

# Case Report

## Multiple Gunshot Suicide in a Female –

A R MALIK M Z BASHIR S A MALIK Q HASSAN J I KHOKHAR  
*Department of Forensic Medicine & Toxicology, K. E. Medical College, Lahore*  
*Correspondence to Dr. Arif Rasheed Malik*

One of the objectives of a medico legal autopsy is to determine the manner of death i.e. whether death is natural or unnatural and if unnatural whether homicidal, suicidal or accidental<sup>1</sup>. The decision about manner of death on autopsy examination alone depends upon balance of probability. Usually the suicidal fire is single, close contact on the approachable site of the body but cases are mentioned in literature where autopsy findings are against suicidal fire but the person has committed suicide. A similar case is presented here where the autopsy findings are against the usual parameters established for suicidal fire but detailed scrutiny of the scene and circumstances and enquiry of alleged assailant favors suicide.

On 19-10-1999 a case of homicide (murder) was registered upon the death of a 26-year old married female. The dead body of the deceased was brought to the department of Forensic Medicine KEMC Lahore for autopsy examination. The following injuries were noted down in the inquest report of the police

- 1- Wound over right cheek.
- 2- Wound over left temple.
- 3- Wound over abdomen.
- 4- Wound on the back.
- 5- Two wounds on right arm.

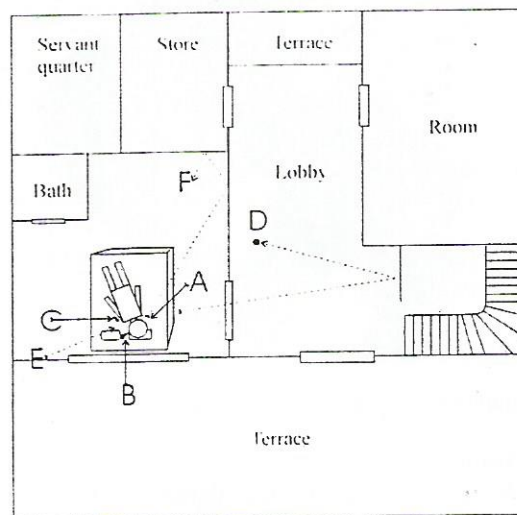
All the above injuries were reported to be caused by firearm. Autopsy of the deceased was carried out on 20-10-1999. Firearm entry wounds were found on the Left temple, Right arm and in the Epigastrium. Evidence of contact fire (blackening + burning) were present in the left temporal and abdominal injuries. Exit lesions were present in the Right cheek, Right arm and left lumbar region. The cause of death was given as being due to damage to brain, small intestine and mesenteric vessels. Routine viscera were sent to the chemical examiner Government of Punjab to determine the role of poisoning if any, the report of which was negative.

After about three weeks of investigation by the police the exact manner of death could not be deciphered.

The department of Forensic Medicine KEMC was again approached for expert advice and faculty members including the authors visited the scene of the crime on two occasions. The following information was provided

- 1- At about 2:30 PM on the day of the incident the parents in law of the deceased heard a noise like a shot. A few minutes afterwards the deceased came down from her room on the first floor and on inquiry confirmed that she had also heard a similar noise.

- 2- At about 5:30 PM she went back to her room. At 7:30PM consequent to no response on persistent knocking and observing blood on the bed through the keyhole the police were called and there findings after breaking the door open were as per the following figure



Figure

- A-Dead body of the deceased
- B- Pistol .30 bore
- C- Two empty shells and two live bullets
- D- Fired bullet found
- E- Fired bullet found underneath the bed.

On detailed scrutiny of the scene by the authors a fired bullet was found at "F" behind the TV trolley. A suicide note was also discovered in the diary of the deceased. It also came up that she was being treated for depression with a suicidal tendency by a psychiatrist. Summing up all the facts, it was concluded that

- 1- The deceased had fired the first shot at around 2:30 PM which ricocheted from the floor, passed through the door and after deflection from the front wall was found at point D. This tendency to fire the suicide weapon before the fatal shot has been reported in literature<sup>2</sup>. This is perhaps to try out the weapon or the victim may be building up courage to kill him or herself.
- 2- The second shot was fired in the epigastrium at the



time of suicide. This was to a non-vital area. Spitz<sup>3</sup> describes that any attempt to establish the sequence of shots must take into consideration the degree of incapacity that results from each shot. This will enable the examiner to determine which was the fatal shot and allow conclusions regarding the physical activity of the victim following the other shots. One may wonder whether these first shots are hesitation shots similar to the hesitation cuts in suicide by sharp weapons.

- 3- The third shot was fired on the left temple. It exited through the right cheek and reentered and exited through the right arm and the bullet was recovered from point "F". The deceased used the right hand to stabilize the gun and pulled the trigger with the left hand. This would explain the downward trajectory of the bullet through the head and right arm. Right-handed individuals are more likely to shoot themselves in the right side of the head and vice versa. Many authors<sup>2,3,4,5,6</sup> have reported cases of right-handed individuals shooting on left side of the head and vice versa. Why individuals select the opposite temple is not known. Suicide is usually an irrational act, which a rational individual would be unlikely to understand.

**Discussion**

Classically suicide by firearm conforms to the following

- 1. The victim of suicide by gunshot is rarely a female<sup>5</sup> and it is said that a shot woman is a murdered woman until proved otherwise<sup>4,5,8</sup>
- 2. The suicide is with a single fire and the existence of several bullet wounds on the body suggests that they be of homicidal origin<sup>7,8</sup>.
- 3. Discharges into the temple are usually on the side of the dominant hand<sup>3,8</sup> i.e. right temple in right handed individuals and left temple in left handed individuals.
- 4. While shooting in the chest or abdomen, suicides tend to lift the clothes<sup>5</sup>.

The case under discussion defies all the above generalizations.

Cases have been reported in literature where one or more of the above criteria have been violated. The authors have not come across a case in literature where all the above rules have been defied i.e. A case of suicide of a female with multiple gunshots with a discharge into the temple opposite to the dominant hand and a discharge into the abdomen without lifting the clothes.

Females usually use drugs for committing suicide<sup>2</sup>. Use of firearms for committing suicide is uncommon in females<sup>5</sup>. Suicide with multiple gunshots are uncommon<sup>2,9</sup> and comprise about 1.5-1.6% of all suicides by firearm<sup>10,11</sup>. When we consider that suicide by firearm is uncommon in females, the probability of multiple gunshot

suicide in a female becomes even rarer.

Location of the suicidal firearm injury depends upon<sup>2</sup>

- 1- Type of weapon.
  - 2- -Sex of victim.
  - 3- Whether victim is right handed or left-handed.
- With handguns the elective sites are

	(a) <sup>12</sup>	(b) <sup>13</sup>
Head (including neck)	79%	83%
Chest	18%	16%
Abdomen	3%	1%

About 88.9% men and only 48.4% women shoot themselves in the head. In the head the most common site is the temple followed by the mouth, the undersurface of the chin and forehead<sup>2</sup>.

Right handed individuals usually shoot in the right temple and left handed individuals in the left temple<sup>2</sup>. Some right-handed individuals hold the muzzle of the gun against the left temple with the right hand using the thumb of the left to depress the trigger<sup>2</sup>. In these cases one sees deposition of soot on hand holding the muzzle end of the gun.

The reasons for multiple gunshots in a case of suicide may be<sup>2</sup>.

- 1- Lack of knowledge of anatomy.
- 2- Flinching at the time the trigger is pulled.
- 3- Defective or wrong ammunition.

In any case of suspected suicide by firearm it is recommended that the following should be kept in mind.

- 1- The posture of the body and its relationship to the weapon and the surroundings should be kept carefully noted and recorded by sketch as well as photographic record.
- 2- The presence of the weapon at the scene.
- 3- Injuries or wounds that are obviously self inflicted or could have been inflicted by the deceased.
- 4- The existence of a motive or intent on the part of the victim to take his or her own life.
- 5- The presence of a suicidal note-the handwriting of the suicidal note should be compared with previous writings of the victim to rule out forgery of suicide note.
- 6- Examination of the weapon for fingerprints.
- 7- Examination of the hands of the victim for the presence of soot or powder. Very often the burned cordite smell is present on the hands of the firer. The hand and in particular the skin at the base of the thumb and index finger should be swabbed and examined for nitrates. The hands may bear flecks of blood.
- 8- The weapon should be examined for the presence of any blow back material blood or tissues from the victim.

- 9- A psychological autopsy should be carried out. This is a procedure to determine the state of mind of a person prior to the fatal act. By examining the victims lifestyle and interviewing the victim's friends and relatives the health experts determine whether the death was accidental or involved suicide.

**References**

1. Parikh C.K.A Colour Atlas of Medicolegal Postmortems and Forensic Pathology.Delhi 2<sup>nd</sup> ed. CBS Publishers 1989.
2. Di Maio, Vincent J. M.Gunshot Wounds Practical Aspects Of Firearms, Ballistics and Forensic Techniques Florida CRC Press 1993.
3. Spitz, Werner U. Spitz and Fisher's Medicolegal Investigation of Death, 3<sup>rd</sup> ed. Illinois, Charles .C. Thomas 1993.
4. Knight Bernard, Forensic Pathology, 2<sup>nd</sup> ed London, Edward Arnold 1996.
5. Polson C J, Gee D J, Knight Bernard.The essentials of Forensic Medicine, 4<sup>th</sup> ed. Oxford, Pergamon Press 1985.
6. Tesar J. Journal of Forensic Medicine (1964) 11, 106.
7. Gordon I, Shapiro H. A. Forensic Medicine- A Guide To Principles. 2<sup>nd</sup> ed. Edinburgh, Churchill Livingstone 1984
8. Knight Bernard. Simpson's Forensic Medicine, 10<sup>th</sup> ed. London Edward Arnold 1991.
9. Mason J. K, Forensic Medicine for Lawyers Great Britain Butterworths & Co 1983.
10. Hudson, Page Multishot Firearm Suicide-Examination of 58 cases. Am. Journal of Forensic Medicine Pathology 1981; 2:239-42.
11. Fatteh Abdullah-Handbook of Forensic Pathology Philadelphia J.B Lippincot Company 1973
12. Cohle, S. Handgun Suicides Forensic Science Gaz 1977(2); 2.
13. Eisle J.W Reay D.T. Cook, A.Sites of Suicidal Gunshot Wounds J Forensic Science 1981 26(3): 480-85.