



H144 A Staged Hanging: Postmortem Suspension of a Homicide Victim

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After attending this presentation, attendees will better understand the autopsy findings differentiating suicidal hanging from ligature strangulation with a subsequent staged suicide.

This presentation will impact the forensic science community by increasing awareness of homicidal hanging and staged suicide.

Deaths due to asphyxia are a major component of homicidal deaths. The manner of death in hangings is nearly always suicide.¹⁻³ Although homicidal hangings are generally thought to be highly unusual, a body found in a suspended position also demands consideration of an accidental or homicidal manner of death, as well as the possibility of postmortem suspension. This is a case of a 48-year-old White male who was found within his place of business, partially suspended by a rope looped around an overhead rafter. He had a history of anxiety and had recently spoken to a counselor regarding “bad thoughts.” Investigation of his computer revealed recent searches for alprazolam overdose information. He had recently told his wife, “I’m sorry if something bad happens to me.”; however, he was not known to have any previous suicidal ideations and no note was recovered.

Scene examination was remarkable for blood present on multiple surfaces, as well as on the hands and face of the decedent. Bloody paper towels were also present in a trash receptacle. The overhead rafter exhibited a pattern of splintering directed away from the decedent. It is unclear whether or not the property was secure upon arrival of law enforcement.

Multiple injuries were present at autopsy, including multiple contusions of the hands and arms, abrasions on the knuckles of the hands, and multiple abrasions about the head. Abrasions on the back of the head were associated with subgaleal hemorrhage. A horizontal, furrowed abrasion was present around the full circumference of the neck. A second, faint impression/furrow with an upward slant was also seen on the left anterolateral neck running to the left ear. Conjunctival and scleral petechiae were present and the hyoid bone was fractured with associated hemorrhage. Layered neck dissection revealed an area of hemorrhage in the right thyrohyoid muscle. Postmortem toxicology was positive for amphetamine and citalopram, both within therapeutic range, and both prescribed to the decedent. No alprazolam was found in the decedent’s blood. Based on the findings at autopsy and on scene investigation, this case was certified as a ligature strangulation homicide.

Given that the vast majority of hangings are suicides, consideration of a non-suicidal manner of death is sometimes disregarded at the time of death investigation, and recognizing a homicide with suspension of the victim can be very challenging.¹ In the presented case, an attempt was made to simulate the appearance of suicidal hanging. Clues pointing to homicide in this case were the circumferential and horizontal pattern of the major cervical furrow, the pattern of splintering on the rafter used for suspension, and the non-hanging-related injuries seen on the head and extremities.²⁻³ In addition, conjunctival petechiae and fracture of the hyoid bone are unusual findings in hangings.³ This case is presented to emphasize the importance of critical assessment in the investigation of death related to hanging.



Reference(s):

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 2. Sauvageau A., Godin A., Desnoyers S., Kremer C. Six-year retrospective study of suicidal hangings: determination of the pattern of limb lesions induced by body responses to asphyxia by hanging. *J Forensic Sci.* 2009;54(5):1089-92.
 3. Thierauf A., Pollak S. Strangulation. In: J.A. Siegel, P.J. Saukko (Eds.), 2nd ed., *Encyclopedia of Forensic Sciences*, vol. 3, Academic Press, London, 2013, pp. 19–26.
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Homicide, Staged, Asphyxia