



## FORENSIC DESCRIPTION OF SUITSID CASES

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### ANNOTATION

The choice of suicide method is influenced by the cultural environment, the presence of suicidal thoughts and intentions, easy access to suicide instruments, and similar factors. In addition, the gender paradox is also important, that is, parasuicidal cases are more often committed by women, while men often resort to lethal methods to end their suicidal intentions, such as the use of firearms, drowning, self-hanging - real is suicidal. Intentional self-poisoning is more typical of suicide attempts.

**Keywords:** Suicide, forensic examination.

In suicides, women are often found to overdose on drugs, as such cases are less likely to end in death. Women are often diagnosed with depression, because actual suicides outweigh suicides. Most countries have much higher actual suicide rates among males. Poisoning suicides in women account for ¼ of all suicides worldwide, with Finland, Iceland, England and Scotland accounting for nearly ¼ of all suicides.

In different countries, there are methods of using substances of different forms in self-poisoning. And in Uzbekistan, according to the information of the scientific and clinical toxicology department of the Republican Emergency Medical Center, most of the suicide victims used tricyclic antidepressant (amitriptyline) and neuroleptic (clozapine) drugs. Drugs affecting the cardiovascular system (bisoprolol, enalapril, nifedipine, nitroglycerin) took the second place in terms of drugs used for suicide. The number of suicide attempts using highly toxic chemicals was 11.5%.

According to the requirements of the current legislation, a completed suicide is one of the cases in which a forensic examination is required as a form of accidental death. Consequently, in the practice of forensic medical examination, the share of examinations related to suicide is significant. Since 1993, a special table dedicated to suicides has been included in the annual report of the Republican forensic medical examination service, and the data of this official document shows that this problem has a tendency to continuously increase. In particular, in 1993, 1,227 completed suicide examinations were conducted, and in 2002, this figure was 2,080.

Epidemiology of completed suicide cases in selected countries or regions, social, medical, and climatic factors that are important in their occurrence, based on the data of the practice of forensic medicine in the studies conducted by experts in the field of forensic medicine; Forensic examinations related to these events, problems in their organization and conduct were analyzed (G.A. Botezatu, G.L. Mutoy, 1983; B.A. Voytsekovich, A.N. Redko, 1991; A.S. Lessovoy, V.I. Khomenko, 1980).



In these researches, the structure of the types of death in completed suicide cases, their differentiation by the age, gender and region of residence of the suicide victims was recorded.

For example, in the investigations carried out in the city of Hanover (Feiguth F., et.al., 1997), the structure of the following types of death in suicide was noted: poisoning - 28.1%, self-hanging - 25.3%, injuries from firearms - 17.2% . , falling from a height–9.7% and cases of drowning–7.6%. These indicators differed significantly by gender of suicide victims. In particular, poisoning (37.4%), jumping from a height (17.6%) and hanging (17%) are the most common in women, while hanging (29.7%), gunshot wounds (24.3%) and poisonings (23.1%) were recorded more often.

According to E.Osuna et al. (1997), suicide victims over 65 years of age mainly committed suicide by jumping from a height (63.6%), and these indicators did not differ by sex of suicide victims.

In Paris, the majority of cases of suicide by poisoning were committed, and in the surrounding districts, hanging was more common (Lecomte D. e.a., 1995). The latest situation is in the Russian Federation (V.L. Proshutin, E.M. Koldudarova, 1994; V.A. Spiridonov, 1994) and Kazakhstan (A.N. Samoylichenko, V.N. Tofimov, A.E. Kirnos, 1991) also noted in the conducted research. Consequently, 65-70% of all completed suicide cases in these regions were committed by self-hanging.

In the analysis of suicides by gender, it is recognized by almost all authors that men are the majority. Some authors explain this situation by the lower level of suicidal tolerance and help-seeking behavior in men compared to women (G.A. Botezatu et al., 1989).

The numerical superiority of male suicides is especially evident in the younger age group, and the above difference tends to decrease with increasing age. For example, the ratio of male to female suicide victims under 45 years of age was 6:1, 2.5:1 among 46-60-year-olds, and 1.5 times more women were recorded in the group over 60 years old (N.I. Brovina, I. I. Kutko, 1991).

According to N.M. Zharikov and co-authors (1997), the high incidence of female suicides in older adults is the result of their longevity compared to men.

S.E. Rhyne e.a. (1995) analyzed a total of 4,117 completed suicide cases recorded in the city of Los Angeles and committed by 28 different methods. In particular, it was found that men used mostly fast-moving and high-death rates, while women used relatively longer and more painful methods.

S. V. Maltsev and chief. (1994) distinguish three periods of upswing when examining completed suicide by age group. The first one was observed at the age of 20-35 years, the second, that is, the main one, at the age of 46-55 years, and the third increase of low intensity - after the age of 70 years. According to the authors, from the point of view of socio-economic and demographic indicators, the first two boom periods are extremely worrying.

Most suicides in Moscow were between the ages of 30 and 59, with an average age of 41.6 for men and 42.6 for women. In the analysis of suicide cases by age groups, two increases were observed, and they were distinguished by the sex of the suicide victims: in men at 36.8 and 49.2 years old, and in women at 39.2 and 55.6 years old (N.M. Zharikov et al. 1997).

Alcoholism is one of the risk factors for suicide.

In Kemerevo city, 37.7% of suicide victims were under mild, 34.3% moderate, and 27.8% severe intoxication. 75% of suicide victims who did not drink alcohol before were women, 25% were men (S.V.Maltsev et al., 1994).



The detection of alcohol in suicides differed by gender, with a majority in men. According to V. L. Proshutin and others (1994), 55% of all male suicides and 33% of female suicides in the city of Izhevsk were in a state of alcohol intoxication. Also, the above indicators are regional in nature and slightly different in rural and urban conditions. For example, the presence of ethanol in the blood of 50% of all male suicides and 23% of female suicides was found, while in cases of completed suicides committed in rural areas, these indicators were 79% and 66%, respectively.

In the research carried out in Kazakhstan (Petrov P.P. et al., 1991), 61.7% of all male suicides and 30.2% of female suicides committed suicide by consuming alcoholic beverages. When these indicators were studied by age groups of suicide victims, the highest level was observed in 30-39-year-olds (men - 75.6%, women - 66.7%). It had a tendency to decrease again in young people above it. 54.7% of the suicide victims were in a moderate state of intoxication. Alcohol was detected in only 15.8% of cases of parasuicide. Studies of completed suicides by hanging are substantial, focusing primarily on the epidemiology of suicides. However, there are few works devoted to researching the issues that are important for the practice of forensic medical examination, in particular, the character of the morphological changes that occur in these cases, depending on the sex, age, type of hanging, type of wart, and the location on the neck (S.V. Borodin, V. E. Kuznetsov, 1984; F. Celis et al., 1994; P. Lilleng, I. Moridl, 1993).

M.A. Elfawal et al. (1994) analyzed the cases of suicide by hanging in Saudi Arabia and noted that most of them were committed by emigrants from Asian countries. Thus, it divides suspensions into two groups according to the surface material: elastic, semi-rigid and soft. In the first case, free hanging of the body, and in the second case, there were most cases of improper hanging. External signs of the classical form, characteristic of asphyxia, were more observed in the hangings of the second group.

A.V. Kodin (1974) in the process of studying the injuries caused to the neck organs under the influence of impassable objects, notes that there are certain connections between the nature of the injuries caused by hanging and the gender, age, and type of hanging.

Suicide by ingestion of toxic substances is extremely relevant in developed Western countries, acute poisoning occupies the first place in the structure of death by suicide, and their increasing trend has been noted in recent years (T. Sartori, C. Scivoletto et al., 1998).

According to researches, cases of acute poisoning were mainly committed by female suicide victims aged 15-30 years.

Regional characteristics differed according to the type of substances consumed as poison. Therefore, acute poisoning from acids is the majority in developing countries, while in developed countries, consumption of various drugs is widespread.

In acute drug poisoning, various neuroleptics, barbiturates, sedatives and antidepressants are mainly used.

Also, cases of suicide by drinking phenol, kerosene, ammonia, gasoline are recorded in special literature (K. Harada et al., 1999).

According to some authors, the types of substances consumed as poison vary not only in different countries, but also in different periods within the same region. For example, Indian researchers D.I.S. Singh and S. Tyagi (1999) analyzed acute poisoning deaths in Chandagarf region for 25 years and found that in 1972-1977 suicides were mainly caused by veronal (37%) and copper sulfate (22%), and in 1977-1982 by organic phosphatides (46%) and found that since 1982 aluminum phosphate has been used more.



One of the main reasons for increasing the number of suicides in this way is the widespread availability of substances used as poisons in life and the wide range of opportunities to obtain them.

In this method, the use of highly toxic substances and their consumption in large quantities, in most cases, leaves no possibility to treat suicide victims and save their lives. From this point of view, according to C.L.Rich and others (1998), in such cases, it is more effective and useful to take preventive measures aimed at preventing suicide than to directly treat them.

K.Worm et al., (1999) draw attention to the fact that the diagnosis of acute poisoning must be proven by the results of forensic chemistry, and that the discovery of drug bottles around the corpse is not enough to make the above diagnosis.

The volume of research dedicated to the study of suicides with the help of firearms in special literature is also significant.

In Belgium, suicide by this method ranks second after poisoning in cases of completed suicide (Boxho P., 1994). Consequently, the freedom of sale of firearms in these countries, the right to keep them, creates a tendency to increase the number of suicides by this method.

In particular, according to the investigations carried out in Finland, 62% of all suicide cases were committed by self-inflicted gunfire. 74% of them used specially licensed hunting rifles. 60% of suicides had their own shotguns. All of them were men aged 15-24, and 62% of the incidents were committed in the home of the suicide bombers or in the homes of relatives who kept weapons (J. Hintikka, J. Lehtonen, H. Vinamaki, 1997).

T. Karlsson (1999) analyzed 251 suicides and 45 murders with firearms in Solna, Sweden, between 1983 and 1992, and proposed a group of distinguishing features. In particular, the presence of injuries other than gunshot wounds on the body, the fact that the bullet passed through clothing, the entrance hole is located in most areas of the forehead, except for the temple, as well as on the back of the body, in areas of the chest other than the projection of the heart and that it is observed more in women; and as signs indicating that the injuries were caused by suicide: firearms were found around the corpse, the location of the bullet's entrance hole in the oral cavity or the temple area, mainly observed in men, previous suicidal thoughts or letters with this content were found. When this template was put into practice during the study of 18 murders and 84 suicides committed in 1993-1995, a positive result was obtained in all suicides and 16 murders.

Other researchers, in their investigations, found that the wounds inflicted with the purpose of suicide with the help of firearms are located in the "sites of election" of the body: in the temple or oral cavity, in the areas of the heart; admit that these incidents are mostly committed by male suicide bombers aged 15-30, mostly with shotguns.

M. Sanchez-Hanke et al., (1996) as a result of the analysis of the cases of self-immolation observed in the city of Hamburg, note that the surface of the burn, its depth, location, and the amount of carbon dioxide in the blood are important as distinguishing signs of whether this burn was carried out accidentally or with the purpose of autoaggression. In all these cases, death occurred within the first two hours due to burns or traumatic shock.

And P. Let, M. Harf-Madsenlar (1997) note that in recent years there is an increasing tendency of self-immolation in Denmark. In particular, 11 of the 43 events that took place in 10 years (1980-1990) were observed in the first five years, and the remaining 32 were observed in the second five years. The incidence did not differ significantly by gender of suicide victims (male: female, 23:20), the average age was 43 (range, 20 to 87). Most of the individuals had a history of suicidal behavior, all were indigenous, and the incidents occurred at home.



C. Blohim and K. Pusghel (1998) analyzed the epidemiological aspects of suicide cases committed by jumping from the Kohlbrand bridge. Most of the 56 suicides (47) were men, aged 20-87. It has not been determined whether there is any causal connection between these events and the seasons of the year, the time of occurrence. Analyzing the injuries caused by jumping from a height, he notes that only 47 of them were subjected to post-mortem examinations. The analysis of specialized literature showed that cases of suicide by drowning have a certain regional character, they are more often observed in places near large water bodies (T. Kondo, T. Ohshima, 1995).

According to L.G.Davis, a total of 267 drowning cases were recorded in Broward County, Florida in 1994-1998, 25 of which were committed as suicides and made up 2.86% of all suicide cases. When the elderly (over 65) group was analyzed separately, they accounted for 19.8% of the population, 27.4% of suicides and 6.7% of drowning cases, most of which were male.

Studies conducted in Japan have found that mentally retarded people are more likely to commit suicide by drowning. That is, autopsy examinations of 64 corpses of mentally retarded people showed that 32 of them committed suicide by suicide, and most of them (65.6%) were drowned (S. Rogde, T. Hilberg, B. Teige, 1990).

Suicide by inflicting injuries with sharp objects is also a common method of suicide.

In particular, V. Karger e.a. (1999) studied the physical ability of suicides following injury in 12 cases of sharps suicide. It is known from the investigations that after cutting the wrist artery and carotid vein, or injuries to the liver and lungs, people's ability to exercise was preserved for several hours.

Analysis of the scene of suicide cases shows that most of them are committed in their own homes or in the homes of their relatives.

S. V. Maltsev et al. (1994) show that 2.4% of the incidents were committed at the workplace, 4.7% on the street, 7.8% in the garage, tree groves, and 6.6% of suicides at home. And the fact that in 18.6% of cases death occurred in medical institutions, it shows that even in cases of true suicide, death occurs after a certain period as a result of complications of the main injury. Such cases are more typical of acute poisoning, falling from a height and cutting a blood vessel.

In recent years, it is recognized that the number of suicides among children and young people is increasing in all countries of the world.

In the United States, up to 8,000 completed suicides per year are committed by adolescents between the ages of 15 and 19. In this case, there are 150 to 200 cases of parasuicide for one suicide case. Therefore, 50% of the total car or motorcycle accidents committed by young people are estimated as suicide attempts in a hidden form (E. Grollman, 2003).

C.J. Lee e.a (1999) analyzing completed suicide cases committed by children under 18 years of age in South Carolina, noted that 68% of them were 16-17 years old, 84% were boys, 68% were white, and 78% involved firearms.

In Paris, cases of suicide observed among children and young people were studied from socio-demographic, clinical, forensic and toxicological points of view. In most cases, cases of poisoning and falling from a height have been reported. In cases of self-inflicted shooting, shotguns were used, and in cases of poisoning, tranquilizers, antidepressants, and barbiturates were used more often (D. Lecomte, et al., 1995).



M. Obradovic (1990) in the analysis of cases of completed suicide committed by minors in Belgrade noted that the structure of death types differs from the above and more cases of self-hanging occur. Acute poisonings, on the other hand, were the least observed.

The successful resolution of the issues submitted to the expertise largely depends on how well they are organized. In particular, it is recognized that the use of inquiry-investigative materials is important (M.D. Mazurenko, 1981; Kh.R. Khaidarov, 1998). However, this issue has not been adequately addressed in studies of completed suicide.

According to the materials of the forensic examination, suicide incidents have not been systematically and scientifically studied in Uzbekistan. However, some episodic work was done in the late 1990s, which does not fully reflect this large-scale problem.

In particular, according to the analysis of suicides committed by children under the age of 15 in Uzbekistan in 1986-1989, they accounted for 2.7% of the total number of violent deaths among them, and these indicators differed significantly by the country's regions. Suicide cases were mainly committed by children aged 11-14, their average age was 12.5. Boys (69.5%) made up the majority of suicides, mostly cases of hanging (90%) were recorded (29, 30).

According to the official report, only in 1999 in our Republic, 83 forensic examinations were conducted in connection with cases of suicide committed by children under 14 years of age, which indicates that this issue is a concern.

The analysis of specialized literature showed that cases of suicide have been thoroughly studied by experts in various fields. Most of them are devoted to cases of parasuicide, in which, based on the results of clinical, anamnestic and retrospective examination of suicide victims, they tried to determine the factors that are important in the occurrence of events. But despite being an object of investigation, this topic cannot be considered as a required level of study by experts in the field of forensic medicine. In particular, the epidemiology of suicide cases completed in Uzbekistan, the important risk factors in their occurrence, regional features, the role of meteorological factors, as well as the establishment of a forensic medical examination service in these cases, the development of measures for their further improvement by identifying existing errors and shortcomings among them.

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