

EXTENDED SUICIDE

Essay

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SUMMARY

Extended suicide is considered one of the lethal violence and a phenomenon shocks the whole community, So, it is important to understand this tragic phenomenon from psychiatric view. Extended-suicide is homicide followed by suicide and the duration in between one week maximally. This Phenomenon is a collection between the crimes of murder and suicide but with special circumstances ,psychological and social factors prompted them to do this crime.

According the study of prevalence and incidence of that phenomenon which is done in many western and eastern countries like (USA, Netherlands, Swaziland, France, England , India and south Africa) , authors found that the prevalence in western countries about 0.2 to 0.3 per 100,000 persons, and differed in incidence from country to another. In eastern countries the prevalence of that phenomenon according studies in India and South Africa is about 0.06 per 100,000 populations. Every year, at least, there was one case of ‘murder–suicide’. Though there was no specific pattern of incidence.

On the other hand, some studies suggested that the incidence of extended suicide increased with the high incidence of homicide alone and suicide alone. But, other studies said that it decreased or constant with the incidence of both homicide and suicide. Finally, the most agreed that the rate of incidence

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List of Abbreviations

APPS	Acute pain patients.
BHI 2	The Battery for Health Improvement.
CPPS.....	Chronic pain patients.
CYSO	Correctional Youth Security Officer I.
FBI	Federal Bureau of Investigation.
HS	Homicide-suicide.
ICD-10	International Classification of Diseases.
IPHS	Intimate Partners Homicide-suicide.
NVDRS.....	National Violent Death Reporting System.
SHRs.....	Supplementary Homicide Reports.
SOS.....	Special Observation Status.
SPM	Suicide Precautions Monitoring .
SPM	Suicide Precautions Monitoring.
UCR	Uniform Crime Reporting Program.

INTRODUCTION

Extended suicide can be considered as a distinct phenomenon from both homicide and suicide which is a dramatic event in which an individual commits suicide after homicide. **Nacke** at the year 1908 is the first who introduced the term “extended suicide”. *(It is quoted from: Liem and Nieuwbeerta, 2010)*. There is no exact definition for extended suicide so some authors said that extended suicide is the act in which an individual commits suicide shortly after homicide. While others specify the time between the homicide and suicide to be not more than one week *(Liem & Nieuwbeerta, 2010)*.

Beside the fact that there are different definitions for extended suicide, Also there is no consensus on the exact terminology of this phenomenon so it was named (murder-suicide, homicide followed by suicide, dyadic death) *(Meszaros & Fischer-Danzinger, 2000)*.

The perception from media reports would be that the incidence is greatly increasing, but the data from controlled studies have collected show extended suicide to be a rare event that seems relatively constant rate, remaining at an overall incidence of approximately 0.2–0.3/100,000 per year *(Eliason, 2009)*.

Because extended suicide is such a rare event, it is not feasible to screen for it without many false positives. However, the literature reveals diversity of characters that may be helpful when performing risk assessment for extended suicide. There are clinical presentations that may alert mental health

professionals to be suspicious of the risk of this phenomenon: a middle-aged man who is recently separated or facing pending estrangement from his intimate partner and who is depressed and has access to firearms or an older male who is the primary caregiver for a spouse who is ill or debilitated, where there is a recent onset of new illness in the male, depression, and access to firearms. It is worth mentioning that risk assessment should include determining the chance of involvement not only in suicide and homicide alone, but also in extended-suicide as a perpetrator or a victim (*Eliason et al., 2009*).

Meszaros and Fischer-Danzinger suggest that the criteria for an extended suicide are: (1)-the primary will of the offender to die (2)-the inclusion of at least a second person without her consent in the suicidal act (3)-the coincidence of the offences the suicide not being a consequence of the homicide (4)-an altruistic or pseudoaltruistic but not an egocentric motive for taking along the victims (5)-a less reflected and spontaneous decision without realizing the consequences of the offence. (*Meszaros, Fischer-Danzinger, 2000*).

Extended suicide is well known phenomenon in western countries. In USA, according to studies in American roulette the incidence of this phenomenon reach to be between 1,000_1,500 deaths per year at 2002 (*Brock, 2002*). And it increased to reach 10 deaths per week at 2005 (*Newth,2006*). On the other hand, Through the past few years this phenomenon began to be reported repeatedly in Egyptian society for example, the businessman who killed his wife, his friend then shooting him self in district of Zamalek. The man who killed

his wife and his two sons then he ended his life in district of Heliopolis. Lastly, the engineer who killed his wife and his sons then tried to end his life in district of Heliopolis (*Al Ahram, 2003; Al Ahram, 2009*) (*Appendix 1*).

Regarding the prevention of extended suicide *Saleva et al.* suggest that extended suicide appears to be a distinct phenomenon whose prevention may be difficult on the individual level. There are a few realistic ideas for better prevention of such tragedies. Firstly, special attention should be paid to elderly parents living with adult children who are suffering from mental or physical problems. Second, the licience to posses firearms should be more restricted. Thirdly, alcohol or others substance use seem to be appoint of prevention. Finally, it is seems that threats of extended suicide should be taken seriously and treated with the care they warrant (*Saleva et al., 2007*).

Another aspect of prevention is related to domestic violence as it is associated with a very significant number of extended suicides. Therefore stronger domestic violence legislation may be one avenue of intervention, including programs that assist men with coping with issues of control and separation. Moreover, experts have suggested that more research should be focused on the impact that domestic violence extended suicides have on the families in which they occur (*Newth, 2006*).

AIMS OF THE WORK

1. Review recent work on incidence and risk factors of extended suicide.
2. Display available work on types and subtypes of extended suicide.
3. Display available work on criteria, personality and psychopathology in extended suicide.
4. Highlight the risk assessment and prevention of extended suicide in clinical practice.

INTRODUCTION & EPIDEMIOLOGY

Extended suicide is a rare yet very serious form of lethal violence which mainly occurs in partnerships and families (*Liem and Nieuwbeerta, 2010*). It is a rare event that often shocks the whole community. So, it is important to understand this tragic phenomenon from psychiatric view. The extent to which Extended -suicide can be understood as being primarily a homicide or a suicide event, or rather a category of its own is controversial (*Saleva et al., 2007*).

The phenomenon of extended suicide has a historical background. It is well recognized, historically being described in the Ming dynasty in China and in Greek tragedies (*Roger, 2005*). In German -speaking countries *Nake, (1908)* first introduced term “extended suicide”. Since then, many authors considered extended suicide as a distinct phenomenon from both homicide and suicide (*Liem and Nieuwbeerta, 2010*).

Although extended suicide is a rare yet it can be considered as an emerging public health problem. This phenomenon attracts the medical health professional attention due to its marked effect on lives, psychological status as well as social norms. Because extended-suicides result in the death or injury of family members and sometimes mass murder, they cause countless additional morbidity, family trauma, and

disruption of communities. In extended-suicides, the offender murders his intended victims family, friends and acquaintances, or strangers before ending his own life. Unfortunately, the phenomenon of extended-suicide used to garner limited public attention as a significant contributor to gun-related death and injury (*Newth, 2006*).

There are different definitions for extended suicide. Extended suicide is the act in which an individual commits suicide shortly after homicide regardless previous intent of both crimes (*Liem & Nieuwbeerta, 2010*). On the other hand, (*Copeland, 1985 and Berman, 1979*) said that extended-suicide refers to a situation where the perpetrator of a homicide has taken his or her own life after the death of the victim(s) has occurred in a planned act for both crimes. *Krulewhitch and Facnm* added a specific type of the phenomenon mentioning that extended suicide Intimate partner homicide-suicide (IPH-IPS) occurs when a person kills an intimate partner (eg, spouse, former spouse, dating partner, or ex-partner) and then kills themselves(*Krulewhitch and Facnm 2009*).

Also, there is different terminology of this phenomenon as (extended suicide, murder suicide, homicide followed by suicide, suicide preceding by homicide, dyadic death) (*Meszaros and Fischer-Danzinger, 2000*).

It is worth mentioning that authors differ in determining the period between homicide and suicide. Most of them said

the period between the homicide and suicide to be not more than one week (*Liem & Nieuwbeerta, 2010*). The few of them have specified intervals reported a range from 1 day to 3 months (*Saint-Martin et al., 2008*).

Homicide-suicide (HS), has not been defined as a distinct category by the International Classification of Diseases (ICD-10). Yet, ICD-10 definition of homicide corresponds to injury codes X8 through Y09) which result in death. While ICD-10 definition of suicide corresponds to injury codes X60-X84 resulting in death (*Liem, 2010a*).

The use of the term Homicide-Suicide has been preferred to “murder-suicide” because the term “murder” has a specific definition and is only determined after a full criminal trial. The term “dyadic death” has also been used for these incidents, because deaths often involve a pair of persons. The interval of one week between homicide and suicide is important to distinguish the group in which suicide appears to be linked with a prior homicide from a group of violent persons with a history of assaults and murders who eventually commit suicide. A close temporal proximity between homicide and suicide – most of the time a few minutes or a few hours – demonstrates that neither act is incidental to the other. Many events had been carefully planned as a united two-stage sequential act. Suicide pacts have been included when circumstances showed that one

person killed the other before committing suicide. We have excluded individuals who only assault other prior to suicide, those who commit homicide but fail to complete a suicide attempt. Homicide-Suicide perpetrators have also been distinguished from two much less commonly encountered eg., **mass murderers** (person who will fully injures five or more persons, of whom three or more are killed) and **serial murderers** (person who kills others in three or more separate incidents). HS occupies a distinct epidemiological domain that overlaps with suicide and domestic homicide (*Saint-Martin et al., 2008*).

About suicide

Suicide is the primary emergency for the mental health professional; Suicide is derived from the Latin word for self-murder. It is a fatal act that represents the person's wish to die. There is a range, however, between thinking about suicide and acting it out. Some persons have ideas of suicide that they will never act on; some plan for days, weeks, or even years before acting; and others take their lives seemingly on impulse (*Sadock et al.,2007*).

Approximately one million people per year commit suicide worldwide and around 10 million attempt suicide each year. Hence, suicide is a major public health problem throughout the world, and