

Pattern of Homicidal Deaths in Autopsies Conducted at Rural Tertiary Care Centre

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Abstract

Background: Killing of human being is one of the most serious of major crimes. Since very long time laws were framed by different judicial authority in a bid to prevent its further occurrence. In spite of all there has been a phenomenal rise in the incidence of homicide all over the world and also in India, perhaps due to a highly intensified struggle for survival in the face of industrialization and urbanization. This study was undertaken with an objective to study the pattern of Homicidal Deaths in Autopsies Conducted at Rural Tertiary care centre. **Material and Methods:** A Record based retrospective study was conducted at the Sri Devaraj Urs Medical College, Kolar from January 2015 to December 2017 for a period of three years. A total of 71 cases were included in the study period. Data was entered in to SPSS 17 statistical package and analyzed. **Results:** In the study 63.4% were males and 36.6% were females. Majority of subjects were in the age group 21 to 30 years (28.2%). Hard blunt weapon was commonly used in 78.9%. Majority were from rural area 60.6%. Most common finding was ligature mark in 22.5%. Most common cause of death was head injury in 23.9%. **Conclusion:** Most of the victims were in the middle age indicated social problems in the society as one of the reason. Strict enforcement of law on possession of dangerous weapons like sharp heavy cutting weapons/firearms should be made and punishment for such people should occur in the court of law.

Keywords: Homicide; Autopsy; Blunt Force; Ligature Mark; Rural Tertiary Centre.

Introduction

Homicide is considered as one of the most serious crimes in the mankind. The case of Homicide was reported as early as in Bible [1]. When a human being is killed by another human being it is called as

Homicide. It is one of the leading causes of Unnatural Death throughout the world. The dilemma of violent crime including that of murder has baffled equally all the developed and the underdeveloped societies of the world and it is the highest level of Aggression found in all the cultures throughout the world [2]. Since very long time laws were framed by different judicial authority in a bid to prevent its further occurrence. In spite of all there has been a phenomenal rise in the incidence of homicide all over the world and also in India, perhaps due to a highly intensified struggle for survival in the face of industrialization and urbanization [3]. This study was undertaken with an objective to study the pattern of Homicidal Deaths in Autopsies Conducted at Rural Tertiary care centre.

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Materials and Methods

A Record based retrospective study was conducted at the Sri Devaraj Urs Medical College, Kolar from January 2015 to December 2017 for a period of three

years. All the cases which were brought to the Department of Forensic Medicine for autopsy and suspected to be a cases of Homicide by police as per the requisition given by the Investigating Officer at the Autopsy centre of the College were included in the study. A total of 71 cases were included in the study period. All the information regarding the circumstances of crime was sought from the victim's relatives and police, visits to the scenes of crime or photographs of the scene of crime was collected by the author in a structured questionnaire. The Post Mortem examination was carried out as per the standards. Data was entered in to SPSS 17 statistical package and analyzed. Categorical data was represented as Frequencies and Proportions. Institutional ethical clearance was obtained prior to the start of the study.

Results

In our study a total of 71 cases of homicide were reported and Post mortem was conducted in the study duration. Out of 71 cases, only 8 victims (2 cases in 2015, 03 cases in 2016 and 03 cases in 2017)

were hospitalised and treated before death. 63.4% were males and 36.6% were females. Majority of subjects were in the age groups 21 to 30 years (28.2%), followed by 31 to 40 years (22.5%). Among both males and females majority were in the age group 21 to 30 years, 31.1% and 23.1% respectively (Table 1).

Hard blunt weapon was used in 78.9%, soft blunt weapon was used in 8.5%, sharp cutting weapon was used in 21.1%, firearms were used in 1.4% and pointed weapon was used in 1.4%. 39.4% were from urban area and 60.6% were from rural area. 19.7% had lacerations. 22.5% had ligature mark, 18.3% had contusion, 12.7% had stab injury, 23.9% had fractures, 5.6% had burns, 7% had chop wounds and 12.7% had Incised Wound/ Cut Throat (Table 2). 23.9% death was due to head injury, 18.3% due to asphyxia, 33.8% due to Hemorrhagic shock, 2.8% due to burns, 4.2% due to Cut throat injury, 1.4% due to Blunt trauma to chest, 8.5% due to natural death and 7% had unknown cause (Table 3). Head and face, neck was the most commonly injured region 28 cases, followed by involvement of more than one body region in 18 cases.

Table 1: Age and Gender distribution of subjects

Age	Male		Female		Total	
	Count	%	Count	%	Count	%
≤ 10	01	2.2	03	11.5	4	5.6
11-20	00	0.0	05	19.2	5	7.0
21-30	14	31.1	06	23.1	20	28.2
31-40	12	26.7	04	15.4	16	22.5
41-50	08	17.8	05	19.2	13	18.3
51-60	07	15.6	02	7.7	9	12.7
61-70	02	4.4	01	3.8	3	4.2
70-80	01	2.2	00	0.0	1	1.4
Total	45		26		71	100%

Table 2: Year wise distribution of Domicile and type of injury among cases

		2015		2016		2017		Total	
		Count	%	Count	%	Count	%	Count	%
Domicile	Urban	12	52.2	10	45.5	06	23.1	28	39.4
	Rural	11	47.8	12	54.5	20	76.9	43	60.6
Type of Injury	Laceration	06	26.1	07	31.8	01	3.8	14	19.7
	Ligature Mark	06	26.1	04	18.2	06	23.1	16	22.5
	Contusion	03	13.0	06	27.3	04	15.4	13	18.3
	Stab Injury	00	0.0	04	18.2	05	19.2	9	12.7
	Fractures	07	30.4	02	9.1	08	30.8	17	23.9
	Burns	01	4.3	03	13.6	00	0.0	4	5.6
	Chop Wounds	02	8.7	02	9.1	01	3.8	5	7.0
	Incised Wound/ Cut Throat	02	8.7	05	22.7	02	7.7	9	12.7

Table 3: Year wise Distribution of assault cases according to Cause of death

Cause of death	2015		2016		2017		Total	
	Count	%	Count	%	Count	%	Count	%
Head injury	07	30.4	06	27.3	04	15.4	17	23.9
Asphyxia	05	21.7	02	9.1	06	23.1	13	18.3
Hemorrhagic shock	06	26.1	07	31.8	11	42.3	24	33.8
Burns	00	0.0	02	9.1	00	0.0	2	2.8
Cut throat injury	01	4.3	02	9.1	00	0.0	3	4.2
Blunt trauma to chest	01	4.3	00	0.0	00	0.0	1	1.4
Natural death	01	4.3	01	4.5	04	15.4	6	8.5
Unknown	02	8.7	02	9.1	01	3.8	5	7.0
Total	23		22		26		71	

Discussion

During the study period out of three years from 2015 to 2017, total of 71 cases of homicide were analyzed. The maximum number of deaths occurred in the age group of 21-30 years in both gender and overall. This can be due to marital disputes, infidelity, unemployment, gang rivalry and arguments during the alcohol consumption. The death of the children was due to suicide events committed by the parents along with them being unable to cope up with poverty and low socio economic conditions. The findings of our study were found to be similar to the findings of the Hugar S [4], Scott KWM [5] and Bhupinder S [6]. The studies done by Kominato Y [7], Henderson JP [8] and Saint Martin [9] showed majority of the homicides occurred after 30 years of the age which is contrasting to our study findings. Males constituted nearly 71.5% of the total homicidal cases in our study which was similar to Hugar S [4] Alan Fox [10] and Rygol K [11]. The aggressive nature of the male could be the reason of the more homicidal deaths amongst them.

Death due to injury from Hard and soft blunt weapon was common in our study, which could be due to most of the cases of homicide were not premeditated and used the blunt weapon available at the site of the crime. Sharp weapons were the next commonly used tool for homicide. Most of the sharp weapon homicides was premeditated and involved rivalry and intension to cause fatal injury to the victims. Firearms usage was very minimal in our study due to strict rules of government regarding the selling of fire arms. The findings of our study was contrast to the findings of Hugar S [4], Wahlsten and Gupta A [12] where sharp weapon injuries was most common than blunt weapon. Majority of the injuries occurred over the head and neck, thorax region and multiple sites showed the intension of the assaulter to kill and grievously

injure the victim. The pattern of the injury depended upon the instrument used in the homicide.

Conclusion

Homicidal death due to blunt injury indicated the event would have happen in the rage of anger. Most of the victims were in the middle age indicated social problems in the society as one of the reason. Strict enforcement of law on possession of dangerous weapons like sharp heavy cutting weapons/firearms should be made and punishment for such people should occur in the court of law. In the Indian scenario the investigating officer, the forensic pathologist and the judiciary system work independently and not in tandem as in the western countries where the homicide unit is constituted who share their knowledge in solving a crime. Investigating officer should work/co-ordinate with the forensic pathologist in solving homicides cases.

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