

HOMICIDE-SUICIDE IN THE NETHERLANDS: AN EPIDEMIOLOGY

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ABSTRACT

Background: Homicides followed by the suicide of the perpetrator are a rare yet very serious form of interpersonal violence which occurs mainly in partnerships and families. It typically leads to wide-spread societal disturbance. No systematic research on homicide-suicide has ever been conducted in the Netherlands. The aim of this study is to describe – for the first time – the nature and incidence of homicide-suicide in the Netherlands in the period 1992-2006.

Methods: A new database was created on the basis of an existing database containing all homicide cases in the Netherlands. Additional information was retrieved through a newspaper analysis.

Results: A total of 140 people died in 106 events. The majority of the victims were female intimate partners and children. The majority of the perpetrators were male. Homicide-suicides were typically committed with a firearm. Homicide-suicide occurs with an annual incidence of 0.07 to 0.02 per 100.000 persons per year and accounts for approximately 9 deaths yearly in the Netherlands.

Conclusions: Almost all the homicide-suicides in this sample took place between (estranged) partners, lovers and children, thereby underlining the domestic nature of such events. People who commit homicide-suicide cannot be easily equated with those accused of other types of crime.

KEYWORDS: homicide-suicide, murder-suicide, family homicide, extended suicide, epidemiology.

INTRODUCTION

In the Netherlands, approximately 200 people per year die as a result of lethal violence (Nieuwbeerta & Leistra, 2003). Additionally, roughly 1500 people per year end their own lives (CBS, 2007). Usually, these dramatic acts occur separately, yet in some cases they take place together in a so-called homicide-suicide. Homicide-suicide is a generic term referring to a homicide and a subsequent suicide by the same actor.

In his classification of homicides Boudouris (1974) found that ‘the problem of homicide is related, in large proportion, to problems in marital and family relationships’ (p.539). Accordingly, homicide-suicides are most prevalent in the domestic sphere. Cross-culturally, homicide-suicides are mainly committed by men who kill family, chiefly their current or past intimate partners and their young children (e.g. Berman, 1979; Brown & Barraclough, 2002; Campanelli & Gilson, 2002; Carcach & Grabosky, 1998; Cohen *et al.*, 1998; Copeland, 1985; Lecomte & Fornes, 1998; Malphurs & Cohen, 2002; Selkin, 1976; Stack, 1997; West, 1965; Wolfgang, 1958). Although extrafamilial homicide-suicides such as terrorist suicide missions and mass shootings by disgruntled individuals are often extensively reported in the media, their occurrence is very limited compared to the overall incidence of domestic homicide-suicides.

Marzuk *et al.* (1992) were the first to propose a classification system that categorized homicide-suicides by type of victim-offender relationship. The four most common types of homicide-suicide according to this typology are uxoricide-suicide (the killing of an intimate partner with a subsequent suicide of the actor), filicide-suicide (the killing of a child and a suicide of the perpetrator), familicide-suicide (the killing of spouse and children and a subsequent suicide of the perpetrator) and finally, the killing of non-family members followed by suicide. In order to complete this typology, we added a fifth category, namely that of extrafamilial homicide-suicide: the killing of persons outside the family followed by suicide.

The proportion of homicide-suicides has ranged from as low as 1.5 per cent in the United States (Berman, 1979) to as much as 42 per cent of all recorded homicides in Denmark (West, 1965). In later studies, this percentage was reduced to a range between 8 (Gottlieb *et al.*, 1987) and 30 per cent (Hart Hansen, 1974). Overall, homicide-suicide is a relatively rare event. A recent study in the United

Kingdom estimated homicide-suicides to occur in 1 per cent of all homicides (Barraclough & Clare Harris, 2002).

Since Cavan (1928) published the first account of homicide-suicide many studies have published on this topic describing homicide-suicide events and incidents in different cities, regions and countries. Surprisingly, in the Netherlands, no systematic research on the homicide-suicide phenomenon has ever been conducted. As these acts are not recorded in official crime statistics, not even the yearly number of events and victims is known. Consequently, there is a vast dark number surrounding these cases. Homicide-Suicides are an emerging public health concern, victimizing not only those directly involved in the act, but also relatives, friends and acquaintances. Given the fact that multiple victims are involved, the degree of secondary victimization tends to spread drastically. Homicide-suicides lead to shock and incomprehension among society at large. It is therefore pivotal to study this significant type of homicide.

METHODS

The aim of this study is to give a complete and reliable overview of all homicide-suicide cases in the Netherlands. In order to establish the nature and incidence of homicide-suicide events in the Netherlands, a new database was created entitled *Homicide-Suicide 1992-2006*. This database is comprised of two different sources: the NSCR¹ database entitled *Murder and Manslaughter* (for a detailed description of this source, see Nieuwbeerta & Leistra, 2003) as well additional information based on newspaper articles on homicide-suicide cases.

The database *Murder and Manslaughter* includes all offences that have taken place between 1992 and 2006, which have been categorized as either murder (article 289 and 291 Code of Dutch Criminal Law) or manslaughter (article 287, 288 and 290 Code of Dutch Criminal Law), together comprising the category homicide. Basic demographic details such as age, gender and ethnicity of the perpetrator as well as the relationship between victim and perpetrator can be extracted from these data. In some cases, offence details are included as well.

The database *Murder and Manslaughter* is comprised of six sources, which partially overlap each other:

- All newspaper articles related to homicide generated by the Netherlands National News Agency (ANP). In the period 1992-2006 the ANP has published more than 13.000 newspaper articles related to homicide in the Netherlands. In these articles much information is available on the characteristics of the homicides, the perpetrators and victims.
- The Elsevier Annual Report. From 1992 onwards, the weekly magazine Elsevier publishes an annual report on all homicides that have taken place. This report is based on both ANP articles as well as on police files.
- Files from the National Bureau of Investigation (NRI). From 1992 onwards, information on homicides in the Netherlands has been collected by the NRI as part of the National Police Force (KLPD). The information available in these files concerns the date and location of the homicide, the homicide method as well as basic demographic characteristics of both victim and perpetrator.
- Files from the Public Prosecution Office. This database files the judicial procedures of a homicide.
- Files from the Judicial Information Service and the Ministry of Justice.
- Files from the Criminal Justice Knowledge Centre (WODC). In addition to files from the KLPD and the Public Prosecution Service, these files contain detailed information stemming from interviews with investigators who were in charge of the homicide event. (e.g. Smit *et al.*, 2001).

¹ The Netherlands Institute for the Study of Crime and Law Enforcement (NSCR) is one of the research institutes of the Netherlands Organization for Scientific Research (NWO). The NSCR aims at studying - in a fundamental, interdisciplinary manner - the interaction between crime and law enforcement.

Additional Information on Homicide-Suicide

For this article additional information on homicide-suicide cases was collected from print media in order to supplement the data with background information that was not included in the existing sources. Printed media surveillance has been proven useful to estimate the number of intentional injuries, including homicide-suicide (Aderibigbe, 1997; Danson & Soothill, 1996a, 1996b; Malphurs & Cohen, 2002). In the Netherlands, all articles from six national newspapers from 1992 onwards are indexed in the online computer database LexisNexis. Given the fact that homicide-suicides are not always reported on a national level, a regional newspaper database, the Wegener Archive, was included as well. This archive contains seven regional newspapers. In both databases keyword searches were applied.

Inclusion Criteria

In order to compare the findings of this study to other international epidemiological studies, similar inclusion criteria are used as reported elsewhere (Campanelli & Gilson, 2002; Chan *et al.*, 2003, Marzuk *et al.*, 1992). The criteria for identifying a domestic homicide-suicide include one or more person(s) who has/have committed a homicide and then made a successful suicide attempt. The event was included if the suicide took place within one week of the preceding homicide.

When the perpetrator killed multiple victims, the relationship with the primary victim was coded. For example, cases in which a spouse and a stranger were killed were categorized as uxoricide-suicides rather than as extrafamilial homicide-suicides.

RESULTS

Incidence and Rates

In the period 1992-2006, 106 homicide-suicide events took place involving 140 deaths. In this period, homicide-suicide occurred on average 7 times per year, equivalent to approximately 4% of all homicides per year and 0,5% of all suicides per year. No seasonal variation could be established. The homicide-suicide incidence was highest in 2005 (N=12) and lowest in 1993 and 1999 (N=3) (*figure 1*). As can be seen in table 1, this cannot be ascribed to one specific type of homicide-suicide.

In figure 2 the homicide, suicide and homicide-suicide rates are displayed for the period 1992-2006. In this period, the suicide rate slightly decreased from 13 suicides per 100.000 in 1992 to 12 suicides per 100.000 in 2006. With the exception of last year, in which there was a clear reduction in the number of homicides (Leistra, 2007), in the period 1992-2006 the homicide rate per 100.000 remained fairly constant. The same accounts for the homicide-suicide rate, which varied from 0.07 to 0.02 per 100.000 per year.

The majority of the events were classified as spousal and consortial homicide-suicides (N=54; 50%), followed by homicide-suicides involving children (N=20; 19%). The third most prevalent category constituted familicide-suicides (N=9; 9%) and the killing of other family members followed by suicide (N=9; 9%). In total, 14 cases (14%) were classified as extrafamilial homicide-suicides. The spousal/consortial homicide-suicides were prevalent in most years of the analysis.

Incidents

In 106 homicide-suicide cases there were a total of 140 victims (*table 1*). All cases involved one perpetrator. In 79% there was one victim involved. Cases in which multiple victims were involved mainly constituted uxoricides in which a rival or a bystander was killed, filicides in which there were multiple child victims and finally familicides, which by definition include multiple victims.

When looking at municipalities, the largest number of cases took place in Amsterdam (N=14). The difference in number between this city and other Dutch cities is considerable – in each of the other cities 5 or less homicide-suicides occurred in total.

With regard to the location of the offence, homicide-suicides were mainly committed in the homes of perpetrator and/or victim (N=77). The public road was second most frequent (N=9) followed by shops, restaurants and cafés (N=7). Based on the nature of domestic homicide one would expect that intimate partner homicide-suicides would predominantly take place within the home, yet this was only the case in 70% of the cases. Other intrafamilial homicide-suicides mainly took place within the home. Extrafamilial homicide-suicides occurred in the home in 57% of the cases.

Victims

In total there were 45 male and 95 female victims (*table 2*). The differences in gender in different types of homicide-suicide are considerable: more than half of the male victims are children who died in a filicide-suicide or a familicide-suicide. The gender distribution is particularly skewed in uxoricide-suicide, as only 6 victims were male compared to 54 female victims. In filicide-suicides more boy (N=17) than girl (N=14) victims were observed. In familicide-suicides there were a total of 12 male victims compared to 14 female victims. As of these 14 victims, 9 were mothers and 1 was a grandmother, a total of 12 boys and 4 girls became the victim of a familicide-suicide. In the category of homicide-suicide involving other family members only women became victimized: one mother and one aunt. In the category of extrafamilial homicide-suicides male victims (N=10) were overrepresented compared to female victims (N=3). The age of the victims ranged from a couple of months to 84 years. The mean age of the victims was 30. The age of the victims depended strongly on the type of homicide-suicide: whereas in uxoricide-suicide cases, the mean age of the victim was 43, in filicide-suicide most victims were aged between 2 and 12. The mean age of children who died in a filicide-suicide was 5.3; those dying in a familicide-suicide had a mean age of 7.1. The mean age of adult victims in familicide-suicide was lower than those dying in an uxoricide-suicide, namely 40. Victims of extrafamilial homicide-suicide were oldest with a mean of 57.

Despite the fact that of many victims the ethnicity² could not be traced, it was found that most victims were either Dutch (N=63) or Surinamese (N=12). Compared to the general population those of an ethnicity other than Dutch were overrepresented.

Cause of Death

Most homicides were committed by firearms (N=54), followed by pointed weapons (N=39) and strangulation (N=22). In 10 victims the cause of death could not be determined. Uxoricide-suicides were mostly committed by firearms (N=29), followed by pointed weapons (N=19) and strangulation (N=10). Filicide-suicides were committed by less violent means, namely strangulation / smothering (N=11), poisoning (N=6) and finally, pointed weapons (N=6). Other types of homicide-suicide were mainly committed by firearms. In the category extrafamilial homicide-suicides relatively violent weapons such as firearms, pointed weapons or physical maltreatment were used.

² Someone was defined as having an ethnicity other than Dutch when either one or both parents originated from another country. The major immigrant groups in the Netherlands constitute other Europeans, Turkish, Moroccans, Surinamese and Antillean immigrants.

Suspects

The majority of the homicide-suicides were committed by men (*table 3*): 96 cases were male-perpetrated homicide-suicides and 10 cases were perpetrated by females, who committed filicide-suicide (N=6), uxoricide-suicide (N=3) or extrafamilial homicide-suicide (N=1).

The youngest perpetrator was 16 years old, the oldest was aged 85. The mean age of the perpetrators was 44. The mean age was highest for uxoricide perpetrators (48 yrs.), followed by extrafamilial homicide-suicide perpetrators (45 yrs.), familicide-suicide perpetrators (40 yrs.), filicide-suicide perpetrators (38 yrs.) and finally, those having killed other family members (38 yrs.). Perpetrators of homicide-suicides in which the relationship between victim and perpetrator is unknown have a much lower mean age of 29.

Similar to the victims, in many cases the ethnicity of the perpetrator could not be determined (39%). The majority of the perpetrators were Dutch (N=37) and Surinamese (N=11). Again, those of another ethnicity than the Dutch were overrepresented. The majority of the homicide-suicide cases are intra-ethnic: the victim and perpetrator are both of the same ethnicity (63%).

The suicide method of the perpetrator is known in 73 cases. The majority of the perpetrators committed suicide with a firearm (N=37), followed by hanging (N=9) and pointed weapons (N=7). In 49 out of 73 cases the perpetrator committed suicide by the same method with which (s)he committed the homicide.

CONCLUSION

This is the first systematic examination describing the nature and incidence of homicide-suicide events in the Netherlands. By making use of the NSCR database *Murder and Manslaughter* and by collecting additional information through newspaper databases we have created a database of homicide-suicides in the Netherlands. Due to the nature of the sources used it can be assumed that the great majority of all homicide-suicides having occurred in the period 1992-2006 have been included.

In total 106 homicide-suicides occurred in the period 1992-2006 which equals approximately 7 homicide-suicides per year. This number remained fairly constant throughout the period with a few exceptions in 2005 and in 1993 and 1999. In the period 1992-2006 the homicide-suicide rate varied from 0.07 to 0.02 per 100.000 persons per year. A total of 140 victims were reported, which were most prevalent in uxoricide-suicides, followed by filicide-suicide, familicide-suicide, extrafamilial homicide-suicide and the killing of other family members followed by suicide. Female victims predominated. Children who died in a filicide-suicide were youngest followed by children who died in a familicide-suicide. The oldest victims died in an extrafamilial homicide-suicide or in an uxoricide-suicide. Although in a large number of cases the ethnicity of perpetrator and victim could not be established it was found that the majority was either Dutch or Surinamese. In the majority of cases the perpetrator and victim had the same ethnic background.

Most victims were killed by firearms, followed by pointed weapons and strangulation. In almost half of the homicide-suicides it was found that the perpetrator committed suicide in the same way the homicide was committed.

With regard to the perpetrators it was found that the majority of homicide-suicides were committed by men. The youngest perpetrators were involved in the killing of other family members and the oldest were perpetrators of uxoricide-suicide.

DISCUSSION

Limitations

Although – as far as we know – all homicide-suicide cases that occurred in the Netherlands in the period 1992-2006 have been included in this study, detailed information was often not available. This could be due to the lack of police reports in these cases, as the perpetrator is typically not prosecuted and therefore no initial file is made. Much information was therefore retrieved from print media, yet

the selection bias in reporting restricted us from obtaining all necessary information. Future research should attempt to overcome this difficulty by applying the so-called psychological autopsy method as first described by Schneidmann (1981). This method is based upon a combination of interviews of those closest to the deceased and an examination of corroborating evidence from sources such as hospital reports and criminal records. From this information an assessment is made of the suicide victim's mental and physical health, personality, experience of social adversity and social integration (Cavanagh *et al.*, 2003). The psychological autopsy method has been useful in the study of suicide (e.g. Conwell *et al.*, 1996; Isometsä, 2001) and could well be applied to those having died in a homicide-suicide in order to get a more extensive view of the psychopathological, motivational and circumstantial characteristics of the perpetrator.

Findings

On the basis of this study sample, the homicide-suicide rate in the Netherlands is estimated to vary between 0,02 and 0,07 per 100.000 person-years, a rate comparable to those found in the same period in other European regions such as Denmark with a reported rate of 0,08 (Gottlieb *et al.*, 1987) and England, Yorkshire and Humbershire with a rate of 0,07 (Milroy, 1993). The European situation, however, seems to be in sharp contrast with current rates in other Western countries such as Australia and the United States. Carcach and Grabovsky (1998) found the Australian homicide-suicide rate to be 0,22; findings from the United States vary from 0,26 in New Hampshire (Campanelli and Gilson, 2002) up to 0,70 in Florida (Cohen *et al.*, 1998).

With regard to the variation in homicide, suicide and homicide-suicide rates, Coid (1983) proposed several epidemiological 'laws' relating to the rates of what he termed 'abnormal homicides': the higher the rate of homicide in a population, the lower the percentage of offenders who are found to commit suicide. According to him, the proportion of homicide-suicide in a given country increases as the homicide rate increases. He also found that countries with a low frequency of homicide have a relatively greater percentage of homicide-suicides and other types of abnormal homicides compared to countries with a high homicide rate. Both these epidemiological rules seem to be applicable to our data, although the homicide-suicide rate did not fluctuate as much as the homicide rate – a finding consistent with Milroy (1995). Felthous & Hempel (1995) explained the relative stability of the homicide-suicide rate in terms of the intimate (family) homicide rate. Since the homicides of homicide-suicides involve predominantly victims in domestic relationships, and the rates of these killings fluctuate not as much as the suicide and homicide rate do independently, homicide-suicides rates are subject to similar influences and are of comparable stability as the rate of intimate homicide.

In sum, based on these aggregate results, homicide-suicide could be considered as more closely resembling homicide than suicide. Yet, analysis of these cases shows us that we are dealing here with a specific type of homicide that cannot be easily equated with other forms of intimate partner violence or violence against children. Future, qualitative research is needed to test this assumption.

Almost all the homicide-suicides in this sample took place between (estranged) partners, lovers and children, thereby underlining the domestic nature of such events - a finding consistent with other recent studies (Brown & Barraclough, 2002; Campanelli & Gilson, 2002; Malphurs & Cohen, 2002). The majority of the homicide-suicides were committed by men of Dutch ethnicity in their 30s or 40s, which makes the homicide-suicide phenomenon a domain typically governed by males. The mean age of these homicide-suicide perpetrators is much higher than for homicide in general, the majority of those convicted being less than 30 years of age. In that regard homicide-suicide constitutes a different type of offence, whose offenders cannot be easily equated with perpetrators of other crimes.

Consistent with the literature we found that the killing of other family members such as parents or siblings followed by the suicide of the perpetrator was very rare. The same accounted for the killing of strangers and the subsequent killing of the self: although much media attention is devoted to this type of homicide-suicide its frequency remains very low.

A proportionate number of homicide-suicides were committed by firearms – a finding consistent with homicide-suicide research in other European countries (e.g. Barraclough & Clare Harris, 2002; Lecomte & Fornes, 1998; Milroy, 1993). Yet, the relative frequency with which firearms were used is limited compared to countries with more lenient gun legislation and with generally more readily available firearms such as the United States (e.g. Allen, 1983; Berman, 1979; Campanelli & Gilson,

2002; Copeland, 1985; Currens *et al.*, 1991). Kellerman *et al.* (1993) found that gun ownership is strongly and independently associated with an increased risk of homicide. Virtually all of this risk involved homicide by a family member or an intimate acquaintance. Based on this finding, one could argue that restricting firearm legislation could be one step into the direction of decreasing the number of tragedies such as homicide-suicides.

Future Research

Future research should aim to incorporate multiple methods in order to get an even more accurate estimate on the annual incidence and nature of these events. This could be done by supplementing these sources with medical examination files as well as police files in a so-called psychological autopsy method as described above. Marzuk *et al.* (1992) proposed the establishing of a national monitoring centre for homicide-suicides: the national function of such a centre would facilitate the validation, understanding and, accordingly, prevention of such cases.

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FIGURES AND TABLES

Figure 1: Homicide-Suicide in the Netherlands, 1992-2006

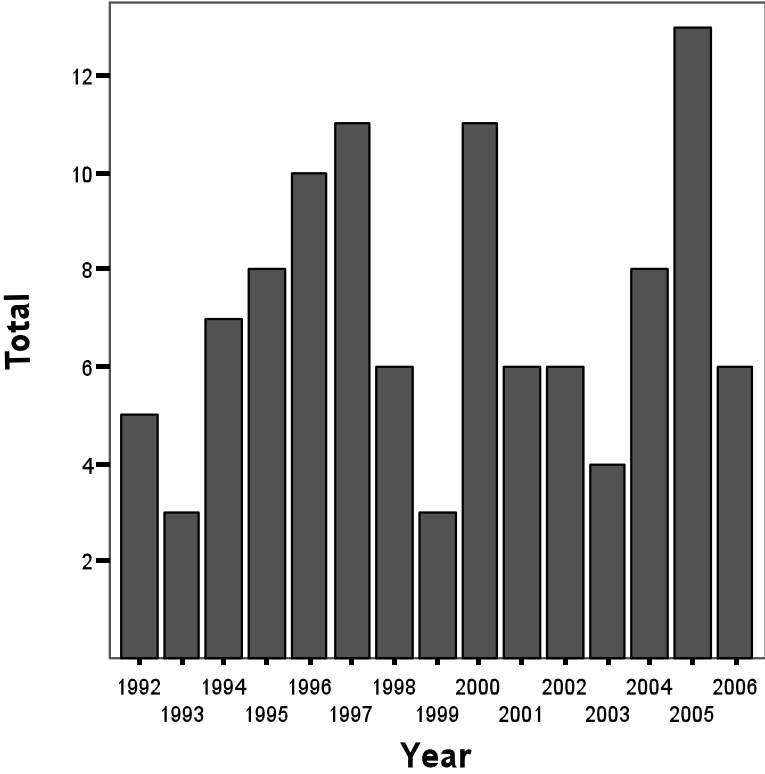


Figure 2: Homicide, Suicide and Homicide-Suicide in the Netherlands, 1992-2006

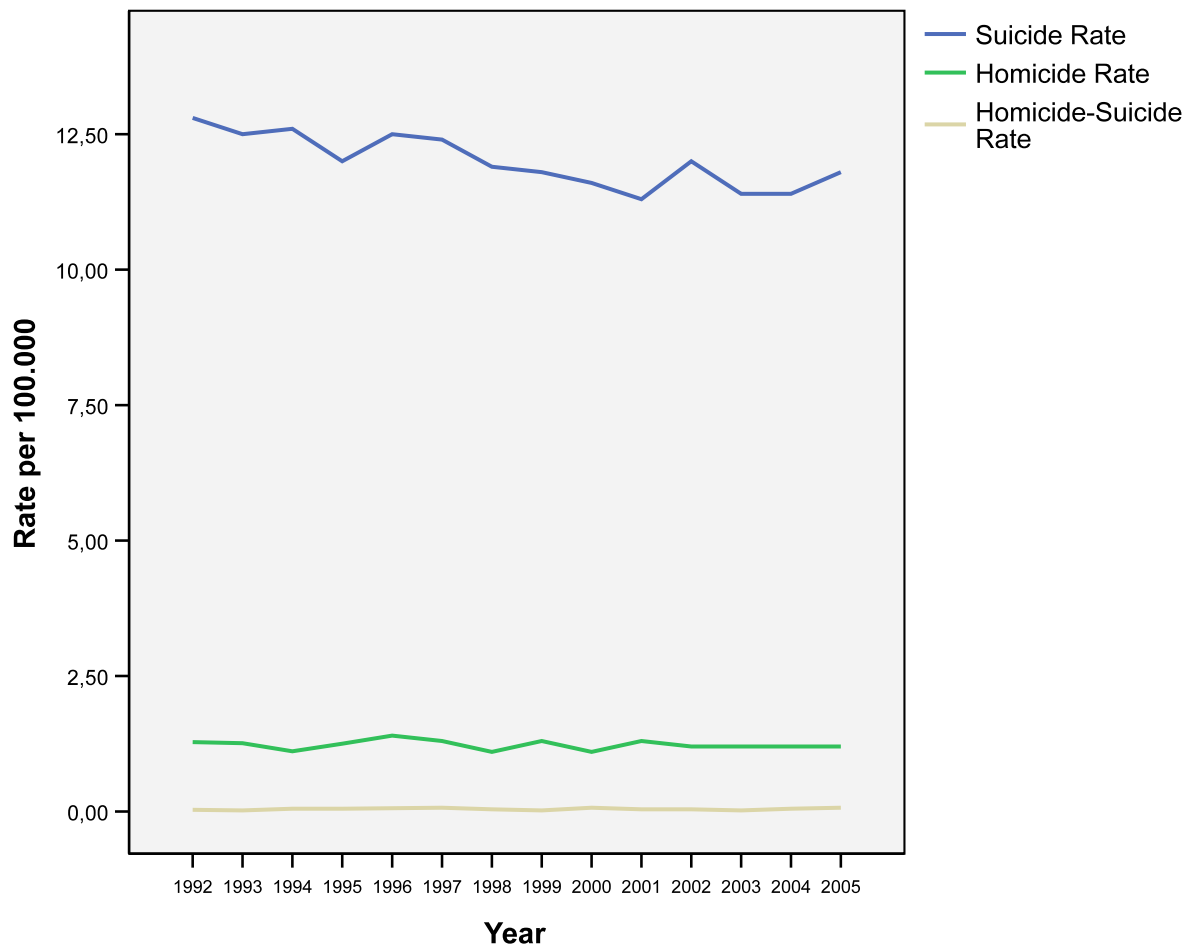


Table 1: Homicide-suicide Cases, 1992-2006

	Uxoricide- Suicide	Filicide- Suicide	Familicide- Suicide	Other family	Extrafamilial Homicide- Suicide	Unknown	Total
CASE							
Year							
1992	3	1	0	0	1	0	5
1993	0	1	1	1	0	0	3
1994	3	0	1	1	1	1	7
1995	6	0	0	0	2	0	8
1996	2	4	0	0	4	0	10
1997	6	2	0	0	2	1	11
1998	0	1	3	0	1	1	6
1999	1	2	0	0	0	0	3
2000	4	2	0	0	2	3	11
2001	5	1	0	0	0	0	6
2002	6	0	0	0	0	0	6
2003	4	0	0	0	0	0	4
2004	5	3	0	0	0	0	8
2005	5	2	3	1	1	0	12
2006	4	1	1	0	0	0	6
Location							
House	38	18	7	3	8	3	77
Hotel, motel, etc.	1	0	1	0	1	0	3
Shop, restaurant, café etc.	6	0	0	0	1	0	7
Forest, park, etc.	1	1	0	0	0	1	3
Public Road	5	0	1	0	1	2	9
Other(car, workplace, etc.)	1	0	0	0	1	0	2
Unknown	2	1	0	0	2	0	5
Number of Victims							
1	49	12	0	3	14	6	84
2	4	5	3	0	0	0	12
3	1	3	4	0	0	0	8
4	0	0	2	0	0	0	2
	54	20	9	3	14	6	106

Tabel 2: Victims in Homicide-Suicides, 1992-2006

	Uxoricide- Suicide	Filicide- Suicide	Familicide- Suicide	Other Family	Extrafamilial Homicide- Suicide	Unknown	Total
VICTIMS							
Gender							
Male	6	17	12	0	10	0	45
Female	54	14	14	3	4	6	95
Age							
0-1	0	7	0	0	0	0	7
2-12	0	24	16	0	0	0	40
13-17	2	0	0	0	1	2	5
18-30	15	0	1	1	2	4	23
31-50	26	0	8	0	8	0	42
51>	15	0	1	2	2	0	20
Ethnicity							
Dutch	30	19	4	0	6	4	63
Surinamese	6	1	4	0	1	0	12
European	3	0	0	0	1	1	5
Turkish	1	0	0	0	1	0	2
North African (incl. Moroccan)	1	0	0	0	2	0	3
Other	3	0	0	1	1	0	5
Unknown	16	11	18	2	2	1	50
Relation victim- perpetrator							
Intimate Partner	33	31	5	0	0	0	38
Son / Daughter	0	31	15	0	0	0	46
Father / Mother	1	0	0	1	0	0	2
Father in Law / Mother in Law	0	0	1	0	0	0	1
Uncle / Aunt	0	0	0	1	0	0	1
Cousin	1	0	0	0	0	0	1
Ex-partner	14	0	3	0	0	0	17
Ex-lover	1	0	0	0	0	0	1
Rival	1	0	0	0	2	0	3
Other	4	0	2	0	9	2	17
Unknown	5	0	0	1	3	4	13
Method							
Poisoning	0	6	0	0	0	0	6
Strangulation	10	11	0	0	0	1	22
Firearm	29	4	9	2	7	3	54
Pointed Weapon	19	6	9	0	4	1	39
Striking Weapon	0	0	3	0	1	0	4
Pushing from Height	1	0	2	0	0	0	3
Physical Maltreatment	0	0	0	0	2	0	2
Unknown	1	4	3	1	0	1	10
	60	31	26	3	14	6	140

Table 3: Homicide-Suicide perpetrators, 1992-2006

	Uxoricide-Suicide	Filicide-Suicide	Familici de-Suicide	Other Family	Extrafamilial Homicide-Suicide	Unknown	Total
PERPETRATORS							
Gender							
Male	51	14	9	3	13	6	96
Female	3	6	0	0	1	0	10
Age							
13-17	0	0	0	0	1	0	1
18-30	11	1	2	2	2	3	21
31-50	23	18	5	0	8	3	57
51>	18	1	2	1	1	0	23
Ethnicity							
Dutch	22	9	2	1	1	2	37
Surinamese	7	2	1	0	1	0	11
European	0	0	0	0	4	0	4
Turkish	2	0	0	0	1	0	3
North African (incl. Moroccan)	1	0	1	0	0	0	2
Other	4	1	2	0	1	0	8
Unknown	18	8	3	2	6	4	41
Suicide Method							
Poisoning	1	2	0	0	0	0	3
Strangulation	4	3	0	0	2	0	9
Drowning	1	0	0	0	0	0	1
Firearm	24	3	4	2	3	1	37
Burnish	1	0	2	0	0	0	3
Pointed Weapon	5	2	0	0	0	0	7
Falling from Height	2	1	1	0	1	0	5
Public Transport	3	2	0	0	0	1	6
Driving into Something	0	0	1	0	1	0	2
Unknown	13	7	1	1	7	4	33
	54	20	9	3	14	6	106