
Homicide-Suicide: A Systematic Review in Indian Scenario

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Abstract

'Homicide-suicide' is the death of both the victim and the assailant. These violent acts involve the killing of the most intimate partner or family members, followed by suicide. The circumstances that provoke may vary from person to person, the most common being family and marital disputes. The dyadic death cases are of immense importance as they reflect on the mental health of society, the financial problems of the country, or the breakdown of family relations. An increase in such cases in India points towards undetermined psychological stress and depression in the population. Identifying and creating awareness in the population can help mitigate such violent crimes.

Keywords: Dyadic Deaths; Homicide; India; Perpetrator; Suicide.

Introduction

A homicide-suicide is an act where an individual kills one or more people and then commits suicide almost immediately or within a week's period. ¹ So, in 'homicide-suicide' there is the death of both the victim and the assailant. These are the most violent acts involving the most intimate partners or family members. With the change in occupational patterns, long-distance relationships, and pandemic scenarios, it is certain that the socioeconomic burden has increased on individuals. It is not uncommon to see deaths among close-related

groups of individuals. Families perished as a result of premeditated, collective impulse-driven decisions. These are part of dyadic deaths (which also include pact suicides).² They generate much public concern and attention in the present era of social media, which is also a highly complex entity in forensic psychiatry. Filicide-suicide is a subset and a special category of homicide-suicide events where the victim(s) are children and the perpetrator is one of the parents or both.³ The association of different psychosocial causes is eventually being revealed behind this deliberate act, which include infidelity, domestic and marital disputes, financial instability, psychiatric

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illnesses, and drug addiction of drugs.⁴⁻⁵ The first COVID-19 infanticide-suicide case was published by Mamun MA et al. in Saudi Arabia. Financial crisis and fear of COVID-19 infection were the causative factors.⁶ Although homicide suicide events are rare when compared with other unnatural deaths, this form of lethal violence produces stronger emotional feelings in the public when compared with homicide or suicide alone.^{8,9} This article intends to describe the victim-assailant relationship, provoking factors, and the cause of death of such cases of homicide-suicide reported in India that are documented in the literature.

The emotional reaction is even stronger in cases of mass murder or when children are involved. This article intends to review a number of studies related to the homicide-suicide combination in the Indian context. This is an attempt to integrate and describe cases of homicide-suicide. India has seen exceptionally few cases relating to homicide-suicide, as compared with numerous other nations. Even so, very little has been published in scientific journals. But the trend is rising in this decade.

Methodology

We conducted a systematic review of the

literature published from January 2000 to January 2024 on homicide and suicide. This review included only cases reported from India. A search in different electronic databases was made: PubMed, Science Direct, and Scopus. The following keywords were used to identify the relevant articles: "homicide-suicide," "murder-suicide," "filicide-suicide," "familicide suicide," "infanticide-suicide," and "neonaticide-suicide." We also examined reference lists of relevant reviews.

The inclusion criteria for our review were as follows: All studies that examined the characteristics and backgrounds of perpetrators of homicide-suicide (possibly including studies specifically focused on filicide-suicide, neonaticide-suicide, mass-murder-suicide, parricide-suicide, etc.). We included studies only from India. The exclusion criteria were that the data published was insufficient or unclear.

Results

After the literature search, 9 studies met our inclusion criteria, while 2 studies that were cited as references in other studies were rejected due to insufficient data.

The details of the study are presented in Table 1.

Table: 1 Homicide-suicide - Case and Case series.

Year of publication	Type of study	Author	Victim-Perpetrator Relationship	Reason	Cause of death of victim	Cause of death of Perpetrator
2008	Case series	Gupta BD et al	Mother 8 Cases	Family disputes	Burning or drowning	burning or drowning
2011	Case series	Ghormade PS et al	Husband/ Consortial (male)/Father	Marital disputes/ infidelity	Incision over neck/Hanging	Hanging
2015	Case report	Gadharirk et al	Mother	Marital disputes and dowry	Drowning	Drowning
2016	Case report	Ashok-Chaudhari V et al	Lover/ Consortial (male)	tense love affair and monetary dispute	Gun shot	Gun shot
2017	Case report	Bhengra A et al	Husband	suspicion of infidelity	Assault by saline stand	Hanging
2022	Case report	Gavale et al	Husband	suspicion of infidelity	Incision over neck	Hanging
2023	Case report	Raut et al	Consortial (male)	suspicion of infidelity	Head injury	hanging
2024	Case report	Pai c et al	Husband	Care giver burn out	Smothering	Hanging

Discussion

Homicide suicide deaths are reported from different parts of India, are more commonly observed in illiterate and low socio-economic groups, and include single or multiple victims. Most of the incidents occurred at home, and the perpetrator was related to the victim, with the exception being a case report by Bhengra A et al., a very rare incident reported from a hospital. In a retrospective study by Gupta BD et al., the murder-suicide trend in Gujarat state over a period of 5 years was analyzed (2000–2004). In which 8 mothers committed murder of their children (age group of 6 months to 7 years), involving 10 female and 3 male victims, followed by their suicide. Deaths were caused by burning or drowning.¹⁰ In three cases of dyadic deaths reported by Ghormade PS et al., all the murders were committed by males. In these two instances, the husband killed his wife or partner, and in the third case, the wife was killed along with a daughter. The manner of deaths was different.¹¹ Gadharirk et al. reported a case in which a 26-year-old mother committed suicide immediately after throwing her two sons into the well. A history of marital quarrels and cruelty to married ladies regarding dowry was present. So, it was found that she had been under some kind of stress since a week before the tragic event.¹² In a much rarer study by Ashok-Chaudhari V et al., dyadic deaths were caused by the misuse of the service pistol. Where a male perpetrator killed the victim, who happened to be his lover, before shooting himself. The service pistol issued by the police department was misused for both acts. After proper psychoanalysis, the main reasons for dyadic death were a tense love affair and a monetary dispute between the perpetrator and victim.¹³ In a study by Bhengra A et al., dyadic death was reported from a hospital. A hospital has never been reported as a place for such incidents. A man killed his wife by the saline stand in a general ward. Then he committed suicide by hanging himself from the ceiling fan of the hospital. The husband killed his wife on suspicion of infidelity.¹⁴ A study by Ateriya et al. on a triple filicide and suicide was reported. The mother drowned all three of her daughters in a tank when they were asleep. Later, she drowned herself in the same water tank. She was depressed and frustrated for not having any male children, which subjected her to humiliation by her husband and her

in-laws for failing to bear a son. For this reason, she probably decided to end her life along with her three daughters.¹⁵ In a case report published by Gavale et al., the husband killed his wife with a sharp object and later hanged himself. The main reason for such an act is suspicion of infidelity.¹⁶ In a much more recent study by Raut et al., a consortial relationship was found to be dead. A woman was killed with a hammer by her partner, who later hanged himself. It was established through the police statements from friends that the male partner suspected infidelity, hence the reason for the crime.¹⁷ In a study published in January 2024 by Pai et al., a first case of dyadic death involving geriatric care was reported. The lady suffered from a stroke 7 years ago and has been bedridden since then. And her husband was the main caregiver. The old lady was found on her bed with a pillow on her face, and the husband hanged himself in the adjacent room. It was concluded to be a dyadic death by a psychological autopsy, a crime scene investigation, and other corroborative findings. The main cause of this act was caregiver burnout syndrome.¹⁸

In this review, only two articles were case series; the rest are case reports. Barring the case series by Gupta BD et al., which considered only females as perpetrators, in the rest of the articles, male perpetrators were frequent offenders. The perpetrators were in the age group of 30–50 years, suggesting they were earning individuals in their productive lives, indicating financial and marital stress. One exception is a case of a “caregiver burnt out” reporting in January 2024 belonging to the geriatric age group. The reason for homicide-suicide deaths was psychological stress from family disputes, infidelity, monetary crises, love affairs, and a case of caregiver burnout syndrome. The culprit usually attempts self-annihilation due to an extreme degree of guilt or an attempt to escape from criminal punishment. The manner of injuries by male perpetrators to the victims varied from cut throat injury, gunshot, smothering, assault by hammer, and other objects, while suicide by them involved gunshot and hanging. The manner of injuries by female perpetrators by drowning and burning committed suicide in the same manner. However, the investigation of dyadic deaths remains a challenge for the investigators, especially in concluding the

manner of death as the assailant is also dead.

Conclusion

Among the cases studied, there was no clear conclusion regarding gender distribution in the perpetration of crime. Both men and women seem to be equally contributing to the crime. Family disputes and infidelity were among the frequent reasons for the crime, followed by a monetary crisis. In one rare case, a dyadic death due to caregiver burnout syndrome occurred in a geriatric couple. The male perpetrators committed the homicide by assaulting and hanging themselves, while the female perpetrators preferred drowning and burying for the act. Irritation, rage, and violence can be signs of mental illness. An increase in such cases in India points towards undetermined psychological stress and depression in the population. Identifying and creating awareness in the population can help mitigate such violent crimes.

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