

# LETTERS TO THE EDITOR

The following is the response to the editorial titled “The Right for the Elderly to Commit Suicide” found at <http://jswve.org/download/15-2/01-2-Editorial-JSWVE-15-2-2018-Fall.pdf>

Steve,

My thoughts on suicide as family violence may apply to your discussion. We just had a murder suicide at the University of Utah last night. We had everyone on lockdown for hours (thankfully, my daughter was safely off campus). The victim was a young female athlete, gunned down by a man she had briefly dated for about a month... She discovered he was using a false name, lied about his age (he was 37) and had a criminal record. She had previously gone to the police about his harassment and to get her car back. It is unclear at this point what concrete steps were taken to help protect her. My understanding, she was shot several times behind the wheel of her car—while on the phone with her Mom (from Pullman, WA). All classes are cancelled today and the community is heartbroken.

The Small Arms Survey (2018) estimates 120 privately held guns per 100 US residents the highest in the world. That is up from 89 per 100 in 2011. To give an idea, Yemen is number two with 51 firearms per 100 population.

This availability without adequate regulation is beginning to really show up in our daily lives.

This is our second university firearm murder requiring lockdown in 1 year and in addition we had another intimate partner murder suicide just months prior to last year’s homicide. This is truly a public health crisis- and will require proper enforcement of firearm laws already on the books.

As an example, my own research with Dr. Carrie Sillito on 728 cases of intimate partner homicide suicide (IPHS) found those with a protective order (VAWA requires a gun ban subject of a PO)—we

found 90% of these cases, the victim was killed with a gun. Clearly these laws are not being enforced in all states. Yet there are few who would argue that these known dangerous individuals should have access to a firearm. However, states without a registry rely on the perpetrator (or victim) to report the available guns. Not surprisingly, those states tend to have more of these types of deaths from family violence. When the offender has suicided, the public does not get justice, as the control of the violent situation/outcome is exclusively in the hands of the perpetrator.

Elder murder suicide has the pattern of stemming from a primarily suicidal motive of the husband (Salari & Sillito, 2016). This differs from the primarily homicidal motives we found in younger offenders. Let me be very clear, most of the older women in these IPHS events were not aware they were in danger and they were not in on the plan! Mercy killings and joint suicides were rare. Typical prevention measures such as shelter and PO were not utilized—due to the lack of feelings of endangerment. Many of these offenders had no former dv history. Make no mistake, this is family violence—primarily femicide. Unfortunately, the news and social media often portray it as a romantic act rather than domestic violence as it should be classified.

Even without a homicide attached, suicide is a fatal form of self-abuse. Seemingly out of the blue, my Great Uncle shot himself in later life. He was the youngest of 9 and it was highly upsetting for his surviving siblings, including my Grandmother. I am supportive of assisted suicide and hospice services, for the terminally ill and hopelessly suffering. However, the do-it-yourself DIY version with a firearm (or to a lesser extent, other methods), has risks of involving others. Teen suicide is influenced by availability of family firearms. My town high school (where my children attend), had 7 fatal instances last year alone. In most of these impulsive

acts, the individual obtained a gun from a family household. Think of it, grandparents may have collected and inherited dozens of firearms...these are not always secured adequately. Policy-wise it is not about restricting purchase at that point, because these older family members ALREADY HAVE their firearms. In addition, mental health is fluid, not fixed...so if a person acquired his/her guns under optimal conditions, this may change with a crisis, or other issue such as dementia (which can include paranoia, hallucinations, loss of inhibitions and increased aggression in some cases). I predict a perfect storm, because the baby boom cohort has always been highly suicidal—and they are headed toward the advanced ages where older white men traditionally have enormous suicide risk. These conditions are combining with the unprecedented availability of stockpiled firearms in later life. Unfortunately, when one loses all hope for their own survival—they can sometimes become a risk to their families, neighbors and others. They also send a dangerous message to these audiences —‘this is how we deal with adversity.’ A message which can go on to have an intergenerational impact for young developing minds, as familial suicides are a major predictor of that self-abusive behavior.

Perhaps instead, we should pay attention to helping older persons recognize their value as a mentor and role model. And a note of caution to society, when those who suicide are heavily memorialized (e.g., Anthony Bordain) as having done a ‘rational’ or ‘romantic’ act it sends a message which may promote contagion. Why don’t we instead encourage survival—with the rational use of services such as hospice or formal assisted suicide for those whose suffering can be documented and mental health can be ascertained. Perhaps then we can stem the tide of increasing suicides and homicides in the US.

Sonia Salari, Ph.D.  
University of Utah