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Homicide Followed by Suicide

An Integrated Theoretical Perspective

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Homicide followed by suicide is an extremely rare event, requiring an integrated theoretical understanding that goes beyond explaining it as either homicide or suicide. Police reports, newspaper articles, and interviews with families, friends, and neighbors connected with 42 homicide–suicide cases that occurred in greater metropolitan New Orleans between 1989 and 2001 form the empirical base of this study. A homicide followed by suicide typology predicated on thematic context, including victim–perpetrator relationship, age, sex, race, ethnicity, and occupation in addition to precipitating factors, motivation, type of fatal injury, and location of event, is discussed. An integrated theoretical model using structural conflict intensity factors; elements of the social stress–strain perspective focusing on frustration, failure and anomie; and power dominance issues is presented. Although additional research is certainly called for, these sociological autopsies raise important methodological and theoretical questions for future exploration.

Keywords: *homicide–suicide; murder–suicide; filicide–suicide; familicide–suicide; integrated theory of homicide–suicide; sociological autopsies*

Although relatively rare, homicide followed by suicide (wherein one individual kills another person or persons and shortly thereafter commits suicide) takes place annually in the United States at a rate of approximately 0.20 to 0.30 per 100,000 population (Marzuk, Tardiff, & Hirsch, 1992). Even though homicide–suicide has fascinated researchers, including some of the founders of criminology and sociology, few have studied the phenomenon as a unitary incident. In fact, most researchers and official agencies view homicide and suicide as two distinct, unrelated issues. For instance, these cases are handled differently by separate agencies. Suicide is usually thought of as a public health or mental health problem, whereas homicide is typically considered a public safety or criminal justice problem. Research on these topics is also typically funded by different funding agencies. Likewise, scholarly works and research results are usually published in distinct journals. Suicide articles are more likely to be found in journals such as *Death Studies,*

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Suicide and Life Threatening Behavior, or *The American Journal of Forensic Medicine and Pathology,* whereas homicide articles usually appear in journals such as *Criminology* or *Homicide Studies.* Huff-Corzine, Corzine, Whitt, and Unnithan (1994, p. 54) note that, for the years between 1974 and 1992, annual averages of 56 articles on suicide, 18 on homicide, and only 6 dealing with both suicide and homicide (usually contrasting the two events) were listed in *Sociological Abstracts.*

But what about the rare cases in which homicide is followed by suicide? Homicide–suicide cases are treated by scholars as a subclass of homicide (e.g., Stack, 1997; Wallace, 1986), as a subclass of suicide (e.g., Palermo, 1994; Palmer & Humphrey, 1980; West, 1966; Wolfgang, 1958), as two distinct events (e.g., Marzuk et al., 1992), or as two alternative currents of a single stream of violence (e.g., Henry & Short, 1954; Porterfield, 1949; Unnithan, Corzine, Huff-Corzine, & Whitt, 1994; Wolfgang & Ferracuti, 1967). Moreover, most research focusing on homicide followed by suicide has been epidemiological and descriptive in approach, with a dearth of supporting theoretical guidelines or context (Campanelli & Gilson, 2002).

This study, based on 42 homicide–suicide cases in New Orleans from 1989 through 2001, provides qualitative and measurable data and fact patterns with multiple variable linkages suggesting a multilevel classification system that necessitates an integrated theoretical approach. The analysis of our data has disclosed a typology of five homicide–suicide types. We also suggest three more types for the development of a more comprehensive classification model. In addition to our empirical typology, we proffer a theoretical framework that combines (a) structural conflict intensity factors (e.g., Black, 1993); (b) social stress–strain elements such as frustration, failure, and anomie (e.g., Agnew, 1992, 2002); and (c) power dominance issues (e.g., Daly & Wilson, 1988), which together help to explain the rare phenomenon of homicide followed by suicide.

Literature Review

Historically, Enrico Ferri (1917) is probably the first to call attention to the need for study of homicide and suicide together (Whitt, 1994a). Ferri and other scholars, such as Enrico Morselli (1882), argue that homicide and suicide are alternative responses to a common cause and that they vary inversely. Emile Durkheim (1893/1964) also initially suggests that high homicide rates tend to "confer a sort of immunity" against suicide, although he subsequently modifies his own assertion, noting that there are some exceptions to the view that homicide and suicide are simply inversely related. For instance, he notes that in most countries, women have both relatively low homicide rates and low suicide rates.

Durkheim's (1897/1951) book *Suicide: A Study in Sociology* provides a seedbed for the development of various typologies and theories of suicide and homicide and explanations of homicide–suicide. Starting with the assumption that there is a connection between suicide rates and social conditions, he proposes his well-known comprehensive

typology of suicide: *egoistic*, *altruistic*, *anomic*, and *fatalistic.* The egoistic and altruistic types represent two opposite circumstances with regard to the degree of integration or cohesion of the groups or societies in which individuals live. Egoistic suicide is described in terms of excessive falling back on one's self (e.g., in cases of isolation or separation resulting from a sudden loss of a loved one). Altruistic suicide suggests the opposite, that is, excessive identification of individuals with their social groups or social organizations (e.g., in cases where the elderly or the infirmed in certain cultures commit suicide out of a sense of duty or the desire to spare others from the burden stemming from their infirmity).

Anomic and fatalistic suicides represent opposites with regard to social regulation. Discussing anomic suicide, Durkheim (1897/1951) underscores the role of norms and relative deprivations in controlling human behavior. He argues that if there is nothing external to the individual, such as normative or moral limits placed on human propensities or desires, these become a "source of torment." A goal that is in substance unattainable, such as power, success, fame, or wealth, can become an "inextinguishable thirst" and a "constantly renewed torture" (p. 247). In connection with anomic suicide, Durkheim discusses the consequences of social disorganization, especially during times of rapid social change when traditional rules and constraints have been loosened, allowing individuals to act on their impulses. He suggests that

> anomie begets a state of irritated weariness, which may turn against the person himself or another according to the circumstances; in the first case, we have suicide, in the second, homicide. We have even seen that these two manifestations sometimes occur one after the other and that they are only two aspects of a single act. (p. 257)

Durkheim predicts that homicide and suicide rates that are determined by degree of integration and regulation would increase at either extreme of either of these two continua (i.e., altruistic suicide or homicide would rise with an excessive state of integration, and anomic suicide or homicide would rise with an increase in the state of disorganization).

The construct of fatalistic suicide is not fully developed by Durkheim (1897/1951), and it appears in his work only as a footnote. However, he conjectures that fatalistic suicide arises out of excessive regulation or oppressive discipline, as may be illustrated by the social conditions of a slave or a prisoner, that is, in cases where an individual's "future is pitilessly blocked and passions violently choked" (p. 276). Whereas Durkheim largely ignores fatalistic suicide, some other researchers have developed the construct (e.g., Breed, 1970; Cavan, 1928; Hendin, 1969; Maris, 1969; Peck, 1979). For instance, Ruth Cavan (1928, p. 228) alludes to fatalism in describing her homicide–suicide cases in the following passage:

> The person interprets his difficulty as sufficient to prohibit adjustment; he has, he believes, reached the end of the way, and suicide is a means of solution for him. However, his happiness has been ruined or prevented by some person. Before he kills himself he kills that person in anger, in revenge, or in jealousy and to prevent another from succeeding where he has failed. (p. 228)

Cavan asserts that homicide–suicide, whether planned or impulsive, is the result of one emotional outburst with no intervening period of remorse or fear between the two acts. Dennis Peck's (1979) social-psychological model of homicide–suicide also draws from Durkheim's concept of fatalistic suicide. In his model, the conditions of fatalism are such that the self-concept falters because of inability to achieve certain life goals. Peck believes that homicide–suicide is more likely to occur "given a situation of perceived or actual failure of goal attainment in light of the individual's social goal commitment," involving a person "whose suicide constitutes a personal rigidity, that is, an inability to change roles or redefine goals" (p. 65). If an individual views another as responsible for his or her failure as a lover, spouse, or parent, then fatal aggression may be turned on the other person first and then, given the fatalistic framework, turned back on the self.

Although Durkheim never references his contemporary Sigmund Freud, Freud does acknowledge Durkheim's work. Although Freud (1917/1961b; 1920/1961a) agrees with Durkheim's earlier stance that homicide and suicide are alternative responses to a common cause, he posits a very different view of suicide and homicide, stemming from his own psychoanalytical theory of aggression. Freud's theory has had a significant impact on the theories and research that deal with homicide–suicide. According to Freud, both suicide and homicide are expressions of aggression, with suicide representing an impulse to kill another turned inward on the self. Freud claims that suicide has two roots: (a) the *Thanatos* instinct or *death wish*, and (b) sexual frustration or repression. In his essay "Beyond the Pleasure Principle," Freud (1920/1961a) argues that the urge to kill oneself is primarily connected with the death wish and the desire to eliminate the tensions created by living. Alternatively, the life instinct (i.e., *Eros*) may counter the Thanatos drive by turning the self-destructive impulse outward (e.g., toward homicide). Suicide may also result from frustration coupled with the blocked desire to commit murder.

Freud's perspective has inspired a number of theories, most notably the frustration–aggression hypothesis developed in 1939 by John Dollard, Leonard Doob, Neal Miller, O. H. Mowrer, and Robert Sears. Their theory states that frustration leads to different types of responses, one of them being some form of aggression. For several decades following the work of Dollard and his associates, the frustration–aggression model dominated homicide–suicide studies. One of the best examples of the frustration–aggression hypothesis applied to an understanding of homicide–suicide is offered by Andrew Henry and James Short (1954), although their approach also incorporates some sociological (Durkheimian) and economic elements. The gravamen of Henry and Short's theory is that homicide and suicide have the same underlying cause, that is, frustration, which may be social or economic in derivation. Of special importance is Henry and Short's thesis concerning cases of homicide followed by suicide, which suggests that persons who deprive themselves through homicide of a "primary source of nurturance" (and a primary source of frustration) may then commit suicide because of the loss of nurturance. The act reflects a positive attachment of the perpetrator to the victim prior

to the homicide. Henry and Short also argue that "when the role of self in determining behavior is great relative to the role of others, the self must bear responsibility for consequences of behavior" (p. 103). Although this proposition is difficult to test, some researchers (e.g., Gillespie, Hearn, & Silverman, 1998; Stack, 1997; Wolfgang, 1958) have found support for the thesis that the greater the attachment or responsibility between the perpetrator and the victim of a homicide, the greater the likelihood of offender suicide to follow, presumably because of greater ensuing guilt. It may be, as Wolfgang (1958) has observed, that "following his killing of another person, the individual may suffer such a threat to his self-esteem that he feels the only way to demonstrate the hatred society should inflict upon him is to kill himself" (p. 212).

Following the work of Henry and Short (1954), the next substantial in-depth study focusing on homicide–suicide may have been Donald West's book *Murder Followed by Suicide* (1966). West's analysis is based on a sample of 148 homicide–suicide cases that occurred in England and Wales between 1954 and 1961. He concludes that homicide closely followed (i.e., within 30 days) by suicide is really an extension of suicide rooted in the perpetrator's need for self-demise. In fact, he finds that homicide–suicide cases are more frequent in areas where homicide rates are relatively low. Most of his cases involve family members. He estimates that approximately 33% of the total number of homicides in England and Wales are followed by suicides. He also cites evidence suggesting that 42% of all homicides in Denmark are followed by suicides. These estimates of the occurrence of homicide–suicide relative to homicide alone are significantly higher than Wolfgang's (1958) estimate of 4% in Philadelphia or more recent estimates such as Palmer and Humphrey's (1980) 1% to 2% in North Carolina; Allen's (1983) 2% in Los Angeles; Wallace's (1986) 10% in New South Wales, Australia; Silverman and Mukherjee's (1987) 1 in 10 in Canada; or Stack's (1997) 1.65% in Chicago. One problem with such cross-study or cross-cultural comparisons of statistics, however, is the variety of operational definitions and measurements of homicide–suicide. For example, the amount of time that lapses between the homicides and suicides in these studies ranges from 24 hours to 30 days. There is still no commonly accepted operational definition of homicide–suicide, making conceptualization, estimation of occurrences, validation of classification schemes, and comparison of research results difficult.

There are relatively few studies on the occurrence of homicide–suicide in different countries. Evidence suggests that the percentage of homicide–suicide cases relative to the total number of homicides varies enormously across nations, ranging from 3% to 60% (Cohen, Llorente, & Eisdorfer, 1998, p. 390). Such a wide range of variation between different nations of the world raises important questions regarding cultural and structural determinants underlying homicide–suicide patterns (e.g., Adinkrah, 2003; Barraclough & Harris, 2002; Lecomte & Fornes, 1998). It also demonstrates the necessity for typological studies of homicide–suicide in different cultures and countries.

Most researchers of homicide–suicide simply describe their results and do not offer typologies or theories. A few researchers have produced classifications and explanations, which vary in complexity. For instance, Alison Wallace (1986) proposes four types of homicide–suicide: *Conflict,* which is the most common, covers cases related to domestic violence; *altruism* encompasses cases involving the elderly and physically infirmed; *mental abnormality* includes cases in which the perpetrators have prior records of diagnosed mental illness; the final category is *miscellaneous*. Wallace argues that given that the conflict type is the most frequent, homicide–suicide is theoretically more closely associated with homicide than with suicide.

Peter Marzuk, Kenneth Tardiff, and Charles Hirsch (1992) propose a clinical typology with five types of homicide–suicide: *Spousal murder–suicides with amorous jealousy as a motive*, which are the most common type, involve enraged males who kill their intimate partners and then themselves; *spousal murder–suicides with declining health as a motive* usually involve ailing elderly couples who no longer can cope with their health problems; *filicide–suicides* typically involve depressed mothers with psychotic characteristics who kill their children and then themselves; *familicide–suicides* are more often represented by depressed, paranoid, and intoxicated male heads of household experiencing cumulative financial and marital stress, who kill the entire family along with the spouse in the belief that they are saving them from hardships; *extrafamilial murder–suicides* are most frequently exemplified by paranoid, disgruntled individuals who, believing that they have been wronged, vengefully kill those who supposedly hurt them along with innocent bystanders and then they kill themselves. According to Marzuk, Tardiff, and Hirsch, however, their classification model, which is drawn from a review of literature, requires empirical validation and etiological linkage.

Steven Stack's (1997) multivariate quantitative analysis based on 265 cases represents the largest study to date on homicide–suicide in the United States. His five-level typology is based on measures of the degree of positive attachment or responsibility between the offender and the victim or victims. The five types are characterized by the relationship of the victim or victims to the offender: *children*, *current spouse or lover*, *past spouse or lover*, *current girlfriend or boyfriend*, and *friends*. Based on his review of 12 qualitative studies on homicide–suicide, Stack concludes that the "principal source of frustration is a frustrated, chaotic, intimate relationship marked by jealousy and ambivalence" (p. 449). His analysis generally supports his hypothesis. The probability of suicide following homicide is significantly increased in his first three categories: Killing an ex-spouse or lover increases the probability the most (12.68 times), followed by killing a child (10.28 times) and killing a spouse (8.00 times), whereas killing a girlfriend or boyfriend (6.11) or a friend (1.88) results in notably smaller probabilities. Michael Gillespie, Valerie Hearn, and Robert Silverman's (1998) study, which was conducted in Canada, largely confirms Henry and Short's (1954) theory and Stack's (1997) hypothesis that "the probability of suicide following homicide increases when the offender has close

ties to the victim and/or society" (p. 46). Gillespie and associates also find that the likelihood of suicide following homicide increases with age, level of education, and possession of a gun.

Various typologies of mass murder also include cases in which mass murder is followed by suicide (e.g., Dietz, 1986; Fox & Levin, 2003; Holmes & Holmes, 2001). It has been estimated that perpetrators of mass murders are 5 times more likely to take their own lives than are perpetrators of single murders (e.g., Duwe, 2004). Definitions of mass murder vary depending on the amount of time during which the murders occur and the total number of individuals killed, with most studies using three or four victims killed during 24 hours as the base definition (Dietz, 1986; Duwe, 2000; Fox & Levin, 1994; Hempel, Meloy, & Richards, 1999; Holmes & Holmes, 1992). The most common type of mass murder involves perpetrators who are typically older White males with a history of failure, including relationship and employment problems, and victims who are younger White females (spouses, ex-spouses, and intimates) and children. Whereas most mass murders take place in residential settings, the cases that get the most media attention are those that take place in public places (Duwe, 2004).

Because mass murder events are often followed by suicide, we find some overlap in homicide–suicide typologies and mass murder typologies. Several typologies of mass murder have been proposed. For example, Ronald Holmes and Stephen Holmes (2001) offer seven categories based on offender characteristics, including the (a) *cult disciple,* (b) *family annihilator,* (d) *ideological mass killer* or *pseudocommando,* (e) *disgruntled employee,* (f) *set-and-run terrorist killer*, (g) *disgruntled citizen killer,* and (h) *psychotic mass killer.* James Alan Fox and Jack Levin (2003) have proposed a typology of mass murder based on motivation, with two types that are expressive and three types that are instrumental: *revenge* killers motivated by a grudge against family members or intimates or a more general category of persons, *power* killers motivated by power and thirst to dominate, *loyalty* killers motivated by a warped sense of love and loyalty, *profit* killers motivated by need to eliminate witnesses to a felony (e.g., robbery), and *terror* killers motivated to use terrorist murders to send a message.

Whereas each type of mass murder, regardless of what classification system is used, includes cases in which the perpetrator commits suicide following the homicides, many do not. It is difficult to determine what proportions of specific types of mass murder cases include suicidal offenders. Grant Duwe (2000) challenges some scholars' opinion that most offenders die at the site of the mass murder (e.g., Hempel et al., 1999; Holmes & Holmes, 1992; Levin & Fox, 1996). For example, Duwe estimates that approximately 21% of mass murders are followed by the perpetrator's suicide, 2% by attempted suicide, and 3% by the perpetrator's death as a result of being shot by police, which may include some cases of what is sometimes referred to as "suicide by cop" (e.g., see Websdale, 1999). Whereas both the prevalence (i.e., the number of cases) and lethality (i.e., the number of victims) of mass murders have been increasing (Fox & Levin, 1994), there is evidence suggesting that cases involving mass murders followed by suicides have been decreasing (Duwe, 2004).

The Present Study

The data set underlying this article consists of 42 homicide–suicide cases that occurred in metropolitan New Orleans from 1989 to 2001. These cases represent approximately 1.2% of the total number of homicides in New Orleans committed during this period. Nearly all of the homicide–suicides that occurred from 1989-2001 took place in areas of greater New Orleans with low murder rates, with more than half of the cases taking place in middle class suburbs. The largest number of homicide–suicides (6 incidents) was committed in 1994, which also represents a peak year for the number of homicides in New Orleans and the greater metropolitan area (totaling 424; Federal Bureau of Investigation, 1995). By way of comparison, in 1994 there were 60 cases of suicide recorded, which, although not representing the largest number for one year, is a relatively high incidence of suicide for this time period (U.S. Department of Health and Human Services, 2004).

Detailed information regarding the homicide–suicide cases in our study comes from a variety of sources, including newspaper articles pertaining to the cases obtained from the *New Orleans Times-Picayune* archive, police incident reports, and supplemental interviews with first responders (i.e., police officers) and with family members, friends, and acquaintances of the victims and perpetrators. The data set itself is a digitized compilation of all the data sources and documents for the 42 cases. To facilitate our content analysis, we make use of Nvivo software, which creates a qualitative analysis environment using an information organizer, a search tool, and a modeling tool. We input the case data into Nvivo project document area attributes or categories that are established for the data set, such as perpetrator or victim's age, gender, race, ethnicity, occupation, and perpetrator–victim relationship. These documents (one for each case) and the attributes are viewed in a convenient database format. From these attributes, some preliminary descriptive analyses are performed (e.g., summarizing the data by running frequency cross-tabulations of key variables and other descriptive statistics). Using keywords, the search tool allows us to locate such factors as the presence of drugs or alcohol or of declining health; the nature or quality of the relationship between the perpetrator and victim or victims; motivating factors, method, or weapon used in homicide or suicide; type of injury incurred by victim or victims and perpetrator; and place of death of victim or victims and perpetrator.

The *model explorer* feature of Nvivo is used to create visual representations of the relationships between concrete categories such as familicide or elderly couple homicide–suicide and to link theoretical ideas such as loss of control or social dependency. Individual passages in the document are coded to create *nodes*, which may be treated as dynamic objects in the model. In this way, the data structure and linguistic patterns serve to facilitate the creation of a framework for analysis or, as we have chosen to describe this approach, a *sociological autopsy*, which refers to an examination of social-structural and social-psychological factors.

The 42 cases are carefully analyzed using the information coming from our various sources. Based on our operational definition of homicide–suicide, we include

only cases in which the incident of homicide or homicides (single or multiple victims) followed by suicide occurs within 24 hours (e.g., Cavan, 1928). Five types of homicide–suicides are presented, organized on the basis of a comprehensive analysis of thematic context and variables such as victim or offender's gender, age, race, ethnicity, occupation, and employment status; precipitating factors; presence of alcohol and drugs; motivation; weapon or method of homicide or suicide; type of injuries; place of death; and nature of the relationship between the victim or victims and the perpetrator. The first three types involve intimate partners or family members, and the latter two types involve acquaintances or coworkers and strangers. Three additional classification types are recommended to offer a more complete typological model.[1] Our typology incorporates elements of classification schemes that are found in both the homicide– suicide and mass murder literature.

The present 42 cases may be grouped into the first five categories; three more types are suggested to complete the classification scheme. The categories are as follows:

1. *intimate or domestic lethal violence–suicide (*n = *30)*
2. *family annihilation–suicide (*n = *6)*
3. *mercy killing–suicide (*n = *4)*
4. *public killing spree–suicide (*n = *1)*
5. *mistaken or accidental homicide-suicide (*n = *1)*
6. *felony murder–suicide (*n = *0)*[2]
7. *terrorist murder–suicide (*n = *0)*[3]
8. *cult mass murder–mass suicide (*n = *0)*[4]

Intimate or Domestic Lethal Violence–Suicide

Although it has been claimed that there is little research that focuses on homicide–suicide between sexual intimates (e.g., Easteal, 1994), this type is the one most frequently found by researchers and most widely discussed in the homicide–suicide literature. According to our data, the most prevalent type of homicide–suicide is connected with preexisting histories of intimate or domestic violence. Except in 1 of our 30 cases, all of the perpetrators are males, who are on average 29.6 years old. More than half of the perpetrators are either unemployed or in transitory jobs; the rest hold blue-collar or lower middle-class jobs. With the exception of one victim, all victims are females, whose average age is 29.1 years. Most of the victims are stably employed in clerical or sales jobs or hold professional positions. The presence of alcohol is referenced in 1 case, and the use of cocaine is noted in another case; both instances are associated with the perpetrator. The perpetrator–victim relationships include 9 married couples, 3 separated couples, 5 common-law marital couples, 1 former common-law couple, 6 former boyfriend and former girlfriend relationships, and 3 current boyfriend and girlfriend relationships. Two relationships are unknown, and 1 case involves a displaced victim (i.e., the victim is the mother of the intended victim). Of the couples, 16 are White, 10 are African American, 1 is Hispanic, 1 is

interracial (African American and Hispanic), and 2 are unknown in terms of ethnicity or race. Guns are used in all cases except one, in which both the homicide and the suicide are committed with a knife.

As has been reported elsewhere (e.g., Wolfgang, 1958) domestic homicides tend to be more brutal than other homicides, involving more wounds, particularly wounds to the head. In 20 cases, the victims incur multiple gunshot wounds to the head and face. Six are single-shot fatal wounds to the back (the victims are trying to flee), and 3 are chest wounds, with 2 fired into the left chest. Of the suicides, 29 are accomplished with gunshot wounds to the head and body. In the 1 case involving knife stabbings, the perpetrator stabs his wife multiple times and then proceeds to do the same to himself.

In more than two thirds of the sample of intimate or domestic cases, the perpetrators seem bent on not just taking a life but also obliterating the victim by destroying her face or defacing her with multiple gunshot wounds in the face. From a phenomenological perspective, it appears that these homicides represent a degradation ritual, which is followed by a self-inflicted execution. Most victims are murdered in their own residences in their bedrooms, followed in frequency by killings in living rooms and then in kitchens. The offenders usually commit suicide either in a different room from the one in which their victims are killed or outside the victim's home.

The majority of studies describe these types of cases in the context of a history of violence and male dominance or control issues (e.g., Daly & Wilson, 1988; Easteal, 1993, 1994; Silverman & Mukherjee, 1987). The theme of male dominance or control, along the lines suggested by Donald Black (1993), is a common theme characterizing these cases. Black's conceptualization of "penal style" control, in which perpetrators exercising social control over their victims punish (execute) them for ruining their lives and then proceed to inflict punishment on themselves for their own transgressions (i.e., for killing their partners), is especially relevant to our cases.

Of the 30 intimate or domestic homicide–suicide cases in our sample, 27 involve the killing of a current or former wife or intimate sexual partner. In all but 1 case, the relationships between the victims and perpetrators are characterized by friends and neighbors as having been violent and chaotic at best. The triggering event is typically a separation or threatened separation, with the perpetrator sensing loss of control over the relationship. Even in a case involving a displaced victim target (e.g., the victim's mother), the killer's wife has left him on the day of the killing. Unable to find her, he apparently kills his wife's mother to punish his wife for leaving him. These findings confirm what other studies have pointed out, namely that women are at greatest risk of being killed when they are attempting to leave or have left an intimate relationship (Allen, 1983). This observation seems to be even more exaggerated in the present sample.

Some of our cases suggest that the woman's independence or status elevation somehow may have threatened the man's status or function (e.g., see *backlash hypothesis* in Whaley & Messner, 2002, and Williams & Holmes, 1981). In most of our cases, the male perpetrators are unemployed or in transitory jobs, whereas the female victims are successfully employed and relatively self-sufficient.

Family Annihilation–Suicide

Unlike the first type of homicide–suicide, involving sexual intimates in turbulent situations characterized by extreme conflict and violent outbursts immediately preceding the brutal homicide–suicide event, cases of family annihilation seem to be planned. These cases appear to evolve more gradually in the context of immense personal failures and stress reminiscent of Agnew's (1992, 2004) *stress–strain* elements. Such cases typically involve heads of households who perceive that they no longer can care for their families. In planning their own suicides, they appear to conclude that their families cannot survive without them; as a result, just preceding their suicides, they kill their children or family members. Of the 6 cases of family annihilation, 4 involve intact families and 2 involve estranged families.

There are a total of 22 deaths in these cases, including 3 adult victims, 13 child victims, and 6 perpetrators. Two children die from asphyxiation by hanging, 2 of carbon monoxide poisoning, and 9 from gunshot wounds. Three children die from single gunshot wounds to the chest, 3 from single gunshot wounds to the head, and 3 from multiple gunshot wounds including head and body wounds. The 3 adult victims die from single gunshot wounds to body or head. One adult perpetrator dies of asphyxiation by hanging; 1 dies of carbon monoxide poisoning. Four perpetrators die by gunshot wounds; 3 of them commit suicide by a single-shot head wound and the other by a single-shot chest wound. The adult victims and perpetrators are in their 30s and early 40s. The child victims' ages range from 2 to 12 years. Twelve of the 13 children are female. Two families are Hispanic, 1 is African American, and 3 are White.

Three of the cases may also be characterized as filicides–suicides (i.e., involving the killing of a child aged 24 months or older). The perpetrator in each incident is the mother, and all 5 of the victims are female children ranging in age from 2 to 12 years. In the remaining 3 cases, which may also be classified as familicide–suicide (i.e., involving the killing of various family members), 2 of the perpetrators are male and 1 is female.

The first 2 of our 3 filicide–suicide cases involve female single parents. Prior to the events, the women seem to be relatively stable psychologically and are apparently coping adequately with their circumstances. They are employed and reside in single-family dwellings in middle-class suburban neighborhoods. The literature suggests that maternally perpetrated homicides such as these are motivated by what has been described as "deluded altruism" (West, 1966). The mothers believe that their children are exclusively dependent on them for their care and that their circumstances are hopeless. The deaths of the children along with the mothers' deaths provide all of them with what they perceive as an escape. In one of these cases, in which the mother hangs her two children and then hangs herself, a series of notes are left saying that she is "tired" and worn out by caring for her 8-year-old severely mentally handicapped daughter.

The third filicide–suicide case involves a homeless family that is staying at a state park campground. On the day of the deaths, while the husband is away from the

campsite taking a shower, the wife drives off in the car with their two daughters. The woman and the two children are found in the car, dead from carbon monoxide poisoning, later in the day in a park a few miles away. A series of notes with religious overtones are left by the woman, with the essential message being that she and her daughters are leaving for a "better life." Research suggests that, whereas women are less likely than men to take their own lives after killing an intimate partner, they are more apt to commit suicide after killing their children, except in the case of newborn infants (Block & Christakos, 1995; Daly & Wilson, 1988). Commenting on this general pattern, Martin Daly and Margo Wilson (1988) conclude, "Women who resolve to die and take their loved ones with them seem *never* to include their husbands in their 'rescue fantasies'" (p. 216; also see Messing & Heeren, 2004, p. 129).

In a case that starts out as a filicide, a woman in fact kills her children and then her husband. She has composed a six-page suicide note addressed to him, saying, "If you read this your kids and I are on our way to the big white pearly gates." The investigating officers in the case conclude that although she summoned her husband, saying one of the children was sick, he arrived earlier than she expected. His death in the kitchen from a gunshot wound to the back, according to investigators, indicates that he might have been trying to flee.

Men who appear to have in common the experience that their lives are spinning out of control commit the remaining familicide–suicides in our sample. The perpetrators in these cases are reminiscent of Park Dietz's (1986) description of "family annihilators," a category of mass murderers represented by older men who are depressed and often intoxicated and who assume that no one in the family can care for themselves. As a result, before committing suicide, they kill their entire families, including the pets. In both of our cases, the male heads of household have recently lost jobs and their ability to take care of their families. In one of our cases, the perpetrator is described as being intoxicated.

The fact patterns of these latter 2 cases of familicide–suicide are also reminiscent of Warren Breed's (1968) social-psychological conceptualization of suicide as a result of failure and of Alan Berman's (1979) "dependent-protective" motives. In both cases, the males fail to achieve success goals and perceive that others view them as failures, too. Believing that they are unable to change their circumstances for the better, they end their lives and the lives of their families because they cannot see how their families can survive without them. These cases also have elements of Durkheim's fatalistic suicide, with the suggestion that the familicide–suicides may have resulted from feelings of "blocked futures" or ineluctable failures.

Mercy Killing–Suicide

There are 4 cases of mercy killing–suicide in our sample. Whereas 2 of these incidents appear to be part of a homicide–suicide pact, there is no way to confirm the victims' agreement with the pact (see Fishbain, 1986). All 8 individuals in these

4 cases are 75 or older and lower middle class. In 3 of the 4 cases, the killer is younger by a year or two and male. The sample of mercy killing–suicide cases is ethnically and racially diverse. One couple is African American, 1 is Hispanic, and 2 are White. All of the homicide victims are suffering from multiple chronic illnesses. Three of the 4 perpetrators are male and are also ill at the time of the incidents. The female perpetrator in the days leading up to the event is described by her neighbors as distraught, depressed, and "complaining that she could no longer lift her husband, she had not slept and was depressed over her inability to care for him."

A handgun is used in all of the cases of mercy killing–suicide. One victim's death occurs as a result of two shots to the body, and the remaining 3 victims' deaths are the result of a single shot to the body (most to the chest). One suicide results from a chest wound, whereas the remaining 3 result from head wounds. Coincidentally or not, in none of these cases is the victim's death the result of a head wound. This is in striking contrast to the common feature of brutality characterizing the intimate or domestic lethal violence–suicide cases discussed above. According to the research literature, the use of handguns generally appears to be less common in mercy killing–suicide cases, with poisoning being more common (Marzuk, Tardiff, & Hirsch, 1992), thus making our sample somewhat unusual (i.e., handguns are used in all of our cases). In all 4 cases of mercy killing–suicide, both deaths occur in bedrooms. In 3 of the 4 cases, the bodies of both perpetrator and victim are found in the same bedroom. This is also in contrast to the cases of intimate or domestic lethal violence–suicide cases, in which the bodies of victims and perpetrators are usually found in different parts of the house.

All of the mercy killing–suicide perpetrators and victims are unemployed at the time of the incidents. Three of the victims are traditional housewives. All of the perpetrators and 1 victim are retired from relatively lower paying white-collar or professional jobs. In all of the cases, the couples are isolated or living alone, attempting to care for themselves. In all cases, however, some signal event (e.g., a stroke, a heart attack, and/or a financial crisis) has led to a rapid decline in the ability of the ailing couple to cope and to properly care for each other. Donna Cohen, Maria Llorente, and Carl Eisdorfer (1998), in their study "Homicide–Suicide in Older Persons," which was conducted in Florida, argue that psychopathology and depression in addition to drug dependency (especially on antidepressants), alcohol use, poor health status, and adverse life events are implicated in the emergence of homicide–suicide behavior among the elderly. They conclude that "psychological autopsy" studies, which examine prior psychiatric conditions and treatment, should be conducted to identify clinical and biopsychological antecedents. There is no indication of prior psychiatric conditions in our case studies of mercy killing–suicide. This is partially a reflection of the source and type of data gathered. Our cases, however, suggest that equally relevant and necessary are sociological autopsies, that is, investigation and analysis of social-structural, cultural, and social-psychological context and antecedents of homicide–suicide cases. In all but 1 case, a suicide note is left behind,

which usually mentions a health or financial crisis, inability to function in daily routines because of declining health, social isolation, a growing sense of meaninglessness and hopelessness because of physical infirmity and being alone, unwillingness to burden children, and a desire "to leave."

The 4 mercy killing–suicide cases in the present study are generally dissimilar in two respects from what we know from previous research (e.g., Cohen et al., 1998; Currens et al., 1991; West, 1966). Similar to findings in other studies, the perpetrators in our sample are predominately male, and both perpetrators and victims are in declining health. What makes our sample unusual is its greater racial and ethnic diversity and the exclusive use of handguns instead of the more passive forms of death typical of these types of cases, such as poisoning, overdose of drugs, or gas inhalation. From a phenomenological perspective, it is remarkable that all of the gunshot wounds to the victims are to the body, usually in the chest, and most are single shots. The discovery of both bodies in bedrooms is also symbolic. It appears that the perpetrators desire not to destroy their loved ones but to be with them until the end and simply deliver them from their misery.

Public Killing Spree–Suicide

During the span of the present study, we have found only 1 case of public killing spree–suicide involving nonfamily members. This case is a well-known mass shooting in the New Orleans post office. The offender, a disgruntled former employee, returns to the workplace and kills five individuals. Although he does not directly take his own life, he is shot by police. Some researchers have dealt with this type of phenomenon as a form of suicide, that is, expressed in the concept of suicide by cop, suggesting that the perpetrator allows the police to kill him instead of taking his own life (e.g., Klinger, 2001; Websdale, 1999). Our case represents the typical characteristics identified in the mass murder literature. For instance, Anthony Hempel, Reid Meloy, and Thomas Richards (1999) argue that among the most distinctive characteristics of public mass murder cases that are followed by suicide are (a) extreme social isolation of the perpetrator and (b) personal crisis or sudden loss suffered by the perpetrator. Most of these cases involve male perpetrators. These types of events typically take place in workplaces and schools. A well-known illustration of this type is the 1999 Columbine High School killings followed by the suicides of Dylan Klebold and Eric Harris. Public mass murders are usually given the greatest news coverage (Duwe, 2004). Duwe (2004) presents evidence that public mass murders with large numbers of victims have increased since the 1960s; however, the cases involving suicidal offenders have diminished.

Mistaken or Accidental Homicide–Suicide

Our sample includes 1 case of mistaken or accidental homicide–suicide. The case involves an elderly self-proclaimed "protector of the neighborhood" suffering from

Alzheimer's disease who kills his nurse, whom he mistakes as a burglar. Given the mental condition of the perpetrator, this case may be classified in terms of mental abnormality (e.g., Lesco, 1989; Wallace, 1986).[5] However, we choose to emphasize the social circumstances surrounding this incident. Recognizing his error and feeling guilty and remorseful and unable to face the consequences of his action, he shoots himself with his own rifle. Although the nurse is not a family relative or a sexual intimate partner, she does fulfill a significant nurturing role in this case. It may be recalled that Henry and Short (1954) argue that guilt and loss of nurturer, which are implicated in this case, are among the key precipitating factors of suicide following homicide.

Theoretical Model

Our sample of homicide–suicide incidents represents unique features and patterns of facts necessitating an integrated theoretical interpretation that goes beyond what is required to explain either homicide or suicide alone. Although the various types of homicide–suicide cases demonstrate some distinct fact patterns and characteristics, the cases taken together also share some commonalities across cases or illustrations, which may provide a means of understanding the homicide–suicide phenomenon. For instance, our sample taken in its gestalt form generally appears to exhibit (a) conflict intensity structures (e.g., see Black's [1993, 2004] social geometry of conflict structures); (b) elements of social frustration, failure, and anomie (e.g., see Agnew's [1992, 2002, 2004] model of social stress–strain); and (c) power–control issues (e.g., see Daly and Wilson's [1988] male dominance and history of violence). Our sample also supports the theoretical conclusions of other key studies, such as those of Allen (1983), Henry and Short (1954), Stack (1997), and West (1966).

Black (2004) claims that "most violence is explicitly or implicitly a form of justice—punishment, retaliation, resistance, or revenge" (p. 146). The social geometry of each conflict situation, including the relative social distance between parties or the degree of attachment or responsibility, along with their social status or the social direction of the grievance (inequality), determines the particular form of violence, whether a weapon is used, and the degree of brutality. For example, the intensity of violence increases as the following conditions apply: (a) the closer or more attached the parties are in the relationship; (b) the greater the dependency on or assumed responsibility toward one another of the individual parties; (c) the more unequal the relationship, especially in the context of male or female status and role; (d) the greater the previous hostility; and (e) the greater the previous jealousy of the parties. In other words, the greater the emotional involvement of the parties, the more intense the violence (also see Simmel, 1908/1956; Whitt, 1994b). The conflict intensity structure also includes precipitating personal crisis or trigger events such as sudden illness, serious financial problems, threat of divorce, or threat of arrest.

Agnew's (1992, 2004) generic formulation of social stress–strain is also useful in helping us understand the homicide–suicide phenomenon. Agnew (1992) presents

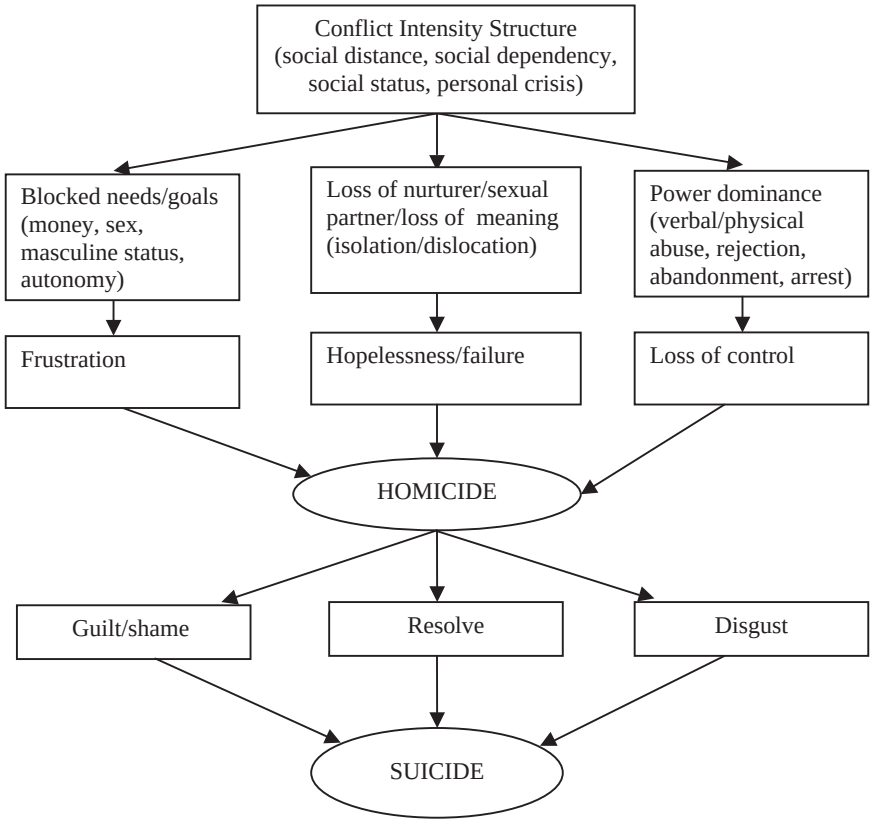
three types of strain, each referring to different types of negative relationships with others: preventing an individual from achieving positively valued goals (e.g., money, masculine status, sex, or autonomy), removing or threatening to remove positively valued stimuli (e.g., loss of nurturer or loss of sexual partner), and presenting or threatening to present an individual with noxious or negatively valued stimuli (e.g., verbal or physical abuse, rejection, abandonment, or arrest). Although Agnew treats the three types of strain as mutually exclusive categories, there may be instances in which they overlap and, therefore, increase the probability of a more serious range of emotional responses of aggression, including extreme outbursts of anger or rage and violent lethal attacks. For example, several of the cases of intimate or domestic lethal violence–suicide suggest that the woman's rejection or abandonment (i.e., challenging power) of her partner threatens his masculine status and the economic stability of the unit (i.e., blocking goals or needs). Perhaps, given its dual nature, for homicide–suicide to occur, perpetrators may have to experience multiple sources of stress–strain. It may be that any one element alone may be connected with either a homicide or a suicide but not both. Obviously, this is a difficult proposition to measure, requiring greater specificity of concepts and larger samples for empirical validation. Yet it is noteworthy that more than one of the different types of stress–strain is evident in many of the cases in our sample.

Closely associated with Agnew's (1992) third element of strain is the issue of power dominance, which may be captured by the following expression: If I can't have you, no one else will. Patriarchal dominance, obsessive possessiveness, and fear of losing control of a relationship have been identified as key features, especially of intimate or domestic homicides (see Daly & Wilson, 1988; Dobash & Dobash, 1979; Easteal, 1994). Power dominance, however, may be considered in the context of a more general range of relationships, which may be strained or exacerbated by negatively valued stimuli such as rejection or imminent arrest. For instance, there may be an element of loss of power and control expressed in the case of the disgruntled former employee in the post office shooting, first after having been terminated and later when the authorities are closing in.

How are the various conflict intensity, social stress–strain, and dominance-control elements related, and how do they work together to explain homicide followed by suicide? Figure 1 offers a visual representation of our proposed theoretical model.

All of the cases of homicide–suicide, regardless of type, demonstrate some conflict intensity structures, such as dependency or assumed responsibility, unequal relationships, previous jealousy or hostility, and precipitating crises or other triggers (e.g., illness, divorce, impending arrest, job loss, and financial crisis). Moreover, they also exhibit various elements of stress–strain and power dominance. For example, blocked needs or goals (i.e., money, sex, masculine status, or autonomy) represent the main themes of the family annihilation–suicide cases and the public killing spree–suicide case. Loss of nurturer or loss of meaning serves as the predominant theme

Figure 1
An Integrated Theoretical Model of Homicide Followed by Suicide



of the mercy killing–suicide cases and our mistaken or accidental homicide–suicide case. Control and power dominance especially characterize the intimate or domestic lethal violence–suicide cases.[6]

It is interesting to note that perpetrators across the sample often perceive themselves as failures. They frequently consider their victims either as having contributed to the failure or as being part of the failure or futile conditions. In most of the cases, someone in the relationship is trying to leave, which triggers the controlling response on the part of the perpetrator. For example, in the majority of the intimate or domestic lethal violence–suicide cases, the woman has gone or is about to leave at the time of the homicide–suicide. However, even the elderly couples in the sample are experiencing

failure (e.g., failing health) and are on the verge of leaving (i.e., departing from this life in a short period of time). In these cases of mercy killing–suicide, the perpetrator's death and the death of the loved one represent for the couple simply a means of ending their mutual suffering. The perpetrators are clearly in stressful or agitated states and are seeking through their violence to bring an end to their frustration, futile circumstances, suffering, and humiliation by killing their spouses or intimate partners and then themselves.[7]

Conclusions and Implications

Our sociological autopsies have a number of limitations. Probably the most important drawbacks are linked to the relatively small sample size and the main source and nature of the data. For example, Neil Websdale and Alexander Alvarez (1998) suggest that newspaper reports of homicide–suicide tend to be situationally based explanations and dramaturgical representations based on facts provided primarily by the police. Newspaper reports rarely provide a structural context for the event. In addition, newspaper accounts of homicide–suicide are more likely to cover a limited range of incidents, focusing mainly on mass homicide events with relatively large numbers of victims who are killed in public places (Duwe, 2004).

Moreover, our other sources of information, including police incident reports and the accounts of first responders (police officers on the scene), family members, friends, and neighbors who provide insights into the cases, may not be reliable because these individuals may not really have knowledge regarding many of the facts leading up to the events. After all, the best data sources (i.e., perpetrators and victims) are dead.

Perhaps because of the rarity of the event and the nature of the subject matter, we can do little more than suggest certain patterns of the structural and social-psychological dynamics involved. Structural conflict factors such as the degree of attachment and emotional involvement, inequality, and precipitating crisis along with social-psychological stress–strain expressed in terms of frustration, failure and futility, and male dominance and control issues appear to be among the more prevalent themes. Consequently, many of our findings support the theoretical conclusions and results of other studies, for example, Allen (1983); He, Cao, Wells, and Maguire (2003); Henry and Short (1954); Stack (1997); and West (1966).

Several distinct aspects of our study are worthy of note. A unique factor is the ubiquity of handguns across the entire sample and the high level of brutality, especially as demonstrated by our intimate or domestic lethal violence–suicide cases. Of the total 48 intimate partner and mercy killing fatalities, 46 or 98% are the result of wounds inflicted with handguns. More than 93% of the total study group keep handguns in their homes and demonstrate a capability to use them lethally. James Bailey and his associates (1997) find that having one or more handguns in the home

increases the risk of a woman being the victim of a homicide by a spouse, lover, or relative. In our study, in 67% of the intimate or domestic cases, the victims suffer multiple gunshot wounds, predominantly to the face and head. By comparison, only 46% of the victims in Bailey and his colleagues' study are killed with handguns.

Also, by way of contrast, alcohol and drugs appear to play a relatively small role in our sample of homicide–suicide cases. Drunkenness is reported in only 2 incidents and cocaine in 1. Only 1 victim is reportedly drunk. Other studies have estimated that nearly one third of all homicide–suicides are connected with alcohol or drugs (e.g., Rosenbaum, 1990). Drugs, including prescription drugs (e.g., antidepressant drugs), are not implicated in the fact patterns of our cases, nor are there any suggestions of mental illness with the exception of one case, that is, the mistaken or accidental homicide followed by the suicide of a man suffering from Alzheimer's disease.

Most of the perpetrators in our study are males, and the majority of victims (both adults and children) are females. Of the 45 adult victims, 42 (95.5%) are female. Out of the 13 child victims, 12 are female. Children, whether murdered by their fathers or by their mothers, are typically believed to be incapable of taking care of themselves and, therefore, the self-proclaimed caregivers assume that they must kill them before killing themselves. With regard to homicide–suicide and the extremely high proportion of female victims, there seems to be a paradox. There appears to be a powerful patriarchal value system that places the female in a subordinate position, so that she is an object to be controlled by the male as he sees fit (*gendered homicide*; see Whaley & Messner, 2002). Thus, the attitude that if he cannot make it or must die, so must she seems to characterize the gendered nature of homicide followed by suicide. Alternatively, if she attempts to abandon him and he subsequently destroys her, he must destroy himself as his just and rightful punishment. Neither she nor he has meaning or existence without the other.

Social-economic status is often not included in studies of homicide–suicide. Most of the cases in our study represent middle- or lower middle– and working-class individuals or couples, as indicated by occupation. The majority of incidents take place in residences located in middle-class suburban communities. Consistent with some other findings (e.g., West, 1966), the incidents of homicide–suicide in our study occur in geographic areas with lower crime rates, including lower homicide rates.

Another interesting feature of our study is the diversity of the sample with regard to race and ethnicity. Our sample is a great deal more diverse (60% White, 30% Black, 5% Hispanic, 2.5% Interracial, and 2.5% Unknown) than others are. This is because New Orleans has a diverse population base, which may be reflected in the sample.

The effects of population demography and unique cultural traditions (nationally and internationally) on the phenomenon of homicide–suicide are still poorly understood. Although the rates of homicide–suicide appear to be relatively stable intranationally, they vary immensely internationally (Coid, 1983). For example, the relatively larger proportion of homicide–suicides in England and Wales (e.g., West, 1966) compared to the United States (e.g., Wolfgang, 1958) raises some interesting

cultural questions. Do the violent conflict structures or stress–strain elements (including levels of guilt and shame) or power–control relationships associated with homicide–suicide vary cross-culturally? It is important to encourage researchers using various perspectives to continue to contribute quantitative and qualitative data from their respective geographic locations and to build on the information obtained thus far, so that we can better understand this rare phenomenon.[8]

Finally, what makes our theoretical perspective distinct is the assertion that such elements as conflict intensity, social stress–strain, and dominance or control may be brought together or integrated to offer a more complete understanding of homicide–suicides. Specific theoretical perspectives may be successful in accounting for particular cases of homicide or suicide, but are not likely to explain both as connected events. Of course, a thorough evaluation of our integrated approach will necessitate collection of larger samples (we are in the process of developing a national sample) and greater specificity regarding empirical indicators for the elements of the theoretical model followed by a comparison of homicide–suicides with homicides and suicides independently.

Notes

1. We recommend three categories to help complete the classification model. The category of *felony murder–suicide* was suggested by a case that was identified but not counted as part of the dataset (see Note 2). The categories of *terrorist murder–suicide* (Note 3) and c*ult mass murder–mass suicide* (Note 4) are not based on cases in the present New Orleans dataset, but they are based on high-profile cases depicted in the national media. We are currently in the process of expanding our dataset, which will include a national sample of cases from 1989 to 2006.

2. In our review of newspaper accounts, we uncovered a story involving a man who killed himself when it became clear to him that he would soon be arrested for one homicide and two aggravated batteries in which his partner in crime had implicated him. The two offenders had targeted gay men in the French Quarter. They robbed, beat, and stabbed two victims and kidnapped another victim in a separate incident, drove him to a remote area in eastern New Orleans, stomped him to death, and then ran over him with an automobile. In this case, one of the perpetrators allegedly committed suicide by a drug overdose in a far western state one week after the murder. However, even though we include felony murder–suicide in our classification system, we do not count this case as part of our sample, mainly because of our operational definition of homicide–suicide. Our study includes cases in which the suicide follows the homicide or homicides within 24 hrs, whereas in this case the murders and suicide were a week apart. It is interesting to note that researchers have argued that felony murder is rarely followed by offender suicide. For instance, Grant Duwe (2004) claims that felony mass murders have been increasing since the 1980s; however, these cases involve offenders who tend to be younger and are less likely to be suicidal. Even though there has been a decrease in the number of felony murder–suicides, it is important to maintain this category in a classification scheme.

3. Although there were no terrorist murder–suicides in New Orleans during the timeframe of our study, we think that terrorist murder–suicides, such as the destruction of the World Trade Towers in New York City on September 11, 2001, should be included in a homicide–suicide typology. Suicide terrorist attacks are committed by nonstate actors whose goal is to use lethal violence against civilian targets for political purposes or to send a message (Schweitzer, 2001). Perpetrators are aware that the success of the operation depends on their deaths. Audrey Kurth Cronin (2003) claims that although self-sacrifice in the interest of a broader cause is not new in history, there has been a recent resurgence of terrorist suicide

attacks because counterterrorist methods have significantly improved, making the "set-and-run killers" less effective today.

4. We also have not found any cases of cult mass murder–mass suicides in our sample, such as those illustrated by the Jim Jones case in Jonestown, Guyana, or the David Koresh case involving the Branch Dividians in Waco, Texas (see Fox & Levin, 1994). However, we believe that this form should also be included in a homicide–suicide typology. Perhaps the most horrific of these types of cases occurred on March 17, 2000, in Uganda, involving Joseph Kibwetere and members of the African Movement for the Restoration of the Ten Commandments. The total number of the movement's mass murders and mass suicides exceeded that of Jonestown, with more than 1,000 deaths (see Hammer, 2000, and Vick, 2000). Whereas most of the mass murder typologies focus on the murders of disciples who obey orders of a charismatic leader, this category would also include the leader, who, fearing loss of power and control, orders mass murder–mass suicide in response to prophecy's failure, cult disintegration, or imminent capture by authorities. Murders are committed to prevent members from fleeing or escaping. The leader's insistence on members' commission of murder and ultimately of suicide as a final act of loyalty is a symbol of dominance and control. One of the problems with such cases is the uncertainty related to the deaths. Are they the result of suicide, murder, or murder–suicide?

5. Psychiatric risk factors associated with homicide–suicides, such as depression and borderline personality disorder, have been identified by some researchers (Lesco, 1989; Stack, 1997; Wallace, 1986). Our data do not show much evidence of these factors with the exception of one case in which a neighbor describes the perpetrator as being depressed (a case of mercy killing–suicide) and the case of mistaken or accidental homicide–suicide, in which the perpetrator is officially diagnosed with Alzheimer's disease. This in part reflects the nature of our data sources.

6. Control and power dominance also characterize the felony murder–suicide incident described in Note 2. In this case, the perpetrator seems to be facing loss of control because of his imminent arrest.

7. This is also illustrated in cases of cult mass murders–mass suicides, where there is a loss of faith or failed prophecy accompanied by a threat of leaving expressed by cult members. Moreover, perhaps on a more symbolic level in instances of terrorist murders–suicides, there appear to be elements of national victim blaming for economic or social failure, national control dominance issues, and threats of dissolution of political relationship.

8. Although they are not a part of our present study sample, it is worth noting that we have uncovered seven homicide–suicide cases in the immediate post–Hurricane Katrina period (September 1, 2005, to March 1, 2006). After carefully analyzing each of these cases, it appears that they can be classified as special cases of *intimate or domestic lethal violence–suicide* or *family annihilation–suicide*. Most of the cases that have come to our attention, primarily by means of newspaper accounts, occur among evacuees displaced outside of New Orleans (i.e., in various parts of Louisiana, Texas, and Georgia). In a future study, we will be focusing on postdisaster-related homicide–suicide cases that seem to be associated with dislocation due to loss of homes and jobs and other stresses and power control issues connected with the aftermath of disasters.

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