

Understanding Homicide–Suicide

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KEYWORDS

- Homicide • Suicide • Murder • Violence • Psychological autopsy
- Homicide–suicide

KEY POINTS

- Homicide–suicide is the phenomenon in which an individual kills 1 or more people and subsequently commits suicide, usually within a short period of time.
- A subtype of homicide–suicide, mass murder–suicide, is gaining increasing attention, particularly in the United States.
- This article proposes a standard classification scheme that further delineates mass murder–suicides.
- Future research should use the full psychological autopsy approach, to include collateral interviews.

INTRODUCTION

Homicide–suicide (HS) is an act of murder of 1 or several individuals that is followed not long after by the suicide of the perpetrator.^{1,2} The subsequent suicide most often occurs within a 24 hour period. Despite its rare occurrence, it has profoundly devastating effects on family and community. The dramatic nature of HS frequently captures media attention, and efforts at recognition and prevention have received much less consideration. The event leaves no living victim or perpetrator, making a clear understanding and subsequent research difficult. Nevertheless, efforts have been made to provide new insights into the phenomenon and to better distinguish it from homicide or suicide alone.^{3,4}

The rate of HS varies around the world.⁵ In the United States, rates range from 0.134 to 0.55 per 100,000.^{2,6–9} HS is responsible for approximately 1000 to 1500 deaths annually in the United States alone.¹⁰ Most research to date suggests that perpetrators of HS differ from the typical murderer or suicide in terms of sociodemographic characteristics.⁸ In fact, research findings generally suggest HS has unique characteristics distinguishing it from both homicide only and suicide only, while also

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Abbreviations

HS	Homicide–suicide
MINI	Mini International Neuropsychiatric Interview
MMS	Mass murder–suicide

sharing certain characteristics with these 2 events.³ For example, perpetrators of HS are usually older than the average homicide-only perpetrator, and more likely to be married or recently separated.⁴ Although perpetrators are most often male, victims are most often female. HS seems to be more likely to be precipitated by interpersonal crises than suicide only.¹¹ The influence of alcohol and drug abuse seems to be less prevalent in HS as compared with homicide or suicide alone.^{4,12}

This article reviews the evidence for establishing a standard classification scheme for HS. In this typology, mass murder–suicide (MMS) is considered a type of HS that is further classified and delineated into a workable subtypology. Because the subject of MMS has been receiving increasing attention, particularly in the United States, its unique psychological and sociocultural aspects are discussed. Finally, preventive methods and future research directions are suggested.

HOMICIDE–SUICIDE CLASSIFICATION

The National Violent Death Reporting System is a US Centers for Disease Control and Prevention database that collects information on all violent deaths and suicides. However, using such a database to study HS has proven problematic owing to the lack of a unique code for HS,¹³ which in part stems from ongoing lack of a universally accepted classification system. In 1992, Marzuk and colleagues¹⁰ proposed a practical and logical clinical typology for the classification of HS. Their system categorizes perpetrators based on victim–perpetrator relationship, and by class of precipitants or motives. For example, virtually all HS research indicates that the most common type of HS is the killing of a woman by her estranged male partner after a breakdown of the relationship.^{7,14,15} Marzuk and colleagues classified this type of HS as “amorous jealousy.” Depression was the most common diagnosis among these perpetrators, who also had a history of chaotic, abusive relationships with partners.¹⁶ The underlying motivation in this type of HS seems to be the real or threatened loss of a previous intimate partner. This occurs in the setting of “domestic desperation,” with the perpetrator likely experiencing feelings of hopelessness and a marginalized identity.¹⁷

Another type of HS per the Marzuk and colleagues classification is the spousal HS of the “declining health” class. This type involves a man, typically elderly, who kills his spouse and then himself because of deteriorating health of either or both. Beginning in approximately the late 80s and 90s, younger couples suffering from AIDS were also classified in this group. It has been argued that in some cases of the declining health type of HS, the motive may be less of an act of love or mercy, and more of an act of fatalism influenced by depression and desperation.¹⁸ Other types of HS per this classification system (observed with less frequency) are filial, familial, and extrafamilial types. *Filicide–suicide* may involve a depressed and psychotic mother who kills her child in a so-called “extended suicide.”^{10,19,20} However, research has delineated 5 other potential motives for filicide, including *altruistic* (“murder out of love,” which may be related to psychosis, depression, or serious childhood illness), *acutely psychotic* (in which the parent kills the child under the irrational influence of psychosis or mania), *fatal maltreatment*, *unwanted child*, and *spouse revenge*.^{19,21} Research has found that the most common parental motives for filicide–suicide were altruistic and acutely psychotic.²⁰ The spousal revenge motive involves a parent

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