

Briefing: Murder-suicide and media reporting

Introduction

Murder-suicide occurs when a person takes the life of others before taking their own life. In Ireland, as in most other countries, cases of murder-suicide are rare. Current knowledge indicates that between January 2007 and February 2021, there were 27 cases of murder-suicide. The impact of these complex events is devastating on surviving individuals, families and communities. When multiple cases of murder-suicide occur over a short period of time, adherence to the media guidelines for reporting murder-suicide is a major priority.

Review of international evidence

International research reports prevalence rates of murder-suicide ranging from 0.05 to 0.52 per 100,000 population (Rouchy et al, 2020; Knoll 2016; Panzcak et al, 2013; Flynn et al, 2009). The National Suicide Research Foundation has examined the international evidence and findings indicate:

- Perpetrators of murder-suicide are most commonly male
- Men are the main perpetrators of filicide (taking the lives of their own child), spouse homicide and familicide (when a perpetrator takes the lives of multiple close family members in quick succession and the perpetrator takes his/her own life).
- Men (rather than women) are more likely to take their own life or attempt suicide following homicide
- 30% of men had recently experienced a decrease in status at work or job loss
- Co-occurrence of the following factors is associated with increased risk of murder-suicide: legal and/or financial crises, occupational conflict, mental health conditions (in particular depression/untreated depression), and relationship stressors.
- Substance abuse is frequently reported in relation to murder-suicide cases (range 10-31%).

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. It is recommended to:

- Be extremely careful not to report graphic detail, particularly in relation to specific methods involved. Methods used in murder-suicide 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 who died or were 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 severe 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 info@headline.ie or @HeadlineIreland and relevant resources:

- Samaritans and Irish Association for Suicidology (2013). *Guidelines for reporting suicide and self-harm*.
https://media.samaritans.org/documents/Samaritans_Media_Guidelines_Ireland.pdf
- World Health Organization. Preventing Suicide: A Resource for Media Professionals. World Health Organization. Geneva, Switzerland. https://www.who.int/mental_health/suicide-prevention/resource_booklet_2017/en/

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). E-mail: jo@samaritans.ie
- ❖ Children and Adolescents can access:
 - Childline Helpline - 1800 66 66 66 or text "support" to 50101. Live chat: www.childline.ie
- ❖ For information on mental health support services please visit: www.yourmentalhealth.ie

If you are concerned about suicide you should:

- Let the person know you are concerned about them
- Ask if they are thinking about suicide
- Listen and understand
- Take all threats seriously
- Look after yourself

Further information:

- www.hse.ie/eng/services/list/4/Mental_Health_Services/NOSP/Resources/concernedabouts_uicide.pdf
- www.suicidesupportandinformation.ie

National Suicide Research Foundation contact details:

E-mail: infonsrf@ucc.ie

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