

American Roulette

THE UNTOLD STORY OF MURDER-SUICIDE IN THE UNITED STATES



The Violence Policy Center is a national non-profit educational organization that conducts research and public education on firearms violence and provides information and analysis to policymakers, journalists, grassroots advocates, and the general public. The Center examines the role of firearms in America, analyzes trends and patterns in firearms violence, and works to develop policies to reduce gun-related death and injury.

This report was authored by VPC Health Policy Analyst Karen Brock, MPH. Research assistance was provided by Claire Bishop and Shauna Burgess.

This report was funded with the support of The David Bohnett Foundation, The Funders' Collaborative for Gun Violence Prevention, The George Gund Foundation, The Joyce Foundation, and The John D. and Catherine T. MacArthur Foundation. Past studies released by the Violence Policy Center include:

- The U.S. Gun Industry and Others Unknown—Evidence Debunking the Gun Industry's Claim that Osama Bin Laden Got His 50 Caliber Sniper Rifles from the U.S. Afghan-Aid Program (February 2002)
- John Ashcroft: Year One (January 2002)
- "A .22 for Christmas"—How the Gun Industry Designs and Markets Firearms for Children and Youth (December 2001)
- Kids in the Line of Fire: Children, Handguns, and Homicide (November 2001)
- *Firearms Training for Jihad in America* (November 2001)
- Unintended Consequences: Pro-Handgun Experts Prove That Handguns Are a Dangerous Choice For Self-Defense (November 2001)
- When Men Murder Women: An Analysis of 1999 Homicide Data (October 2001)
- Voting from the Rooftops: How the Gun Industry Armed Osama bin Laden, Other Foreign and Domestic Terrorists, and Common Criminals with 50 Caliber Sniper Rifles (October 2001)
- Shot Full of Holes: Deconstructing John Ashcroft's Second Amendment (July 2001)
- Hispanics and Firearms Violence (May 2001)
- Poisonous Pastime: The Health Risks of Target Ranges and Lead to Children, Families, and the Environment (May 2001)
- Where'd They Get Their Guns?—An Analysis of the Firearms Used in High-Profile Shootings, 1963 to 2001 (April 2001)
- Every Handgun Is Aimed at You: The Case for Banning Handguns (March 2001)
- License to Kill III: The Texas Concealed Handgun Law's Legacy of Crime and Violence (August 2000)
- Where Did You Get <u>That</u> Statistic?—A Bibliography and Resource Guide For Advocates Working To Reduce Gun Death and Injury (January 2000)
- Cashing in on the New Millennium: How the Firearms Industry Exploits Y2K Fears to Sell More Guns (December 1999)
- One Shot, One Kill: Civilian Sales of Military Sniper Rifles (May 1999)
- Making a Killing: The Business of Guns in America (January 1999)
- Joe Camel with Feathers: How the NRA with Gun and Tobacco Industry Dollars Uses Its Eddie Eagle Program to Market Guns to Kids (November 1997)
- Cease Fire: A Comprehensive Strategy to Reduce Firearms Violence (Revised, October 1997)

Violence Policy Center 1140 19th Street, NW Suite 600 Washington, DC 20036

202-822-8200 phone 202-822-8205 fax www.vpc.org web

©2002 Violence Policy Center

Introduction

Most Americans know Eric Harris and Dylan Klebold as the perpetrators of the 1999 massacre at Columbine High School in Littleton, Colorado, in which the two high school students killed 13 people, wounded 23 more, and then killed themselves. Few, however, stop to realize that Harris and Klebold will count as two of the thousands of Americans who died as the result of firearms suicide in 1999, and that Columbine was only the most high-profile and deadly of the hundreds of murder-suicides that occurred that year. In murder-suicides, the offender murders his intended victims—family, friends and acquaintances, or strangers—before ending his own life (and it is almost always a man). Even when it is a component of a horrific event like Columbine, the phenomenon of murder-suicide garners little public attention as a significant contributor to gun-related death and injury. Yet, as one medical professional has observed, "because many murder-suicides result in the death or injury of family members and sometimes mass murder, they cause countless additional morbidity, family trauma, and disruption of communities."¹

Columbine is far from the only murder-suicide that has seized the public's consciousness. Many high-profile murder rampages in past years have been murder-suicides, including:

- Navistar International Corporation shooting (IL), February 2001 Former Navistar employee William D. Baker uses a shotgun, two rifles, and a 38 caliber revolver to kill four co-workers and wound four others before turning the revolver on himself.
- Wedgewood Baptist Church shooting (TX), September 1999 Larry Gene Ashbrook uses two pistols to kill seven people, wound seven more, and finally kill himself in the church where a concert was about to begin. He also threw a pipe bomb, with no injuries.
- Atlanta day trader shooting (GA), July 1999
 Mark O. Barton kills his wife and children at home with a hammer. Then, armed with two pistols, he goes to two brokerage offices where he kills nine more people and wounds 13 others, before killing himself in his vehicle.
- Connecticut State Lottery Headquarters shooting (CT), March 1998 Matthew Beck, who was on "stress related" leave from work, uses a 9mm pistol to kill his boss and three other top lottery officials, before killing himself.

Pettit & Martin law office shooting (CA), July 1993
 Gian Luigi Ferri uses two assault pistols and a 45 caliber pistol, with a mix of standard and Black Talon ammunition, to kill eight employees and wound six others. After shooting between 75 and 100 rounds, he then kills himself.

 Luby's Cafeteria shooting (TX), October 1991 George Hennard drives his truck through the restaurant window and, armed with two 9mm pistols, kills 23 people and wounds 20 others before killing himself.

 Edmond Post Office shooting (OK), August 1986²
 Patrick Henry Sherrill, a postal worker on the verge of being fired, uses two 45 caliber pistols and a 22 caliber pistol in a shooting rampage that leaves 14 coworkers dead and six others wounded. He then kills himself.

While these incidents may be viewed primarily as horrific public or workplace shootings, what they also have in common is that the shooters killed one or more people and then killed themselves—a murder-suicide.

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

Murder-suicide is "a dramatic, violent event" in which a person commits a murder or murders, and then shortly after commits suicide.³ What makes these acts particularly disturbing is that they involve more than one person and usually involve a family. They almost always involve a firearm.

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

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

The Violence Policy Center (VPC) has undertaken a study to analyze murdersuicides in the United States. This study is one of the largest murder-suicide studies ever to be completed. Using a national clipping service, the VPC collected news clips of murder-suicides which occurred in the United States between January 1, 2001, and June 30, 2001. Both the murder and suicide had to occur within this time period and the murder and following suicide must have occurred within 24 hours of each other. Currently there is no national tracking system for these incidents.^c So while there is no official data to ensure all incidents were included, this study provides the most accurate portrait of murder-suicide in America possible.

According to medical studies, between 1,000 and 1,500 deaths per year in the United States are due to murder-suicide.⁴ This VPC analysis reveals that, in the first half of 2001, there were 662 murder-suicide deaths, of which 293 were suicides and 369 were homicides. The study also found that there were 26 people wounded by the killers who did not die.^d By doubling the fatalities for a yearly estimate, there were an estimated 1,324 murder-suicide deaths in 2001. This is within the standard range of estimates for murder-suicides. Due to the necessary limitations of our incident-collection method, this is most likely an underestimate. Anecdotal evidence suggests that our study may have missed a percentage of the murder-suicides. Whether this would be the result of an incident not being reported, not being reported as a murder-suicide, or not being published in a local paper is not known. However, if our study is an *underestimate*, then there may be up to 2,000 murder-suicide fatalities per year. In the absence of a national surveillance system, there is no means available for a complete and accurate count. However, the VPC study is most likely one of the most complete and accurate accountings ever undertaken.

^c The Centers for Disease Control and Prevention (CDC) does record firearm homicides and suicides (as well as unintentional shootings), but there is no way to tell if a firearm homicide or suicide occurred in connection with the other. The recently established National Firearm Injury Statistics System (NFISS) at Harvard University is attempting to fill this national surveillance void. This pilot system started collecting data on deaths in the year 2000 in six states and several metropolitan areas. NFISS is also providing technical assistance to the CDC on designing the proposed National Violent Death Reporting System.

^d Incidents of attempted murder-suicide—those incidents where either the person tried unsuccessfully to kill someone, but then did successfully kill themselves, or incidents where the person did kill another person and tried unsuccessfully to kill themselves—were not included in the scope of this study.

Trends Identified from the Study

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

Following this section is an appendix that lists the number of murder-suicides by state. A separate accompanying document contains the newspaper clips collected for the study, arranged alphabetically by state and then chronologically by month and day. Each clip represents a single murder-suicide. States with no reported murdersuicides during the six-month period are not included in the clip section, but are listed in the appendix.

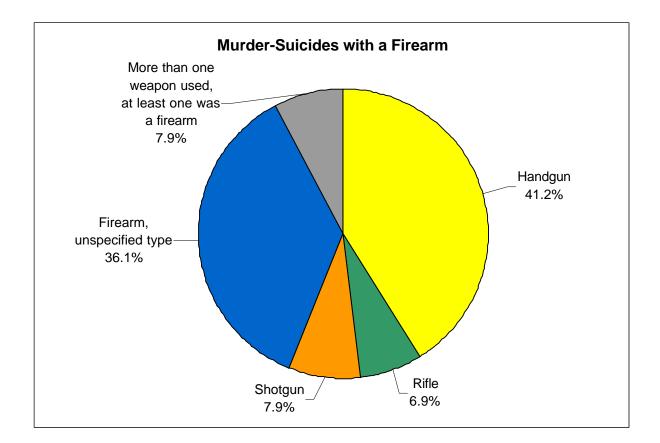
Seven states had more than 10 murder-suicides in the six-month period of the study. In order, these states were: Florida (35), California (29) and Texas (29), Pennsylvania (17), New York (14), Virginia (12), and Ohio (11). While most of these states have larger populations which would account for the higher number of murder-suicides, Florida seems to have an abnormally high number of incidents. This may be due to Florida's larger elderly population, and the increased risk for suicide among the aged.

Most murder-suicides involve a firearm

In the analysis, 94.5 percent of murder-suicide incidents involved a firearm. For *all* murder-suicides:

- ! 38.9 percent involved a handgun,
- ! 6.5 percent involved a rifle,
- **!** 7.5 percent involved a shotgun,
- **!** 34.1 percent involved a firearm which was not identified more specifically than "a gun," and,
- **!** 7.5 percent involved more than one weapon, but one of the weapons was a firearm.

The following chart, "Murder-Suicides with a Firearm," illustrates the distribution of firearm murder-suicides from the VPC analysis in regard to type of firearm used.



All major murder-suicide studies in the United States completed since 1950 have shown that firearms are by far the most common method of committing homicide, with the offender choosing the firearm for suicide as well.⁵ Estimates range from firearms being used in 80 percent to 94 percent of cases, but many other weapons, including aircraft, have been used. Firearms are used more often in murder-suicides than in spousal murders alone.⁶

OREGON: In February 2001, Constance Ihle, 27, called 911 to report that she had just been shot by her husband. When the police arrived, they found her husband, Timothy Ihle, 25, lying on the kitchen floor, dead from a self-inflicted gunshot wound to the head with a 44 caliber handgun. They found Constance Ihle alive in the upstairs bedroom—she had been shot in the chest with a 9mm handgun by her husband. Before dying at the scene, Constance Ihle told the police that her husband had shot her during an argument.

Most murderers in murder-suicides are male

In this study, 90.4 percent of the offenders were male. Other studies analyzing murder-suicide have found that most perpetrators of murder-suicide are male—more than 90 percent in recent studies of the United States.⁷ Another study which only looked at murder-suicides *involving couples* noted that more than 90 percent were perpetrated by men.⁸ This is consistent with homicides in general, in which nearly 90 percent of homicides are committed by male offenders.⁹ However, most homicides involve male victims killed by male offenders (65 percent), whereas a male victim being specifically targeted by a male offender in a murder-suicide is relatively rare.

PENNSYLVANIA: In April, David O'Kon waited for his estranged wife outside her parents' home. When she arrived, he shot Marissa Rose O'Kon once in the hand and twice in the head with his 357 caliber Taurus handgun. He then shot himself in the head. Their two-year-old daughter was not injured. Despite attempts to resuscitate the couple, they were pronounced dead at the scene by the coroner. Marissa's cousin described her as "kind, gentle, and giving," before adding, "They always happen in the wrong order, these murder-suicides."

Most murder-suicides involve an intimate partner

The most common type of murder-suicide was between two intimate partners, with the man killing his wife or girlfriend because of a breakdown in their relationship.¹⁰ In this study, 73.7 percent of all murder-suicides involved an intimate partner. Of these, 93.5 percent were females killed by their intimate partners. In comparison, for all murders (where the relationship could be determined) 17.2 percent of murder victims were killed by an intimate partner.¹¹ Of these, 61.7 percent were females killed by their intimate partner were females killed by their intimate partner.

Representing one half to three fourths of all murder-suicides in the United States, this type of murder-suicide typically involves a man between the ages of 18 and 60 years old who develops suspicions of his girlfriend's or wife's infidelity, becomes enraged, murders her, and then commits suicide—usually using a firearm.¹³ Often, he will also kill the children of himself and the intimate partner.

TEXAS: In January, Lucio Franco, Sr., 24, shot his wife and family with a shotgun before killing himself with the same weapon. Each of the family members, wife Maria, 21, and the children Lucio, Jr., five, Diana, four, Juana, two, and Isaac, nine months, had been shot at close range and had been found on a bed. Investigators believe that domestic discord and economic problems played a role in the incident.

Most murderers are older than their victims

While murder-suicide victims and offenders span all ages, on average the victims, usually female intimate partners, were several years younger than the offenders.¹⁴ In this study—excluding parents, in-laws, and children involved in murder-suicide, which would skew the age results—the average age difference between the offender and primary victim was 6.6 years. Overall, the age difference ranged from none to 48 years. Other studies on fatal violence for spouses have found that there is a greater risk of homicide victimization as the age difference between the husband and wife increases.¹⁵

MAINE: In February, Harold "Bones" Gray, 68, shot and killed his wife, Christina Gray, 24, and her sister, Vicki Morgan, 19, before turning the gun on himself. The Grays had been married for four years, but were separated and in the process of getting a divorce. Christina Gray had taken out a protection order on her husband in November 2000, an order he was arrested for violating in January 2001. All three were mortally wounded in the

Most murder-suicides occur in the home

In this study, 76.0 percent of murder-suicides occurred in the home. For intimate partners, however, 79.5 percent of incidents occurred in the home. Though not specified in most studies, available data confirm that the home of the offender and/or victim is the deadliest place for murder-suicide. Within the home, more murder-suicides are committed in the bedroom than any other room.¹⁶

MICHIGAN: In February, the bodies of Richard Gordon Durham, 52, and Kelly Lee Durham, 37, were discovered in their Douglas Mobile Estates home after the couple had secluded themselves for the weekend. Richard Durham had shot his wife in the head and then shot himself. The police reported that he still had the gun in his hand when the couple was found. The Durhams had been married for four months.

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

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

In this study, one fourth of murder-suicide incidents with a female killer involved the woman killing her children and herself, with 71.4 percent of these women using a firearm. Less than one tenth of incidents with a female killer involved a woman killing her children as well as her intimate partner, with a firearm used in each incident. In contrast, 4.2 percent of murder-suicide incidents with a male killer involved a man killing only his children and himself, with all fathers using firearms.

COLORADO: In April, John Bishop, 41, shot his 38-year-old wife Sherrill, their nine-year-old son Andy, and their twin six-year-old daughters Kelley and Meghan, with a low-caliber rifle, before turning the gun on himself. Everyone in the family had been shot in the head. The police believe that money pressures were linked to the murder-suicide, yet the family was reportedly well-off financially, with both parents having master's degrees.

RHODE ISLAND: In March, Heather Whidden, 25, shot her son, Mingo Khalil Whidden, seven, and her daughter, Cordellia Miriam Whidden, two, with a 22 caliber semi-automatic handgun before shooting herself. She had purchased the gun earlier that month, telling the clerk she intended to use it for target practice. Police were alerted to the scene by a phone call from the woman's boyfriend, Gregory E. Procopio, 32, who was also the father of the

Police may have higher murder-suicide rates

Several of the murder-suicide incidents in this study involved either current or former law enforcement officers. Some stories indicated that the shooter used his service weapon. It is estimated that twice as many police officers commit suicide as are killed in the line of fire. Studies that compare suicide rates show that law enforcement suicide rates exceed rates for both the general population and age/gender matched groups.¹⁸ No studies deal specifically with police officers involved in murder-suicide, but one reason for the higher suicide or murder-suicide rates may be the easy accessibility to firearms.

NEW YORK: In June, Detective Edwin Patten, 30, shot his girlfriend, Officer Stacie Williamson, 28, four times and then shot himself. Patten used his 9mm service pistol in the shooting, which took place in Williamson's home. The couple, both undercover police officers, had been dating about a year and there were no signs of prior domestic problems.

Unique factors may drive murder-suicide among the elderly

In this study, 20.6 percent of murder-suicides had an offender 55 years of age or older. This is relatively consistent with the fact that 21.1 percent of the U.S. population is 55 years or older. However, 44.1 percent of Florida's murder-suicides involved an offender 55 years of age or older, even though only 27.6 percent of its population is 55 years of age or older.

If most murder-suicides involve jealousy, a smaller, discrete category exists involving older people and the presence of declining health in either the victim, the offender, or both. Older people rarely commit homicide. In 1999, only 5.4 percent of known homicide offenders were 55 years of age or older.¹⁹ Suicide, however, is disproportionately represented in this age group, with 28.7 percent of suicide victims being 55 years of age or older.²⁰

FLORIDA: In June, retired police lieutenant Richard Zachary, 77, shot his wife, Blanche Zachary, 75, as he pushed her in her wheelchair on a sidewalk close to her nursing home. Richard Zachary then shot himself with the 38 caliber revolver which he had carried on duty. The couple had been married for 50 years. Police were not sure if the incident was planned or spontaneous, but friends of the Zachary's stated that Blanche's health had been deteriorating rapidly after a series of strokes.

MICHIGAN: In March, James Leon Russell, 66, called 911 and asked emergency workers to send two body bags to his home. When police arrived, they found Russell and his sister, Joanne, 77, shot to death. A one-page note on the kitchen table stated: "To the cops: I'm tired of living, and my sister Joanne's Alzheimer's disease is deteriorating rapidly. Therefore I'm putting us both out of our misery. Call it euthanasia."

Conclusion

Most people think of suicide as a solitary act, affecting only one person. Yet, the effects of murder-suicides go far beyond the shooter: family, friends, co-workers, and absolute strangers are among those who are gunned down as a result of these acts of desperation. During the six-month period tallied in this study, there were 293 suicides—yet the *total* number of deaths was 662. More people died from murders associated with the suicide—369—than from the suicides themselves. These numbers call into grave question the common belief that suicide, especially firearms suicide, is a solitary act that affects only the shooter.

The catalytic component in murder-suicide is the use of a firearm. Every major murder-suicide study ever conducted has shown that a firearm—with its unmatched combination of lethality and availability—is the weapon most often used to murder the victims, with the offenders then turning the gun on themselves.²¹ In this study, the access to a gun was the critical component for almost all of the murder-suicides. Of the 54 murder-suicides with more than one homicide victim, 52 were firearm-related. The presence of a gun allows the offender to quickly and easily kill a greater number of victims. If there had not been easy access to a firearm, these deaths may simply have been injuries, or not have occurred at all.

The pattern to murder-suicide is distressingly simple: a male offender, a female victim, and a gun—but literally anyone can be caught in its wake. Unlike homicides, murder-suicides are far more likely to involve family or intimate acquaintances, and have different demographics than the typical homicide or suicide. As a result, murder-suicides require further study as a specific category of death to help craft more effective prevention strategies.

In the short term, the nexus between murder-suicide and firearm availability must be recognized. As is the case with suicide, firearms should be made unavailable to those at risk for murder-suicide. To ensure increased safety for families from the full range of gun death and injury, firearms should not be brought into the home. Just as importantly, murder-suicide, as is the case with suicide and the vast majority of firearm homicides, illustrates the stark limitations of gun control measures—such as the licensing of handgun owners and the registration of the weapon—that focus solely on the user, and not on the actual presence of the gun.

In the long term, since the majority of murder-suicides in the United States are firearm-related (as are the majority of murders and suicides, separately), more comprehensive measures must be taken to reduce death and injury from these uniquely unregulated consumer products. Guns are virtually the only consumer product not regulated for health and safety by a federal agency (the other being tobacco). Legislation is pending in Congress that would establish comprehensive health and safety regulation of the gun industry. The Firearms Safety and Consumer Protection Act would finally end the firearm industry's deadly exemption from regulation. The bill would:

 Create a system of comprehensive data collection for firearm-related incidents. This would enable the collection of specific, accurate data regarding the number of murder-suicide incidents that occur each year, along with other valuable information such as the relationship(s) of the perpetrator to the victim(s), as well as the types of firearms used. The availability of such data would help identify patterns in murder-suicides, and thereby help in the development of effective intervention strategies.

- Expand Treasury's authority to take action against "bad apple" gun retailers who are knowingly providing firearms to domestic abusers or other persons prohibited from possessing firearms. This would aid in restricting the availability of firearms to those prone to domestic violence and those with severe mental disabilities—common precursors to murder-suicide.
- Create a mechanism to identify the types of firearms most prone to use in murder-suicides and allow for the removal from the market of those guns determined to present an *unreasonable risk* to public safety.
- Subject the firearms industry to the same standards that already apply to virtually all other consumer product manufacturers.

Finally, the most important step toward both these short-term and long-term goals is the recognition that suicide does not affect only those who pull the trigger.

Appendix: Murder-Suicides by State

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

| State | Number of Murder- Suicide Events in the First Half of 2001 | Number of People Dead from Murder-Suicide Events in the First Half of 2001 |
|-------------|--|--|
| Alabama | 5 | 11 |
| Alaska | 1 | 2 |
| Arizona | 4 | 9 |
| Arkansas | 2 | 4 |
| California | 29 | 72 |
| Colorado | 7 | 20 |
| Connecticut | 4 | 8 |
| Delaware | 0 | 0 |
| Florida | 35 | 76 |
| Georgia | 6 | 14 |
| Hawaii | 0 | 0 |
| Idaho | 0 | 0 |
| Illinois | 7 | 16 |
| Indiana | 5 | 11 |
| Iowa | 0 | 0 |
| Kansas | 3 | 6 |
| Kentucky | 3 | 8 |

| State | Number of Murder- Suicide Events in the First Half of 2001 | Number of People Dead from Murder-Suicide Events in the First Half of 2001 |
|----------------|--|--|
| Louisiana | 6 | 13 |
| Maine | 2 | 5 |
| Maryland | 1 | 2 |
| Massachusetts | 3 | 6 |
| Michigan | 8 | 17 |
| Minnesota | 4 | 9 |
| Mississippi | 3 | 6 |
| Missouri | 5 | 10 |
| Montana | 3 | 7 |
| Nebraska | 0 | 0 |
| Nevada | 1 | 2 |
| New Hampshire | 2 | 4 |
| New Jersey | 7 | 15 |
| New Mexico | 2 | 4 |
| New York | 14 | 30 |
| North Carolina | 9 | 20 |
| North Dakota | 1 | 2 |
| Ohio | 11 | 26 |
| Oklahoma | 3 | 6 |
| Oregon | 3 | 6 |
| Pennsylvania | 17 | 37 |
| Rhode Island | 2 | 5 |

| State | Number of Murder- Suicide Events in the First Half of 2001 | Number of People Dead from Murder-Suicide Events in the First Half of 2001 |
|----------------|--|--|
| South Carolina | 7 | 16 |
| South Dakota | 1 | 2 |
| Tennessee | 8 | 17 |
| Texas | 29 | 73 |
| Utah | 2 | 5 |
| Vermont | 0 | 0 |
| Virginia | 12 | 27 |
| Washington | 6 | 12 |
| West Virginia | 3 | 6 |
| Wisconsin | 7 | 15 |
| Wyoming | 0 | 0 |
| Total | 293 | 662 |

Endnotes

1. Peter M. Marzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267, no. 23 (1992): 3179.

2. Violence Policy Center, *Where'd They Get Their Guns?*—An Analysis of the *Firearms Used in High-Profile Shootings*, 1963 to 2001 (April 2001).

3. Peter M. Murzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267 (June 1992): 3179-3183.

4. Yekeen A. Aderibigbe, "Violence in America: A Survey of Suicide Linked to Homicides," *Journal of Forensic Sciences* 42, no. 4 (1997): 662-665.

5. Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.

6. Peter M. Murzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267 (June 1992): 3179-3183. "Intimate Homicide," *Homicide Trends in the U.S.* (Bureau of Justice Statistics, U.S. Department of Justice), downloaded January 3, 2001, from http://www.ojp.usdoj. gov/bjs/homicide/intimates.htm; INTERNET.

7. Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856. Maureen West, "When Love Kills," *The Arizona Republic*, 3 December 2000, Internet edition.

8. Peter M. Murzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267 (June 1992): 3179-3183.

9. "Trends by Gender," *Homicide Trends in the U.S.* (Bureau of Justice Statistics, U.S. Department of Justice), downloaded December 11, 2001, from http://www. ojp.usdoj.gov/bjs/homicide/gender.htm; INTERNET.

10. Yekeen A. Aderibigbe, "Violence in America: A Survey of Suicide Linked to Homicides," *Journal of Forensic Sciences* 42, no. 4 (1997): 662-665.

11. "Intimate Homicide," *Homicide Trends in the U.S.* (Bureau of Justice Statistics, U.S. Department of Justice), downloaded January 3, 2002, from http://www.ojp.usdoj.gov/bjs/homicide/intimates.htm; INTERNET.

12. Data from "Intimate Homicide: Victims by Gender," *Homicide Trends in the U.S.* (Bureau of Justice Statistics, U.S. Department of Justice), downloaded January 3, 2002, from http://www.ojp.usdoj.gov/bjs/homicide/tables /intimatestab.htm; INTERNET.

13. Peter M. Murzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267 (June 1992): 3179-3183.

14. Peter M. Murzuk et al., "The Epidemiology of Murder-Suicide," *Journal of the American Medical Association* 267 (June 1992): 3179-3183.

15. Donna Cohen et al., "Homicide-Suicide in Older Persons," *American Journal of Psychiatry* 155 (March 1998): 390-396.

16. Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.

17. Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.

18. Daniel W. Clark and Elizabeth K. White, "Exploring Law Enforcement Suicide: An Inside Look," (paper presented at 2000 A.A.S. Conference in Los Angeles, CA), downloaded January 4, 2001, from http://www.cismtraining.com/police_ suicide _research.htm; INTERNET.

19. Data from the FBI Supplementary Homicide Report. Analysis by the Violence Policy Center.

20. Data from the CDC National Center for Injury Prevention and Control's WISQARS program (www.cdc.gov/ncipc).

21. Alan R. Felthous and Anthony Hempel, "Combined Homicide-Suicides: A Review," *Journal of Forensic Sciences* 40, no. 5 (1995): 846-856.