative that these deaths are reported in a responsible manner.

Conflict of interest

None.

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Table 1: Profile of reported, unreported and total suicides (full sample)

		Reported suicides	Unreported suicides	Total suicides
Gender		(n=29)	(n=2132)	(n=2161)
	Female	7 (24%)	484 (23%)	491 (23%)
	Male	22 (76%)	1648 (77%)	1670 (77%)
Age		(n=29)	(n=2132)	(n=2160)
	<20	5 (17%)	126 (6%)	131 (6%)
	20-29	10 (34%)	375 (18%)	385 (18%)
	30-39	5 (17%)	464 (22%)	469 (22%)
	40-49	2 (7%)	433 (20%)	435 (20%)
	50-59	3 (10%)	337 (16%)	340 (16%)
	≥60	4 (14%)	396 (19%)	400 (19%)
Place of birth		(n=24)	(n=1378)	(n=1402)
	Australia	20 (83%)	1045 (76%)	1065 (76%)
	Other	4 (17%)	333 (24%)	337 (24%)
Indigenous origin		(n=29)	(n=2132)	(n=2161)
	Neither Aboriginal or Torres Strait Islander	27 (93%)	1630 (76%)	1657 (77%)
	Aboriginal or Torres Strait Islander	1 (3%)	100 (5%)	101 (5%)
	Unknown	1 (3%)	402 (19%)	403 (19%)
Employment		(n=29)	(n=2132)	(n= 2161)
	Employed	15 (52%)	898 (42%)	913 (42%)
	Not participating in the workforce	9 (31%)	563 (26%)	572 (27%)
	Unemployed	4 (14%)	395 (18%)	399 (18%)
	Unknown	1 (3%)	276 (13%)	277 (13%)
Marital status		(n=29)	(n=2132)	(n=2161)
	Married	9 (31%)	735 (35%)	744 (34%)
	Divorced	1 (3%)	119 (6%)	120 (6%)
	Separated	0 (0%)	206 (10%)	206 (10%)
	Widowed	1 (3%)	76 (4%)	77 (4%)
	Never married	14 (48%)	580 (27%)	594 (27%)
	Unknown	4 (14%)	416 (19%)	420 (19%)
State/territory		(n=29)	(n=2132)	(n=2161)
	New South Wales	8 (28%)	532 (25%)	540 (25%)
	Australian Capital Territory	1 (3%)	31 (1%)	32 (1%)
	Northern Territory	2 (7%)	38 (2%)	40 (2%)
	Queensland	7 (24%)	471 (22%)	478 (22%)
	South Australia	0 (0%)	203 (10%)	203 (9%)
	Tasmania	2 (7%)	74 (3%)	76 (4%)
	Victoria	6 (21%)	524 (25%)	530 (25%)
	Western Australia	3 (10%)	256 (12%)	259 (12%)
	Unknown	0	3 (<1%)	3 (<1%)
Residential location		(n=28)	(n=2060)	(n=2088)
	Metropolitan	19 (66%)	1382 (67%)	1401 (67%)

		Reported suicides	Unreported suicides	Total suicides
	Rural	9 (34%)	678 (33%)	687 (33%)
Method		(n=29)	(n=2132)	(n=2161)
	Hanging	12 (41%)	1104 (52%)	1116 (52%)
	Drowning	1 (3%)	52 (2%)	53 (2%)
	Firearms	6 (21%)	165 (8%)	171 (8%)
	Jumping	1 (3%)	88 (4%)	89 (4%)
	Poisoning	4 (14%)	550 (26%)	554 (26%)
	Sharp objects	0 (0%)	38 (2%)	38 (2%)
	Other	5 (17%)	135 (6%)	140 (6%)
Suicide location		(n=29)	(n=2128)	(n=2157)
	Home	12 (42%)	1488 (70%)	1500 (70%)
	Commercial area	3 (10%)	74 (3%)	77 (4%)
	Farm or countryside	4 (14%)	187 (9%)	191 (9%)
	Public area	7 (24%)	328 (15%)	335 (16%)
	Medical/residential facility	3 (10%)	51 (2%)	54 (3%)
Multiple fatality event		(n=29)	(n=2132)	(n=2161)
	No	24 (83%)	2117 (99%)	2141 (99%)
	Yes	5 (17%)	15 (1%)	20 (1%)

Note. Due to rounding percentages do not always equal 100.

Table 2: Odds ratios from multiple logistic regression analysis for the presence of media reports (full sample)

		Adjusted odds ratio (95% CI)	P-value
Age	<20	7.12 (1.56 - 32.45)	0.010
	20-29	5.03 (1.34 - 18.86)	
	30-39	1.56 (0.37 - 6.61)	
	40-49	0.82 (0.14 - 4.92)	
	50-59	1.09 (0.21 - 5.60)	
	≥60	1	
Method	Hanging	1	0.044
	Drowning	2.89 (0.31 - 26.85)	
	Firearms	4.46 (1.47 - 13.49)	
	Jumping	0.92 (0.11 - 7.77)	
	Poisoning	0.93 (0.26 - 3.23)	
	Other	4.31 (1.03 - 18.12)	
Location	Home	1	0.011
	Commercial area	5.01 (1.23 - 20.42)	
	Farm or countryside	1.68 (0.46 - 6.10)	
	Public area	1.12 (0.31 - 4.02)	
	Medical/residential facility	9.17 (2.30 - 36.52)	
Multiple fatality event	No	1	0.000
	Yes	32.56 (8.81 - 120.36)	

Note. The likelihood ratio test indicated that the overall model was significant ($\chi^2=55.86$ df=15 $P<0.0001$).

Table 3: Profile of reported, unreported and total suicides (sub-sample)

		Reported suicides	Unreported suicides	Total suicides
Gender		(n=27)	(n=209)	(n=236)
	Female	6 (22%)	48 (23%)	54 (23%)
	Male	21 (78%)	161 (77%)	182 (77%)
Age		(n=27)	(n=208)	(n=235)
	<20	5 (19%)	10 (5%)	15 (6%)
	20-29	10 (37%)	40 (19%)	50 (21%)
	30-39	3 (11%)	41 (20%)	44 (19%)
	40-49	2 (7%)	42 (20%)	44 (19%)
	50-59	3 (11%)	32 (15%)	35 (15%)
	≥60	4 (15%)	43 (21%)	47 (20%)
Place of birth		(n=22)	(n=133)	(n=155)
	Australia	18 (82%)	101 (76%)	119 (77%)
	Other	4 (18%)	32 (24%)	36 (23%)
Indigenous origin		(n=27)	(n=209)	(n=236)
	Neither Aboriginal or Torres Strait Islander	25 (93%)	161 (77%)	186 (79%)
	Aboriginal or Torres Strait Islander	1 (4%)	11 (5%)	12 (5%)
	Unknown	1 (4%)	37 (18%)	38 (16%)
Employment		(n=27)	(n=209)	(n=236)
	Employed	15 (56%)	100 (48%)	115 (49%)
	Not participating in the workforce	9 (33%)	54 (26%)	63 (27%)
	Unemployed	2 (7%)	31 (15%)	33 (14%)
	Unlikely to be known	1 (4%)	24 (11%)	25 (11%)
Marital status		(n=27)	(n=209)	(n=236)
	Married	9 (33%)	68 (33%)	77 (33%)
	Divorced	1 (4%)	18 (9%)	19 (8%)
	Separated	0	17 (8%)	17 (7%)
	Widowed	1 (4%)	8 (4%)	9 (4%)
	Never married	12 (44%)	58 (28%)	70 (30%)
	Unknown	4 (15%)	40 (19%)	44 (19%)
State		(n=27)	(n=209)	(n=236)
	New South Wales	6 (22%)	47 (22%)	53 (22%)
	Australian Capital Territory	1 (4%)	4 (2%)	5 (2%)
	Northern Territory	2 (7%)	3 (1%)	5 (2%)
	Queensland	7 (26%)	48 (23%)	55 (23%)
	South Australia	0	21 (10%)	21 (9%)
	Tasmania	2 (7%)	9 (4%)	11 (5%)
	Victoria	6 (22%)	53 (25%)	59 (25%)
	Western Australia	3 (11%)	24 (11%)	27 (11%)
		(n=27)	(n=208)	(n=235)
Residential location	Metropolitan	17 (63%)	129 (62%)	146 (62%)
	Rural	10 (37%)	79 (38%)	89 (38%)

		Reported suicides	Unreported suicides	Total suicides
Method		(n=27)	(n=209)	(n=236)
	Hanging	12 (44%)	101 (48%)	113 (48%)
	Drowning	1 (4%)	4 (2%)	5 (2%)
	Firearms	6 (22%)	20 (10%)	26 (11%)
	Jumping	1 (4%)	15 (7%)	16 (7%)
	Poisoning	3 (11%)	52 (25%)	55 (23%)
	Sharp objects	0	3 (1%)	3 (1%)
	Other	4 (15%)	14 (7%)	18 (8%)
Suicide location		(n=27)	(n=209)	(n=236)
	Home	12 (44%)	130 (62%)	142 (60%)
	Commercial area	3 (11%)	13 (6%)	16 (7%)
	Farm or countryside	4 (15%)	27 (13%)	31 (13%)
	Public Area	5 (19%)	33 (16%)	38 (16%)
	Medical/residential facility	3 (11%)	6 (3%)	9 (4%)
Source of personal stress identified		(n=27)	(n=209)	(n=236)
	No	9 (33%)	101 (52%)	110 (47%)
	Yes	18 (66%)	108 (48%)	126 (53%)
Mental illness diagnosis identified		(n=27)	(n=209)	(n=236)
	No	21 (68%)	135 (65%)	156 (66%)
	Yes	6 (22%)	74 (35%)	80 (34%)
Previous suicide attempt identified		(n=27)	(n=209)	(n=236)
	No	17 (63%)	142 (68%)	159 (67%)
	Yes	10 (37%)	67 (32%)	77 (33%)
Alcohol intoxication at time of death		(n=27)	(n=209)	(n=236)
	No	18 (67%)	140 (67%)	158 (67%)
	Yes	9 (33%)	69 (33%)	78 (33%)
Multiple fatality event		(n=27)	(n=209)	(n=236)
	No	22 (81%)	209 (100%)	231 (98%)
	Yes	5 (19%)	0	5 (2%)

Note. Due to rounding percentages do not always equal 100.

Table 4: Odds ratios from multiple logistic regression analysis for the presence of media reports (sub sample)

		Adjusted odds ratio (95% CI)	P-value
Age	<20	12.52 (1.89 - 82.98)	0.028
	20-29	7.16 (1.39 - 36.97)	
	30-39	1.41 (0.23 - 8.44)	
	40-49	1.06 (0.15 - 7.59)	
	50-59	2.32 (0.37 - 14.46)	
	≥60	1	
Method	Hanging	1	0.052
	Drowning	6.20 (0.49 - 77.83)	
	Firearms	6.08 (1.46 - 25.38)	
	Jumping	0.76 (0.07 - 7.74)	
	Poisoning	0.76 (0.19 - 3.08)	
	Other	5.39 (0.96 - 30.35)	
Location	Home	1	0.580
	Commercial area	2.28 (0.47 - 11.06)	
	Farm or countryside	0.93 (0.22 - 3.87)	
	Public area	0.70 (0.15 - 3.18)	
	Medical/residential facility	2.79 (0.48 - 16.05)	
Source of personal stress identified	No	1	0.211
	Yes	1.84 (0.71 - 4.81)	
Mental illness diagnosis identified	No	1	0.444
	Yes	0.61 (0.18 - 2.14)	
Previous suicide attempt identified	No	1	0.800
	Yes	1.15 (0.40 - 3.32)	

Note. The likelihood ratio test indicated that the overall model was significant ($\chi^2=29.95$ df=17 $P<0.05$).