

Abstract

Homicide is a reflection of extreme aggression. Many factors influence such a behaviour. Present study was carried out over a period of 2 years, from October 2010 to September 2012. A total of 220 cases of homicidal deaths were studied in the department of Forensic Medicine, Victoria and Bowring and Lady Curzon hospitals Bangalore. We conducted this study to know the dimensions of homicide in terms of alcoholism, concealment of crime, survival period and presence weapons at the scene and cause of death.

Among 220 cases of homicidal deaths, 11.3% of victims had consumed alcohol at the time of crime. In 46% of cases weapons were found at the scene of crime. In 6.8% of cases the assailants have tried to conceal the crime. Most of the victims i.e. 79.5% died on the spot. In 48.6 % cases cause of death were shock and haemorrhage, death due to shock constituting 20.4 %, Asphyxia in fatal pressure over the neck 18.1%. Others being, 12.7% includes septicemic shock and respiratory failure.

Key words: Alcohol, Concealment of crime, Cause of death, Medico-legal issues.

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Introduction:

Investigation of homicide is very difficult, starting from pointing out the culprit to collection of positive evidences in favour of the case. More difficulties arise when the evidences are destroyed or the body of offence concealed, by throwing the body in the outskirts or burning or mutilating by the accused.¹ Correct determination of time of assault and death can be the most critical challenge encountered in the investigation of known or suspected homicide particularly in the absence of reliable witnesses. Under these circumstances temporal data relating to the injury and death must be determined or estimated solely on the basis of objective studies of the decedent and his environment. This aspect of medico legal investigation plays an extremely important and occasionally critical role in the analysis, reconstruction and adjudication of many violent deaths.²

Methodology:

The present study was a prospective study,

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conducted in the department of Forensic Medicine (Victoria and Bowring and Lady Curzon hospitals) Bangalore, from Oct 2010 to Sep 2012, for a period of 2 years.

All the cases brought to the department for medico legal autopsy registered under section 302 IPC with alleged history of homicide and also the cases registered under 174 (3) CrPC which were later registered as homicide were studied.

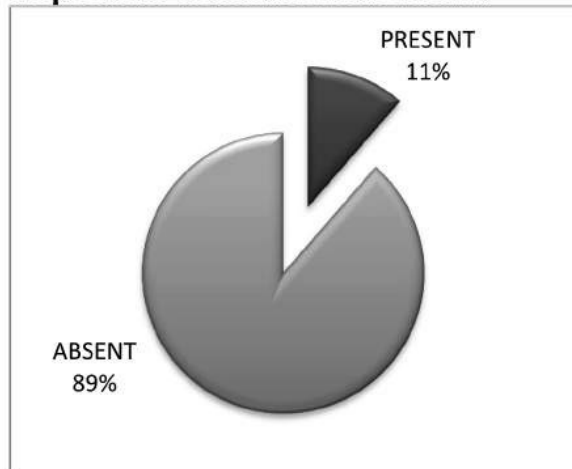
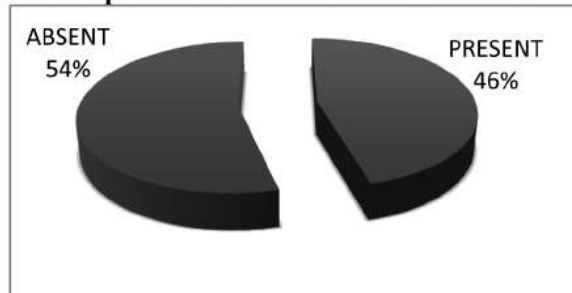
Observations are tabulated by using autopsy findings and information regarding the circumstances of crime was collected from police and victim's relatives.

Results and Observations:

A total of 220 cases of homicidal deaths were studied at our Centre. Among these cases of homicidal deaths, 25 victims (11.3%) had consumed alcohol at the time of crime (Figure 1).

Discussion:

In this study, 11.3% of victims had consumed alcohol at the time of crime (this observation was based on history, smell at autopsy and FSL report). Most of these occurred during night time. This observations supported in study by Hugar BS et al³

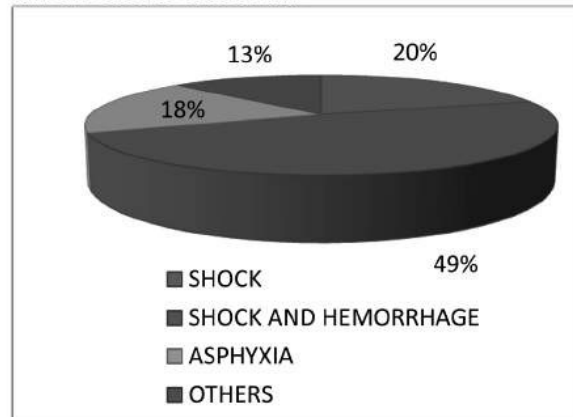
Figure1: Distribution of homicides based on presence of alcohol in the victim.**Figure 2: Distribution of homicides based on weapon found in the scene of crime.****Table 1: Distribution of homicides based on concealment of the crime.**

Sl. No.	Concealment	%
1	Present	6.8
2	Absent	93.1
	Total	100

Table 2: Distribution of homicides based on the survival period.

Sl. No.	Survival period	%
1	Spot death (up to 1 hr)	79.5
2	1hr to 1 day	13.1
3	1 day to 7 days	4.5
4	>7 days	2.7
	Total	100

It is observed that in 46% of cases weapons were found at the scene of crime, these being some assailants leave their weapons in scene in the process of escaping. some of the domestic homicides constituting cut throat wounds, knives were left in scene along with the deceased. In asphyxia deaths cloth

Figure 3: Distribution of homicides based on the cause of death.

material or rope being left in scene and in most of the head injury cases blood stained stone found along with the deceased. In rest of the cases (54%) where police brought the weapon in later dates after investigation for further opinion. (Figure 2)

Thompson et al reported that weapon use was positively related to injury levels in domestic violence.⁴ Murrell et al explored the use of weapon in 362 male domestic violence perpetrators.⁵ Research done by Hassani et al found that domestic violence offenders that used a weapon during their offence were more likely to be arrested than individuals who did not.⁶

In 6.8% of cases the assailants have tried to conceal the crime by distorting the evidence in whole or in part either by disposing the body at remote places like barren land, in the forest or throwing the body in the far away drains, well etc. some bodies were buried, face was disfigured using stone or burnt. (Table 1). This observation similar to study by Hugar BS et al³

In this study, most of the victims (79.5%) died on the spot. This is due to the pre-planned murder and use of dangerous weapons, targeting on vital organs mainly on head and neck. Those who have survived more than one day are victims of blunt injury to head, treated in hospital and stab injury to abdomen not involving vascular organs (Table 2). Similar observations made by Hugar BS et al³, most of the victims died on spot, where in Mohanty et al⁷, majority died within 24 hours.

In 48.6 % cases, cause of death was shock and haemorrhage due to homicide by sharp light and heavy cutting weapons. Target being neck and chest by stab injury, involving heart and lungs. Great vessels of the neck in case of cut throat injuries. In heavy cutting weapons, target being head, face and neck, causing fatal injury to the brain and vascular structure. Shock constituting 20.4 % deaths due to blunt force and sharp force involving head leading to neurogenic shock. Others being 12.7 % includes asphyxia, septicaemic shock and respiratory failure (Figure-3). Similar observation made by, Mittal S et al ⁸ (31.5%), Eze UO et al ⁹ (59.9%), Dheeraj B et al ¹⁰, victims were died due to shock and haemorrhage.

Conclusion:

1. Active emergency health services will save many patients of homicide victims as majority have died within an hour.
2. Proper investigation and recovery of weapons will help in better conviction rates.
3. Strict law enforcement and strongly implementing the punishments for the crimes.
4. Due to fast growth of metropolitan cities like Bangalore, crime rates increasing. Legislature, executive and judiciary has great role in enforcement of strict proper rules in furtherance of preventing crimes.
5. As most of the homicides takes place in late evenings and night time, alcohol abuse being significant role. Measures to be taken by introducing strict law enforcement by police in furtherance of reducing the crime.

- **Ethical clearance:** Obtained from Bangalore Medical College and Research Institute ethical committee.
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- **Conflict of interest:** Nil

References

1. Mohammed Iliyas Sheikh. Investigation of concealed homicide and establishment

of positive identification, J Clinical Pathology and Forensic Med. Jan 2011; 2(1): 38 40.

2. Adelson L. Clock and calendar in homicide investigation. The pathology of homicide. Springfield: Charles Thomas Publisher; 1974: pp. 151-187
3. Hugar BS, Harish S, Chandra G, Praveen, Jayanth. Study of defence injuries in homicidal deaths – An autopsy study, J Forensic Leg Med. May 2012; 19(4):207-10.
4. Thompson M P, Saltzman L E, Bibel D. Applying NIBRS data to the study of intimate partner violence: Massachusetts as a case study. Journal of Quantitative Criminology.1999; 15: 163-180.
5. Murrell A R, Merwin R M, Christoff K A, Henning K R. When parents model violence: The relationship between witnessing weapon use as a child and later use as an adult. Behaviour and Social Issues.2005; 14: 128-133.
6. Hassani D, Houry D, Parramore C, Heron S, Kellermann A. Is the presence of children at the scene of domestic violence incidents associated with increased violence, alcohol intoxication, or weapon use? Annals of Emergency Medicine. 2004; 44: 96.
7. Mohanty S, Mohanty MK, Panigarhi MK, Das SK. Fatal Head Injury in Homicidal Victims. J Med Sci Law. July 2005; 45(3): 244-8.
8. Mittal S, Ashok C, Hakumat R, Dalal JS. Medicolegal Study of Mechanical injuries in culpable homicides (excluding deaths due to rash and negligent act). J Indian Acad Forensic Med. 2005; 27(4):226-30.
9. Eze UO, Akang EE, Odesanmi WO. Pattern of homicide coroner's autopsies at University College Hospital, Ibadan, Nigeria, J Med Sci Law. January 2011; 51(1): 43-48.
10. Dhiraj B, Shailesh M. Pattern of Injuries in Homicidal Cases in Greater Mumbai. J Indian Acad Forensic Med. January-March 2011; 33(1):46-49.