Commentary: Homicide-Suicide in the Caribbean

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With the exception of Guyana and Trinidad, suicide rates in the Caribbean are relatively low compared with those in other countries. Homicide rates, however, have increased over the past 15 years, especially in Jamaica and Trinidad. The link between suicide, homicide, and homicide followed by suicide (H-S) is not well established. A newspaper review of H-S events in a selection of Caribbean territories revealed a surprising number of these events. Characteristics of perpetrators were similar to those documented in the literature. The authors agree with Roma *et al.* that national tracking systems for H-S are needed. Empirical research on this topic in the Caribbean is also desperately needed.

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Roma *et al.*[1] produced a laudable contribution to the understanding of international patterns of homicide-suicide (H-S) with a particular focus on the etiological role of mental illness. We note, however, that the authors did not reference data from the Caribbean. Although this might imply a weakness in the scope of their analysis, it is not a criticism of the article, *per se*, but more a reflection of the paucity of published research on the Caribbean. At present, coverage of the topic in the region is limited to studies of each phenomenon separately or to anecdotal evidence found in media reports.

Existing data suggest that suicide rates in the English-speaking Caribbean, with the exception of Guyana and Trinidad (Table 1), are relatively low in comparison with those reported in other regions. Relatively low suicide rates among persons of African decent have been documented elsewhere, as well.[3]

The factors contributing to higher suicide rates in Trinidad and Guyana are not fully understood. Hutchinson has documented higher suicide rates among Indo-Trinidadians in comparison to Afro-Trinidadians.[4] Maharajh and Abdool[5] postulated that transgenerational conflict, religious beliefs, marginalization, and sensationalized reporting of suicides in the media are factors that increase suicide risk among Indo-Trinidadians. However, empirical support for these hypotheses is limited.

Patterns of homicide, both in the Caribbean and internationally, are characterized by men committing most of the violent offenses. In addition, men constitute 82 percent of homicide victims worldwide. The typical scenario is that of a man shooting another man. Violence against women often takes the form of intimate-partner or family-relation violence. Unlike men, women are more often murdered at home than in public.

Since 1995, homicide rates in the Caribbean have risen, particularly in Jamaica and Trinidad (Table 2). The United Nations has described this trend as nearing a crisis point.[6] Factors such as poor economic development, drug trafficking, availability of firearms, political violence, and organized crime have contributed to the rise. In contrast, rates in Asia, Europe, and North America have fallen during this period.

The link between suicide, homicide, and homicide-suicide (H-S) is not well established internationally. In addition to Roma *et al.*,[1] previous studies[7] of perpetrators of H-S have been identified in the extant literature. However, this limited understanding does not provide an adequate basis for prediction and prevention. This is further complicated by the extremely low incidence of the phenomenon (less than 0.001 percent).[7]

Roma *et al.* note that "H-S events are rare . . ." and that "studies on H-S are scarce" (Ref. 1, p 462).

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Table 1 International Suicide Rates per 100,000 Population[2]

Country	Year	Males	Females
Guyana	2006	39.0	13.4
Trinidad	2006	17.9	3.8
United States	2005	17.7	4.5
United Kingdom	2009	10.9	3.0
Barbados	2006	7.3	0.0
Bahamas	2005	1.9	0.6
Jamaica	1990	0.3	0.0
Antigua	1995	0.0	0.0

Data are the most recent available as of 2011.

Similarly, in the Caribbean, published scholarship on the phenomenon of H-S is also lacking. However, anecdotal evidence, mostly from media sources, has raised public awareness of these disturbing occurrences.

The most infamous example of mass H-S in this region was that of the Jonestown (Guyana) cult massacre in 1978 in which more than 900 persons died. The leader of that organization, Jim Jones, ordered its members (primarily Americans) to drink a grape drink (Flavor Aid) to which cyanide and various tranquilizers had been added.[8]

For this commentary, we reviewed print media coverage of 20 cases of H-S events in Barbados (population 287,733), Jamaica (population 2,889,187), Trinidad (population 1,226,383), and Guyana (population 741,908) from the past six years.[9] We were surprised to find so many cases in the course of our review, which was neither systematic nor exhaustive.

Overwhelmingly, the perpetrators were male and their victims female. A minority of cases involved multiple victims, usually of the same family. There were four child victims, the youngest being three months old. Perpetrators tended to be older than the victims. Firearms were the most common method used to commit homicide and suicide. Stabbing and hanging were also common. One female perpetrator, a critical care nurse, injected her children with potassium chloride.

Table 2 International Homicide Rates per 100,000 Population

Country	Year	Rate
Jamaica	2010	52.1
Trinidad	2010	35.2
Bahamas	2010	28.0
Guyana	2010	18.4
Barbados	2010	11.3
Global average	2010	6.9
Antigua	2010	6.8
United States	2009	5.0
United Kingdom	2009	1.2

Reasons reported for the H-S almost always involved intimate-partner relationship conflict, often in the context of the woman threatening to end or leave the relationship. In September 2007, a 32-year-old Barbadian man threatened to kill his girlfriend and himself if their strained relationship could not be mended. Three weeks after making this threat, he shot her in the chest and then shot himself in the head in front of their 7-year-old son.[10] In April 2011, a 58-year-old retired Jamaican police sergeant shot and killed his 43-year-old ex-partner (herself a police officer), her 12-year-old son, and the son's father. He shot and injured his wife before turning the gun on himself.[11]

Based on available evidence, two cases did not fit the predominant pattern of violence against an intimate partner. The first, perpetrated by the nurse mentioned previously, was filicide. In the second case in Guyana, a senior police officer summoned an off-duty officer, and witnesses reported that a heated argument ensued, although the reason for the argument was unclear. The senior officer shot his junior colleague in the head. In this instance, the perpetrator had written a suicide letter during the previous week.

As is typical of media accounts, the time frame of the H-S was not reported in most cases, nor did articles report formal evidence of mental illness in the perpetrators. The essential point is that evidence of H-S in the Caribbean relies mainly on anecdotal press reports rather than results of formal inquests. The use of newspaper surveillance is inaccurate indeed.

Roma *et al.*[1] cite three main reasons for the difficulty in interpreting their data: variations in the definition of H-S and of mental illness and studies including different types of H-S. The absence of precise definitions and ambiguity in the classification of mental illness are pervasive barriers to comparative research.

We wish to join Roma *et al.* in their recommendation that national tracking systems be developed. Such systems should be standardized across regions, to allow for cross-country comparisons. Formal research on H-S is lacking internationally and even more so in the Caribbean. Given the prominence of H-S in media reports, we believe

that more systematic, epidemiological research is needed.

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