

Simultaneous Multiple Suicide Attempts: A Case Study

¹Sharma D. K. and ²Dangi M. L.,

^{1,2}SSO & ACE To The Government of M.P. District Scene of Crime Unit, Bhopal, Madhya Pradesh, India

Abstract: Suicide is a frequent and significant form of unnatural death, especially from the perspective of forensic science. In every such case, it is necessary to attempt differentiating between suicide and other violent forms of death (homicide, accident), as well as to exclude the possibility of death due to natural causes. The diagnostic possibilities are, however, limited and forensic practice sometimes finds it difficult to differentiate between suicide, homicide, and accidental death. Although suicide is a complex human behaviour that cannot easily be predicted, a range of factors has been shown to contribute to it. There are complex, multiple factors involved in suicide and suicidal behaviour. To accomplish the suicide successfully a suicide may attempt more than one method depending upon the situation and the plan of the suicide. Cases with multiple simultaneous suicidal attempts (two or more) are known as complex suicides.¹ When an individual repeatedly engages in suicidal behavior, the suicidal mode becomes highly accessible in memory and requires minimal triggering stimuli to be activated. This study presents nine complex suicide cases. All victims take insecticide ingestion in their first attempt. Hanging is the most preferable choice of suicidal method after first insecticide ingestion in all victims.

Keywords: *Suicide, Complex Suicide, Hanging, Insecticide Ingestion, Psychopathology, Childhood Abuse.*

I. INTRODUCTION

Suicide is the “act of taking one’s own life”.² Suicidal people find their problems to be overwhelming to the point that suicide seems to be the best solution even though they don’t necessarily want to die. Thoughts of suicide usually occur during times of personal crisis, stress, fear of failure, loss, or depression. Suicide is often an impulsive act, and many people take their lives within twenty-four hours of a crisis. However, suicide is also often something that can be planned, sometimes meticulously, over time. Again, suicidal behavior is complex. Multiple suicide attempters would show greater psychopathology than single suicide attempters. Multiple suicide attempters are considerably more depressed and hopeless than are single suicide attempters. High levels of psychopathology tend to cause people to make repeated suicide attempts.³

The term “complex suicide” refers to suicides in which more than one suicide method is applied; on the one hand, this

refers to those cases in which the simultaneous combination of several method of suicide is employed to guarantee one will at least succeed. The purpose of the second suicide method employed and any further method that may be employed, too- is to sure as a safeguard in case that the first method fails.⁴ Complex suicide used in general due to if the first method chosen did not cause death, if death occurs too slowly, or this method cause too much pain. In complex suicides, two or more methods are employed simultaneously in order to make sure that death will occur even if one method fails.⁵ In complex suicides, typically two of the generally common methods of suicide (e.g., ingestion of hypnotics or other medicaments, poisons, hanging, use of firearms, self fire, drowning, jumping from a height) are combined. Suicide and suicidal behaviors are some of the most complex and difficult to understand of human behaviours.

The most frequently encountered and described methods of committing suicide in the case of complex suicides are: consumption of poison in combination with hanging, drowning and shooting oneself with a gun in combination with hanging or drowning or likewise combinations.

II. CASES STUDY

In this study, the selection criterion of complex suicide cases was the use of more than one method of suicide. All case records from District Scene of Crime Unit, Bhopal (M.P.) and Regional Forensic Science Laboratory, Bhopal (M.P.) between 2009 and 2013 were reviewed. Of the total cases for this period, nine cases were considered as complex suicides. All cases were reviewed in terms of gender, age, marital status, locality, and methods of suicide.

In a period between 2009 and 2013, nine cases of complex suicide were found from total cases. Six victims were men, the male: female ratio was of 2:1. The ages ranged from 19 to 65 years and the average age of victims was 37.1. Seven victims were married; two victims were single. It was observed that two victims realized the suicidal act in the house. Some victims’ suicide motive was psychiatric disorders and some victims’ was familial problems, love affair and dowry problem. Two victims were housewives; five out of nine victims belongs to rural area. It was seen that six victims preferred hanging; in their second suicide attempt, one victims burning and two victim each drowning.

Table: 1

Sr. No.	Gender	Age	Marital Status	Rural/ Urban	1 ST Suicide Method	2 nd Suicide Method
1	Male	26 Y	Unmarried	Urban	Aluminium Phosphide	Hanging
2	Male	30 Y	Married	Urban	Endosulfan	Hanging
3	Male	40 Y	Married	Rural	Aluminium Phosphide	Hanging
4	Male	45 Y	Married	Rural	Cypermethrine	Burning
5	Female	50 Y	Married	Rural	Aluminium Phosphide	Drowning
6	Male	35 Y	Married	Rural	Lamda cyhalothrine	Hanging
7	Female	24 Y	Unmarried	Urban	Fenitrothion	Hanging
8	Male	65 Y	Married	Rural	Aluminium Phosphide	Drowning
9	Female	19 Y	Married	Urban	Zinc Phosphide	Hanging

It was determined that two victims used two methods as drowning and aluminium phosphide, six victims used hanging with either or aluminium phosphide, lambda-cyhalothrin, phenyltrothion and zinc phosphide, and the other one victims burnt himself along with cypermethrine ingestion, to realize the suicide.

III. RESULTS AND DISCUSSION

Suicide is only one dramatic example at the most extreme end of the whole spectrum of self-destructive behaviour. In this respect suicide differs only in acuteness and intensity from other patterns of behaviour, which cause damage to the self and to personal relationships. Multiple suicide attempters versus single attempters exhibited a greater degree of deleterious background characteristics (e.g., a history of childhood emotional abuse, a history of family suicide), increased psychopathology (e.g., depression, substance abuse), higher levels of suicidality (e.g., ideation), and poorer interpersonal functioning. Profile differences existed even after control for borderline personality disorder. Multiple suicide attempters display more severe psychopathology, suicidality, and interpersonal difficulties and are more likely to have histories of deleterious background characteristics than single attempters. Multiple suicide attempters displayed elevated suicidal ideation, depression, hopelessness, and perceived stress, as well as poorer social problem-solving skills.

Using multiple methods for self-destruction in a single episode occurs very rare. The victim intentionally uses a variety of backup (simultaneously or chronologically) methods to ensure a successful suicide.⁶ Our approach to the manner of death was based on comparative study of circumstantial data with autopsy findings. In the forensic literature, complex suicides have been reported to account for about 1% of all suicides. In India hanging, drowning and insecticide ingestion are the most frequently used suicide methods, as it was the case in our eight of nine victims. The use of hanging one of the most preferred methods employed in complex suicide, and is, employed by two urban female victims and four male victims of six victims who committed a suicide by using hanging. In our study of complex suicide cases, it was determined that using aluminium phosphide was the most preferred method with four victims out of nine which was realized by using drowning and hanging and were belongs to mostly rural area. In the study, empty pesticide boxes were not found in the investigation of death scene and pesticide was determined in the autopsy material of all nine cases. In the study, where nine complex suicide cases were investigated, the victims had used the method of pesticide ingestion. In rural area different types of insecticides are available so victims used the most easily available insecticide as Aluminium Phosphide, then Zinc Phosphide, Cypermethrine, Lamdacylhalothrin and Fenitrothion, Endosulfan to realize the suicide in the study.

Victims can use methods of lesser lethality before opting to use more lethal techniques. The conversion from lesser to greater methods of lethality is most likely associated with pain, anguish, and frustration experienced by the suicidal individual. The victim had chosen the second and more lethal method due to the reasons of pain, ache, and taking too much time. In cases of complex suicide the circumstances of death can be unfathomable, and a violent crime might be suspected in the first place. This especially applies to cases where one of the

methods is the use of fire, as burning is also often employed in cases of homicide to cover up a crime.⁷ Consequently, the investigation of death scene and autopsy processes should be performed carefully in complex suicides in which more than one method is used. The presence of suicide note in the death scene, a history of previous suicide attempt, a medical history of psychiatric disorder, the presence of any problems (unfulfilled love, familial problems, economic problems, etc) that may cause a person to suicide can be interpreted in favor of suicide.

CONCLUSION

Suicide should be considered not in isolation, but against the background of behaviour which is harmful to the self. Suicide is thus the most acute and dramatic form of this and represents the 'absolute' in the suicidal spectrum. In addition, using medicine and/or pesticide, may be probably selected as the first method by the victim in an attempt of complex suicide. Although thinking that these methods are slower and comparatively ineffective, the victim may select a second and more lethal method (hanging, drowning, burning, etc). For this reason, we think that the first methods used can be interpreted as an autopsy finding which is supporting the manner as a suicide. In the study victims used two suicidal methods along with different insecticide ingestion. After ingestion of insecticide, thinking of slower methods, victims used a second and more lethal method that is hanging because ligatures and ligature points are easily available.

References

- [1] Santhosh C.S., Vishwanthan K.G., Selvakumar C., Bande Nawaz, An Unusual form of Complex Suicide — Case Report, *Medico-Legal*, 2012, Volume:12;2(160-162).
- [2] *Stedman's medical dictionary* (28th ed. ed.). Philadelphia: Lippincott Williams & Wilkins. 2006.
- [3] Forman E. M., Berk M. S., Henriques G. R., Brown G. K., Beck A. T., History of Multiple Suicide Attempts as a Behavioral Marker of Severe Psychopathology, *Am J Psychiatry* 2004; 161(437–443).
- [4] Bohnert M, Pollak S., Complex suicides—a review of the literature. *Arch Kriminol.* 2004; 213 (138 –153).
- [5] Demirci S, Dogan KH, Erkol Z, Deniz, A series of complex suicide, *I Am J Forensic Med Pathol.* 2009 Jun;30;2 (152-154)
- [6] Altun G., Planned complex suicide: report of three cases, *Forensic Sci Int.* 2006;157 (83– 86).
- [7] Turk EE, Anders S, Tsokos M., Planned complex suicide. Report of 2 autopsy cases of Suicidal shot injury and subsequent selfimmolation, *Forensic Sci Int.*2004;139 (35-38).