Title: News Media Framing of Self-Harm in Australia

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Abstract

As a conduit of knowledge for the general public, news media inform the development and maintenance of attitudes and beliefs about a range of topics, including mental health and related behaviors. News media portrayals of such topics can therefore contribute to stigma - the culmination of harmful stereotypes, prejudice, and discrimination. A topic of increasing media and research interest is self-harm, a behaviour that is still poorly understood and highly stigmatized. Despite the potential for news media to be a source of self-harm stigma, few investigations of such portrayals have been conducted. To understand how news media portrays self-harm, a qualitative media framing analysis was conducted on 545 news articles published in Australia during 2019. Six frames were identified: *Inevitably Suicidal*, *A Tragic Outcome*, *Mentally Unwell*, *An Epidemic*, *Threatening and Dangerous*, and *A Manipulative Tactic*, each drawing on a broader narrative of pathology, instability, and damage. Use of problematic language and a lack of definitional clarity reinforced these frames. While the analysed articles are limited to an Australian context, findings demonstrate continued misrepresentations of self-harm, which arguably contribute to ongoing self-harm stigma. Greater education and support for journalists reporting about self-harm is needed.

Keywords: Stigma; nonsuicidal self-injury; media framing; qualitative; health communication

News Media Framing of Self-Harm in Australia

Nonsuicidal self-injury (NSSI), the deliberate damage done to oneself without intent to die (ISSS, 2020), is relatively prevalent among adolescents (17.2%), young adults (13.4%), and adults (5.5%; Swannell et al., 2014), and is typically used to regulate unwanted emotions (Taylor et al., 2018). While explicitly a nonsuicidal act, NSSI is associated with increased risk of suicidality (Kiekens et al., 2018). With NSSI being a reliable predictor of later suicidality, understanding the lived experience of NSSI is an important component of suicide prevention. Whilst the aetiological and functional constructs of NSSI are well understood in the field, public and professional understanding of NSSI is still limited (Fu et al., 2020; Hamza et al., 2021; Newton & Bale, 2012) and despite increasing research and public interest in NSSI (Lewis & Plener, 2015), damaging myths about the behavior are pervasive. Such myths include that NSSI is manipulative, attention-seeking, isolated to teenagers, women, and girls, synonymous with mental illness, or invariably reflective of suicidality (Jeffery & Warm, 2009). These myths contribute to NSSI stigma (Staniland et al., 2020).

NSSI Stigma

According to a recently proposed framework (Staniland et al., 2020), NSSI stigma is a function of six constructs: origin, the reason underlying NSSI; concealability, the extent to which NSSI can be concealed; course, the way NSSI changes over time; peril, the lethality of NSSI, and disruptiveness, the extent to which NSSI impacts relationships (Jones et al., 1984). It is argued that NSSI incurs stigma above and beyond mental illness stigma due to its potential visibility, the responsibility attributed to the person who engages in it, and the misconceptions about why people self-injure (e.g., for attention; Staniland et al., 2020). NSSI stigma is evidenced across the research literature, with experiments (Burke et al., 2019; Lloyd et al., 2018;

Nielson & Townsend, 2018), surveys (Fortune et al., 2008), and interviews (Mitten et al., 2015) demonstrating that NSSI stigma is endorsed and experienced. Furthermore, research has illustrated detrimental impacts of NSSI stigma. Individuals seeking medical care report being disbelieved and having their concerns minimized (Mitten et al., 2015), with experiences of being misunderstood leading to fear, confusion, and reluctance to seek further support (Long et al., 2015). Negative attitudes toward self-injury also foster self-stigma and shame, further compounding fear and secrecy that may lead to worsening mental health (Long, 2018). Given the association between NSSI and increased distress and suicidality, appropriate support must be available to those who are self-injuring, however, NSSI stigma is a significant barrier to support seeking (Fortune et al., 2008; Mitten et al., 2015). While there is a growing literature exploring what NSSI stigma is and how it is experienced, the question remains: how does NSSI stigma proliferate?

Stigma Communication

It has been argued that the primary function of stigma is to detect threat (Neuberg et al., 2000). Within this conceptualization, stereotypes operate as cognitive shortcuts that allow members of a group to quickly identify an individual who may pose a risk to the physical and social safety of the group, with the subsequent prejudicial thoughts and feelings informing discriminatory behaviours, such as withholding access to community resources. For stigma to operate effectively as a form of threat detection, members of the group must be aware of the stereotypes that identify those who may pose a risk (Smith, 2011). This awareness is developed via stigma communication, whereby messages that distinguish and categorize people based on some characteristic, condition, or behaviour (e.g., self-harm) teach that a stigmatized individual is dangerous to the physical and/or social safety of the group and that they are responsible for

both the danger they pose and their subsequent stigmatization (Smith, 2007). Stigma messages are communicated socially, through networks such as news media (Smith, 2012).

Despite the contemporary media landscape offering a wide array of avenues to access and consume information, news media is still widely endorsed by the general public as a primary knowledge source (Newman et al., 2020). Specifically, news media is regularly used as a source of information about health-related matters (Van Slooten et al., 2013), including mental health (Oliver et al., 2020). Because news media are perceived as a reliable and accurate (Tsfati & Ariely, 2014) the presentation of information can profoundly impact public perceptions of mental health issues (Cohen & Kolla, 2019), meaning there is a unique power to provide balanced and compassionate perspectives of complex topics, including mental health. Unfortunately, many news media portrayals of mental health are negative (Ciydem et al., 2020) and promulgate stigma messages about mental health difficulties (Ma, 2017). News media often situate mental illness within a context of violence or danger (Ciydem et al., 2020; Corrigan et al., 2005), which can inform and reinforce stereotypes about people living with mental illnesses, including that they are dangerous and unpredictable (Quintero Johnson & Riles, 2018). Exposure to such stereotypes can lead to prejudice and discrimination, compounding the already difficult symptoms of mental illness (Smith, 2007; Switaj et al., 2017). What is yet to be established is how the news media communicate about self-injury.

Of interest for the present research is the conflation between nonsuicidal and suicidal self-injury, both often discussed using the same referent: self-harm (Angelotta, 2015), which is a broad category of behaviors encompassing any deliberate damage caused to oneself regardless of intent (NICE, 2013). Therefore, self-harm captures both suicidal and nonsuicidal behaviors. While the term self-harm tends to bring NSSI to mind, a lack of distinction between suicidal and

nonsuicidal behaviors may contribute to a misconception that all self-harm is suicidal in intent. Defining and categorizing self-injurious behavior is a topic of ongoing academic debate, with researchers in various locations across the globe opting to differentiate between NSSI and suicidal self-harm, while others use the undifferentiated term self-harm (Kapur et al., 2013). In Australia, this distinction is unclear in both academic and public spheres; however, given the general public tends to rely on informal sources, such as television, for information about mental health-related issues (Reavley et al., 2011), it is likely that understandings of self-harm are drawn from news media. Indeed, news media is cited as a primary source of information about self-harm (Newton & Bale, 2012). News media portrayals of self-harm may therefore have a significant impact on how consumers understand the behavior.

Media Representations of Self-Harm

Self-harm is represented across various media formats, including song (Baker & Brown, 2016; Whitlock et al., 2009), film (Bareiss, 2017), television (Whitlock et al., 2009), social media (Brown et al., 2018), and news media (Bareiss, 2014; Whitlock et al., 2009). Despite the important role news media plays in public information, few investigations of news media portrayals of self-harm have been conducted, and those that have find that self-harm is portrayed negatively (Bareiss, 2014; Whitlock et al., 2009). Recently published media guidelines (Westers et al., 2020) highlight the importance of responsible reporting about self-harm due to the potential for influence on public opinion. Six recommendations were made, including avoiding misinformation, avoiding sensational or stigmatizing language, and centering stories of recovery. These guidelines echo those published in Australia, which have been active in varying iterations since 2009 (Everymind, 2020). Given that Australian journalists have operated under this

guidance for over a decade, Australian news media offers a unique site to examine framing of self-harm.

The Current Study

As a fundamental source of information, the news media is a primary conduit for stigma messages and is therefore an important site for investigating the types of self-harm related information consumers are exposed to. With limited understanding of how self-harm stigma develops, research efforts are required to explore contexts that may communicate such stigma. Therefore, exploring how the news media portrays self-harm can provide insight into the role of news media in communicating self-harm stigma. The aim of the current study was to investigate news media framing of self-harm across digital and print news articles published in Australia during 2019. Doing so facilitates an understanding of how news media may perpetuate self-harm stigma through framing and provides potential insight into how this can be avoided.

Method

A qualitative media framing analysis was adopted, which allows a methodical examination of how news media portrays a phenomenon of interest (Entman, 1993). The six steps developed by Giles and Shaw (2009) for use in psychology research were followed. Step one involves identifying a story by categorizing articles into meaningful groups. Next, characters are identified by noting which individuals are most prominently featured within and across articles. The third step involves determining with whom the reader is invited to identify. From here, narrative structure and form are explored to determine how narrative conventions are employed by the writer. Step five involves analysis of linguistic constructions, exploring how the use of language informs a particular message or interpretation. In the final step, generalization of the frame/s to an ongoing phenomenon is attempted.

Procedure and Analysis

Search terms included: *self-harm*, *self-injury*, *self-mutilation*, *self-abuse*, *self-cutting*, and *parasuicide*, with alternative suffixes (-ed, -ing). The Factiva database and Google's search engine were used to find news articles published in Australia between January 1 and December 31, 2019. A total of 619 articles (205 print, 416 digital) were saved for screening[1]. All articles were catalogued into Microsoft Excel, where information regarding each article's title and publisher was stored. Media framing analysis was then conducted. During analysis, reactions, thoughts and ideas, and key decisions were documented by the lead author in a reflexive journal. Frequent discussions were also had within the research team to share insights and interpretations; these contributed to the formation of the findings. Screening and data familiarization occurred during thorough reads of each article. Duplicate ($n = 84$) and irrelevant ($n = 22$) articles were removed from the data set, as were articles not in news media format (e.g., radio transcript, book review; $n = 18$). The final sample comprised 545 articles[2]. Each article was re-read and categorized according to the dominant narrative focus (Table 1). Following categorization, steps two through five were completed by recording summaries, quotes, and interpretations in the catalogue[3]. This was an iterative process; frames were formulated through a process of reading, identifying, describing, and reflecting.

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[1] A complete list of search results is available as a supplement.
[2] Copies of the articles can be accessed here: https://osf.io/6usyh/?view_only=d7c75d6937e54ef6b28b4b658ee6eec3
[3] Article catalogue can be viewed here: https://osf.io/6usyh/?view_only=d7c75d6937e54ef6b28b4b658ee6eec3

Table 1
Article Categories

Category	n	%
Aboriginal & Torres Strait Islander	24	4.43
Abuse/trauma	23	4.24
Crime	107	19.74
Entertainment/sport	30	5.53
General news/health	13	2.40
LGBTQI+	22	4.06
Mental health/illness	88	15.87
Nonsuicidal self-injury	4	0.74
Politics	29	5.35
Prison/detention	22	4.06
Refugee/asylum seeker	76	14.02
School	6	1.11
Suicide	33	6.09
Social media/internet	26	4.61
Teenagers	42	7.75
Total	$N = 545$	100%

Findings

Overall, self-harm was framed as an indication of pathology or damage. While six distinct

frames emerged, each drew on a broader framing of self-harm as synonymous with mental

illness, with self-harm leveraged to substantiate claims or bolster a narrative and was positioned

as increasingly problematic.

Inevitably Suicidal

Many articles were related to suicide, and "self-harm" was used to reference suicidal

behaviors; however, this was not universal, and definitions were typically ambiguous. "Self-

harm" was used interchangeably to refer to both suicidal and nonsuicidal behaviors, as evidenced

in article 163, wherein the journalist reported that two prisoners had died, "*one by suicide and*

one by self-harm." While accidental death following nonsuicidal self-injury can occur (Doshi et

al., 2005), readers may be confused by the language in this article: why was the death by self-

harm not referred to as suicide? Similarly, in article 33, "*the horrendous rates of suicide and*

attempts at self-harm involving a firearm" were referred to as part of a discussion regarding

firearm laws. Self-harm involving a firearm is likely suicidal in intent; therefore, the

identification of the attempt as self-harm and not suicide creates confusion. Lack of distinction

between suicidal and nonsuicidal self-harm, particularly when the method is likely suicidal, may

lead readers to perceive all self-harm as suicidal.

Even in articles where there was an attempt to distinguish between suicidal and nonsuicidal

self-harm, confusion arose. This was seen in article 191, wherein, despite stating that "*not*

everyone who self-harms is suicidal," the journalist presented behaviors typically viewed as

suicidal, such as hanging and overdosing, as self-harm. Definitional ambiguity may lead to

confusion regarding what people mean when they talk about self-harm. Indeed, it may influence

the way a person reacts to someone who has engaged in nonsuicidal self-harm. If a person

believes that all self-harm is suicidal, they may respond in an inappropriate or damaging way to

an individual who has self-harmed, such as reacting with horror (Long, 2018) or forcing

hospitalization (Lesniak, 2010).

A Tragic Outcome

Within 147 articles, self-harm was positioned as a tragic outcome of negative experiences

such as sexual abuse, discrimination, detention, bullying, and social, school, and work pressures.

Articles reporting on cases of sexual abuse referred to a survivor's self-harm as indicative of how

impactful the abuse was, as evidenced in article 99: a survivor "*developed an eating disorder and*

started self-harming." Such articles told of individuals significantly impacted by trauma, with

self-harm framed as an outcome worse than the traumatic experience preceding it. Emblematic of

pain and suffering, self-harm appeared to legitimize the impact of the survivor's experience, as

though self-harm was the indicator of impact, rather than the abuse itself warranting significant

concern. Consistent linking of self-harm and trauma reinforces the misconception that sexual

abuse causes self-harm (Klonsky & Moyer, 2008), which can inform an assumption that

experiences of trauma are a prerequisite for self-harm. In assuming that self-harm is preceded by

trauma, the lived experience of many people may be dismissed. In absence of a 'legitimate'

reason to self-harm, the behavior may be perceived as attention-seeking (Lloyd et al., 2018).

Drawing on self-harm to demonstrate impact was also employed in discourse related to

LGBTQI+ discrimination. All 22 articles in this category referred to the comparatively high rates

of self-harm among gender/sexuality diverse people to demonstrate the consequences of

discrimination, as though in absence of self-harm, LGBTQI+ discrimination may be dismissed.

For example, it was described in article 276 that "*Gay people who are the target of homophobic*

bullying are twice as likely to self-harm" and in article 444 it was described that "*LGBTQI youth*

are 4 times more likely to attempt suicide, experience suicidal thoughts, and engage in self-harm

[than non-LGBTQI+ youth].” References to self-harm drew on a perception that self-harm is 'tragic' to encourage the reader to view LGBTQI+ discrimination as important, as though this detail was required to legitimize the impacts of LGBTQI+ discrimination. This 'tragic' perception was also drawn on when framing Australia's ongoing offshore detention of asylum seekers. Of these 77 articles, 48 inferred that self-harm stemmed from detention-related factors (e.g., isolation, hopelessness). In article 462, the journalist drew on the perspective of a psychologist to demonstrate this position, writing that “*She recalled witnessing the process of how adult asylum seekers and refugees gradually lost hope and even started to self-harm.*” The use of “*even started*” suggests strategic use of self-harm to legitimize the narrative surrounding the impact of offshore detention.

The most prominent discourse in the context of asylum seeker detention pertained to the 2019 Australian federal election, in which the Liberal Party, a right-leaning political party that has campaigned against accepting refugees (Norman, 2019), was re-elected. The election result was portrayed as a catalyst for self-harm, with self-harm positioned as indicative of the damage caused by the re-election of a government with no intent to assist refugees. For example, it was written in article 148 that “*The Morrison government has refused to address claims of an unprecedented self-harm crisis among refugees and asylum seekers… following the election,*” and in article 522, a journalist “*echoed reports of a self-harm crisis… after the Morrison government's election victory.*” Self-harm narratives were leveraged in these articles to depict a state of despair, with an underlying assumption that in absence of self-harm, the circumstances at hand were invalid. This may lead to a perception that only those experiencing extreme difficulties have legitimate reason to self-harm. This is problematic as the difficulties people face are highly individual and relative to prior experiences. Assuming self-harm occurs only in

response to extreme difficulties ostensibly diminishes the experiences of people whose self-harm has occurred in response to difficulties not perceived as 'sufficiently serious'.

Self-harm as an indication of severe circumstances was further exemplified in stories about people living with disabilities. Self-harm was positioned as an important component of the impact of disability, as seen in article 385: "*he requires 24-hour supervision to stop him self-harming*." References to self-harm as evidence of impact were seen in more complex reports, such as article 374, which focused on a person named Yoey: "*... he believed Yoey's life was an example of just how wrong things could go for someone with a disability… We heard Yoey smashing herself up in the toilet*." Through proximity and narrative flow, an implicit link may be drawn between self-harm and the idea that Yoey's life had gone "*wrong*". In the mind of a reader, self-harm may be interpreted to represent 'a life gone wrong'. Similarly, the following was included in article 385 outlining the experience of a boy named Alex:

> *He requires 24-hour supervision to stop him self-harming and hurting others…*
>
> *He was scratching his legs and his upper body, so there were just huge scratch*
>
> *marks that were bleeding all over him and we went 'what do we do?'*

In these articles, self-harm was framed as both an allegory for tragedy and an indication of desperation. Language such as "*smashing herself up*" and "*bleeding all over him*" may evoke emotional responses such as fear and horror, and in combination with the narrative context, may portray self-harm as violent, frightening, and uncontrollable. These portrayals may contribute to a perception that people who engage in self-harm are dangerous, a perception that has been associated with discrimination in mental illness research (Corrigan et al., 2003).

Self-harm as a tragic outcome was also framed across contexts such as workplace stress: "*high anxiety and extreme work conditions drove them to the brink of suicide and self-harm*"

(173); school pressures: "*We're seeing self-harm in children as young as four, the push down of formalised education isn't working*" (370); childhood adversity: "*after fleeing a home full of verbal and physical violence… 'I got to the stage where I was self-harming'*" (398); bullying: "*The bullying and social isolation soon became so bad Imogen began self-harming*" (257); relational issues: "*family breakdown… can lead to teenage self-harming*" (645); and abuse: "*the psychological abuse she suffered led her to begin cutting herself*" (307). Across these contexts, self-harm was positioned to be *caused* by negative experiences, and framed as the tragic outcome of such experiences.

Mentally Unwell

Beyond being framed as an outcome of difficult experiences, self-harm was positioned as indicative of mental health difficulties. In article 554, the journalist reported on excessive waiting times at hospitals, with a doctor quoted as stating, "*often people presenting with mental health problems also need to be assessed… for self-harm injuries*." This may reinforce the idea that self-harm is always accompanied by "mental health problems". In some cases, self-harm was presented as a disorder in and of itself, as seen in article 155: "*We now know up to one-third of depression, anxiety and self-harm conditions experienced by Australian adults are related*." Described as a "*condition*", self-harm is positioned as an illness or disorder, which aligns with an incorrect assumption that self-harm *is* a mental illness (Vega et al., 2018).

Reports about particular mental illnesses, such as premenstrual dysphoric disorder (PMDD; 413), dissociative identity disorder (DID; 429, 451), and borderline personality disorder (BPD; 392, 486) were accompanied by references to self-harm. Historically, self-harm has been inaccurately attributed to BPD (Klonsky & Moyer, 2008); however, while self-harm is one diagnostic criterion for BPD, it is neither necessary nor sufficient to diagnose based on self-harm

alone (APA, 2013). Despite this, self-harm was positioned as a salient experiential component of BPD, as seen in article 392, in which the featured individual, Claire "*had often presented to emergency departments distressed after self-harming*." Consistent representations of self-harm alongside mental illness may encourage the inaccurate inference that self-harm indicates mental illness.

References to self-harm were also used to indicate psychological instability. This was particularly prominent in reports about alleged and convicted criminals. In article 639, it was reported that a woman charged with attempting parricide "*has severe psychological problems, self-harming and has tried to commit suicide*," and in article 447, the writer described that an inmate had "*many 'slash marks' (scars) from numerous attempts at self-harm*." References to self-harm in these articles tether the behavior to instability by implicating it as an important contextual fact about the individual. Rendered as salient detail, inclusion of alleged and convicted criminals' self-harm history may inform a spurious association between self-harm and criminality.

Psychological instability was also leveraged in articles about celebrities and public figures engaging in self-harm. Article 605 was an album-promoting piece for artist Iggy Pop, with his behavior described as "*Not so much intravenous cocaine and on-stage outrage and self-harm, more swims at the beach… and pre-gig meditation*." Here, drug use, outrage, and self-harm are linked to portray a juxtaposition to the comparatively wholesome "*swims at the beach*" and "*meditation*." The reference to self-harm appears to strengthen the perception of Iggy Pop as unpredictable and unstable. Similarly, an entertainment piece about television program The Crown, referred to an advertisement calling for an actress to play the Princess of Wales, including the request for someone who could play a "*desperate and lonely self-harmer*" (298).

The journalist subsequently reiterated: "*Desperate. Lonely. Self-harmer,*" before writing, "*While it may be an accurate description of the doomed royal, this is bad news for Princes William and Harry.*" Linguistic choices such as "*desperate*" and "*doomed royal*" portray a sense of mental instability, and the decision to identify the advertisement as an "*accurate description*" works to legitimize assumptions about self-harm being a behavior isolated to people perceived as mentally unstable.

In addition to instability, self-harm was also used to demonstrate vulnerability, particularly among criminal offenders who were "*at-risk*" and "*in need of protection*" (103). Choices to specifically mention when an offender was *not* at risk of self-harm illustrates a perception that this detail is important and/or interesting. This was seen in article 145, where a so-called "*notorious baby killer*" was "*not regarded as being at imminent risk of self-harm*". In addition to the possibility that the journalist assumed reader interest in this type of detail, reference to an *absence* of self-harm risk may act to indicate that despite having murdered a child, the offender is not so psychologically impacted to be at risk of self-harm.

References to self-harm were also apparent in mental health awareness and advocacy pieces, sourced from a range of perspectives, including mental health centers (166) and charities (236). Invariably, cessation of self-harm was central their mission. While cessation may be a goal for many people who self-harm, it is important to recognize the diversity and variability in people's recovery journeys (Lewis & Hasking, 2021) Emphasis on cessation may encourage a belief that self-harm is pathological and must be stopped at all costs, a belief that can lead to significant harm. Reliance on the opinions and correspondence of professionals (largely psychologists) to provide context and explanation for self-harm strengthened the portrayal of the behavior as pathological, a notion argued to contribute to NSSI stigma (Hasking et al., 2021).

In addition to pathologization, at times advocacy pieces featured language that invited judgement. Reporting on tattoo parlors offering discounted or free tattoos to cover self-harm scars, the journalist in article 11 wrote "*the cuts and bruises she inflicted on herself became a 'very nasty habit'*," and the writer of article 231 described that "*Underneath the images… lies something much darker. From the age of 12 until 19, Laila self-harmed*." Describing self-harm as a "*nasty habit*" and framing it as something "*dark*" evokes judgment and fear. These narratives could have been framed as stories of recovery and hope; however, the chosen language framed self-harm as a regrettable behavior that should be hidden. Scar acceptance can be an important element of recovery (Binnie et al., in press) and news media that portrays scars as shameful may negatively impact readers with lived experience of self-harm.

Further problematic phrasing was present in article 299, which reported on a prominent cardinal's visit to a prison. The journalist described offenders met by the cardinal, such as a woman who "*despite the best efforts of prison officers, was a repeat self-harmer*" and "*two other chronic self-harmers*". Labelling an individual by their behavior, as is seen by referring to someone as a "*self-harmer*", is dehumanizing and stigmatizing and should be avoided. Furthermore, referring to people who self-harm in an ongoing manner as "*chronic*" evokes pathology. By definition, chronic refers to persistent illness; identifying persistent self-injury as chronic medicalizes the behavior and removes autonomy, by implying that self-injury is an illness.

An Epidemic

Rates of self-harm were referenced across all article categories, but in 32 articles there was an implication that rates are increasing. For example, in article 405, it was described that "*The number of young women attempting suicide and self-harm is on the increase, causing concern*

for suicide prevention groups" and in article 86 it was reported that "*Half of all state teachers and staff in Victoria say they know of students who have self-harmed.*" The sentiment that adolescents are increasingly engaging in self-harm was further evidenced in language such as that found in article 175, which described "*the brutal reality of teens in harm's way.*"

Articles also pointed to a downward trend in age at onset, implying that not only is self-harm increasing in prevalence, it is also being engaged in by younger and younger people. Indeed, article 174 reported, "*The number of children aged under 13 treated at WA hospital emergency departments for self-harm has doubled in the past five years*" and article 181, "*I have seen self-harming in children as young as prep* [pre-school], *grade one and two.*" While there is evidence to suggest that age of onset is decreasing (Griffin et al., 2018) and that rates are increasing (Hiscock et al., 2018; Morgan et al., 2017), there is limited distinction between suicidal and nonsuicidal self-harm when collecting and analyzing hospital data. Presenting self-harm as increasing in prevalence and decreasing in onset age may create unnecessary fear and panic amongst readers, particularly parents.

While articles did not categorically describe self-harm as an epidemic, the language used to describe rates of engagement positioned it as such. Statistics were described as "*shocking*", "*disturbing*", and "*terrible*", with emphasis placed on rising rates. These linguistic choices evoke fear and panic that may encourage a reader to perceive self-harm as epidemic; indeed, the development of self-harm as a moral panic has previously been identified (Gilman, 2013). The impact of self-harm rates was also positioned as a significant burden. In article 644 and 180, it was outlined that teachers and principals are "*struggling to respond*", and in article 39 it was described that "*self-harm is adding to the pressure on… stretched* [emergency] *departments.*" While we do not dispute these accounts, there is an implication that self-harm is the problem,

rather than underlying systemic issues (e.g., resource allocation). By framing self-harm as epidemic, news media establish it as a problem beyond control, a sentiment magnified by linguistic choices, such as "*disturbing*" and "*shocking*".

Self-harm as epidemic was linked to an implication that the behavior is 'spreading.' In articles 179 and 632, it was described that "*a contagion effect is driving an alarming trend* [self-harm increase]." This language implies that people who self-harm are contagious and can cause those around them to start self-harming as well. This perception may lead to discriminatory behaviors such as forced covering of scars and social isolation. While peers may influence self-harm engagement (Schwartz-Mette & Lawrence, 2019), disease-based language such as "*contagious/contagion*" has been highlighted as problematic due to its stigmatizing potential. Furthermore, the representation of self-harm as driven by a "*contagion effect*" is reductionistic and does not provide the nuance required to understand how peer influence operates. News media have a responsibility to acknowledge and discuss the complexities of peer influence to ensure that damaging perceptions about self-harm are not perpetuated.

Threatening and Dangerous

Reports of police being called to attend situations involving an individual "*threatening self-harm*" were prominent - 37 articles had this focus. Such articles often criminalized the individual and conveyed a sense of danger, as seen in the description of a "*Christmas Eve siege*" where a "*knife-wielding man was threatening to self-harm*" (546). Likewise, articles 119 and 120 described a "*siege*" that was "*sparked when a man threatened self-harm.*" The word "*siege*" evokes war-like imagery, with the individual in need of support positioned as an enemy and danger to society. A similar narrative emerged in the case of a man who "*threatened to harm himself outside parliament house*" (62), with the situation described: "*Dramatic scenes unfolded*

outside state parliament yesterday when heavily armed police swarmed a car that was loaded with fuel and removed a man who was threatening self-harm" (64). Language such as "*dramatic scenes*" and "*swarmed*" evoke urgency and danger. While warranted in a life-threatening situation, these reactions may be inadvertently attached to self-harm rather than to the potential act of terrorism. Hence, self-harm may come to be understood as a dangerous and violent action.

Framing of self-harm as dangerous was also present in articles discussing the use of restraint and Tasers by police to prevent self-harm. In article 393 it was described that Patrina, a woman living with an intellectual disability "*was placed in handcuffs and put in the back seat of a wagon*" by police reportedly "*trying to protect Patrina who was self-harming at the time*." A similar narrative was present in article 185, which reported on police attendance to a teenage girl engaging in self-harm: "*two male officers arrived at the house where they restrained the girl and tried to force a self-harming implement from her hand*." Additionally, it was described in article 318 that, "*The officer said he finally fired the Taser when Mr Caristo stabbed himself in the leg, having formed the view that there was no other way to stop him harming himself more*." While it can be understood that these acts of intervention were attempts to help people who may pose a risk to themselves and others, self-harm is framed in these articles as a threat warranting police action. Linguistic choices, such as "*force a self-harming implement from her hand*" and "*finally fired the Taser*" position the actions of law enforcement as urgent, representing a justification of police intervention when an individual is self-harming. This may encourage a perception that when an individual engages in self-harm their autonomy is surrendered and restraint is acceptable. These articles also demonstrate the potential for confusion when self-harm is not defined. While restraining someone to prevent suicide may be appropriate, it may be less appropriate to restrain someone who intends to engage in nonsuicidal self-harm.

Perceptions of self-harm as threatening and dangerous were further evidenced in narratives pairing self-harm with acts of violence. It was described in article 521 that a man had "*stabbed his girlfriend and tried to set her alight, and he threatened self-harm*," and in article 365, it was described that after stabbing multiple people, a woman "*allegedly punched an officer and also attempted to self-harm*." More explicit links were evident in descriptions such as that found in article 396, wherein an offender was described as "*an aggressive drunk who had been admitted to psychiatric units multiple times after self-harming*." Similarly, a man who attacked a police officer was described in article 218 as "*an alcoholic who, when intoxicated, makes contact threatening self-harm*." Narrative constructions that describe self-harm and violence in proximity may lead to perceptions that people who self-harm are violent.

A Manipulative Tactic

Self-harm was frequently framed as manipulative, particularly within prison, abuse, and refugee narratives. Within the prison context, self-harm was portrayed as a tool used to modify circumstances, justify actions, or manipulate others. The self-harm of serial killer Ivan Milat was described with relative prominence and invariably as a method of escape: "*he was always scheming an escape, usually via hospital stay after self-harming*" (258). Likewise, serial killer Bradley Edwards reportedly injured himself to delay court proceedings: "*A cotton wool bud in his right ear was the only sign of the previous day's drama that led to the first day of his pretrial court hearing being adjourned*" (209). As in Milat's case, Edwards' self-harm was portrayed as a manipulation of circumstances. While prisoners may use self-harm in this way, a lack of alternative media representations may reinforce the myth that self-harm is typically used to manipulate people and circumstances. These portrayals also ignore the complexities of self-harm, which may be used as a means of expression or help-seeking when other options are not

known or available (Edmondson et al., 2016). Failure to acknowledge these complexities reduces

the behavior to a devious and manipulative tactic, a perception that can lead to poor treatment of

people who have self-harmed (Karman et al., 2015) and help-seeking reluctance (Long, 2018).

Within the context of abuse, perpetrators were reported as using threats of self-harm to

control their victim. This was evident in articles 335 and 620, where it was reported that "*the*

teacher threatened self-harm if the [victim] *revealed what was going on*," and in article 584

where it was reported that "*the stepfather threatened self-harm after his partner confronted him*

with allegations [of sexual abuse]." In these examples, it is evident that the motivation to self-

harm was to influence others' behavior, and while an accurate portrayal of events, inclusion of

detail regarding self-harm appears to leverage the stereotype that self-harm is manipulative.

Activation of this stereotype may serve to bolster the characterization of perpetrators as

manipulative, and also reinforce harmful stereotypes about people who have self-harmed.

Framing of self-harm as manipulative was also present in articles about asylum seekers.

Eighteen of these 76 articles referred to a claim made by then Home Affairs Minister, Peter

Dutton, that "*People have come to our country, people have self-harmed on advice from some of*

the refugee support groups or advocates, people have self-harmed in significant numbers" (75).

In articles 85, 465, 640, journalists reported that Home Affairs was "*concerned that self-harm is*

perceived as the most expedient means of accessing medical transfer [to Australia]." While

counterclaims were included, this narrative fosters a perception that self-harm is enacted for the

purpose of 'getting what you want'. It is important to consider the wider political context when

interpreting articles covering asylum seeker issues. The current Australian government has led a

strong deterrence campaign that has informed anti-refugee prejudice in Australia (Hartley et al.,

2019). Therefore, claims made by politicians that the "*system was being exploited by asylum*

seekers who were being encouraged to self-harm" (417) is likely to carry weight despite

conflicting evidence. Regardless of the accuracy of the claims, the pairing of self-harm and

manipulation is pervasive in these articles, and given public sentiment regarding asylum seekers,

may be more readily accepted than claims of self-harm made in other contexts.

Discussion

Using media framing analysis, we investigated self-harm portrayals in Australian news

media articles published in 2019. Our findings provide valuable insight into how the news media

positions self-harm, and points to the news media as an important avenue through which people

may develop stigmatizing views about the behavior. Six frames of self-harm were formed, each

contributing to an overall perception that self-harm is dangerous and engaged in by people who

are mentally unwell. While each frame captured distinct messaging, they were not mutually

exclusive, and appeared to draw on a broader symbolism of pathology and damage.

While self-harm has long been tied to mental illness, first referenced in asylum records

(Angelotta, 2015) before subsequent pathologization throughout the 1960's and 1970's (Millard,

2013), it is well established that not all people who self-harm have a mental illness (Kiekens et

al., 2018). Despite this, self-harm was frequently synonymized with mental illness in the articles

analysed, a sentiment strengthened by the prioritization of the voices of psychologists and

medical professionals leveraged as experts. Contemporary news media continue to frame self-

harm through a mental illness lens, which offers a limited perspective of what self-harm

encompasses and how to best support people engaging in it. With news media a common

information source about self-harm (Newton & Bale, 2021), it is important that journalists offer

diverse and accurate perspectives of self-harm, including accurate definitions.

Ambiguity surrounding the distinction between suicidal and nonsuicidal self-harm was prominent and may lead to a conclusion that these concepts are one and the same. By continuing to amalgamate suicidal and nonsuicidal self-harm, news media inadvertently contribute to the myth that all self-harm is suicidal. This amalgamation may also lead to a perception that self-harm without suicidal intent is non-serious or undeserving of support. In either case, reductionistic portrayals of self-harm impede understanding of the behavior, resulting in inaccurate and harmful beliefs that may inform inappropriate support. Delineating suicidal and nonsuicidal self-harm is necessary to improving portrayals of self-harm.

While references to self-harm were often fleeting or subtle, such references contribute to a reader's overall mental representation of self-harm. Mental representations include all relevant cognitive, emotive, and sensory experiences, both subtle (a line in a news article) and direct (a close friend with lived experience; Bartlett, 1932). Regardless of prominence, media frames of self-harm contribute to readers' mental representations of the behavior, which may inform subsequent attitudes and reactions toward to self-harm. For example, through exposure to news media about self-harm a person may develop a mental representation that concludes the behavior is inevitably suicidal in intent, which may lead to inappropriate support (e.g., forced hospitalization). By contributing to readers' mental representations of self-harm, the news media can impact how self-harm is appraised and how people who self-harm are treated. Furthermore, individuals with lived experience also absorb media framing of self-harm. When exposed to articles that imply people who self-harm are unstable, dangerous, or at fault for their difficulties, individuals may internalize such messages, which may result in feeling misunderstood, invalidated, and hurt. This may foment self-stigma (Staniland et al., 2020), which is associated with shame, isolation, and continued self-injury (Bachtelle & Pepper, 2015).

Our findings provide evidence that news media, at least that which is published in Australia, contributes to self-harm stigma. The extent to which this influences people's attitudes towards and beliefs about self-injury is unknown; however, mental illness research suggests that news media plays a role in the development and maintenance of stigma (Sieff, 2009). Despite operating under guidelines for responsible reporting on self-harm since 2009 (Everymind, 2020), Australian news media continue to use sensational and stigmatizing language. Research is needed to understand how reporting guidelines translate into practice, and whether more detailed advice, such as that found in the resource published by Westers et al. (2020), is required.

Furthermore, journalists must consider the impact of their language (see Hasking et al., 2021 for a data-informed commentary) and critically evaluate the need to include references to self-harm, particularly in reports about crime. While it is established in guidelines that reporting on self-harm methods is inappropriate, it should be considered whether the need to report on self-harm is necessary at all. Many articles in our data set referred to self-harm in the context of a crime to establish a history or background for the offender. This detail was usually irrelevant to the story and connected self-harm with violence, instability, and danger. Asking "what purpose does this information serve?" may be an important reflection during the writing process. If self-harm detail is necessary to the story, then sensitive and considered inclusion of the information is warranted, but if the detail serves to explain the mental state of an offender or otherwise evoke emotion from a reader, the inclusion of the information is questionable.

Limitations, Implications, and Future Directions

While we drew on a large sample of news articles to analyze, our focus on Australian news media means that we were only able to capture a small section of a much larger mass media agglomerate. The role of social media in information sourcing is growing, and consumers

source their information from a range of outlets, published both nationally and internationally (Newman et al., 2020). Therefore, the frames outlined here may not be representative of mass media at large. While our conclusions may be transferrable to news media from other English-speaking countries, it will be important to investigate the framing of self-harm across countries and across platforms (e.g., social media) in order to develop a more holistic understanding of the self-harm frames readers are exposed to.

While we have endeavored to be transparent in our methodology and conclusions, media frames are never obvious or explicit, meaning that our analysis, like other approaches, relied on human interpretation. We acknowledge that the positioning of each member of the research team inevitably permeates these interpretations. In line with qualitative reporting standards (Levitt et al., 2018), we adopted structured methods of reflexivity including regular team meetings, reflexive journaling[4], and bracketing. In our bracketing efforts, we acknowledged and reflected on our relevant stigma foci to minimize the risk of transposing frames that we expected, rather than finding frames that were there. Furthermore, while our interpretations are described and explained with examples, we cannot account for journalistic intention. Understanding framing of self-harm would benefit from collaboration with journalists.

Reducing the stigma of self-harm requires interdisciplinary efforts. In absence of a commitment from journalists and media organizations to address the harmful impacts of negative self-harm frames, efforts made by advocates and researchers will be impeded. While challenges such as editorial pressures, fulfilling public interest, and funding competition contribute to writing choices, and should be considered (Holland, 2018), there are freely accessible guidelines that direct responsible and appropriate reporting on self-harm (Westers et al., 2021). Like the

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[4] Reflective journal excerpts can be found here:
https://osf.io/6usyh/?view_only=d7c75d6937e54ef6b28b4b658ee6eec3

behaviour itself, portrayals of self-harm must be nuanced, with meaningful efforts made to center

lived experiences and stories of hope without sensationalizing the behaviour (as seen in article 11

with the description of self-harm as a "nasty habit").

In addition to researching the framing of self-harm in other types of media, future work

should investigate what aspects of framing are attended to and retained. This could be achieved

experimentally, by exposing participants to various representations of self-harm and

administering pre- and post-observation measures of relevant knowledge, attitudes, and beliefs.

The findings of such research may point to potential impacts of media framing on readers'

understanding and perception of self-harm. Furthermore, investigating reader responses to self-

harm related media can provide insight into how people think and feel about self-harm. Many

people access news media through social media platforms that allow public commenting,

therefore, there is potential to investigate reader framing of self-harm in comments sections. This

could be achieved by extracting comments made on self-harm-related news articles and

completing a framing analysis on the comments.

Finally, as the field continues to investigate self-harm stigma and work to reduce it,

consideration must be made to macro-level influences. As Scambler (2019) articulates, stigma is

a product not just of evolutionary processes (i.e., fundamental aversion to difference) but also a

tool through which to maintain the status quo. A shift in news media portrayals, while necessary,

may not be sufficient to disrupt the pervasive nature of stigma (Scambler, 2019). Change in news

media portrayals is one small component of a larger movement needed to destigmatize mental

health difficulties and requires collaborative advocacy efforts. The inclusion of lived-experience

narratives and recovery-oriented foci is vital, but it must also be acknowledged that self-harm

stigma, like other stigmas, are intersectional and complex, and require intersectional and

complex solutions.

Conclusion

Self-harm continues to be misunderstood and misrepresented, in part due to ambiguity

regarding what constitutes self-harm and why people engage in the behavior. While research

focused on self-harm stigma is emerging, there is still limited understanding of how self-harm

stigma propagates and perpetuates. We know that news media provides the public with health

information, and in doing so sets an agenda for what is perceived as important and true (Kennedy

& Prat, 2019). As such, the way news media frame an issue has an impact on how the public

perceive it. With news media being a dominant source of information about self-harm (Newton

& Bale, 2012), stigma messages communicated by news media have significant implications for

public understanding about the behavior and people who engage in it. The present work provides

valuable insight into the types of stigma messages conveyed about self-harm in news media and

highlights an important site through which self-harm stigma may manifest. By drawing attention

to the subtle ways stigma is communicated, we hope this work encourages the widespread use of

Westers and colleagues' (2021) reporting guidelines and critical consideration of how self-harm

narratives are constructed and construed.

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