

## Briefing on Murder-Suicide

National Office for Suicide Prevention

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### Introduction

A murder-suicide occurs when a person kills others before taking their own life. In Ireland, as in most other countries, cases of murder-suicide are rare. Current knowledge suggests that between January 2007 and October 2017 there were 21 cases of murder-suicide. The impact of these complex events is devastating on surviving individuals, families and communities.

### Review of international evidence

International research reports prevalence rates of murder-suicide ranging from 0.05 to 0.52 per 100,000 population (Flynn et al, 2009; Krulewitch, 2009). A review of the worldwide literature shows an incidence rate of murder suicide under 0.001 % (Eliason 2009). The National Suicide Research Foundation has examined the international evidence and findings indicate:

- perpetrators of murder-suicide are most commonly male
- the mean age of perpetrators is between 40 and 50 years
- fathers are the main perpetrators of filicide (killing of own child) and spouse homicide
- fathers (rather than mothers) are more likely to take their own life or attempt suicide following homicide
- two-thirds of fathers killed (or attempted to kill) their spouse/partner in these acts

Other relevant factors from the available research (Eliason 2009; Bourget 2007; Hatters et al 2005; Collins 2001) include:

- 30% of fathers had recently experienced a decrease in status at work or job loss
- 90% mothers and 60% fathers identified a desire to alleviate real or imagined suffering in their children

- Substance abuse is frequently reported in relation to murder-suicide cases (range 10-31%)

### Coordinated response

The HSE's National Office for Suicide Prevention is responsible for the coordination of suicide prevention initiatives in Ireland, as well as the implementation of the national suicide prevention strategy, [Connecting for Life](http://www.connectingforlifeireland.ie) (see [www.connectingforlifeireland.ie](http://www.connectingforlifeireland.ie)).

When suspected murder-suicide deaths take place the HSE plays a significant role in co-ordinating complex multi-organisation and community responses. These typically bring together HSE Mental Health Services, HSE Resource Officers for Suicide Prevention, Primary Care professionals, suicide bereavement support services, social work, mental health promotion, clergy, Gardaí, Community Workers, HSE Psychologists and voluntary partners. Representatives of school management, NEPS and youth services are included where relevant.

Under HSE leadership, participants from this group provide tailored support to communities and individuals affected by the suicide, responding to the needs identified by the community/individual themselves. The response plan typically includes:

- immediate practical help
- information on existing helplines, e.g. Samaritans or Childline
- psychological support (specialised and pro-active)
- bereavement support (specialised and pro-active, emphasis on complicated grief)
- fast track referral to specialist clinical services

The response plan focuses on providing support for three distinct periods:

- 1) Immediate aftermath: 0-24 hours
- 2) Reactive period: up to 1 week
- 3) Outreach period: weeks up to years (incl. inquests, anniversaries etc.)

## Media reporting

Murder-suicides are extremely rare yet they receive a disproportionate amount of media coverage. As with other suicides, inappropriate reporting of murder-suicides can lead to 'copycat' incidents. There is a compelling requirement for factual but sensitive reporting in order to minimise harm to others (further deaths, greater distress and worse outcomes) and to increase awareness of support services by those directly affected or persons in comparable situations.

- Be extremely careful not to report graphic detail, particularly in relation to specific methods involved. Methods of killing can be copied.
- When reporting on the actions of the perpetrator leading up to or during an incident, be extremely careful not to sensationalise or dramatise events.
- Think ethically and carefully before approaching witnesses, victims or others affected by a murder-suicide. For those experiencing complicated grief, it is not usually helpful for them to engage with the media. While some people may be visibly emotional, others may not be. Please do not assume this means they are in a position to be interviewed. If a witness or victim volunteers to be interviewed, double check they understand that what they say will be broadcast or printed and show them the report before it is published.
- Question if it is necessary to report from the scene of a murder-suicide. For example, is it essential to have footage of the street or area where a familial murder-suicide occurred when relatives, neighbours and whole communities may be in shock and distressed?
- Be extremely careful when reporting live on an unproven murder-suicide not to fuel panic. Publicising premature estimates of the number of people killed or injured will cause undue stress to families and communities. There is a further likelihood that sensational media reporting of murder-suicide will distort the facts and contribute to fear.
- Avoid speculation about the motives behind the perpetrator's behaviour. Unfounded conjecture will influence other people in difficulty and can trigger their suicide acts.

- Media professionals must consider the vulnerable reader who might be in personal or family crisis when they read the story: coverage must not be lurid or sensationalised. It should emphasise the appalling consequences of the event for those involved and others affected, and list sources of help.

For further advice on media reporting of suicide, please contact [Headline: www.headline.ie](http://www.headline.ie)  
[info@headline.ie](mailto:info@headline.ie) or @HeadlineIreland

### Support services

- Call 999 if it is a crisis.
- Your GP will refer to appropriate HSE services, for example, primary care psychology, child and adolescent mental health, adult mental health.
- You can also access 24 hour helpline support:
  - The Samaritans - 116 123 or text: 087 2 60 90 90 (standard text rates apply).
  - Pieta House - 1800 247 247
- Children and Adolescents can access:
  - Childline Helpline - 1800 66 66 66 or text "support" to 50101 (available 10 am–4am daily).
- Women's Aid National Freephone Helpline - 1800 341 900
- For information on mental health support services please visit: [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie)

If you are concerned about suicide you should:

1. Let the person know you are concerned about them
2. Ask if they are thinking about suicide
3. Listen and understand
4. Take all threats seriously
5. Get professional help and call 999 if it is a crisis
6. Look after yourself

*Further information:*

[www.hse.ie/eng/services/list/4/Mental\\_Health\\_Services/NOSP/Resources/concernedaboutsucide.pdf](http://www.hse.ie/eng/services/list/4/Mental_Health_Services/NOSP/Resources/concernedaboutsucide.pdf)  
[www.suicidesupportandinformation.ie](http://www.suicidesupportandinformation.ie)