



Review

Understanding Homicide-Suicide

Sunay Fırat*, Mehmet Aykut Erk, Halis Dokgöz

Abstract: The term "Homicide-Suicide" is described with interpersonal violence where a perpetrator commits suicide after murders at least one victim. Homicide-suicide is mostly considered an act that is posterior to the decision of suicide of the dominant family member. In various cases, this situation is considered as a concern of the dominant member about leaving no-one behind. It has been considered that in those cases where an individual has suicided or has been killed, perpetrators persuade the victims even if they are not willing to do it. By homicide-suicide's very nature, perpetrator and victim are deceased. Thus, several sorts of information do not include sufficient nuance about the causes and dynamics of the event. This study aims to examine fundamentals, prevalence and differences of homicide-suicide and provide a perspective about the specific traits of sub-types of the cases in light of the literature. The method of the psychological autopsy, which is conducted to investigate the psychological/psychiatric antecedents and risk factors of the cases, includes all kinds of data collection and examination. Due to these reasons, it is very important to profiling the individuals and to enlighten the causes of homicide-suicide with examinations and evaluations. Thus, to prepare a protocol for psychological autopsy and to support professions can be useful given that it would be beneficial for risk prevention studies, both individually and socially.

Keywords: Homicide-Suicide, Interpersonal Violence, Psychological Autopsy, Psychological Antecedents

Öz Homisit-suisit (cinayet-intihar) bir failin en az bir kurbanı öldürdüğü ve ardından intihar ettiği kişilerarası şiddet durumunu belirtmek için kullanılan ifadelerdir. Çoğunlukla ailede baskın olan üyenin intihar eylemine karar verdikten sonra diğer üyeleri de buna sürüklemesi olarak düşünülmektedir. Birçok olguda bu durumun intihara karar veren baskın üyenin sorumluluğunu üstlendiği diğer aile fertlerini "geride bırakmak" istemediğinden kaynaklı olabileceği düşünülen eylemlerdir. Birden fazla bireyin intihar ettiği ya da öldürüldüğü olguların birçoğunda faillerin diğer bireyleri gönülsüz olsa bile ikna ettiği ya da rızaları olmadan kazara veya bilinçli bir şekilde öldürdüğü düşünülmektedir. Homisit-suisitin doğası gereği, fail ve kurban bu olaylarda ölmekte, bu nedenle, kullanılan veri kaynakları tipik olarak ilgili nedenleri ve olayın dinamikleri hakkında ayrıntılı bilgi içermemektedir. Bu çalışmada homisit-suisitin temellerini, görülme sıklığının doğasını, farklılıklarını incelemek ve eylemin alt tiplerinin spesifik özelliklerine literatür temelli genel bir bakış sunmak amaçlanmaktadır.

Homisit-suisit olgularının psikolojik/psikiyatrik öncüllerini ve risk faktörlerini belirlemede kullanılan psikolojik otopsi yöntemi, ölen bireyler ile ilgili her türlü verinin toplanmasını ve incelenmesini içermektedir. Bu nedenlerle, incelemeler ve değerlendirmeler sonucunda elde edilen bilgiler ile homisit-suisitlerin olası nedenleri ve bireylerin profillerinin ortaya konulması bu tür eylemlerin önlenmesi açısından çok önemlidir.

Sonuç olarak, ülkemiz için bir psikolojik otopsi protokolünün hazırlanması ve ilgili meslek elemanlarının bu protokol dahilinde desteklenmesi ve uygulamaya sunulması bireysel ve toplumsal önleme yollarının geliştirilmesine katkı sağlayacağı düşünülmektedir.

Anahtar kelimeler: Homisit-suisit (Cinayet-intihar), Kişilerarası Şiddet, Psikolojik Otopsi, Psikolojik Öncüller

DOI: 10.17986/blm.1384

Sunay Fırat: Assoc. Prof., Çukurova University, Addiction and Forensic Sciences Institute, Department of Forensic Sciences, Adana
Email: sunayfirat@gmail.com
ORCID iD: <https://orcid.org/0000-0002-9960-0836>

Mehmet Aykut Erk: Asst. Prof., Çukurova University, Addiction and Forensic Sciences Institute, Department of Forensic Sciences, Adana
Email: maykuterk@gmail.com
ORCID iD: <https://orcid.org/0000-0002-4362-2729>

Halis Dokgöz: Prof. Dr., Mersin University, Faculty of Medicine, Department of Forensic Medicine, Mersin
Email: halisdokgoz@gmail.com
ORCID iD: <https://orcid.org/0000-0003-4946-3826>

Acknowledgement

* Corresponding Author

Conflict of Interest:

The authors declare that they have no conflict of interests regarding content of this article.

Support Resources

The Authors report no financial support regarding content of this article.

Ethical Declaration

Helsinki Declaration rules were followed to conduct this study and no ethical approval is needed for this study.

This article is English version of the manuscript entitled as "Homisit-Suisiti Anlamak"

Received: 16.02.2020

Revised: 12.05.2020

Accepted: 13.05.2020

p-ISSN: 1300-865X

e-ISSN: 2149-4533

www.adlitipbulteni.com

1. Introduction

In recent years, every year, 800.000 individuals have been losing their lives by committing suicide worldwide. Approximately one-third of this number is formed by the young population. According to the World Health Organization (WHO), while suicide is the second leading cause of death among men aged 15-29, it is reported that suicide is the third leading cause of death among females aged 15-29. Suicide has recently been becoming a growing problem, especially in high-income countries. However, studies have shown that 79% of the suicide cases occurred in the middle-income and low-income countries (1).

When the family members, friends, and the environment of the individuals who attempted suicide or lost their lives by committing suicide are considered, it is regarded that billions of individuals are affected by the suicide case (2,3). However, given that the suicide phenomenon is a delicate issue, both in the individual and social context, the legal aspects of suicide has become a question of debate in recent years. Social, cultural, psychological, and more risk factors may affect suicide behavior. Especially negative effects in individuals, such as depression, helplessness, and despair, which are psychological/psychiatric risk factors, are thought to be able to form a mental basis for suicide (4). Suicide is defined as that the individuals cannot find a way out as a consequence of conflicts between their individualistic routines and unmet needs and depression feeling that may cause stress, and the wish to flight from reality (5). However, suicide cases may be seen in various types differing from the situation that only one individual is concerned. Psychiatrist Forbes Winslow, who played a role in the clarification of a lot of suicides and murders, such as “Jack the Ripper”, stated in his article published in 1840 about the mutual suicide cases. Suicide can be recognized in various types as the suicide pact, and homicide-suicide, which is a type of interpersonal violence. In this regard, this study aims to examine the fundamentals of homicide-suicide, to analyze the nature and the differences of the prevalence of homicide-suicide, and to provide a general perspective of the specific traits of the sub-types within the literature basis.

2. Suicide Pacts and the Homicide-Suicides

A suicide pact is defined as the group members who have different social and cultural backgrounds, form a pact with similar motivations, and commit suicide at the same time (6). It is encountered that individuals who were the members of a social or religious group committed

mass suicide upon their beliefs, mostly under the leadership of a charismatic authority (7). According to the statistics, mass suicides covers approximately 0,6-4% of all suicide cases (8,9).

Differing from suicide pact, in homicide-suicide cases, the perpetrator commits suicide after the murder. It has been considered that in those cases where an individual has suicide, perpetrators persuade the victims even if they are not willing to do it (10,11). According to the studies ran in the United States of America, it has been reported that every year, the frequency of homicide-suicide cases ranges between 0,134 and 0,55 per 100.000 (12,13), and 1000-1500 deaths arise from homicide-suicide (14).

3. Types of Homicide-Suicide

Even though homicide-suicides in the literature remind the suicide pact (7) concerning the act that is posterior to the decision of suicide of a family member, mostly, the dominant member, in various cases, this situation is considered as a concern of the dominant member about leaving no-one behind. When it is interpreted in this aspect, mass suicides realized, as mentioned, can be classified as homicide-suicide. Homicide-suicides separate into various groups depending on how the action takes place (4). When the homicide-suicide cases are considered, it is more common that one of the adult family members commit suicide posterior to the murder of the other one, while it is rare that a family member in the guardian position commits suicide after killing the other ones (mostly parent-child). In fact, according to the study by Knoll and Freidman (2015), it has been detected that approximately 78% of the homicide-suicides occurred among adults, while 17% of them were intended from an adult family member to a child family member (15). Marzuk et al. (1992) were the first researchers who conducted a study to develop a classification system, which categorized homicide-suicide related to the relationship between the perpetrator and the victim. This categorization contains the spousal homicide-suicide, the homicide-suicide involving children, the familicide (the homicide-suicide incident involving both parents and children), and the homicide-suicide among people who do not have a bond with marriage (14). On the other hand, in the literature, there is a term for a child’s murder by their parent, which is called “flicide”. Even though it evokes a homicide-suicide type, because the parent (perpetrator) does not attempt to suicide after the murder, a different categorization is needed. This phenomenon that is seen in a few cases, especially in the literature are classified as “altruistic flicide”, “acutely psychotic flicide”, “unwanted child flicide” and “spousal revenge flicide” (16). As an example of

similar cases in the literature, a series of cases appeared in Turkey in November 2019 and gathered huge reactions nationally among the public. Characteristics of such cases have qualified as “altruistic filicide” by the authors after in-depth analysis and studies have been conducted for the clarification of the mentioned cases, and the findings showed that it is needed to be classified diversely other than all filicide or homicide-suicide types. When the reasons for this kind of action are analyzed, it is understood that mostly after the parent or the family member, who is obliged to look after the other family members, has economic difficulties and/or has to reduce their physical activity as they are diagnosed chronic or terminal illness. Thus, they assume that the individuals left behind cannot survive and live independently (17-23).

Although it is not perceived as an altruistic behavior at first that a parent or a treater (a person who is obliged to look after the others) murder their child or dependents, when the individual’s psychological/psychiatric structure is examined, it will become clear that they are depressive and ready to commit suicide, that they love too much, and even that the destroying the child they think as an inseparable part when the individual’s psychological/psychiatric structure is examined (15,24). As it can be discussed in another case that involves four siblings from November 2019 once again, a treater or a parent’s abnormal love towards the children or the dependents, and the damaged parent-child relationship may cause the parent or the treater regard the other as a reflection of themselves (25). However, the treater may reflect their depressive thoughts to others. In this respect, the dependents may turn into the individuals that they should end their own lives from the perspective of the treater who attempts to homicide (26,27).

It has now become ordinary in the Japanese culture that the family member, who is obliged to look after the others, attempts to homicide before attempting suicide due to the idea that they cannot support the other family members, especially economically. Some kind of suicide pact can also be detected in these suicide types called “*oyaka-shinju*” (parent-child suicide), “*ikka-shinju*” (spousal suicide), and “*kazoku-shinju*” (familicide) (28). However, in some cases, it can be seen that the family member who is obliged to look after the others commit suicide after the murder of the family member/members, assuming that their family’s honour will be tarnished after their death (29). As it is examined within the historical context, once more, this case has been detected to manifest itself as consecutive family suicides. In fact, it has even been found out that the increasing number of familicides, committed as breathing deadly chemicals like

carbon monoxide, and the illustrations of these incidents in the papers had negative effects on the public (30).

4. Psychological Autopsy

A psychological autopsy is a holistic initiative that has been using since 1958 in America for the investigation of suspicious deaths, that deals with all reports, crime scene, socio-demographic characteristics, information gathered from the perpetrator’s/victim’s relatives about all psychiatric symptoms that the perpetrator/victim had and all the precipitants leading the case acquired about it. When suicide pacts among the family members and homicide-suicide cases performed by the treaters towards other family members are examined with the “psychological autopsy” method in the context of psychological trajectories and leading factors, many antecedents emerge (31).

Psychological autopsy is considered a superior method than the examination of the absolute documents approach to determining the psychological/psychiatric antecedents and risk factors (32). Cases can be enlightened using various psychological/psychiatric methods for defining the perpetrator’s relationship with the victims, and the motivations for the homicide-suicide action such as jealousy, altruism, revenge (20). For example, the factors found out with the help of the psychological autopsy method in homicide-suicide cases among the family members can be defined as domestic violence history, on and off relationships, the existence of firearms and symptoms of major depressive disorder (15). The psychological autopsy method involves gathering and examining all kinds of information related to deceased individuals. This method aims to reveal the possible reasons of the homicide/suicide and profile of the individuals with the help of the information, gathered from judicial records, medical records containing psychiatric and other medical information, socioeconomic and cultural research, the interviews with the individual’s family and the social environment that they had a relationship or connection, and the examination of all forensic investigation files (33).

4.1 Judicial Records

It is made an inference on the motivation of the actions of the perpetrator in the homicide-suicide case, acquiring data, such as records related to the crime scene, police interrogations, and quality of the evidence. The criminal past is another important data that should be acquired to investigate the risk factors and analyze the structure of the case. Knoll et al. (2015) investigated 18 homicide-suicide cases; their findings showed that 50% of the perpetrator number had had a criminal past (15). In this respect, it can be said that the criminal past is a

determiner concerning the realization of this behavior. However, the existence of the material evidence or the criminal past alone is thought not to be adequate to reveal suicide or homicide-suicide cases.

4.2. Psychiatric History

Conduct disorder with disruptive behaviors in childhood, major depression and schizophrenia spectrum disorder, and other psychotic disorders' diagnosis may be a determiner in the homicide-suicide cases. Knoll and Hatters-Freidman's (2015) research showed that 78% of the homicide-suicide perpetrators had offensive behaviors in the past, while 22% of them still has had treatment history connected to a psychiatric disorder (15). It has been confirmed that 94% of the perpetrators fulfill any kind of a psychiatric diagnosis according to the same study. According to another study, this rate was 93% (4). In this regard, it is considered that negative changes in the perpetrator's mental health may be effective for the realization of these actions.

4.3 The Interviews with the Family and the Relatives

A psychological autopsy should be practiced with a comprehensive approach. In fact, it is important to reveal all the data existing other than the individual in the homicide-suicide or suicide cases. In this regard, the family history should be obtained, and the family members and the relatives of the individual should be interviewed. The presence of a suicide attempt history and major depression in the family may form a risk factor for the perpetrators. Along with the genetic impacts, conflicts with the family members and the loss of their relatives are assumed to be significantly important. It has been detected that especially middle-aged men are in the risk group for suicide in the event of losing one of their family members (34). However, how the individual acts towards the stressors around themselves and the sources of these stressors are accepted as a determiner. The individuals who cannot know how to act to the problems in their lives and have a weak problem-solving ability have been detected to tend to commit suicide when they face life events, such as a loss of a relative one or end of a relationship (35). Thus, it is suggested to conduct comprehensive research interviewing with the family members and relatives about the stress factors before the incident.

5. Conclusion and Suggestions

Perpetrator and victim may die in the homicide-suicide incidents. Thus, data resources used does not include detailed information about typically relevant causes and

dynamics of the incident. Previous studies on homicide-suicide are based on only a few countries, and mostly, on case studies.

Interviewing with the relatives of the deceased, the examination of the hospital records belonging to the individual, the investigation of the criminal records supporting the evidence, analyzing physical and mental health, personality, social problems, and socialization of the homicide-suicide victim/victims (36) are substantial concerning clarifying of the incident with the help of the psychological autopsy method.

Studying on the survivors of homicide-suicide incidents may provide information about the basic causes of this action (37,38). Also, the information obtained about perpetrators and victims will ensure to use of the psychological autopsy method for further research (39).

It is substantial to implement legal regulations to investigate preventive measures in the sense of community health care (40). It should not be forgotten that most of the preventive measures used for homicide-suicide are similar to the measures that have already been used for only suicide and only homicide. Along with the examination of all components (only suicide or homicide) of homicide-suicide, as well as all of its aspects, risk factors that trigger homicide-suicide should be studied (5). Conducting further research in bigger sample groups will ensure the use of the psychological autopsy method.

Following a homicide-suicide incident, the press should not publish news without certain information, if it is possible. According to a study conducted with newspaper reports, it has been determined that false and unnecessary speculations about the homicide-suicide incident, and the mental disorders of the perpetrators (41). Also, studies have shown that these labels on individuals performing these kinds of incidents have mental disorders, and the news on the press was not accurate. However, it has also been determined that this may lead individuals with the same emotional problems to seek for a similar type of help. According to the studies, a negative attitude against the individuals who have mental disorders is common in public (42). In recent years, individuals' addiction to social media as a current news resource has increased, so how these types of news are presented may increase the stress level of public and can turn these actions into more sensational news (43).

In Turkey, the individuals contributing to the psychological autopsy practices for research of dynamics in homicide-suicide cases and serve as a protector-preventer for these incidents not to occur, healthcare professionals providing first-degree healthcare services (family physicians and nurses), and/or psychological counselors/

psychologists, social workers and child development personnel who work in Provincial Directorates of Family, Labor and Social Services need to be empowered with the in-service training based on mental health and disorders. Besides, it is necessary that a psychological autopsy protocol is made and put into practice, and the related members of the profession are given support within this protocol. It is significantly important that following the psychological autopsy protocols, psychosocial evaluations are made, and "psychosocial evaluation reports" qualified as protector-preventer are drawn up by the related members of the profession.

Consequently, the classification scheme, which is widely accepted, should be used to conduct the studies on homicide-suicide. When homicide-suicide sub-types are comprehended in more detail, it is considered that different risk factors for different sub-types may be originated. Research on similar and different aspects of the different subtypes of homicide-suicide can contribute to individual and social prevention methods in practice with a better understanding of risk factors.

References

1. WHO Global health estimates. Geneva: World Health Organization, 2018. http://www.who.int/healthinfo/global_burden_disease/en Access Date: 08.11.2019
2. Ceral J, Brown MM, Maple M, Singleton M, van de Venne J, Moore M et al. How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior*. April 2019; 49(2):529-534. <https://doi.org/10.1111/sltb.12450>.
3. Pitman A, Osborn D, King M, Erlangsen A Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry*. 2014;1(1):86-94. [https://doi.org/10.1016/S2215-0366\(14\)70224-X](https://doi.org/10.1016/S2215-0366(14)70224-X).
4. Flynn S, Gask L, Appleby L, Shaw J. Homicide-suicide and the role of mental disorder: a national consecutive case series. *Social psychiatry and psychiatric epidemiology*. 2016;51(6):877-884. <https://doi.org/10.1007/s00127-016-1209-4>.
5. Kaplan HI, Sadock BJ, Grebb JA. *Synopsis of psychiatry*. Baltimore-Maryland, Williams&Wilkins Comp. 1994:803-811. <https://doi.org/10.1521/suli.32.1.91.22186>.
6. Mancinelli ID, Comparelli A, Girardi P, Tatarelli R. Mass Suicide: Historical and Psychodynamic Considerations. *Suicide and Life-Threatening Behavior*. 2002;32(1):91-100. <https://doi.org/10.1521/suli.32.1.91.22186>.
7. Kuttichira P. The phenomenon of family suicides: An explorative study into consecutive 32 Incidents in Kerala. *Indian journal of psychological medicine*. 2018;40(2):108. https://doi.org/10.4103/IJPSYM.IJPSYM_109_17
8. Brown M, King E, Barraclough B. Nine suicide pacts: A clinical study of a consecutive series 1974-93. *Br J Psychiatry*. 1995;167(3):448-51. <https://doi.org/10.1192/bjp.167.4.448>
9. Fishbain DA, D'Achille L, Barsky S, Aldrich TE. A controlled study of suicide pacts. *J Clin Psychiatry*. 1984; 45(2):154-157.
10. Selkin J. Rescue fantasies in homicide-suicide. *Suicide Life Threat Behav*. 1976;6(2):79-85. <https://doi.org/10.1111/j.1943-278X.1976.tb00672.x>
11. Dietz PE. Mass, serial and sensational homicides. *Bull N Y Acad Med*. 1986;62(5): 477-491.
12. Bridges F, Lester D. Homicide-suicide in the United States, 1968-1975. *Forensic Sci Int*. 2011;206(1-3):185-189. <https://doi.org/10.1016/j.forsciint.2010.08.003>
13. Malphurs JE, Cohen D. A newspaper surveillance study of homicide suicide in the United States. *Am J Forensic Med Pathol*. 2002;23(2):142-148.
14. Marzuk PM, Tardiff K, Hirsch CS. The epidemiology of murder-suicide. *JAMA*. 1992;267(23):3179-3183. <https://doi.org/10.1001/jama.1992.03480230071031>
15. Knoll JL, Hatters-Friedman S. The homicide-suicide phenomenon: findings of psychological autopsies. *Journal of forensic sciences*. 2015;60(5):1253-1257. <https://doi.org/10.1111/1556-4029.12819>
16. Resnick PJ. Child murder by parents: a psychiatric review of filicide. *American Journal of Psychiatry*. 1969;126(3):325-334. <https://doi.org/10.1176/ajp.126.3.325>
17. Baker J. Female criminal lunatics: a sketch. *Journal of Mental Science*. 1902;48(200):13-28. <https://doi.org/10.1192/bjp.48.200.13>
18. Carp EA. Psychologic study of murder of own child. *Case, Nederl. T. Geneesk*. 1947;91:1766-1769.
19. Tuteur W, Glotzer J. Murdering mothers. *American Journal of Psychiatry*. 1959;116(5):447-452. <https://doi.org/10.1176/ajp.116.5.447>
20. Knoll JL. Understanding homicide-suicide. *Psychiatric Clinics*. 2016;39(4):633-647. <https://doi.org/10.1016/j.psc.2016.07.009>
21. <https://www.cnnturk.com/turkiye/fatihte-supheli-olum-dik-kat-siyanur-var-notu-yazili-not-evde-4-kardes-olu-bulundu> Access Date: 27.12.2019.
22. <https://www.cnnturk.com/turkiye/antalyada-4-kisilik-aile-olu-bulundu-siyanur-bulgusuna-rastlandi> Access Date: 27.12.2019.
23. <https://www.mynet.com/bakirkoy-de-siyanur-dehseti-babanin-yazdigi-mesaj-ortaya-cikti-esimi-ve-cocugumu-zehirleyip-intihar-edecegim-110106142455> Access Date: 27.12.2019.
24. Batt JC. Homicidal incidence in the depressive psychoses. *Journal of Mental Science*. 1948;94(397):782-792. <https://doi.org/10.1192/bjp.94.397.782>
25. <https://www.cnnturk.com/turkiye/fatihte-4-kardesin-intihari-hakkinda-33-yillik-arkadaslari-konustu-ben-olursem-onlar-da-olmeli?page=1> Access Date: 27.12.2019.
26. Bender L. Psychiatric mechanisms in child murderers. *The Journal of Nervous and Mental Disease*. 1934;80(1):32-47.
27. Resnick PJ. Child murder by parents: a psychiatric review of filicide. *American journal of Psychiatry*. 1969;126(3):325-334. <https://doi.org/10.1176/ajp.126.3.325>
28. Pinguet M. *Voluntary Death in Japan*. Malden, MA: Polity. 1993.

29. Alvarez M. Internet-assisted suicide in Japan, 1998-2013. *Technoculture: An Online Journal of Technology in Society*. 2018;8.
30. Luauté JP. Family suicide by carbon monoxide poisoning, Paris 1890-1899. Role of popular illustrations. *Histoire des sciences médicales*. 2015;49(3-4):427-439.
31. Snider JE, Hane S, Berman AL. Standardizing the psychological autopsy: addressing the Daubert standard. *Suicide and Life-Threatening Behavior*. 2006;36(5):511-518. <https://doi.org/10.1521/suli.2006.36.5.511>
32. Conner KR, Beautrais AL, Brent DA, et al. The next generation of psychological autopsy studies. Part I. Interview content. *Suicide Life Threat Behav*. 2011;41(6):594–613. <https://doi.org/10.1111/j.1943-278X.2011.00057.x>
33. Knoll IV, JL. The psychological autopsy, part I: applications and methods. *Journal of Psychiatric Practice*®. 2008;14(6):393-397. <https://doi.org/10.1097/01.pra.0000341894.35877.1b>
34. Department of Health Preventing suicide in England: a cross-government outcomes strategy to save lives. Department of Health, London, 2012.
35. Mitchell AJ, Vaze A, Rao S Clinical diagnosis of depression in primary care: a meta-analysis. *Lancet*. 2009;374:609–619.
36. Cavanagh JTO, Carson AJ, Sharpe M, Lawrie SM. Psychological autopsy studies of suicide: a systematic review. *Psychological Medicine*. 2003;33:395–405. <https://doi.org/10.1017/S0033291702006943>
37. Brett, A. Murder–parasuicide: a case series in Western Australia. *Psychiatry, Psychology and Law*. 2002;9:96–99.
38. Hillbrand M. Homicide–suicide and other forms of co-occurring aggression against self and against others. *Professional Psychology: Research and Practice*. 2001;32:626–635. <https://doi.org/10.1037/0735-7028.32.6.626>
39. Shneidman ES. The psychological autopsy. *Suicide and Life-threatening Behavior*. 1981;11:325–340.
40. Holman E, Garfin D, Silver R. Media’s role in broadcasting acute stress following the Boston Marathon bombings. *Proc Natl Acad Sci USA*. 2014;111(1):93–98. <https://doi.org/10.1073/pnas.1316265110>
41. Flynn S, Gask L, Shaw J. Newspaper reporting of homicide-suicide and mental illness. *Bjpsych Bull* 2015;39(6):268–272.
42. Bizer G, Hart J, Jekogian A. Belief in a just world and social dominance orientation: evidence for a mediational pathway predicting negative attitudes and discrimination against individuals with mental illness. *Pers Individ Dif*. 2012;52:428–432. <https://doi.org/10.1016/j.paid.2011.11.002>
43. Liu Z. Media errors and the ‘nutty professor’: riding the journalistic boundaries of the sandy hook shootings. *Journalism*. 2016;17:155–172. <https://doi.org/10.1177/1464884914552266>