

**Self-Injury in the News: A Content Analysis**

Stephen Lewis, Penelope Hasking, Lexy Staniland, Mark Boyes, Joanna Collaton, & Lachlan Bryce

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### **Self-Injury in the News: A Content Analysis**

Non-suicidal self-injury (NSSI) has garnered increasing media attention, and while greater awareness is welcomed, inappropriate media reporting heightens the potential for NSSI to be stigmatised. Little research has focussed on news media portrayals of NSSI and how such portrayals inform NSSI stigma. Using content analysis, we explored portrayals of NSSI in 568 news articles published online between 2007-2018 in Australia, Canada, New Zealand, the United Kingdom, and the United States. While the overall tone of articles was often neutral, areas of concern include: most articles detailing specific NSSI methods, frequent inclusion of negative imagery, an absence of clear communication about what NSSI is and why people self-injure, the use of sensationalist and stigmatising language, and a lack of helpful resources. These findings demonstrate a need for widespread implementation of guidelines for media reporting of NSSI to mitigate further stigmatisation of NSSI and individuals who self-injure.

**Keywords:** NSSI; self-injury; self-harm; media reporting; stigma

### **Self-Injury in the News: A Content Analysis**

Non-suicidal self-injury (NSSI), the deliberate damage to body tissue without suicidal intent, and for non-socially sanctioned purposes (ISSS, 2022), is a behaviour that is perplexing to many people. Deliberately hurting oneself as a way of coping appears counter to the human instinct to avoid harm. Misunderstanding of self-injury is compounded by the many myths and stereotypes that appear in discourse about self-injury (Staniland et al., 2021). Common among these are that only girls self-injure, that only adolescents self-injure, and that people self-injure to gain attention or manipulate others. In fact, in community samples, self-injury is almost as common among men and women (Bresin & Schoenleber, 2015), is engaged by people across all age groups (Swannell et al., 2014), and is primarily used to help manage intense or unwanted emotion (Taylor et al., 2018). Another common misunderstanding concerns the relationship between NSSI and suicidal thoughts and behaviours. While NSSI is a reliable predictor of later suicidal thoughts and behaviours (Kiekens et al., 2018), the descriptive features, functions, and outcomes of the behaviours differ. Compounding this confusion may be the common use of the term ‘self-harm’ which serves as an umbrella term for any self-injurious behaviour regardless of intent (NICE, 2013). Failure to delineate these behaviours risks conflating suicidal and non-suicidal behaviour and confounds efforts to accurately understand either behaviour.

This misunderstanding of self-injury can lead to stigmatisation of both the behaviour and the people who engage in it (Staniland et al., 2021). Public attitudes toward self-injury (public stigma) tend to be more negative than attitudes towards other forms of injury or body modification (Taylor et al., 2019), and people are disinclined to be empathic toward someone who discloses their self-injury (Lloyd et al., 2018; Nielsen & Townsend, 2017). These negative attitudes can manifest as enacted stigma; people who self-injure report experiencing discrimination and punitive treatment from family, friends, and health care providers (Long,

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2018; Owens et al., 2016). These experiences can then become internalised, leading people who self-injure to take on public stigma and the associated shame of being someone with a history of self-injury (Jackman et al., 2018; Rosenrot & Lewis, 2018).

Largely because of this stigma, most people who self-injure never disclose the behaviour to anyone (Armiento et al., 2014; Whitlock et al., 2011). Given associations with emotional problems (Bentley et al., 2015), mental illness (Kiekens et al., 2018), and subsequent suicidal thoughts and behaviours (Kiekens et al., 2018; Whitlock et al., 2013), seeking support from others may be an important step in facilitating recovery (Lewis & Hasking, 2020). As such, identifying potential sources of NSSI stigma, and taking steps to minimise the propagation of misinformation, is critical.

### **News Media and Stigma**

Mass communication outlets, including news media, provide a lens through which we gain information, come to understand the world around us, and learn about socially appropriate behaviour. Importantly, trust in news media is high (Tsfati & Ariely, 2014); people are more likely to perceive the information conveyed as ‘truth’ than if gained through other means. There has long been significant interest in how news outlets report on mental illness, with concerns that negative portrayals of mental illness can perpetuate stereotypes and contribute to public stigma (Corrigan et al., 2005; Jorm et al., 2014; Sieff, 2003; Wahl, 2003) and perpetuate self-stigma among people with mental illness (Goepfert et al., 2019).

Given the rise in online news content, and ease of access, this medium may be of particular concern. In 2018, in the United States alone, there were an average 11,600,124 unique visitors to newspaper websites each month (Barthel, 2020). As people who self-injure preferentially seek information and support for NSSI online (Lewis & Michal, 2016; Lewis & Seko, 2016; Lewis et al., 2014), exposure to negative or stigmatizing views of self-injury in

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online news media could increase public stigma and internalised stigma among people with lived experience of self-injury.

Prior work has confirmed that people learn about self-injury from popular (Hasking & Rose, 2016; Radovic & Hasking, 2013; Trewavas et al., 2010) and social media (Lewis et al., 2011, 2012; Lewis & Seko, 2016), but little attention has been paid to news media. Similarly, although media guidelines for responsible reporting of mental illness and suicide exist (e.g., Everymind, 2020; Ofcom, 2019), few countries have guidelines that explicitly address responsible reporting of self-injury. The suicide reporting guidelines are consistent in advising media outlets to: avoid sensationalist and stigmatising language, avoid detailed depictions of suicide (including disclosing method of suicide), avoid suicide-related imagery, and provide help-seeking information.

The Mindframe guidelines in Australia (Everymind, 2020), and the Ofcom Broadcasting Code in the UK (Ofcom, 2019) additionally provide guidance on reporting of self-harm, which is defined as distinct from suicidal behaviour. The Mindframe guidelines are similar to the suicide reporting guidelines, recommending: avoidance of detailed descriptions of methods of self-harm, accuracy and balance in reporting, reducing the prominence of the story, taking care to not perpetuate stereotypes, ensuring use of appropriate language, and inclusion of help-seeking information. Prior to 2017, the Ofcom Code advised broadcasters to: “*consider* whether detailed demonstrations of means or methods of suicide or self-harm are justified”. The current Code (2019) reads: “methods of suicide and self-harm *must not* be included in programmes except where they are editorially justified and are also justified by the context”. This shift toward a more emphatic avoidance of reporting methods mirrors a growing body of work that suggests detailed discussion of NSSI may be triggering for people who are vulnerable (Lewis & Seko, 2016).

### **The Current Study**

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We had three aims in conducting this study. First, we aimed to explore how NSSI has been portrayed in online news media. In 2013, the American Psychiatric Association (APA) included NSSI Disorder and a condition for further study in the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013). As such, our second aim was to determine whether portrayal of NSSI has changed since the inclusion of the proposed NSSI Disorder in the DSM-5 as a condition warranting further study (APA, 2013). Our final aim was to assess any reporting differences across English-speaking countries (Australia, Canada, New Zealand, the United Kingdom, the United States of America). Our coding was focused on the presence or absence of stigmatising or sensationalist headlines, stigmatising or sensationalist language used in the article, use of images, mention of NSSI methods, the reported function of NSSI, reporting of any NSSI myths, provision of links to mental health resources, as is indicated in media reporting guidelines, and overall tone of the article. Although we expected at least some of the articles examined to have content congruent with these coding variables, given the descriptive and exploratory nature of the study we did not pose specific hypotheses.

### **Method**

#### **Selection of Content**

News outlets were chosen based on readership statistics compiled by Feedspot, an organisation that collates search engine and social media data to rank news websites in order of popularity. We selected the top 15 online news outlets for Australia, Canada, the United Kingdom (UK), and the United States of America (US; see supplementary material for list of outlets). Due to the small number of news outlets operating in New Zealand (NZ; 11 outlets), we selected the top 10 outlets for that country. Individual search terms were selected based on similar research (Lewis et al, 2014), and included: *self harm/s/ed/er/ing*; *self injure/y/ed/er/ing*; *self mutilate/ed/er/ion*; *non suicidal self injury*; *NSSI*; and *parasuicide*.

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We used Google's advanced search function to find news articles published online, using each search term individually. Articles including any of the individual search terms were included in the initial search. Due to the volume of content returned when using the search terms across the whole article, we restricted the search results to only those with the search term in the title. In addition to making the search more manageable, this requirement also improved the specificity of the search results, returning articles with a primary, rather than peripheral, focus on self-injury. The search was restricted to the time period of 2007 (when the International Society for the Study of Self-Injury was formed) to 2018 in order to capture any reporting changes before and after the publication of the DSM-5 (in 2013). Previous research investigating changes in media portrayals over time has used a pre/post timeframe of four years (Foley et al., 2019); therefore, a range of six years either side of the publication of the DSM-5 was deemed appropriate. Two researchers conducted the search, and all articles were screened for relevance before being retained for further analysis. The initial search returned a total of 2012 articles across all search terms and all news outlets. Most articles were found using the term *self-harm* ( $n = 1783$ , 88.6%). Of the 2012 articles found, 638 (33.9%) were screened as relevant and retained for analysis. During data collation, 45 articles were found to be duplicates and were removed from the data set, leaving 593 for coding. During the coding process, 19 articles were found to be unsuitable due to the article centring solely on suicide or mental health (not NSSI), and seven were found to have no publication date; these were also removed. Following assessment of reliability (see below), two researchers coded the final data set of 567 articles, with 20% ( $n = 115$ ) cross-coded to determine final coding agreement.

### **Coding Strategy**

Codes were developed based on existing media guidelines and a review of previous research investigating online NSSI content (Lewis et al., 2014). The rubric was further

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informed by preliminary analysis of the articles to get a sense of the types of data that would need to be captured. Two coders tested the rubric on a set of 10 randomly selected articles to determine the inter-rater reliability of the coding rubric; this process was repeated until inter-rater reliability exceeded 80% (3 iterations of coding; 30 articles). Variables were coded dichotomously (1 = present, 0 = not present). Only the codes included in the analysis are reported here (full rubric in supplementary material). In addition to recording the country, news outlet, and year each article was published, the following variables were coded.

### ***Definition.***

Given that the term “self-harm” is widely used to refer to both suicidal and nonsuicidal behaviours (Kapur & Gask, 2009), we coded for the presence of a definition to determine whether an article distinguished between nonsuicidal and suicidal behaviours in their use of the term self-harm. A definition was coded as present if either self-harm or self-injury was defined.

### ***Language***

We considered the use of both sensationalist and stigmatising language in the headline as well as in the body of the article. We coded for sensationalism and stigmatizing language when used to describe people with lived experience of self-injury, the behaviour itself, and where relevant, the rates of self-injury.

**Sensationalising Headline.** This was categorised as *low* sensationalistic, in which headlines included adjectives that were unnecessary but caused minimal alarm (e.g., “way up”, “sharp rise”), and *high* sensationalistic, in which headlines included adjectives that were unnecessary and elicited strong alarm (e.g., “extreme cases, “massive increase”).

**Sensationalising People.** Defined as language that conveyed an unfounded sense of emergency or danger regarding a person/people with a history of self-injury.



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**Sensationalising Behaviour.** Defined as language that conveyed a sense of horror, fear, or disgust associated with the act of self-injuring (e.g., “slashing wrists”).

**Sensationalising Rates of Self-Injury.** Defined as language that conveyed a sense of emergency and drama when describing how many people have engaged in self-injury.

**Stigmatising Headline.** This variable was defined as language that incited judgment or disdain, was punitive or critical in tone, or made a value judgement about a person or behaviours resulting in a sense of dishonour, disgrace, or shame.

**Stigmatising People.** This referred to language that conveyed a sense of judgement toward an individual with a history of self-injury, or portrayed such an individual as socially undesirable, dangerous, and/or weak.

**Stigmatising Behaviour.** Stigmatising behaviour was defined as language that portrayed NSSI as a shameful or dishonourable behaviour, or that encouraged an otherwise negative value judgement toward the behaviour.

### ***Images.***

Images that conveyed emotions such as sadness or hopelessness were coded as negative. Images that conveyed emotions such as joy or hope were coded as positive. Images with no clear positive or negative tone were coded as neutral.

### ***Myths About Self-Injury.***

Statements perpetuating the following myths were coded as present: marker of mental illness; direct result of trauma; only females self-injure; an attention-seeking behaviour; isolated to teenagers; superficial/non-serious; specific to goth/emo cultures.

### ***Reasons for Self-Injury.***

The reasons provided to explain why people may engage in self-injury were also coded. In cases in which the focus of the article was an increase in NSSI rates, we coded the reasons given for such an increase. We also differentiated between explanations given by an

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individual with a history of NSSI and explanations provided by a consultant (e.g., researcher, politician) or the journalist. In line with research determining the most common reasons for engaging in NSSI (Cipriano, Cella, & Cotrufo, 2017; Taylor et al., 2018), and informed by preliminary coding, the following explanations were coded: emotion regulation, self-punishment, bullying, stress, school pressure, family dynamics, technology, social media, economy, family violence, sexual assault and sexual pressure/sexualisation. We also included an *other* category to capture reasons not outlined in the rubric.

### ***Methods of Self-Injury.***

Reporting guidelines suggest that methods of self-injury should not be reported (e.g., Mindframe, 2014). Informed by the Inventory of Statements About Self-Injury (Klonsky & Olin, 2008), we coded for the presence of 12 methods (cutting, biting, burning, carving, pinching, pulling hair, severe scratching, banging-hitting self, interfering with wound healing, rubbing skin against rough surfaces, sticking self with needles, swallowing dangerous substances), alongside an *other* category.

### ***Provision of Helpful Resources.***

Reporting guidelines stipulate the inclusion of links to helpful resources when discussing difficult or potentially triggering topics in a news article (e.g., Mindframe, 2014). Accordingly, we coded for the inclusion of resources, defined as the inclusion of a relevant phone number or website link.

### ***Overall Tone of the article.***

We coded the overall message conveyed about NSSI within the article. Articles that presented a hopeless or melancholic message about NSSI were coded as negative in tone. Articles that presented a hopeful or motivating message about NSSI were coded as positive in tone. Articles presented in a purely factual manner were coded as neutral.

### **Data Analysis**

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A five-level variable was computed for country of publication and a dichotomous variable was computed for year of publication (pre-DSM = < 2013; post-DSM = > 2014). Frequencies across variables of interest were also computed. Due to the uneven distribution of articles across country of publication, cases were proportionally weighted before a series of Fisher's Exact Tests of contingency were conducted, with significance set at  $p < .05$ . This analysis was used to assess how countries differed in their reporting, and whether any differences found were more pronounced pre- or post-DSM.

### Results

The majority of articles were published after the publication of the DSM-5 ( $n = 406$ , 75.5%), most of which were published in 2018 ( $n = 105$ , 25.9%). The majority of articles were published in the UK ( $n = 322$ , 59.9%), followed by Australia ( $n = 89$ , 16.5%), Canada ( $n = 56$ , 10.4%), the US ( $n = 50$ , 9.3%) and NZ ( $n = 21$ , 3.9%). Percentage of articles reporting each code are reported alongside examples of each variable in Table 1.

### Definition

Most articles did not include a definition of NSSI ( $n = 500$ , 92.9%). The majority of articles used the term *self-harm* ( $n = 517$ , 96.1%) to describe self-injurious behaviour, with *self-injury* used in 112 (20.8%) articles, *self-mutilation* used in 25 (4.6%), and another term used in 51 (9.5%) articles. Of the *other* terms, *self-abuse* was used most often ( $n = 15$ ), followed by *nonsuicidal self-injury* ( $n = 10$ ) and *cutting* ( $n = 7$ ). There were no reporting differences found across country or across time

### Language

#### *Sensational language*

Of the 195 (36.2%) headlines that employed any sensationalist language, more used highly sensationalised language ( $n = 113$ , 57.9%) than less sensational language ( $n = 82$ , 42.1%). While there were no differences between countries before publication of the DSM-5,

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there was a difference after this,  $\chi^2(4) = 21.49, p < .001$ , with the USA more likely, and NZ less likely, to use highly sensationalised headlines after the DSM-5. Use of less sensational headlines did not differ across time, or across countries.

Few articles featured sensational language to describe individuals with lived experience of self-injury ( $n = 22, 4.1\%$ ), and there were no differences between countries or across time. Sensational language was used to describe the behaviour of self-injury in 114 (21.2%) articles. There was a tendency to use sensational language to describe the behaviour before, rather than after, publication of the DSM,  $\chi^2(1) = 6.90, p = .009$ . Outlets in Canada were slightly more likely, and NZ slightly less likely, than other countries to use sensational language to describe NSSI pre-DSM-5,  $\chi^2(4) = 11.74, p = .02$ . There were no cross-country differences after publication of the DSM-5.

When NSSI rates were included in an article, they were sometimes described using sensational language ( $n = 119, 22.1\%$ ). Although there was no overall difference across time, Canada was more likely than other countries to use stigmatising language to describe rates of self-injury before the DSM-5,  $\chi^2(4) = 20.63, p < .001$ . Post-DSM-5, Australia was more likely, and NZ less likely, to use sensationalist language,  $\chi^2(4) = 21.08, p < .001$ .

### *Stigmatising language*

Use of a stigmatising headline was infrequent ( $n = 80, 14.9\%$ ). Before publication of the DSM-5, Australia was more likely, and Canada less likely, than other countries to use a stigmatising headline,  $\chi^2(4) = 14.77, p = .005$ . Few articles featured stigmatising language to describe individuals with lived experience of self-injury ( $n = 91, 16.9\%$ ). In general, outlets were more likely to use stigmatising language before publication of the DSM-5,  $\chi^2(1) = 8.48, p = .004$ . After publication of the DSM-5, outlets in NZ were more likely than other countries to use stigmatising language to describe people who self-injure,  $\chi^2(4) = 11.49, p = .018$ .

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Stigmatising language was used to describe self-injury in 112 (20.8%) articles.

Overall, outlets were significantly more likely to use stigmatising language to describe NSSI before publication of the DSM-5 and significantly less likely to use this language after this time,  $\chi^2(1) = 21.44, p < .001$ . Although there were no cross-country differences before publication of the DSM-5, outlets in NZ were more likely than other countries to use this kind of language post-DSM-5,  $\chi^2(4) = 11.94, p = .018$ .

### **Images**

Images were used in most articles ( $n = 354, 65.8\%$ ), but only 65 (18.4%) were directly NSSI-related. Of those that were NSSI-related, scars ( $n = 26, 40\%$ ), wounds ( $n = 12, 18.5\%$ ), tools ( $n = 10, 15.4\%$ ) and other NSSI-specific imagery ( $n = 17, 26.2\%$ ) was used. Images used were often negative ( $n = 176, 49.7\%$ ) or neutral ( $n = 152, 42.9\%$ ) in connotation. Few articles included a positive image ( $n = 52, 14.7\%$ ). Most articles presented consistent imagery style, with only 22 (6.2%) including two or more images of differing connotation (e.g., one positive and one neutral). Overall, outlets were more likely to use an image after publication of the DSM,  $\chi^2(1) = 91.49, p < .001$ .

In general, news outlets were more likely to use positive images post-DSM-5,  $\chi^2(1) = 11.95, p = .001$ . Differences between countries were only noted post-DSM with the USA less likely than other countries to use a positive image post-DSM,  $\chi^2(4) = 11.74, p = .02$ . The same pattern was observed for use of neutral images. There was an increased use of neutral images post DSM,  $\chi^2(1) = 42.24, p < .001$ , with cross-country differences only noted after publication of the DSM,  $\chi^2(4) = 22.79, p < .001$ , where the USA was less likely than other countries to use a neutral image.

### **Myths about self-injury**

Few articles explicitly perpetuated any NSSI-related myths, with the most frequently reported myths being that self-injury is only engaged in by women or girls ( $n = 52, 9.7\%$ ) and

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that self-injury is an attention-seeking behaviour ( $n = 33$ , 6.2%). Although there was no general change over time, pre-DSM outlets in the USA were more likely to print the myth that only girls or women engaged in NSSI,  $\chi^2(4) = 12.04$ ,  $p = .017$ . After the publication of the DSM-5, outlets in NZ were more likely than other countries to print this myth,  $\chi^2(4) = 12.12$ ,  $p = .016$ . That self-injury is attention seeking was present in 29 (5.4%) articles, but there were no significant reporting differences across country or time,  $\chi^2(4) = 1.49$ ,  $p = .83$ . All other myths were present in fewer than 5% of articles and are not reported here.

### Reasons for NSSI

Most articles reported reasons that someone may engage in self-injury ( $n = 319$ , 59.3%), with 30 (5.5%) articles only including a reason in context of a reported increase in self-injury rates. Most of the time reasons were provided by the journalist or a consultant such as a charity ambassador or clinician ( $n = 209$ , 65.5%), with 86 (27%) of those including a lived experience voice and 69 (21.6%) articles including multiple sources (e.g., lived experience *plus* charity ambassador). There was no significant difference in likelihood of including any reason compared to no reason. Articles included multiple reasons, and we found that many of these reasons did not fit into the coding categories, with 219 reasons coded as *other*. Due to the wide array of reasons provided for NSSI, data was collapsed into *internal* reasons (e.g., stress, self-hatred) and *external* reasons (e.g., bullying, violence).

When a lived experience perspective was included, the reasons given for self-injury were more often internal ( $n = 78$ ) than external ( $n = 14$ ). There were no cross-country differences before publication of the DSM-5, however after publication, outlets in NZ were less likely, and those in the UK more likely, to report an internal reason for self-injury,  $\chi^2(4) = 19.04$ ,  $p = .001$ . There was also a trend toward being less likely to report external reasons after publication of the DSM-5,  $\chi^2(1) = 4.12$ ,  $p = .042$ . Before publication of the DSM-5, outlets in the UK were more likely to report external reasons for self-injury than other

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countries,  $\chi^2(4) = 9.93, p = .042$ . Post DSM-5 there was trend for NZ to *not* report external reasons,  $\chi^2(4) = 10.10, p = .039$ .

Reasons for self-injury proposed more generally (i.e., by the journalist or a consultant rather than someone with lived experience) were more often internal ( $n = 202$ ) than external ( $n = 51$ ). Before publication of the DSM-5, Australian outlets were more likely to report internal reasons than other countries,  $\chi^2(4) = 22.48, p < .001$ ; post DSM-5, New Zealand was more likely and the UK less likely to include an internal reason,  $\chi^2(4) = 41.87, p < .001$ . There were no reporting differences when providing externalising reasons for self-injury. When claiming an increase in rates of NSSI, the reason for such an increase was more often external ( $n = 45$ ) than internal ( $n = 36$ ). There were no reporting differences by country or date of publication for reported internal or external reasons for changes in rates of NSSI.

### Methods of Self-Injury

Most articles reported at least one method of self-injury ( $n = 350, 65.1\%$ ). Overall, outlets were significantly more likely to report method before publication of the DSM-5,  $\chi^2(1) = 30.78, p < .001$ . Pre-DSM, Australian outlets were less likely than those in other countries to report NSSI method,  $\chi^2(4) = 19.92, p = .001$ . After publication of the DSM-5, the USA and Canada were more likely to report method, while NZ was less likely than other countries to report NSSI method,  $\chi^2(4) = 54.01, p < .001$ .

### Resources

Most articles did not include access details for mental health resources ( $n = 357, 66.4\%$ ), with outlets significantly more likely to provide this information post-DSM-5,  $\chi^2(1) = 25.92, p < .001$ . Prior to publication of the DSM-5, Australia was more likely than other countries to provide this information,  $\chi^2(4) = 13.99, p = .007$ . After publication of the DSM-5, Australia and NZ were more likely to provide resources, while Canada and the USA were least likely to provide resources,  $\chi^2(4) = 49.56, p < .001$ .

### **Tone of Take-Home Message**

Overall, articles tended to use a neutral tone ( $n = 311, 57.8\%$ ) compared to a positive ( $n = 129, 24\%$ ) or negative ( $n = 98, 18.2\%$ ) tone when discussing self-injury. There was a general tendency to be less likely to adopt a neutral tone pre DSM-5,  $\chi^2(1) = 9.58, p = .002$ . Before publication of the DSM-5, outlets in NZ were more likely than other countries to adopt a neutral tone,  $\chi^2(4) = 9.75, p = .045$ . Post DSM-5 there were no cross-country differences. There was no reporting difference in a positive,  $\chi^2(4) = 7.22, p = .125$ , or negative,  $\chi^2(4) = 2.77, p = .598$ , tone across countries and time period.

### **Discussion**

We sought to examine how NSSI has been depicted in news media articles on the Internet. In concert with this, we were interested in understanding whether there were changes in the nature of reporting on NSSI in the period of time prior to publication of the DSM-5 (APA, 2013) and the time subsequent to this. In what follows, we discuss our findings in conjunction with implications for research and media reporting on NSSI.

Overall, although myths about NSSI were seldom reported, a majority of articles did not offer a definition of NSSI despite a small uptick in the occurrence of definitions post publication of the DSM-5. In line with this, a preponderance of articles used the term *self-harm* to describe the behaviour focused upon in the article. As discussed earlier, self-harm is a broad referent encapsulating both NSSI and suicidal behaviour (Kapur & Gask, 2009; NICE, 2013). At least in part, the large number of articles using this term may be accounted for by many articles' country of origin. In particular, *self-harm* is used with more ubiquity in the UK and Australia versus Canada and the US. Nevertheless, the lack of a clear definition for NSSI and the widespread use of a term that does not delineate NSSI and suicidal behaviour may engender public confusion about NSSI. Along these lines, many articles (~44%) did not articulate reasons for self-injury; thus, it would be up to the reader to discern



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why people self-injure. Taken together, the absence of clear communication about what NSSI is and why people self-injure represent a source of the well-documented misunderstanding about NSSI (e.g., Lewis et al., 2014).

While it is somewhat reassuring that a majority of articles did not use sensationalistic or stigmatising framings in the articles examined, this content was nonetheless present, and *any* inclusion of value-laden language is problematic. Of note, about one third of articles used sensationalising headlines, a trend that increased, at least in the US, following the publication of the DSM-5. In addition, numerous articles tended to use sensationalism when describing the behaviour and its prevalence. It is possible that the inclusion of NSSI in the DSM-5 sparked academic, clinical, and public interest in NSSI. While this can be beneficial (e.g., higher public interest can spur funding for research and service provision), such attention may be leveraged for gain in journalistic settings; further research is needed to explore this possibility. In a similar manner to sensationalistic content, although a majority of articles did not adopt stigmatising framings, this content was also still present. For instance, stigmatising content was most common in articles when referring to individuals who self-injure and to the behaviour itself. Although apparently decreasing in frequency, these depictions, while not representative of the majority of articles examined, are worrisome. Indeed, stigmatising attitudes about NSSI can foment shame and isolation among people and serve as a deterrent to disclosure (Mitten et al., 2016; Rosenrot & Lewis, 2018; Staniland et al., in press); stigma can also lead to poor responses from others during interactions with individuals who self-injure (Long, 2019; Mitten et al., 2016). Although more research is needed in this area, it is conceivable that media stories about NSSI may play a partial role as a source of public NSSI stigma. To understand this more, efforts are needed to further elucidate the framing(s) of NSSI in news media as well as its impact on media consumers.

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In addition to the use of sensational and stigmatising language and a tendency for the use of negative imagery, the overall tone of most articles was neutral. This indicates that although there may be areas for improvement when it comes to reporting on NSSI, the news media is rarely overtly negative. However, there was some disparity in the rating of overall tone, suggesting that individual differences are critical when it comes to how a reader may interpret an article. Myriad factors can contribute to the tone of an article, including narrative structures, content layout, and linguistic style. A content analysis is unable to capture these factors, and a micro-analytic approach, such as that used by Staniland et al. (2022) may offer more detailed insights into media portrayals of NSSI.

Finally, our analysis revealed areas of concern that deviated from media reporting guidelines. First, approximately two thirds of the articles reported specific NSSI methods. The reporting of NSSI methods is incongruent with extant media reporting guidelines coming from Australia (e.g., Mindframe Guidelines) and forthcoming media guidelines from the International Society for the Study of Self-injury (Westers et al., 2020). In both cases, it is advised that methods not be shared in media reporting due to concerns that this information may provoke the behaviour among vulnerable individuals. Media reporting guidelines for NSSI (much like those for suicide) also underscore the importance of resource provision; that is, ensuring that readers are given access to helpful resources (e.g., help-seeking contacts, coping resources). Unfortunately, most articles examined in this study did not offer resources in this regard. As discussed further in our Implications section, to decrease instances of methods being reported and increase the sharing of resources, it will be important to ensure that media reporting guidelines are widely disseminated and ultimately used.

### **Limitations, Future Directions, & Implications**

We circumscribed our focus to articles from a set of English-speaking countries and those that were published online. Hence, it should not be assumed that our findings generalise

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to those news stories published in other languages or in other media formats (e.g., print, radio, television). Future research may therefore be needed in this regard. In addition to this, given the focus of our study, we do not know what direct (or indirect) impact news media articles on NSSI have on people with and without lived experience of NSSI. Understanding the impact of media stories like those examined in this study therefore represents an important research initiative. Related to this, we could not account for the uptake of the articles examined. Thus, we do not know which articles were read more often than others; likewise, we do not know which articles were shared with more frequency (e.g., via social media). Knowing this could help in understanding whether particular types of articles have a more widespread impact than others. Finally, as discussed earlier, while there are several positive aspects when it comes to news articles about NSSI (e.g., largely having a neutral tone, not propagating myths), there were several areas of concern identified in our analysis. It will therefore be important to identify what processes (e.g., editorial agendas) and factors (e.g., time pressure, NSSI literacy) contribute to these instances. Accordingly, involving journalists in future research may be fruitful.

Although we found some differences in reporting across the countries included, it will be important to ensure that the newly developed media guidelines for reporting on NSSI (Westers et al., 2020) are widely disseminated. These guidelines address the abovementioned concerns, including (but not limited to): the provision of recovery-oriented and research-informed resources, avoiding misinformation and providing evidence-informed content, avoiding sensationalistic content and stigmatising language, and refraining from the use of NSSI imagery. Sharing these guidelines broadly therefore represents a critical step toward mitigating some of the abovementioned areas of concern (e.g., reporting NSSI methods, use of stigmatising language).

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Inasmuch as this is a key initial step, also critical is ensuring the uptake and usage of these guidelines. Thus, it may be useful to work with journalists to identify how likely they are to use these guidelines and what barriers may exist in these instances (e.g., editorial pressures). As evidenced in our findings, the manner by which NSSI is reported on may change with time (e.g., changes from pre to post DSM-5). Hence, moving forward, it will be important to examine the content of news articles on NSSI to determine whether the newly established guidelines are being used and to what extent; doing so will be useful in determining whether and where additional efforts are needed to increase their adherence.

### **Conclusion**

News media represents a powerful and accessible form of information dissemination that can shape public perception about an array of issues. This may have particular salience for topics that have potential to be misunderstood and stigmatised, including NSSI. Along these lines, findings from the present study point to a number of ways that media reports about NSSI may contribute to misunderstanding and potentially NSSI stigma. Accordingly, there is a clear need for journalists and others in the media to be familiar with and draw on extant reporting guidelines. Doing so represents a critical step toward mitigating against these potential and unintentional adverse effects.

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Table 1  
*Reporting Differences by Country and Year for Language and Definition*

Code	Country				
	Inter-rater agreement (%)	Pre-DSM N (%)	Post-DSM N (%)	Total N (%)	Example
Definition	91.43				
	UK	2 (9.5)	4 (7.1)	6 (12.2)	“Non-suicidal self-injury is commonly defined by scientists as deliberate discrete destructions of body tissue without intent of suicide” A209 “Self-injury or harm is any deliberate behaviour done to hurt oneself that yields tissue damage and is not intended to be suicidal” A47
	AUS	2 (9.5)	6 (21.4)	8 (16.3)	
	CAN	6 (28.6)	6 (21.4)	12 (24.5)	
	US	11 (52.4)	2 (7.1)	13 (26.5)	
	NZ	0 (0)	10 (35.7)	10 (20.4)	
	Total	21 (42.9)	28 (57.1)	49 (100)	
Sensational Headline: Low	80.95%				
	UK	3 (10)	14 (27.5)	17 (21)	“Alarm over self-harm rates” A219 “New statistics reveal dramatic increase in self-harm hospitalisations for young women” A490 “Cruel cuts: Self-harm rise for both males and females” A44
	AUS	4 (13.3)	8 (15.7)	12 (14.8)	
	CAN	6 (20)	8 (15.7)	14 (17.3)	
	US	17 (56.7)	11 (21.6)	28 (34.6)	
	NZ	0 (0)	10 (19.6)	10 (12.3)	
	Total	30 (37)	51 (63)	81 (100)	
Sensational Headline: High	87.62%				
	UK	2 (8)	22 (31)	24 (25)	“An epidemic of self-harm: Why are more Canadian

		AUS	8 (32)	12 (16.9)	20 (20.8)	youth hurting themselves?" A299 "Disturbing rise in self-harm among school children" A450 "Self-harm among teen girls is skyrocketing in this country" A94
		CAN	4 (16)	17 (23.9)	21 (21.9)	
		US	11 (44)	15 (21.1)	26 (27.1)	
		NZ	0 (0)	5 (7)	5 (5.2)	
		Total	25 (26)	71 (74)	96 (100)	
Stigmatising	81.90%					
		UK	1 (4.5)	14 (26.4)	15 (20)	"Cutting through the pain: Teen's battle with self-injury addiction" A375 "Self-harm addicts speak out as pain cuts deep" A314 "Study finds graphic YouTube videos of self-harm put teens at risk of mutilation" A412
		AUS	10 (45.5)	10 (18.9)	20 (26.7)	
		CAN	0 (0)	13 (24.5)	13 (17.3)	
		US	11 (50)	6 (11.3)	17 (22.7)	
		NZ	0 (0)	10 (18.9)	10 (13.3)	
		Total	22 (29.3)	53 (70.7)	75 (100)	
Describing People Who Self-Injure						
Sensational	94.29%	UK	1 (10)	3 (27.3)	4 (19)	"Demi Lovato is among high-profile self-harmers who have gone public" A86 "Young people are crying out for help... being driven to self-harm" A225 "She found a site for cutters, a showground where bloodletting is the sport" A148
		AUS	1 (10)	2 (18.2)	3 (14.3)	
		CAN	4 (40)	2 (18.2)	6 (28.6)	
		US	4 (40)	4 (36.4)	8 (38.1)	
		NZ	0 (0)	0 (0)	0 (0)	
		Total	10 (47.6)	11 (52.4)	21 (100)	
Stigmatising	78.10	UK	3 (5.9)	12 (17.6)	15 (12.6)	"As a cutter becomes more adapted to the sense of this

		AUS	6 (11.8)	11 (16.2)	17 (14.3)	kind of pain..." A267 "...the problem [self-harm] is usually an adolescent phase" A63 "Cutters aren't always dark or moody" A302 "...a growing concern for therapists that treat self-mutilators, also known as cutters" A292
		CAN	13 (25.5)	8 (11.8)	21 (17.6)	
		US	24 (47.1)	11 (16.2)	35 (29.4)	
		NZ	5 (9.8)	26 (38.2)	31 (26.1)	
		Total	51 (42.9)	68 (57.1)	119 (100)	

Describing NSSI as a Behaviour

Sensational	73.33	UK	5 (10.2)	16 (24.2)	21 (18.3)	"...an inner arm with rows and rows of slashes" A47 "She felt no pain after the sharp razor blades sliced through her forearm" A267 "...engage in such self-destructive acts" A322
		AUS	5 (10.2)	12 (18.2)	17 (14.8)	
		CAN	17 (47.2)	19 (28.8)	36 (31.3)	
		US	22 (44.9)	9 (13.6)	31 (26.9)	
		NZ	0 (0)	10 (15.2)	10 (8.7)	
		Total	49 (42.6)	66 (57.4)	115 (100)	

Stigmatising	81.90	UK	4 (6.6)	16 (25.4)	20 (16.1)	"Self-mutilation is a frighteningly common outlet for many depressed teens" A267 "...deliberately mutilate their own flesh" A86 "I will do something silly" A64
		AUS	11 (18)	11 (17.5)	22 (17.7)	
		CAN	13 (21.3)	13 (20.6)	26 (20.9)	
		US	28 (45.9)	13 (25.4)	41 (33.1)	
		NZ	5 (8.2)	10 (15.9)	15 (12.1)	
		Total	61 (49.2)	63 (50.8)	124 (100)	

Describing Rates of NSSI

Sensationalised	85.71	UK	4 (15.4)	21 (28)	25 (24.8)	"These heart-breaking figures are sadly unsurprising"
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AUS	5 (19.2)	23 (30.7)	28 (27.7)	A225
CAN	13 (50)	15 (20)	28 (27.7)	“They represent the tip of the iceberg” A490
US	4 (15.4)	11 (14.7)	15 (14.9)	“Frightening surge in the number of kids self-harming” A134
NZ	0 (0)	5 (6.7)	5 (4.9)	
Total	26 (25.7)	75 (74.3)	101 (100)	

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*Note.* *N* = number of articles with code present; % = percentage of articles within code. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

Table 2  
*Reporting Differences by Country and Year for Images*

Code		Country			
	Inter-rater agreement (%)		Pre-DSM N (%)	Post-DSM N (%)	Total N (%)
Presence	-	UK	8 (17.8)	75 (29.4)	83 (27.7)
		AUS	8 (17.8)	46 (18)	54 (18)
		CAN	12 (26.7)	50 (19.6)	62 (20.7)
		US	17 (37.8)	17 (6.7)	34 (11.3)
		NZ	0 (0)	67 (26.3)	67 (22.3)
		Total	45 (15)	255 (85)	300 (100)
		Tone: Positive	93.33	UK	1 (33.3)
AUS	0 (0)			10 (26.3)	10 (24.4)
CAN	0 (0)			12 (31.6)	12 (29.3)
US	2 (66.7)			0 (0)	2 (4.9)
NZ	0 (0)			5 (13.2)	5 (12.2)
Total	3 (7.3)			38 (92.7)	41 (100)
Tone: Neutral	83.81			UK	1 (5.6)
		AUS	7 (38.9)	21 (15)	28 (17.7)
		CAN	4 (22.2)	37 (26.4)	41 (25.9)
		US	6 (33.3)	6 (4.3)	12 (7.6)
		Total	18 (42)	94 (84)	112 (72)

		NZ	0 (0)	46 (32.9)	46 (29.1)
		Total	18 (11.4)	140 (88.6)	158 (100)
Tone: Negative	80.95	UK	6 (25)	40 (39.2)	46 (36.5)
		AUS	1 (4.2)	21 (20.6)	22 (17.5)
		CAN	8 (33.3)	4 (3.9)	12 (9.5)
		US	9 (37.5)	11 (10.8)	20 (15.9)
		NZ	0 (0)	26 (25.5)	26 (20.6)
		Total	24 (19)	102 (81)	126 (100)

*Note.* N = number of articles; % = percentage of articles within code. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

Table 3  
*Reporting Differences by Country and Year for Myths, Reasons, and Methods*

Code	Country		Pre-DSM N (%)	Post-DSM N (%)	Total N (%)	Example
Only Women/girls	91.43	UK	3 (13.6)	3 (10)	6 (11.5)	“Self-harm among young people aged ten to 19 is three times more common among girls than boys” A202 “One in 12 young people, mostly girls, engage in self-harming” A274 “Young women, statistically, are still the group most likely to self-harm” A428
		AUS	2 (9.1)	4 (13.3)	6 (11.5)	
		CAN	2 (9.1)	6 (20)	8 (15.4)	
		US	15 (68.2)	2 (6.7)	17 (32.7)	
		NZ	0 (0)	15 (50)	15 (28.8)	
		Total	22 (42.3)	30 (57.7)	52 (100)	
Attention- Seeking	93.33	UK	1 (31.3)	4 (23.5)	5 (15.2)	“...in a plea for love, or at least, attention” A262 “...it is a cry for human attention, for affectionate, real-life attention” A276 “...the only way they can get the attention of an adult” A34
		AUS	2 (12.5)	5 (29.4)	7 (21.2)	
		CAN	4 (25)	4 (23.5)	8 (24.2)	
		US	4 (25)	4 (23.5)	8 (24.2)	
		NZ	5 (33.3)	0 (0)	5 (15.2)	
		Total	16 (48.5)	17 (51.5)	33 (100)	
Reasons Given by a Person with Lived Experience						
	97.29 <sup>a</sup>					
Internal		UK	4 (19)	23 (40.4)	27 (34.6)	“...it acts as a form of release or a way of coping with feelings and situations” A87
		AUS	2 (9.5)	15 (26.3)	17 (21.8)	



	CAN	6 (28.6)	12 (21.1)	18 (23.1)	“Whenever I’m upset or in pain, instead of taking it out other people I take it out on myself” A58 “Self-harm is way of managing emotional pain which you are not able deal with outwardly” A51
	US	9 (42.9)	2 (3.5)	11 (34.6)	
	NZ	0 (0)	5 (8.8)	5 (6.4)	
	Total	21 (26.9)	57 (73.1)	78 (100)	
External	UK	1 (100)	6 (46.2)	7 (50)	“...psychological abuse by her mother triggered her self- harming behaviour” A163 “I...had not felt the need to do it for a while until my boyfriend dumped me” A364 “...when something went wrong in her life, from a bad grade to a fight with a friends, she would self-harm” A314
	AUS	0 (0)	5 (38.5)	5 (35.7)	
	CAN	0 (0)	2 (15.4)	2 (14.3)	
	US	0 (0)	0 (0)	0 (0)	
	NZ	0 (0)	0 (0)	0 (0)	
	Total	1 (7.1)	13 (92.8)	14 (100)	
Given Generally (by Expert or Journalist)					
92.09 <sup>a</sup>					
Internal	UK	9 (10.1)	28 (17.4)	37 (14.8)	“It’s often a symptom of depression, self-hatred, grief or low self-esteem” A432 “These young people are translating their emotional pain into physical pain” A385 “It seems to help the individual vent feelings of anxiety, stress, pressure or anger” A125
	AUS	8 (9)	22 (13.7)	30 (12)	
	CAN	17 (19.1)	29 (18)	46 (18.4)	
	US	45 (50.6)	15 (9.3)	60 (24)	
	NZ	10 (11.2)	67 (18.3)	77 (30.8)	
	Total	89 (35.6)	161 (64.4)	250 (100)	
External	UK	4 (11.8)	13 (18.8)	17 (16.5)	"For others the problem is substance misuse or it may be some trivial event such as a fight with their friends or
	AUS	6 (17.6)	11 (15.9)	17 (16.5)	

		CAN	2 (5.9)	10 (14.5)	12 (11.7)	parents” A73
		US	17 (50)	9 (13)	26 (25.2)	
		NZ	5 (14.7)	26 (37.7)	31 (30.1)	
		Total	34 (33)	69 (67)	103 (100)	
<hr/>						
Given for Rate Increase						
<hr/>						
	95.75 <sup>a</sup>					
Internal		UK	1 (25)	8 (30)	9 (8.3)	“...issues around body image” A211 “Children are feeling increasingly lonely... self-harming to try to make themselves heard” A56 “She said it’s tied directly to depression and anxiety” A437
		AUS	1 (25)	2 (10)	3 (12.5)	
		CAN	2 (50)	4 (20)	6 (25)	
		US	0 (0)	6 (30)	6 (25)	
		NZ	0 (0)	0 (0)	0 (0)	
		Total	4 (16.7)	20 (83.3)	24 (100)	
<hr/>						
External		UK	2 (16.7)	18 (34)	20 (30.8)	“Social media ‘fuelling’ shocking two-thirds rise in teen girls self-harming” A171 “Cyberbullying, substance abuse and economic stress from the recent recession might be contributing” A83 “...the growing gap between rich and poor has led to an increase” A68
		AUS	4 (33.3)	7 (13.2)	11 (16.9)	
		CAN	4 (33.3)	12 (22.6)	16 (24.6)	
		US	2 (16.7)	11 (20.8)	13 (20)	
		NZ	0 (0)	5 (9.4)	5 (7.7)	
		Total	12 (18.5)	53 (81.5)	65 (100)	
<hr/>						
Method Presence	96.82 <sup>a</sup>	UK	12 (8.2)	52 (23.5)	64 (17.4)	“The most common type of self-harm reported was drug overdose, followed by episodes of cutting, self-
		AUS	27 (18.4)	36 (16.3)	63 (17.1)	

CAN	33 (22.4)	58 (26.2)	91 (24.7)	poisoning, and various other methods of harm” A350 “Examples of moderate self-injury are cutting the skin with a tool sharp enough to draw blood” A267 “Mostly cutting, sometimes burning but not too much, and things like scratching” A278
US	65 (44.2)	39 (17.6)	104 (28.3)	
NZ	10 (6.8)	36 (16.3)	46 (12.5)	
Total	147 (40)	221 (60)	368 (100)	

*Note.* N = number of articles; % = percentage of articles within code. <sup>a</sup>Average agreement. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

Table 4  
*Reporting Differences by Country and Year for Presence of Resources and Tone of Take-Home Message*

Code	Country		Pre-DSM N (%)	Post-DSM N (%)	Total N (%)	Example
Resources	88.57%	UK	5 (16.7)	33 (23.6)	38 (22.4)	“If you have been affected by this story, you can contact the following organisations for support [list or organisations]” A524 “If you or anyone you know needs help: [list of contacts]” A238 “The website, Self-injury Outreach & Support, can be found at sioutreach.org” A597 “Need help? In the U.S., call [list of numbers]” A244
		AUS	12 (40)	40 (28.6)	52 (30.6)	
		CAN	2 (6.7)	10 (7.1)	12 (7.1)	
		US	11 (36.7)	6 (4.3)	17 (10)	
		NZ	0 (0)	51 (36.4)	51 (9.5)	
		Total	30	140	170	
Take Home Message						
Positive Tone	80.0	UK	4 (10.8)	16 (28.1)	20 (21.3)	“My scars are a symbol of the hardest journey of my life, from a time when I battled with myself every day in the mirror, to now, where I am proud to be the person staring back” A456 “The main thing now is to stop the stigma... you need people listening” A394
		AUS	8 (26.6)	10 (17.5)	18 (19.1)	
		CAN	12 (32.4)	12 (21.1)	24 (25.5)	
		US	13 (35.1)	9 (15.8)	22 (23.4)	
		NZ	0 (0)	10 (17.5)	10 (10.6)	
		Total	37 (39.4)	57 (60.6)	94 (100)	
Neutral Tone	60.95	UK	3 (12.5)	27 (28.7)	30 (25.4)	“Although the results of this study are alarming, we do know that a large proportion of children who self-harm
		AUS	1 (4.2)	16 (17)	17 (14.4)	

		CAN	4 (16.7)	21 (22.3)	25 (21.2)	do not continue to do so into adulthood” A425 “...increased pressure on teenagers to perform at school and rising body image concerns may also have contributed to the rise” A247 “This is not always the case but I have read so often in the past couple of years self-harm referred to as a "phase" or a "trend" and it is not” A208
		US	11 (45.8)	4 (4.3)	15 (12.7)	
		NZ	5 (20.8)	26 (27.7)	31 (26.3)	
		Total	24 (20.3)	94 (79.7)	118 (100)	
Negative Tone	76.19	UK	9 (8)	49 (22.8)	58 (17.7)	“...they not only use social media to share images of self-harm - some go further and use the images as part of their own self-harming behaviour” A210 “...what works at first to relieve your emotional pain starts working less and less and you need to do more and more of it to get the same results. What starts as a habit can become addictive and the behavior is meanwhile getting reinforced by the brain” A103
		AUS	29 (25.9)	44 (20.5)	73 (22.3)	
		CAN	21 (18.8)	38 (17.7)	59 (18)	
		US	43 (38.4)	28 (13)	71 (21.7)	
		NZ	10 (8.9)	56 (26)	66 (20.2)	
		Total	112 (34.3)	215 (65.7)	327 (100)	

Note. N = number of articles; % = percentage of articles within code. \*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .