Sri Lanka Journal of Forensic Medicine, Science & Law — May 2025;16(Special Issue):23-25
DOI: https://doi.org/10.4038/sljfmsl.v16i5.8031

CASE REPORT

AN UNINTENDED ASPHYXIATION OF A PARA-SUICIDE: FORENSIC CHALLENGES IN DETERMINING THE CIRCUMSTANCES

Lowe WMT[1]*, Hulathduwa SR[1], Dassanayake PB[2]
[1]*Department of Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka*
[2]*Office of the Judicial Medical Officer, Colombo South Teaching Hospital, Kalubowila, Sri Lanka*

ABSTRACT

Hanging is a common method of suicide in Sri Lanka, conventionally considered a mode of asphyxia. Partial hanging, where the entire weight of the body is not applied for the constriction of the neck due to the use of a separate rope tied around the waist for controlling the force, is a complex circumstance leading to a query regarding the intention of the individual. A 41-year-old male with a history of four previous suicidal attempts by hanging was found dead in a partial hanging in his bedroom. The body was discovered within 15 minutes after the incident in a seated position, with his neck stretched with a saline tube fixed to a rafter. There was also a nylon rope attached to his waist and to the point of suspension so that he could control the force applied around the neck by clinging on to this guy-rope. He has, on four previous occasions, done the same thing to frighten his wife. The scene examination revealed a body in a partial hanging remaining in the seated position. The family members have cut the saline tube, taking this for yet another impulsive suicidal attempt. Otherwise, the scene was undisturbed. Postmortem examination did not reveal any injuries to neck muscles, skeletal and vascular structures of the neck, except for the faint ligature mark. The rest of the body was devoid of injuries and prominent cardinal features of asphyxia. The deceased had seemingly attempted to modify the constricting force around the neck by controlling the bodyweight with a second rope. Though these types of applications are recorded in sexual asphyxias, it is virtually unheard of in suicidal hanging. In the context of his previous para-suicidal attempts, it is a challenge for the pathologist to decide whether the circumstances as accidental or suicidal. This warrants the need for a 'psychological autopsy' in such ambiguous cases.

Keywords: *Para-suicide, psychological autopsy, sexual asphyxia*

Corresponding author: Lowe WMT
lowe.mahesh@gmail.com
https://orcid.org/0009-0004-2035-9704

ARTICLE HISTORY
Received: 31.12.2024
Received in revised form: 11.02.2025
Accepted: 21.02.2025
Available online: 30.05.2025

INTRODUCTION

Para suicidal attempt implies a less lethal suicide attempt, also known as a suicidal gesture, is a deliberate act of self-harm that is not intended to result in death[1]. The intent may not be to die, but these attempts can still have serious consequences, including injury or even accidental death[1]. It often serves as a way to communicate distress rather than a genuine attempt at suicide[2]. Hanging is a common method of suicide in Sri Lanka. Differentiation of the circumstances of such parasuicidal attempts leading to death will be a major concern for the judicial medical officer.

CASE HISTORY

A 41-year-old male manual labourer with a documented history of chronic alcohol abuse and recurrent domestic violence incidents, including recent legal charges for spousal battery, presented with fatal suicidal hanging. He had multiple prior suicide attempts by hanging, according to collateral history from family and community members. On the day of the incident, he had locked himself up inside the house following an altercation with his wife. Upon forced entry by his family members 30 minutes later, they discovered the deceased partially sitting in front of their cupboard, suspended with a saline tube around the neck and connected to the roof (Fig. 1 and 2). The scene investigation did not reveal any signs of violence or disturbance to the scene, other than the efforts to rescue him by cutting the saline tube. According to eyewitnesses, the door was blocked from the inside by a chair. His clothes were not disturbed, and there were no visible injuries or blood marks on the body or in the room. The windows were closed, and they had fixed grills. The other end of the saline tube was tied to the roof, and it was cut, and there was a nylon rope tied to the same bar 30 cm from the saline tube (Fig. 3). The nylon rope was torn and broken. According to the eyewitness, the saline tube was not wrapped around the neck; only a single loop was found on the anterior neck.

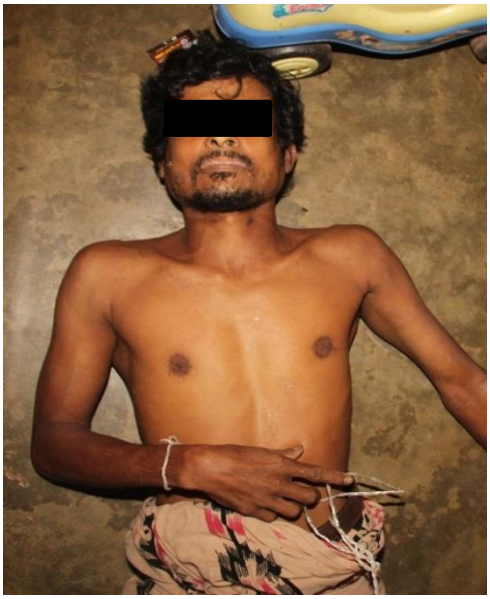

Figure 1: Body of the deceased found at the scene

Figure 2: Diagram of the hanging

Figure 3: The point of suspension with the two ropes attached

The autopsy revealed an average-built male clad in a sarong with a brown-coloured belt. A nylon rope was tied to the belt (Fig. 4). There were no external injuries other than a skin contusion on the left side of the neck. There were no defence injuries or any other injuries. No petechial hemorrhages at the eyes. No facial congestion, perioral/dental injuries, or petechial haemorrhages were observed. A faint ligature mark was noted 19 cm in size, 0.6 cm in width, and 8 cm below the chin, extending backward and upward in an inverted 'V' shape. There were no underlying skeletal or muscle injuries. The lungs were heavy with moderately significant pulmonary odema. Partially digested

food was present in the stomach with an added aromatic odour of liquor. The musculoskeletal dissection did not reveal any deep muscle or skeletal injuries. Blood samples were sent to the government analyst for toxicological analysis, including quantification of serum alcohol levels.

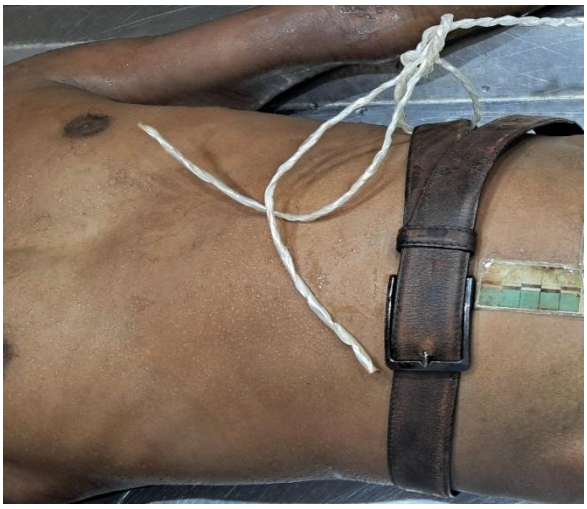

Figure 4: Nylon rope that was attached to the belt

During the reconstruction of events, it was hypothesised that he may have tied the nylon rope around his belt after climbing on top of the cupboard and then tied both the saline tube and nylon rope to the roof bar. He may have tried to control his weight during hanging by using the nylon rope (Figure 02), but unfortunately, it has broken. This may have tightened the saline tube around the front of the neck. He may have been incapacitated/intoxicated due to alcohol consumption. The postmortem did not reveal any features suggestive of foul play. There were no suicidal notes, indicating it may not have been a planned act. Finally, it was concluded that death was due to unintended asphyxiation from hanging following a parasuicidal attempt.

CONCLUSION

The differentiation of parasuicidal attempts leading to death, homicide, accidental hanging, and sexual asphyxia is a major concern. Details from eyewitness statements, scene visits, circumstance analysis, postmortem examination, and event reconstruction play a major role in a similar scenario. It is a challenge for the forensic pathologist to decide whether the circumstance was accidental or suicidal, warranting the need for a 'psychological autopsy' in such ambiguous cases.

ACKNOWLEDGMENTS

None.

CONFLICTS OF INTEREST

The authors declared no conflicts of interest.

ETHICAL ISSUES

The presented case was conducted for medico-legal purposes, and the findings were used for academic purposes, according to the institutional guidelines, without divulging the identity of the individual.

SOURCES OF SUPPORT

None.

AUTHOR CONTRIBUTIONS

WMTL: Conception and design of the work; the acquisition, analysis, and interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and final approval of the version to be published. **SRH:** Conception and design of the work; the acquisition, analysis, and interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and final approval of the version to be published. **PBD:** Conception and design of the work; the acquisition, analysis, and interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and final approval of the version to be published.

REFERENCES

1. Jones JE, Hermann BP, Barry JJ, Gilliam FG, Kanner AM, Meador KJ. Rates and risk factors for suicide, suicidal ideation, and suicide attempts in chronic epilepsy. *Epilepsy & Behavior*. 2003 Oct 1;4:31-8. https://doi.org/10.1016/j.yebeh.2003.08.019.

2. Welch SS. A review of the literature on the epidemiology of parasuicide in the general population. *Psychiatric Services*. 2001 Mar;52(3):368-75.