



SUICIDE OR HOMICIDE? FORENSIC INVESTIGATION OF DEATH OF A 19 YEAR OLD FEMALE BY HANGING

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ABSTRACT

Suicide carries a stigma on the family name in many cultures. Objections were raised by family members, with a threat of judicial adjudication, when suicide was documented in the death certificate. An earlier reported case of fraud involving her raised the issue of suspicion of homicide and necessitated this investigation by security operatives. A 19 year old female ward assistant, abandoned to fend for herself at 15 years, earlier managed for Severe Depression with Psychotic features, who was found dead. A day prior to the incidence, 23rd September, 2019, it was discovered that she had secretly generated a transfer code in a bank mobile App and had transferred money to the tune of Eighty thousand naira only over the previous month. Further evidence showed ligature and neck marks, with similar pattern to the ridges in the rope used, the presence of a suicide note, her medical history, a history of previous suicidal attempt, a well documented nursing report of a previous suicidal attempt, formed the summary of the report of findings that this action was committed by the victim and that it was not a homicidal hanging.. The steps taken by the security formed the basis of this report.

Keywords: Forensic, Evidence, Scene, Suicide, Investigation, Homicide

INTRODUCTION

The key goal of a forensic investigation at a death scene is to provide objective evidence of cause, timing, and manner of death for adjudication by the criminal justice system (Dermichi and Dogan, 2011). Its noteworthy that though the primary goal of a death investigation is to establish the cause and manner of death, the role of the death investigation extends much further than simply answering these two questions (Wagner, 2009)). The value in death investigation is to benefit the living and future generations (Wagner, 2009). The case types that should always have a scene investigation include all confirmed or suspected homicides, suicides, accidents, child deaths, traffic-related deaths in-custody deaths, and workplace-related deaths (Prahlow, 2010, Horswell, 2005a). A thorough and complete investigation commonly leads to the proper diagnosis of the cause and manner of death prior to an autopsy (Avis, 1993). If a deceased person is at the scene, it is called the *death scene*. One of the initial and primary tasks is to determine whether a crime has been committed at the death scene. Every death scene is a potential crime scene and so it is important to carefully examine the scene for evidence or unusual circumstances that may indicate that death scene is a potential crime scene (Moldovan, 2008).

It is a noteworthy that the deceased is the most valuable piece of potential evidence at any death scene. Hence, a systematic and thorough examination of the deceased should be undertaken at every death scene (Horswell, 2005b). Blood spillage or spatter should be noted and will remain after the removal of the body. Weather conditions, location, and poor lighting may mask some faint injuries and trace evidence on the body, therefore the death-scene investigator should document in writing, by sketch, and by photography all information about the body that can be gathered at the scene (Horswell, 2005b).

The death-scene investigator must seek answers to the following questions: is trace evidence at the scene consistent with the death having occurred at this location? Does the body contain any trace evidence that is unusual for this location, for example, mud on soles of shoes, grass, or seed material embedded in or found on the clothing when the deceased was located inside a building? Is the death one that can be attributed to natural causes? Are there any external signs of violence? Is there anything amiss or out of the ordinary regarding the scene? (Horswell, 2005b).

A successful death investigation is usually multi-disciplinary, requiring cooperation and coordination.





Any potential conflicts should be worked out (Dix *et al*, 1999). Effective notes as part of an investigation provide a written record of all the crime scene activities. The notes are taken as the activities are completed to prevent possible memory loss if notes are made at a later time (Miller, 2003). Accurate crime scene note taking should involve, *Notification information* (Date and time, method of notification, and information received), *Arrival information* (Means of transportation, date and time, personnel present at the scene, and any notifications to be made). *Scene description*. (Weather, location type and condition, major structures, identification of transient and conditional evidence (especially points of entry), containers holding evidence of recent activities (ashtrays, trash cans, etc.), clothing, furniture, and weapons present.), *Victim description*. (Position, lividity, wounds, clothing, jewelry, and identification (presence or absence), *Crime scene team* (Miller, 2003).

The purpose of still photography documentation of the death scene is to provide a true and accurate pictorial record of the death scene and physical evidence present. The scene and body are photographed before anything is moved or removed. The number of photographs that should be taken at a death scene cannot be predetermined or limited (Miller, 2003).

Suicide, which is intentional killing of oneself, carries a stigma on the family name in many cultures. Consequently, objections are often raised by survivors when suicide is documented on the death certificate (Moldovan, 2008). Hanging is one of the most preferred methods for suicide, but homicidal hangings have also been reported (Moldovan, 2008). It is important to visit a death scene in hanging deaths. Further evidence from the death scene investigation, statements from witnesses, the presence of a suicide note, and autopsy findings can all help to determine whether the victim was responsible for his or her own death. Demirci *et al*. (2008a) noted that in investigating medico-legal death cases believed to be of suicidal origin, evidence showing that this action was committed by the victim, the presence of a suicide note at the death scene, and a history of a previous suicidal attempt, the presence of daily axillary and pubic shaving on the external examination of the victim's body, when of the Muslim faith, may also be considered a feature of suicide. Hanging, car exhaust poisoning and burning involve elaborate preparations and require seclusion. For these deaths, woods and isolated rural car parks provide the perfect opportunity (King and Frost, 2005). This

investigation was necessary to resolve an issue that would have been subject of adjudication in court since this death scene was suspected to be a potential crime scene.

CASE PRESENTATION

A 19 year old female ward assistant, who is a school leaver, earlier managed for Severe Depression with Psychotic features, with history of multiple attempts at suicide and suicidal notes, who was found dead few minutes after hanging herself in a ceiling fan in her room, in a private psychiatric facility where she was also a resident staff. A day prior to the incidence, 25th September, 20019 it was discovered that she had secretly generated a transfer code in a bank mobile App and had been transferring money to the tune of Eighty thousand naira only, over the previous month. The victim, a nursing staff, called in the Police the previous day, 24th September, 20019, against the instruction of the medical director. The Police from the divisional police office came in and effected arrest but she was brought back, after threatening her that they will charge her to court and she would be sent to jail. All entreaties to her family members to assist her with the funds for the refund did not yield any results. Some of her valuables like personal computer and phone were seized. In the morning of 25th September, 20019, she apologized to all staff and entered her room. However, the security screamed for help when he broke into her room about twenty minutes later, and found her hanging from the ceiling fan. The Director State Security Services (DSS) in the local government authority was informed immediately and he called the Divisional Police Officer (DPO). The steps taken by the security agents to determine whether it was Homicide or suicide formed the basis of this report.

Past Psychiatric History: Patient has had many suicide attempts. The last case was when she took intramuscular chlorpromazine, Haloperidol, and diazepam. There was a suicidal note where she claimed that she wanted to join her late father. Thereafter, she vomited severally and felt remorseful thereafter. Consequently, she was recommenced on her psychotropic medications, Tab Paoxetine 40mg mane and Tab Olanzepine 10mg nocte.

Past Medical History: Patient was a known Asthmatic, managed with Bronchodilators, steroids, and inhalers.





Family History: She was the last child of her parents in a monogamous setting. Father is late. Relationship with siblings was strained because of her lifestyle which family members considered weird. Her sexual orientation was considered unusual and she had integrity issues with family members.

Personal History: She was a post university matriculation exam applicant who is waiting for release of the admission list. Has had adverse childhood experiences which includes sexual harassment, rejection by family members, being asked to fend for herself at 15 years, by taking up menial jobs as an adolescent and being barred from communication with family members and from coming back home.

Psychosexual History: Her sexual orientation was homosexual. Menarche was at 10 years and coitarche was at 12 years and was forced. Has never had any heterosexual relationship.

Forensic History/Investigation: Two issues came up for the Police and the State Security Services investigating team, which collaborated during the investigation. The first was fraud and the other was the death by hanging. Concerning the death by hanging, the investigating team visited the death scene. The room was dark. So they asked for a light source. With the light source they took pictures and videos of the scene of death, the ceilings and the ligature (an old electric wire) used to carry out the act. The body of the deceased was also examined to look out for the ligature marks on her neck and the size of the ligature mark was compared with the size of the wire. The joint Police and DSS also asked for documented medical records. The police doctor was also called to check whether Rigor mortis has taken place to determine the timing of the incident. They also investigated the issue of illegal transfer of funds from a nursing staff's account. They also asked for a copy of the bank statement which was provided. They made notes and took originals or photocopy of relevant items where necessary.

The second phase was the taking of statements by all the people that were on duty at the time of the incident. Two members of staff, a doctor and the nurse whose money was illegally transferred were all asked to make statements.

The Divisional Police Officer in charge asked for a report of the investigation and interrogated the staff and

the security man who cut the ligature to bring her down from the ceiling fan. She asked whether that was a psychiatric facility, whether the features of suicide were there, and whether the features in the body were consistent with the timing of the incident and whether there was a suicidal note. He also asked for the nursing report of the first documented attempt at suicide. He concluded that this was a case of a completed suicide and not homicide.

However when the relatives of the deceased came they raised the issue of Homicide, suspecting that the person whose money was transferred may have killed her in revenge. This was however debunked by the Police. The Police dismissed that assertion based on the detailed investigation they did and rather gave them police clearance (with cause of death clearly stated as Suicide) to take the corpse from the mortuary for final interment.

DISCUSSION

Suicide carries a stigma on the family name in many cultures and so the family members of the deceased raised objections when suicide was documented on the death certificate, in keeping with a previous finding (Moldovan, 2008). The photographs, using a light source, taken during the course of the investigation satisfied the goal for the purpose of still photography documentation of the death scene, which is to provide a true and accurate pictorial record of the death scene and physical evidence present (Demirci and Dogan, 2011, Horswell, 2005a, Miller, 2003). The scene and body were photographed before the body was moved or removed. This is necessary because the body is the most important piece of evidence in a death scene by hanging being suspected to be either suicide or homicide (Forensic outreach, 2007, Horswell, 2005b). However distinguishing between Suicide and Homicide is difficult by examination of the body alone (Puschel *et al*, 1984). Detailed investigation of the scene, examination of the rope and the knots may differentiate the two at a crime scene (Puschel, 1984). This was ensured during the course of this investigation.

A crime scene, as in this case scenario, that shows no sign of forced entry, a suicidal note, no bruises, debris, blood and no exit point of a potential offender is in keeping with suicide (Demirci and Dogan, 2011). In both cases of suicidal and homicidal hanging, suspension follows strangulation by ligature (Puschel *et al*, 1984).



Ligature and marks on the neck, is an important finding in Forensics at a crime scene. If the marks around the neck show a similar pattern to the ridges in the rope used, it is consistent with suicide as was the case scenario in this patient (Forensic outreach, 2007). The security operatives confirmed that the ligature was cut above the knots before taking it away, because when cut above the knots, it preserves the item for forensics (Forensic outreach, 2007). The fact that the age of the patient that committed suicide was 19 years, agrees with the finding that at a younger age of between 10-20 years, the cases of suicide outnumbered the cases of homicide (Ambade, *et al*, 2007). She felt shamed when the fraud associated with her was discovered. This agrees with previous research and added to the body of knowledge, that shame has been established as a risk factor for suicidal behavior and adolescent females with Affective illness are more shame prone, with higher vulnerability to commit suicide (Wilklander *et al*, 2012).

There was a well documented past history of attempted suicide. The lesson for medical personnel, is that presence of prior attempt is predictive of future suicidal attempts and highlights a need for taking a thorough history of suicidal thoughts and attempts, which must be properly documented (Peus *et al*, 2003).

The patient that hanged herself was earlier treated for Severe Depression with Psychotic Features. This is consistent with the finding that the most common precipitating factor for suicide was chronic illness and mental illness, while quarrel and revenge were the most precipitating cause in homicide (Ambade, Godbole, Kukde, 2007). The fact that this patient strangled herself inside her room, is consistent with the finding that most of the victims of homicide were killed outdoor in contrast to victims own domicile in suicides (Ambade, Godbole, Kukde, 2007).

However the issue of fraud had a semblance of quarrel and made the family members to think that it was a revenge mission, which needed to be clarified. The claim by the family members that it was homicide was debunked by the Police authorities who insisted that their finding and evidence shows that it was suicide. The lesson for families is that many aspects of family dysfunction, adverse and difficult childhood and current family disharmony, are linked to self destructive behaviours, like suicide, as seen in this family and the deceased (Goldstiver, 2004). Therefore adolescents who

seem to be at moderate or high risk of suicide, who have attempted suicide, should be evaluated by mental health physicians, and treatment should be commenced and sustained using the biopsychosocial model (Shain, 2016).

Further evidence from the death scene investigation, including statements obtained from witnesses and hospital staff by the security operatives, the presence of a suicide note, all helped to determine whether the victim was responsible for his or her own death (Demirci *et al*. 2008a). Dermichi (2008), noted that in investigating medico-legal death cases believed to be of suicidal origin, evidence showing that this action was committed by the victim, the presence of a suicide note at the death scene, and a history of a previous suicidal attempt, as found by the police debunked the allegation by family members that it was homicide. Evidence from the scene of crime investigation made it evident that the manner of death by hanging was suicidal in nature, and not homicidal (Chaudhary, *et al*, 2008).

Finally, the lesson for government and security agencies is to advice establishments. to install close circuit television (CCTV) so as to prevent crime, record a crime or a potential crime, to provide evidence, in order to help law enforcement agents solve allegations of crime (Da Cruz, 2015). Ultimately, this device (CCTV) by its in-built functions can protect staff and monitor high risk staff and areas, and its use would have been very useful in this medico-legal case reported.

Conclusion

Since every death scene is a potential crime scene, evidence from the scene of crime investigation made it evident that the manner of death by hanging was suicidal in nature, and not homicidal. This is even made clearer, by the fact that previous historical documentations explain the vulnerability of the deceased to suicide rather than homicide.

Ethical Considerations

Written informed consent was obtained from the relatives of the deceased patient for publication of this case report and any accompanying images. Confidentiality was also ensured.

Competing interests

The author declares that there is no competing interest.





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