



144 Significance of Suicide Note Incidence During Forensic Autopsies: An 11-Year Retrospective Review of Suicide Cases in Wayne and Monroe Counties, Michigan

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Based on more than a decade of autopsy data, the goal of this presentation is to convey to attendees the rate at which individuals leave their last words before committing suicide in Wayne and Monroe County, Michigan, with comparison to suicides which are absent any final communication.

In the interest of suicide determination, research, and prevention using the extensive pool of suicide note data presented here, this presentation will impact the forensic science community by highlighting the overall knowledge and understanding of methods as well as demographics for this manner of death in one American metropolis.

There are various reasons to leave behind a suicide note, including: the expression of one's wishes; to ease the pain and suffering which one has endured; instructions to loved ones; and even the expression of anger to oneself or toward other(s). A retrospective study was conducted at the Wayne County and Monroe Medical Examiner Offices for deaths classified as suicide. A total of 2,227 cases of suicide were reported between the years 2000 and 2011. There were 536 cases (24%) accompanied by a suicide note. Suicide notes varied from a written note in 470 cases (88%), verbal threats in 50 cases (9%), text messages in six cases (1%), email or personal computer in five cases (<1%), and five cases (<1%) left a suicide note recording on audio tape/voicemail. Males had a higher incidence of leaving a suicide note in 403 cases (75%), as compared to females in 133 cases (25%). The most common age group was the middle age group of 41- to 50-year-olds, representing 122 cases (23%). There were 426 cases racially classified as White, 93 as Black, and 17 as other races. A total of 221 cases who left notes had psychiatric histories (41%), compared to 553 cases of the 1,691 cases without a suicide note (33%). Forty-three cases of the 536 with notes (8%) had a history of prior suicide attempts, as compared to 141 (8.3%) without a suicide note. The reviewed data did not reveal a significant difference in the methods used to commit suicide in light of whether or not a suicide note was left. The leading methods of suicides with notes were gunshot wounds in 279 cases (52%), followed by hanging in 154 cases (29%), drugs in 40 cases (7%), carbon monoxide poisoning in 37 cases (7%), sharp injuries in nine cases (1.7%), multiple injuries in nine cases (1.7%), and eight (1.5%) cases were suicide by drowning. There were 840 cases of gunshot wounds from the 1,691 without suicide notes (49.7%); 468 cases involved hanging (27.7%); 86 cases of drug overdose (5%); 62 cases of multiple injuries (3.7%); 57 cases of carbon monoxide poisoning (3%); 39 cases of sharp injuries (2.3%); 34 (2%) cases of drowning; 13 (<1%) cases of thermal/smoke and soot inhalation; and other methods accounted for the remaining 6% of cases. The observed incidence of prior psychiatric history was slightly higher among individuals who left suicide notes. The incidence of prior attempts was equally distributed among people whether or not they left suicide notes. In comparison to other studies, this study did not reveal any increased incidence of violent methods among suicide cases with or without suicide notes. The incidence of suicide notes, found in the minority of suicides in this study, is consistent with published literature, though a higher rate (42%) has been noted.^{1,2} In this study, the middle-age classification (41- to 50-year-olds) was the most common age category of note-leavers, as well as the most common method (gunshot); however, it does vary from a previous publication noting 21- to 30-year-olds and hanging as the most common ages and methods, respectively, for suicides where notes were left.³

References:

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2. Pestian J, Pawel M, & Linn-Gust M. What's in a Note: Construction of a Suicide Note *Corpus*. *Biomed Inform Insights* 2012; 5:1-6.
3. Bhatia MS, Verma SK, & Murty OP. Suicide Notes: Psychological and Clinical Profile. *Int J Psychiatry Med*. 2006;36(2):163-70.

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