Pattern of Homicidal Deaths at Raichur District Region – A Retrospective Study

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Abstract

Background: It is a retrospective study carried out to find out the pattern of homicidal deaths in around the Raichur district region, among autopsies conducted at mortuary, RIMS, Raichur.

Materials and Methods: This is a two year retrospective study of autopsies conducted from January 2016 to December 2017 at Raichur Institute of Medical Sciences, Raichur. The objectives of the study were to know the pattern of homicidal deaths in and around Raichur district and to study the various socio-demographic factors influencing the homicidal deaths. Using a predefined and structured Performa, all the necessary details pertaining to the cases were collected from the inquest report and were analyzed.

Results: There were 757 total cases of autopsies conducted during the study period, of which there were 51 (6.73%) homicidal deaths. Male preponderance, 20-29 age group, blunt weapons - most commonly used, neck - commonest region of body involved constitutes 29.52%, most common cause of death - hemorrhage and shock 25.49%(13) equally followed by Head injury, maximum homicide took place at the victim‘s residence (58.82%), the most common motive behind the homicide was Infidelity (21.56%), maximum numbers of homicides were committed by Spouse (27.45%).

Conclusion: An attempt is made to know the socio demographic profile of the deceased so as to understand the sociological, economical, demographic and psychological aspects influencing homicidal deaths. The spurt in the homicidal deaths in our region may be attributed to the poor socio – economic condition, unemployment among young people, marital and family disputes, decreasing value based morality in the society, soft and sometimes toothless law enforcement agencies.

Key Words: *Retrospective study, Homicidal deaths, Socio demographic analysis.*

Introduction

Homicide means one human being causes death of another. Not all homicide is murder, as some killings are manslaughter, and some are lawful, such as when justified by an affirmative defense,

Like insanity or self defence.[1] A homicide is usually well-planned, therefore not normally witnessed. Killings remained the same v.i.z. lust for money, women and land. To commit murder, two elements (Mens–rea which means preplanning or afore thought and Actus Reus which means the actual execution).[2]

Homicide is defined as killing of one human being by another human being and is one of the leading causes of unnatural deaths.[3] Unlawful killing of human being is murder (S.300 IPC). Culpable homicide cases may be amounting to murder (S.299 IPC) or not amounting to murder (S.304 IPC). Punishment of murder (S.302IPC) is death or imprisonment for life and also fine. The various patterns of homicidal deaths include assault by sharp weapon, blunt weapon, firearm, strangulation, homicidal hanging, smothering, drowning, burns, poisoning etc. [4]

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Material and Method

This 2 year retrospective study was analyzed among autopsies conducted from January 2016 to December 2017 at Raichur Institute of Medical Sciences, Raichur. The objectives of the study were to know the pattern of homicidal deaths in and around Raichur city and to study the various socio-demographic factors influencing the homicidal deaths. Using a predefined and structured Performa, all the necessary details pertaining to the cases were collected from the inquest report- which includes police enquiry report, witness statement and relative statement, findings of post-mortem examination report, hospital case sheet extracts, histo-pathological examination report, toxicological (chemical) analysis report, crime scene photographs and was then tabulated to Microsoft Excel sheet 2007 for analysis and results were explained in number of cases and percentage. Prior to the study, ethical committee clearance was obtained from Institutional Ethical committee.

Results

There were 757 total cases of autopsies conducted during the study period, of which there were 51 (6.73%) homicidal deaths. The maximum cases were observed among age group 20-29 years (31%), followed by 30-39 years (21%), 60+ years (13.72%), 40-49 years (11.76%), 50-59 years and 0-9 years (7.84%) . The least number of cases were observed among the age group 10-19 years (6%).

More number of deaths were observed among males i.e., 51% (n=26), on cross tabulating age group with gender wise distribution it was observed that more number of deaths among males (23.04%) was seen in the age group 20-29 years and 32% of female deaths in the age group 40-49 years. (Table 1)

Table 1: Age group v/s Gender distribution

Age group	Males	Females	Total	Percentage
0-9 yrs	1	3	4	7.8
10-19 yrs	3	3	6	11.8
20-29 yrs	6	4	10	19.6
30-39yrs	5	4	9	17.6
40-49 yrs	3	8	11	21.6
50-59 yrs	5	1	6	11.8
>60 yrs	3	2	5	9.8
Total	26	25	51	100

Most number of cases were observed during the winter season (42%) i.e., November to February (n=21) followed by summer season (33%) i.e., March to June and Monsoon (25%) i.e., July to October. Most deaths occurred instantaneously i.e., 58.82% (n=30), followed by within 12 hrs following assault (19.61%) and between 12-24 hours in 5.88% cases.

In our study the more number of deaths were due to assault by blunt force (37%), followed by asphyxial deaths (25% - which include throttling, smothering, drowning and poisoning cases), burn injuries (18%), no deaths due to firearm injuries were observed. (Table 2)

Table 2: Distribution of cases on types of injuries observed

Asphyxial deaths	**13**	**25%**
Firearm wound	0	0%
Stab wound	2	4%
Incised wound	4	8%
Chop wound	4	8%
Burns wound	9	18%
Blunt force wound	19	37%
Total	51	100%

Lungs are the most common organs to sustain injuries (33%), followed by brain (25%), no injuries to kidneys and spleen observed in our study. (Table 3)

Table 3: Distribution of cases on organs involved in injuries

Internal organs	Number of cases	Percentage
Lungs	17	33%
Brain	13	25%
Stomach and intestine	4	8%
Heart	2	4%
Spinal cord	2	4%
Testes	2	4%
Liver	1	2%
Multiple organs	1	2%
Kidney	0	0
Spleen	0	0
Misc	9	18%
Total	51	100%

Most number of assaults involved neck region (30%), followed by head and face (23%), multiple regions (21%) and least injuries on extremities (2%). (Table 4)

Table 4: Distribution of cases on region of body involved in injuries

Region of body	**Number of cases**	**Percentage**
Neck	15	30%
Head and face	12	23%
Multiple regions	11	21%
Abdomen	6	12%
Chest	3	6%
Chest and abdomen	1	2%
Extremities	1	2%
Others	2	4%
Total	51	100%

In our study more than half of the assault occurred in home (59%), the next most common was work place (20%) while 16% of assaults occurred in street.

In our study, a proper history or reason for homicide was uncertain in 13 cases (25%), followed by infidelity (22%), revenge (15%), heated arguments (14%) and 10% financial conflicts. (Table 5)

Table 5: Distribution of cases on motive before assault

	Number of cases	**Percentage**
Unknown	13	25%
Mental illness	1	2%
Dowry	2	4%
Property disputes	4	8%
Financial conflict	5	10%
Argument	7	14%
Revenge	8	15%
Infidelity	11	22%
Total	51	100%

Most number of assaults were by spouses (28%), followed by acquaintance (21%), relatives (21%), unknown assailants (14%) and parents and strangers in 8% cases each. Most common cause of death in our study is hemorrhage & shock and head injury each being 25%, followed by asphyxia (18%), septicemia (12%) and hypovolemic shock in 8% cases.

Discussion

In our study duration, (2 yrs) there were totally 757 cases autopsied of these 51 cases (6.73%) are homicidal deaths. In a similar study by Courtnee clark et al[5] with study duration being 5 years the total percentage of homicidal deaths are 5.32%. Similar studies by others

showed lesser proportion of homicidal deaths i.e., Shailesh Jhaveri et al[6] - 2.34 % (3 yrs), Dr. Basappa S. Hugar et al [2] 4.32% (3yrs) and Ashok K. Rastogi et al [7]– 4.25% (1 yr).

Majority victims in our study were males 50.98%, the results are in similarity with other studies conducted by Dr. Basappa S. Hugar et al [2] , Shailesh Jhaveri et al[6], Courtnee clark et al[5] and Ashok K. Rastogi et al [7].

The most common age group to suffer in our study is 20-29 years (31.37 %), the same results are observed in various other authors like Dr. Basappa S. Hugar et al [2] , Shailesh Jhaveri et al[6], Courtnee clark et al[5] except Ashok K. Rastogi et al[7] - 18-40 yrs.

In our study most cases are reported during the winter season 41.17% i.e., November to February (Nov-Feb), while in most other similar studies by Dr. Basappa S. Hugar et al [2], Shailesh Jhaveri et al[6], Courtnee clark et al[5] and Ashok K. Rastogi et al [7] the most number of cases are reported during warmer climate (Summer). Warren et al. (1981), who found homicide to have a seasonal pattern that changes from year to year. That is, a "peak month" in some years is a "trough month" in other years. The authors conclude that homicide is seasonal, but inconsistent[8]

Blunt weapons being the most common weapon used in our study (37.25%) and the same results observed by Shailesh Jhaveri et al[6], Courtnee clark et al[5] and Ashok K. Rastogi et al [7] while study by Dr. Basappa S. Hugar et al[2] the sharp weapons are the most common weapons of offence.

In our study the most common region of body involved sustaining injuries is neck (29.52%), the same results observed in other studies by Dr. Basappa S. Hugar et al [2], Courtnee clark et al[5] and Ashok K. Rastogi et al [7]. While in a study by Shailesh Jhaveri et al [6] multiple body structures involvement was common.

In our study both Shock and Hemorrhage (25%) & head injury (25%) are the most common cause of death, similarly in a study by Ashok K. Rastogi et al [7] shock and hemorrhage 46.34% followed by asphyxia 20.73% was observed. In another study by Shailesh Jhaveri et al [6] head injury (26.42%) is the most common cause of death.

Victim residence is the commonest site of occurrence of crime in our study (59%), the same observation was made by Shailesh Jhaveri et al[6], Courtnee clark et al[5] and Ashok K.Rastogi et al [7].

Conclusion

The present study pattern of homicidal deaths in the Raichur district region has provided a number of revealing information about homicidal deaths. There has been a steady increasing trend in the homicidal deaths in our area. The spurt in the homicidal deaths may be attributed to the poor socio – economic condition, unemployment among young people, marital and family disputes, decreasing value based morality in the society, soft and sometimes toothless law enforcement agencies.

The government and society should identify the various social, economical, moral and law enforcement agencies problems that are directly or indirectly leading to the rise in the incidence of homicidal deaths and should address it through proper agency or department.

Conflict of Intrest – None

Sources of Funding – Self

Ethical Clearence – Institutional Ethical Clearence Taken

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