

Criminal Investigative and Forensic Medicine Aspects of Suicides with a Sharp Object

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Suicide is not a crime, but with criminal investigation, the possibility that the person was a victim of a crime must be addressed and excluded. In some cases, perpetrators simulate circumstances that indicate suicide in order to mislead investigators. Only with the mutual cooperation of police investigators, who determine the circumstances of death, and forensic medical experts, who determine the cause and time of death and the characteristics of injuries, can we correctly interpret the circumstances or indications that confirm or refute whether suicide or manslaughter/murder occurred. This paper presents the findings of a study on suicide by sharp force injuries. We reviewed 12,429 autopsy reports with associated documentation, from which all 111 cases of suicide by sharp force injuries in 2008-2018 were included in further analysis. Suicides by sharp force injuries accounted for 3.4% of the total, and when including complex suicides, their proportion rose to 6.8%. Mainly caused by knives (44%), incised wounds mostly affected extremities (73%) and neck (23%), and stab wounds mainly affected the thorax (48%) and neck (20%). In 40.5%, the deceased were mental patients, in which depression was most often detected (18.9%). From a criminal investigation aspect, suicide by sharp force injuries are indicated by the scene where the body was found, the object of suicide, bloodied hand and front part of the abdomen, suicide notes, motive, mental illness, preparatory acts, suicidal thoughts, and previous suicide attempts. From a forensic medicine aspect, suicide by sharp force injuries is determined based on the type of injury and its characteristics, such as injuries to easily accessible body parts that are opposite the dominant hand, tentative wounds, hesitation marks, and traces of previous self-harm.

Keywords: suicide, sharp object, sharp force injury, criminal investigation, forensic medicine

UDC: 343.98:343.614