Murder-suicide, and particularly filicide-suicide, are tragic events that often attract considerable media and public attention whenever – and wherever, depending on reporting guidelines or regulations – they occur. The topic has hit the headlines in Ireland dramatically in the past 18 months, where there appears to have been an unprecedented number of murder-suicide cases, the majority being filicide-suicide judging from reports in the media. *Crisis* readers worldwide may be interested to hear what has been taking place and the role of the media – it may provide food for thought:

1. A mother who obviously had some problems called a hospital asking to see a social worker, but the hospital was not part of the statutory services and could not help. That evening she walked into the sea, drowning her two little girls and herself.

2. A mother stabbed her two sons aged 10 and 6 years to death, and then ended her own life in the same way.

3. A father and mother were found dead in their home, together with the bodies of their two daughters who had been smothered. The parents had made funeral arrangements with a local undertaker a few days previously. The undertaker had notified the police, who in turn had alerted the social services and the local clergy – none of whom had any experience, as far as is known, of suicide risk assessment.

4. A mother jumped from a high cliff in a scenic area of Ireland, taking her 9-year-old son with her; both died.

5. A mother drowned herself and her 9-month-old son. The mother, who was suffering from postnatal depression, had attempted suicide the previous week and refused all efforts to make her get help.

6. A mother suffocated her daughter aged 7 years and then hanged herself.

7. A man aged 40 shot his elderly parents and then himself.

These filicide-suicide cases accounted for the deaths of eight children, aged between 9 months and 9 years, and seven adults. In addition, an Irish man living in the USA estranged from his wife drowned his two young daughters and then hanged himself. I mention this case here because it received extensive publicity in the Irish media in the midst of all the other cases.

Whether these cases are related somehow may be impossible to establish, but it is notable that they all occurred during a period of extensive and detailed media coverage sparked off by the first deaths. This coverage was often of a sensational nature and, given the similarities between some of the cases, a copy-cat effect cannot be ruled out (Brock, 2002; Coleman, 2004; Jamieson, Jamieson, & Romeo, 2003; Pirkis, Burgess, Francis, Blood, & Jolley, 2006a). Over the previous decades there had been few reports of filicide-suicide in the Irish media and under-reporting is quite likely as suicide was rarely reported in the media until recently. Unfortunately, there is no way that the number of murder-suicides can be readily ascertained from official mortality data in Ireland – and this is probably true of many other countries, too.

In any event, murder-suicide has far-reaching effects on family and community, and the problems created by some forms of media coverage may increase the anguish of the survivors. Given their newsworthiness, it is inevitable that such events will be reported, and indeed reporting of them is probably in the public interest as long as it is done in a proper manner in line with the agreed international guidelines (see, for instance, Pirkis, Warwick Blood, Beautrais, Burgess, & Skehan, 2006b). Sad to say, however, here in Ireland and presumably in many other countries best practice guidelines for the portrayal of suicide in the media are not often adhered to. Of major concern is the fashion in which the survivors and extended families still in shock, vulnerable and yet to come to terms with the enormity of what had happened, can be exploited by the media to make “good” television and news stories.

There is also a lesson to be learned in that many of the cases in Ireland had clear warning signs of impending suicide, which were either not heeded or recognized or were
not handled with the degree of urgency that in retrospect was warranted. Formal investigation and detailed psychological postmortems may establish whatever connections there are between them.

Murder-suicide and filicide are well reviewed by Marzuk, Tardiff, and Hirsch (1992), by Bourget and Gagné (2002, 2005) and by Bourget, Grace, and Whitehurst (2007). These papers discuss the problems of classifying murder-suicide in general and filicide-suicide in particular. According to Adelson (1991), half of the murders of children up to the age of 16 in the United States are perpetrated by a parent, most often the mother.

Thankfully, murder-suicide is a relatively rare event and the subgroup of filicides-suicides is even less frequent. Coid (1983) concluded that murder-suicide occurred at a remarkably constant rate across countries, averaging 0.2–0.3 per 100,000, although the countries studied showed marked variations in their overall simple homicide and simple suicide rates.

A number of important issues in the aftermath of these tragedies warrant being addressed:

- There is a clear need to create and develop specialist perinatal psychiatric services, which are lacking in many countries, even in some as affluent as Ireland. International studies show that the majority of children killed by their mothers are in their first year of life, and this group accounts for the greatest number of murder-suicides.
- The skills of primary care providers in the recognition, assessment, and management of suicide risk and knowledge of how and when to involve specialist services need to be improved as a matter of urgency.
- There is no doubt that in many cases of murder-suicide there is a copy-cat element and, while these tragedies are rare events, there is need for more specific guidelines on the portrayal of murder-suicide in the media (see Pirkis et al., 2006b; Blood, Pirkis, & Holland, 2007).
- Volunteers and professional counselors supporting persons bereaved through suicide should also support and protect the bereaved in their dealings with the media.
- It is important to establish a system for collecting and collating data on murder-suicide and to create a special register of such cases.
- There is a need to increase awareness of and training in suicide risk assessment in all health service personnel, especially those dealing with vulnerable and high-risk groups in primary care. This training should focus particularly on how, where, and when to alert specialist psychiatric services.

Hopefully the implementation of these points may go some way toward reducing the number of these tragedies.

References