SHORT REPORT

Examination and significance of ‘tied up’ dead bodies

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SUMMARY. Examination of dead bodies found with parts of the body tied or bound can pose a real problem for the investigators in that it may not be possible to differentiate between suicide, homicide or accidental death. This article reports five such cases.


INTRODUCTION

Committing suicide with the hands tied or bound together is uncommon, but there are many reported cases of accidental death as a result of auto-erotic activity where the hands and/or other parts of the body are tied or bound. In both situations, initial examination of the scene can give rise to suspicion of homicide, particularly if the hands are tied and the head or the face is covered. This paper reports five such cases in which the body was tied or bound up. In one case, a conclusion of suicide was clear. In two cases, suicidal death was the most likely conclusion, although accidental death could not be ruled out. In the other two cases, it was difficult to confirm whether the death was a homicide or an accident.

CASES

Case 1

A 23-year-old Indonesian housemaid spent an unusually long time in the bathroom on the day of the incident. The wife of the household became suspicious and called her husband. He broke open the door and found the girl apparently dead inside the bath tub. There was a ligature (head scarf) around her neck and attached to the shower unit that had been dislodged from the wall (Fig. 1). Her two hands were loosely bound together by a cotton cloth, presumably prior to placing her neck inside the noose, which she had fixed earlier to the shower unit. The cloth was wrapped three times around her left wrist and then tied before it was turned twice around the right wrist. The remaining free end of the cloth was turned several times around the part binding the two wrists in a complex manner forming a loose knot and then inserted between the cloth parts wrapped around the right

![Fig. 1](image)

The body of a young female inside a bath tub with hands tied, presumably prior to suspension to the shower unit.

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wrist. The girl had spent about 2 months in Saudi Arabia and was working abroad for the first time in her life. According to witnesses (her employer and his wife), she was exceptionally quiet and was missing her family a great deal. Examination of the body did not reveal any external injury, apart from faint marks caused by the ligature around her neck and wrists. No petechial haemorrhages were present in the face, eyes or elsewhere. Dissection of the neck showed small areas of bruises within the subcutaneous tissues and muscle directly beneath and around the ligature. No injury of the thyroid cartilage, hyoid bone or cervical vertebrae was detected.

Case 2

A 35-year-old male Saudi Arabian was found dead inside a water tank within an old empty house, which was located very near to his home. The body was completely naked. Clothes containing personal identification papers and money were found beside the tank. A thin black cloth was turned around the neck and tied twice in a loose manner. The two long free ends of the cloth were passed through the front of the abdomen to both legs and tied firmly around the upper part of each leg (Fig. 2). Both hands were free. The deceased was known to be suffering from depression. He had recently been married and had domestic troubles with, according to witnesses, marital sexual problems. External examination of the body showed slight abrasions over the anterior left shoulder region, the front of the left knee, in addition to pressure marks caused by the described complex ligature around the neck, front of the chest and both thighs and legs. Autopsy findings were consistent with drowning and revealed congestion of the air passages, lungs filled with frothy fluid and the presence of turbid water inside the stomach. Toxicological analysis was negative.

Case 3

The body of a 30-year-old single male, who shared a flat with other single males, was found in a state of advanced postmortem decomposition inside his bedroom. His head was covered with a plastic bag, which was held tight around the neck by a thick rubber band (Fig. 3). Both wrists were tied from behind by means of a thick cotton scarf; the left wrist was tied firmly by one knot and the right wrist by a rather simple one. The body was fully clothed. His flatmates became suspicious after they noticed a foul smell coming from his room. The door was closed but unlocked. All windows were closed and the air conditioner and lights were on. No disturbance of the furniture was noticed.

In his room, there was a cushion which had a small hole in its middle and was soiled by dry stains, which were proven later to be seminal in nature. It was thought that the cushion was used by the deceased for masturbatory activities. Death was thought to have occurred about 2–3 days before the time of examination. Postmortem examination of the body did not show significant changes, due to the advanced body decomposition. Toxicological investigations were negative.

Case 4

A 34-year-old Bangladeshi male who used to work as a company security guard was found dead inside the company building by workmates upon their arrival for work one morning. The body was fully clothed. Both wrists were tied behind the victim’s back and the legs were also firmly tied together. In addition, a hand towel was turned around the face several times and part of its terminal end was introduced into the
mouth, although the nostrils were not covered up (Fig. 4). The body was found in the prone position. The company safe had been broken into. External examination of the body showed classical signs of asphyxia, in the form of deep cyanosis of the face, petechial haemorrhages in the conjunctivae, face, neck and upper chest. The tip of the nose was slightly flattened. Deep hypostasis was noticed in the frontal regions of the body. In addition, small bruises were found around the mouth and nostrils. Apart from pressure marks caused by the ligatures, no injury was detected around the wrists or other parts of the body. Postmortem examination showed congestion of the upper air passages. The lungs were severely congested, the surface containing multiple petechial haemorrhages. The neck structures did not show injuries or haemorrhages. Other organs and structures were unremarkable.

Case 5

A Saudi Arabian male of about 70 years of age was found dead inside his house after his neighbours detected a foul smell coming from the inside of his house. The body was found to be bound extensively by two different kinds of cables. Both hands were tied together as well as the neck to the upper abdomen and the rest of the trunk. The hands were tied once more by the second cable to render ligation very tight. The legs were also tied together in the same manner, i.e. with the two types of cables. The cables were attached to different parts of furniture located in different sites of the room, to ensure restriction of the victim’s movement (Fig. 5A & B). The total length of both cables was around 70 metres. A hand towel was placed over the face, but was not tied. The body was lying in the supine position, fully clothed and it was in a state of very advanced postmortem decomposition and deeply discoloured. The deceased lived alone and had a personal driver, an Indian who used to live in the same house. Postmortem examination of the body did not reveal significant findings because of the advanced soft tissue decomposition. However, no fractures were detected within the skeletal system. The postmortem interval was estimated at between 5–7 days.
DISCUSSION

Dead bodies found with the hands or other parts of the body tied and bound inevitably raise suspicion about causation. Binding the wrists is generally an indicator of homicide, but it may also be seen in autoerotic deaths as well as in some suicides.\(^1\) Inquiry into the circumstances of death, examination of the scene and the dead body, both externally and by thorough postmortem dissection, in addition to performing toxicological analysis, usually indicates the cause and manner of death. Omitting any of these investigations, particularly those of examination of the scene and toxicology, may well result in mistaken diagnosis of the cause and/or the manner of death. However, it is not always possible to ascertain the manner of death. It is not unusual to examine suicide cases masquerading as homicide and vice versa. Further, fabrication of circumstances surrounding fatal events is not uncommon.\(^4\) Suicides may be made to simulate homicide or accident\(^5\) and homicides may be disguised as suicides or accidents.\(^6\) At the same time, there are reports of accidental deaths, commonly involving auto-erotic activities, disguised as suicides.\(^14\)

In certain conditions, the death scene features are subtle and the victim's motivation is unclear. In such circumstances, it may not be possible to exclude homicide or to differentiate completely between accidental and suicidal death.

In the first case reported here, all circumstances and autopsy findings pointed to suicide. The only injuries seen at postmortem examination were due to the ligature around the neck. Full toxicological examination was negative. The recent history of employment abroad and mental depression because of homesickness—a strong suicidal motive among the Asian population working in Gulf countries. It is suggested that the wrists were tied in order to prevent hand movement, in case the victim were to attempt to rescue herself at the last moment. There was no question of auto-erotic activity in this case; the victim was female, completely clothed and there was no sign of sexual stimulation or history of previous similar practice. The cause of death, therefore, was given as ‘suicidal hanging’.

Adversely, the second case demonstrates many of the features commonly associated with sexual asphyxial. The victim was a young male, found completely nude, the activity took place in private, and although the upper limbs were free, ligatures were used to restrain the lower limbs (bondage).\(^19\) There are reported cases of auto-erotic death by unusual means including immersion.\(^15\) However, other features of auto-erotic activity were missing, such as pornographic literature or erotic objects, evidence of recent ejaculation and the padding of ligatures or use of webbing. The cause of death in this case was given as 'drowning' and the manner of death thought to be suicidal. However, the possibility of accidental auto-erotic death could not be excluded.

Many cases have been reported where death was due to suffocation by a plastic bag.\(^26\)\(^15\) Such asphyxial deaths are most commonly classified as accident or suicide and less frequently as homicide. It is claimed that older individuals tend to commit suicide by this type of asphyxial death more often than younger victims, who usually die during auto-erotic episodes.\(^27\) In the third reported case, in spite of the presence of seminal stains at the scene and the evidence of previous auto-erotic activities, it was not possible to confirm that recent ejaculation had taken place prior to death. The body was fully clothed and no seminal stains were detected around the genitalia or within the underpants. It is suggested that the sequence of events were as follows: the victim had tied his left wrist, then pre-arranged a loose ligature for the right wrist. He placed the plastic bag over his head and a rubber band was secured around it at the neck. The right hand was introduced through the pre-arranged ligature, which
was tightened over the right wrist. Both legs were passed forward over the bound wrists. The presence of the thick rubber band around the bag coupled with an absence of evidence supporting auto-erotic activity favored a deduction of suicide as the most likely manner of death.

In cases 4 and 5, and unlike the first 3 reported cases, other person(s) had clearly been involved in the death. In the fourth case, all the circumstances pointed to a burglary and it was obvious that other individual(s) had tied the victim’s wrists from behind, as well as his legs. The face was also covered by a hand towel, presumably to prevent the victim from screaming and not to suffocate him since his nostrils were not covered by the towel. It was not possible to confirm whether the assailant(s) had placed the body in the prone position. It was not possible to confirm whether death was due to obstruction of the external air orifices in that position, or by choking through the part of the towel found inside the victim’s mouth. There are reports of deaths by choking in similar circumstances, where an object was thrust into the mouth, in attempt to silence the victim at the time of burglary and, unfortunately, caused the death. No one was arrested in connection with that incident. The cause of death was given as ‘choking’ probably as a result of manslaughter rather than intentional murder.

In the fifth case, police investigation revealed that the deceased was the sponsor for his Indian driver, who also lived in the same house. They both had planned to travel to India (presumably the same date of the incident), but the driver left the country alone to travel to India. It would appear that before leaving, the driver tied the victim up very firmly by means of the two kinds of ligatures, in order to secure his immobilization so that he (the driver) could leave the country safely. As in case 4, a hand towel was placed over his face, but there was no possibility of choking. Because of the advanced postmortem decomposition, it was not possible to determine the exact cause of death. The victim could have died because of obstruction of external air orifices or, alternatively, owing to starvation and dehydration.

CONCLUSION

Examination of dead bodies with parts tied or bound poses a real problem to the forensic pathologist. In such circumstances, it may not be possible to exclude homicide, or to differentiate between suicide and accidental auto-erotic death. A careful initial examination of the scene and investigation of the surrounding circumstances including psychological history of the deceased is essential. Autopsy examination of the body and toxicological analysis will provide useful information to determine the exact cause and manner of death. However, in a number of cases, it may not be possible to confirm the cause of death, or to describe the exact manner of death.

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تمثل عملية فحص الجثث الموجودة في وضع التربتي بطرق وأشكال مختلفة مشكلة حقيقية للطبيب الشرعي حيث يكون من الصعب التفريق بين حالات الانتحار والحجرات الجنينية أو العرضية والفحص الدقيق المبتدئي لسرح الحادث والظروف المحيطة والتاريخ النفسي للمرضى لكل حالة يعتبر أمرا هاما للغاية وفي هذه الدراسة تم فحص واجراء الفحص التشريحي لخمس حالات وفاة مصحوبة بتربتي لبعض أجزاء الجسم مثل اليدين والساقين في ظروف وفاة مختلفة مع التدقيق في وضع التربتي وأماكنية إحداثية ذاتية أو يفعل فاعل بغرق التمييز بين كون الوفاة جنائية أم انتحارية أم عرضية ويهدف البحث إلى عرض هذه الحالات والاسترشاد بها والقاء الضوء على أهمية تفتيك الدقة في حالات الوفيات المصحوبة بغرف التربتي ببعض أجزاء الجسم ببعضها والفحص المبتدئي لطريقة التربتي بغرف الوصول الي حقيقة ونوعية الوفاة وهل هي جنائية أم انتحارية أم عرضية.