

HOMICIDE-SUICIDE IN OLDER PEOPLE



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HOMICIDE-SUICIDES

- ALSO CALLED MURDER-SUICIDES
- EMERGING CHALLENGE IN A RAPIDLY AGING SOCIETY
- DATA ON EPIDEMIOLOGY AND CLINICAL PATTERNS IN OLDER PEOPLE NONEXISTENT BEFORE 1995

DEFINITION

A PERPETRATOR, USUALLY MALE,
KILLS ONE OR MORE VICTIMS,
USUALLY ONE, AND THEN COMMITS
SUICIDE, USUALLY WITHIN MINUTES

CORE CHARACTERISTICS

- PERPETRATOR HAS PSYCHIATRIC PROBLEMS, USUALLY DEPRESSION
- PERPETRATOR HAS AN INTENSE ATTACHMENT TO THE VICTIM(S)
- PERPETRATOR PERCEIVES A THREAT TO THE INTEGRITY OF THE RELATIONSHIP (SEPARATION)

HS ARE RARE

- ~50,000 VIOLENT DEATHS OCCUR EACH YEAR IN US
- ~30,000 ARE SUICIDES
- ~20,000 ARE HOMICIDES
- NO NATIONAL SURVEILLANCE SYSTEM, BUT ~1500-2500 HS DEATHS OCCUR EACH YEAR

HS ARE A PUBLIC MENTAL HEALTH CHALLENGE

- MORTALITY COUNT SIMILAR TO
MENINGITIS, VIRAL HEPATITUS, OR
PULMONARY TUBERCULOSIS
- HS RATE MAY BE INCREASING,
ESPECIALLY IN OLDER POPULATION

HS RATES HIGH IN OLDER POPULATION

- 20% OF HS DEATHS NATIONALLY ARE OLDER PEOPLE
- 40% OF HS DEATHS IN FLORIDA ARE OLDER PEOPLE
- NUMBER OF HS DEATHS ARE HIGHER IN PERSONS YOUNGER THAN 55 BECAUSE THERE ARE MORE YOUNGER PEOPLE
- BUT PERSONS 55 AND OLDER HAVE HIGHER RATES THAN PERSONS > 55

HS CHANGE FAMILIES AND COMMUNITIES

- HAVE A DRAMATIC IMPACT ON COMMUNITIES WHERE THEY OCCUR
- FAMILY MEMBERS ARE CO-VICTIMS
- FAMILY MEMBERS FEEL IMPACT FOR A LONG TIME
- FAMILY MEMBERS ARE AT RISK FOR DEPRESSIVE AND ANXIETY DISORDERS

COLUMBINE 1999



NEPAL, JUNE 2, 2001



PRINCE DIPENDRA KILLS KING, QUEEN, & 6 OTHERS



HS RESEARCH FINDINGS

- NUMBER OF HS ARE HIGHER IN YOUNGER POPULATION, BUT HS RATES ARE HIGHER IN OLDER POPULATION
- HS ARE NOT SUICIDE PACTS OR ALTRUISTIC DYADIC DEATHS
- VICTIM(S) NOT AWARE OF PLAN
- THERE ARE DIFFERENT TYPES OF HS AND DISTRIBUTION OF SUBTYPES SIMILAR IN OLD AND YOUNG

HOMICIDE-SUICIDE RATES BY AGE FOR FLORIDA:

1997-2001

	1997	1998	1999	2000	2001
ALL AGES	0.40	0.36	0.36	0.40	0.41
POPULATION > 54	0.48	0.43	0.43	0.50	0.72
POPULATION < 55	0.36	0.32	0.32	0.36	0.31

	YOUNG	OLD
SUICIDES		
N (%)	223 (79.4)	58 (20.6)
AGE RANGE (YR)	20-54	55-90
GENDER		
MALE	202 (90.6)	52 (89.7)
FEMALE	21 (9.4)	6 (10.3)
HOMICIDES		
N (%)	268 (80.7)	64 (19.3)
AGE RANGE (YR)	<1-84	11-89
GENDER		
MALE	78 (28.2)	14 (21.5)
FEMALE	199 (71.8)	51 (78.5)

SUBTYPE	N (%)	N (%)
SPOUSAL/CONSORTIAL	158 (73.5)	41 (71.9)
FAMILIAL	17 (7.9)	6 (10.5)
INFANTICIDE/PEDICIDE	14 (6.5)	3 (5.3)
EXTRAFAMILIAL	22 (10.2)	6 (10.5)
MASS MURDER/ WORKPLACE KILLINGS	4 (1.9)	1 (1.8)
METHOD OF DEATH		
FIREARM	195 (87.4)	49 (84.6)
MORE THAN 1 METHOD USED, INCLUDING GUNS	16 (7.3)	5 (8.6)
MORE THAN 1 METHOD BUT NO GUNS	5 (2.2)	1 (1.7)
OTHER	7 (3.1)	3 (5.1)

**ESTIMATED ANNUAL HOMICIDE-SUICIDE
RATES PER 100,000 POPULATION IN SEVEN
STATES WITH THE MOST HOMICIDE-
SUICIDES IN 2001.**

STATE	HOMICIDE-SUICIDE RATE		
	YOUNG	OLD	TOTAL
FLORIDA	0.31	0.72	0.41
CALIFORNIA	0.17	0.20	0.17
TEXAS	0.26	0.22	0.25
PENNSYLVANIA	0.26	0.13	0.23
NEW YORK	0.13	0.30	0.14
OHIO	0.20	0.16	0.20
VIRGINIA	0.34	0.29	0.33

MOST COMMON HS IS SPOUSAL/CONSORTIAL

- OLDER PERPETRATOR IS USUALLY MALE
- VICTIM USUALLY FEMALE
- CHILDREN MAY BE VICTIMS WHEN PERPETRATOR BELIEVES NO ONE CAN TAKE CARE OF THE CHILD

THOMPSON HS: JIM, 79,
DORIS, 80, & MICHAEL, 53



PEOPLE WITH DEMENTIA
MAY COMMIT AN HS

**JACKSONVILLE, FLORIDA
JANUARY 11, 2001**

**MAN KILLS WIFE,
DAUGHTER, SON-IN-LAW,
AND SELF**

A MAN (W/M/75) WITH
ALZHEIMER'S DISEASE ARMED
HIMSELF WITH A HANDGUN AND
WENT TO HIS DAUGHTER'S
HOME ON THE SAME STREET
WHERE HE LIVED. HE SHOT AND
KILLED HIS DAUGHTER (W/F/53)
AND SON-IN-LAW (W/M/51)

AND CHASED HIS WIFE
(W/F/73) TO THE BACK OF A
SCHOOL ACROSS THE
STREET. HE SHOT HER
THREE TIMES AS SHE
TRIED TO HIDE BEHIND A
DUMPSTER. HE THEN
RELOADED THE GUN AND
SHOT HIMSELF THREE
TIMES IN THE HEAD/FACE.



SPOUSAL HS SUBTYPES

- DEPENDENT PROTECTIVE
- SYMBIOTIC
- AGGRESSIVE/DOMESTIC VIOLENCE

DEPENDENT PROTECTIVE: 50% OF SPOUSAL HS

- PERPETRATOR A DEPRESSED CAREGIVER
- LONG-LIVED MARRIAGE
- PERPETRATOR OLDER THAN VICTIM
- PERPETRATOR MAY ALSO HAVE A REAL OR PERCEIVED MEDICAL PROBLEM

Mr. B, age 87, shot his 84-year-old wife in the head with a rifle before killing himself. He had taken Mrs. B for a walk in her wheelchair outside the nursing home where she had been a resident for over a year. Mrs. B had Alzheimer's disease, and her husband had visited her daily, spending most of the day caring for her. Mr. B left three suicide notes: one in his truck, one at home, and one in his wife's wheelchair. He had just been diagnosed with liver cancer. The note said he was too sick to go on.



Dad,

as you know, we are both to
be cremated. Call Helene Crematory
at 243-2266. Cost about \$365
with pick up. You know what
to do with the ashes. After the
cremation you can have a
Memorial. We are Christians.

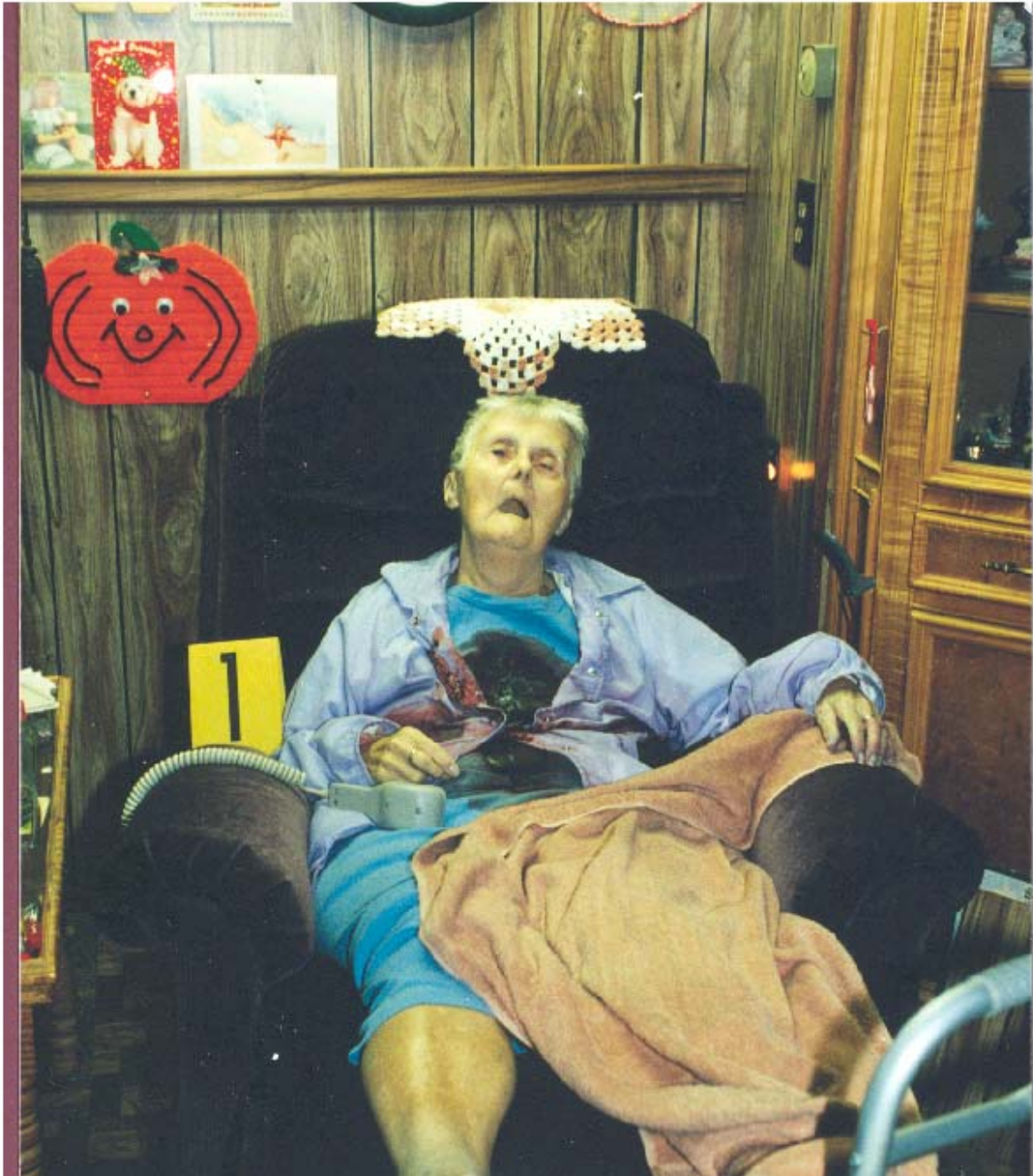
I hope now you have the
freedom you always wanted and
you will not be tied here because
of us.

Love
Mom + Dad

SYMBIOTIC: 30% OF HS

- PERPETRATOR AND/OR VICTIM ARE SICK
- NO EVIDENCE OF SUICIDE PACT
- INFORMANTS REPORTED COUPLE SPOKE ABOUT DEATH

Mr. W, age 78, killed his 73-year-old wife while she slept in the living room and then killed himself in the bedroom. Married for over 50 years, Mr. W, who was in good health, cared for his wife since her stroke five years prior. Both of them had been incapacitated with a virulent flu for two weeks before the homicide-suicide. Mrs. W was probably going to be placed in a nursing home, and Mr. W was worried that he would not be able to care for her.





AGGRESSIVE/DOMESTIC VIOLENCE: 30% OF HS

- USUALLY A HISTORY OF DOMESTIC VIOLENCE
- PERPETRATOR OLDER THAN VICTIM
- FAMILY AND FRIENDS USUALLY AWARE OF PROBLEM

RISK FACTORS FOR SPOUSAL/CONSORTIAL HS

- Advancing age
- Male gender
- Caucasian
- Cuban-Hispanic with large age difference between spouses
- Long-lived marriage
- Depression or other psychopathology in perpetrator
- Family history of suicide

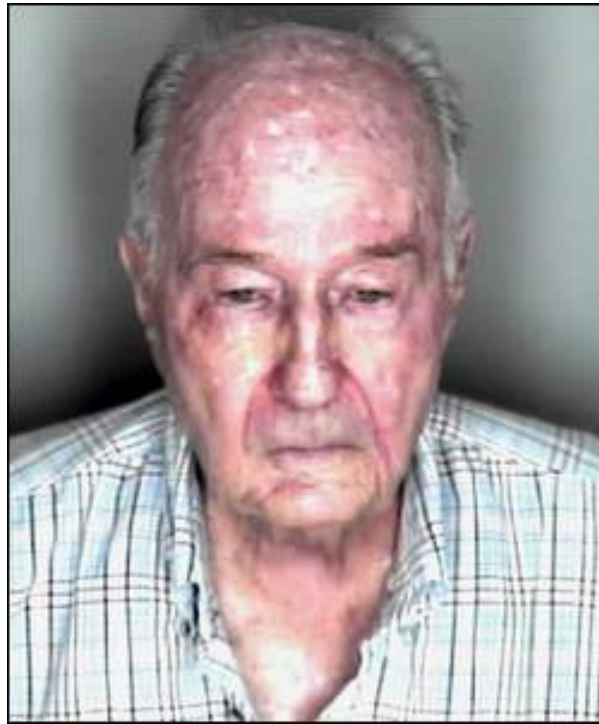
- Dominant personality in perpetrator who has strong sense of responsibility for spouse/family
- Poor physical health in one or both partners
- Change in health status
- Emotional or vital exhaustion
- Real or perceived separation

- Socially disconnected from others (usually by choice)
- Firearm(s) in home
- Cultural factors, such as shame or embarrassment about events in the family

INCOMPLETE HS

- IN FLORIDA, 1 INCOMPLETE HS OCCURS FOR EVERY 5 COMPLETED HS IN OLDER PERSONS
- VICTIM USUALLY DIES
- PERPETRATOR MAY INJURE SELF OR PANIC
- GUN MAY MISFIRE OR OTHER METHODS FAIL

PAUL & VIRGINIA ARMBRUSTER



Armbruster Case: Incomplete Homicide-Suicide or Homicide?

- Paul Armbruster, age 88, killed his wife Adele, age 82, 10/23/03
- Adele had Alzheimer's disease
- Rigged car for carbon monoxide poisoning
- Medical examiner report showed asphyxiation

CASE BACKGROUND

- Mr. & Mrs. A married 38 years, 27 in Venice, Florida
- No children but family important
- Consistent reports by family and friends that they were a devoted, active couple until Mrs. A's Alzheimer's disease progressed

- Mrs. A. deteriorated from 4/03 through 10/03
- Mrs.. hospitalized 10/2/03 after fall
- Transferred to nursing home 10/7/03
- Because of agitation and behavioral problems Mrs. A. was to be transferred to Alzheimer special care unit 10/22/03

- Mr. A. told driver to take his wife to their home, not new facility
- From mid-morning of 10/22 through morning of 10/23 Mr. A. prepares for homicide-suicide
- Mr. A. calls police in morning 10/23 and is arrested

Paul Armbruster, 89 yrs., Given 10 Years Probation



RISK OF DANGEROUSNESS

- MENTAL HEALTH PROBLEMS
- SUICIDAL IDEATION
- HOMICIDAL IDEATION
- MARITAL CONFLICT/VIOLENCE
- HISTORY OF PREVIOUS VIOLENCE
- MILITARY, LAW ENFORCEMENT,
FIREFIGHTER BACKGROUND
- DOMINANT PERSONALITY
- ACCESS TO FIREARMS

ASSESSING AND RESPONDING TO HS

- FAMILY CAREGIVING: MR. & MRS. H
- LONG TERM CARE: PINES
- HOSPITAL: MR. & MRS. M
- DOMESTIC VIOLENCE: WOODS

FOR MORE INFORMATION

- <http://www.fmhi.usf.edu/amh/homicide-suicide/>
- Dr. Donna Cohen
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