

## An Unusual Case Report of Unplanned Complex Suicide

Allen Mark Jeffrey<sup>1</sup>, Meenakshi Malhotra<sup>2</sup>, Hemant V. Vaidya<sup>3</sup>, Naresh P. Zanjad<sup>4</sup>

<sup>1</sup>Junior Resident, B. J. Medical College, Pune, <sup>2</sup>Senior Resident, <sup>3</sup>Assistant Professor, <sup>4</sup>Professor and Head, Dept of Forensic Medicine and Toxicology, B. J. Medical College and Sassoon General Hospital, Pune.

**How to cite this article:** Allen Mark Jeffrey, Meenakshi Malhotra, Hemant V. Vaidya et al. An Unusual Case Report of Unplanned Complex Suicide. Indian Journal of Forensic Medicine and Toxicology/Volume 18 No. 3, July - September 2024.

### Abstract

The phenomenon of complex suicide is well-known and defined as the use of more than one suicidal method to cause death. It accounts for 1.5 to 05 % of all suicidal deaths. In complex suicides, planned and unplanned acts are differentiated. In unplanned suicides, one or more methods are used consecutively after the previous method failed and did not result in death. The present case report discusses the unplanned suicide of a young, extremely obese, 18-year-old boy. The boy was found in an unconscious state at his home in the bathroom, in sitting position on the floor with his neck suspended to the shower head with a rope with multiple cut marks over his body. During the autopsy, external examination revealed a ligature mark around neck and multiple superficial incised injuries over his face, neck and both wrists. Detailed autopsy examination confirmed the cause of death as asphyxia due to suicidal hanging with multiple incised injuries over the body. It is of utmost importance for the forensic investigator to have in-depth knowledge about different unusual suicidal methods. This will prevent unnecessary criminal investigation and help in the concrete establishment of the manner and cause of death.

**Keywords:** Unplanned suicide, adolescence, hanging, asphyxia

### Introduction

Suicide is defined as death caused by self-directed injurious behavior with the intent to die as a result of the behavior.<sup>1</sup> Suicides are classified into Simple and Complex Suicides. Simple suicide is defined as the adoption of one method to end one's life and induce death. Complex suicide involves the adoption of a combination of more than one method.<sup>2,3</sup> A planned complex suicide is a complex action mechanism planned in advance to protect the victim from failure and ensure death. The characteristic of a complex unplanned suicide is that after the failure of the first

attempt to die, the person continues to try by using different destructive means to achieve the ultimate goal which is death.

Suicide is among the foremost causes of death worldwide, especially among adolescents.<sup>4,5</sup> Adolescence is a transition phase where a child experiences certain major changes reaching adulthood. At times this phase becomes quite challenging for them making their life vulnerable to death by committing suicide. Incidence of suicide varies depending upon the culture, quality of life, education status, study-related stress and familial

---

**Corresponding Author:** Allen Mark Jeffrey, Junior Resident, B. J. Medical College, Pune.

**E-mail:** jallenmarkjeffrey@gmail.com

**Submission date:** Dec 28, 2023

**Revision date:** Jan 23, 2024

**Published date:** July 17, 2024

---

This is an Open Access journal, and articles are distributed under a Creative Commons license- CC BY-NC 4.0 DEED. This license permits the use, distribution, and reproduction of the work in any medium, provided that proper citation is given to the original work and its source. It allows for attribution, non-commercial use, and the creation of derivative work.

relationships. The estimated suicide rate for 10 to 19-year-olds based on WHO mortality data from 2010 to 2016 was 3.77/100,000 people.<sup>6</sup>

The estimated lifetime prevalence of suicide ideation, plans, and attempts among adolescents is 12.1%, 4.0%, and 4.1%, respectively.<sup>7</sup> The risk of suicide is relatively low in childhood, and significantly increases from early adolescence to late adolescence and early adulthood.<sup>6,8</sup> Adolescent boys are more likely to die by suicide whereas adolescent girls are more likely to have experienced suicidal ideation and suicide attempts.<sup>9-11</sup> Suicidal thoughts and behaviors among youth should be given utmost importance to take timely necessary steps to prevent such acts. The present case report describes one such case of an adolescent boy who adopted an extreme step in the form of an unplanned complex suicide.

### Case Report

The present case report details an unplanned complex suicide of an 18-year-old male in 12<sup>th</sup> standard living with his parents and younger sister. The body of the boy was discovered in the bathroom of his house, with a rope tied around his neck, suspended to the shower bar and brought for postmortem examination.

On external examination, the boy was found to have an extremely obese build. Signs of asphyxia in the form of facial congestion and cyanosis of fingernails were present. A ligature mark was present over the anterior aspect of the neck, at the level of the thyroid cartilage, running obliquely upwards and backward as shown in Figure no. 1. Multiple subcutaneous tissue to muscle-deep incised injuries were present on the face on both sides of the forehead, both sides of the neck, and both wrists ventrally (Figure no. 1, 2, 3). On internal examination, both lungs showed petechial hemorrhages. The stomach contents and examination of other organs were unremarkable. After the completion of the autopsy, the cause of death was established as hanging.



Figure 1 Ligature mark over neck.



Figure 2- Multiple incised injuries over left wrist.



Figure 3- Multiple incised injuries over right wrist.

## Discussion

Suicide is the leading cause of death in all age groups. Complex suicide refers to suicides in which more than one suicide method is applied. This refers to those cases of suicide in which the simultaneous combination of several methods of suicide is adopted to guarantee one will at least succeed. The purpose of the second suicide method adopted and furthermore, methods that may be adopted is to make the suicide plan foolproof if the first method fails. However, the term complex suicide is also used for those cases in which the methods of suicide are not adopted simultaneously, but successively. It could be where the first method chosen did not cause death if death occurs too slowly, or if this method causes too much pain. The suicidal individual uses the same tool several times successively because the first injury did not cause death immediately or at least did not induce immediate incapacitation. This may be the case especially when firearms or sharp tools are used to commit suicide.<sup>12-15</sup>

To differentiate the two types from each other, the names Planned complex suicides and unplanned complex suicides originated. Planned complex suicides are in which the success is to be guaranteed by a planned coincidence or mutual acceleration of two or more methods of suicide. In contrast to the group mentioned above, unplanned suicides are those in which the suicidal individual uses one or several other forms of inflicting damage to him or herself directly after the unintentional failure of a first attempt in the same course of action.<sup>16</sup>

The number of planned and unplanned complex suicides compared to simple ones is about 1-5% of the total number of suicides. They are more common in males.<sup>17,18</sup> The choice of the method of committing suicide correlates with the degree of determination to die, the greater the desire to end one's life, the more deadly and brutal the method of committing suicide. The term lethality score is the ratio between the number of successfully executed suicides and the number of unsuccessful attempts to commit them in that particular analyzed way. The best-known is the table of lethal scores made by a group of American authors based on the analysis of more than four thousand suicides and suicide attempts in a total of 28 ways over five years.<sup>19</sup> According to their data, the

lethality score for hanging is  $89.50 \pm 4.38$ . Usually, the methods of suicide in previous attempts, as well as the first attempt in unplanned complex suicide, have a lower lethality rate compared to the method that follows the first unsuccessful attempt in unplanned complex suicide<sup>20</sup>. Compared to women, men tend to commit suicide in a way that has a higher lethality.

The present case demonstrates that a young boy committed suicide by means of an unplanned complex suicide. The boy first tried cutting the blood vessels of the neck on both sides and both wrists. It proved to be extremely painful and an unsuccessful way of committing suicide and in a frenzy, the boy also cut his forehead on both sides. It aggravated the pain with which he was already suffering. He then adopted a quick, less painful and faster method to commit suicide by hanging himself. The boy had not planned to hang as his primary means of suicide, however, upon failure of cutting the blood vessels, he resorted to a relatively quicker means by choosing to hang. This was evident at the crime scene too. On recreation of the crime scene, blood stains were found all over the house walls, curtains and floor, more on the balcony from where he had cut the rope when he was bleeding. The weapon used was a kitchen knife found in the living room. A similar case report has been described by Tatwal B et al, in which the 22-year-old had committed a planned complex suicide involving slashing of the wrist and hanging.<sup>21</sup>

It is a major challenge for forensic experts to differentiate simple suicide from complex suicide. The complexity involved in the history, circumstances and autopsy findings makes it even more difficult to conclude. Cases where there is evidence of the application and adoption of more than one method of suicide often raise suspicion. In such cases, a meticulous autopsy and crime scene investigation with a clear history of any previous suicidal attempt along with some triggers is essential to conclude the cause and manner of death.

## Conclusion

Complex suicides almost always arise a suspicion of a planned homicide and can be mistaken for it if not carefully investigated. A variety of different combinations of suicide methods are used in complex suicides, including some that have not previously

been described in the literature. Victims always come up with innovative ideas to complete and execute their final aim of committing suicide. Hence, forensic experts should not immediately assume and form an opinion that points towards homicide. Rather one should think wisely, conduct a meticulous autopsy after considering all the possibilities and then reconstruct the scene of crime before finalising the cause of death. Previous suicide attempts and likely trigger factors in adolescents must be given due consideration. The knowledge of potential risk factors for suicidal behavior in adolescents allows early identification of the upcoming act. The quality of the parent-child relationship must be improved so that the parents can identify what their child is going through and can act accordingly to prevent such extreme steps.

**ETHICAL CLEARANCE-** The autopsy was conducted by a team of doctors including the Professor and HOD, separate permission from the department is not required and therefore not obtained. The identity of the deceased is masked and therefore permission from relatives was not obtained.

**Source of Funding:** Nil

**Conflict of Interest:** Nil

**Source of Images:** Dept. of Forensic Medicine and Toxicology, B. J. Medical College and Sassoon General Hospital, Pune.

### References

1. Posner K, Brodsky B, Yershova K, Buchanan J, Mann J. The classification of suicidal behavior. *The Oxford handbook of suicide and self-injury*. 2014 Jun 5:7-22. Page no. 10.
2. Marcinkowski T, Pukacka-Sokolowska L, Wojciechowski T. Planned complex suicide. *Forensic Sci*. 1974;3:95-10.
3. Zengin Eroglu, M., Şahan, E., & Kiraz, S. (2017). An unusual case of unplanned complex suicide. *Psychiatry and Clinical Psychopharmacology*, 27(4), 406-408. doi: 10.1080/24750573.2017.1345084.
4. Cunningham RM, Walton MA, Carter PM. The major causes of death in children and adolescents in the United States. *New England Journal of Medicine*. 2018 Dec 20;379(25):2468-75.
5. Patton GC, Coffey C, Sawyer SM, Viner RM, Haller DM, Bose K, Vos T, Ferguson J, Mathers CD. Global patterns of mortality in young people: a systematic analysis of population health data. *The Lancet*. 2009 Sep 12;374(9693):881-92.
6. Glenn CR, Kleiman EM, Kellerman J, Pollak O, Cha CB, Esposito EC, Porter AC, Wyman PA, Boatman AE. Annual Research Review: A meta-analytic review of worldwide suicide rates in adolescents. *Journal of child psychology and psychiatry*. 2020 Mar;61(3):294-308.
7. Nock MK, Green JG, Hwang I, McLaughlin KA, Sampson NA, Zaslavsky AM, Kessler RC. Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement. *JAMA psychiatry*. 2013 Mar 1;70(3):300-10.
8. Cha CB, Franz PJ, M. Guzmán E, Glenn CR, Kleiman EM, Nock MK. Annual Research Review: Suicide among youth-epidemiology, (potential) etiology, and treatment. *Journal of Child Psychology and psychiatry*. 2018 Apr;59(4):460-82.
9. Brent DA, Oquendo M, Birmaher B, Greenhill L, Kolko D, Stanley B, Zelazny J, Brodsky B, Firciogullari S, Ellis SP, Mann JJ. Peripubertal suicide attempts in offspring of suicide attempters with siblings concordant for suicidal behavior. *American Journal of Psychiatry*. 2003 Aug 1;160(8):1486-93.
10. Fergusson DM, Woodward LJ, Horwood LJ. Risk factors and life processes associated with the onset of suicidal behaviour during adolescence and early adulthood. *Psychological medicine*. 2000 Jan;30(1):23-39.
11. Kokkevi A, Rotsika V, Arapaki A, Richardson C. Adolescents' self-reported suicide attempts, self-harm thoughts and their correlates across 17 European countries. *Journal of Child Psychology and Psychiatry*. 2012 Apr;53(4):381-9.
12. Karger B, Brinkmann B. Multiple gunshot suicides: potential for physical activity and medicolegal aspects. *Int J Legal Med* 1997;110:188-192.
13. Karger B, Niemeyer J, Brinkmann B. Physical activity following fatal injury from sharp pointed weapons. *Int J Legal Med* 1999;112:188-191.
14. Thoresen SO, Rognum TO. Survival time and acting capability after fatal injury by sharp weapons. *Forensic Sci Int* 1986;31:181-187.
15. Zimmer G, Miltner E, Mattern R. On the ability to act after stab and cut injuries. *Arch Kriminol* 1994; 194:95-104.

16. Pollak, S.: Statistics and Phenomenology of Combined Suicides and Other Suicidal Multiple Injuries in Other Multiple Suicidal Injuries in the Urbanic Area. *Arch. f. Crimea.* 1978; 161:20-30.
17. Racette S, Sauvageau A. Planned and unplanned complex suicides: a 5-year retrospective study. *Journal of forensic sciences.* 2007 Mar;52(2):449-52.
18. Törő K, Pollak S. Complex suicide versus complicated suicide. *Forensic science international.* 2009 Jan 30;184(1-3):6-9.
19. Rhyne CE, Templer DI, Brown LG, Peters NB. Dimensions of suicide: Perceptions of lethality, time, and agony. *Suicide and Life-Threatening Behavior.* 1995 Sep;25(3):373-80.
20. Nishimura A, Shioiri T, Nushida H, Ueno Y, Ushiyama I, Tanegashima A, Someya T, Nishi K. Changes in choice of method and lethality between last attempted and completed suicides: how did suicide attempters carry out their desire?. *Legal medicine.* 1999 Sep 1;1(3):150-8.
21. Tatwal B, Meena SK, Joshi A. A Planned Complex Suicide: Cut Injury to the Wrist with Hanging. *Call for Editorial Board Members.* 2020 Jan;13(1):111.