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A Five Year Retrospective Study of Analysis of Pattern of Homicidal Deaths Autopsied at Vydehi Hospital, Bangalore

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Abstract

Homicide is killing of a person by another person/ by group. Killing a person may be with several motives, common being property, money and women. The person may be killed in a fit of rage or there may be a detail planning executed. According to NCRB, Karnataka 2015 accounts for 27.6% of violent crime. In the current study attempt is made to study the pattern of injuries in homicidal cases. The injuries due to blunt force were present in majority of cases with head being most commonly involved region. The predominant motive was extra marital affairs and incidence was highest in males in age group of 15-29 years.

Keyword: Homicide; Head Injury; Blunt Force; Sharp Force; Ligature Compression.

Introduction

Homicide is considered as one among the violent crimes. Bangalore is a metropolitan city with large number of migrant people from different part of the country in view of various opportunities like job, treatment, real estate, and business. The reasons for violent crime also increase with attraction of city life style. There are stringent laws and punishment but the investigating officers are unable to prevent because of motive being personal issues such as extra marital affairs, property disputes, domestic problems, rivalries. According to National Crime record Bureau (NCRB), the violent crime rate is increasing day by day in our country on considering statistics from 2011 to 2015 and Karnataka constitute 27.6% of violent crime in 2015 [1]. The World Health Organisation (WHO) defines homicidal death resulting from injuries purposefully inflicted by another person (ICD9 codes 960-E978). About 80-100 cases of homicides take place every day in India [2]. When the force of injury has to be analysed there are certain decisive factors which are important for the sequence of reconstruction to differentiate the self inflicted from the injuries inflicted by others [3]. This study is undertaken to know pattern of injuries sustained and region of body involved in homicidal deaths. The authors have also tried to analyze motive behind homicidal deaths.

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Materials and Methodology

The study was done in Vydehi hospital which covers eastern part of Bangalore as a retrospective analysis done for a period of five years. The information was collected from the police information forms 146 (i) & (ii), autopsy reports, from autopsy surgeons and from the photographs that were taken during autopsy. The study analyzed the age group of victim commonly involved, gender, the motive for the crime, the pattern of injury and the common region involved. Descriptive analysis was applied in this study.

Results and Discussion

The study was done for a period of 5 years and the percentage of homicidal death was 4-6% of total cases which was corresponding to a studies done in MS

Ramaiah Medical College where the percentage of homicidal death were 4.32%, MVJ hospital where the percentage of homicidal deaths were 7%, and with a study done in Delhi where homicide constitute 5.9% [4,5,15]. This study was in contrast with study done in Pakistan were 76% of death was due to homicide [6].

The incidences were more in the male population, 65% as compared to females which was around 35%. The incidence was common in the age group of 15-29 years in both the gender which constituted around 40% of total cases. The findings were consistent with a study from Surat where males constituted 86.7% of the cases [7] and a study done in MS Ramaiah Medical College which showed the incidence in age group of 20-29 years being 49.25% [8].

The motives beyond most of the cases were not known where the cases were initially brought under unnatural death register and later converted in to crime cases this was around 28.2%. The motive due to domestic issue was next common motive which includes husband and wife fight, fight between family members, alcohol consumption and constituted 20.6% of the cases. The next common motive was extra marital affairs , 10.8%. This was in contrast with studies like in M.S Ramaiah collage as motive being revenge constitute 26.8% [4].

The study showed most common nature of injury was due to blunt force (35%), followed by sharp force (22.8%) then ligature pressure on neck (10.2%). These were consistent with a study done in Mangalore [9] but in contrast to study done in Manipal where incidence due to sharp force trauma was more. The results were different in a study done in Pakistan where injuries due to firearm and bomb blast were common and with Varanasi study where firearm injuries were common, followed by injuries due to sharp and blunt force [10,11]. The difference in the results may be attributed to the regional factors including the availability of arms and ammunitions.

Table 1: Gender wise distribution of cases of homicides in different age groups

Age group	Males	Females
<15years	02	03
15-29years	14	09
30-44years	10	04
45-60years	10	02
>/ = 60years	01	00
Total	37	18

Table 2: Motives in cases of Homicidal Deaths

Motives	Number of cases
Extra marital affair	10
Property disputes	01
Theft	08
Domestic issues	15
Personal rivalry	04
Depression	01
Not known	16

Table 3: Pattern of Injuries in Homicidal deaths

Pattern of injuries		Number of cases
Blunt force	Abrasion	20
	Contusion	07
	Laceration	14
	Fractures	08- Skull 02- Sternum
Sharp force	Incised wound	06
	Stab wound	13
	Chop wound	04
	Cut throat	02
Manual compressive injury of neck		01
Ligature compressive injuryof neck		07
Penetrative injury due to firearm projectile		02
Electrical injury		01
Burns due to dry heat		01

Table 4: Regions of body involved in homicidal death

Region of body	Number of cases
Head	21
Neck	12
Chest	06
Abdomen	05
Extremities	07

The region commonly involved in homicidal death was head (35%), followed by neck (21%), extremities (12.3%), chest (10.5%) and abdomen (8.7%). This was different from the findings of Peshawar and New Civil Hospital Surat where the common region involved is chest and Neck [13,14]. Defence wound were noticed in 7cases out of which sharp weapon were seen in 5 cases mainly involving palms followed by forearm, defence wound due to blunt force were seen only in two cases.

This can be compared with a study done in Maharashtra were majority of defence wound were due to sharp weapon [12]. Majority of cases were committed outdoor (49%) while 31% of cases were committed indoor. In remaining cases the place is not know which can be considered as a drawback of retrospective study.

Conclusion

The statistics could help the investigating authorities to concentrate on the distribution of violent crimes in the eastern part of Bangalore and also help them in concentrating on the type of weapon while investigation. The pattern of injuries sustained may act as guide to the doctors in emergency department for taking necessary treatment steps during the *Golden Hour*.

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