

A Press Report Study on the Demographics of Homicide Suicide in South Africa: 2002- 2009

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I hereby declare that the work presented in this thesis is original and my own unless otherwise stated.

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ABSTRACT

Homicide suicide (HS) is rare phenomenon where an individual kills one or more people and then commits suicide, normally within a week or less. The suicide must be related to the homicide in order for it to be classified as a HS event. In South Africa, there is no national surveillance system tracking HS events which makes researching this phenomenon difficult. As a result, little research has been conducted in South Africa. This study aimed to determine, through media reports, the annual incident rates, the demographic profiles of the perpetrator and victims involved and the various features of HS in South Africa from 2002 to 2009. The findings of the present study are also compared to other international and national findings. This quantitative study analysed 328 HS events that were reported in nine national newspapers over an eight-year period. The results found that the typical South African HS perpetrator reported in the media is likely to be 37 years of age, male and black African. He would most likely be employed in the security sector and his victim would typically be a 25 year old, would be an intimate partner. Shooting was the most common method for the homicide and the suicide in HS events. The study concluded that the general demographics and patterns were similar to national and international studies.

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Chapter 1

Introduction

This chapter will provide an introduction to the present study. The introduction will attempt to give a broad overview of homicide suicide, and a brief rationale for why the study should be conducted.

Roberts, Wassenaar, Canetto and Pillay (2010) define homicide suicide (HS) as “...an event where an individual, within a short period of time, usually within a week or less, kills one or more persons and then suicides” (p. 877-878). It is important to note that the suicide must be related to the homicide in order for the event to be classified as a HS event.

HS is a relatively rare phenomenon. However, the affects of such an event can be profoundly devastating for family and friends of the deceased (Shiferaw, Burkhardt, Lardi, Mangin & La Harpe, 2010). In addition, it also affects communities and the general public, distressing witnesses, policemen, medical examiners, and any other professionals involved in the tragic event (Shiferaw et al. 2010).

Most countries, including South Africa, do not have national surveillance systems that track HS as a single event. Instead, the tracking system tracks the homicide and suicide components separately as two distinct incidents (Saleva, Putkonen, Kiviruusu & Lönnqvist, 2007). This approach makes it challenging to collect reliable and valid data on HS, national prevalent rates are typically not known, although some countries have rough estimates. Internationally, there is much variation in the incident rates found, ranging from 0.06 to 0.55 per 100 000 people (Milroy, 1995). In developing countries, incident rates are particularly lacking. This is consistent with the paucity of research that is being done.

The most recent data captured in South Africa are from 2001. Since then, no data have been collected. Because of this, a more current incident rate is unknown. In addition,

explanations and understandings of HS have been made on dated results, as no revision has been undertaken. Therefore a more current study on HS, collecting data from 2002 to date, could be a valuable contribution to the HS data in South Africa.

Through the use of newspaper articles as a data source, this study aimed firstly to add to the existing data in order to calculate a more recent, and hopefully more accurate, incident rate of HS in South Africa. Secondly, the study aimed at exploring the demographic characteristics and common features of HS as reported by the media between 2002 and 2009. And thirdly, while examining the compatibility of the present study's results with other national and international studies' results, it investigated and explored the reliability and validity of using newspapers as a tool for collecting data.

Chapter 2

Defining and Classifying Homicide Suicide

2.1 Introduction

“Homicide suicide refers to an event where an individual, within a short period of time, usually within in week or less, kills one or more persons and then suicides” (Roberts et al. 2010, p. 877-878). The suicide in this event must be related to the homicide in order for it to be classified as a homicide suicide (HS) event (Roberts et al., 2010).

This research intends to analyse the demographics and patterns in HS incidents. Historically, research on homicide has been completely separate from research on suicide. Similarly, most research in suicide has neglected the issue of homicide, in spite of the fact that they are often connected (Stack, 2007, cited in Liem, 2009). Homicide suicide is theoretically complex, and cannot be understood or classified as homicide or suicide alone (Harper & Voigt, 2007). As previously mentioned, this violent event is relatively infrequent in comparison to other violent crimes. However, it has a significant impact on any children, family members and communities that are associated with or related to either the perpetrator or the victim (Bossarte, Simon & Barker, 2006; Liem, 2009), justifying further research on this phenomenon (Jena, Mountary & Muller, 2009).

In recent years, HS has been increasingly researched as a single construct to investigate still uncertain reasons and theoretical background as to why people commit these lethal crimes (Jena et al., 2009; Roberts et al., 2010). Despite the increase in HS research, it is still limited, especially in South Africa (Roberts et al., 2010), where the problem seems to occur more frequently than in most industrialised countries (Jena et al., 2009; Osbourne, 2001; Roberts et al., 2009).

Internationally, research on HS in Western studies conducted in Europe and the United States of America (USA) is fairly active when compared with a relative lack of research in developing countries (Adinkrah, 2003). From this international research, a relatively large variation in the incident rates is evident in different countries, ranging from 0.05 –

0.55 per 100 000 people (Roberts et al., 2009). Harper and Voigt (2007) note that England has a relatively higher incident rate when compared to the USA. In Denmark, 42% of all homicides are HS cases. This rate is extremely high compared to most countries (van Wormer, 2008). This could indicate that cultural differences influence the incidence of HS, or it could merely be a result of the fact that some countries have more advanced and reliable systems for recording the incidence of these events.

2.2 Definitions

2.2.1 Homicide Suicide

Harper and Voigt (2007) define HS as the act “wherein one individual kills another person or persons and shortly thereafter commits suicide” (p. 295). Roberts et al. (2010) specify that the suicide needs to take place within a week or less of the homicide. The time interval between the homicide and suicide is important to differentiate between the group that has committed suicide because of, or in association with, the homicide and a group which happens to have a history of violent or assaulting behaviour, and merely coincidentally commits suicide (Marzuk, Tardiff, & Hirsch, 1992). For the purpose of this study, the above definitions will be used.

Marzuk et al. (1992) reviewed English language articles on HS. With the aim of examining the epidemiology, patterns and major determinants of HS 17 studies were analysed. From this review, Marzuk et al. (1992) stated that ‘murder-suicide’ was the most appropriate terminology. They describe an incident murder-suicide as “...when, on the basis of medical examiner review, a person has committed a homicide...and subsequently commits suicide...within 1 week of the homicide” (p. 3179). The two definitions are interchangeable. The opposition to using the word murder in many studies is because it is a legal term. Murder refers to a situation where a person commits a homicide and is then legally charged, whereas in most HS cases, the person responsible commits suicide before this is possible. Hence the term homicide suicide seems more appropriate (Marzuk et al., 1992).

Other definitions used include a 'dyadic death' (Milroy, 1995), which includes both homicide suicides and suicidal pacts (Jena et al., 2009). 'Homicide followed by suicide' is also frequently used (Bossarte et al., 2006).

2.3 Classifying Homicide Suicide

2.3.1 Femicide Suicide

The most common subtype of HS described in research is called femicide suicide. Femicide suicide is when a male kills his intimate partner and then kills himself (Koziol-McLain, Webster, McFarlane, Block, Ulrich, Glass & Campbell, 2006). Harper and Voigt (2007) refer to it as Intimate /Domestic Lethal Violence suicide. Killings of either an ex-lover or a spouse were five to nine times higher in HS when compared with pure homicide cases (Stack, 1997). There have been various explanations for this type of HS. Koziol-McLain et al. (2006) in an eleven city case-control study in the USA focusing on femicide compared three different types of intimate partner violence (IPV) (i.e. women killed by an intimate partner, women killed by an intimate partner who then commits suicide and females living in an abusive relationship). After analysing 67 cases of femicide suicide against 356 controls, the study found that the perpetrator's access to a firearm and history of abusing the victim emerged as risk factors for both homicides and homicide suicides (Koziol-McLain et al., 2006). In the study, the use of a firearm, a history of suicide threats and whether the perpetrator had ever been married to the female victim, distinguished perpetrators committing HS from those only committing homicide (Koziol-McLain et al., 2006).

Harper and Voigt (2007) conducted a study over 13 years in New Orleans and found 42 HS cases overall. Various resources were used, ranging from newspaper articles to interviews with surviving members of the families (Harper & Voigt, 2007). After analysing these cases, it was found that all the femicide suicide cases in their study were associated with, what they termed, 'conflict intensity structures' (p. 309). These structures involved precipitants such as dependency or assumed responsibility, unequal relationships, previous jealousy or hostility and precipitating crises, or other motivations like an illness or financial failure.

2.3.1.1 Remorseful Killing

In trying to explain “remorseful killing”, it has been speculated that, where the man kills his intimate partner, he realises he has lost a source of nurturance (Stack, 1997), and as a result of this realisation, kills himself immediately afterwards. Milroy (1998), in a review of fairly dated but relevant literature, disagreed with remorsefulness as a motive for the suicide of the perpetrators. In his paper, he argues that various studies have found more common motives. Therefore, he states that, unless the perpetrator was in custody when he/she committed suicide, no empirical evidence can justify remorse as a motive.

2.3.1.2 Avoidance

Another less common reason for the subsequent suicide is that the perpetrator wants to avoid prosecution and incarceration (Adinkrah, 2003). Wolfgang (1958, cited in Harper & Voigt, 2007) found that the perpetrator suffers from a threat to their self-esteem and therefore commits suicide. However, a study that analysed 700 cases of femicide suicide in Ontario, Canada found avoidance to be an extremely unlikely motive for the suicide in femicide suicide (Dawson, 2005). The study labelled each case with a premeditation indicator and found that premeditation was significantly more likely to be present in femicide suicide cases than not. Therefore, it was reasoned that this would rule out an impulsive or unplanned motive, such as avoidance or remorse, for the perpetrator’s suicide.

2.3.1.3 Jealousy Killing

Often, because most HS cases are seen as premeditated (Adinkrah, 2003; Banks, Crandall, Sklar & Bauer, 2008; Dawson, 2005; Milroy, 1998), jealousy seems to be a more plausible motive for the act (Marzuk et al., 1992). The ‘jealousy’ killer is most often a man who has a pathological possessiveness over his intimate partner (Koziol-McLain et al., 2006; Marzuk et al., 1992), coupled with either ‘psychotic’ or ‘morbid’ jealousy (Marzuk et al., 1992). Berman (1996, cited in Banks, 2008) believes that these perpetrators have what he calls ‘erotic-aggression’. In such cases, there is a chronic love-hate relationship, marked by jealousy and ambivalence (Stack, 1997), where the HS is precipitated by the threat of separation from the intimate partner. In one of the largest

research studies to date, Stack (1997) found that ex-spouse or lover killings were most common, followed by children, and then current spouse killings. Therefore, marital conflict, divorce, estrangement (Comstock, Mallonee, Kruger, Rayno, Vance & Jordan, 2005) and domestic violence (Campanelli & Gilson, 2002; van Wormer, 2008) are the biggest precipitating factors of femicide suicide and because of the high percentage of intimate partner killings, also HS.

2.3.1.4 Mercy Killing

This HS normally occurs when the perpetrator or their partner is terminally ill (Marzuk et al., 1992). Mercy killing in HS occurs when the perpetrator will then kill the partner and then themselves. This type of femicide suicide is less common than the ‘jealousy killings’, and occurs when the perpetrator is ‘dependent’ on or protective over their partner.

In contrast to the above, two studies in Hong Kong conducted over ten years, which found 98 episodes of HS in total, noted no ‘mercy-killings’ (Chan, Beh & Broadhurst, 2004; Yip, Wong, Cheung, Chan & Beh, 2009). In Chinese culture, many ailing parents live with their adult children and, therefore, the burden falls on the children to care for the ailing family member, not on the spouse. It also may have to do with the legacy of filial piety in Chinese culture, which considers it sinful to be disrespectful and harmful to parents (Yip et al., 2009).

2.4.1 Familicide Suicide

Olivier, Haasbroek, Beyers, De Jongh van Arkel, Marchetti, Roos, Schurink, Schurink & Visser (1991) defined this subtype as “the deliberate extermination of the existing system by a member of the family...” (p. 44). In familicide suicide incidents, it is either the mother or father, although it is usually the father, who is often paranoid, intoxicated or depressed (Marzuk et al., 1992) who commits this lethal act, killing some or all of their family members. Occasionally, these HSs will include extended relatives and pets (Marzuk et al., 1992; Roos, Beyers & Visser, 1992; Shiferaw et al., 2009).

In studies conducted in the USA, it was found that it was almost exclusively males that committed this type of HS (Marzuk et al., 1992). In familicide suicide, the perpetrator is often referred to as a “family annihilator” (Milroy, 1995, p. 121). Harper and Voigt (2007) found only one female perpetrator in the twenty-two familicide suicide cases they considered.

It is usually the head of the house who commits this type of HS, and it typically involves a father who wants to “altruistically” (Marzuk et al., 1992, p. 3181) deliver his family from continuous adversity. The perpetrator believes that because of their family’s dependency on them, it will not be possible for them to survive without them (Marzuk et al., 1992). Agnew (1992, cited in Harper & Voigt, 2007) explains this type of HS in terms of what he refers to as the “stress-strain elements” (p. 305). These elements include financial, marital and social stressors or failures. The perpetrators are often depressed, paranoid and are sometimes intoxicated (at the time of commission), which would also suggest a link to alcohol abuse problems.

Marzuk et al. (1992) suggest two types of familicide suicide: ‘murder by proxy’ and ‘suicide by proxy’. ‘Murder by proxy’ is motivated by revenge. Thus, for example, a perpetrator will kill his children because they are seen as extensions of his wife, and then out of shame, guilt or remorse, will commit suicide himself. “Suicide by proxy” occurs when the perpetrator wants to take his own life, because he feels despondent about the life he is living, and feels that it is necessary to take his family with him (Marzuk et al., 1992), because he believes they cannot live without him. This also alludes to Durkheim’s fatalistic suicide theory, where the familicide suicide results from “blocked futures or ineluctable failures” (Harper & Voigt, 2007 p. 306) felt by the perpetrator.

2.5.1 Filicide Suicide

This subtype of HS was defined by Harper and Voigt (2007) as an HS typically involving “depressed mothers with psychotic characteristics who kill their children and then themselves” (p. 300). Neonaticide suicide (child < 24 hours), infanticide suicide (Child > 1 day < year) and pedicide suicide (child > 1 year < 16 years) all fall under this subtype,

with pedicide suicide empirically being the most common (Gupta & Singh, 2008). This subtype of HS is usually committed by the mother, and less so by the father (Adinkrah, 2003; Gupta & Singh, 2008; Yip et al., 2009), and is commonly referred to as filicide suicide (Gupta & Singh, 2008). van Wormer (2008) investigated the dynamics of HS and found that women normally kill their children rather than an intimate partner or spouse. These data was gained through government and advocacy sources and news reports (which has been criticized as not being exhaustive enough), and its findings are similar to many other studies on HS. This type of HS is also predominantly committed by the biological parents rather than step-parents (Marzuk et al., 1992).

In a unique study in India, the perpetrators of all HS cases were females and all were mothers who killed their children (Gupta & Singh, 2008). The sample in the study was very small (N=8), but each case was analysed thoroughly and the information obtained was very detailed. One theory is that, when the mothers are the perpetrators, they are frequently depressed, suicidal and often “psychotically” (van Wormer, 2008, p. 276) view their children as extensions of themselves and therefore kill the children as part of their suicidal process. This theory is commonly referred to as deluded altruism. HS of this type is also common in Hong Kong (Yip et al., 2009).

Guileyardo, Prahlow and Barnard, (1999, cited in Gupta & Singh, 2008) determined 16 possible causes of or motivations for filicide suicide. From the most common to least common, these are: altruism, euthanasia, acute psychosis, postpartum mental disorder, unwanted child, unwanted pregnancy, angry impulse, spouse revenge, sexual abuse, Munchausen-by-proxy, violent older child, negligence and neglect, sadism and punishment, drug and alcohol abuse, seizure disorder or an innocent bystander. In the Gupta and Singh (2008) study, altruism was the only motive that was found. Other mentioned possible causes were: spouse revenge filicide and accidental filicide (Olivier et al., 1991). In Baker’s (1991, cited in Meyer, Oberman, White, Rone, Batra & Proano, 2001) Australian study on filicide suicide, it was found that only women committed filicide suicide, for predominantly altruistic reasons. Studies conducted in many countries

confirm this, with altruism being the most common explanation for the filicide suicide (Adinkrah, 2003; van Wormer, 2008; Gupta & Singh, 2008).

Research has shown that men are associated more with familicide suicide (Marzuk et al., 1992; Roos, Beyers & Visser, 1992; Shiferaw et al., 2009). This could be because they have been socially constructed as being the 'head of the house' and the 'bread winner' of the family, emphasising the possible reliance of the members on the man. Therefore, killing the wife and children would be seen as a continued 'duty' if the father is no longer there to live up to these roles in the family system. By contrast, women perpetrators often kill themselves and their children to escape the husband. For this reason, many women may feel it unnecessary to kill the father of their children as well, as the father is not an extension of the mother, and is therefore not needed in the HS process. This could explain why women less frequently commit familicide suicides (Batton, 2004).

2.6.1 Extra-familial Suicide

This subtype of HS occurs when the perpetrator kills someone outside of the family system, and then the perpetrator commits suicide. Harper and Voigt (2007) refer to this subtype as either 'public-killing spree suicide' or 'mistaken/accidental HS'. Marzuk et al. (1992) refer to this subtype as 'extra-familial suicide'. This type of HS is usually perpetrated by someone who has paranoid and narcissistic traits (Marzuk et al., 1992). The perpetrator feels that they have been deprived of something (Harper & Voigt, 2007), for example, being rejected for a job promotion, the denial of monetary compensation or where they are not appropriately recognised. As a result of these deprivations, the perpetrator kills people like employers, teachers, physicians or bank tellers (Marzuk et al., 1992). Harper and Voigt (2007), in their mistaken/accidental extra-familial suicides study, refer to incidents when, for example, an Alzheimer's patient shoots a nurse because he/she thinks the nurse is a burglar, or when a perpetrator accidentally kills a policeman when trying to kill their intended victim.

Chapter 3

Classification Typologies

3.1 Classification Typologies

A combination of the following two classification typologies were used for the purpose of this study. Predominantly however, the Hanzlick-Koponen classification typology will be utilised (Malphurs & Cohen, 2002).

3.2 Hanzlick-Koponen (HK) Classification Typology

This typology has five subtypes of the perpetrator-victim relationship and 13 precipitants which motivate HS.

The five relationship subtypes include: (Malphurs & Cohen, 2002)

1. Spousal/consortial or femicide suicide, where the perpetrator and deceased were married, intimate friends, common-law partners, or homosexual partners.
2. Familicide suicide, where the perpetrator kills family members.
3. Infanticide/pedicide suicide (filicide suicide), where the parent kills one or more of their children (children under the age of 16).
4. Extra-familial suicide, where the perpetrator and victim(s) were unrelated, but may be roommates, friends or acquaintances.
5. Mass murders and workplace killings, where at least three to five people are killed.

The 13 precipitants to HS include: (Malphurs & Cohen, 2002)

1. impending divorce
2. previous divorce
3. real or perceived loss of a non-marital partner
4. jealousy
5. retaliation
6. mercy killing
7. altruism

8. financial stressors
9. family stress or dysfunction
10. alcohol
11. drugs other than alcohol
12. psychiatric illness
13. unspecified or unknown factors.

The above classification typology omits a few pertinent details which would otherwise be useful in the classification process. However, despite this, it remains a useful typology when classifying HS (Malphurs & Cohen, 2002).

3.3 Marzuk, Tardiff and Hirsch's (1992) Classification Typology

Previous studies (Gupta & Singh, 2008; Osborne, 2001) have used Marzuk, Tardiff and Hirsch's (1992) classification typology, which although very similar to the above classification typology, does not include as many precipitants (Marzuk et al., 1992).

The following typology was first designed by Marzuk et al., 1992:

The different relationship subtypes are grouped in the following way:

I. Spousal or Consortial

Perpetrator

1. Spouse
2. Consort

Type of Homicide

- i. Uxoridal (spouse-killing)
- ii. Consortial (murder of lover)

II. Familial

Perpetrator

1. Mother
2. Father
3. Child (under 16 years old)
4. Other adult family member (over 16 years old)

Type of Homicide

- i. Neonaticide (child less than 24 hours old).
- ii. Infanticide (child greater than 1 day old, less than 1 year old)
- iii. Pediticide (child between 1 and 16 years old)
- iv. Adult family member (greater than 16 years old)

III. Extra-familial suicide

The Precipitating Factors:

- A. amorous jealousy
- B. "mercy killing" (because of declining health of victim or offender)
- C. "altruistic or extended suicides" (includes salvation fantasies of rescue and escape from problems)
- D. family, financial or social stressors
- E. retaliation
- F. other
- G. unspecified.

Neither of the typologies includes the age, population group or occupation of the perpetrator, nor do they consider the weapon or method used. It must also be emphasised that these classification typologies do not attempt to “address the complex etiology of these events” (Marzuk, 1992, p. 3180). The present study does not attempt this either,

therefore, when looking at only the demographics and common features of HS these classification typologies are likely to be useful.

When using the different classification typologies, the researchers found that although the classification typology of Marzuk et al. (1992) was easier to use, the Hanzlick and Koponen classification typology was more helpful in capturing relevant public health information. However, on both these classification typologies, modification needs to be made to incorporate domestic violence because it is increasingly becoming a precipitant to HS events (Dogan, Demirci, Gunaydin & Buken, 2010; Harper & Voigt, 2007; Koziol-McLain et al., 2006; Roberts et al., 2010).

Other researchers use their own classification typologies in order to categorise the data that they have collected. Dogan et al. (2010) examined all of the 10 cases that they found in terms of the following characteristics: “age and sex of the offender and victim(s), the relationship of the victim to the offender, the methods by which the homicide and the suicide were carried out, the locations of the homicide and the suicide, mental health status of the offender, marital status, domestic violence history, financial difficulty and the precipitating motive” (Dogan et al., 2010, p. 110).

Harper and Voigt (2007), in addition to the empirically-based classification typology that they used, proposed a more theoretical framework. This typology considered HS incidents in terms of the following classification: (a) structural conflict intensity factors; (b) social stress–strain elements such as frustration, failure, and anomie; and (c) power dominance issues. The authors believed that the above combined as a classification typology could help to theoretically explain the rare phenomenon of HS.

The two main classification typologies considered above (Hanzlick-Koponen, and Marzuk et al.’s. (1992)) both have merits, but also omit important features that are relevant. For this reason, the present study will combine both of these well-used and well-known classification typologies, but add the few demographic characteristics and features mentioned above that were not included.

Chapter 4

Precipitating Factors of Homicide Suicides

4.1 Marital Conflict

4.1.1 Divorce, Impending Divorce or Separation

In an HS study conducted in Hong Kong, of the 98 cases identified between 1989 and 2005, 90% of them were femicide suicide. Of these incidents, the predominant motive or precipitating factor was relational disputes before the killings (Yip et al., 2009). In Finland, a country where both the homicide and suicide rates are high, a study showed that the main causes or precipitating factors were separation from an intimate partner and various other marital problems, which is similar to the finding of many other studies worldwide (Saleva, Putkonen & Lonnqvist, 2007).

In two dated but relevant articles, Francisco-la Grange (1985, cited in Olivier et al., 1991) and Luttig (1985, cited in Olivier et al., 1991) make some observations about the relationships of couples, and how they may contribute to the genesis of a HS event. Avoidance and lack of communication are strongly stressed as causing vulnerability within a relationship, which leads to “disrespect and insensitivity” (p. 28). For the individuals involved, this tends to lead to feelings of worthlessness, a lack of self-concept and an inability to effectively deal with normal life stressors, which, in turn, severely affect the family’s existence (Olivier et al., 1991).

4.1.2 Female Chastity

Adinkrah’s (2003) study confirmed the findings of many other studies showing that, when an intimate partner was killed by a male perpetrator, the motive was often linked to a suspicion that the bride was not a virgin, or to uncertainty as to the wife’s fidelity.

4.1.3 Previous Domestic Violence

A study in Turkey conducted over eight years, found that four of the nine HS cases it considered were married couples with a history of domestic violence (Dogan et al., 2010). From the data provided from these HS cases, which was collected from the

Forensic Medicine Council, the precipitating factor was an inevitable divorce initiated by the abused spouse (Dogan et al., 2010). Campanelli and Gilson (2002) found that 50% of the 16 HS cases recorded in New Hampshire involved a history of domestic violence. In the Koziol-McLain et al. (2006) study in the USA, of all the HS cases occurring, 72% of the cases involved previous domestic violence. In 24% of these cases there were previous domestic violence arrests, and 22% of the cases, the perpetrator had a domestic violence restraining order issued against him. In the Roberts et al. (2010) study conducted in South Africa, the majority of the femicide suicide perpetrators were men. In light of the findings, it was suggested that interpersonal violence by men could be a valid explanation for the occurrence of these events.

4.2 Financial Difficulties

Frequently, marital conflict is caused by financial strain in the relationship (Dogan et al., 2010). Financial difficulties are classified as a 'strain' in strain theory (discussed in more detail below) which falls under the inability to achieve a positively-valued stimulus (Agnew, 2006). An example of a positive-valued stimulus is money. Therefore, if not having enough money is extremely difficult for a person, Agnew (2006) believes this could precipitate a HS event.

4.3 Isolation

Social integration plays an important role in Durkheim's theories when considering people's motives for committing suicide (Harper & Voigt, 2007). Durkheim noted that it was the lack of or loss of social integration that could be detrimental. In Finland, a study compared 10 HS case findings with 1400 suicide case findings (Saleva et al., 2006). This study reported that social isolation was strongly associated with HS cases (Saleva et al., 2007). The study noted that social isolation often resulted from depression and the ending of an intimate relationship. Thus, Saleva et al. (2007) hypothesised that homicide was the second thought, and that suicide was the most important goal of the perpetrators. Saleva et al. (2007) drew this conclusion from four of the 10 cases the study considered. In each of these four cases, thoughts of suicide by the perpetrator had been noted prior to

the incident. However, the sample size was very small, so broad and generalised conclusions should not be drawn from the study.

Personal isolation is another precipitant of HS (Olivier et al., 1991). Perceived or real loss of an intimate partner can create intense loneliness, which Olivier et al. (1991) defines as “a state of acute isolation and separateness... [,and] a state of pain” (p. 27). In this state of isolation, depression and depressive-like feelings can manifest. This isolation can also manifest more violently through a person’s behaviour. This behaviour is then normally directed towards the person that originally created this isolation, in other words, the intimate partner (Olivier et al., 1991).

Both financial difficulties and social isolation are frequently factors which precipitate an altruistic killing (Yip et al., 2009). This altruistic killing may be the perpetrator’s way of preventing the victim(s) from living what he or she perceives to be an ‘awful’ life.

4.5 Depression and other Mental Illnesses

In some studies on HS, the perpetrators have been depressed (Bossarte et al., 2006; Campanelli & Gilson, 2002; Malphurs & Cohen, 2002; Shiferaw et al., 2010; Yip et al., 2009). This pathology is found predominantly in perpetrators of certain types of HS. In a study in Hong Kong, researchers found that depression was the most common mental illness among perpetrators (Chan et al., 2004). In filicide suicide cases, although there are many motives and reasons as to why mothers kill their children, co-morbidly, these women are normally either psychotically or not psychotically depressed (Marzuk et al., 1992). Yip et al. (2009) found in a retrospective study that the majority of mothers who had committed HS had at some stage contacted a health professional for assistance, and that 76.9% of the women who committed filicide suicide were mentally ill. In this study, Yip et al. (2009) found that mothers were typically either mentally ill or acutely psychotic. In a study done by Koziol-McLain et al. (2006), one of the distinguishing features of perpetrators in HS cases, when compared to pure homicide cases, was that many had threatened suicide previously. This indicates a connection between HS and mental illness, with the mental illness most likely being Major Depression.

4.6 Alcohol Abuse

In a study which drew 700 cases from various resources and looked particularly at the differences between femicide without suicide and femicide suicide, it found that perpetrators of femicide suicides were found less likely to use alcohol than those who were not committing suicide (Dawson, 2005). This finding is consistent with a recent South Africa study which analysed 21 HS cases over two years. The study found that alcohol played no significant part in the HS events considered (Roberts et al., 2010).

4.7 Physical Illness

This motive behind HS is largely linked to ‘mercy-killings’ (which is discussed above). Apart from the Hong Kong study discussed above (Yip et al., 2009), this motive was also noted as fairly common by Milroy (1998) in his review of HS literature, especially when ailing health is accompanied by a deterioration of clear and rational thought. Most often the victim is not aware of, or in agreement with, the discussion of the impending violence (Koziol-McLain et al., 2006). In two South African studies which differed methodologically, this motive was not found to be very frequent (Osborne, 2001; Roberts et al., 2010).

Chapter 5

Literature on Homicide Suicide

5.1 South African Literature

Despite the catastrophic effects of HS, it is grossly under-researched in developing countries (Adinkrah, 2003). Blame for the dearth of research has been attributed to lack of reliable data collected by criminological researchers in developing countries, as well as the rarity of the phenomenon when compared to other non-natural deaths (Adinkrah, 2003). Research that has been conducted in Africa appears to be limited to South Africa, where it was first investigated as late as 1988 (Olivier et al., 1991). Harper and Voigt (2007) stress the importance and necessity of further study in different countries with people from different cultures. The present study will hopefully add to the data already collected in South Africa.

5.1.1 Sex

In all the research done in South Africa to date, it has been found that men are the most common perpetrators of HS (Jena et al., 2009; Mathews et al., 2008; Olivier et al., 1991; Osborne, 2001; Roberts et al., 2010; Roos, Beyers & Visser, 1992). Although the percentage of male perpetrators varies from study to study, since research commenced in South Africa the predominant gender of perpetrators in all of the studies has been male. Olivier et al. (1991) found a “2:1 ratio of males to females” (p. 269), whereas the Roos et al. (1992) study found that 59% of the perpetrators were male and 41% female. Although the values found differed, the pattern remained constant. This also continued in the Roberts et al. (2010) study, where the researcher collected data in Durban, a city in the province of KwaZulu-Natal, South Africa. In the study, 95% of the perpetrators were male. In the Olivier et al. (1991) and Roos et al. (1992) studies, the sample size was just over half the sample considered in the Roberts et al. (2010) study, and the studies were conducted over the same time period. The data collected during the apartheid era in the Roos et al. (1992) study, relied only on police referrals and the overall sample was too small to make any reliable conclusions.

The above results were also similar to those obtained by a media report study in 2001, where 88% of perpetrators were males (Osborne, 2001). In the same period as Osborne's (2010) study, Jena et al. (2009) found that out of 50 cases, 49 involved male perpetrators. The Jena et al. (2009) study posed this question: "Is there something innate to maleness that enhances the likelihood of all violent acts?" (p. 263). Roberts et al. (2010) suggested "examining and challenging the social norms ... [that enable] male violence against women" (p. 877).

5.1.2 Population Group

The Abrahams et al. (2009) study had a sample of 3797 women homicides which were identified from mortuaries, autopsies and police records. This study found that in South Africa, Black African women experience violence more often than White women (Abrahams et al., 2009).

In Olivier et al.'s. (1991) study, White males were the most common perpetrator, and this was confirmed in the Roos et al. (1992) study. As mentioned above however, the Roos et al. (1992) had a relatively small sample size (N=11) and, therefore, the data was fairly unreliable. The Olivier et al. (1991) study also had a small sample (N=11), but an extensive analysis was undertaken and thus some valuable information was obtained. The Roberts et al. (2010) study, where the data were collected almost a decade after the two aforementioned studies, found that 91% of the perpetrators were Black Africans, and the other nine percent were Indian males. No White male perpetrators were found in this South African Durban-based study. The Roberts et al.'s. (2010) study, which gathered data between 2000-2001, had results which were roughly proportional to the population statistics of Durban at the time.

However, a countrywide media study conducted over a similar period to the Roberts et al. (2010) study (which was limited to Durban), found that 59% of the perpetrators were Black Africans and 27.7% were Whites. There were very few Indian and Coloured male perpetrators in the study's findings (Osborne, 2001). Again in the Jena et al. (2009) study, where 46 HS cases were found and analysed in the Pretoria region (South Africa) over

five years, the results were similar: 78.2% of the perpetrators were Black Africans and 21.7% were White.

What must be considered in relation to the population group of perpetrators in HS studies is that during the earlier years of research, many Black African and Coloured HS events were probably not reported in newspapers or police reports (Olivier et al. 1991). This is because, during the Apartheid era, non-White violent events were given very little attention, and due to the lack of public services given to so-called 'homelands', violence and many deaths probably went unreported.

5.1.3 Employment Status and Occupational History

Mathews, Abraham, Jewkes, Martin, Lombard and Vetten (2008), in a national study (N=251), found that the majority of perpetrators were employed in the security industry. The Roberts et al. (2010) study found that 30% of the perpetrators were either police or security personnel. This indicates an overrepresentation of people from this employment sector. In the Roberts' et al. (2010) study, the majority of the victims in the study were unemployed, whereas in the Mathews et al. (2008) study, the majority of the victims were employed. The Mathews et al. (2008) study was conducted in 1999 for one year and the Roberts et al. (2010) study was conducted between 2000 and 2001. Therefore, this change in occupational status could indicate a change in the economic status of people committing HS. These findings were seen also in Jena et al. (2009) where, of the 78.2% of the sample for which employment status was known, 61% of the perpetrators were unemployed. It was found that, of the remaining employed perpetrators, six out of 50 were employed in the security industry or in correctional services.

In the Mathews et al. (2008) study, a comparison was made between intimate femicide suicide and intimate femicide non-suicide. In the first mentioned group, the majority of perpetrators were employed in the security sector, whereas, in the latter group, where no suicide occurred, the majority of perpetrators were blue collar workers, gardeners and farm workers. From these findings, it is clear that working in the security sector increases the chance that a person may commit HS. It is uncertain whether this is due to the fact

that the occupation creates insurmountable stress, or that people with HS tendencies decide more frequently to pursue careers in these areas or simply because these people have easy access to firearms. The main reason that so many perpetrators are from the security sector is still unknown, but it is suggested this may be as a result of a combination of the above factors.

5.1.4 Most Common Subtype

Victims in most HS incidents are younger than the perpetrator, and it has been found that the most common HS subtype in South Africa is femicide suicide (Jena et al., 2009; Mathews et al., 2008; Olivier et al., 1991; Osborne, 2001; Roberts et al., 2010; Roos et al., 1992). In the Roberts et al. (2010) study (which had an overall incident rate of 0.89/100 000 people, which is higher than the international average of 0.2 to 0.3/100 000 people), femicide suicide was the dominant subtype. This would suggest that the incident rate of this subtype in South Africa is higher than most international incident rates of femicide suicide. Mathews et al. (2008), in their cross-sectional retrospective study conducted in South Africa (SA) in 1999, had some significant findings in terms of femicide suicide. The incident rate for femicide suicides in South Africa was found to be 1.7/100 000 people, which was much higher than any other country researched.

5.1.5 Method of Killing

Firearms are the most commonly used weapon in HS events in South Africa. Of the known studies undertaken in South Africa, all of them have found that shooting was the most frequent method of killing (Jena, 2009; Mathews et al., 2008; Osborne, 2001; Roberts et al., 2010). The method used does vary depending on the location and culture in which the HS event is taking place (Roberts et al., 2010). In less industrialised countries, methods other than shooting are used more frequently (Adinkrah, 2003; Chan et al., 2004; Yip et al., 2009)

5.1.6 Incident Rates

In a study done on familicide suicide (which the study referred to as family murders), 17 cases were found in 1992. At the time, this was the most extensive study done on HS.

However, no exact incident rate was determined in this early study (Roos et al., 1992). The incident rate for femicide suicides in South Africa was 1.7/100000 people, much higher than any other country researched (Mathews et al., 2008). The Roberts et al. (2010) study found that, of 4737 non-natural deaths, 0.91% were HS cases, equalling a total of 21 HS over a two-year period. The study concluded that the incident rate for “homicide-suicide in the Durban Metropolitan area was 0.89 per 100 000 population” (p. 887). The incident rate increased to 1.9/100 000 people when all the fatalities of HS were taken into account (Roberts et al. 2010). Osborne’s (2001) press report study, covering more years than the Roberts et al.’s. (2010) study, identified 83 HS over five years. The study, however, did not give an incident rate per 100 000 people, so it is difficult to compare these results to any of the other South African studies. If the Mathews et al. (2008) study is compared with the Roberts et al. (2010) study, a slight increase is evident, with an incidence of 1.7/100 000 persons in 1999 to an incidence of 1.9/100 000 persons over the years 2000-2001. The Mathews et al. (2008) study suggested that the reason for the high prevalence of femicide suicide in South Africa was as a result of, firstly, interpersonal violence, which is very common in South Africa and, secondly, gender inequality (Mathews et al., 2008).

5.2 International Studies

5.2.1 Sex

Almost universally, studies reveal that the most common HS perpetrators are men (Banks et al., 2008; Bossarte et al., 2006; Campanelli & Gilson, 2002; Comstock et al., 2005; Dogan et al., 2010; Large, Smith & Nielssen, 2009; Shiferaw et al., 2010; Stack, 1997; Yip et al., 2009).

The Adinkrah (2003) study conducted in Fiji is one of the few exceptions to the above. The study sought to identify the socio-demographic characteristics of both victims and perpetrators in Fiji. Along with socio-demographic characteristics, the study purported to determine the common patterns in HS in Fiji, a developing country, and how these patterns compared to studies undertaken in developed countries. In addition to collecting data from three newspapers, detailed interviews were conducted with appropriate people

in the field, and with the families of the victims and perpetrators. Between 1982 and 1992, ten HS cases were found. Interestingly, unlike most studies on HS, the Adinkrah (2003) study found an equal number of women and men perpetrators over the time period considered. This result is at variance with all studies undertaken in other countries. However, although the study was very thorough in investigating and analysing the data gathered over the 11-year period, only ten cases of HS were found. This is a relatively small sample and, therefore, it is unlikely that this finding has much external reliability.

Another, rather extreme, exception to the pattern that HS perpetrators are predominantly male is the Gupta and Singh (2008) study conducted in India. In this exceptional study, all the perpetrators were females, and all were mothers who killed their children (Gupta & Singh, 2008). In the small sample in the study (N=8), no other HS subtypes were found from 2000-2004. This raised questions about the mental health of women in India. As mentioned previously, it has been found that mothers who commit filicide suicides are more likely to be depressed or to have psychotic characteristics (Harper & Voigt, 2007). van Wormer (2008) describes, after a review of literature, how women normally kill their children rather than an intimate partner or spouse. Women are the most common perpetrators of filicide suicide, but a male filicide suicide does also, albeit infrequently, occur. However, studies show that female HS perpetrators normally kill children of a younger age than male perpetrators of filicide suicide (Nikunen, 2006).

5.2.2 Population Group

Harper and Voigt (2007) found that, while the majority of HS cases involved White male perpetrators, a large portion of HSs also involved black male perpetrators, indicating a incident which is not racially specific. Conversely, however, Campanelli and Gilson (2002), who conducted a study in New Hampshire from 1995 to 2001, found only White male perpetrators and victims, suggesting HS incidents are very racially specific. In the Adinkrah (2003) study, all but one case was committed by a Fijian Indian, and this was linked to the low socio-economic class of the population group in Fiji. Therefore, in a multi-racial country, the prevalence of HS incidents in terms of a certain population group could be more indicative of the influence of socio-economic circumstances in

precipitating incidents, rather than actually indicating the influence of population groups. This connection can also be seen in South Africa, where the latest data indicates that Black Africans, with the highest unemployment levels (Statistics South Africa, 2010), are most commonly the perpetrators in HS incidents (Roberts et al., 2010).

5.2.3 Employment Status and Occupational History

Adinkrah (2003) found that most of the HSs occurred in areas with low economic status, and where many people had unstable employment and financial difficulties. International studies do not report security sector perpetrator employment as frequently as South African studies. This trend is not as noticeable in the research. Many of the studies did not mention employment status at all (Banks et al., 2008; Barber et al., 2008; Bossarte et al., 2006; Campanelli & Gilson, 2002; Comstock et al., 2005; Dawson, 2005; Dogan et al., 2010; Lund & Smorodinsky, 2001; Shiferaw, 2010) while a few only stated if the perpetrator was employed or not (Adinkrah, 2003; Yip et al., 2009).

5.2.4 Most Common Subtype

The most common subtype of HS (which is also consistent with South African based studies), is femicide suicide (Dawson, 2005). This subtype is usually committed by a male, and the victim is usually a wife, lover, ex-spouse or ex-lover (Banks et al., 2008). The Dawson (2005) study conducted in Canada, which had a large sample of 703 cases over a period of 21 years in Canada, looked specifically at the differences between femicide without the perpetrator committing suicide and femicide suicide. Femicide suicide made up 194 of the 703 cases. Surprisingly, although it was commonly thought that both these crimes would be passionate, impulsive and possibly related to substance abuse, the study disproves this for femicide suicide. The findings showed that femicide suicides are normally premeditated, a feature which is unique to femicide suicide cases. Dawson (2005) found that the cases were typically done by a man that has no history of domestic violence or any related substance abuse (Dawson, 2005). With these indicators, Dawson (2005) suggests that femicide suicides are preventable.

The above study suggests a new way of understanding femicide suicide: more emphasis should be placed on the treatment of mental disorders in men, as opposed to the traditional focus on violence against women by men.

5.2.5. Method of Killing

In many studies, the method used in the event of HS was shooting, normally a handgun was used (Banks et al., 2008; Bossarte et al., 2006; Campanelli & Gilson, 2002; Comstock et al., 2005; Harper & Voigt, 2007; Liem & Koenraadt, 2007; Malphurs & Cohen, 2002; Shiferaw et al., 2010). However, in studies in Fiji, India and Hong Kong, other methods were more common, such as burning, drowning (Gupta & Singh, 2008), stabbing, hanging (Adinkrah, 2003) and chopping with weapons (Yip et al., 2009). The availability of firearms appears to influence why shooting is the dominant method in some countries. Koziol-McLain et al. (2006) found that men in domestic violence situations who are in possession of a firearm were much more likely to commit HS than if they did not have a firearm.

Another explanation for firearms being the most common weapon in HS incidents could be that it is the preferred method for suicide. Even where there is no history of previous homicides, if a firearm is kept in the person's house, suicide is 3.4 times more likely, whereas homicide is only 1.4 times more likely (Banks et al., 2008). HS has been more connected, theoretically, to suicide, explaining one of the possibilities why shooting is the more favoured method of killing in HS events (Harper & Voigt, 2007; Liem, 2009; Roberts et al., 2010).

5.2.6. Incident Rates

The incident rate for HS varies significantly across countries. Of all homicides in the United States, 4% were HS events, whereas in Denmark, 42% of the homicides were HS cases (Barber et al., 2008). At 4%, Fiji has a similar incident rate to the United States. This was found in one of the few studies conducted in a developing country, as most studies on HS have been done in developed countries such as Australia, Canada, France, Great Britain and the USA (Barber et al., 2008). Therefore, incident rates for developing

countries are not as available as developed countries rates. Hong Kong had similar prevalence rates to many developed countries, with a 7% of all homicides being HS cases, and the HS incidence rate at 0.22/100 000 people (Chan et al., 2004). India, a developing country, had a relatively low incidence rate of 0.06/100 000 persons (Gupta & Singh, 2008). However, this was determined over a four-year period, so this rate may change and become more reliable with a longer study period.

5.3 Summary

From international studies, common features and patterns have been identified in HSs. Most studies found that the perpetrators are predominantly males (Bossarte et al., 2006; Jena et al., 2009; Malphurs & Cohen, 2002; Moskowitz, Simpson, McKenna, Skipworth & Barry-Walsh, 2006; Osborne, 2001; Roberts et al., 2010) and that the victims are usually females (Banks et al., 2008; Bossarte et al., 2006; Campanelli & Gilson, 2002; Comstock et al., 2005; Dogan et al., 2010; Harper & Voigt, 2007; Large et al., 2009; Roberts et al., 2010; Shiferaw et al., 2010; Stack, 1997; Yip et al., 2009), who are often intimately involved with the male perpetrator (Banks et al., 2008; Eliason, 2009; Milroy, 1995).

The majority of the research findings internationally show males to be the most common perpetrators, highlights some issues. This commonality clearly illustrates the continuing problem domestic violence poses (Roberts et al., 2009). Domestic violence is a problem which is not abating in South Africa (Abrahams et al., 2009; Mathews et al., 2008), and one which causes the death of more than three women per day in the United States (van Wormer, 2008).

In both international and national studies, HS is shown to be more frequent in groups with a lower socio-economic status. Studies on domestic and family violence indicate that poverty is definitely associated with the increased incidence of such violence (Wilson, Johnson & Daly, 1995).

In a few studies conducted in South Africa, it was shown that the perpetrator was most commonly a Black African male (Jena et al., 2009; Mathews, et al., 2009; Osborne, 2001; Roberts et al., 2009), and not a White male, as was the case in many international studies (Campanelli & Gilson, 2002; Harper & Voigt, 2007). However, the higher number of Black African male perpetrators was found to be proportionate to the population demographics in South Africa (Roberts et al., 2009). Despite this general pattern, the number of White male perpetrators was actually found to be higher than their population proportion in one unpublished media-based study (Osborne, 2001; Statistics South Africa, 2010). Both these findings could lead towards a more culture-based explanation for HS. What is important to note, though, is that the Roberts et al. (201) study collected its data through coroners and mortuaries, whereas the Osborne (2001) study collected data solely through newspapers from 1997-2001. In 1997, South Africa was still adjusting from the Apartheid era, and thus media reporting may still have been biased against Black African news. This may be a plausible explanation for the Osborne (2001) study having different findings to a more extensive and possibly reliable HS study in South Africa.

Chapter 6

Theoretical Frameworks Surrounding Homicide Suicide

6.1 The Link between Suicide and Homicide

Homicide and suicide have historically been studied and researched as two completely separate phenomena. When homicide is researched, researchers typically go to lawyers, policemen and judges (Bohannon, 1960). In contrast to suicide, homicide is a matter of the law. Suicide, on the other hand, is typically handled and researched by sociologists, psychologists, social workers and actuaries (Bohannon, 1960). In the 1960s, very little research by psychologists was done on homicide (Bohannon, 1960), whereas a vast amount of research was dedicated to suicide. However, over the last few years, these two very important phenomena have overlapped in what we now call homicide suicide. Von Hentig (1948, cited in Bohannon, 1960) stated that “murder and suicide are complementary phenomena: the total amount of available destructiveness is discharged in two psychologically similar, socially distinct Gestalten” (p. 18). Enrico Ferri (1917) and Enrico Morselli (1882) both argued that homicide and suicide are “alternative responses to a common sense and that they vary inversely” (cited in Harper & Voigt, 2007, p. 296). Both these quotes indicate that these two phenomena are potentially quite closely related.

Determining whether HS is more closely related to homicide or suicide is often difficult. Much literature places HS in a distinct domain which is similar to and different from both suicide and homicide (Marzuk et al., 1992). Marzuk et al. (1992) suggests that HS is a “unified two-stage sequential” (p. 3182), in which, both the homicide and suicide are premeditated. This implies that the suicide is not normally motivated by remorse or sudden guilt for the homicide (Adinkrah, 2003; Banks et al., 2008; Milroy, 1998), but rather the primary act to begin with (Milroy, 1998).

In much literature on suicide, it is evident that suicides and suicidal ideation occur across all age groups, stretching from adolescents to old age, and it is also usually coupled with the person having a mental illness, such as Major Depression (Marzuk, 1992). Homicides are seen as being fairly unspecific in who kills and who is killed, and the causes may

include several factors. However, HS has been found to be commonly associated with specific age groups (Marzuk, 1992). Predominantly, HS is committed by a middle-aged man who kills a woman that is younger than himself, normally because of marital or relationship conflicts. This suggests that HS is its own specific category as it has notable differences from both homicides and suicides. Many authors have, however, linked HS more closely to suicide than to homicide due to the various theories about suicide and its motivations (Harper & Voigt, 2007; Liem, 2009; Roberts et al., 2010). These theories will be discussed below.

Durkheim's theories provided a foundation for the development of various theories and typologies when it came to suicide and homicide and the connection between the two (Harper & Voigt, 2007). Durkheim (1951, cited in Harper & Voigt, 2007) proposed four main types of suicides: egotistic, altruistic, anomic and fatalistic. The first two types focus on the individual and the group or society in which they live. He described egotistic suicide as suicide which is committed when a person cannot cope anymore, for example, when they have lost a loved one. Altruistic suicide is when a person commits suicide because of their concern for their social group or society, for example, if the person is terminally ill and does not want the burden of caring for him or her to fall on other people.

Durkheim's two other approaches to suicide deal more with social regulation in relation to the individual (Harper & Voigt, 2007). Anomic suicide occurs when a person is unable to achieve a goal, for example, fame, power or wealth. These unattainable goals become a source of agony for the person (Harper & Voigt, 2007), because "there is nothing external to the individual, such as normative or moral limits placed on human propensities or desires" (p. 297). With this agony, a person either turns against himself or on another, depending on the situation or circumstances. Durkheim believed that homicide and suicide are alternative responses to a common cause. The last type of suicide that Durkheim describes is fatalistic suicide. Although this type of suicide is underdeveloped by Durkheim, many other theorists have worked further on this construct (Harper & Voigt, 2007). Cavan (1928, cited in Harper & Voigt, 2007) alludes to this type of suicide

in her descriptions of one of her homicide suicide cases. She discusses how a person comes to a point in their lives where suicide is the only solution. In this situation, they believe that their happiness has been prevented by another person and, therefore, before they kill themselves (suicide), they kill the other person (homicide). This type of HS is done in a state of anger, revenge or jealousy, all of which will be discussed below.

6.2. Psychodynamic Theory

Liem (2009) noted how the HS theoretical frameworks could be fitted into one of the three parts: firstly, theories on where the aggressive behaviour originates, secondly, where the aggression is directed and, thirdly, what are the outcomes of the aggression.

Sigmund Freud had a view on homicide and suicide which he developed from his psychoanalytical theory of aggression (Harper & Voigt, 2007). Freud believed that both homicide and suicide were an individual's manifestation of aggression. He looked specifically at two distinct dimensions of suicide. Firstly, the Thanatos instinct or death wish, and secondly, sexual frustration or repression. Where the death wish is linked to wanting to kill oneself due to stress created by the living, the life instinct (Eros) may offset the Thanatos drive, and reverse the outward into the intention to kill someone else (i.e. homicide) (Harper & Voigt, 2007). This instinct directed at someone else was what Freud referred to as aggression (Townsend, 2003). This concept of aggression, as it links and connects with HS, will be discussed in detail below.

For the perpetrator, the act of HS has been said to be a means of overtaking what their unconscious believes to be a more superior and powerful object (Townsend, 2003). In HS cases, the suicide is not only the end to the perpetrator's life, but the attainment of a much greater sense of the self or power of the self.

Looking at the perpetrator's early relationships, particularly the relationship with the mother, can go some way to explaining HS. As an infant, if the fit with the mother is poor, defences are created. These defences are normally primitive defences such as splitting, to protect the infant's self from the external environment (Ledermann, 1979).

Therefore, according to Fordham's (1957) theory, instead of the infant viewing the mother as part of the self, the mother is now in the external environment. These defence mechanisms represent for the infant a violent attack on the bad object, in other words, the mother, in order to destroy it (Ledermann, 1979). Where these defences are set up, this may affect later development and lead to future violence and hostility.

Examining individuals'/perpetrators' defences can help in explaining why people commit HS. The two dominant defences used by perpetrators are splitting and projection.

Looking at familicide suicide, the perpetrator will split the self, projecting the bad object onto the victim, and projecting the good object onto the children in the relationship.

Therefore, this connects to the motive of wanting to save or rescue the 'good' children from the 'bad' spouse by killing them. In performing this act of "rescue", the perpetrator kills the bad spouse, the children and himself (Marzuk et al., 1992). The projection of the bad object onto the victim, normally a spouse, would typically be precipitated by an event such as the ending of a relationship in a situation where the perpetrator feels he or she has done no wrong (Townsend, 2003).

6.3 Strain Theory

Agnew (2007) developed what he called the general strain theory. He developed his theory when trying to understand why people resort to violent behaviours. The theory found that the following factors increase the chance that a person will commit a crime: "the inability to achieve positively-valued goals, the loss of positively-valued stimuli and the presentation of negatively-valued stimuli" (p. 184). Therefore, committing a crime would be a way of escaping or lessening the current strain. In this case, HS, the commission would be a way of escaping the strain completely.

In light of its disastrous consequences, many theorists have developed ideas and possible explanations on HS in an attempt to explain this phenomenon. Researchers have considered the relationship between homicide and suicide and the overlap between these two events, where killing another and killing oneself is often interconnected. South African literature predominantly focuses on a more psychodynamic viewpoint.

Chapter 7

Research and HS

As there is no formal operational definition, this makes “conceptualisation, estimation of occurrences, validation of classification schemes, and comparison of research results difficult” for HS (Harper & Voigt, 2007, p. 299). Therefore, although this study is not attempting to formalise an operational definition for HS, any additional data from less frequently studied countries will hopefully be useful in that it will add to the limited data and information available. Other research difficulties will be discussed below.

The greatest obstacle to researching HS is that the most reliable sources of information are deceased. Therefore, most research relies on coroners, criminal records, death reports, investigation reports, autopsy reports, suicide notes, verdicts, psychological reports, newspapers and, very rarely, the questioning of family members who are still alive (Gupta & Singh, 2008; Harper & Voigt 2007; Roberts et al., 2009; Yip et al., 2009). Although this makes many studies less reliable than researchers would ideally like, researchers have no alternative way of researching. If the perpetrator or victim has survived the event accidentally, interviewing them would be a very useful, informative and alternative way, however this is very unlikely. In terms of the present study, newspaper articles have been criticised for their lack of reliability and (Roberts et al., 2010), specifically for their “significant variability in the accuracy and type of information provided” (Malphurs & Cohen, 2002, p. 143).

Newspaper studies are frequently criticised for their often subjective information and unreliable content (Malphurs & Cohen, 2002; Osborne, 2001; Roberts et al., 2010). However, it should be noted how similar the findings of a previous newspaper study (Osborne, 2001) were to a more extensive post-mortuary examination study (Roberts et al., 2010). The Roberts et al. (2010) study examined all unnatural deaths between 2000 and 2001 in Durban, studying the state pathologists’ reports and the police reports. In contrast, Osborne’s unpublished (2001) study examined only newspaper reports. While it should be borne in mind that Roberts et al. (2010) study’s data were only collected in

Durban (between 2000 to 2001) and that Osborne's media study covered the whole of South Africa (from 1997 to 2001), the findings of the two studies were very consistent. This suggests that HS media studies may not be completely unreliable.

Chapter 8

Research Aims

8. 1 Introduction

This research aimed to add to current HS data and to determine the incident rates over eight years (2002 to 2009). These findings can hopefully add to the existing research, as little research has been done locally and nationally on this phenomenon in South Africa (Mathews et al., 2008; Osborne, 2001; Roberts et al., 2010). Therefore the broad aim of this research is to try and determine the nature and extent of this problem in South Africa.

This research attempted to determine, through media reports, various features surrounding HS in South Africa from 2002 to 2009. It has estimated the reported prevalence rates and determined whether or not these are consistent with other media reports, prevalence and demographic studies done previously on HS in South Africa (Jena et al., 2009; Mathews et al., 2008; Osborne, 2001; Roberts, et al., 2010), and internationally.

The research also aimed at determining the validity and reliability of newspapers as a source of data collection for HS. This was being investigated because the analysis of newspaper articles has been criticised as a method of research. This study was a methodological replication of Osborne's (2001) media study. The aims and questions of the study are as follows:

8. 2 Aim One:

The research aimed to determine whether annual reporting on HS is increasing, decreasing or staying constant referring to previous research done in the field.

Question One

Has the annual reporting of HS in the media increased, decreased or remained constant in HS in South Africa since it was reported in 2001?

8.3 Aim Two:

The research aimed to determine the current features and demographics of HS to see whether or not these have changed from previous studies findings on this phenomenon. The research examined the demographics of the victim and perpetrator, the precipitating factors to the HS events, what method was used by the perpetrator for the homicide and suicide, and what relationship existed between the victim and perpetrator.

Question Two:

Have the common features, particularly the reported demographics, associated with HS changed, or do they remain constant from previous research findings? If they have changed, in what areas specifically has this change occurred?

8.4 Aim Three:

The third aim of this study was to compare the current media report findings to international studies on HS, and see whether or not certain patterns were similar.

Question Three:

Were the press reported findings in South Africa on HS similar to those of other countries? If not, how did the findings differ?

8.5 Aim Four:

A more general aim in this study was to see if the press reported findings were roughly compatible with those of the Roberts et al. (2010) study, a study done in Durban, South Africa. A comment will be made about the reliability of press report studies on HS based on the similarity of the findings.

Question Four:

Were the results compatible with the Roberts et al. (2010) study? What does this mean in terms of the reliability of the findings of press report studies on HS?

Chapter 9

Methodology

9.1 Introduction

Homicide suicide is not a widely researched phenomenon in South Africa. Furthermore, newspaper or media report studies are even less common in South Africa and only a few have been conducted internationally (Adinkrah, 2003; Malphurs & Cohen, 2002; Nikunen, 2006). Therefore, the methodology chosen for this study was influenced by both South African and international studies.

In this section, the research problem, the chosen sample and sampling type and the process of collecting the data will be presented. It will also explore what statistical analyses were used.

9.2 Research Problem

Homicide suicide has shattering effects on the families and communities that are left behind after the event (Bossarte et al., 2006; Liem, 2009; Roberts, et al., 2010). Despite these consequences there are still no set operational definitions, no concrete characteristics and no definite precipitating factor markers to the event that have been found and officially recognised. The incident rate is also not completely established for South Africa.

Very little research has been done qualitatively, due to the limitations of participants and difficulties in collecting data from reliable sources. The few that have been done in South Africa and internationally are informative (Adinkrah, 2003; Large et al., 2009; Olivier et al., 1991) but very time consuming and difficult to conduct. Therefore, a research design that is quantitative is the most commonly used when researching HS. Various sources that studies have used to collect data, in order to make statistical inferences, have been coroners, police records, case files and newspapers (Jena, 2009; Osborne, 2001; Roberts et al., 2010). From these studies much has been described about HS. However, no annual rate has been determined since 2001. This is a problem for several reasons.

In South Africa, unlike some international countries (Barber et al., 2008; Bossarte et al., 2006), there is no population surveillance system which facilitates identification of HS cases. Instead, the event is divided into a case of homicide, separate to another case opened for the suicide (Roberts et al., 2010). Therefore, determining whether or not this event is increasing, decreasing or remaining constant is difficult without researching this issue directly. Also, prevention techniques and interventions are not being evaluated, along with systematic data not being collected and comparative demographics not generated (Townsend, 2003).

Since 2001, no additional data have been collected on HS in South Africa. Therefore, since that time, no base rates have been established and the demographic characteristics have not been revised. This study therefore intends to fill part of this gap in literature by conducting research from 2002 to 2009. This study will determine firstly, the incident rate since 2001 and secondly, the demographic characteristics and common features on HS up until 2009. Roberts et al. (2010) mention three reasons supporting why this type of research is necessary. Firstly, it addresses the pertinent issues of the violence committed against women and children through the world and particularly in South Africa (Roberts et al., 2010). Secondly, it can be compared to other international studies, placing emphasis on the cultural factors related to HS. And thirdly, this study will add to any existing data on HS, possibly aiding further research (Roberts et al., 2010).

9. 3 Research Design

The study employed a quantitative research design. Durrheim (2006) states that, “quantitative researchers collect data in the form of numbers [in order to] use statistical types of data analysis” (p. 47). The study chose this type of methodology and not a qualitative design because statistical analyses on the newspaper articles were to be made. The data that were found can be categorised and interpreted. Making statistical inferences is the first reason for choosing a quantitative research design. The second reason is that the study applied a positivistic paradigm and framework. This paradigm focuses on

generating information on social facts through an objective approach which is collected in a detached fashion (Durrheim, 2006).

The data for this study were collected from press reports from English language newspapers from all over South Africa. The newspapers that this study uses were determined by a previous study (Osborne, 2001). This previous study had similar aims, questions and data collecting techniques to this current study. It thus seemed appropriate to use the same newspapers. Another study which was conducted in SA also used newspaper reports as a data source (Jena et al., 2009). The use of similar techniques allows for a comparison of results between the Roberts et al. (2010), the Osborne (2001) study and this study.

An international study, also using newspapers to collect the data, was conducted over a three year period (1997-1999) in the United States (Malphurs & Cohen, 2002). It was an internet search study of 191 newspapers focusing on the number of HS events and the different subtypes that could be found. This method has been criticized, because it is the decision of the editor whether or not to publish stories, and also due to the fact that not all information pertaining to the cases is included (Malphurs & Cohen, 2002). However, in the Malphurs and Cohen (2002) study, medical reports of HS were recorded in one of the states and compared to the number of HS events reported in the newspapers of that state. The study found that the newspaper reports left out only five of the 38 cases reported in the medical records. This indicated that the number of HS incidents found in newspaper reports was 87% accurate.

It must also be mentioned that the findings of two South African studies of different description were compatible in the results found. The one study was a newspaper report study (Osborne, 2001) and the other a more extensive mortuary-based study (Roberts et al., 2010). Roberts et al. (2010) examined all unnatural deaths for the period 2000 to 2001 in Durban, and studied state pathologists' and police records in these files. In contrast, Osborne's unpublished (2001) study examined only newspaper reports. Both studies had very similar findings (Roberts et al., 2010), showing that newspaper report

studies may not be completely unreliable, bearing in mind that Roberts' et al. (2010) data covered only Durban for the period 2000 to 2001, and Osborne's (2001) media reports covered the whole of South Africa from 1997 to 2001. This suggests that patterns derived from media reports appear to have some reliability.

9. 4 Sampling

This study uses a purposive sampling method (Babbie & Mouton, 2005). A purposive sampling method is when the chosen sample is based on knowledge the researcher has acquired from other investigations.

9. 4. 1 Sample Selection

The newspapers that were used in this study were: *The Cape Argus; Cape Times; Citizen; City Press; Daily News; Eastern Province Herald; Independent on Saturday; Mail & Guardian; Mercury; The Witness; Post; Pretoria News; Saturday Star; Star; Sowetan; Sowetan Sunday World; Sunday Times* and *Sunday Tribune* (Osborne, 2001). These newspapers were chosen based on a previous study, which is being partially replicated by this study (Osborne, 2001).

Table 1 indicates the number of readers per week reading the newspapers which the study is using in its sample. Figure 1 below graphically illustrates these numbers. Evident in the table, the *Sunday Times* is the most widely read newspaper, with 3 420 000 readers country-wide. This newspaper is distributed throughout South Africa, whereas others in the list below are read predominantly in one area. For example, *The Witness* is a newspaper mostly distributed in Pietermaritzburg, KwaZulu Natal and the surrounding areas, therefore only a relatively small number of readers are noted (167 000).

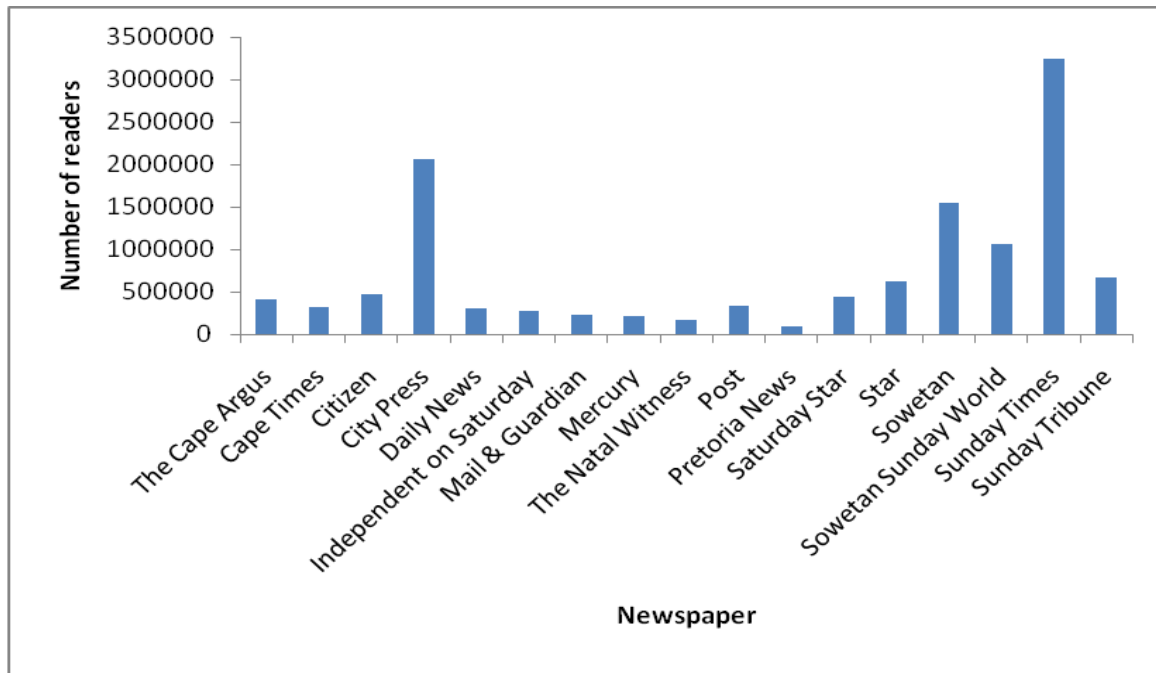
Table 1

Frequency table of the readers per week reading newspapers (Media Club South Africa, 2010)

Newspaper	Number of readers
The Cape Argus	407000
Cape Times	316000
Citizen	466000
City Press	2060000
Daily News	308000
Independent on Saturday	270000
Mail & Guardian	233000
Mercury	213000
The Witness	167000
Post	340000
Pretoria News	86000
Saturday Star	447000
Star	616000
Sowetan	1540000
Sowetan Sunday World	1060000
Sunday Times	3240000
Sunday Tribune	672000
Total	12441000

Figure 1

Number of readers per week of each newspaper



Once the newspapers were chosen, the case samples in each of those newspapers needed to be chosen. All cases that were selected were based on the definition of homicide suicide by Roberts et al. (2010), “where an individual, within a short period of time, usually within a week or less, kills one or more persons and then suicides” (p. 877-878). What differed in this study, however, was that any case where either the perpetrator or the victim survived was excluded (Osborne, 2001).

9.4.2 Sampling Limitations

For some of the newspapers, a commercial news clipping service was used in order to obtain the relevant articles. For this reason, the number of newspapers that this study uses was limited due to limited funding available for this study. Specific instructions and time periods given to the commercial news clipping service will be discussed in section 9.6 below.

9.5 Reliability and Validity

Reliability is “whether a particular technique, applied repeatedly to the same object, would yield the same result each time” (Babbie & Mouton, 2005, p. 119). The newspapers chosen covered a large population base from all provinces in South Africa. Therefore, although the information may not be as accurate as it could be, the results could be quite effectively generalised to the whole country. Because South Africa does not record the number of HS cases through the national surveillance systems, it makes tracking these violent acts very difficult (Roberts et al., 2009). Therefore, the results could provide a conservative estimate of the incident rate in South Africa (Malphurs & Cohen, 2002), a tentative demographic profile of perpetrators and victims of the HS in South Africa and a supplement to Roberts’ et al. (2010) data. Another problem with reliability is that the most reliable sources on the background and motives to the killings are the people involved. This makes research in this area particularly difficult. However, the main objective in this study is to determine some basic demographic information, and not necessarily a theoretical understanding of these lethal acts.

Validity refers to the “extent to which a specific measurement provides data that relates to commonly accepted meanings of a particular concept” (Babbie & Mouton, 2005, p. 125). Construct validity will be something that this study will set out to determine, in order to establish whether or not newspaper report studies can be comparable to other HS studies theoretically and statistically (Babbie & Mouton, 2005). Due to the lack of knowledge surrounding the prevalence of HS events in South Africa, the validity of the study is going to be difficult to determine.

Despite limitations to the reliability and validity of the study, the information that emerged may assist in indicating whether certain demographic profiles have changed. It may provide a rough estimate of the prevalence of this phenomenon, and in doing so, may assist in further studies in South Africa. It may also provide a reliable picture of HS as reported in the South Africa press.

9.6 Procedure and Data Collection

The articles in the different newspapers were collected in various ways depending on the way in which the archives for each newspaper works. If electronic copies of published newspapers were not available, the newspapers from 2002 to 2009 were systematically collected and looked through manually. Newspaper clipping services were instructed to search the following key words: ‘murder suicide’, ‘homicide suicide’, ‘murder AND suicide’, ‘homicide AND suicide’, and ‘murder followed by suicide’. Specific key words were given to the clipping services in order to maintain consistency between each of them. As mentioned previously, any articles where either the perpetrator or the victim survived were not included in the final HS case count. This choice of data exclusion was consistent with the Osborne (2001) study. The clipping services were also instructed to search for data from 1 January, 2002 to 31 December, 2009.

9.7 Statistical Analysis

9.7.1 Coding the Data

Once all the articles were collected, the researcher divided the cases into five different types of HS: femicide suicide, familial suicide, filicide suicide, extra-familial suicide and mass murder. These HS subtypes are defined and explained in Chapter 2. Explicit criteria are provided for these subtypes, increasing the reliability of the different subtype groupings. Once this was completed the relevant demographic details of each case were noted and then captured into SPSS (Statistical Package for the Social Sciences). In addition to the demographic features of each case, the following was also captured: method of the suicide and homicide, the year the incident occurred, the province in which each case occurred and the precipitating factors of HS. These were added to the coding system in order to understand HS further and also to replicate other studies on HS (Osborne, 2001; Roberts et al., 2010). A single researcher was responsible for the data collection. And, while a standardised classification typology was used, this may have effected the reliability of how the data were captured.

When coding the cofactors or precipitating factors, the Marzuk et al. (1992) classification typology was used, but a few changes were made to this classification system. A few of

the cofactors were combined. The first precipitating factor for this study was ‘marital conflict’; this included ‘impending divorce’, ‘previous divorce’ as well as previous domestic violence. Then, ‘jealousy’, ‘retaliation’, ‘mercy killing’, ‘altruism’, ‘financial stress’, ‘family stress or dysfunction’, ‘alcohol’ and ‘psychiatric illness’. ‘Lovers/intimate partners/previous intimate partners quarrel’ was added. This included ‘real or perceived loss of non-marital partner’ and other disagreements with intimate partners that were not included in the above list. The last two precipitating factors which the study used were ‘unspecified or unknown factors’ and ‘other’. These precipitating factors were combined in order to get a more noticeable illustration of the occurrence of these factors. In newspapers especially, very detailed information is not given, therefore when a broader category is used, it is more valuable in finding a general pattern.

According to the South Africa literature on HS, an occupation within the security sector is the most common occupation of perpetrators in most countries (Jena et al., 2009; Mathews et al., 2008; Osborne, 2001; Roberts et al., 2010). Therefore, considering this finding, when deciding on the coding system for occupation, the options of ‘security sector’, ‘other’ and ‘unknown’ were coded. ‘Other’ included any occupation the media reported other than if the occupation could be included in the ‘security sector’.

To see the codes and relevant variables see Appendix A.

9.7.2 Statistical Procedures

SPSS was used to capture the data. The following variables were used: type, year, gender of the perpetrator, population group of the perpetrator, age category of the perpetrator, occupation of the perpetrator, method of suicide, province and precipitating factor. Each victim in each case regardless of the number was captured under the following variables: gender of victim, population group of the victim, age category of the victim, occupation of the victim, method of homicide and victim-perpetrator relationship. If there was any repetition of cases, these were collapsed to include any information from each article to make the case as detailed as possible.

All the information was combined for the victims. For example one column was made to show the victims' gender of all 477 incidents. This was instead of having different columns for victim one, victim two and so on.

Frequencies were then calculated by SPSS for the total sample, using the different variables noted above. Frequencies were run for the victims and the perpetrators, as well as other variables pertaining to both, for example, the year or victim-perpetrator relationship. This study then used SPSS to run frequency tables, pie charts and bar graphs of the relevant findings. The results from the SPSS run analysis were then graphically shown in bar graphs and pie charts and represented in tables.

9.8 Ethical Considerations

Ethical clearance was given to this study by the Higher Degrees Committee of the School of Psychology, because newspaper articles are already in the public domain (see Appendix B). The study does not include any names of people identified in newspaper articles. Providing the names of the perpetrators or victims in the study served no statistical or empirical purpose nor did it assist in the reliability or validity of the study. Therefore, confidentiality was kept for the people and families involved in the HS even if their names were in the press reports.

9.9 Summary

This research aimed to add to current HS data, as little research has been done locally or nationally on this phenomenon in SA (Mathews et al., 2008; Osborne, 2001; Roberts et al., 2010). It was hoped that the findings of this study may contribute to determining the nature and extent of this problem in South Africa.

This research attempted to determine, through media reports, various features surrounding HS in South Africa from 2002 to 2009. Consistency in these findings and other national and international studies was hoped for.

With the method of collecting data from newspapers being criticised, this study aimed to determine the validity and reliability of this technique. This study was a methodological replication of Osborne's (2001) media study, which was reasonably consistent with Robert et al's. (2010) study in terms of the results. Therefore, it was expected that these current findings would be reasonably consistent as well.

Chapter 10

Results

10.1 Introduction

This chapter will present the results of the study, and will look at the dominant subtypes, the demographic details of both the victim and perpetrator and the relationship between the perpetrator and victim. The chapter will also present the frequencies of the various precipitants, and will look at the number of events occurring in the nine provinces, and in what year these events occurred.

As shown in Table 1, a total of 328 HS cases were reported in the media over the 8-year period, extending from 01 January 2002 to 31 December 2009. The homicides consisted of 477 deaths and the suicides made up 328 of the deaths, resulting in a total of 805 deaths due to HS in 8 years.

10.2 Aim One

The research aimed to determine whether annual reporting on HS is increasing, decreasing or staying constant. In order to determine this, reference was made to previous HS research.

10.2.1 Year

Table 2

Frequency table for the year of HS events

Year of event	Frequency	Percent
2002	53	16.16
2003	53	16.16
2004	32	9.76
2005	38	11.59
2006	43	13.11
2007	43	13.11
2008	34	10.37
2009	32	9.76
Total	328	100.00

Figure 2

Year of HS event

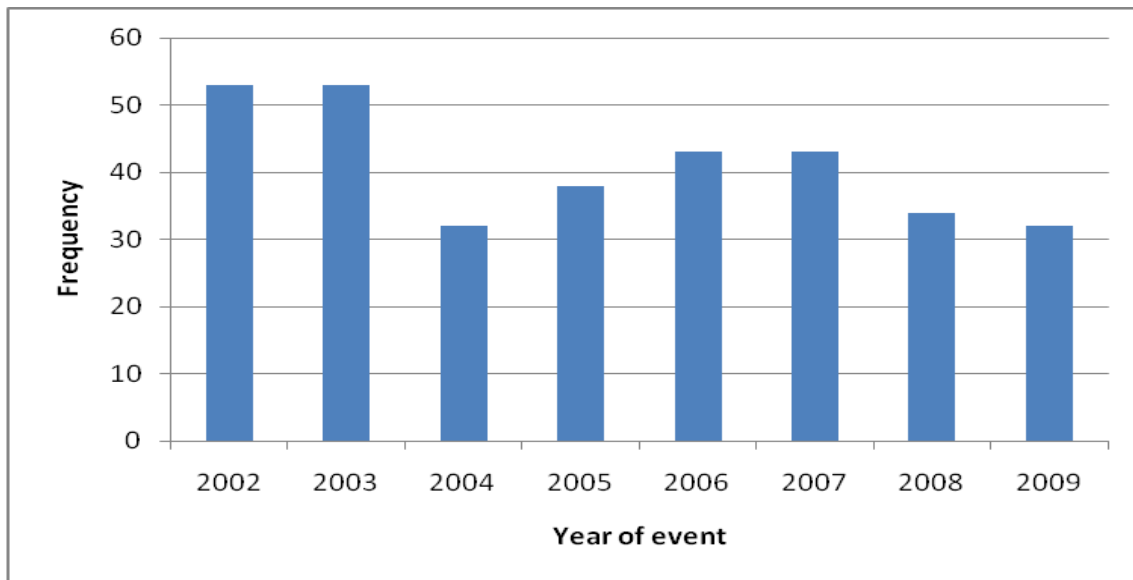


Figure 3

Number of deaths occurring per year

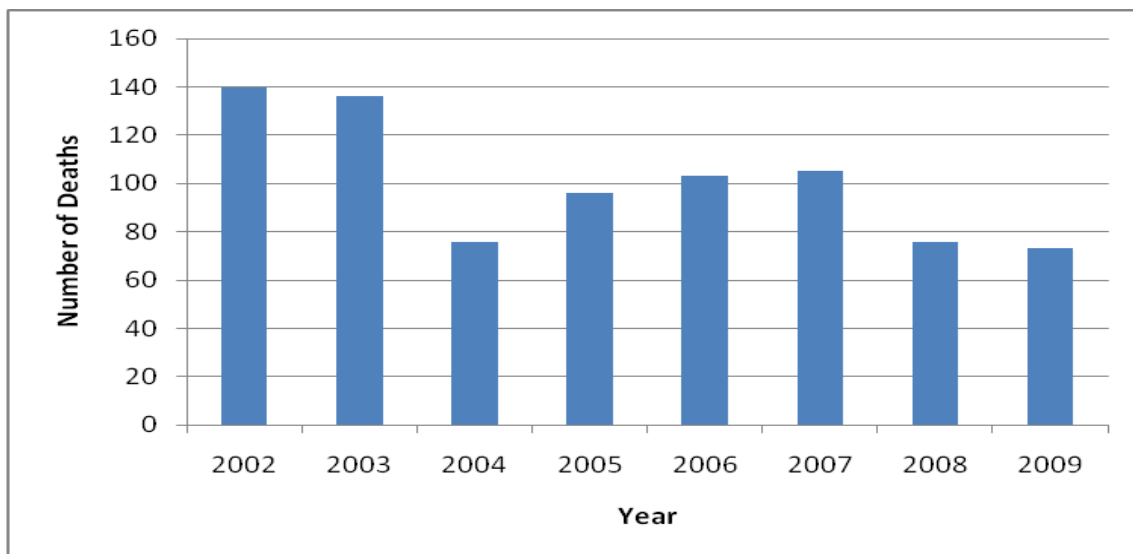


Table 2 shows the frequencies and percentages of HS cases over nine years, and Table 3 shows the number of deaths each year from the HS events. Figures 2 and 3 illustrate these numbers. There appears to be a definite decrease in the number of events being reported in the media. The most cases occurred in 2002 (53) and 2003 (53). The fewest cases were reported in 2004 (32), where the decline from 2003 (53) is marked, and in 2009 (32).

Table 3

Incident rates of HS annually per 100 000

Year	Population Estimate (estimated growth rate/year)	Number of incidents/year	Number of incidents/100 000	Number of deaths/year	Number of deaths/100 000
2002	45 447 255 (1.4)	53	0.12	140	0.31
2003	46 038 069 (1.3)	53	0.12	136	0.30
2004	46 595 130 (1.21)	32	0.07	76	0.16
2005	47 135 633 (1.16)	38	0.08	96	0.20
2006	47 668 266 (1.13)	43	0.09	103	0.22
2007	48 197 384 (1.11)	43	0.09	105	0.22
2008	48 742 014 (1.13)	34	0.07	76	0.16
2009	49 287 925 (1.12)	32	0.06	73	0.15

Table 3 shows the population estimates of each year (Statistics South Africa, 2010). These figures were calculated with the population growth rate estimates, which are indicated in the parentheses in column two (Statistics South Africa, 2010). The fourth column indicates the incident rate per 100 000 people. The last two columns look at the number of deaths that occurred from the HS events (including the victims and the perpetrators) and the incident rate per 100 000 people. The average HS incident rate is 0.09/100 000, while the average incident rate of deaths from HS is 0.21/100 000. The trend from Table 3 suggests that, over the eight-year period, the number of media reported incidents per year is decreasing.

10.3 Aim Two and Three

The research aimed to determine the current features and demographics of HS to see whether or not these have changed from previous studies' findings on this phenomenon. The research examined the demographics of the victim and perpetrator, the precipitating factors to the HS events, what method of death was used by the perpetrator and what relationship existed between the victim and perpetrator. The present study also compared the results to other international and national studies.

10.3.1 Demographic Findings

10.3.1.1 Sex

Table 4

Frequency table of sex of perpetrator

Sex of perpetrator	Frequency	Percent
Male	298	90.8
Female	27	8.3
Subtotal	325	99.1
Missing	3	0.9
Total	328	100

Table 5

Frequency table of sex of victim

Sex of Victim	Frequency	Percent
Female	348	72.9
Male	97	20.4
Subtotal	445	93.3
Missing	32	6.7
Total	477	100

Figure 4

Gender of victim and perpetrator, including missing data

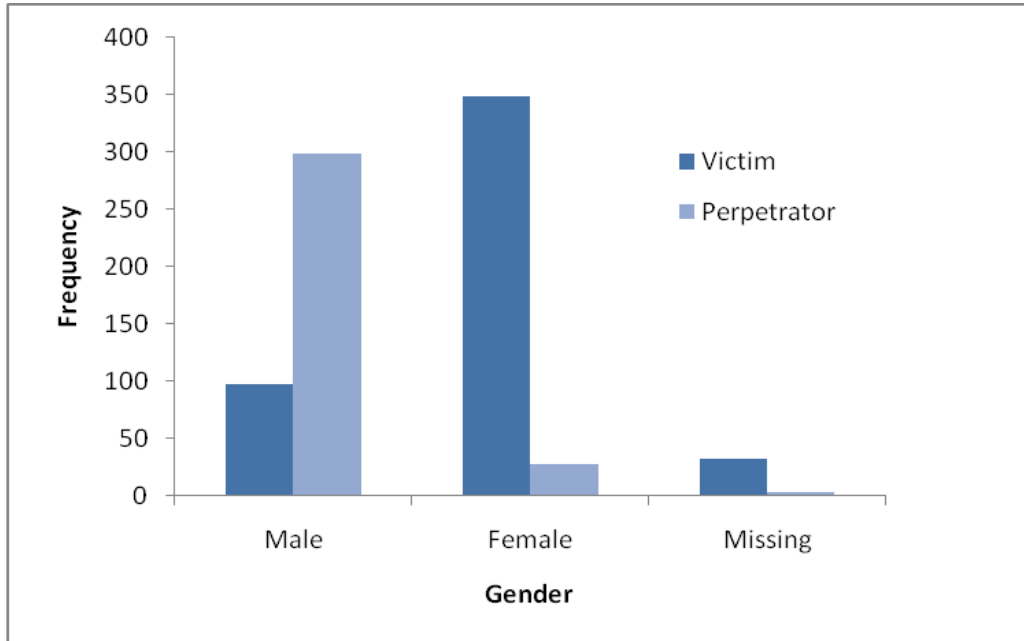


Table 4 shows that the perpetrators are most commonly male, while the victims are predominantly female. Table 4 shows that 90.8% of perpetrators were males, while only 27% were female. In terms of victims, Table 5 indicates that 72.9% were females and 20.4% males. Results presented later show that male children mainly constituted this male victim percentage, not male consorts or spouses. Figure 4 represents these results graphically.

When it came to the sex of the perpetrator, very little data were missing (0.9%). Six times more than this was missing in terms of the victims' information, but this still did not constitute a significant portion of the total percentage (6.7% missing).

Table 6

Frequency table of the relationship between the gender of perpetrator and the HS subtype

		Homicide suicide subtype				
		Femicide suicide	Familial suicide	Filicide suicide	Extra-familial suicide	Mass murder
Gender of perpetrator	Male	175	52	32	36	3
	Female	4	4	17	2	0

Table 6 above shows the cross tabulation of the gender of the perpetrator and the subtype of HS. The table shows that, for female perpetrators, the most common subtype committed was filicide suicide (17 cases). Despite this, overall more male perpetrators are associated with this subtype. It is evident in Table 6 that male perpetrators dominate the femicide suicide subtype (175 cases).

Figure 5

The relationship between the gender of perpetrator and the homicide suicide subtype

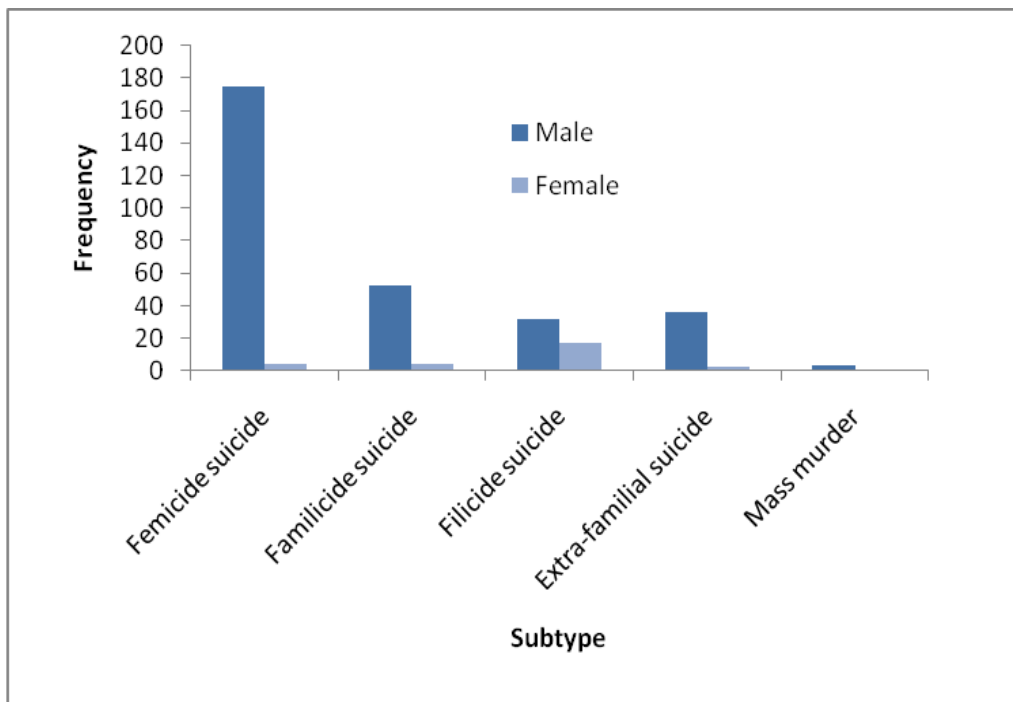


Figure 5 above shows the tabulated results (Table 6) graphically. The dominant subtype for each gender is evident.

10.3.1.2 Age

The ages of the perpetrators and the victims were categorised. There were too many cases to display the age of all victims and perpetrators. Therefore, 11 age categories were established. Figure 6 below shows the distribution of ages for both perpetrators and victims.

Table 7

Frequency table for age distribution of perpetrator

Age of perpetrator	Frequency	Percent
Under 16	1	0.30
16-20	7	2.13
21-25	24	7.32
26-30	49	14.94
31-35	30	9.15
36-40	33	10.06
41-45	35	10.67
46-50	21	6.40
51-55	12	3.66
56-60	1	0.30
61 and Over	15	4.57
Subtotal	228	69.51
Missing	100	30.49
Total	328	100.00

Table 8

Frequency table for the distribution of age of victims

Age of Victim	Frequency	Percent
Under 16	128	26.83
16-20	22	4.61
21-25	48	10.06
26-30	20	4.19
31-35	41	8.60
36-40	29	6.08
41-45	19	3.98
46-50	19	3.98
51-55	6	1.26
56-60	6	1.26
61 and Over	15	3.14
Subtotal	353	74.00
Missing	124	26.00
Total	477	100.00

Figure 6

Age distribution of total sample

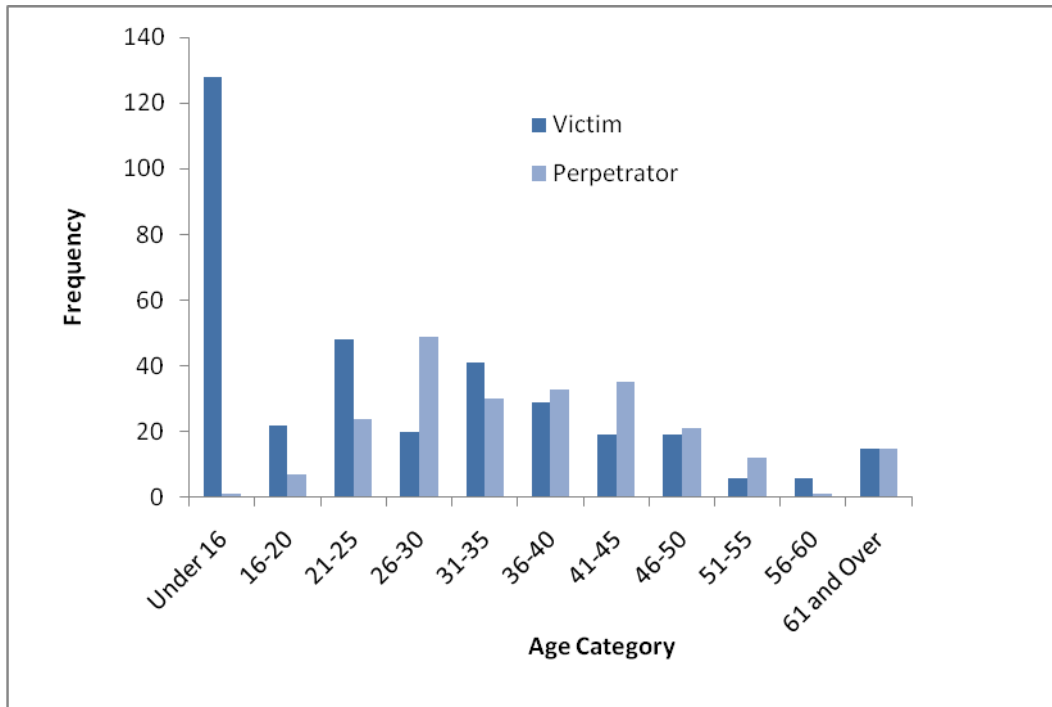


Table 7 shows that most perpetrators were in the 26-30 age category (14.94%), while a large portion of the victims were in the 16 and below age category (26.83%). In terms of the perpetrators, Figure 6 shows that the spread between the ages 26 to 45 was the highest, the mode age was 27 and the mean age was 37.4 (Table 9). As shown in Table 7, the next most frequent age category for victims was between the ages of 21 and 25 (10.06%). The mean age was 25.05, while the modal age was 1. This calculation included victims who were 1 year and below, hence the high frequency. This is evident in Table 8.

Figure 6 illustrates that the predominant age category for the perpetrators is higher than that of victims. Therefore, in the majority of cases, the perpetrator was older than the victim. Femicide suicide was the most common subtype. Therefore, it might be expected that the under 16-year old age category would be smaller than the older age categories.

However, filicide and familial suicides both involve children, and in these cases, often more than one child is killed. This increases the number of victims under the age of 16 years, explaining why there is a spike in this age category when filicide and familial suicides are not the dominant subtypes. A fairly large portion of the data on age of victim (n=124) and perpetrator (n=100) were missing (in these instances, the media did not publish this information).

Table 9

Mean and mode of the perpetrators' and victims' ages

	Perpetrator	Victim
Mean	37.40	25.05
Mode	27	1

Above is Table 9, showing the mode and mean ages of the victims and perpetrators of HS. It shows that perpetrator's mean age is higher than the victim's mean age. The victim mode age was considerably lower than the mode age for the perpetrator.

10.3.1.3 Population group

Figure 7

Population group of the victims and perpetrators

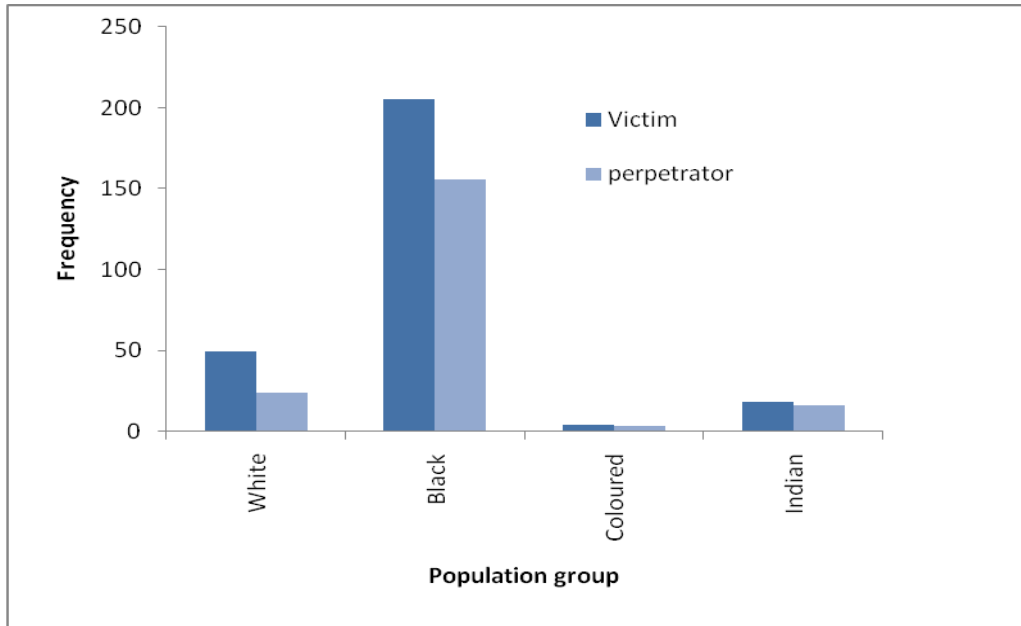


Figure 7 and Tables 10 and 11 show that the dominant population group for both victim and perpetrator was amongst the Black African population. The next most dominant population group was the white population.

Table 10

Frequency table of the population group of perpetrator

Perpetrator population group	Frequency	Percent
White	24	12.06
Black African	156	78.39
Coloured	3	1.51
Indian	16	8.04
Total	199	100.00

Table 11

Frequency table of the population group of victim

Victim population group	Frequency	Percent
White	49	17.75
Black African	205	74.28
Coloured	4	1.45
Indian	18	6.52
Total	276	100.00

The information in Table 12 below is from Statistics South Africa (2010). It shows the estimated number of people in South Africa and the percentage of people of different population groups. Although the table gives 2010 estimates in terms of population group percentages, these percentages have not changed significantly since 2002 (Table 20).

Table 12

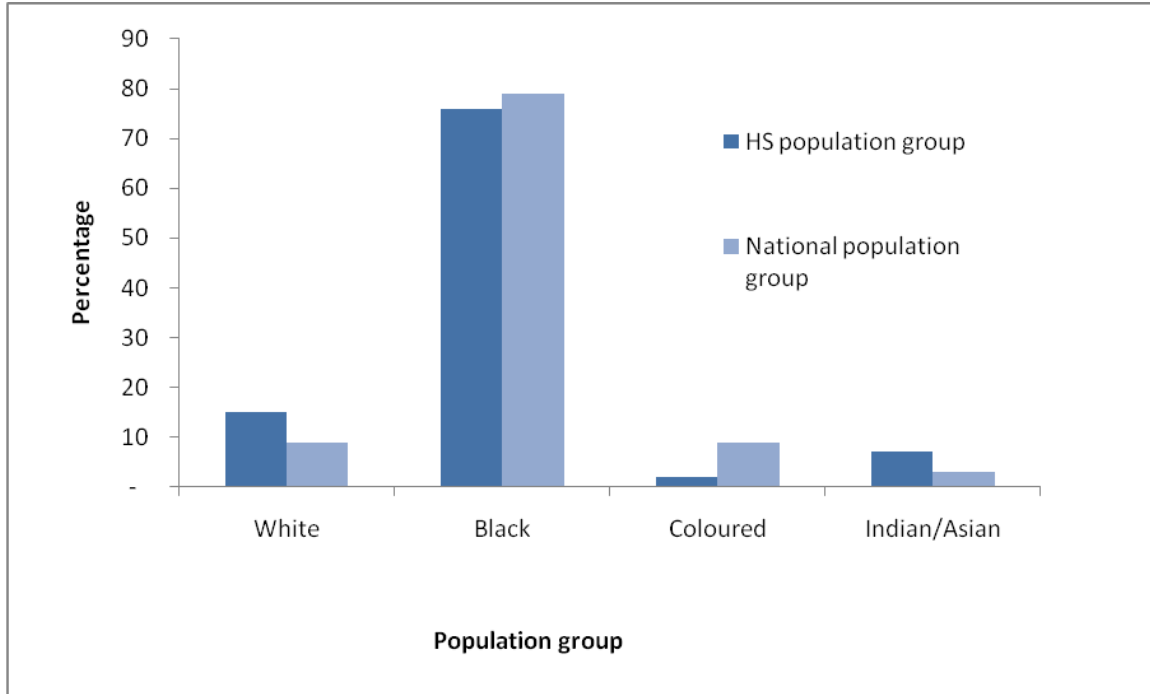
Mid-year population estimates for South Africa by population group and sex, 2010

(Statistics South Africa, 2010)

Population group	Male		Female		Total	
	Number	% of total population	Number	% of total population	Number	% of total population
African	19314500	79.4	20368100	79.4	39682600	79.4
Coloured	2124900	8.7	2299200	9	4424100	8.8
Indian/Asian	646600	2.7	653300	2.5	1299900	2.6
White	2243000	9.2	2341700	9.1	4584700	9.2
Total	24329000	100	25662300	100	49991300	100

Figure 8

Differences between HS population group statistics and national population group statistics



The South African population group statistics (Table 12) show that HS cases involving White and Indian people are overrepresented when compared to the percentage of White and Indian people in South Africa (Figure 8). The White population makes up 9% of the country's total population, whereas in the findings, White victims and perpetrators respectively make up 17.75% and 12.06% of the total of press reported HS cases (this is illustrated in Figure 8). Similarly, Indians only make up 2.6% of SA's total population (Table 12) and, yet, Tables 8 and 9 show that the Indian victims and perpetrators respectively make up 6.52% and 8.04% of the reported HS cases. Coloured people were underrepresented in HS cases (Table 9 and 10 show that 1.51% of Coloureds were perpetrators and 1.45% were victims) when compared with the percentage of Coloured people in SA's population (8.8% in Table 12).

10.3.1.4 Occupation

The occupation of the victim is not shown because it was deemed irrelevant in light of the fact that the comparative study did not include this information (Osborne, 2001).

Furthermore, 80% of the cases reported in the media did not include this information.

Although the findings for perpetrators will be shown, it must be stressed that only 33% of reported cases included this information. Of the 109 cases where the occupation status of the perpetrators was reported, the significant feature is the large difference between ‘other’ employment (i.e. unemployment, skilled, unskilled employment and students) and ‘security sector’ employment.

Table 13

Frequency table of the occupation of perpetrators

Occupation of perpetrator	Frequency	Percent
Other	56	51.38
Social Security	53	48.62
Total	109	100

Figure 9

Occupation of perpetrators, excluding missing data

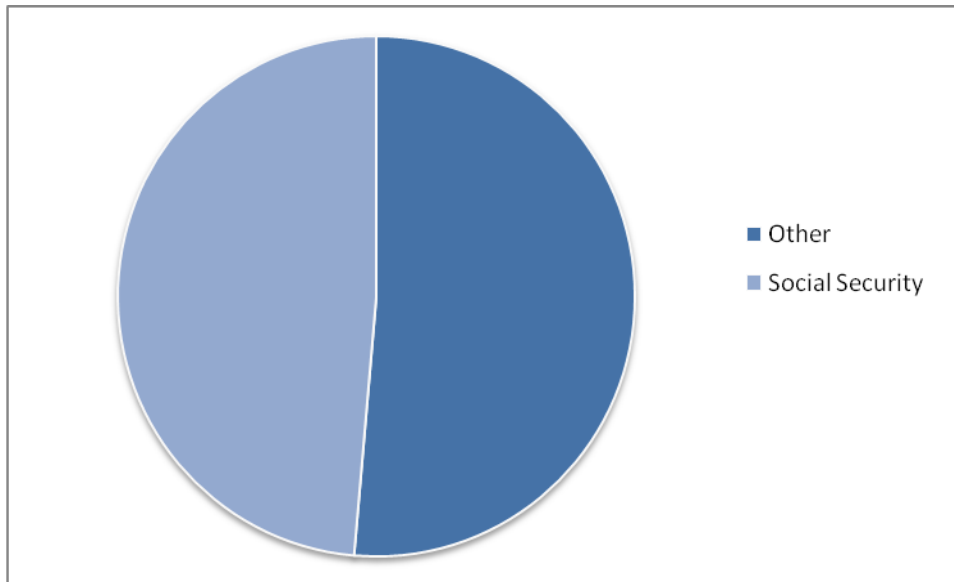
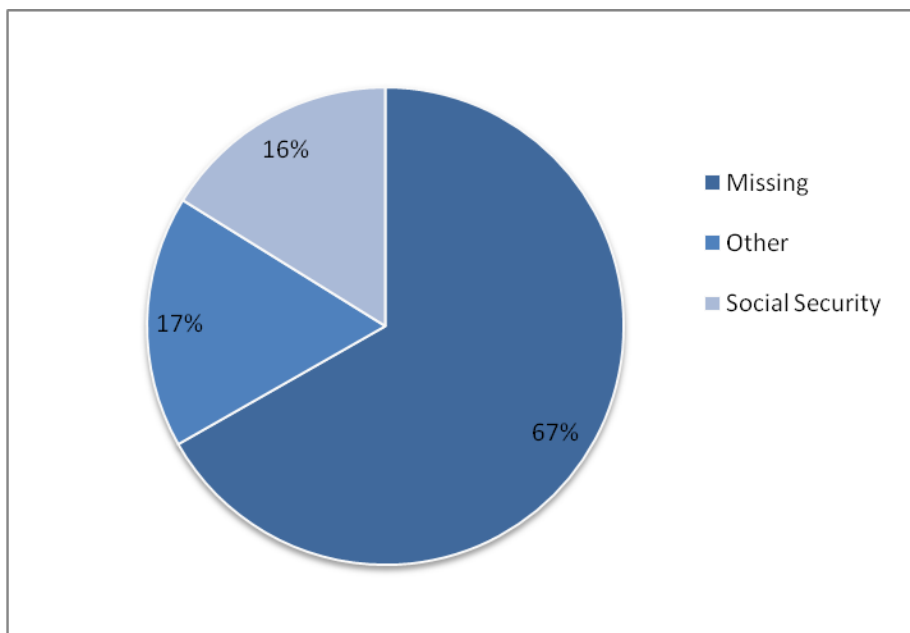


Table 13 and Figure 9 evidence an overrepresentation of perpetrators employed in the security sector. The security sector includes any employment in the security industry or police force. This employment sector equaled nearly half (49%) all the HS cases which reported employment, whereas all other employment, including unemployment, was just over half (51%). These data suggest that a disproportionately high number of the perpetrators were working in the police force or security sector.

Figure 10

Occupation of perpetrators, including missing data



The missing data in Figure 10 refers to reported cases of HS that did not publish the occupational status of the perpetrator. Therefore, perpetrators in 16% of all reported cases were employed in the security sector, and 17% of all reported cases fell into the other employment category. This indicates that reported information on the occupational status of perpetrators is lacking.

10.3.2 Additional Common Features

10.3.2.1 Victim-Perpetrator Relationship

Table 14 below, indicated the frequencies of the various relationships which existed between the perpetrators and the victim. These frequencies are ranked descending in the table. These values are illustrated in Figure 11 below.

Table 14

Frequency table of the victim-perpetrator relationship (ranked descending)

Victim Relationship to Perpetrator	Frequency	Percent
Child	120	25.16
Wife	96	20.13
Girlfriend	81	16.98
Other	38	7.97
Other Relative	33	6.92
Ex-Girlfriend	25	5.24
Acquaintance	25	5.24
Estranged Wife	10	2.10
Friend	10	2.10
Lover	9	1.89
Step Child	7	1.47
Employee	7	1.47
Ex-Wife	5	1.05
Unknown	4	0.84
Sibling	3	0.63
Subtotal	473	99.16
Missing	4	0.84
Total	477	100

Figure 11

Victim-perpetrator relationship

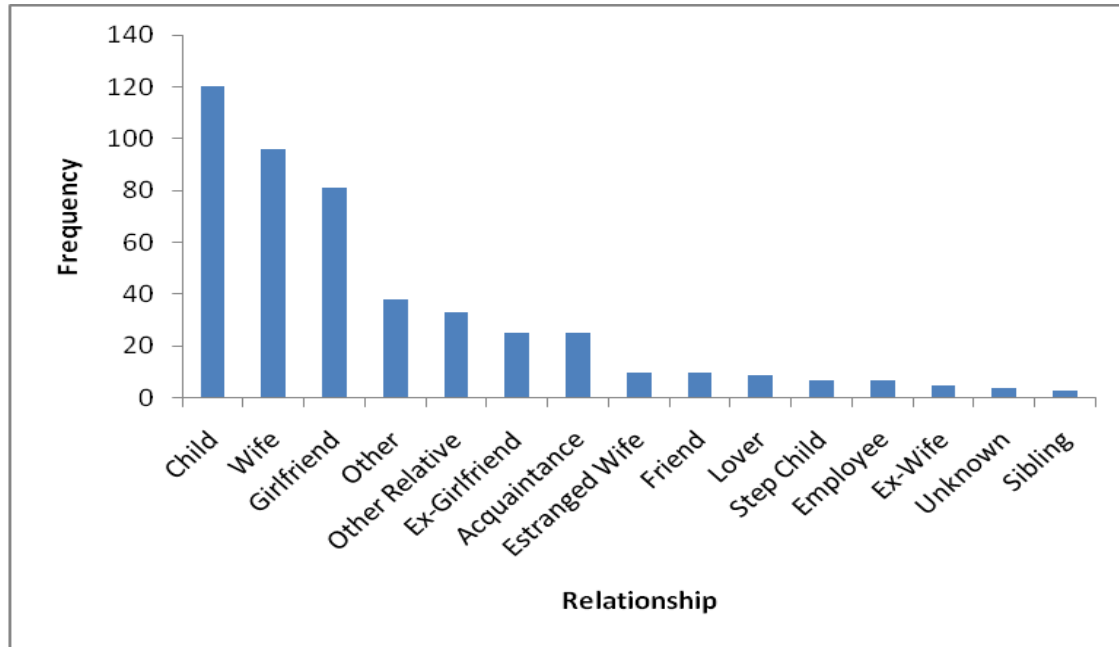


Table 14 shows that an intimate partner relationship (including wife, estranged wife, ex-wife, girlfriend and ex-girlfriend) was the most common relationship, making up 217 of the cases, nearly half (45.49%) of the total cases. However, when considered individually, the child relationship was the most common with 25.16% of the HS deaths (as evident in Figure 9). The least common relationship was where the victim was a sibling of the perpetrator (0.63%).

10.3.2.2 Homicide Suicide Subtypes

Table 15

Frequency table for subtypes of HS (ranked descending)

Subtype	Frequency	Percent
Femicide suicide	180	55
Familial suicide	56	17.1
Filicide suicide	49	14.9
Extra-Familial suicide	40	12.2
Mass Murder	3	0.9
Total	328	100

Figure 12

Subtypes of HS

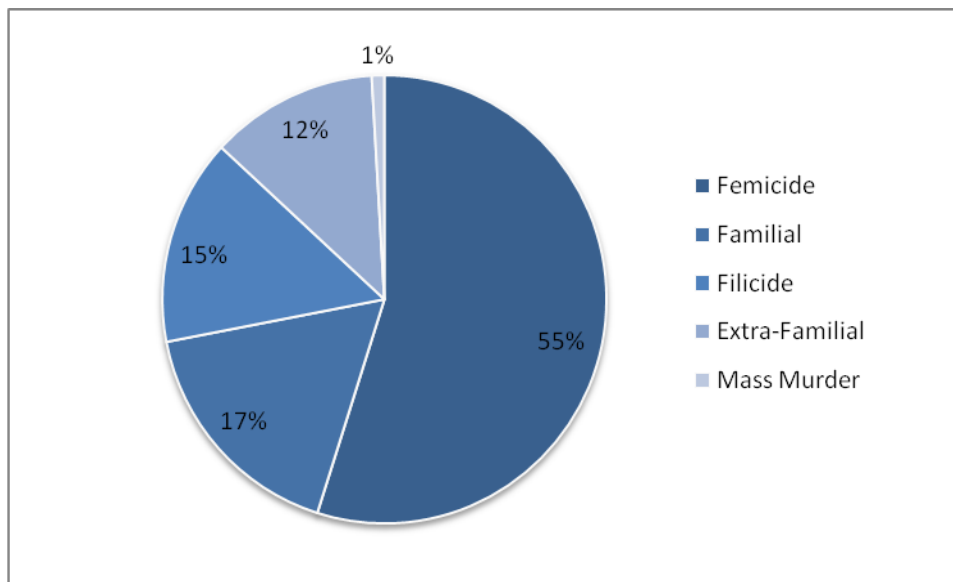


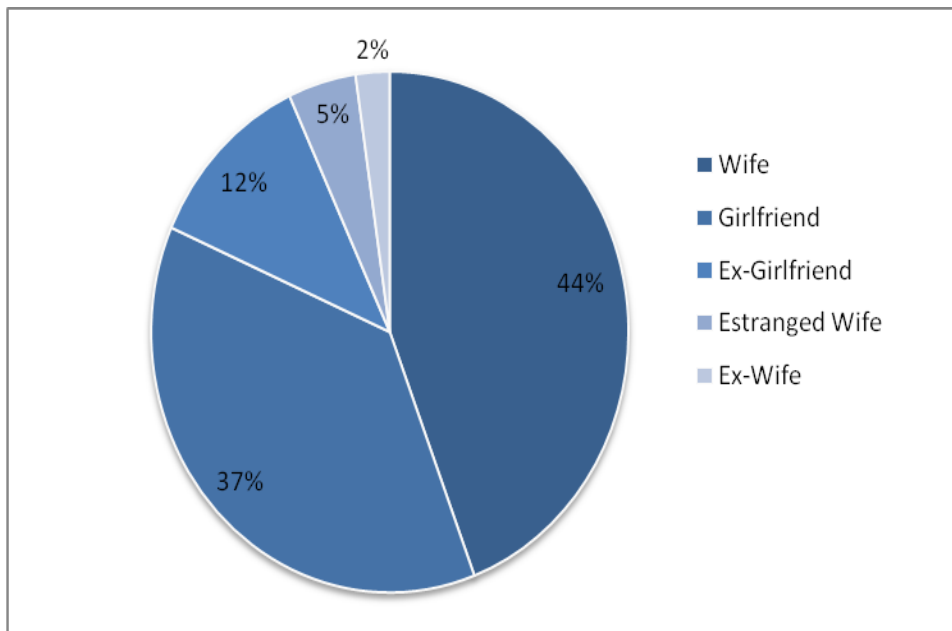
Figure 12 noticeably illustrates that the dominant subtype of reported HS cases in South Africa is femicide suicide (n=180), making up 55% of the total cases. Frequency Table 15 shows that familicide suicide (n=56), filicide suicide (n=49) and extra-familial suicide

(n=40) made up another 43%, while mass murder only occurred in 3 of the 328 cases (1%).

With femicide suicide being the most common subtype (Figure 12), Table 18 below is a breakdown of the frequencies of the various intimate partner relationships.

Figure 13

Breakdown of the intimate partner relationships (victim-perpetrator)



The wife-husband relationship was the most common of all the intimate partner relationships in HS cases (44%), linking with the high frequency of the marital conflict precipitant (which can be seen in Figure 13). A girlfriend-boyfriend relationship was also frequent, accounting for 37% of the deaths in homicide suicide. It could not be determined whether these patterns were proportionate to the population distribution of these relationship types.

10.3.2.3 Methods

The following sector will look at the methods used by the perpetrator to kill themselves and their victims.

10.3.2.3.1 Suicide Methods

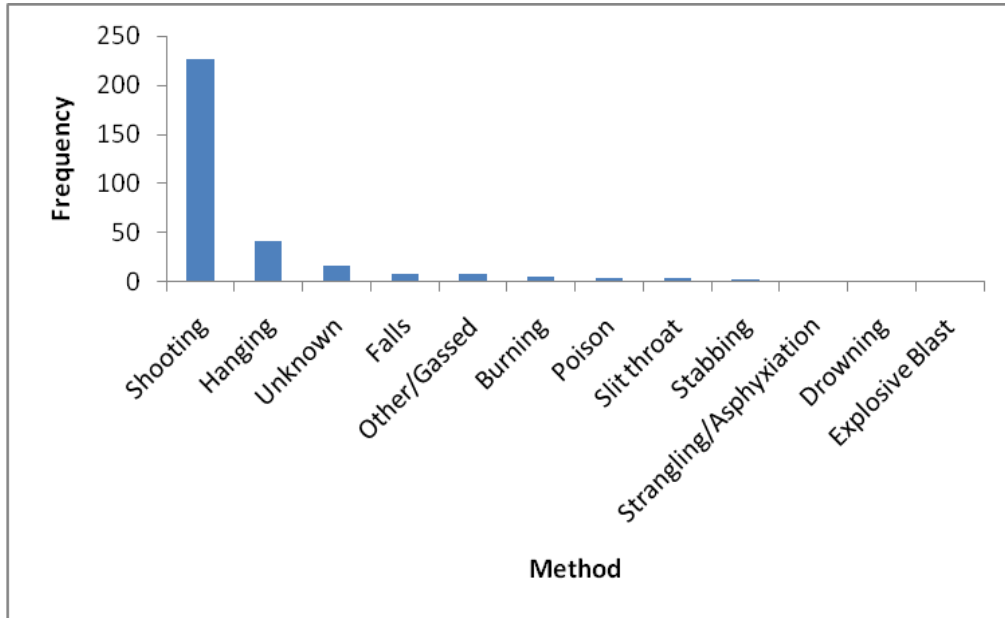
Table 16

Frequency table for the method of suicide, including missing data (ranked descending)

Method of suicide	Frequency	Percent
Handgun	227	70.94
Hanging	41	12.81
Unknown	16	5.00
Falls	8	2.50
Other/Gassed	8	2.50
Burning	6	1.88
Poison	4	1.25
Slit throat	4	1.25
Stabbing	3	0.94
Strangling/Asphyxiation	1	0.31
Drowning	1	0.31
Explosive Blast	1	0.31
Subtotal	320	97.56
Missing	8	2.44
Total	328	100.00

Figure 14

Method of suicide, excluding missing data



Shooting (69.21%), was the most frequently used suicide method (Table 16). In 41 of the HS cases (12.5%), the perpetrator hanged him/herself. 'Falls', included any person that jumped from a height to their death and gassing or any other methods not included in the above list made up 2.5% each of the total cases. The frequencies of the other seven methods illustrated in figure 14 were not commonly used by the perpetrator to commit suicide, and collectively made up only 6.08%.

10.3.2.3.2 Homicide Methods

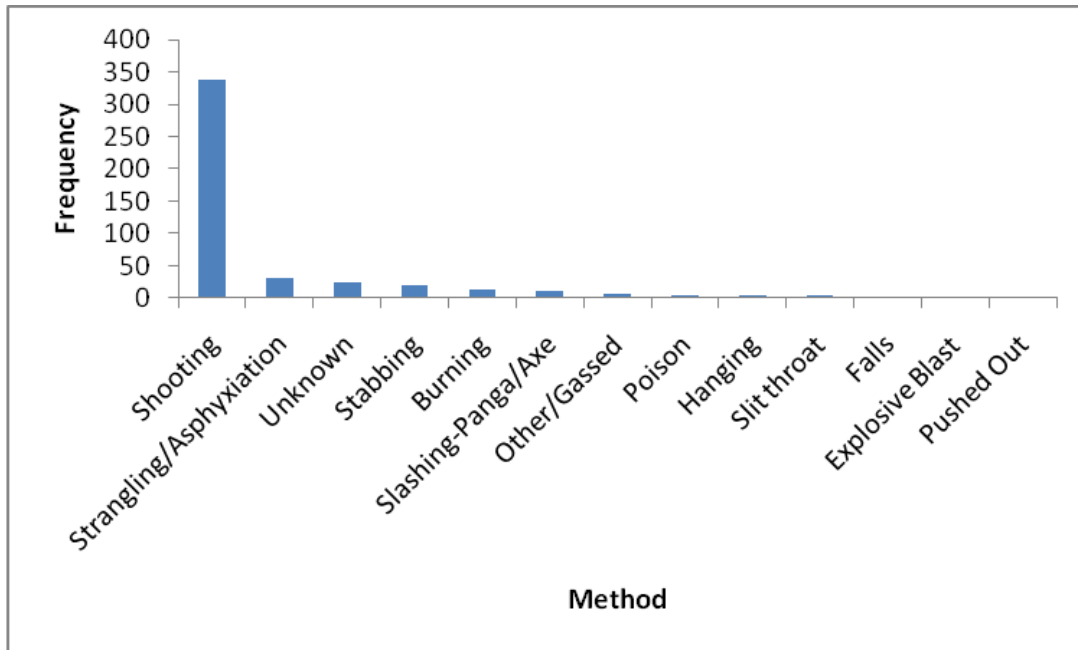
Table 17

Frequency table for the method of homicide, including missing data (ranked descending)

Method of Homicide	Frequency	Percent
Handgun	337	70.65
Strangling/Asphyxiation	31	6.50
Unknown	25	5.24
Stabbing	20	4.19
Burning	12	2.52
Slashing-Panga/Axe	10	2.10
Other/Gassed	7	1.47
Poison	5	1.05
Hanging	4	0.84
Slit throat	4	0.84
Falls	2	0.42
Explosive Blast	2	0.42
Pushed Out	1	0.21
Subtotal	460	96.44
Missing	17	3.56
Total	477	100.00

Figure 15

Method of homicide, excluding missing data



As was the case for suicide, the most dominant method of killing for homicide was shooting, and was used in 70.65% of HS cases. This is illustrated in Figure 15. Strangling/asphyxiation was the next most common method (n=31), but was still considerably lower than shooting, making up only 6.5% of HS cases. Stabbing and burning were close, after strangling/asphyxiation, accounting for 4.19% and 2.52% of the HS cases respectively. In Table 16, it can be seen that the other methods were not frequently used, with not more than 25 cases each out of 460.

10.3.2.4 Precipitating Factors of Homicide Suicide

Table 18

Frequency table of the precipitants of HS (ranked descending)

Precipitants	Frequency	Percent
Unspecified	223	67.99
Lovers/girlfriend/ex-girlfriend quarrel	58	17.68
Marital conflict	49	14.94
Other	26	7.63
Family Stress/Dysfunction	20	6.10
Jealousy	18	5.49
Financial Stressors	15	4.57
Mercy Killing	7	2.13
Retaliation	4	1.22
Psychiatric Illnesses	4	1.22
Altruism	2	0.61
Alcohol	2	0.61
Total	328	100.00

Figure 16 *Precipitants of HS*

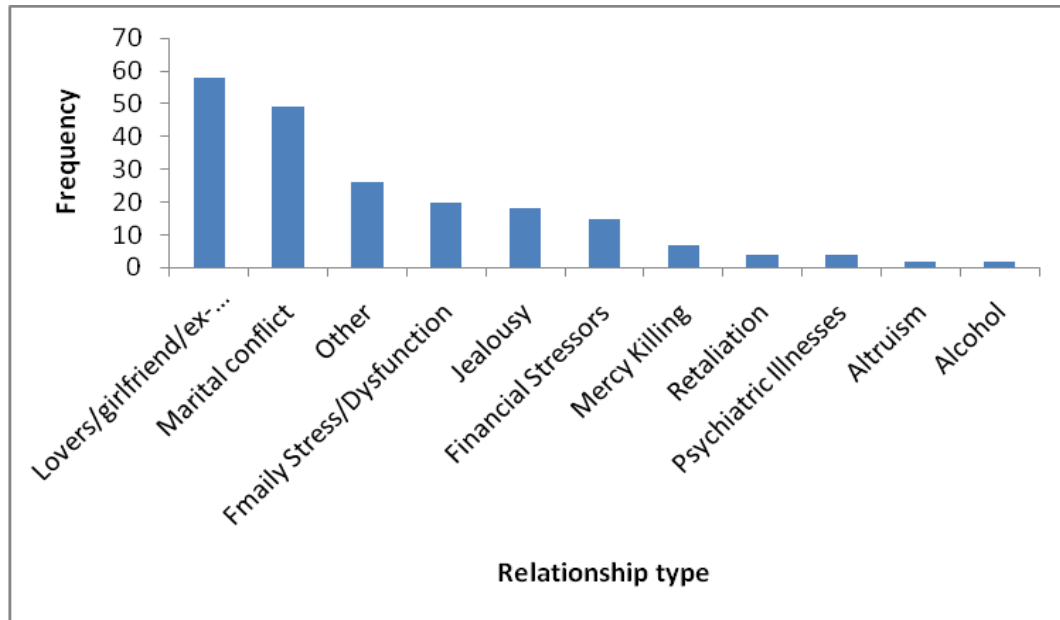


Figure 16 above excludes ‘unspecified’ precipitants in order to create a clearer graph of the relevant precipitants. However, Table 18 above does include the ‘unspecified’ precipitants and, therefore, it should be noted that in a fair number of the cases (n=119, 36.3%) the media did not report the precipitant preceding the event.

Lovers/girlfriend/ex-girlfriend quarrels (usually involving the loss or perceived loss of the non-marital partner) was the most common precipitant resulting in 17.68% of homicide suicide deaths (Table 17). Closely behind this precipitant was marital conflict at 14.94%. Marital conflict included: impending divorce, domestic violence and divorce. Family stress/dysfunction (6.10%), jealousy (5.49%) and financial stressors (4.57%) were all relatively common motives for HS. Altruism (0.61%) and alcohol (0.61%) accounted for a very small portion of the sample, each occurring in only two cases.

10.4 Additional Findings

10.4.1 Provinces

Figure 17

Province where HS event took place

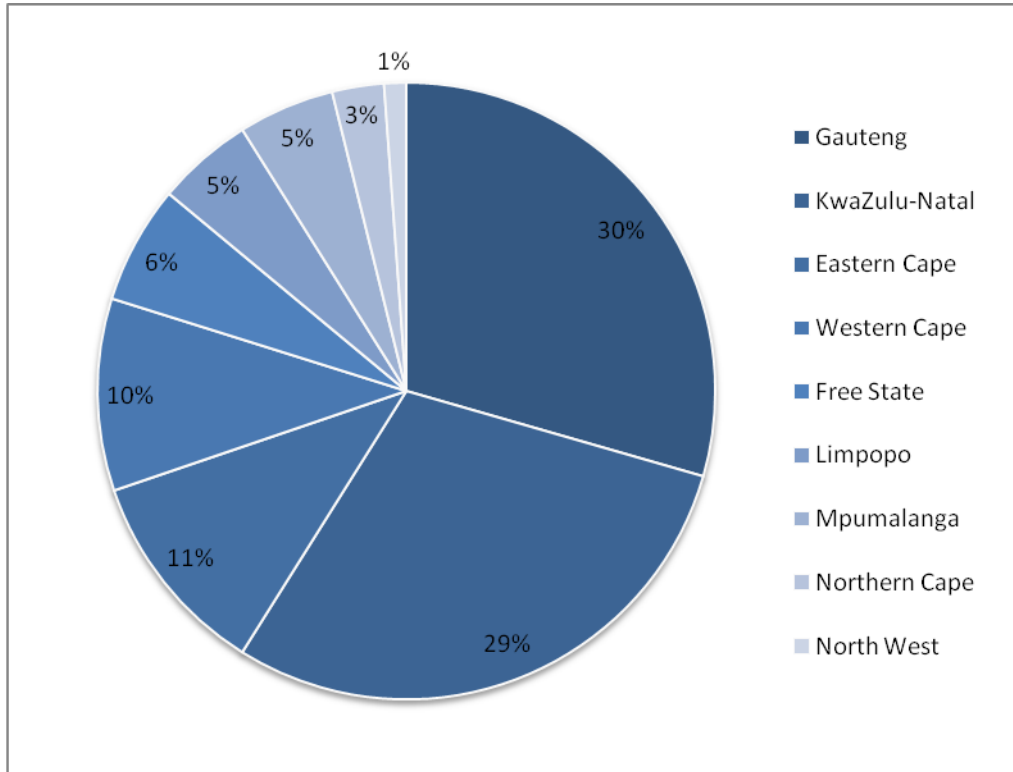


Figure 17 shows that KwaZulu-Natal (29.46%) and Gauteng (29.46%) provinces had the highest frequency of HS cases. The province with the fewest reported HS cases were North West (1.16%) province, closely followed by the Northern Cape (2.17%). Table 19 below indicates the population distribution in the nine provinces from 1996-2007. Table 20 represents estimates for 2010, which are very similar to the percentages in Table 19. Table 20 also includes the percentages of the HS cases in each province over nine years.

Table 19

Total population by province - Census 1996, 2001 and Community Survey 2007

(Statistics South Africa, 2007)

Provinces	Census 1996	Census 2001	% Change 1996/2001	CS 2007	% Change 2001/2007
Eastern Cape	6 147 244	6 278 651	2,1	6 527 747	4,0
Free State	2 633 504	2 706 775	2,8	2 773 059	2,4
Gauteng	7 624 893	9 178 873	20,4	10 451 713	13,9
KwaZulu-Natal	8 572 302	9 584 129	11,8	10 259 230	7,0
Limpopo	4 576 133	4 995 534	9,2	5 238 286	4,9
Mpumalanga	3 124 203	3 365 885	7,7	3 643 435	8,2
Northern Cape	1 011 864	991 919	-2,0	1 058 060	6,7
North West	2 936 554	3 193 676	8,8	3 271 948	2,5
Western Cape	3 956 875	4 524 335	14,3	5 278 585	16,7
South Africa	40 583 573	44 819 778	10,4	48 502 063	8,2

Table 20

Mid-year population estimates by province, 2010 (Statistics South Africa, 2010)

	Population Estimate	Percentage share of the total population	Percentage of HS sample	Estimates of over or under representation
Eastern Cape	6 743 800	13.5	10.85	-3
Free State	2 824 500	5.7	6.20	+0.5
Gauteng	11 191 700	22.4	29.46	+7
KwaZulu-Natal	10 645 400	21.3	29.46	+8
Limpopo	5 439 600	10.9	5.04	-5
Mpumalanga	3 617 600	7.2	5.04	-2
Northern Cape	1 103 900	2.2	2.71	-0.03
North West	3 200 900	6.4	1.16	-5
Western Cape	5 223 900	10.4	10.08	+0.04
Total	49 991 300	100	100	

Table 20 will be discussed, as the percentages are approximately the same as those in Table 18. This table illustrates that, of all the provinces which reported HS events, KwaZulu-Natal has the second greatest population, making up 21.3% of the country's total population. Gauteng is the province with the highest population, making up 22.4% of the country's total population. KwaZulu-Natal and Gauteng were overrepresented in the HS sample of media reported cases. Table 20 shows that 29.46% of the events occurred in Gauteng and that 29.46% of the HS cases took place in KwaZulu-Natal. However, the relatively highly populated provinces of Limpopo (10.9%) and North West (6.4%) were underrepresented in the HS sample, with 5.04% and 1.16% of the cases respectively. The Eastern Cape (13.5%), Western Cape (10.4%) and the Free State (5.7%) were fairly proportionately represented according to the HS event frequency, with 10.85%, 10.08% and 6.20% of the cases respectively.

10.5 Summary: Demographic Profiles and Common Trends

Distinct demographic profiles have emerged from the above results. The typical HS perpetrator, in terms of the study, is a 37-year old Black African male. He would most likely be employed in the security sector. His victim would be an intimate partner, normally wife or girlfriend, and he would have used a gun to commit suicide.

The victim on the other hand would be a 25-year old Black African female. The victim would be an intimate partner of the perpetrator, and would probably have been shot dead due to either marital conflict, a non-spousal quarrel or the perceived loss of the intimate partner.

Chapter 11

Discussion

11.1 Introduction

The following chapter will discuss the results from chapter 10 in relation to the cited literature (chapters 2-7) and the aims this study set out to examine (chapter 8). The discussion will look at the incident rates of HS found by the study and the demographic profiles which emerged. The chapter will also focus on the subtypes of HS and the various victim-perpetrator relationships that were found. All the results will be compared with studies undertaken nationally and internationally. This chapter will also consider the frequencies of HS cases in the nine provinces of South Africa.

Collecting data via newspapers is a relatively quick and easy method of collecting data on a phenomenon that is rare and under-researched. More generally, the discussion will evaluate the reliability of the data that have been collected and whether this is a worthwhile method of data collection.

11.2 Aim One

Aim one set out to determine whether or not the annual reporting of HS in the media increased, decreased or remained constant in South Africa since it was reported by Roberts et al. (2010) and Osborne (2001) in 2001.

11.2.1 Incident rates

In this study, 328 HS cases were identified from 1 January 2002 to 31 December 2009. The annual incident rate from this study for HS in South Africa ranged between 0.06/100 000 people in 2009 and 0.12/100 000 people in 2002 and 2003 (see Table 2, section 10.2.1). The annual average over the eight years was 0.09 /100 000 people. These rates were calculated using the number of HS cases that occurred and the total population. Looking at the fatality rate for this study, the range increased to between 0.15/100 000 people in 2009 and 0.31/100 000 people in 2002 and 2003. The annual average equaled 0.21/100 000 people. When looking at the actual rate of HS cases in the present study, the

figures are much lower than most international and national studies. The Mathews et al. (2008) study found a fatality rate of 1.7/100 000 people, while the incidence of the events was not given. The Roberts et al. (2010) study calculated the HS event incidence to be 0.89/100 000 people, while the fatality rate was 1.9/100 000 people. These rates are reasonably higher than the present study. Another study conducted in SA, using both newspapers and medical reports as resources, found the average of HS cases incidence over five years to be 1/100 000 people (Jena et al., 2009). This is also much higher than the present study.

Literature has shown large variation in incident rates of HS internationally. Milroy (1995), in his review of HS literature set out the various international HS rates per 100 000 people. From these figures it can be seen that the rate varies from the lowest rate being 0.06/100 000 people in Sweden to the highest rate being 0.55/100 000 in Miami, USA. Therefore, the incidence rate in present study is on the lower end of the international continuum.

These results in this study were unexpected. In comparison with the results of other recent SA studies, the incident rate should have been significantly higher. As this study collected data only from newspaper articles, a possible explanation for this low result could be that the media is publishing fewer articles on HS, possibly because HS is losing its newsworthiness. Newspapers nationwide typically cover important and interesting aspects of events that take place in South Africa. The frequency of HS incidents in South Africa, and the fact that cases often occur in poorer communities, possibly makes HS a less striking and newsworthy topic (Osborne, 2001).

Another explanation could be that the occurrence of HS incidents is decreasing in SA. This explanation, however, is less cogent than the above explanation. No other crime in SA has decreased so drastically over the last eight years, making this explanation unlikely (NIMSS, 2007).

11.3 Aim Two and Three

The research aimed to determine the current features and demographics of HS to see whether or not these have changed from previous studies findings on this phenomenon. The research examined the demographics of the victim and perpetrator, the precipitating factors to the HS events, what method was used by the perpetrator for the homicide and suicide, and what relationship existed between the victim and perpetrator. The present study also made comparisons between this study's findings and the findings of other national and international studies.

11.3.1 Demographic Findings

The demographic characteristics make up one of the biggest categories of classification typologies of HS events (Marzuk et al., 1992). The demographic characteristics recorded in this study include: sex, age, population group and occupation of the victims and perpetrators.

11.3.1.1 Sex

This study found that 90.8% of perpetrators were male and only 8.3% female (see Table 4, section 10.3.1.1). This result corresponds with the majority of Western studies (Bossarte et al., 2006; Campanelli & Gilson, 2002; Comstock et al., 2005; Dogan et al., 2010; Stack, 1997) which also found over 90% of perpetrators to be male. However, the present study's result contrasted with a few other international studies where a female was found to be the dominant gender of the perpetrator (Adinkrah, 2003; Gupta & Singh, 2008).

This result was consistent with most South African studies (Jena et al., 2009; Mathews et al., 2008; Olivier et al., 1991; Osborne, 2001; Roberts et al., 2010) where females make up less than 15% of perpetrators overall. The Roos et al. (1992) study, which is a dated study, contrasted with this study's findings and found 41% of perpetrators to be female, indicating a smaller proportion of male perpetrators than recorded in the present study. In relation to most studies, the Roos et al. (1992) study's finding in relation to the proportion of female perpetrators is high. It is thus suggested that the present study's low

proportion of female perpetrators is more accurate, being consistent with most other studies conducted in South Africa and internationally.

Of the female perpetrators, this study found that they predominantly committed filicide suicide (see table 6, section 10.3.1.1). This finding follows the findings of most international and national studies on HS which show that, where HS involves a female perpetrator, their children are the most likely victims (Adinkrah, 2003; Gupta & Singh, 2008; Jena et al., 2009; Milroy, 1995; Saleva, 2006; Shiferaw, 2010).

In the present study, the results showed that overall, more men killed their children than women. This result was consistent with the Saleva et al. (2006) study where 10 HS cases were reported and only one female perpetrator killed her children, while two male perpetrators killed only their children. In South African literature, the Roberts et al. (2010) study found that, out of the 21 cases found, 1 male and 1 female perpetrator killed only their children.

The present study found that 20.4% of victims were male and 72.9% female. Although the study found fewer male victims when compared with female victims, a result consistent with numerous other studies (Bossarte et al., 2006; Campanelli & Gilson, 2002; Harper & Voigt, 2007; Jena et al., 2009; Marzuk et al., 1992; Shiferaw, 2010), the proportion of male victims was much higher than other studies. The Roberts et al. (2010) study found no male victims in any of its cases. The present study established that the majority of male victims were children. This result is difficult to compare with other studies because most studies only indicate the number of children that were victims, and not the gender of those children.

Through examining the historical trends of relationships existing in homicide and suicide cases, Batton (2004) found that gender differences did exist when it came to lethal violence. Strain theory notes the importance of emotional responses of males and females to negative life events and the loss of or failure to gain positively valued stimuli. In South Africa it seems that men react violently to certain life strains whereas women tend to

express their anger in ways which decrease the chances of a violent event taking place. For example, women become depressed or feel guilty (Batton, 2004). The Abrahams et al. (2006) study, which was conducted nationally, appeared to have similar explanations about how violence is possibly a learned behaviour in South Africa. Abrahams et al. (2006) looked closely at male violence and suggested that gender inequality and the “normative use of violence in different settings are major underlying factors...” (p. 247). More research looking closely at men would seem relevant to determine whether violence is innate in males or whether it is related to gender socialization.

11.3.1.2 Age

This study found the mean age of the perpetrator to be 37.40 and 25.05 for the victim (see table 7 & 8, section 10.3.1.2). Studies have shown variable findings with regard to mean age, including the present study. However, a universal trend which is comparable with this study is that the perpetrator is almost always older than the victim.

It appears that the mean for the perpetrator’s age found in this study was slightly lower than many other studies where the mean age was above 40 years old (Banks et al., 2008; Chan et al., 2004; Comstock et al., 2005; Jena et al., 2009; Lund & Smorodinsky, 2001; Saleva et al., 2009; Shiferaw, 2007). The Dogan et al. (2010) study and the Roos et al. (1992) study had very similar findings to the present study, with the perpetrator’s mean age equal to 32 and 34 years old respectively. In the Osborne (2001) study, no mean age was given. However, the predominant age category for the perpetrators was 30-34 years old. In the Roberts et al. (2010) study, the mean age for perpetrators was 32.0 years old. The Adinkrah (2003) study had a low mean age of 29 years for perpetrators with an equally low victim mean age of 12 years old. This was due to the high number of filicide suicides found in this study.

Some studies have shown that for cases that only involve homicide, the mean age for the perpetrator and the victim tended to be lower than in HS (Banks et al., 2008; Lund & Smorodinsky, 2001). Research suggests that the explanations for this are that the mean is raised by older persons entering into suicide pacts or committing mercy killings due to

ailing health and deteriorating quality of life (Lund & Smorodinsky, 2001). This could explain the lower than average mean age of perpetrators in this study as very few mercy killings and suicide pacts were found. Additionally, in South Africa, the most common age for suicide fatalities and homicide is between 25 and 29 years old (NIMSS, 2007). This is lower than the mean age of perpetrators who committed suicide in this study.

The mean age for the victims (25.05) was also lower than in most studies on HS, but not the lowest. The Adinkrah (2003) found the mean age of the victims to be 12 years old. This was due to the fact that all the victims were children. This coincides with the results of the current study as there is a high number of child victims reported (see table 4, section 10.3.2.1). This is also evident in the mode the victims age being one years old (this including children younger than one year old). This high number of reported child victims leads to an explanation of the possibility of a reporting bias. This point will be discussed in detail below (see section 11.3.2.1). Additionally, in South Africa the most common age for victims of homicide is between 25 and 29 years old (NIMSS, 2007), which is consistent with this study.

Thus, it seems that the present study is consistent with pure homicide cases in terms of demographic age characteristics and not the mean age in HS cases calculated by other studies. However, the general pattern of a perpetrator being older than the victim was consistent with most other studies.

11.3.1.3 Population Group

The present study found that the predominant population group in HS cases was Black African. This result was true for the victims (74.28%) and perpetrators (78.39%) (see table 10 and 11, section 10.3.1.3). Whites followed after Black Africans, but with a substantially smaller percentage of the cases (17.75%). The Indian population group was next with 6.52%, and lastly, involved in very few cases, Coloured people made up 1.45% of the HS events.

These above findings regarding population groups contrasted with many Western studies. In the literature reviewed, the most common population group was found to be White (Bossarte et al., 2006; Comstock et al., 2005; Harper & Voigt, 2007; Lund & Smorodinsky, 2001). These various studies have, however, taken place in countries where White people are the majority population group. However few studies report population group in proportion to the distribution of the population group in the population at large.

This majority of White perpetrators and victims was also true for two South African studies conducted during the Apartheid (Roos et al., 1992; Olivier et al., 1991). What differs in these studies is that, in South Africa, whites only make up a relatively small percentage of the population. Therefore, in finding the perpetrators and victims in the sample to be predominantly Black African, this study is in stark contrast to these other two studies.

In the current post-apartheid study, it is likely that violent events are being more reliably and consistently reported when compared to the two aforementioned studies undertaken in 1991 and 1992. This was because, under White ethnic rule, censorship or infrequent and inadequate reporting of HS events involving other population groups probably took place. Therefore, taking into account the percentage make up of South Africa's population, this study's findings in relation to the amount Black Africans involved in HS events is proportional to the population. This finding was compatible with the findings of the Roberts et al. (2010) study, which found a dominant Black African population group involvement in HS cases, proportional to population demographics.

The Black African population group constitutes much of the lower socio-economic group in South Africa (Statistics South Africa, 2010). Literature has concluded that low economic status, unstable employment and financial difficulties are closely connected to the frequency of HS events (Adinkrah, 2003; Roberts et al., 2010). Therefore, the high prevalence of HS events in a certain population group, in this cases Black Africans, could

be more indicative of the impact of socio-economic circumstances rather than the characteristics of the population group itself.

Another media study found had results very similar to the present study, with the ethnic division in HS cases being proportional to the population make up. As in this study, it also found an overrepresentation of White and Indian population groups in the HS cases (see figure 8, section 10.3.1.3) when compared to the population size of these groups. What has transpired from this study and the Osborne (2001) study, is that HS events are not an entirely a White Afrikaner phenomenon, which was the opinion in the past (De Jongh van Arkel, 1988; Roos et al., 1992).

11.3.1.4 Occupation

The study found that, of the 109 cases where occupation status of the perpetrators was reported, 53 of those were employed in security sector (see Table 13, section 10.3.1.4). This sector includes those employed in the security industry and the police force. It was noted that this occupation is significantly overrepresented in this study. This finding is consistent with the majority of studies which mention occupational status. Of the people that were employed in the Roberts et al. (2010) study, the majority were found to be in the security sector, in other words, police or security. The Roberts et al. (2010) study contrasted with this study in that unemployment was found to be the most common occupational status. In the current study, unemployment was not noted to be significant, and was only reported in very few cases.

It could be argued that media finds reporting the routine occupation status of unemployment unnecessary, while cases involving policemen and security guards have far more sensational value, and thus occupation is reported (Osborne, 2001). Therefore, a perceived majority is likely to occur due to reporting bias, even if it is not a true indication. Noting this, other studies in South Africa have found security sector employment to be the most common occupational status for perpetrators (Jena et al., 2009; Mathews et al., 2008; Roberts et al., 2010). Occupation has been researched much less internationally. This is possibly due to the fact that no significant data was found,

and this may be the reason why perpetrators are stated as simply being employed or not employed (Koziol-McLain et al., 2006).

Possible explanations have been proposed for this overrepresentation of people employed in the security sector. In a country like South Africa, where the crime rate is extremely high, policemen and security guards constantly witness violent events, accidents and disasters (Peters, 2007). In addition, these occupations involve long hours and have been known to be highly emotional and physically dangerous professions (Peters, 2007). As a result, this stressful, dangerous and violent profession creates numerous problems, including: high divorce rates, domestic violence, depression and alcoholism. Most of these problems have been found to be precipitating factors in HS incidents occurring in South Africa. Alcoholism cannot be commented on because this study did not investigate this aspect in HS cases found.

The fact that not enough support is given to these people may aggravate these problems (in addition, if professional help is available, there is often stigma attached to seeking help). The government has been criticised for not providing enough professional help to people working in the security sector (Peters, 2007). This help could be given in the form of increased availability of psychologists, social workers or spiritual leaders in order to help security workers cope more effectively with the daily traumatic events and difficult working conditions. Availability, familiarity and ability with a firearm were also associated with why security sector employed people are overrepresented. This theory will be discussed below (see section 11.3.2.2.2)

11.3.2 Additional Common Features

This section includes other common features which are not classified under demographics: the victim-perpetrator relationship, subtypes of HS, methods used and the precipitating factors to the HS events. These will be discussed.

11.3.2.1 Victim-perpetrator Relationship

This study found that an intimate partner relationship was the most common victim-perpetrator relationship, making up 45.5% of all relationships. The intimate partners included: wives, girlfriends, ex-girlfriends, estranged wives, lovers and ex-wives. This list is ranked in descending order (see table 14, section 10.3.2.1).

Considered individually (i.e., if intimate partners were not classified as one group), the most common victim-perpetrator relationship was the parent-child, consisting of 120 of the relationships out of 477 (25.16%). The high number of children reported as victims could be as a result of a media reporting bias where cases involving children are published more than cases involving adults. Journalists may tend to report sensational news available to increase newspaper sales. Liem and Koenraadt (2007) said that children have what they called “high sensation value” (p. 489). Thus it can be assumed that cases involving children would be more frequently published than cases involving only adults.

Nationally, Roberts et al. (2010) found a predominance of intimate partner victims. This was also true for the Jena et al. (2009) study.

These findings are also consistent with the international patterns found by many studies as well, where HS events involving a male killing an intimate partner are most common (Adinkrah, 2003; Banks et al., 2008; Campanelli & Gilson, 2002; Comstock et al., 2005; Dawson, 2005; Harper and Voigt, 2007; Koziol-McLain et al., 2006; Milroy, 1998; van Wormer, 2008). These victim-perpetrator relationships will be discussed in further detail below.

11.3.2.1.2 Subtype of Homicide Suicide

Femicide suicide was the most common subtype found in this study, making up more than half of all the subtypes of HS (55%) (see Table 15, section 10.3.2.2). This subtype of HS is predominantly committed by a male perpetrator. This large proportion is not unique to this study, and is consistent with most international (Dogan et al. 2010; Comstock et

al., 2005; Koziol-McLain, 2006; Malphurs & Cohen, 2002) and national studies (Jena et al., 2009; Mathews et al., 2008; Roberts et al., 2010). Notably, this was the case with all the subtypes and no one subtype was dominated by female perpetrators. This finding contrasts with other studies where women perpetrators outweigh male perpetrators in filicide suicide (Adinkrah, 2003; Gupta & Singh, 2008; Roberts et al., 2010; Yip et al., 2009).

Research done by Abrahams et al. (2006) found in their study on intimate femicide suicide that South Africa appeared to be at the lower end of the range of international rates. This could possibly account for the high number of cases found in filicide suicide and familicide suicide in the present study.

Abrahams et al. (2006) determined that when men were violent and abusive towards intimate partners of more than 10 years, they were more likely to be young, unskilled and have little education. In our post-apartheid society, much of the population is unskilled and many people do not have adequate schooling (Statistics South Africa, 2010). This is especially true for historically disadvantaged people (Roberts et al., 2010). In addition, and also in connection with living in a post apartheid society, men face enormous challenges to maintain a traditional masculine society and patriarchal norms. In these traditions and norms, men believe that they are entitled to women and, therefore, interpersonal violence is often an "...understandable, if not legitimate response" (Roberts et al., 2010, p. 892). This is a possible explanation for the high number of intimate partner killings. What is limiting with newspaper articles is that the genesis of marital conflict or lovers/girlfriend/ex-girlfriends quarrel is often not specified. Therefore, although the assumption is that these precipitants are often characterised by violence, this information is unknown.

The high number of men committing filicide suicide was a result that was not expected in this study. Adinkrah (2003) found four cases of filicide suicide out of the 10 cases found in the study, and every case involved a female perpetrator. Another study found only filicide suicides and all the perpetrators were mothers (Gupta & Singh, 2008).

In the present study, familicide suicide was mostly committed by fathers (52 cases compared to the four in which the mother was the perpetrator). Research has shown that mothers are less likely to kill the father as well as the children because he is not part of the 'rescue fantasy' (Harper & Voigt, 2007) they try to fulfill when life becomes unbearable. Another reason is that the mother believes the children are part of her and, therefore, the homicide is merely part of her 'extended suicide' (Nikunen, 2006). This could explain why the number of female perpetrators of familicide suicide is so low in this study when compared to filicide suicide, where only the children are killed before the mother commits suicide. The father on the other hand more typically wants to kill the whole family in what Harper and Voigt (2007) call 'family annihilation'. Elements of Durkheim's fatalistic suicide can be noted (Harper & Voigt, 2007).

The high number of male perpetrators of filicide suicide recorded in this study is unprecedented, and it is uncertain what motivates these killings as the 'extended suicide' motive normally only applies to the mother. The Nikunen (2006) study, which qualitatively analysed newspaper articles on homicide suicide, focused on the moral orders of motherhood and fatherhood. The study looked at how the nuclear family was often thought of as having a moral order where the father has the right and ability to make the decisions on behalf of the mother and their children, and the mother only has a limited right which extends to her children. Thus, if the father does kill anyone, it is 'normal' in HS terms for him to kill the mother and the children whereas, in terms of the Nikunen (2006) theory, the mother should only kill the children. This again emphasizes how anomalous the dominance of male filicide suicide perpetrators is in the present study. These cases could then be motivated by revenge, the father possibly aiming to 'get back at' mother preceding a divorce, separation or because of the mother's infidelity. Similarly, Olivier et al. (1991) concluded that spouse revenge was one of the precipitating factors to filicide suicide. More simply, however, these filicide suicide perpetrator results could also be a consequence of media reporting bias. Only a national mortuary surveillance study could verify whether this is the case.

11.3.2.2 Method of death

11.3.2.2.1 Method Choice

The most common method used in all the HS cases found in this study was shooting (see Table 16, section 10.3.2.3.1 and Table 17, section 10.3.2.3.2). This result was consistent for both the victims (70.65%) and the perpetrators (70.94%) and is compatible with most national and international studies in which femicide suicide is predominant (Campanelli & Gilson, 2002; Comstock; 2005; Jena et al., 2009; Mathews et al., 2008; Lund & Smorodinsky, 2001; Osborne, 2001; Roberts et al., 2010; Roos et al., 1992; Saleva, 2007). One study compared homicide events with HS events (Banks et al., 2008), and found that shooting, as a method of killing, was more common in HS events. This was also found in the Saleva et al. (2007) study and was consistent with the NIMSS leading cause of external deaths (NIMSS, 2007).

When committing suicide, the next most frequently chosen method was hanging (12.81%), while for the homicide event, strangling or asphyxiation (6.50%) was the second most frequent cause of death. Looking specifically at South African studies, these findings are comparable to the Jena et al. (2009) study in which hanging was the second most common method choice for suicide (4.3%), while killing by a blunt object (2%) and strangulation (2%) were the next most common methods for the homicide. Hanging was also found to be the second most common method for suicide in the Roberts et al. (2010) study.

Yip et al's. (2009) study, conducted in Hong Kong, starkly contrasts the findings in the current study as not one of the 98 cases involved any death by shooting. Stabbing or chopping was the most commonly chosen method (33.7%), followed by charcoal burning (22.4%). In a Fijian study, the homicide methods that were predominant were burning (50.0%) and stabbing or hacking (35.7%) (Adinkrah, 2003). The chosen methods for committing suicide were hanging and burning, which occurred equally (Adinkrah, 2003). Another study which differed from this study's results was the Gupta and Singh (2008) study, which was conducted in India. This study found that drowning and burning were the chosen methods of killing in both the homicide and suicide. The three aforementioned

studies, all of which were undertaken in Eastern countries, differ significantly from the studies conducted in South Africa and Western countries, where shooting was easily the most common method used. These statistics suggest that the availability of firearms may be connected to this high frequency of killing by shootings in these countries.

11.3.2.2.2 Firearm Availability

The availability, familiarity and knowledge of firearms influence the method of death chosen and possibly the number of incidents of HS that occur. Excluding the missing data, this study found that security sector employment made up just under half of all of the data for employed perpetrators. This would suggest that half the perpetrators committing HS had access to firearms and were familiar and experienced with their use. In Fiji, anti-gun laws which prohibit citizens from owning a gun have been enacted. As a result, in the Adinkrah (2003) study, which was conducted in Fiji, no HS events involved shooting as a method of killing.

The Koziol-McLain et al. (2006) study found that men with a history of domestic violence, who were also in possession of a firearm, were much more likely to commit HS than if they did not have a firearm. van Wormer (2008) speculated that if someone shoots a victim, subsequently turning the gun on him or herself is relatively easier than using any other of the methods discussed. Domestic violence was a dominant precipitating factor in HS cases in this study. The Banks et al. (2008) study also reiterated how the availability of a firearm increases the likelihood of HS. The study found that, if a firearm kept in the person's house, suicide is 3.4 times more likely and homicide is 1.4 times more likely (Banks et al., 2008).

In Mathews et al. (2008), a South African study, it was found that a legally possessed gun was used in 66% of the HS cases and only 9.6% of the cases only involving homicide. Legal gun ownership has also been strongly linked to an increased risk of femicide suicide in other studies (Dawson, 2005; Koziol-McLain et al., 2006; Lund & Smorodinsky, 2001). The present study found that in over 70% of both homicide and suicide components of HS, shooting was the method used. As the present study was

limited to newspaper articles, it was not capable of determining whether the guns were legally owned or not. A reduction in the availability of guns in South Africa may be a preventative intervention that is worth considering.

11.3.2.3 Precipitants of Homicide Suicide

The present study is a media report study, therefore exact information on the precipitant events was not consistently available. The newspapers often describe the motive very broadly when identifying the precipitants to an HS event or attribute motive to contingent events. Therefore, the findings in the present study were grouped in broad categories, some of which will be discussed in detail below.

In this study, the most common precipitating factor reported was a quarrel or conflict between a man and a non-spousal woman (18%) (see Table 18, section 10.3.2.4). The next most commonly reported factor was marital conflict, which included problems arising from a marriage or an ended marriage. These results are consistent with the Mathews et al. (2008) study, but in contrast to another South Africa study which found social/financial stressors to be the most common causal factor (Jena et al., 2009). Precipitating factors were not reported by Osborne (2001) or Roberts et al. (2010).

As the data were collected from newspaper articles, it was very difficult to gauge whether there was a history of domestic violence preceding the aforementioned precipitating factors. Research suggests that domestic violence is associated with many of the precipitating factors of HS, particularly those motivating femicide suicide cases. In Hong Kong, domestic violence was found to be a significant precipitating factor of HS (Yip et al., 2009). This was also the case in a study conducted in the USA (Koziol-McLain, 2006). HS in South Africa has been linked to a history of domestic violence (Roberts et al., 2010). Domestic violence, marital conflicts and non-marital quarrels often result from amorous jealousy (Marzuk et al., 1992) or vice versa. Due to the frequency of domestic violence related HS events, it is suggested that it should be incorporated as a precipitating factor in the various HS classification typologies (Dogan, 2010; Harper & Voigt, 2007; Koziol-McLain et al., 2006; Roberts et al., 2010).

The category including all cases with unspecified precipitating factors made up the biggest percentage of precipitating factors in this study (see table 17, section 10.3.2.3). This was because of the lack of detail in the newspaper reports which often made precise identification of these factors impossible.

11.3.3 Summary

The results of the study with regard to common features and demographic characteristics, are generally consistent with the patterns identified in most other HS studies undertaken nationally and internationally. The perpetrator is predominantly a male who is older than the victim and is employed in the security sector. The dominant method for the suicide and homicide is shooting. The victim, usually an intimate female partner, is typically killed because of marital or non-marital conflicts. However, certain patterns which were common in other studies were not evident in the present study. In this study, the dominant population group was Black African. This was not the pattern for international studies. Another difference was that the common age of the perpetrators and victims was much lower in this study when compared to international studies. However, the perpetrator was always older than the victim, and this feature was consistent with most studies.

The above indicates that, despite some variances, the common features, particularly the reported demographics, are generally remaining constant. The present study is also more consistent with other national studies than with studies undertaken internationally.

11.4 Aim Four

The Roberts et al. (2010) study was conducted in Durban, South Africa, and the data were collected from mortuaries in the area and police reports. Data were collected over two years from 2000 to 2001.

In terms of the demographic characteristics, the Roberts et al. (2010) study and the present study are fairly consistent, although some discrepancies do exist. Only the differences will be discussed below.

In contrast to the present study, the Roberts et al. (2010) study found only one case of filicide suicide, and this was perpetrated by a female. No male perpetrators committed filicide suicide in the study. The present study found 32 male filicide suicide perpetrators compared to only 17 female filicide suicide perpetrators. The Roberts et al. (2010) study also found no male victims. This is in contrast with the present study which found 97 male victims of the total of 477 victims. This figure however, is mostly as a result of the high number of children killed in the HS cases found.

The population groups were represented unevenly in each study. Although, Black Africans were the majority of perpetrators and victims in both studies, the Roberts et al. (2010) study found no White or Coloured perpetrators and victims, and a higher number of Indian people involved in HS cases. This could be due to the higher concentration of Indians that live in Durban, which is significantly higher than in the rest of South Africa (Roberts et al., 2010).

The subtype of HS and the method used for the homicide and suicide was compatible with the Roberts et al. (2010) study. More children of perpetrators were found as victims in the present study compared to the Roberts et al. (2010) study. The precipitating factors to the HS cases in the Roberts et al. (2010) study were not recorded (this was probably because this information was unavailable). As a result, the precipitating factors recorded in the present study could not be compared to the Roberts et al. (2010) study.

In terms of the overall results of both studies, HS most commonly involved a Black African perpetrator killing a younger intimate partner, who is Black African female, with a firearm. The perpetrator then turns the gun on himself. Furthermore, if employed, the perpetrator was most commonly employed in the security sector and, of all the HS cases found in both studies, femicide suicide was the most predominant subtype.

The biggest discrepancy between the two studies was most certainly the incident rate. The Roberts et al. (2010) study found a much higher rate compared with the present study. The incident rates were 0.89/100 000 people and 0.09/100 000 people respectively. The Roberts et al. (2010) study was conducted over two years, a much shorter period than that considered in the present study, and the study collected data from a more limited geographical range than the present study (the Roberts et al. (2010) study only researched HS incidence in one city in South Africa). However the Roberts et al. (2010) study, based on mortuary cases, was not subject to media reporting bias.

From the above information, it can be concluded that in terms of demographic characteristics and annual common features of HS events, data collecting from newspapers results in reliable basic demographic statistics. However, whether the incident rates determined in this study are reliable is questionable due to the discrepancy between the present study and the Roberts et al. (2010) study. Therefore, the present study's results in relation to incident rates must be viewed with some circumspection.

11.5 Summary

The present study found 328 cases of HS over an eight-year period (2002-2009). The study calculated a case only incident rate for HS in South Africa of 0.09 per 100 000 people averaged over an eight year period. Including all fatalities the incident rate increased to 0.21 per 100 000 people. This result was unexpected. Although it is consistent with a few international studies with an equally low rate (Milroy, 1995), it is significantly lower than the most recent incident rates found for South Africa (Jena et al., 2009; Mathews et al., 2008; Roberts et al., 2010). Possible explanations for the rate decrease were considered. It was considered that events of HS in South Africa are in fact decreasing, however this was seen as unlikely because there have been no other drastic rate changes for any other crimes in South Africa (NIMSS, 2007). Another explanation raised was that newspapers may not be reporting as many events as they used to. The explanation of reporting bias seemed the most probable.

The demographic characteristics on the other hand were compatible with most international (Adinkrah, 2003; Bossarte et al., 2006; Campanelli & Gilson, 2002; Comstock et al., 2005; Dogan et al., 2010; Gupta & Singh, 2008; Milroy, 1995; Stack, 1997; Saleva, 2006; Shiferaw, 2010) and national studies (Jena et al., 2009; Osborne, 2001; Roberts et al., 2010). This study found that in all of the cases the perpetrator was older than the victim. Similarly to all South African studies conducted, a disproportionate number of perpetrators were males. The perpetrator in the present study was most commonly between the ages of 26 and 30 years old. It was also found that the perpetrator was predominantly a Black African. This result was proportional to the country's population group break down (Statistics South Africa, 2010), whereas White and Indian perpetrators found in the study were overrepresented. The overrepresentation of White and Indian perpetrators was also found in other national studies (Jena et al., 2009; Osborne, 2001; Roberts et al., 2010), indicating therefore that it is possible that these groups do commit HS relatively more frequently than other population groups. If employed, the perpetrator was most likely in the security sector. This was another finding which was consistent with other national studies and uniquely researched in South Africa. High levels of stress, gender dynamics, regular confrontation with tragic events, intolerance of dyscontrol, harsh working conditions and access to firearms were seen as plausible explanations for this high proportion.

The victim was most commonly an intimate partner in the present study. Empirically, this finding is comparable with most international and all national studies (Campanelli & Gilson, 2002; Comstock; 2005; Jena et al., 2009; Mathews et al., 2008; Lund & Smorodinsky, 2001; Osborne, 2001; Roberts et al., 2010; Roos et al., 1992; Saleva, 2007). This explains why femicide suicide was the predominate subtype of HS in this study. In the discussion, the high prevalence of male on female violence was explained and understood through a dominant patriarchal society that exists in South Africa and how traditional norms treat women unfairly and consider them to be inferior. In the present study, victims were frequently children. This, along with the high number of male perpetrators committing filicide suicide, contrasted to other national studies (Jena et al., 2009; Mathews et al., 2008; Osborne, 2001; Roberts et al., 2010).

The present study found that the method of shooting for the homicide and suicide was considerably higher than any other method. This finding is consistent with most international studies (Campanelli & Gilson, 2002; Comstock; 2005; Lund & Smorodinsky, 2001; Saleva, 2007) and all national studies (Jena et al., 2009; Mathews et al., 2008; Osborne, 2001; Roberts et al., 2010; Roos et al., 1992). Noteworthy, in other developing countries where studies have been conducted, alternative methods to shooting were used. Questions were raised in the discussion regarding gun ownership and whether limiting this in South Africa could be a considered a feasible preventative intervention.

A lover/girlfriend/ex-girlfriend quarrel and marital conflict were found to be the most likely precipitating factors to the HS events occurring in South Africa. This result was consistent with one national study (Mathews et al., 2008) and not with another (Jena et al., 2009). Internationally however, this result is consistent with a number of studies (Koziol-McLain, 2006; Yip et al., 2009).

From the results and discussion of the present study, it can be said that demographic characteristics and common features overall seem consistent over years and across different countries. This could indicate relatively reliable and valid results found in this study. Annually however, looking at the apparently declining number of HS events that are reported in the media that this study found is not consistent with other national studies, raising uncertainty with these results and their reliability of them. Therefore, further research needs to consider looking at feasible and also reliable ways to annually determine the incident rate of HS. Further research and limitations to the present study will be discussed in the next chapter.

Chapter 12

Conclusion

12.1 Limitations

One of the aims of this study was to examine the reliability of newspapers as a source for HS research. Possibly, one of the limitations of the study was that newspapers were the only source used. When comparing the incident rate of HS in South Africa, from the number of events that had been reported in the media, to other more extensive studies, the results were not consistent with each other. From this, questions are raised about the reliability of this aspect of HS research. Newspapers are published to inform, but also to entertain, the public. Therefore selected, sensationalistic articles are predominantly used. In other words, not all incidents are likely to be reported in newspapers. Continuing with the limitation of using newspapers as a source for the data, only English language newspapers were utilised. Considering other language newspapers could have been valuable to this study. Time constraints and feasibility with this limitation were noted during the decision-making process of the study.

Another limitation to this study was time. The amount of time dedicated to this study could have been longer in order to further examine previously found data, as well as interviewing relevant journalists with the aim of discovering further details for each article published on a case. Having limited details for each case made the results less valuable in that much of the information on certain demographics and common features was missing.

12.2 Recommendations

Research on HS is very limited both nationally and internationally, therefore more studies need to be conducted, particularly in developing countries. Further research to examine feasible ways to determine an annual incident rate on HS is vital. Notably, knowing the incident rate on HS would be very useful to determine the general annual pattern, in order to keep track of increases or decreases of the event. This is particularly important when implementing preventative interventions and structures.

Another recommendation for future research would be to investigate HS with the intention of finding realistic and effective preventative strategies. In order to find productive and easily implemented preventative strategies, further research needs to be done on the etiology of HS, and some of the features common to the phenomenon. Further research needs to, theoretically and empirically, look at deciding on an operational definition of HS.

Research on male perpetrated filicide suicide would also be useful. This recommendation is not motivated because filicide suicide was the most frequent subtype in this study, but because in the present study the pattern of a male perpetrator being the most common in this subtype was unexpected, and unlike any other study conducted internationally or nationally. Therefore, in-depth research into this subtype could be beneficial to the general understanding of HS in South Africa.

12.3 Conclusion

Research on HS is limited internationally, but particularly nationally. Because of this, little is understood about HS, an event which is rare, but which has lasting affects for friends and family of the deceased and for the communities involved. This lack of understanding allows for little exploration into preventative strategies and hinders further research.

This study is a media report study, investigating the demographic characteristics of HS in South Africa over a period of eight years (2002-2009). The findings from this study were compared to international studies. They were also compared to national studies, in particular the Roberts et al. (2010) study. Considering the above limitations, the following conclusions were made.

The incident rate for HS in South Africa was 0.09/100 000 persons, increasing to 0.21/100 000 persons when including the deaths from both homicide and suicide. The most incidents occurred in 2002 and 2003, both years having an incident rate of 0.12/100 00 persons. The Mathews et al. (2008) study found a fatality rate of 1.7/100 000 people,

while the incidence of the events was not given. The Roberts et al. (2010) study calculated the HS event incident rate to be 0.89/100 000 people, while the fatality rate was 1.9/100 000 people. The Jena et al. (2009) media report study, found the average incident rate of HS cases over five years to be 1/100 000 people. This indicated that the incident rate had decreased from the rates found in previous research in South Africa.

The most likely perpetrator was a Black African male between 26 and 30 years old. This was consistent with the other South African studies (Jena et al., 2009; Mathews et al., 2008; Olivier et al., 1991; Osborne, 2001; Roberts et al., 2010). The perpetrator would most commonly kill an intimate female partner of the same population group because of either a non-marital quarrel or marital conflict. Although some of the national studies did not consider precipitating factors in their studies (Osborne, 2001; Roberts et al., 2010), of the two that did one was consistent with the present study (Mathews et al., 2008) and the other was not. The Jena et al. (2009) study found social/financial stressors to be the most common precipitating factor. If the perpetrator was employed, he would most frequently be reported as employed in the security sector. This overrepresentation of security personal was found in all other national studies (Jena et al., 2009; Mathews et al., 2008; Olivier et al., 1991; Osborne, 2001; Roberts et al., 2010). The victim was normally younger than the perpetrator, usually under 16 years old or between 21 and 25 years old.

The predominant reported subtype of HS was femicide suicide, evident as well from the high number of intimate female partners found as victims. This was compatible with other national studies, where femicide suicide was the dominant subtype of HS (Jena et al., 2009; Mathews et al., 2008; Osborne, 2001; Roberts et al., 2010).

The method most commonly used for the homicide and the suicide was shooting, followed by hanging for the suicide and strangling/asphyxiation for the homicide. Although this was not the result found in other international developing countries, all other national studies found this to be the most common method used (Jena et al., 2009; Mathews et al., 2008; Osborne, 2001; Roberts et al., 2010).

KwaZulu-Natal and Gauteng were the provinces most likely to have HS occurring.

Most of the above demographic characteristics and common features of HS found in this study are consistent with other international and national studies, implying that both these aspects of HS are reasonably constant across countries and cultures. The incident rate was significantly lower than previous years of research on HS in South Africa. Therefore, without further research, this rate cannot be seen as absolute. There is an urgent need to define HS, as well as the motivations leading to it. Gaining a deeper understanding of HS in South Africa could lead to the implementation of preventative strategies as well as challenging the traditional patterns of male on female violence in South African.

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Appendix A
Data Coding Form

<u>Type:</u> 1 = Femicide suicide 2 = Familicide suicide 3 = Filicide suicide 4 = Extra-familial suicide 5 = Mass killings	<u>Year:</u> 1 = 2002 2 = 2003 3 = 2004 4 = 2005 5 = 2006 6 = 2007 7 = 2008 8 = 2009
<u>Gender:</u> 1 = Male 2 = Female	<u>Population group:</u> 1 = White 2 = Black 3 = Coloured 4 = Indian 5 = Other
<u>Age:</u> 1 = up to 24 2 = 25-29 3 = 30-34 4 = 35-39 5 = 40-44 6 = 45-49 7 = 50-54 8 = 55-59 9 = 60+	<u>Areas:</u> 1 = KwaZulu Natal 2 = Limpopo 3 = Gauteng 4 = Northern Cape 5 = Eastern Cape 6 = Western Cape 7 = North West 8 = Mpumalanga 9 = The Free State
<u>Occupation:</u> 1 = Security Sector 2 = Other 3 = Unknown	Cofactors 1 = Marital Conflict 2 = Jealousy 3 = Retaliation 4 = Mercy Killing

	5 = Altruism 6 = Financial Stressors 7 = Family Stress/Dysfunction 8 = Alcohol 9 = Psychiatric Illness 10 = Lovers/girlfriend/ex-girlfriend 11 = Unspecified or unknown 12 = Other
<u>Relationship to Perpetrator:</u> 1 = Wife 2 = Estranged wife 3 = Ex-wife 4 = Girlfriend 5 = Ex-girlfriend 6 = Child 7 = Step Child 8 = Sibling 9 = Other Relative 10 = Lover 11 = Friend 12 = Acquaintance 13 = Employee 14 = Mass murder 15 = Other 16 = Unspecified/ Unknown	<u>Method:</u> 1 = Shot - handgun/rifle 2 = Slashing - Panga/Axe 3 = Stabbing 4 = Strangling/Asphyxiation 5 = Hanging 6 = Poisoning 7 = Drowning 8 = Burning/Setting Alight 9 = Falling/Jumping 10 = Explosive Blast 11 = Slit Throat 12 = Pushed from Height 13 = Other 14 = Unknown/Unspecified

Appendix B
Ethical Clearance Letter