



## Original Research Article

# A POSTMORTEM CHRONICLE OF HANGING DEATHS IN A DECADAL SOUTHERN INDIAN STUDY (2011-2020)

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### ABSTRACT

Hanging is one of the common methods employed for suicide worldwide, accounting for around 55.6% of all suicides globally, with an estimated 700,000 deaths annually. The incidence is particularly high in Asia, where hanging is responsible for nearly 60% of suicides, influenced by sociocultural, economic, and legal factors. This retrospective descriptive study aims to analyse the demographic, circumstantial and forensic characteristics of hanging deaths autopsied at a tertiary medical institution in southern India over ten years (2011–2020). A total of 169 confirmed cases of hanging deaths were examined using archived post-mortem reports, police inquest documents, and victim profiles. Data on demographics, scene findings, external and internal autopsy findings, and inferred reasons for suicide were collected and analysed descriptively using SPSS. Victims ranged in age from 11 to 63 years, predominantly affecting those aged 20–49 years (74.56%). Males accounted for 63.91% of cases. Most hangings occurred at home (86.98%) and involved complete suspension (75.74%). Rope was the most common ligature material (66.86%). External autopsy findings showed typical ligature mark characteristics, including atypical knot positioning (85.21%), running knots (73.96%), and oblique ligature marks (95.86%). Internal examination revealed sternocleidomastoid muscle haemorrhages in 78.70% of cases and hyoid bone fractures in 17.16%. The leading inferred reasons for suicide were relationship or marital conflicts (43.20%), mental illness (13.02%), and academic or professional pressure (12.43%). This study provides comprehensive forensic and demographic insights into hanging deaths in southern India, highlighting the predominance of young adults and males, the home setting, and relationship conflicts as major contributing factors. The findings underscore the need for culturally sensitive suicide prevention strategies and improved mental health services in the region.

**Keywords:** Hanging, Ligature Mark, Mental Illness, Suicide.

## INTRODUCTION

Hanging is the most sought-after method of committing suicide globally. Hanging annually results in 700,000 fatalities worldwide.<sup>[1]</sup> It accounts for around 56% of all suicide deaths. Asian countries top the list of suicides by hanging, accounting for nearly 60% of all suicide deaths. This predilection may be attributed to its socio-cultural, economic and legal variances.<sup>[2]</sup> Amongst Asian countries, the Indian subcontinent countries, such as India, Sri Lanka, Nepal, and India, shoulder the high rates of suicide by hanging. More than 60% of suicide fatalities are by hanging in India, whereas in Sri Lanka, it ranges from 50% to 60%. This variation highlights both a lack of resources and issues related to mental well-being.<sup>[3,4]</sup> In divergence, suicide fatalities in the developed East Asian countries like Japan and South Korea reflect a wider array of common methods of suicide, including hanging, pesticide ingestion, and falls from heights. This calls attention to the effect of culture and legal frameworks on the methods of suicide.<sup>[5]</sup>

Forensic analysis of a death by hanging necessitates a meticulous examination of the external and internal structures of the body, especially those related to the neck region, including the ligature mark, extravasation of blood in the neck musculature, injuries involving the hyoid bone, and thyroid cartilage, to establish the cause of death and to corroborate or to negate the proposed manner of death indicated by the investigating officer.<sup>[6,7]</sup>

This 10-year retrospective study from southern India aims to conduct an inclusive postmortem analysis of hanging deaths. The post-mortem reports, police inquest documents, chemical analysis records, histopathology results, and victimological profiles provided the data for this investigation. The findings will be collated with the regional and continental epidemiological data to enhance the forensic analysis of hanging deaths and support the suicide prevention efforts in India and across Asia.

## MATERIALS AND METHODS

The Department of Forensic Medicine & Toxicology at A.J. Institute of Medical Sciences & Research Centre, Mangalore, a postgraduate teaching institution, was the site of this retrospective descriptive study. The study examined 169 confirmed cases of hanging deaths that were autopsied at the departmental mortuary between 1 January 2011 and 31 December 2020. Archived post-mortem reports, police inquest documents, chemical analysis records, histopathology results, and victimological profiles provided the data for this investigation. All cases were thoroughly examined, with particular attention paid to the causes and manners of death.

Each case in the study included comprehensive, independently verified documentation confirming death due to hanging. Cases were excluded if the

cause of death remained unclear upon review, or if any key documentation—such as toxicology results, autopsy reports, or inquest papers—was missing or inadequate. The data collected for each case included demographic information such as age, sex, socioeconomic status, occupation, and educational attainment; circumstantial and scene-related details, such as the location and type of hanging (complete or incomplete), the ligature material used, and the position of the body at the time of discovery; along with findings from both internal and external post-mortem examinations.

External examination parameters included characteristics of the ligature marks (level, continuity, direction, and pattern), the presence of facial petechiae, cyanosis, and congestion, and any additional external injuries such as abrasions, bruises, or indications of struggle. Internal examinations revealed vascular findings such as congestion, thrombosis, or rupture of the carotid arteries and jugular veins; injuries to neck structures including the hyoid bones, thyroid cartilages, and cervical spines; and organ-level pathology involving the liver, heart, and lungs. Haemorrhages were also noted in the neck musculature, including the sternocleidomastoid, strap, and platysma muscles.

Toxicological data were examined for the presence of alcohol, narcotics, or poisons and were correlated with the availability of psychiatric or medical histories, such as any documented mental illness, previous suicide attempts, or prior psychiatric treatment.

Although the study was retrospective and based entirely on post-mortem and archival records, without any direct involvement of living human or animal participants, ethical clearance was nevertheless obtained from the Institutional Ethics Committee to ensure compliance with academic and institutional research standards. All data were anonymised before analysis to maintain confidentiality.

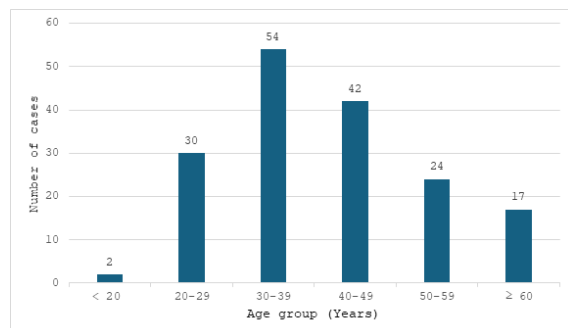
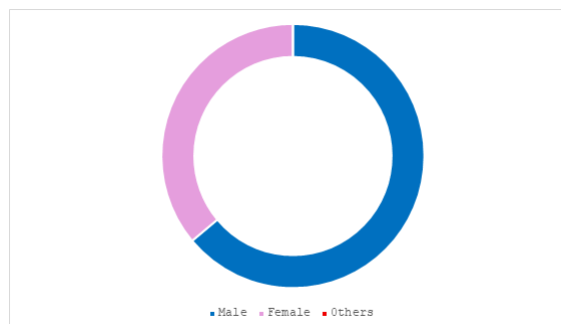
Statistical analysis was performed using SPSS version 23.0. Descriptive statistics, including frequencies and percentages, were used for categorical variables, while medians were calculated for numerical data to illustrate distributions and trends over the ten-year study period. The final analysis included all 169 autopsied cases that met the inclusion criteria, resulting in a comprehensive enumeration of eligible cases during the defined timeframe.

## RESULTS

The age of the hanging death victims ranged from an 11-year-old child to elderly individuals as old as 63 years, predominantly affecting individuals in their 30s (31.95%), followed by those in their 40s (24.85%) as illustrated in Table 1. 74.56% of the total fatalities were in the age group of 20-49 years.

**Table 1: Age Distribution of Victims (n = 169)**

Age Group (years)	Number of Cases	Percentage (%)
< 20	2	1.18
20-29	30	17.75
30-39	54	31.95
40-49	42	24.85
50-59	24	14.20
≥ 60	17	10.06

**Graph 1: Age Distribution of Victims (n = 169)****Graph 2: Gender Distribution of Victims (n = 169)**

Nearly two-thirds of the fatalities were male, representing 63.91% of the total as depicted in Table 2.

**Table 2: Gender Distribution of Victims (n = 169)**

Gender	Number of Cases	Percentage (%)
Male	108	63.91
Female	61	36.09
Other	00	0.00

Table 3 presents a year-by-year distribution of hanging fatalities over the decade between 2011 and 2020. The highest number of hanging deaths was recorded in 2020, with 31 cases.

**Table 3: Year-wise Distribution of Hanging Deaths (n = 169)**

Year	Number of Cases	Percentage (%)
2011	12	7.10
2012	15	8.88
2013	13	7.69
2014	18	10.65
2015	12	7.10
2016	15	8.88
2017	16	9.47
2018	17	10.06
2019	20	11.83
2020	31	18.34

Most victims were graduates or postgraduates (40.83%), followed by victims with secondary education (27.22%) and higher secondary education (19.53%). The lowest group was illiterate victims, comprising just 5 cases (2.96%), as depicted in Table 4.

**Table 4: Educational Background (n = 169)**

Educational Qualification	Number of Cases	Percentage (%)
Illiterate	5	2.96
Primary	16	9.47
Secondary	46	27.22
Higher Secondary	33	19.53
Graduate/Postgraduate	69	40.83

Table 5 illustrates the occupational distribution of hanging victims, emphasising that the professional/skilled workforce comprised the predominant group (29.59%). Followed by farmers (18.93%), the unemployed (17.75%), and labourers (12.43%).

**Table 5: Occupation of Victims (n = 169)**

Occupation	Number of Cases (n)	Percentage (%)
Unemployed	30	17.75
Labourer	21	12.43
Farmer	32	18.93
Student	14	8.28
Homemaker	18	10.65
Professional/Skilled	50	29.59
Others	4	2.37

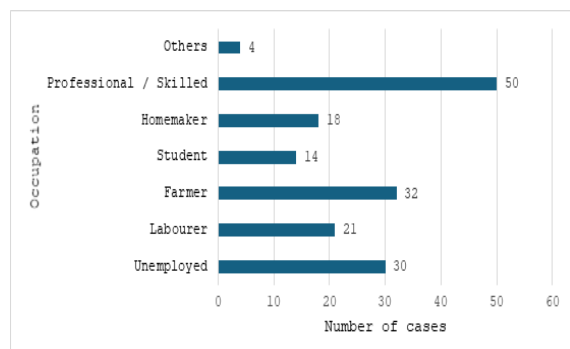
**Graph 3: Occupation of Victims (n = 169)**

Table 6 elaborates insights into the factors that may have facilitated the victims' decision to curtail their lives. The identified reasons include relationship or marital conflict (43.20%), mental illness (13.02%), academic or professional pressure (12.43%), alcohol or substance abuse (11.24%), financial distress (8.28%), chronic illness or physical disability (7.69%), and unemployment (2.96%).

**Table 6: Inferred Reasons for Suicide in Hanging Deaths (n = 169)**

Reason for Suicide	Number of Cases	Percentage (%)
Mental Illness	22	13.02
Financial Distress	14	8.28
Relationship or Marital Conflict	73	43.20
Academic or Professional Pressure	21	12.43
Chronic Illness or Physical Disability	13	7.69
Alcohol or Substance Abuse	19	11.24
Unemployment	5	2.96
Unknown/Undetermined	2	1.18

Table 7 presents specifics concerning the scene and physical circumstances surrounding the individual hanging incident. The majority of suicides by hanging are accomplished at home (86.98%). Complete hanging (body fully suspended with no part

touching ground) was observed in most of the cases (75.74%). 66.86% of victims used rope for hanging, followed by cloth (scarves, shawl, saree, or bedsheets) in 24.85% of cases.

**Table 7: Scene and Circumstantial Findings (n = 169)**

Variable	Category	Number of Cases	Percentage (%)
Type of Hanging	Complete	128	75.74
	Incomplete	41	24.26
Location of Incident	Home	147	86.98
	Outdoors	20	11.83
	Workplace	02	1.18
Ligature Material Used	Rope	113	66.86
	Cloth	42	24.85
	Wire/Cable	12	7.10
	Belt	2	1.18

Table 8 provides a complete overview of the physical external characteristics observed during autopsies of hanging victims. The examination indicates that atypical knot positioning was seen in the majority of victims (85.21%). Most of the victims had a running or slip knot (73.96%), a ligature mark positioned above the thyroid cartilage (97.63%), and a ligature mark following an oblique direction (95.86%). The majority of cases depicted a continuous ligature mark (70.41%), a distinct pattern or imprint from the ligature material on the ligature mark (72.19%) and a

single ligature mark (87.57%). Additional prominent signs observed during autopsies on hanging victims included salivary dribbling (92.90%), cyanosis (69.23%), protrusion of tongue (53.85%), facial congestion (33.14%), and petechial haemorrhages in the conjunctiva and face (39.64%). There were nail scratch marks on the neck amongst 24.85% of victims, indicating terminal self-rescue attempts, and only a small proportion of hanging fatalities displayed rope or friction burns (6.51%).

**Table 8: Post-Mortem External Findings in Hanging Deaths (n = 169)**

Parameter	Finding	Number of Cases (n)	Percentage (%)
Position of Knot	Typical	25	14.79
	Atypical	144	85.21
Type of Knot	Fixed	44	26.04
	Running / Slip	125	73.96
Ligature Mark Level	Above thyroid cartilage	165	97.63
	Over thyroid cartilage	3	1.78
	Below thyroid cartilage	1	0.59
Direction of Ligature Mark	Oblique	162	95.86
	Horizontal	7	4.14
Continuity of Ligature Mark	Continuous	119	70.41
	Interrupted	50	29.59
Pattern/Imprint of Ligature		122	72.19
Number of Ligature Marks	Single	148	87.57
	Multiple	21	12.43
Facial Congestion		56	33.14
Facial / Conjunctival Petechiae		67	39.64
Cyanosis (Face/Lips/Nail bed)		117	69.23
La Facie Sympathique		00	0.00
Tongue Protrusion		91	53.85
Saliva Dribbling		157	92.90
Nail Scratch Marks on Neck		42	24.85
Rope / Friction Burns		11	6.51

Table 9 highlights the internal morbid anatomical findings observed during postmortem examination of hanging victims, giving insight into the effects caused by ligature suspension on underlying neck structures. The most commonly encountered finding was extravasation of blood in the sternocleidomastoid muscles (78.70%). Hyoid bone fracture (17.16%),

intimal tears of the internal carotid artery (15.38%), and cervical vertebral fractures (6.51%) are the manifestations of vascular and skeletal trauma resulting from neck constriction. A small proportion of victims had spinal cord contusions (2.37%), fracture of thyroid cartilage (1.78%) and thyroid gland haemorrhages (1.18%).

**Table 9: Internal Examination Findings (n = 169)**

Parameter	Number of Cases	Percentage (%)
Sternocleidomastoid Haemorrhages	133	78.70
Internal Carotid Artery Intimal Tears	26	15.38
Hyoid Bone Fracture	29	17.16
Thyroid Cartilage Fracture	3	1.78
Thyroid Gland Haemorrhages	2	1.18
Cervical Vertebral Fracture	11	6.51
Spinal Contusion	4	2.37

## DISCUSSION

This retrospective 10-year study, conducted between January 2011 and December 2020, was carried out in the Department of Forensic Medicine and Toxicology, A.J. Institute of Medical Sciences and Research Centre, Mangalore. The study included a total of 1842 cases that were autopsied, of which 169 (9%) victims died because of hanging. Our observations revealed the preponderance of hanging victims in their 30s (31.95%), and 74.56% falling within the band between 20 and 49 years. This trend is consistent with the regional surveys on hanging yet underscores significant intercontinental variations. Similar trends were observed in studies from South Africa (Bloemfontein and Transkei), West Africa (Ghana), and South Asia (Uttarakhand, North India).<sup>[8,9,10]</sup> Whereas another Indian study (Maharashtra, Central India) showed 33.9% hanging victims in their 20s.<sup>[11]</sup> In Europe, especially in Italy and the UK, hanging is reported to be the leading method of ending life among young to middle-aged

adults (15 to 44 years), with the preponderance towards the age group between 40 and 50 years.<sup>[12]</sup> Although the global burden of hanging deaths is principally in concurrence with our findings that most victims are aged between 20 and 49, African and South Asian research skew younger (20-39), whereas Europe tilts towards older adults (30-50), highlighting the need for continent-specific preventive interventions.

Our research reconfirmed the global pattern of male predominance amongst hanging victims. Nearly two-thirds of our hanging victims were males (63.91%). Similar trends of male dominance were observed in research from South Africa (Bloemfontein), West Africa (Ghana), North India (Uttarakhand), Central India (Maharashtra), and Europe.<sup>[8,10,11,13,14]</sup> This male predilection towards hanging may be attributed to the higher lethality of methods adopted by men, socio-cultural expectations, and lower help-seeking tendencies in men.

Year-wise distribution of hanging fatalities between 2011 and 2020 showed a distinct upward trajectory

culminating in the maximum number of hanging deaths in the year 2020. This surge is per the global trends observed during the year 2020. Many countries observed a rise in suicide cases, including those from hanging, during the COVID-19 pandemic, ascribed to psychosocial stress, seclusion, loss of job opportunities, and mental health issues.<sup>[15]</sup> The National Crime Records Bureau (NCRB), India, reported a significant rise in suicides in the year 2020. Amongst suicides, hanging was the most common method of ending life (58%).<sup>[16]</sup> A similar increase in Suicide rates was observed in Japan in 2020, particularly among young adults and in females, which had been declining till then.<sup>[17]</sup> In contrast, amongst a few studies from Australia (New South Wales); North America (Alberta, British Columbia, California, Illinois and Texas); South America (Chile and Ecuador); Europe (Leipzig); Oceania (New Zealand); and Asia (South Korea) showed a decrease in suicide rates during the pandemic.<sup>18</sup> This may be attributed to strong mental health interventions and better economic safety. The significant increase in suicidal rates during the pandemic year 2020 reflects a broader global concern that highlights the effects of such an outbreak of calamity across the globe on the mental well-being of a large section of the population. This also necessitates pondering the urgent need to envisage integrated suicide prevention efforts on a global scale.

Our research highlights that the majority of hanging victims were educated at the graduate or postgraduate level (40.83%), followed by those with secondary and higher education (19.53%). These findings are in concurrence with studies from urban pockets of India, wherein job-related stress, academic pressure, and psychosocial burden reportedly result in a rise in suicidal rates among educated youth and professionals.<sup>[19]</sup> Additionally, vulnerability of individuals with higher education to psychological stress resulting from employment instability, difficulty in adjusting to digital overload, and increased expectations during COVID-19 pandemic may have been the added stressors.<sup>20</sup> There were some studies from South Africa, North India, and Ghana wherein hanging victims had lower educational attainment, mostly having an education below high school level.<sup>[8,10,11]</sup> This fluctuation in literacy status underscores the necessity to re-evaluate the myth that higher education is a shield against suicide and, accordingly, tailor the mental health intervention strategies.

Occupational breakdown of hanging victims depicts that professionals/skilled workers comprised the largest group (29.59%). This is followed by notable subgroups like farmers, unemployed, labourers, students and homemakers in decreasing frequency. The significant percentage of professionals and skilled workers amongst hanging victims shatters the traditional notion that suicide, particularly by hanging, is more prevalent among socioeconomically underprivileged or unskilled populations. However, similar trends have been observed in studies from

urban India, where educated and working individuals are increasingly exposed to psychological distress due to job-related stress, economic vulnerability, and lifestyle-related ambiguities.<sup>[19]</sup> However, in studies from rural India, the vulnerability of the farming community remains predominant, with suicide resulting because of crop failure, debt, and lack of institutional patronage.<sup>[21]</sup> The significant hanging victims from the farming community (18.93%) in our analysis supports this trend. Studies from Bloemfontein, South Africa, revealed majority of hanging victims were unemployed and unskilled labourers, indicating regional socioeconomic influences on occupational vulnerability.<sup>8</sup> In a few Southeast Asian studies, suicide among students and homemakers, where academic and domestic pressures have intensified in recent years, particularly during the COVID-19 pandemic, has drawn widespread attention.<sup>[22,23]</sup> These findings emphasise that occupational stress is a complex factor, influenced not only by the nature of work but also by broader economic, cultural, and psychosocial dynamics.

Analysing factors inferred to have contributed to the victims' decision to end their lives by hanging showed that the most prevalent cause was relationship or marital conflict (43.20%), followed by mental illness (13.02%), academic or professional pressure (12.43%), and alcohol or substance abuse (11.24%). Financial distress (8.28%), chronic illness or disability (7.69%), and unemployment (2.96%) were less frequently reported to be the reasons behind ending life. These findings are in sync with the studies from India and South Asia, where domestic discord and interpersonal problems frequently culminate in suicidal behaviour, particularly among younger individuals and females.<sup>[19]</sup> Mental illness, though often underreported in developing nations due to stigma, remains a significant factor globally. In Western nations, particularly in the UK and the USA, depression, bipolar disorder, and schizophrenia are among the most documented factors preceding suicide.<sup>[24,25]</sup> The academic and occupational stress, especially among youth and skilled professionals, has been prominent in urban Indian contexts, compounded by pressure to excel and job insecurity.<sup>[26]</sup> Alcohol and substance abuse, although less frequent in this study (11.24%), have been well-established as a risk factor that lowers inhibition and increases impetuosity, with similar trends reported in African and Southeast Asian research.<sup>27</sup> Remarkably, financial issues and unemployment, leading causes of suicide in many developed economies during economic downturns, were less frequent here, possibly reflecting social and family support structures or cultural differences in coping and reporting. Overall, this gamut of psychosocial triggers underscores the complex interplay of emotional, psychological, and socioeconomic stressors in suicidal behaviour.

Most of the hanging victims committed suicide in the confines of their home (86.98%), involved complete

suspension (75.74%) and used rope (66.86%) as the constricting ligature material. These observations are in concurrence with global data, where suicide by hanging is mostly an act in the confines of their dwelling, owing to the privacy, certainty, accessibility, and abruptness associated with the method. Studies from North India, 90.8% of suicidal hangings were accomplished in residential settings, and rope was the commonest ligature material, followed by scarves and bed linens.<sup>[11]</sup> In a South African study, complete suspension was observed in almost 70% of cases, with rope and electric cable being the commonly used ligature material.<sup>[8]</sup> In Ghana, 87% of victims hanged themselves at home, using rope, cloth, or wire as the constricting ligature material.<sup>[10]</sup> The preference for rope as ligature material may be due to its accessibility, lethality, and effectiveness. At the same time, women, particularly in South Asia, predominantly employ cloth-based ligatures (e.g., sarees or shawls).<sup>[13]</sup> Preponderance of hanging by complete suspension may indicate higher intent or better preparation, which correlates with the forensic research from Europe and Asia.<sup>[28]</sup> The occurrence of these patterns across regions necessitates the need for targeted prevention strategies that focus on home environments and restrict accessibility to materials that can be used to end life.

This study analysed autopsy findings in hanging fatalities, reflecting consistent forensic hallmarks. In the majority of victims, the knot was positioned in a location other than the back of the neck, specifically just below the occiput, in the midline (Atypical knot, 85.21%). Running/slip knots (73.96%) were more commonly employed than fixed knots. An obliquely positioned ligature mark (95.86%) and ligature mark being above the thyroid cartilage (97.63%) were hallmarks of hanging, distinguishing it from ligature strangulation.<sup>[29]</sup> A continuous (70.41%) and single ligature mark (87.57%) was noted in most of the victims. A solitary and uninterrupted ligature was pathognomonic of suicidal hangings.<sup>[30]</sup> Patterned impressions from ropes or cloth were distinct in 72.19% of victims, linking ligature material with that of the ligature mark. Salivary dribbling, a classical antemortem external sign of hanging was observed in 92.90% of victims.<sup>[31]</sup> Adjunct external signs aligning with hanging-induced asphyxia, such as cyanosis (69.23%), tongue protrusion (53.85%), and conjunctival petechiae (39.64%) were frequently encountered.<sup>[32]</sup> Nail scratch marks (24.85%) indicate last-ditch efforts of attempted self-rescue, commonly encountered in partial/incomplete hangings where victims may still have some part of their body in contact with the ground. Similar external postmortem features have been reported in studies from South Africa, India, and Europe, buttressing the diagnostic consistency of these markers in differentiating suicidal hanging from homicidal ligature strangulation or staged hanging scenes.<sup>[8,33]</sup> The observed findings collectively validate that most of the cases autopsied at our centre are undoubtedly

genuine suicidal hangings with classical forensic characteristics.

Examination of internal anatomical findings in hanging deaths helped us to gain insight into the effects of pressure on the neck structure due to ligature suspension. The most common finding was haemorrhage in the sternocleidomastoid muscles (78.70%), indicating muscular trauma consistent with either compressive force from overlying ligature or resulting from stretching of neck muscles from suspension. This haemorrhage results from the tearing of tiny blood vessels within the muscle as a direct consequence of sustained pressure during hanging.<sup>[34]</sup> Hyoid bone fractures (17.16%), intimal tears of the internal carotid artery (15.38%), and cervical vertebral fractures (6.51%) were observed to a lesser extent. These findings align with the existing forensic literature, which links such injuries frequently with older victims or a sudden drop during hanging.<sup>[29,30]</sup> These injuries are often encountered in complete hangings or when a sudden drop exerts high tensile force on the neck.<sup>[29]</sup> Hyoid fractures are more frequent in older individuals due to reduced bone flexibility consequent to its ossification, which makes the hyoid more susceptible to fracture under stress.<sup>[35]</sup> Whereas fractures of the thyroid cartilage (1.78%) and thyroid gland injuries (1.18%) were rare, further bolstering the concept that these fatalities resulted from vascular compression and asphyxia rather than skeletal trauma.<sup>36</sup> The absence of these injuries in most cases indicates that the force exerted was inadequate to cause major skeletal damage but adequate to impede airway and blood flow.<sup>[7]</sup> Spinal cord contusions (2.37%), though scarce, may be a consequence of partial loading or sudden jerky movements of the neck and cervical spine during suspension, causing momentary trauma to the cervical spinal cord.<sup>[37]</sup> This finding may be related to abrupt drops or violent struggle post-suspension. Research from India and South Africa indicates a similar finding, with hyoid bone and vertebral fractures in less than 20% hanging victims.<sup>[8,38,39]</sup> This pattern helps to differentiate hanging from strangulation, which often presents with higher rates of skeletal fractures, extensive soft tissue haemorrhages, and external injuries resulting from restraint to immobilise the victim or struggle to save his/her life.<sup>[40,41]</sup> Overall, the predominance of muscular haemorrhage and infrequent skeletal injury in our study is in agreement with typical suicidal hangings involving low suspension heights or gradual body descent.

## CONCLUSION

This 10-year retrospective study reflects that suicidal hanging largely affects males aged 20–49 years, with a noteworthy rise during the COVID-19 pandemic, particularly in 2020. Contrary to traditional assumptions, a significant number of victims were educated and employed, underscoring the

psychological vulnerabilities across all socioeconomic strata. The forensic findings were consistent with classical features of suicidal hanging, aiding in its differentiation from other forms of asphyxia deaths. Relationship conflicts, mental illness, academic and occupational stress emerged as leading triggers, reflecting the complex interplay of personal, social, and psychological factors. These findings emphasise the urgent need for targeted, multidisciplinary suicide prevention strategies and mental health interventions.

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