



Case Report

Homicidal assault to the neck with subsequent simulation of self-hanging



Stefan Pollak, Annette Thierauf-Emberger*

Institute of Forensic Medicine, University Medical Center Freiburg, Albertstraße 9, 79104 Freiburg, Germany

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ABSTRACT

When a body is found in suspended position, not only suicidal hanging has to be considered but also an accident or homicide. These alternatives and the criteria to be applied for their differentiation were already extensively discussed in the old medico-legal literature. Nevertheless, it is still a challenge for detectives and forensic experts to prove a homicidal assault when a suspended body is found. In the presented case, the findings collected at the scene and during autopsy seemed to be consistent with the assumption of suicide at first and the case has only been elucidated by supplementary inquiries and a secondary evaluation of the photos taken at the scene and during the autopsy. The victim, a 47-year-old woman, had been manually strangled in her flat. Subsequently, the perpetrator took her up to the attic and tried to hang her in order to simulate suicide.

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1. Introduction

The term “hanging” describes a special form of compression of the neck [1]. In contrast to manual and ligature strangulation, the pressure on the soft tissues of the neck results from the body weight exercising a pulling force at the hanging noose. Depending on the circumstances of the individual case, different mechanisms may contribute to the lethal outcome either individually or in combination: occlusion of the arterial and venous cervical vessels, mechanical obstruction of the airways and (if the body falls from a sufficient height) also injuries to the cervical spine up to complete severance of the head.

A special feature of death by hanging is that it may be suicidal, accidental or homicidal. However, as most hangings are suicides, the possibility of a non-suicidal death by hanging is sometimes taken into consideration only when there is clear evidence supporting this suspicion. This has already been pointed out by Eduard v. Hofmann [2] in his classical textbook of forensic medicine, where he writes “... that in the overwhelming majority of cases this fact [meaning the high incidence of suicide by hanging] supports the assumption of suicide”. Especially those examiners who have only limited experience may be tempted to uncritically assume a suicide when assessing putative cases of hanging.

Since the 1920s, numerous articles have been published discussing the criminalistic and medical aspects of simulated suicides by hanging [3–10]. A large number of case reports prove that a merely external inspection of the body is associated with a high error rate in all forms of cervical compression (especially if the scene was changed afterwards) [11]. Recognizing a homicide with suspension of the victim can be very difficult. For this reason it seems appropriate to present relevant examples again and again to emphasize the realistic risk of a wrong assessment. The suspicion that a hanging case has to be regarded as a simulated suicide does not always become apparent at the external post-mortem examination and sometimes not even at autopsy. The authors present a homicide case which has only been elucidated by supplementary inquiries and a secondary evaluation of the photos taken at the scene and during the autopsy.

2. Case history

A 47-year-old woman, who had lived apart from her 52-year-old husband for quite some time, was found dead in the open attic of the house by her daughter in the late morning hours. The body was lying face down beside an overturned stool. She was only dressed with a pyjama shirt and underpants. The waistband of the underpants was rolled in and pushed down (Fig. 1).

Around the neck, there was a tight noose consisting of a 7 mm thick plastic rope with the slipknot situated in the nuchal region from where the rope went up to a horizontal roof beam, ran across

* Corresponding author. Tel.: +49 761 203 6836; fax: +49 761 203 6858.

E-mail address: annette.thierauf@uniklinik-freiburg.de (A. Thierauf-Emberger).

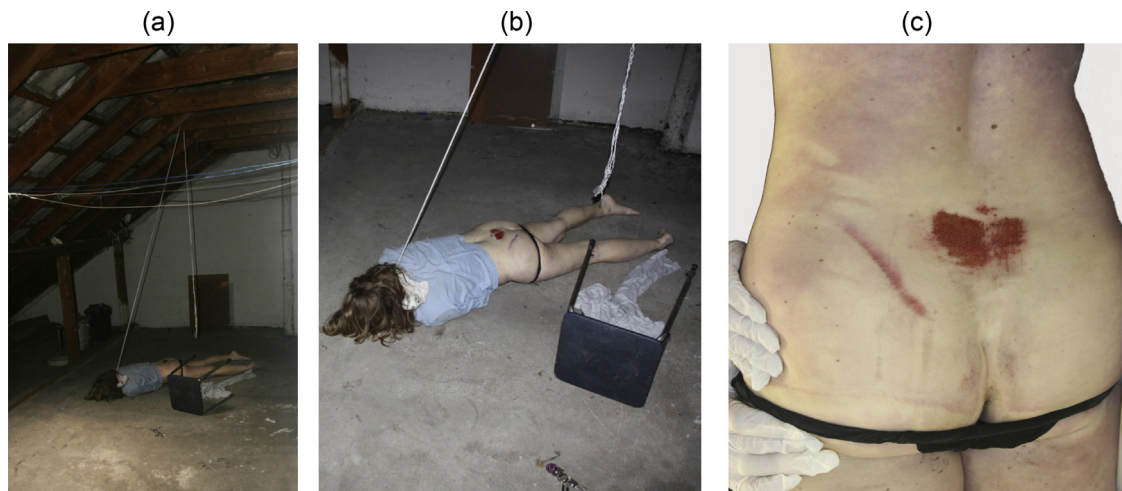


Fig. 1. Scene with the victim lying face down (a and b). The ligature is not fixed to the roof beam. Underpants pushed down and waistband rolled in (c). In the sacral region and above the left buttock, excoriations parched brown (dragging marks).

its upper surface, but was not fixed there. On the other side of the beam, the end of the rope was hanging down freely.

About 12 h before being found, the woman had made a phone call. She had planned a holiday and wanted to stay with a friend for some days. Although there were no clues to a depressive mood and no suicide note had been left, the police assumed a suicidal act at first. Four days after death, a forensic autopsy was performed. In the expert opinion, death was attributed to asphyxia consistent with self-hanging. However, due to some “unusual” findings in the submandibular regions the involvement of another person was “not completely ruled out”.

Only in the following weeks did the husband living separately from the alleged suicide victim come under suspicion to have killed his wife. He was repeatedly questioned and made contradictory statements. For example, he claimed to have spent the night before the death of his wife with a new acquaintance, whereas the evaluation of the connection data of his mobile phone showed that it had been logged into 2 GSM radio cells covering his wife's domicile at the respective time.

When the suspect learnt about the crime scene investigation measures taken, he changed his former story and claimed to have gone to the attic already before the police and the emergency doctor arrived in order to say goodbye to his dead wife. He correctly described her clothing and the position of her body. Later testimonies of witnesses proved that the man could not have entered the attic as early as he claimed. Consequently, he must have obtained his knowledge about the circumstances at the scene on a different occasion, which provided further evidence for the suspicion that he was the perpetrator.

8 weeks after the death, the public prosecutor ordered a second medico-legal assessment. Based on the photo documentation and the autopsy report, the expert should comment on whether the findings were consistent with the assumption of a suicidal act. This question could be clearly denied. In the following, the relevant findings are briefly summarized:

2.1. Autopsy findings

- Body length 165 cm, body mass 68 kg, hypostasis on the front and back of the body (due to changing its position after discovery);
- Multiple, partly confluent, fingertip-sized bruises on the anterior neck, especially in the submandibular regions (Fig. 2a);
- Two hanging/ligature marks encircling the neck and barely ascending towards the nape (each about 7 mm wide): one was

parched brownish-red, the other was pale and depressed (consistent with the tight noose still on the neck) (Fig. 3);

- On the left anterior neck a streak-like, 7 mm wide zone of parching ascending towards the angle of the jaw (Fig. 2b);
- Petechial haemorrhages in the eyelids, in the oedematous conjunctivae, on the inner surface of the lips and behind the ears;
- Minor bleeding from mouth and nose without signs of local traumatization;
- Fingertip-sized haematomas on the upper arms;
- Extensive excoriation parched brownish-red in the sacral region, streak-like excoriation above the left buttock (cf. Fig. 1c);
- Multiple blood extravasations in the subcutis and the muscles of the anterior cervical regions;
- Fracture with associated haemorrhage of the right greater hyoid horn, kinking of the right superior thyroid horn;
- Haematomas due to bruising in the apical and marginal parts of the tongue.

The secondary assessment of the medical findings arrived at the following conclusions:

- The presence of two circular grooves and one ascending mark on the victim's neck cannot be explained by a single hanging act with a noose having only one loop.
- The submandibular haematomas indicate manual strangulation of the still living victim.

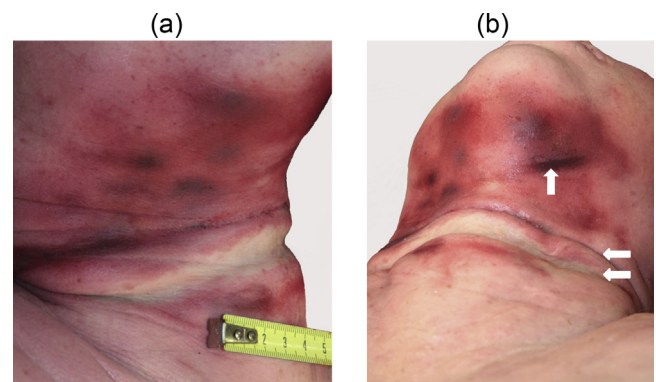


Fig. 2. Findings on the right side of the neck (a): several fingertip-sized haematomas in the submandibular region. Anterior aspect of the neck (b): two circular grooves (→) and an ascending mark (↑).

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