



American Roulette: Murder-Suicide in the United States

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American Roulette

MURDER-SUICIDE IN THE UNITED STATES

Road Trip Takes Tragic Turn

**Murder/suicide leaves
city stunned on Sunday**

**Believe officer killed girlfriend,
then turned gun on himself**

**GOP IN
MURDER
SUICIDE**
Man kills wife, self at tag agency

Trip Takes Detour Into Murder And Suicide

Father kills son, self

Maumelle mom killed child, then herself, police say

**HORROR AT
THE RANGH**

Mother of three kills
two children, herself

American Roulette

Murder-Suicide in the United States

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The Violence Policy Center (VPC) is a national non-profit educational organization that conducts research and public education on violence in America and provides information and analysis to policymakers, journalists, advocates, and the general public. Primary research for this study was conducted by Aimée Newth. This report was funded in part with the support of The Herb Block Foundation, The David Bohnett Foundation, The Joyce Foundation, and The John D. and Catherine T. MacArthur Foundation. Past studies released by the VPC include:

- *An Analysis of the Decline in Gun Dealers: 1994 to 2005* (March 2006)
- *When Men Murder Women: An Analysis of 2003 Homicide Data* (September 2005)
- *Clear and Present Danger: National Security Experts Warn About the Danger of Unrestricted Sales of 50 Caliber Anti-Armor Sniper Rifles to Civilians* (July 2005)
- *Safe At Home: How D.C.'s Gun Laws Save Children's Lives* (July 2005)
- *When Men Murder Women: An Analysis of 2002 Homicide Data* (September 2004)
- *The Threat Posed to Helicopters by 50 Caliber Anti-Armor Sniper Rifles* (August 2004)
- *United States of Assault Weapons: Gunmakers Evading the Federal Assault Weapons Ban* (July 2004)
- *Vest Buster: The .500 Smith & Wesson Magnum—The Gun Industry's Latest Challenge to Law Enforcement Body Armor* (June 2004)
- *A Further Examination of Data Contained in the Study "On Target" Regarding Effects of the 1994 Federal Assault Weapons Ban* (April 2004)
- *Really Big Guns: Even Bigger Lies* (March 2004)
- *Illinois: Land of Post-Ban Assault Weapons* (March 2004)
- *Bullet Hoses—Semiautomatic Assault Weapons: What Are They? What's So Bad About Them?* (May 2003)
- *"Officer Down"—Assault Weapons and the War on Law Enforcement* (May 2003)
- *Firearms Production in America 2002 Edition—A Listing of Firearm Manufacturers in America with Production Histories Broken Out by Firearm Type and Caliber* (March 2003)
- *"Just Like Bird Hunting"—The Threat to Civil Aviation from 50 Caliber Sniper Rifles* (January 2003)
- *Sitting Ducks—The Threat to the Chemical and Refinery Industry from 50 Caliber Sniper Rifles* (August 2002)
- *License to Kill IV: More Guns, More Crime* (June 2002)
- *American Roulette: The Untold Story of Murder-Suicide in the United States* (April 2002)
- *The U.S. Gun Industry and Others Unknown—Evidence Debunking the Gun Industry's Claim that Osama bin Laden Got His 50 Caliber Sniper Rifles from the U.S. Afghan-Aid Program* (February 2002)
- *"A .22 for Christmas"—How the Gun Industry Designs and Markets Firearms for Children and Youth* (December 2001)
- *Kids in the Line of Fire: Children, Handguns, and Homicide* (November 2001)
- *Unintended Consequences: Pro-Handgun Experts Prove That Handguns Are a Dangerous Choice For Self-Defense* (November 2001)
- *Voting from the Rooftops: How the Gun Industry Armed Osama bin Laden, Other Foreign and Domestic Terrorists, and Common Criminals with 50 Caliber Sniper Rifles* (October 2001)
- *Shot Full of Holes: Deconstructing John Ashcroft's Second Amendment* (July 2001)
- *Hispanics and Firearms Violence* (May 2001)
- *Where'd They Get Their Guns?—An Analysis of the Firearms Used in High-Profile Shootings, 1963 to 2001* (April 2001)
- *A Deadly Myth: Women, Handguns, and Self-Defense* (January 2001)
- *Handgun Licensing and Registration: What it Can and Cannot Do* (September 2000)
- *Pocket Rockets: The Gun Industry's Sale of Increased Killing Power* (July 2000)
- *Guns For Felons: How the NRA Works to Rearm Criminals* (March 2000)
- *One Shot, One Kill: Civilian Sales of Military Sniper Rifles* (May 1999)
- *Cease Fire: A Comprehensive Strategy to Reduce Firearms Violence* (Revised, October 1997)

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Introduction

Murder-suicide is emerging as a growing public health problem. As one medical professional has observed, “because many murder-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.”¹ In murder-suicides, the offender murders his intended victims—family, friends and acquaintances, or strangers—before ending his own life (and it is almost always a man). Unfortunately, the phenomenon of murder-suicide continues to garner limited public attention as a significant contributor to gun-related death and injury.

There are three types of traumatic death: homicides,^a suicides, and unintentional^b deaths. These deaths account for tens of thousands of lives lost annually in the United States. Yet, there is a particularly disturbing type of traumatic death which affects all age groups, all social strata, and all races and ethnicities: murder-suicide.

Murder-suicide is “a dramatic, violent event” in which a person commits a murder or murders, and then shortly after commits suicide.² What makes these acts particularly disturbing is that they involve more than one person and often involve a family. They almost always involve a firearm.

However, as of yet, no national database or tracking system exists to help document the toll in death and injury of murder-suicide in the United States.^c In order

^a Justifiable homicide, or self-defense homicide, is a specific category within the homicide designation.

^b The public health community no longer uses the term “accidental,” but instead uses the term “unintentional” when referring to death and injuries of that nature. Unintentional shootings were often referred to as firearm “accidents.” This characterization, however, implies that injuries occur by chance and cannot be foreseen or prevented. Accordingly, public health research has replaced the term “accident” with the more accurate term “unintentional injury.” This is based on the recognition that most unintentional injuries are preventable through the application of public health strategies including passive safety devices, public education, modification in product design, or limiting access to specific products.

^c The Centers for Disease Control and Prevention’s (CDC) National Violent Death Reporting System (NVDRS) compiles and combines data from medical examiners, coroners, police, crime labs, and death certificate registrars and includes such information. Originally started as a pilot project by the Harvard University School of Public Health with the support of six foundations, the National Violent Death Reporting System is now overseen by the CDC and operates in 17 states. For more information, see <http://www.cdc.gov/ncipc/profiles/nvdrs/default.htm> and http://www.hsph.harvard.edu/nviss/documents/NVDRS_brochure.pdf.

to more fully analyze the human costs of murder-suicide, the Violence Policy Center (VPC) has undertaken a study to analyze murder-suicides in the United States. Using a national clipping service, the VPC collected news reports of murder-suicides which occurred in the United States from January 1, 2005, through June 30, 2005. These clips were supplemented by Internet news reports of murder-suicides. Both the murder and subsequent suicide had to occur within 72 hours of each other and within this six-month time period. This is the second such study undertaken by the VPC. In 2002, the VPC released *American Roulette: The Untold Story of Murder-Suicide in the United States*, one of the largest murder-suicide studies ever completed.^d So while there is no official data to ensure all incidents were included, this study provides the most accurate portrait possible of murder-suicide in America.

Medical studies estimate that between 1,000 and 1,500 deaths per year in the United States are the result of murder-suicide.³ This VPC analysis reveals that, in the first half of 2005, there were 591 murder-suicide deaths, of which 264 were suicides and 327 were homicides. Using these figures, more than 10 murder-suicide events occur in the United States each week. Of the 264 suicides, 248 were male and 16 were female. Of the 327 homicides, 255 victims were female and 72 victims were male. Included in the homicide victims were 47 children and teens less than 18 years of age. By doubling the total number of fatalities during the six-month period for a yearly estimate, there were an estimated 1,182 murder-suicide deaths in 2005. This is within the standard range of estimates for murder-suicides. Due to the necessary limitations of our incident-collection method, this is most likely an underestimate. Anecdotal evidence suggests that our study may have missed a small percentage of murder-suicides. Whether this would be the result of an incident not being reported, not being reported as a murder-suicide, not falling within our self-imposed time frame, or not being published in a local newspaper is not known. In the absence of a national surveillance system, there is no means available for a complete and accurate count. However, the VPC study is most likely the most recent, complete, accurate, and detailed accounting undertaken.

^d *American Roulette: The Untold Story of Murder-Suicide in the United States*, released in 2002, estimated that at least 1,300 lives are lost each year to murder-suicide. During the study period, January 1, 2001, to June 30, 2001, seven states had more than 10 murder-suicides: Florida (35), California (29), Texas (29), Pennsylvania (17), New York (14), Virginia (12), and Ohio (11). The most common type of murder-suicide was between two intimate partners: 73.7 percent of all murder-suicides involved an intimate partner. Of these, 93.5 percent were females killed by their intimate partners. [See <http://www.vpc.org/studies/amercont.htm>]

Trends Identified from the Study

Listed below are murder-suicide trends and characteristics as identified from the VPC analysis. Following each subsection is an incident taken from the news clips collected for the study illustrating the subsection's findings.

Following this section is an appendix that lists the number of murder-suicides by state. Separately, accompanying documents, containing the newspaper clips collected for the study arranged alphabetically by state and then chronologically by month and day within that state, are available from the VPC. States with no reported murder-suicides during the six-month period are also listed in the appendix.

Six states had more than 10 murder-suicides in the six-month period of the study. In order, these states were: Pennsylvania (18), Texas (18), California (17), Florida (15), North Carolina (14), and Tennessee (11).

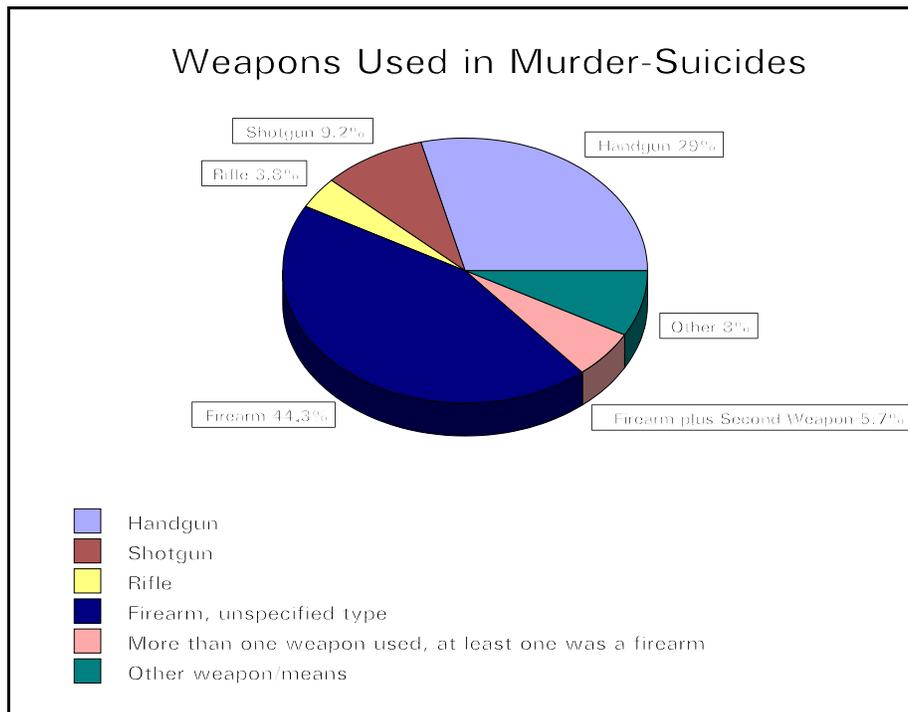
Most murder-suicides involve a firearm

In the analysis, 92 percent of murder-suicide incidents involved a firearm. For *all* murder-suicides:

- 29.0 percent involved a handgun,
- 3.8 percent involved a rifle,
- 9.2 percent involved a shotgun,
- 44.3 percent involved a firearm which was not identified more specifically than "a gun,"
- 5.7 percent involved more than one weapon, but one of the weapons was a firearm, and,
- 8.0 percent involved other weapons/means.^e

The following chart, "Weapons Used in Murder-Suicides," illustrates the weapons used from the VPC analysis of incidents in which the weapon(s) could be identified, including a distribution of firearm murder-suicides in regard to firearm type.

^e The eight percent involving other weapons/means consisted of 22 incidents in which the weapon(s)/means could be identified. For these 22 incidents, the murder weapons/means used were: 10 knife, four strangulation, three carbon monoxide poisoning, two arson, one fall, one drowning, and one suffocation. For these same incidents, the suicide weapons/means used were: eight knife, four carbon monoxide poisoning, three drug overdose, three arson, two hanging, one fall, and one suffocation.



All major murder-suicide studies in the United States completed since 1950 have shown that firearms are by far the most common method of committing homicide, with the offender choosing the firearm for suicide as well.⁴ Estimates range from firearms being used in 80 percent to 94 percent of cases, but many other weapons, including aircraft, have been used. Firearms are used more often in murder-suicides than in spousal murders alone.⁵

CALIFORNIA: In March, Shane Brady, a 39-year-old man with a history of domestic violence, shot and killed his nine-months pregnant wife, Una, before turning the gun on himself. The year before, Una Brady had filed for a temporary restraining order requiring her husband to refrain from abusing or harassing her. Una's two teenaged daughters, who witnessed the murder-suicide, told police that after the couple engaged in an argument, Shane shot his wife in the face and chest, then shot himself in the head. Fairfield police Sergeant John Dugan stated, "It doesn't get much worse than shooting a pregnant woman."

Most murderers in murder-suicides are male

In this study, 94 percent of the offenders were male. Other studies analyzing murder-suicide have found that most perpetrators of murder-suicide are male—more than 90 percent in recent studies of the United States.⁶ Another study which only looked at murder-suicides *involving couples* noted that more than 90 percent were perpetrated by men.⁷ This is consistent with homicides in general, in which nearly 90

percent of homicides are committed by male offenders.⁸ However, most homicides involve male victims killed by male offenders (65 percent), whereas a male victim being specifically targeted by a male offender in a murder-suicide is relatively rare.

SOUTH CAROLINA: In June, the bodies of Caroline Blackwood, 26, and her estranged husband were found in Rose Hill State Park. Mark Blackwood, 29, had shot his wife twice and then shot himself once with a 45-caliber handgun he had purchased just hours before committing the murder-suicide. Relatives said the Blackwoods were struggling with financial woes and issues of infidelity. Mark Blackwood had threatened to kill himself the week before the shootings.

Most murder-suicides involve an intimate partner

The most common type of murder-suicide was between two intimate partners,^f with the man killing his wife or girlfriend because of a breakdown in their relationship.⁹ In this study, 74 percent of all murder-suicides involved an intimate partner. Of these, 96 percent were females killed by their intimate partners. In comparison, in 2003—the most recent data available—for all murders (where the relationship could be determined) 17 percent of murder victims were killed by an intimate partner.¹⁰ Of these, 78 percent were females killed by their intimate partners.¹¹

This type of murder-suicide typically involves a man between the ages of 18 and 60 years old who develops suspicions of his girlfriend's or wife's infidelity, becomes enraged, murders her, and then commits suicide—usually using a firearm.¹² Often, he will also kill the children of himself and the intimate partner.

CONNECTICUT: In May, 39-year-old Zachary DaCosta, a masonry contractor who had been hired by a local police officer, Sergeant LeRose, to perform some work, shot and killed his ex-girlfriend, 40-year-old Francesca Benedetto, inside the officer's Danbury home. Ms. Benedetto died of multiple gunshot wounds and DaCosta died of a self-inflicted gunshot wound. Police speculated that Mr. DaCosta believed Ms. Benedetto was having a relationship with Sergeant LeRose. The bodies were found in the master bedroom after the LeRose family returned home from a christening.

^f An intimate partner or intimate acquaintance is defined as a spouse, common-law spouse, ex-spouse, or girlfriend/boyfriend.

Most murder-suicides with three or more victims involve a male “family annihilator”—a subcategory of intimate partner murder-suicide

Most multiple-victim murder-suicides involving a male murderer and a large (three or more) number of victims are perpetrated by family annihilators. Family annihilators are murderers who kill not only their wives/girlfriends and children, but often other family members as well, before killing themselves. In many cases, a family annihilator is suffering from depression and has financial or other problems and feels the family is better off dying with him than remaining alive to deal with the problems at hand.¹³

OHIO: In May, 18-year-old Scott Moody walked from his family’s farm to his grandparent’s house where he shot and killed 67-year-old Gary Shafer and 66-year-old Sharyl Shafer as they made breakfast. Moody returned to the farm, reloaded his rifle, and proceeded to kill his 37-year-old mother, his 14-year-old girlfriend, a 19-year-old family friend, and wound his 15-year-old sister before taking his own life. Neighbors told police the family could barely pay its bills on the once-prosperous dairy farm and that they increasingly relied upon Scott to guide the family through its problems. Scott Moody and 19-year-old victim Megan Karus were set to graduate from Riverside High School on the day of the murder-suicide.

Most murderers are older than their victims

While murder-suicide victims and offenders span all ages, on average the victims, usually female intimate partners, are several years younger than the offenders.¹⁴ In this study—excluding parents, in-laws, and children involved in murder-suicide, which would skew the age results—the average age difference between the offender and primary victim was 6.3 years. Overall, the age difference ranged from none to 45 years. Other studies on fatal violence for spouses have found that there is a greater risk of homicide victimization as the age difference between the husband and wife increases.¹⁵

MISSISSIPPI: In February, Steve McClinton, Sr., 61, shot his wife, 32, to death before turning his 32-caliber handgun on himself. McClinton’s wife was sitting in a car with another man when the husband happened upon them, shooting her four times before he killed himself. Eighteen years earlier McClinton had tried to kill his former wife while she and a male acquaintance were driving to work. After shooting and wounding her, he turned his 357-magnum handgun on himself, injuring his face. He was arrested for aggravated assault but the case was never prosecuted.

Most murder-suicides occur in the home

In this study, 75 percent of murder-suicides occurred in the home. For intimate partners, however, 77 percent of incidents occurred in the home. Though not specified in most studies, available data confirm that the home of the offender and/or victim is the most likely place for murder-suicide. Within the home, more murder-suicides are committed in the bedroom than any other room.¹⁶

FLORIDA: In May, William Malcomson, 47, shot and killed his wife, Cheryl, 37, then himself in their Port Orange home. The bodies were discovered in the master bedroom by Cheryl's nine-year-old daughter. The couple married after they met as substance abuse counselors at a local center. Cheryl, a part-time minister in Daytona Beach, complained to friends that her husband tried to control what she ate and how she dressed. She had confided to one of her clients that she planned on divorcing her husband.

The gender of the murderer makes a difference in the choice of murder-suicide victims

Women tend to kill their children and themselves, but not their intimate partners. Men, on the other hand, tend to kill their children, themselves, and their intimate partners as well. For example, if a parent kills the children and then commits suicide, but spares the other adult partner, the offender is usually the children's mother. Conversely, fathers are more likely to kill the entire family, including the other parent.¹⁷

In this study, half of all murder-suicide incidents with a female killer involved the woman killing her children and herself, with 63 percent of these women using a firearm. There were no incidents of a female killer killing her intimate partner as well as her children. In contrast, six percent of murder-suicide incidents with a male killer involved a man killing only his children and himself, with 71 percent of fathers using firearms.

COLORADO: In April, 41-year-old Julie Rifkin, described by friends as a devoutly Christian mother, shot her two sons, 12 and 13, to death while they were sleeping and then killed herself with a handgun. Family problems began when Rifkin's husband lost his job and could only find work in South Carolina. Julie Rifkin wanted to stay in Colorado where her sons' friends were. Don Rifkin said his wife took antidepressants after their children were born but concealed the medication from friends.

IDAHO: In January, 43-year-old Donald Booth argued with his wife inside their new home in rural Idaho. Booth's wife, Michelle, ran to an upstairs bedroom where Booth fatally shot her in the head and chest with a shotgun. He then shot and killed his four-year-old daughter, Salor, as she came up the stairs, then his two-year-old son, Wesley, and finally himself. The Booth family had relocated to Idaho in an attempt to start their lives over after Donald Booth faced financial and family problems on Long Island. According to Michelle's stepfather, two years earlier Michelle had filed an order of protection against her husband, but was determined to work through their marital problems.

Police may have higher murder-suicide rates

Several of the murder-suicide incidents in this study involved either current or former law enforcement officers. Some stories indicated that the shooter used his service weapon. It has been estimated that twice as many police officers commit suicide than are killed in the line of duty. Studies that compare suicide rates show that law enforcement suicide rates exceed rates for both the general population and age/gender matched groups.¹⁸ No studies deal specifically with police officers involved in murder-suicide, but one reason for the higher rates cited above for law enforcement may be the easy accessibility to firearms. Experts note that the nature of police work—control over and responsibility for others—along with easy access to firearms probably plays a role in their heightened risk for murder-suicide.¹⁹

NEW YORK: In February, Finbarr Mahon, a New York City police officer, killed his girlfriend and then committed suicide with his 38-caliber service revolver inside their Queens apartment. A note found in Mahon's pocket revealed his guilt and despair over having fallen in love with another woman. Officer Mahon, a 13-year veteran, was a firearms expert who trained fellow officers at the NYPD Bronx shooting range.

Unique factors may drive murder-suicide among the elderly

In this study, 23 percent of murder-suicides involved a murderer 55 years of age or older. This is relatively consistent with the fact that 22.3 percent of the U.S. population is aged 55 years or older.²⁰

If most murder-suicides involve jealousy, a smaller, discrete category involves older people where the declining health of either the victim, the offender, or both is an issue. Older people rarely commit homicide. In 2003, only 5.2 percent of known homicide offenders were 55 years of age or older.²¹ Suicide, however, is disproportionately represented in this age group, with 28.9 percent of suicide victims being 55 years of age or older.²²

FLORIDA: In April, 84-year-old Edward Freund shot and killed his 81-year-old wife, Ruth, then turned the gun on himself inside their Lauderdale West home. According to neighbors, Freund struggled for years with his wife's constant medical problems involving frequent trips to the hospital and medical care at home. Freund once complained to a friend that he wished it would all be "over."

OREGON: In May, a retired couple from East Portland drove to the Oregon coast where 75-year-old Lee Rice shot and killed his 67-year-old wife, Sue, before turning the handgun on himself. Relatives say Sue Rice had battled cancer on and off for years. A month before the murder-suicide, Lee Rice had asked his neighbor if he knew anyone who would sell him a 38-caliber handgun. When asked what he wanted a gun for, Rice replied for protection because the neighborhood was going downhill.

Conclusion

Most people think of suicide as a solitary act, affecting only one person. Yet, the effects of murder-suicide go far beyond the shooter: family, friends, co-workers, and absolute strangers are among those who are killed as a result of these acts of desperation. Moreover, murder-suicide often leaves children parentless. During the six-month period tallied in this study, there were 264 suicides—yet the *total* number of deaths was 591. More people died from murders associated with the suicide—327—than from the suicides themselves. These numbers call into grave question the common belief that suicide, especially firearms suicide, is a solitary act that affects only the shooter.

A nationwide database to track murder-suicide should be established or integrated into existing data collection mechanisms. In order to better understand the phenomenon and develop effective prevention strategies, the data collected should be detailed and include: the gender, sex, age, ethnicity, and profession of the perpetrator and victim(s); the type of weapon used, including the make and model of firearm; the specific location of the event, e.g. workplace, specific room in residence; and, any available information regarding the motivation of the murderer.

Domestic violence is associated with a very significant number of murder-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 murder-suicides have on the families in which they occur.⁹

Depression and the strain of providing care for a failing spouse have been cited by experts as a significant contributing factor to murder-suicide among older persons.²³ Health care options that provide aid to older caregivers and that aim to monitor and treat depression in such cases may be one useful intervention.

⁹ One study noted that children of the victim and/or perpetrator witnessed the murder-suicide, were in the immediate vicinity, found their parents' bodies, or were killed in 43 percent of the cases studied. E. Morton, C.W. Runyan, K.E. Moracco, J. Butts, "Partner homicide-suicide involving female homicide victims: a population-based study in North Carolina, 1988-1992," *Violence and Victims* 13, no. 2 (1998): 91-106.

The most common catalytic component in murder-suicide is the use of a firearm. Firearms allow shooters to act on impulse. Every major murder-suicide study ever conducted has shown that a firearm—with its unmatched combination of lethality and availability—is the weapon most often used to murder the victims, with the offenders then turning the gun on themselves.²⁴ In this study, access to a gun was the critical component for almost all of the murder-suicides. Of the 39 murder-suicides with more than one homicide victim, 34 were firearm-related. The presence of a gun allows the offender to quickly and easily kill a greater number of victims. If there had not been easy access to a firearm, these deaths may simply have been injuries, or not have occurred at all. Efforts should be made to restrict access to firearms where there is an increased risk of murder-suicide, for example where an individual has a history of domestic violence and/or has threatened suicide.

Appendix: Murder-Suicides by State

This appendix lists murder-suicides by state and the District of Columbia. This chart includes the number of murder-suicide incidents recorded during the six-month study period, as well as the total number of people who died. It is important to note that lack of a murder-suicide during the first half of the year is in no way an indicator of whether or not there will be any reports of murder-suicide in the second half of the year.

State	Number of Murder-Suicide Events in the First Half of 2005	Number of People Dead from Murder-Suicide Events in the First Half of 2005
Alabama	2	4
Alaska	0	0
Arizona	9	19
Arkansas	4	8
California	17	45
Colorado	9	19
Connecticut	5	10
Delaware	1	3
District of Columbia	1	2
Florida	15	33
Georgia	5	13
Hawaii	0	0
Idaho	3	8
Illinois	8	16
Indiana	7	20
Iowa	5	10

State	Number of Murder-Suicide Events in the First Half of 2005	Number of People Dead from Murder-Suicide Events in the First Half of 2005
Kansas	1	2
Kentucky	9	18
Louisiana	3	6
Maine	3	6
Maryland	3	6
Massachusetts	2	4
Michigan	5	10
Minnesota	3	14
Mississippi	3	6
Missouri	6	12
Montana	0	0
Nebraska	1	2
Nevada	3	7
New Hampshire	3	6
New Jersey	6	12
New Mexico	2	4
New York	9	22
North Carolina	14	28
North Dakota	1	2
Ohio	9	23
Oklahoma	7	14
Oregon	5	10
Pennsylvania	18	41

State	Number of Murder-Suicide Events in the First Half of 2005	Number of People Dead from Murder-Suicide Events in the First Half of 2005
Rhode Island	0	0
South Carolina	6	13
South Dakota	2	5
Tennessee	11	23
Texas	18	42
Utah	2	4
Vermont	0	0
Virginia	6	12
Washington	3	6
West Virginia	4	9
Wisconsin	4	10
Wyoming	1	2
Total	264	591

Endnotes

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2. Peter M. Murzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267 (June 1992): 3179-3183.
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4. Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.
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