Homicide-Suicide (Dyadic Death)  
A Case Study of Double Hanging

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Abstract: Murder-suicide, homicide-suicide, and dyadic death all refer to an incident where a homicide is committed followed by the perpetrator’s suicide almost immediately or soon after the homicide. Homicide-suicides are relatively uncommon and vary from region to region. In the selected literature that we reviewed, shooting was the common method of killing and suicide, and only 3 cases of homicidal hanging involving child victims were identified. We present a case of dyadic death where the method of killing and suicide was hanging, and the victim was a young woman.

Key Words: dyadic death, murder-suicide, hanging, homicidal hanging

Murder-suicide, homicide-suicide, and dyadic death all refer to an incident where a homicide is committed, followed by the suicide of the perpetrator almost immediately or soon after the homicide. Suicide pacts are also a form of dyadic death, as seen in the case by Avis and Hutton, where a couple committed suicide by hanging, and the weight of 1 partner was necessary in executing the hanging. The second most common form of homicide-suicide is filicide-suicide.

Rare forms are familialicide-suicide, extrafamilial homicide-suicide, and homicides involving parents and siblings. Extrafamilial homicide-suicide does not include only mass murders but also cases where the perpetrator is in a moral or emotional relationship with the victim such as a neighbor, landlord, or employee. The perpetrators in extrafamilial homicidesuicides can either be adults or adolescents, but adolescents are less likely to commit suicide following the homicide. We present a rare form of dyadic death where both the suicide and homicide were committed by hanging, and we also reviewed selected literature on the subject.

CASE HISTORY

Two bodies of young adults, a male and a female, who were known to be in a consorital relationship, were found hanging in an informal house. Both were suspended on a rafter next to each other by an orange nylon ligature. The female had her mouth covered with a transparent plastic ligature, which was tied behind her neck. A blood-stained ligature tied her wrists together behind her back; the male’s face and limbs were not covered or tied by anything (Figs. 1–4). A suicide attempt by the male was reported 3 months before this fatal attempt.

AUTOPSY FINDINGS

Autopsy of the female showed a petite, adult female with a body mass of 50.8 kg and a height of 1.7 m. Her mouth was covered by a transparent plastic ligature tied behind her neck. Her wrists tied together behind her back with a similar ligature. An orange nylon ligature, with a sliding knot, was tied around her neck. There was a friction abrasion/contusion measuring 2 cm wide, circumferentially around the upper third of her neck, in an inclining direction toward an apex, which was located on the left side of the occiput.

Autopsy of the male showed an adult male with a body mass of 78.8 kg and a height of 1.8 m. His face and hands were free of any covering or tying ligature. There was a friction abrasion/contusion, measuring 1.7 cm wide, circumferentially around the upper third of his neck in an inclining direction toward an apex, which was located on the left mastoid area of the scalp.

In both cases, the internal organs were congested. A bloodless dissection of the neck had no remarkable findings; the hyoid bone and thyroid cartilage were intact, and there were no intimal tears of the internal carotid arteries. Petechiae of the pleurae and epicardium were identified, but the conjunctivae were unremarkable. Blood was taken for alcohol estimation. The cause of death was consistent with hanging.

DISCUSSION

Homicide-suicide cases are relatively uncommon and vary among different regions. Coid (in Milroy) described laws pertaining to homicide-suicide, with the first law pertaining to low homicide-suicide rates in countries with high homicide rates. According to Milroy, the homicide-suicide rates internationally are as follows: Miami, Fla (1977–1985): 0.55 per 100,000; Australia (1989–1991): 0.16 per 100,000; New Zealand (1976–1989): 0.05 per 100,000; Scotland (1986–1990): 0.05 per 100,000; and England/Wales (1980–1990): 0.07 per 100,000. In Miami, Fla, the homicide-suicide rate is the highest, and the lowest rates are in Scotland and New Zealand. Marzuk et al first classified homicide-suicide based on the type of relationship between the victim and perpetrator and on the motivation of the perpetrator (jealousy, mercy killing, etc). This classification has later been modified by Hanzlick and Koponen, although the basis of the classification remains the same. Jena et al found that the average annual incident for homicide-suicides in South Africa, Pretoria region, was 1 per 100,000 over a period of 5 years.

The victims involved in dyadic deaths and homicidal hangings are usually females, children, mentally disabled individuals, or individuals incapacitated by drugs, disease, or alcohol. The perpetrator in these cases is usually male. Where females are the perpetrators, the victims are their children, and this is known as filicide-suicide. According to Polson (quoted by Llewellyn) there needs to be a disproportion between the victim and perpetrator to make the crime possible; the victim should be a child or an adult incapacitated by drugs, alcohol, or disease.
In the study done by Jena et al, the results showed that the majority of victims were females, in keeping with our case. The victims in homicide-suicides are either related to or in a close relationship with the perpetrator; victims who are unknown to the perpetrator are rare. Spousal killings (commonly associated with discord in the spousal relationship) and children killed by their parents are the commonest form of homicide-suicide. In the case presented here, the victim was in a consortial relationship and had a child with the perpetrator. The presence of mental illness, such as depression and schizophrenia, in perpetrators is a very common finding in cases of homicide-suicide.

We have found from the literature review that the common method of killing and of suicide in dyadic deaths is shooting; the reason, whether it is due to the male predominance or availability of firearms, is not clear. Female perpetrators use less violent means of homicide such as poisoning, either by medication or carbon monoxide poisoning. It is seen that the perpetrator will use the same weapon or method to commit the homicide and suicide, but in some cases, this can differ. Suicidal hanging in homicides-suicides is seen in numerous studies. A study done by Travis et al shows hanging to be the leading cause of suicide in England and Wales. Hanging was the second leading cause of suicide in a study done by Jena et al in the Pretoria region as well as in New Hampshire as reported by Campanelli and Gilson. In the literature review of Sauvageau, two retrospective studies describing homicidal hanging involving child victims in homicide-suicide cases are described. Lew described a case of a double hanging, where the father had schizophrenia, stabbed his wife, and hanged their son and then himself in the attic of their house.
Homicidal hanging in homicide-suicides is rare. Numerous cases of homicidal hangings involving children in homicide-suicides are described in the literature, but whether there are any adult cases is unclear. Double hanging involving only adults in homicide-suicides was not found in the selected literature that we reviewed. The case that we have presented here has 2 interesting aspects: both victim's and perpetrator's method of death was hanging, and second the pictures demonstrate clearly that the female is the victim because she is tied and gagged in keeping with a homicidal hanging, but this similar picture can be found in suicidal and autoerotic hangings. In our case, no paraphernalia indicating an autoerotic nature was found, and the female had no record of suicidal attempts.

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REFERENCES