

BRIEFING: MURDER-SUICIDE AND MEDIA REPORTING

Following the recent media coverage of the anniversary of the murder suicide in Co Cavan, the National Suicide Research Foundation strongly recommends that media professionals take into consideration the media guidelines for reporting of suicide: www.samaritans.ie/mediaguidelines

In terms of media reporting, there is a need for sensitive and factual reporting in order to minimise harm and increase awareness:

- The graphic nature of reporting and the reporting of specific details of the methods involved can trigger copycat cases: the effects of exposure on suicidal behaviour and violence are well-documented.
- There is a risk that sensational media reporting of murder-suicide can distort the facts.
- Media professionals should consider the vulnerable reader who might be in crisis when they read the story: coverage should not be glorified or romanticised, should emphasise consequences of the event for others, and list sources of help.
- For guidelines on best practice consult Samaritans and IAS' Media Guidelines for Reporting Suicide at: www.samaritans.ie/mediaguidelines

In Ireland, as in most other countries, cases of murder-suicide are rare. However, since 2004, there have been at least 23 murder-suicide cases. The impact of these events can be devastating on families and communities.

The National Suicide Research Foundation has examined the international research literature in the area of murder-suicide. The outcomes reveal that:

- People involved in murder-suicide are most commonly men,
- The average age of the men involved is 40 and 50 years (age range: 19-86 years),
- Fathers rather than mothers are more likely to take their own life or attempt suicide after they have taken the life(s) of their spouse/partner and/or child(ren).

Although the available research does not provide information on specific factors associated with murder-suicide, internationally there is consistency with regard to a number of factors that may contribute to an increased risk of the occurrence of these tragic situations:

- 80% of the persons involved in murder-suicide had a history of psychiatric disorders, in particular depression,
- 70% of females and 30% of males had previous contact with a psychiatrist or other mental health care professional,
- Persons involved in murder-suicide show higher rates of prior non-fatal suicidal acts compared to those who take their own lives but not the lives of others,
- 30% of males had recently experienced a decrease in status at work or job loss,
- In 90% of murder-suicide cases involving mothers and in 60% of cases involving fathers, a desire to alleviate real or imagined suffering in their children was reported, for example due to a perceived future of shame without them.

With regard to responding to murder-suicide, in 2011 the National Office for Suicide Prevention published guidelines for responding to situations of murder-suicide and emerging suicide clusters, based on international evidence and best practice. The guideline document underlines a pro-active approach in that each local health area needs to prepare a response plan that can be activated when these very tragic situations occur.

Moreover, in recent times, updated evidence based guidelines have been published internationally. Links to relevant publications are listed below:

Suicide prevention: identifying and responding to suicide clusters (Public Health England) - <https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters>

Developing a community plan for preventing and responding to suicide cluster (LIFE, Australia) - <http://livingisforeveryone.com.au//uploads/docs//Community%20Plan.pdf>

Considering that murder-suicide is a relatively rare event, it would be important to conduct independent in-depth investigations of each case in order to improve our knowledge of risk factors and patterns, which will contribute to enhanced risk assessment and prevention of similar cases in the future.

National Suicide Research Foundation,
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