

Exploring Dyadic Deaths in Southern Sri Lanka: A Case Series



De Silva DT^{1*} and Perera UCP²

¹Consultant Judicial Medical Officer, JMO's Office, Base Hospital, Udugama, Sri Lanka

²Department of Forensic Medicine, Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka

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***Corresponding author:** D Tharanga De Silva, Consultant Judicial Medical Officer, JMO's Office, Hambantota, Sri Lanka, Contact: +94772773330, Email: tharapathie@yahoo.com

Abstract

Introduction: The homicide followed by the committing suicide of an assailant is known as dyadic death. Despite the escalating prevalence of homicide-suicide (HS), the patterns of these incidences have not been thoroughly studied in the Sri Lankan context, where they are rare but reckoned as a severe form of violence in relationships/family settings.

Methodology: This study analyzes the nature and pattern of HS events in southern Sri Lanka. The data were obtained from the medico-legal records of consultant judicial medical officers who served in the Galle, Matara, Hambantota, and Monaragala districts. There had been 16 HS cases reported during 2009-2019.

Results: There were 21 victims and 16 offenders. There were ten intimate partner HS, 02 child HS, 01 familicide-suicide, 02 extra familial HS, and 01 other type of HS. The methods that were used by the offender to kill the victim were firearm injuries, sharp force, blunt force, ligature suspension, burning, and poisoning. The methods that were used by the offender to commit suicide were firearm injuries, hanging, sharp force, poisoning, self-immolation, and jumping into a moving vehicle.

Conclusion: There are many similarities in methods and characteristics of assailants in HS compared to the HS in the global scenario, with some country-specific differences influenced by socio-economic and religious, cultural, and legal factors, etc. The management of survivors is essential to prevent further incidents that need to be performed through a national surveillance system. It is also important to evaluate the events of HS together with risk factors and the incidence of homicide-suicide in Sri Lanka.

Keywords: Dyadic death; Homicide-suicide; Sri Lanka

Abbreviations: HS: Homicide-Suicide; IP: Inter Partner; EF: Extra Familial; CHS: Child Homicide-suicide; FM: Familicide

Introduction

The suicide of an individual following killing of 1 or more individual is known as dyadic death. Although, homicide and suicide are well-defined legal entities, there is no standard legal definition for the phenomenon of homicide-suicide (HS) [1]. Usually, these cases do not result in a criminal charge or trial, as both the victim and the perpetrator are already dead. However, in some incidents, the perpetrator has survived following immediate and intensive medical care. As there is no standard definition, there are broad variations in time duration between HS acts among selected cases for research purposes. Some researchers rely on the time span of 24 hours [2,3], several days [4], or weeks [5] as selection criteria between the murderous and the suicidal act, while some researchers do not use a timeline at all [6,7].

In some cases of dyadic deaths, it is difficult to establish the relationship between the homicide and suicide events, especially when the time span increases [8]. So, dyadic deaths at the international level as well as in Sri Lanka, are a poorly touched area in research in forensic and criminal contexts due to the considerably limited number of cases. Recent international epidemiological studies show that the incidence of HS is rare, and it is different in different countries and regions of the world [9].

The National Crime Records Bureau in India has no statistical data regarding incidences of dyadic deaths. However, such deaths are not infrequent in Indian society, as evident from various case reports and media news [10]. The Department of Census and

Statistics and the Department of Police in Sri Lanka have the same situation as in India. The attention given to HS in the past several years could make it seem that the incidence is increasing, but the trend has not been well studied [11]. However, these rare incidents account for a severe form of violence in partnerships and families, with an emerging public health concern, not only in victims and perpetrators but also in family members, relatives, and their acquaintances. This article analyzes 16 HS cases that were reported during 2009-2019 in southern region of Sri Lanka.

Objectives

The objective of the study was to analyze the nature of the victims and offenders and the patterns, methods, and circumstances of homicide and suicide of HS events in southern Sri Lanka.

Methodology

A HS event is defined by Prof. Marzuk as an event in which an individual kill another and subsequently commits suicide within one-week period. 12 As we observed few incidents in which the perpetrator survived after sustaining fatal injuries or fatal poisoning due to immediate and intensive medical care, we

adhere to the modified version of the definition of Prof. Marzuk. Therefore, our working definition of HS was an individual who kills another and subsequently commits suicide within a one-week period or, if the offender survived, attempted deliberate self-harm that sustained injuries of a fatal nature in the ordinary course of nature or fatal poisoning or fatal complications that required immediate and intensive medical care.

The data on method and mode of killing and cause of death and case histories were collected from the original notes of relevant Consultant Judicial Medical Officer's who conducted post-mortem examinations of deceased or medicolegal examinations of the survivors of those incidents at the JMO's office in Galle, Matara, Hambantota, and Monaragala districts. 16 HS cases that satisfy the above definition over the ten years from 2009 to 2019 were included to the studies. This research also adopted the classifications proposed by Marzuk to categorize depending on the offender-victim relationship [12].

Results

Table 1 shows the summary of the 16 Homicide - Suicide cases which included in to the study.

Table 1: Summary of the 16 Homicide - Suicide cases. (IP = Inter Partner, EF = Extra Familial, CHS = Child homicide-suicide, FM = Familicide, M = Male and F = Female)

Case No	Offender		Victim		Category of HS	Method of suicide	Method of homicide
	Age	Sex	Age	Sex			
01	24	M	23	F	IP	Firearm	Firearm
02	48	M	37	F	IP	Sharp Force	Sharp Force
03	66	M	27	F	Other	Hanging	Blunt force
04	46	M	45	F	IP	Hanging	Sharp Force
05	30	M	26	F	IP	Poisoning	Blunt force
06	22	M	39	F	IP	Hanging + poisoning	Sharp Force
07	39	M	42	F	EF	Hanging	Blunt force
08	29	F	07	F	CHS	Hanging	Hanging
			09	F			Hanging
09	29	M	67	F	FM	Burning	Burning
			75	M			Burning
			28	F			Burning + Sharp Force
10	26	M	21	F	IP	Hanging	Sharp Force
11	49	M	53	F	IP	Hanging	Sharp Force
12	42	M	40	F	IP	Sharp Force	Sharp Force
13	23	M	16	M	EF	Jumping into a moving vehicle	Sharp Force
14	35	M	27	F	IP	Hanging	Poisoning + Ligature strangulation
15	34	M	02	F	CHS	Hanging	Hanging
			05	M			Hanging
			07	F			Hanging
16	23	M	18	F	IP	Hanging	Blunt force

Demographics of Offenders and victims:

Among the 16 cases included in to the study, in 13 cases (81.25%) involved a single victim, while in three events multiple victims were involved. In all the cases, there was a single offender for each case. In 2 occasions (Case 02 and 05), offender survived as a result of emergency and intensive medical or surgical

management immediately after the incidents. In total, there were 21 victims and 16 offenders. 03 of the victims were male (14.25%), and 18 were females (85.75%). The mean age of the victims was 29.1 years with the age range of 2 – 75 years. (Figure 1) In contrast, one offender was a female (6.25%), while other 15 were male (93.75%). The mean age of the offenders was 35.3 years with the age range of 22 – 66 years. (Figure 2)

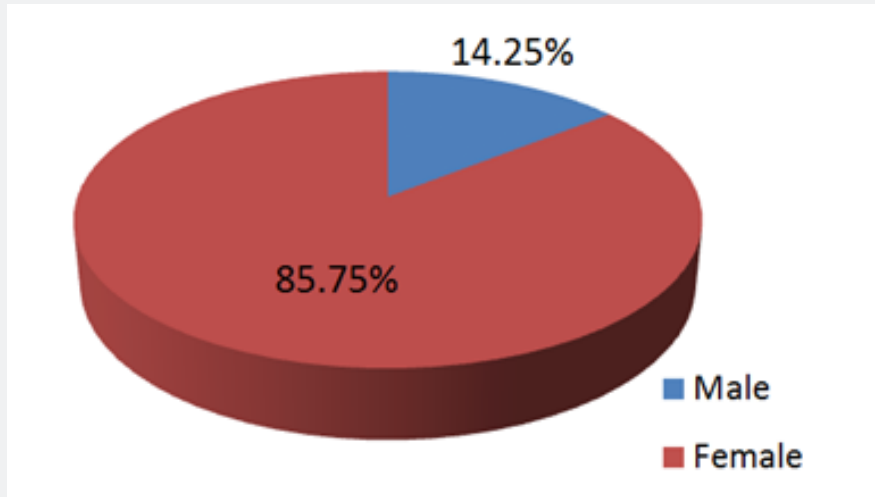


Figure 1: Gender of the victims

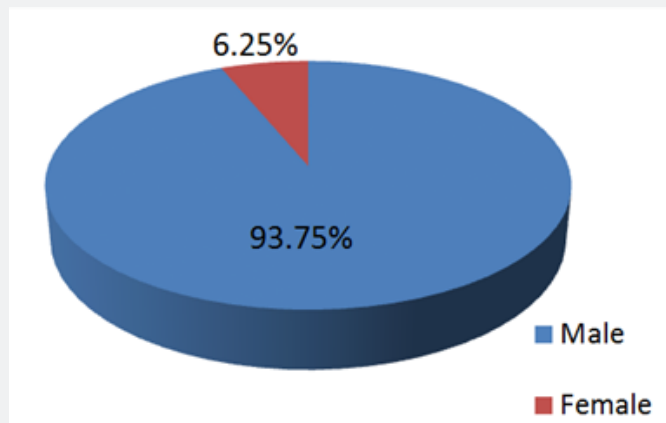


Figure 2: Gender of the offenders

Half of the offenders (50%; $n = 8$) were in the age of 20 – 30 years, while 43.75% ($n = 7$) offenders were in age range of 31-55 years. Only one offender ($n = 1$) was above 55 years of age at the time of the incident. (Figure 3) Regarding marital status, 62.5% of offenders ($n = 10$) was married, 31.25% were unmarried ($n = 5$) and 6.25% were widowed ($n = 1$). (Figure 4) The majority of offenders were from the low socio-economic background highlighting its significance. A small proportion (12.5%; $n = 2$) were unemployed or engaged in domestic duties. More than a two-third (68.75%; $n = 11$) were employed as low-skilled workers and

18.75% ($n = 3$) offenders were affiliated with the armed forces.

Homicide-Suicide Typology

More than half of the HS events ($N=10$; 62.5%) occurred within familial contexts. According to the categorization proposed by Marzuk, the majority were spousal/intimate partner HS ($n = 10$; 62.5%), followed by 02 child HS (12.5%), one case of familicide-suicide (6.25%), two extra-familial HS (12.5%), and one case categorized as “other” (6.25%). (Figure 5)

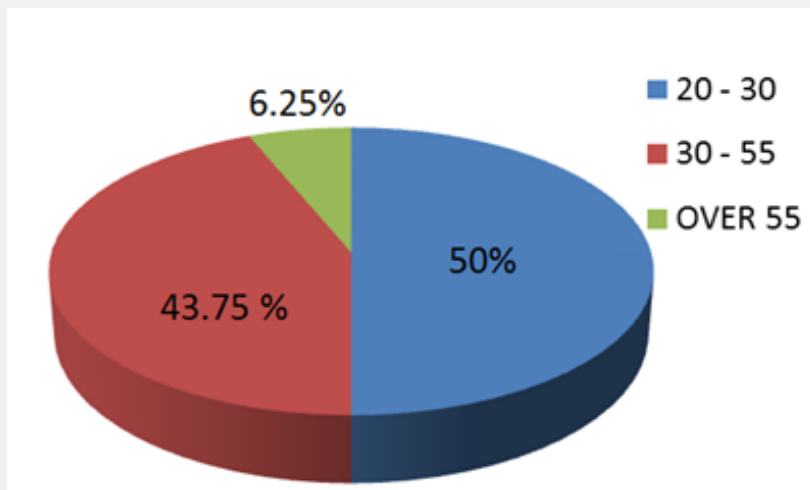


Figure 3: Age distribution of the offender (in years)

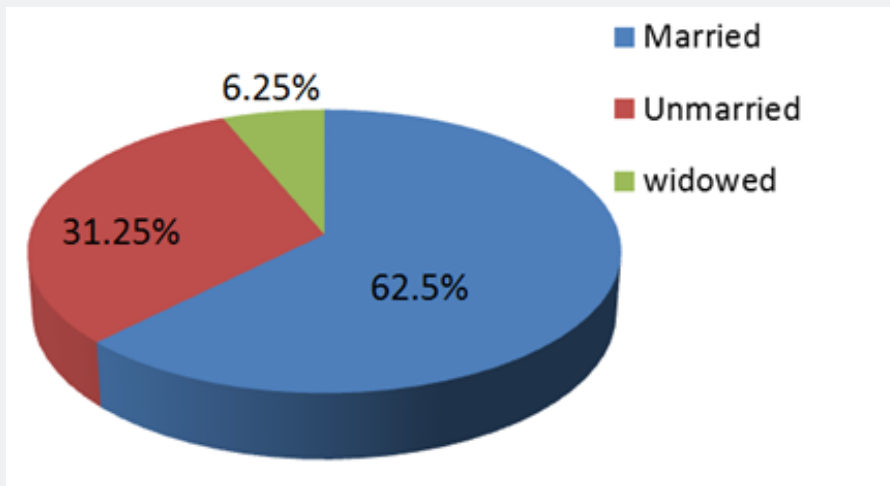


Figure 4: Marital status of the offenders

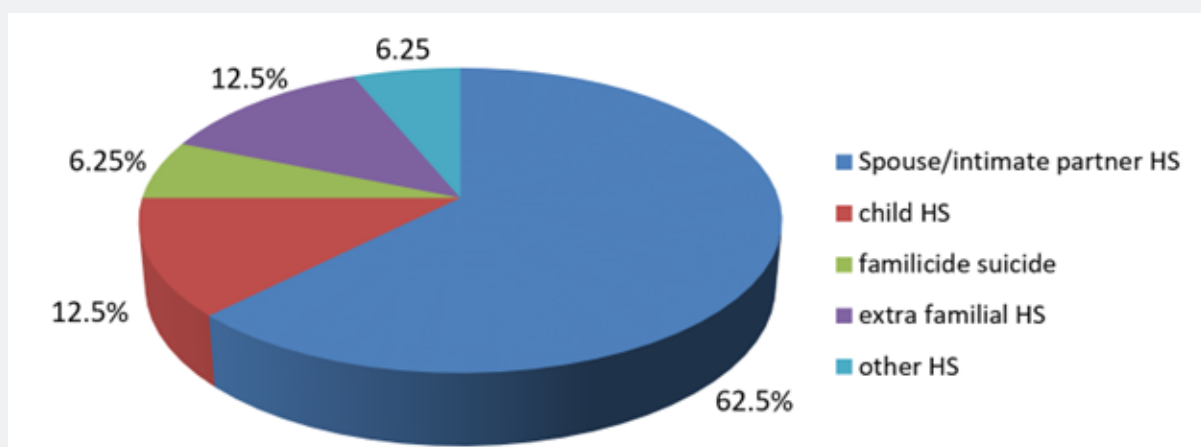


Figure 5: Categories of HS events

Offender-Victim relationship and motive:

Notably, the only female offender on the study targeted only children (below age 18), in contrast, children, any family members, lovers, or their spouses were killed by male offenders ($n = 15$; 93.75%). Regarding the underlying cause or probable

motive, 18.75% ($n = 3$) of the incidents appeared to be triggered by termination of a love affair; separation of intimate partners, or divorce ($n = 2$, 12.5%), sexual relations ($n = 4$, 25%), or domestic disputes ($n = 2$, 12.5%). In 5 events (31.25%), the reason or likely motive for the killing could not be determined based on the available information. (Figure 6)

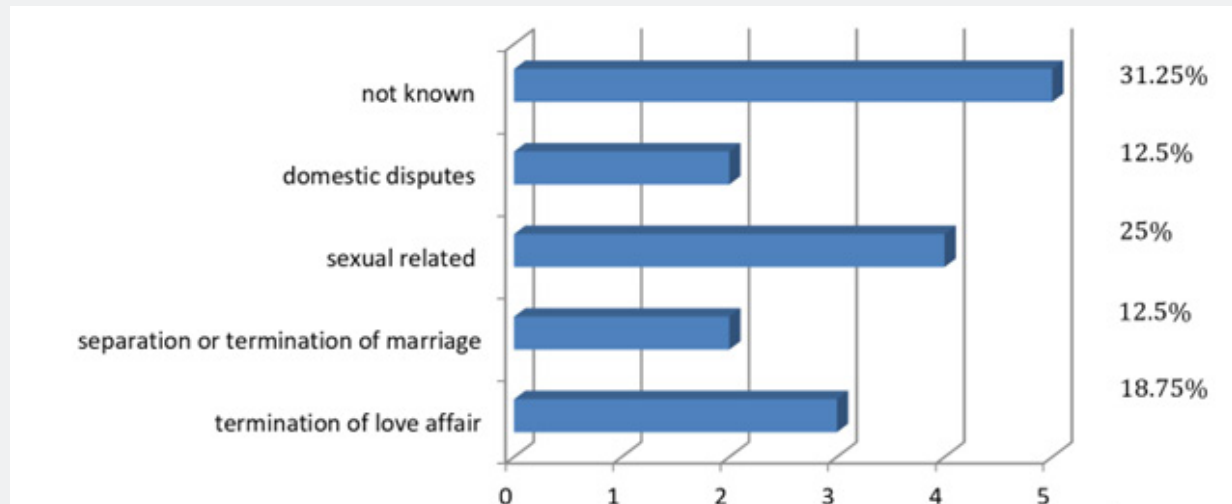


Figure 6: Probable motives for HS events

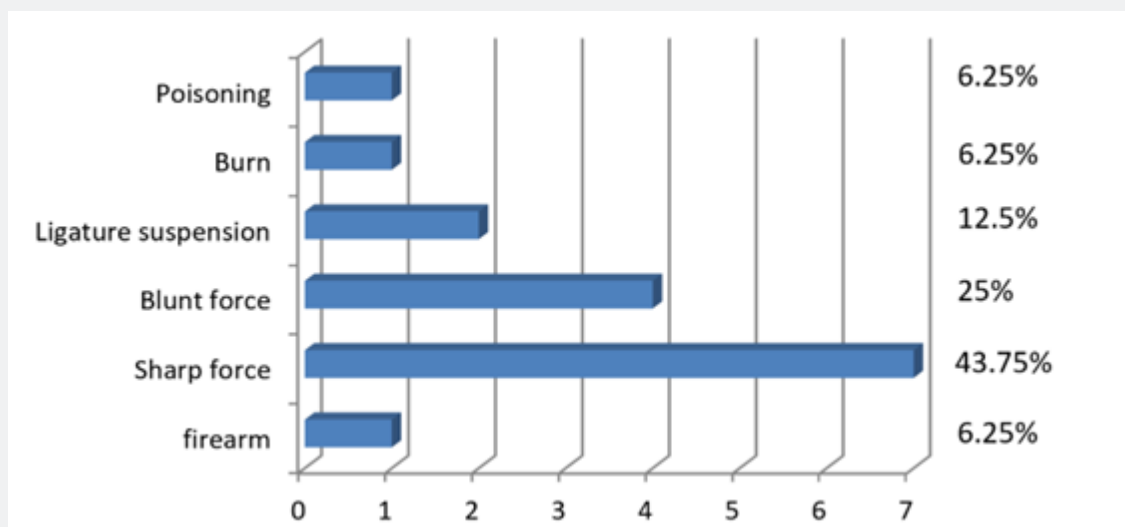


Figure 7: Methods of the homicide of HS events

Description of Homicides:

Locations of homicides: In nearly two-thirds of homicide-suicide events ($n = 9$, 62.5%) the

homicide took place at the shared residence of both victim(s) and offender. In one event (6.25%), homicide was taken place at the

place of the suspect. Additionally, killings of 2 HS events (12.5%) took place at the residence of the victim, another 2 (12.5%) at an isolated place, not directly related to both victim and offender, and another 2 (12.5%) cases on a public road.

Methods of homicide: In only one case, a firearm was used by the offender to kill the victim.

A sharp weapon was used for the homicide for nearly half of the HS events ($n = 7$; 43.75%) and blunt force in a quarter ($n = 4$, 25%). Hanging was the method of homicide in 12.5% ($n = 2$) of HS events where the children were killed by the father or the mother of them.

Use of multiple methods for homicides: In 2 occasions the offender employed two combined methods to commit homicide. In one incident immolation combined with a stab to the abdomen (Case 9) and in another event, ligature strangulation was combined with forceful ingestion of paraquat (Case 14) (Figure 7).

Cause of deaths in homicides: The firearm injury to head, chest and abdomen cause death

in the victim only in one case. Hemorrhage and the shock following stab to the chest and abdomen cause death of victims in 6 (37.5%) HS events and due to multiple cuts in the body in one (6.25%) HS event. Cranio-cerebral injury (head injury) was the cause of deaths in all four homicides (25%) where use blunt force to kill.

Hanging was the identified cause of death in 5 child victims in 12.5% in two HS events where the children killed by a single mother or single father after subsequent involvement of the spouse with another partner. Extensive burn injuries (Over 65% of body surface area) accounted for three deaths in 6.25% in one HS events. In a single HS event (6.25%), the victim succumbed two weeks after the forceful ingestion of paraquat though offender tried to kill her by ligature strangulation. The victim was fully recovered from the effects of ligature strangulation and the acute phase of the intoxication of paraquat with the prompt and proper medical management at the tertiary care center. However, she ultimately died of pulmonary fibrosis secondary to paraquat poisoning (Case 14).

Characteristics of weapon used in homicides:

Blunt weapons: In 3 occasions (18.75%) blunt objects were employed the offender such as iron bar and grinding stone as a heavy object in one occasion.

Sharp weapons: Sharp instruments were more frequently utilized than blunt weapons. A pointed kitchen knife ($N = 6$, 37.5%) was the weapon used by the offender for cut throat ($N = 2$, 12.5%) and for stab ($N = 4$, 25%). In one occasion a heavy knife was used to inflict chopping injuries.

Firearm: Firearms were rarely used. The offender employed his official riffled firearm (T 56) in one HS event to kill as well as to commit suicide. In this case the offender was an army soldier who had access to firearms.

Ligature: The ligature that used for ligature strangulation was a shoelace of the victim. Ligatures that used for the homicidal hanging were ropes and piece of cloths.

The targeted body area of the victims in homicides:

Blunt weapons: In all four occasions where blunt force was employed to kill, there were fatal injuries localized to the head. Multiple contusions, abrasions, lacerations and fractures in upper limbs were exclusively observed only in cases where involving iron pole as a weapon.

Sharp weapons: The primary target areas of the body were chest and abdomen in the victims who had stabs ($n = 4$, 25%). The neck was the primary target in for cutthroat ($n = 2$, 12.5%). Multiple slash cuts and superficial cuts distributed all over the body ($n = 1$, 6.25%) were noted in a case where a heavy knife (manna knife) was used to chopping.

Description of suicides:

Locations of suicides: In nearly two-thirds of HS events ($n = 10$; 62.5%), the offender committed suicide at the own residence of the offender. In one event (6.25%), the suicide occurred at the residence of the victim; in 2 occasions (12.5%), on the public road; and in three occasions (18.75%), at isolated places that are not directly related to both the victim and the offender. The offenders used the same location to commit suicide in 75% ($n = 12$) of the HS events, where the homicide had been carried out (Figure 8).

Methods of suicides: In only one case, an army soldier employed the same firearm to both commit suicide and commit the homicide. More than half of the HS events ($n = 9$, 56.25%) were hangings, which was the method of committing suicide, and it was the most frequently used method of suicide. A sharp weapon was used to self-stab on 2 occasions (12.5%), while self-ingestion of poison occurred in another single event (6.25%). Self-immolation was reported as the method of committing suicide in one case and jumping into a moving vehicle in another event. Nearly one third (37.5%, $n = 6$) of the HS events used the same method to commit suicide as they had used to kill their victims.

Use of multiple methods for suicide: Multiple methods were used to commit suicide only in

one HS event, where self-ingestion of organophosphate was combined with hanging (Case 6) (Figure 9).

Cause of deaths in suicides: More than half of the offenders died by hanging ($n = 10$, 62.5%).

An offender in one HS event jumped into a moving vehicle on a highway and received fatal head, chest, and abdominal injuries due to blunt force trauma. Extensive burn injuries involving over 90% of body surface area caused death in an offender in 6.25% ($n = 1$) of HS events. Suicidal firearm injuries to the head were the cause of death of the offender in a single HS case.

The hemorrhage and shock following a stab to the abdomen caused the death of an offender in 1 (6.25%) HS event. However, two offenders survived their suicide attempts: one following

self-stabbing to the chest (case 2) and self-ingestion of oxalic acid in another (case 5). Their survival was attributed to early,

emergency, and intensive medical and surgical management at a tertiary care center.

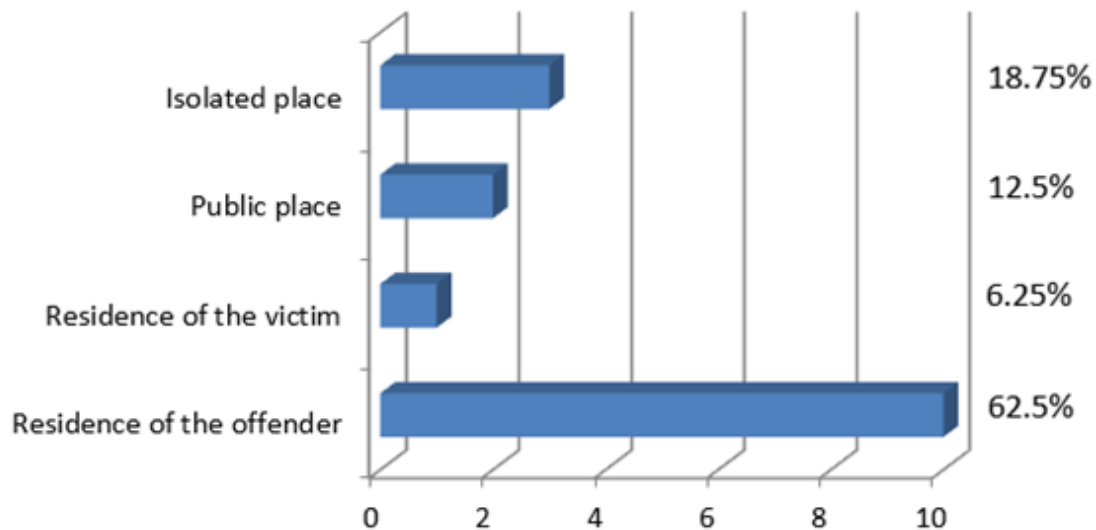


Figure 8: Locations of the suicide of HS events

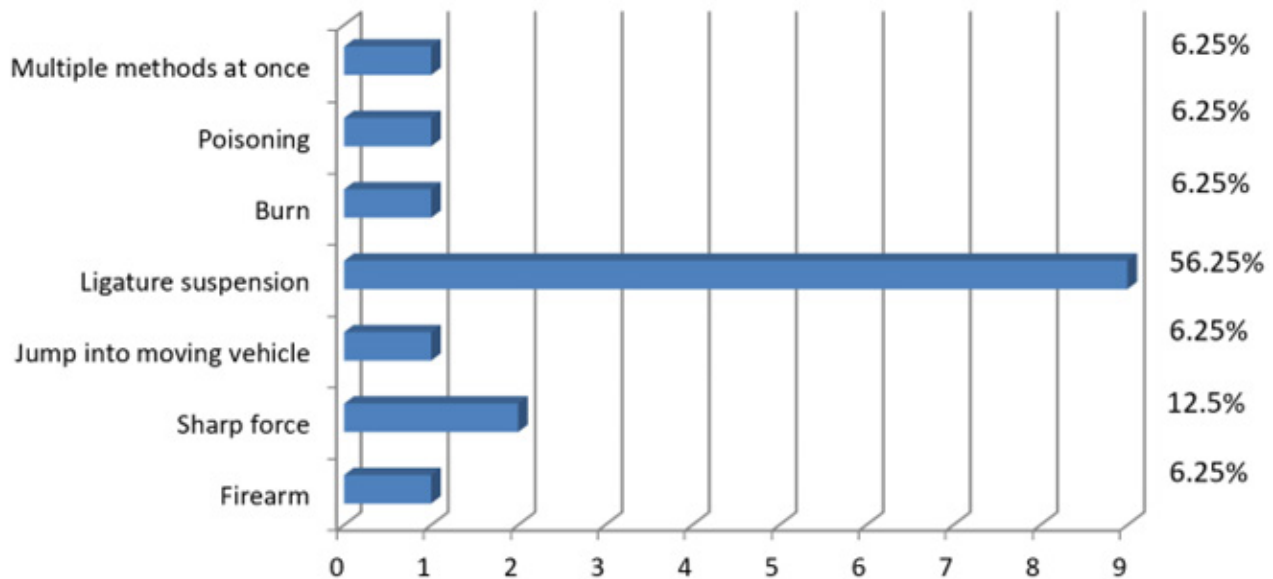


Figure 9: Methods of the suicide of HS events

Characteristics of weapons/objects used for suicides:

Blunt weapons have not been used to commit suicide by offenders. On both occasions where sharp weapons were used to commit suicide, they were pointed kitchen knives, and the target was the chest and abdomen. A rifled firearm (T 56) was used as a weapon in one HS event. The poisons that were used to commit suicides

were oxalic acid and organophosphate. Ligatures that were used for the hanging were ropes, strings, wires, and pieces of cloth.

The duration between homicides and suicides:

In all 16 cases, the offenders commit suicide within 24 hours after the murderous act. According to the available information

(from the history of survived offenders, eyewitnesses, information by police, and other circumstantial evidence), the majority of the suicides ($n = 14$, 87.5%) were committed at the same time or within a few minutes after the homicide. The two offenders committed suicide within 4-6 hours.

Discussion

In 1992, Marzuk developed a classification of dyadic death according to the relationship between victim and perpetrator. They were spousal, child, familicide, and extrafamilial. Familicide-suicide was described as both spousal and child homicide-suicide. In extra-familial homicide-suicides, the victims do not include family members [12]. Palermo [13] in 1997 and Harper and Voigt [14] in 2007, proposed a different method of classifications. However, many researchers have used Marzuk's classification because it is easy to follow.

Homicide of an intimate partner/spouse is the most common type of domestic homicide as well as the most prevalent category of homicide-suicide [2,15,16]. In intimate partner HS, they are found to be commonly committed by a male partner. Women who kill the male partner are scarce and hardly ever found to commit suicide [17]. In our study, homicide of an intimate partner/spouse is the most prevalent category as well, and the offender was the male partner who used active/violent methods in all cases, such as stabbing with a sharp weapon, cutting the throat, burning, or assaulting with a heavy blunt weapon.

A child homicide followed by the suicide of the perpetrator is the second most common type of homicide-suicide [18]. Both men and women were offenders involved in child homicide-suicide. However, depending on the attributes of the samples, some studies found an overrepresentation of men¹⁹ and other studies of women [3,20].

Biological parents who are involved in the killing of their child are found to be more likely to commit suicide than step-parents [20]. However, suicide is uncommon among mothers who are involved in infanticide.²² Offender women used relatively non-violent/passive methods compared to men to kill their child. Such as poisoning or smothering rather than using firearms or other weapons [20,23].

The difference may be due to most victims of female offenders often being known to be caring and loving to their victims before the incidents. A parent decides to kill their children because of no one care for them other than the offender [24]. Multiple studies found that the most prevalent mental disorder found in offenders is depression with or without psychotic features [25,26]. The offender with the features of psychosis was more likely to kill multiple victims than non-psychotic offenders who killed their children [27].

In our study, the offender of child HS was a lonely biological mother or father who used hanging as a relatively non-violent method. At both Child HS events, there were multiple victims.

However, there is no antemortem data regarding the mental state or behaviour of the offenders to comment on the psychological state of the offender at the time of the event.

When compared to spousal HS and child HS, familicide-suicide is a relatively rare event [28]. In western countries, almost all familicide-suicides were committed by a male in his 30s or 40s by firearm that belongs to the offender.⁰² Similar to other types of HS, in familicide-suicide the role of depression is common [29]. Psychological assessment of some survived offenders of familicide revealed that they have been suffering from more severe psychopathology after the tragic incident [30].

In our study only one case of familicide and suicide was reported (Case 09). Although gender and age are compatible with the research literature in western countries, the methods of homicide and suicide differ. That may be due to the extremely low usage of firearms, which is related to strict gun control in Sri Lanka.

Extra familial HS usually occurs in between friends, roommates, and acquaintances and is sudden and unexpected in nature [3]. According to the Byard et al, there are four categories of extrafamilial homicide-suicides: cult, terrorist, autogenic mass, and adversarial. Adversarial homicide-suicides entail a "formal" relationship between the perpetrator and the victims of homicide, which is further subdivided based on the offender's role as a patient, litigant, employee, or past or current student, as in school shootings [31].

The incidence of Extra familial HS is very rare [32]. Previous research on this type of mass HS has mainly committed the offense with firearms in the United States [33]. Although depression plays a significant role in mental illness in extra-familial HS [34], a substantial number of offenders suffered from psychotic disorders, including schizophrenia as well [35]. In our study, only 2 (12.5%) extrafamilial HS were reported (Cases 7 and 13).

The category known as "others" involves HS of parents (parricide), siblings (siblicide), and other family members, and their incidence is very rare [9]. In our study, only 1 (6.25%) of this type of HS was reported (Case 03).

As a reason for why a person commits suicide after a homicide, In 1830, a former United States Senator, Daniel Webster, argued that a murderer can be driven to suicide because of an unbearable sense of guilt and that his self-imposed punishment may amount to a full confession [36]. The findings of the study of Liem and Nieuwbeerta in 2010 identified the homicide-suicide as a different phenomenon from both isolated homicide and isolated suicide [37]. So we have to do further studies on HS events; they are necessary to explain the differences, patterns, and characteristics identified. The main reason for the poor attention in research in Sri Lanka to the HS events is the low number of cases, the relatively rare incidence, and the poor management of clinical and postmortem data. Although the Department of Census

and Statistics and the Department of Police in Sri Lanka maintain statistical data of isolated homicide and isolated suicide, there are no statistics on HS events. So, it is challenging to establish the incidence of HS events and the relationship between the homicide and suicides. Analyses of HS compared to other forms of lethal violence were not possible without the nationwide statistics and detailed information on homicide-suicide, their victims, relationships, and perpetrators.

Conclusion

This article provides an initial description of the nature of dyadic deaths in southern Sri Lanka. It also briefly described the studies on HS in other countries and compared and contrasted possible differences and similarities in the individuals involved in HS and the methods of these tragic events in the Sri Lankan population. These differences suggest that cultural, socio-economic, religious, and law-related factors influence the characteristics of HS events. Prevention and investigation of such an incident will be a multidisciplinary approach to find the truth and support the process of administration of justice. Clinical management of after-survivals should be done, and it is absolutely essential to establish a national surveillance system for such episodes to know the exact circumstances of each case. It is necessary to evaluate the incidence of homicide-suicide and what its risk factors are.

As this is a retrospective review study, it has an inherent weakness of the possibility of missing a large amount of data, specifically in certain variables. So ultimately, the missing data led to an underestimation.

So, we have to develop a system to collect necessary data of HS events to make national figures about the specific characteristics. So, it will help to obtain collateral information from neighbors and relatives about the background of individuals, specifically, past violence and psychiatric history.

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