

Homicide followed by Suicide

A Unique Type of Lethal Violence



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Structure

- i. Definition & Typology
- ii. Background
 - Homicide-suicide in the Netherlands
 - Variations of homicide-suicide
- iii. Conceptual Framework
- iv. Case Studies
- v. Prevention



Definition

Homicide-Suicide:

- Cases of **murder and manslaughter**, followed by a **suicide** of the perpetrator.
- Period between the homicide and the suicide \leq one week.



Typology

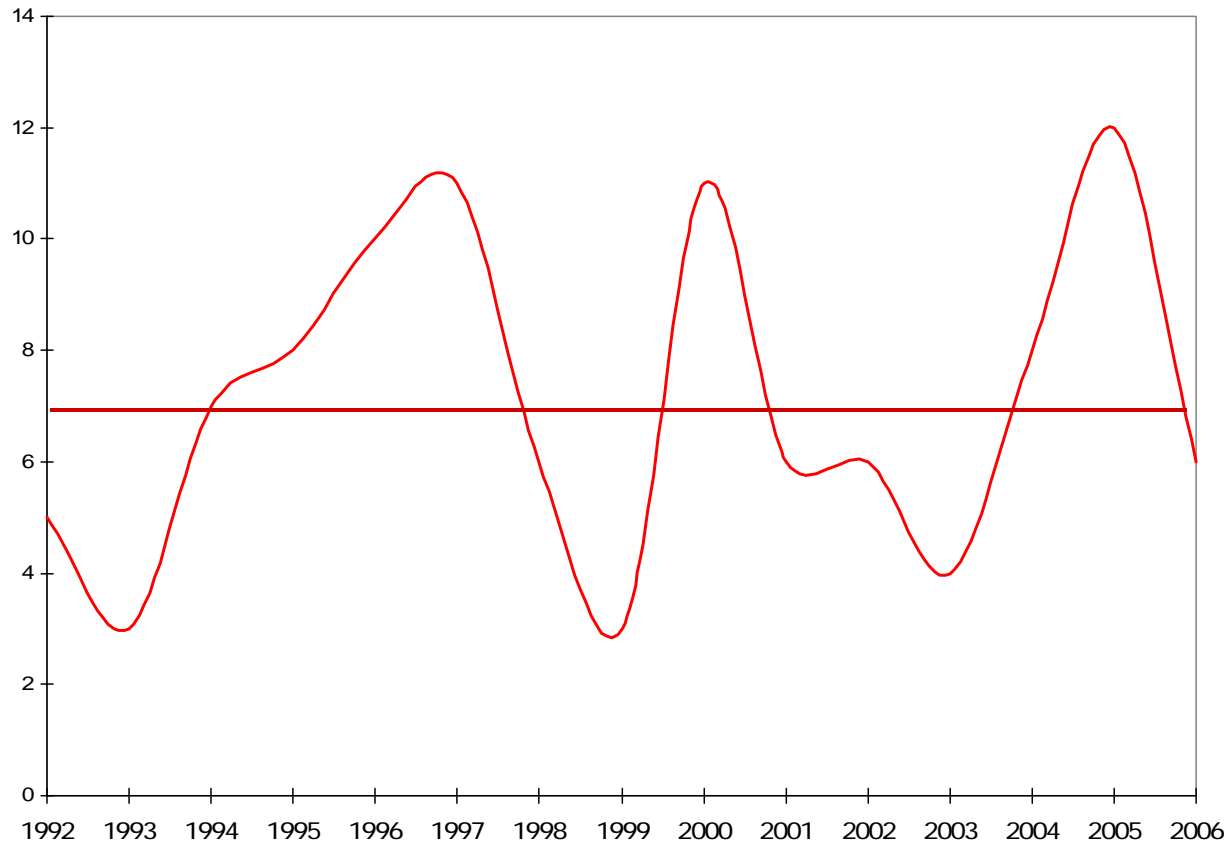
Homicide-Suicide:

- Uxoricide-Suicide
- Filicide-Suicide
- Familicide-Suicide
- Other Family Homicide-Suicide
- Extrafamilial Homicide-Suicide



Background

Homicide-Suicide in the Netherlands



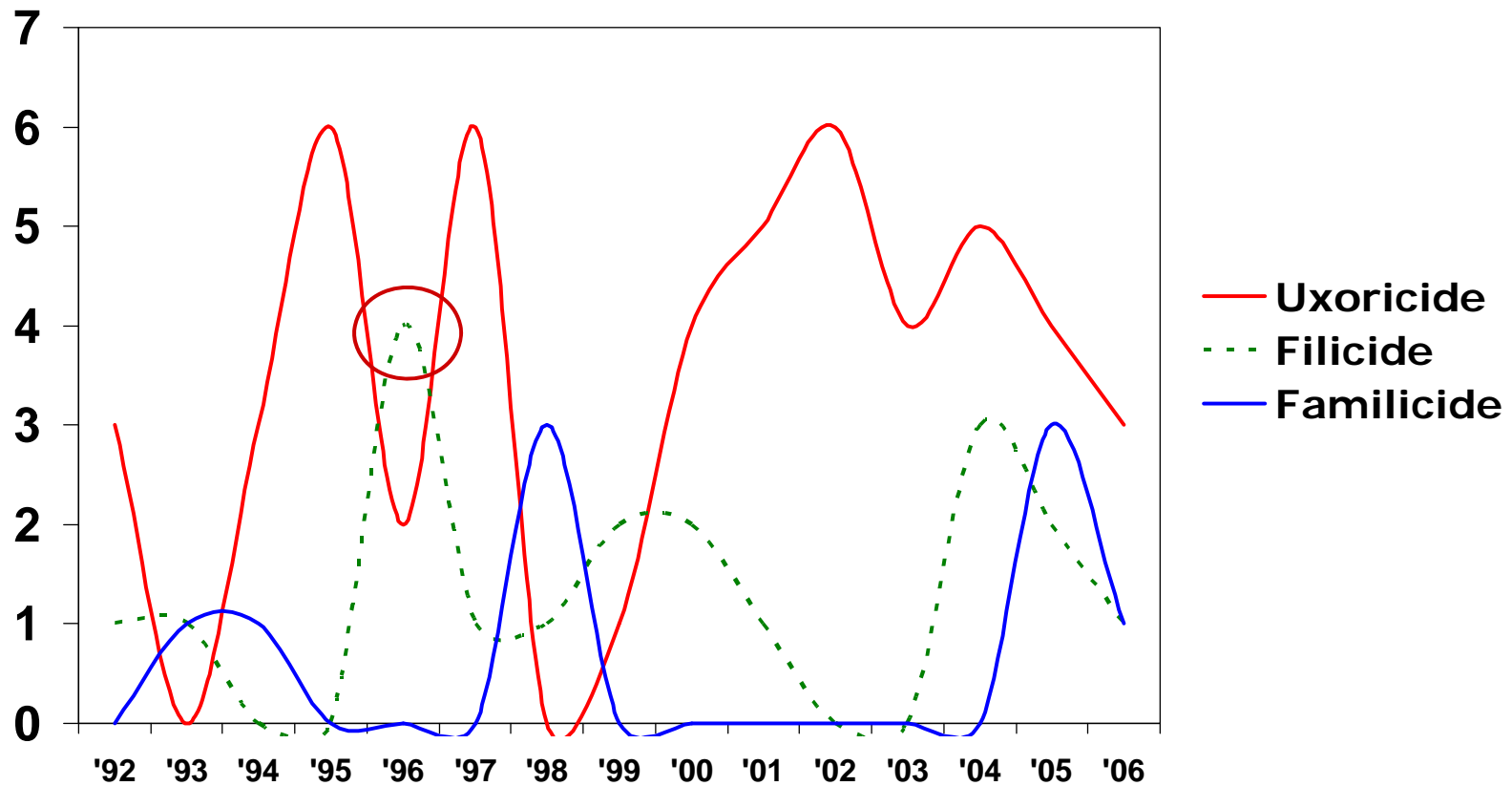
- N=103 HS
- On average 7 times per year
- HS: 4% of all homicides
- HS: 0,05% of all suicides

Source: Liem *et al.*, 2007



Background

Homicide-Suicide in the Netherlands



Source: Liem *et al.*, 2007



Background

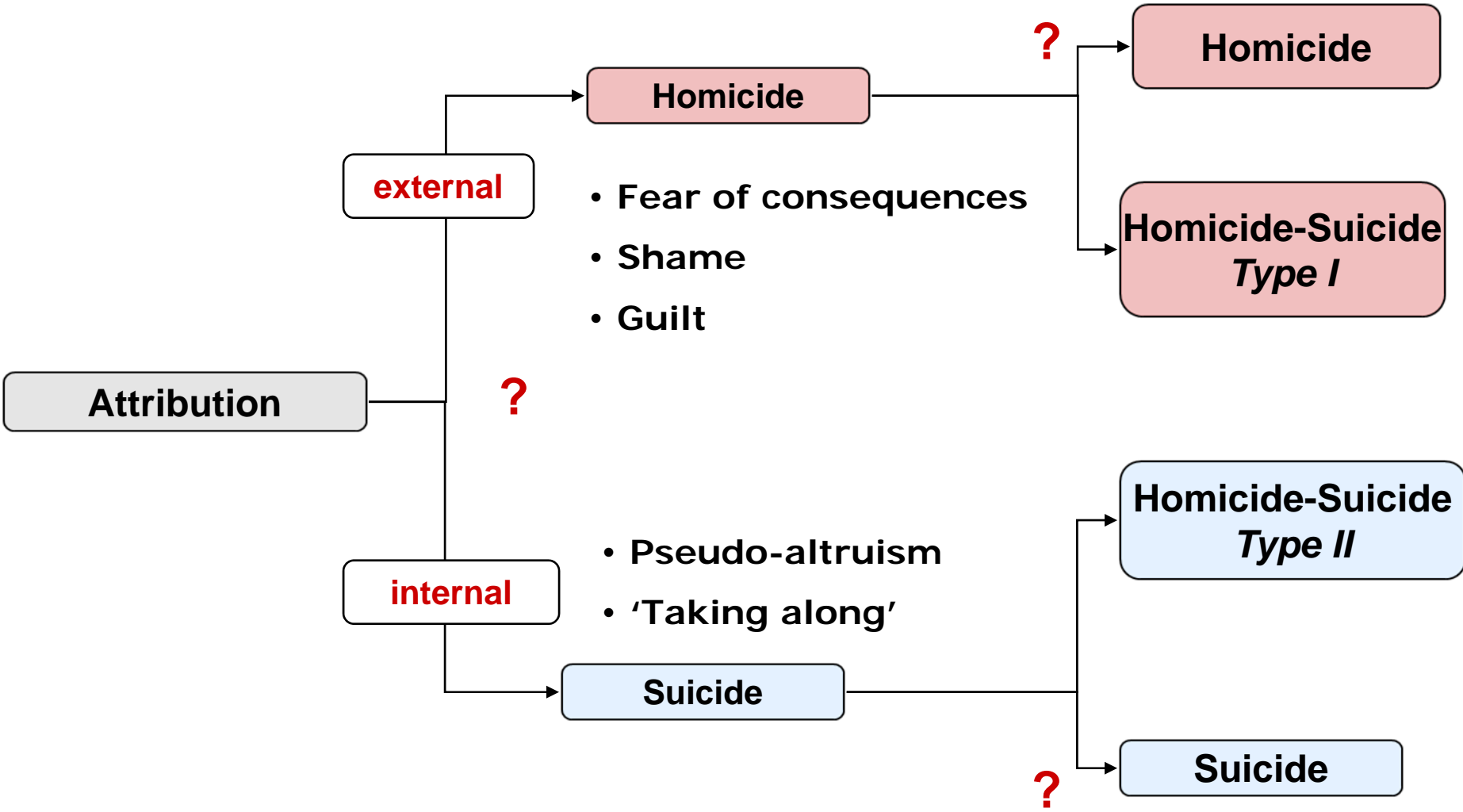
Country	Study	Homicide-Suicide (%)	Homicide-Suicide Rate
United States (OK)	Comstock et al. (2005)	4	0.30
United States (NH)	Campanelli & Gilson (2002)	14.7	0.26
United States (17)	Logan et al. (2008)	6.6	-
Australia	Carcach & Grabosky (1998)	5.5	0.22
Finland	Kivivouri & Lethi (2003)	8	0.18
England	Milroy (1993)	4.6	0.07
The Netherlands	Liem et al. (2007)	4	0.05



Variations of HS

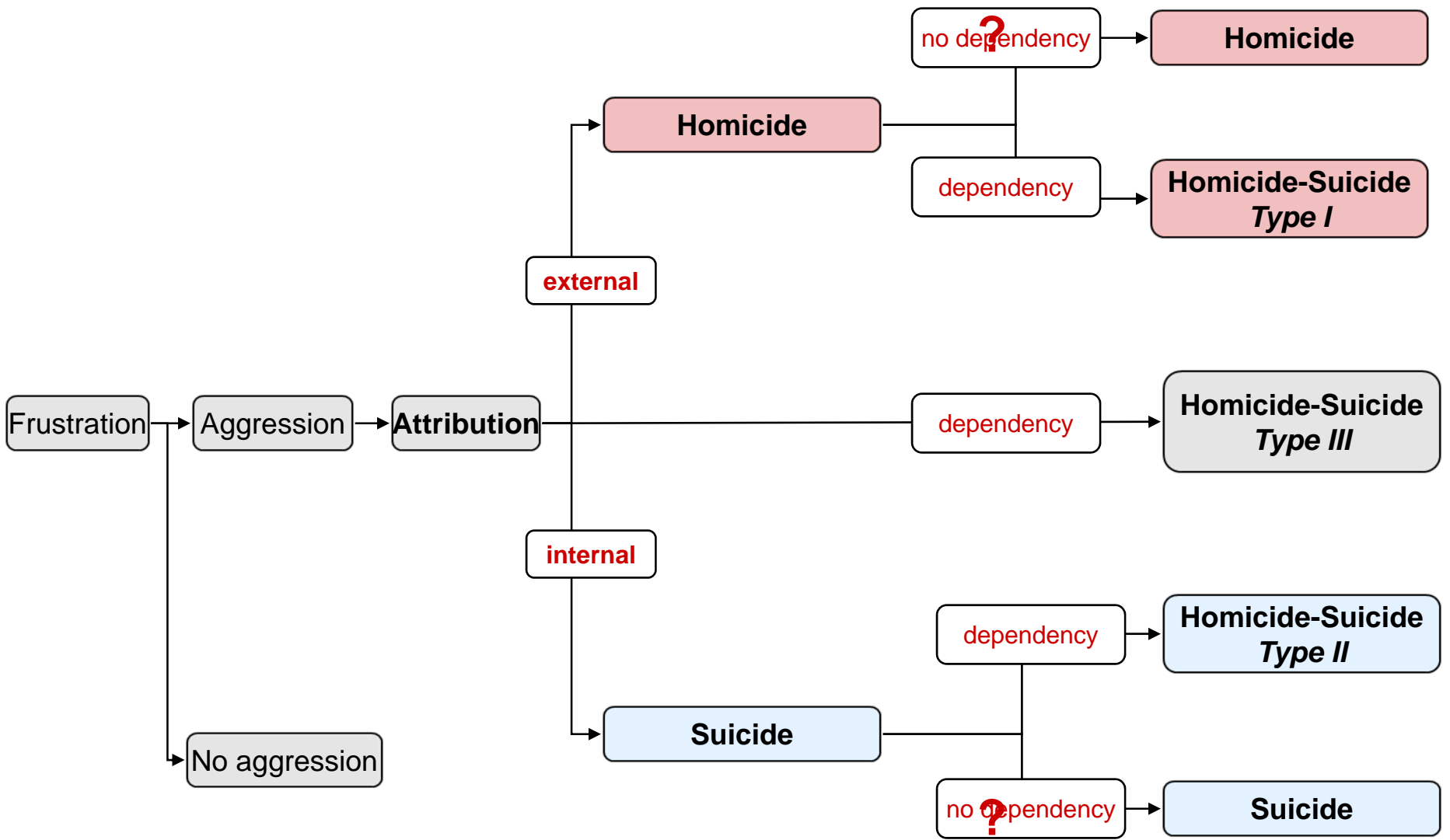


Variations of HS





Conceptual Framework





Case Studies

Homicides followed by *parasuicides*:

- Forensic observation hospital
- Psychological / psychiatric testing
- Motives
- Severe parasuicides ↔ successful suicides



Case Studies

METHODS (1)

Forensic Observation Hospital

1953-2006

N= 430 Domestic Homicides

HPS Database

1953-2006

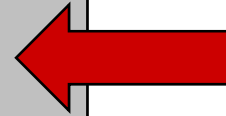
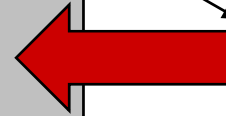
N=77

Homicide-
ParaSuicides

Hospital Department of Psychiatry

2001-2006

N= 161 ParaSuicides





Case Studies

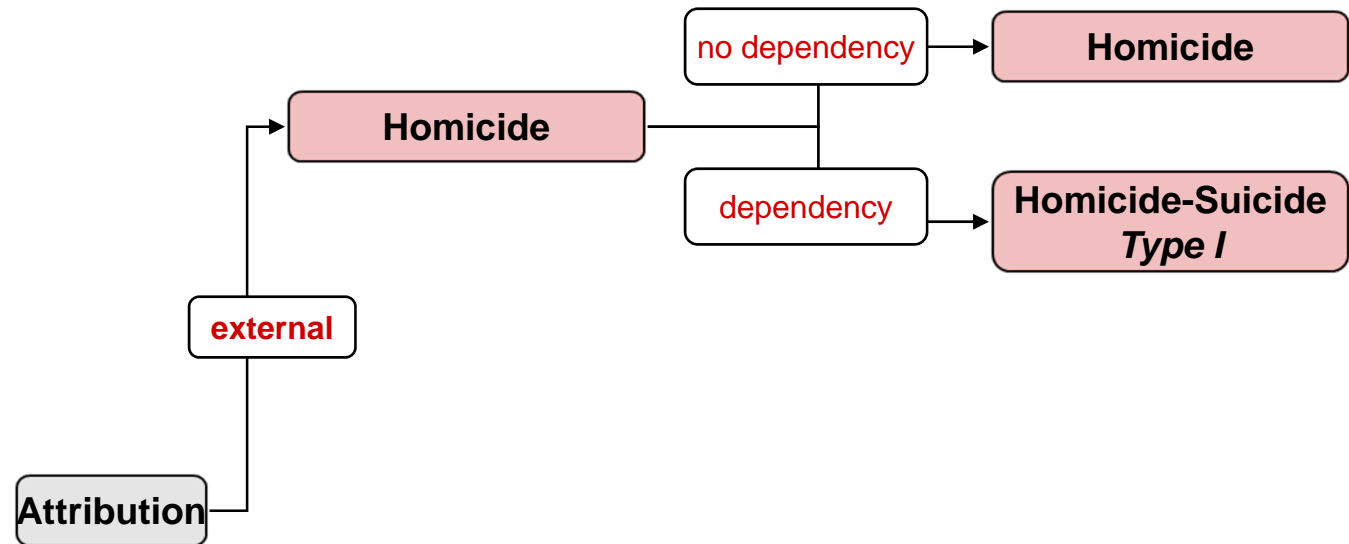
METHODS (2)

Available Data in Dataset based on:

- Life history (early youth – index event)
- Medical report
- Psychiatric and psychological reports
- Criminal record
- Police report



Case Studies



Case A

Homicide-Suicide

Type I

Case B

Homicide



Case Studies

Case A: *Homicide-Suicide Type I*

- Mr A., born and raised in Yugoslavia.
- Aged 28: immigrates to the Netherlands.
- Aged 35: marries a girl (19) in pre-arranged wedding.
- Three children are born; authoritarian position; physically abuses wife and children.
- Health deteriorates; wife emancipates; frustration increases; suspicion of adultery; **emotional dependency**.
- After argument: stabs her to death; **reactive parasuicide**: "At first, I felt relieved [...] She shouldn't have rejected me."
- "I did not want to live without her. She was mine and mine alone [...] I wanted to die, too."



Case Studies

Case B *Homicide*

- Mr B., born and raised in the Netherlands.
- No problems in childhood; no indications of prior abuse
- Aged 24: meets future wife; soon, a son is born.
- Aged 31: relationship deteriorates; threat of divorce
- Humiliated; loss of "his" son; stalking, damaging goods
- **Developed homicide plan**
- Kills her, buries her at prepared site: "She lied to me, she was a hypocrite [...] She had to die, because I finally wanted some rest and I wanted my son to come back to me."



Case Studies

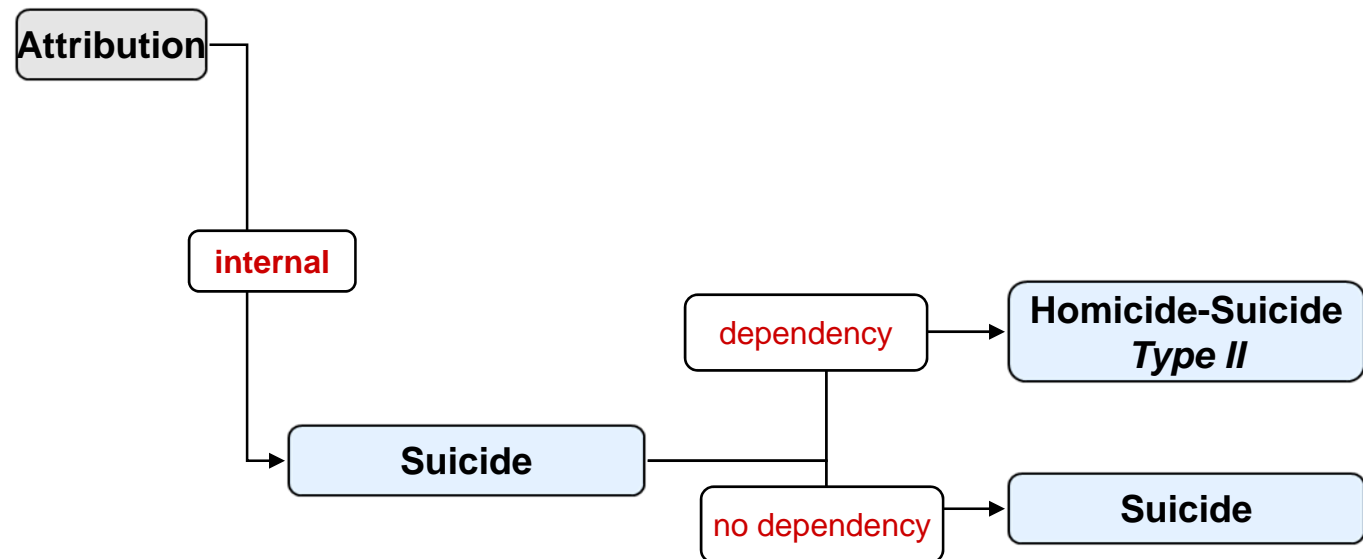
Case C

Homicide-Suicide

Type II

Case D

Suicide





Case Studies

Case C: *Homicide-Suicide Type II*

- Miss C., born and raised in the Netherlands.
- Sexually abused by grandfather in childhood; eating disorder.
- Aged 16: leaves parental home; drug and alcohol use.
- Physically abused by boyfriend; rehabilitation; new relationship; abuse: cycle.
- Aged 19: gives birth to daughter; **sympiotic relationship**.
- Expresses suicidal ideations; “[She] will be safe with me.”
- Financial difficulties, drug and alcohol use: **suicide plan**.
- Suicide note: “[...] I could not cope any more [...] We want to be together.”



Case Studies

Case D: *Suicide*

- Miss D., born and raised in the Netherlands.
- Sexually abused by stepfather in childhood.
- Aged 15: attempts suicide; major depressive disorder; therapy.
- Aged 21: relationship with K.; pregnant; K. incarcerated soon after child is born.
- Feelings of hopelessness; depression increases: "It seems that everything I do, fails. I am not a good mother."
- Feels as if she cannot provide her daughter the care she needs.
- Attempts suicide when daughter is at school; found by police.
- Suicide note to her parents with instructions on how to take care of her daughter.



Case Studies

Case E & Case F

Homicide-Suicide

Type III





Case Studies

Case E: *Homicide-Suicide Type III*

- Mr. E., born and raised in the Netherlands.
- No problems in childhood.
- Works as a computer technician; lives alone.
- Meets P., future girlfriend; after one week he moves in with her; wishes to “melt together”: “So we could be one being, one soul.”
- Obsessive behaviour; heavily dependent on P., who decides to end the relationship.
- E. undisturbed; does not realize the relationship is over; keeps key; enters her house.
- After being confronted with end of relationship: **develops homicide-suicide plan**: “I wanted us to be together in a perfect world.”



Case Studies

Case F: *Homicide-Suicide Type III*

- Mr. F., born and raised in the Netherlands.
- Several suicide attempts in adolescence following depression.
- Married, three children; romanticizes family life; perceives himself as cornerstone of the family.
- Financial problems arise; anxiety increases. Temporarily stops working.
- Relationship deteriorates; no signs of abuse.
- When wife suggests to divorce: "My wife, my family [...] they seemed to slip away from me."
- Develops homicide-suicide plan: "I did not see any other way out. In this way, we could all go together [...] still be a family together."



Summary

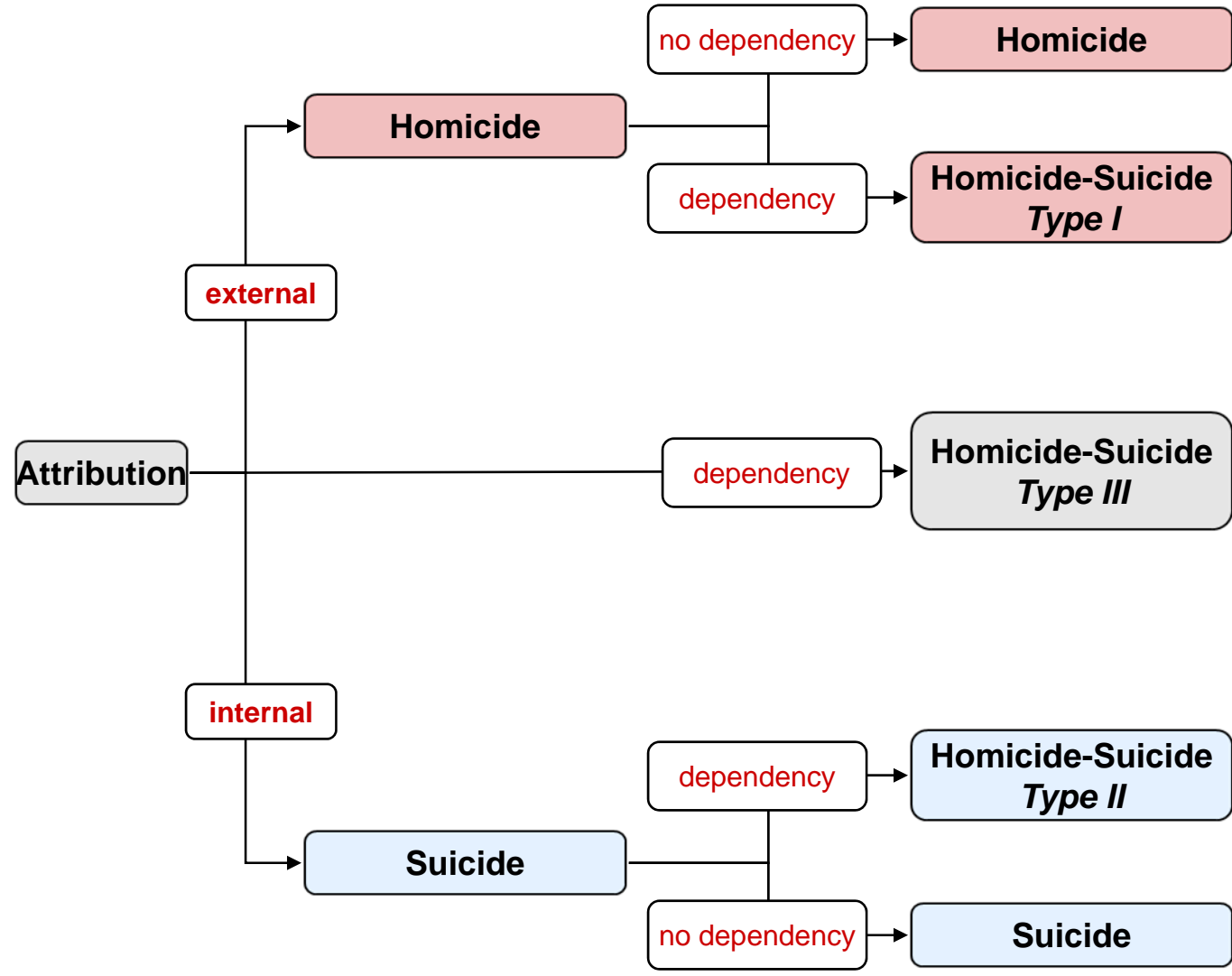
Homicide-Suicide:

- Rare phenomenon > societal disturbance
- Uxoricide-Suicide most frequent
- Conventional Theories: Homicide *or* Suicide
- Conceptual Framework
 - Three types of homicide-suicide
 - Primarily homicidal
 - Primarily suicidal
 - 'Total Solution'
 - Dependency

PREVENTION



Prevention



Criminal Justice:

- Incarceration

“Hard to prevent”

- Overlap of institutions
- Media coverage
- Firearm legislation

Mental Health Care:

- Clinical practice
- Child protection agencies



Prevention

- Type I: Primarily homicidal
 - Criminal Justice System
 - Incarceration
- Type II: Primarily suicidal
 - Mental Health Care
 - Clinical practice
 - Child protection agencies
- Type III: Unique type of lethal violence
 - Overlap of institutions
 - Media coverage
 - Firearm legislation



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