A Cross Sectional Study on Homicidal Asphyxial Deaths

Punitha R^{1a}, Pradeep Kumar M.V^{2b}, Jagadeesh N.H^{1a}, Jayaprakash^{2a}

Abstract

Homicide is the most serious crime committed as old as civilization and reported as early as in the Bible. A homicidal asphyxial death most commonly includes strangulation & smothering. In most cases of homicidal asphyxial deaths, as the act is done impulsively in fit of rage or by sudden provocation the intention to kill the victim may not be present and they use the material that are easily accessible at the point of time, making a case of culpable homicide not amounting to murder. Whereas, in other types of homicidal deaths, when the victim is killed by using sharp cutting weapon or blunt weapon, the intention is clearly made out, by the preparation done to kill their victim making it a clear case of murder. Homicidal asphyxial deaths were considered and studied with regard to the age, gender variability, time of occurrence, place of occurrence, socioeconomic status, and tried to corroborate it with motive and other parameters.

Keywords: Homicide, Asphyxia, Strangulation, Smothering.

© 2017 Karnataka Medico Legal Society. All rights reserved.

Introduction:

Homicide is a Latin word, 'Homo' means human being & 'cide' means to cut or kill. Homicide is killing of a human, which is regarded as murder, where the intention of one human being is to deliberately cause someone's death. The WHO homicide as any death resulting from injury purposefully inflicted by another person and is dealt in ICD under codes E960 - E969.¹ Homicidal asphyxial death most commonly includes strangulation & smothering.² Ligature strangulation is usually homicidal in nature, involves women, children, and the elders, but accidental and suicidal occur as well. Manual strangulation is the most common form of strangulation used in the domestic violence cases.³In cases violence, strangulation is most commonly done by men against women rather than

against another man, because it generally requires disparity in physical strength between the assailant and the victim. The next commonly used method is smothering. Smothering is a forensic trap because it leaves few or minor injuries on autopsy finding. It is difficult to smother an individual unless the victims are very young, very old, debilitated, or incapacitated by restraints, disease or drugs.

The main motives for committing homicidal deaths are usually arguments, revenge, robbery, sexual assault etc. & there is a sudden provocation in cases of asphyxial deaths. Homicides are commonly seen at residence of the assailants or the victims and, to a small extent, in public or private places. Study by Cros J showed that assailant's location was significantly different, depending on the sex of the victim: females were killed at home in most cases; males were killed at home in only 49% of the cases, the rest being public or private places. Motive was determined in 71% of the cases. Argument

¹ Assistant Professor, ² Professor and Head, Department of Forensic Medicine and Toxicology, ^a Rajarajeshwari Medical college and hospital, Bangalore, ^b Chamarajnagar Institute of Medical sciences, Chamarajnagar. Correspondence: Dr.Punitha R Email: punitharaju@yahoo.com

was the most common motive. Half of these cases occurred in a familial setting with an acute alcoholic intoxication of the assailant or the victim or both. Other motives were mental illness, felony (robbery, burglary), physical abuse of a child, and revenge. Sexual assault was found in 2% of the cases. Victims knew the assailant in 78% of the cases. 4Studies indicate that 23% to 68% of women victims of domestic violence have experienced at least one incident of compression of neck by her spouse during her lifetime. 5

With this background, study on homicidal asphyxial deaths is under taken and studied with regard to the place of occurrence, gender variability, and types of homicidal asphyxial deaths, motive and other parameters.

Objective:

The objective of the study is to study the socio demographic profile and motive in case of homicidal asphyxial death victim.

Material and methods:

This cross sectional study was conducted on the dead bodies of both sexes brought for medico legal autopsy with history of homicidal asphyxial deaths, at a post graduate institute over a period of one and half year. The data is collected from the information given by investigating officer at time of conducting autopsy. interrogating the relatives/ friends of the deceased who were present physically at the time of autopsy. In some cases the details of the accused, motive and other parameters were collected by contacting investigating officer at a later date after the arrest of the accused. All the findings pertaining to the case are recorded in the proforma considering the objectives of the study, which is later coded into a chart and analyzed.

Results:

During our study a total of 783 autopsies were conducted, of which 88 cases (the ratio being 1:9) were homicidal deaths, out of

which 34 cases were homicidal asphyxial deaths. Of all the homicidal asphyxial deaths scene of crime were indoor in 27 cases, outdoor in 04 cases and in 03 cases scene of crime was not known. Females outnumbered males in the ratio of 2:1. Most common age group was 21-30 years followed by 31-40 years. Most of the victims belonged to middle class economic status. Most of the crime occurred at night followed by morning hours. Assailants were single in 11 cases, multiple in 20 cases and not known in 03 cases. The motive was mainly arguments followed by financial conflicts and revenge.

Discussion:

A total of 783 medico legal autopsies were conducted during the study period of one and half years. Out of which 34 cases met with the objectives of our study. Out of 34 cases, 22 victims were females and 12 victims were males constituting 64% and 36% respectively. Similar findings were stated by Dimaio where in his study out of 48 victims of strangulation, 27 victims were females and 21 victims males. Predomination of female victims in homicidal strangulation has been explained by quarrels in relationships and unrehearsed violence applied by bare hands as well as by physical disadvantage and incapability of resistance of female victims. (Table 1)

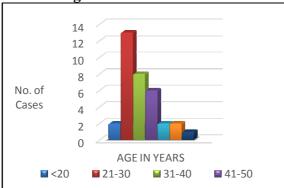
Table 1: Sex Wise Distribution of Homicidal Asphyxial Death Cases

Male	Female
12	22

The study witnessed wide range in the age group of victims. The youngest victim being 9 years and the oldest victim was of 78 years. Most of the victim belonged to the age group of 21-30 years (39.3%) followed by 31-40 years (24.2%). The factors contributing for highest incidents in the 21-30 age groups were due to marital disputes, unsuccessful romantic disputes, infidelity, dowry harassment in females and rivalry, unemployment, and arguments are some of the contributing factors. Similar findings were observed in the studies conducted by

the Scott K.W.M where most of the victims belonged to the age group 20-29 years. This is in contrast to the findings observed by Wahlsten P where most of the victims belonged to 31-40 years. (Chart 1)

Chart 1: Age Wise Distribution of Cases



The present study saw that only 03 victims belonged to the high socio economic status, 25 victims belonged to middle class followed by 06 victims belonged to low socio economic status. In the present study maximum numbers of victims were from middle socioeconomic class followed by lower socio economic status. India is a developing country and much of the people fall in this group, also the changing social trends of nuclear families, unemployment, illiteracy, financial problems etc. Similar observations was made by Virendra Kumar were 71.9% of victims belonged to middle class.¹⁰

In the present study 21 offences (61.7%) were committed during night, 09 (26.4%) offences in morning hours and 01 (2.9%) offence in the afternoon. In cases of unknown bodies which were 03 in number the time of occurrence could not be ascertained. Maximum number of crimes occurred in the night which can be attributed to the factors like night fall or in darkness the chances of assailant being recognized is reduced, after a day's hard work the chances of victims and assailant engaging in arguments be it domestic, financial are high when they meet up after work and as revealed in the study. A similar observation made in studies conducted by Gupta Avnesh and Henderson J.P.In all these studies maximum homicides occurred in the evening and night.^{11,12} We came across one study conducted by Vougiouklakis T wherein maximum number of cases (26.9%) occurred during noon and is in contrast with our study.¹³

In the present study place of occurrence was indoor in 27 cases (79.4%) and outdoor in 04 cases (11.7%). In the present study 03 unknown bodies were present outdoor and has been excluded from the study as to the place of occurrence. From the above it is observed that maximum numbers of victims (79.4%) died within a sheltered area, which implies that these homicides were mostly pre meditated as the assailants were aware of the victim's whereabouts and motive being financial dispute or murder for gain, sexual disputes, infidelity, dowry harassment etc. This study is similar to the study conducted by Wahlsten P, where in majority of the offences (59%) took place in a private residence. A study conducted by Mohanty M.K.where majority of homicides took place outdoors is in contrast with our study results. ¹⁴(Table 2)

Table 2: Place of Occurrence

In Door	Out Door	Not Known
27	04	03

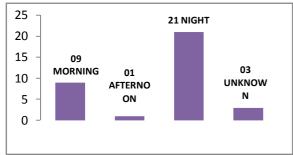
In the present study most of the deaths were by arguments which accounted in 15cases (44.1%), financial conflicts were responsible for the 35.2% of homicides, most of them occurring in the domestic homicides were dowry related, revenge which accounted 11.7% included the real estate enmity, gang rivalry, business contracts deals etc. Motive could not be established in 03 (8.8%) cases. Similar observations were made by James Alan Fox, where in the argument was the most frequent cited circumstance among those that were known. ¹⁵ (Chart 2)

Conclusion:

Homicidal deaths have increased in recent years. Deaths are due to sudden provocation. A meticulous examination, interrogation with the relatives and detail examination of the circumstances of the crime is required to analyse the motive. In the present study,

deaths are more common in male gender in their third decade. Crimes are more during night hours and place being indoor.

Chart 2: Time of Occurrence



Reference:

- 1. International classification of diseases. Retrieved from http://www.icd9data.com/2012/Volume1/E000-E999/E960-E969/E969/E969.htm assessed on 28.2.2017
- 2. Pillay VV. Text book of Forensic medicine & Toxicology. 16th edition. 2011, Paras medical publisher; Hyderabad. pg260-275.
- 3. McClane GE, Strack GB, Hawley D. A review of 300 attempted strangulation cases part II: Clinical evaluation of the surviving victim. Journal of Emergency Medicine, 2001;21(3):311-315.
- 4. Cros J, Alvarez JC, Sbidian E, Charlier P, Lorin de la Grandmaison G. Homicidal deaths in the westernsuburbs of Paris: A 15-Year-study. American Journal of Forensic Medicine and Pathology. 2012; 33(4):404-9.
- 5. Wilbur L, Higley M, Hatfield J, Surprenant Z, Taliaferro E, Smith DJ et al. Survey results of women who have been strangled while in an abusive relationship. Journal Emergency of Medicine. 2001; 21(3): 297-302. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11604 293 assessed on 28/3/2017.
- 6. DiMaio DJ, DiMaio VJM. Forensic pathology, 2nd ed. 2001. Boca Raton, Florida: CRC press.pg231-234.
- 7. Rogde, S, Hougen, H.P, Poulsen, K. Asphyxial homicide in two Scandinavian capitals. Americal Journal of Forensic

- Medicine and Pathology. 2001;22 (2):128–133. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/11 394745 assessed on 24/3/2017.
- 8. Scott K.W.M. Homicidal patterns in the west midland. Medicine science and law.1990,30 (3):234-238.
- 9. Wahlsten P, Koiranen V, Saukko P. Survey of Medico legal Investigation of Homicides in the City of Turku, Finland. Journal of Clinical Forensic Medicine, 2007; 14(5): 243-252. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/170 52942 assessed on 24/3/2017.
- 10. Kumar V, Mae Li A, Zanial AZ, Lee DA, Salleh SA. A study of homicidal deaths in medico legal autopsies at UMMC, Kuala Lumpur, Journal of clinical Forensic Medicine. 2005; 12(5):254-257.
- 11. Gupta A, Mukta R, Mittal, Anil MK, Dikshit. PC. A study of Homicidal Deaths in Delhi.MedicineScience and the Law. 2004; 44 (2): 127-132.
- 12. Henderson. J.P, Morgan SE, Patel F, Tiplady ME. Patterns of Non-firearm Homicide. Journal of Clinical Forensic Medicine. 2005; 12(3):128-132. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/159 14306 assessed on 24/3/2017.
- 13. Vougiouklakis T, Tsiligianni C. Forensic and CriminologicAspectsof Murder in North-West (Epirus) Greece. Journal of Clinical Forensic Medicine. 2006; 13(6-8): 316-320. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/170 29921 assessed on 22/08/2016.
- 14. Mohanty M.K. Variants of Homicide A Review. Journal of Clinical Forensic Medicine.2004; 11(4):214-218.
- 15. Alan Fox J, Zawitz M.W. Homicide Trends in the United States: 2000 Update, Bureau of justice statistics crime data brief. Retrieved from http://www.bjs.gov/content/pub/pdf/htus 00.pdf assessed on 22/3/ 2017