Pattern of Alleged Homicidal Deaths in and Around Cooch Behar Region

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Abstract

Homicidal deaths are a significant public health problem and affect every society around the world. The incidence of homicide has seen a worldwide upsurge with varying trends across geographical locations. Detailed information on the characteristics of victims of homicide from the Cooch Behar region is limited. This article explores recent trends of homicide in the Cooch Behar region. The study was conducted between June 2019 to May 2020 at the Department of Forensic Medicine and Toxicology, Cooch Behar Government Medical College and Hospital, Cooch Behar. 1133 autopsies were conducted over the time-period with 70 homicidal deaths. Most of the victims were males (70%) with a male to female ratio of 2.33:1. 34.3% of victims were between the ages of 21 – 30 years. Most of the victims were laborers (18.6%) while Hinduism was the most common religion (65.7%). 06:00 pm to 12:00 midnight was the time when the majority of the incidents took place and 68.5% of victims were brought dead. Injuries by hard blunt weapons and sharp cutting weapons were responsible for maximum deaths, constituting 21 (30%) and 15 (21.4%) cases respectively. Multiple regions of the body were involved in 35.7% cases followed by head and face region with 34.3% cases. This study is significant as it aims to identify the profile of risk factors of victims of homicide and suggest new lines of research that would help to reduce the number of homicides.

Keywords: *Homicide, Victims, Pattern of injuries, Weapon, Survival period.*

Introduction

Homicide is the most nefarious and atrocious crime known to mankind having a grave impact on the psycho-social, political and socio-economic aspects of a country.[1] The word homicide has originated from two Greek words "homos" which means human beings and "cidos" which means destruction.[2] It is the intentional act of taking another person's life and is one of the leading causes of unnatural deaths.[3] The United Nations Office on Drugs and Crime (UNODC) has declared that homicide is a powerful indicator for determining a country's level of violence and safety.[4] In recent years, the incidence of homicide has seen an upsurge throughout the world due to various factors like population explosion, changing lifestyle and exposure to negative experiences in society, cosmopolitism of urban areas and the psychological burden it brings along. This has been compounded by the improvised and easily obtainable weapons of violence as well as the negative impact of mass media.

According to the National Crime Records Bureau, the total number of murders in India in the year of 2018 was 29,017; and it showed an increase of 1.3% over 2017 when 28,653 cases were reported.[5] While the highest numbers of murders among all the states were noted in the state of Uttar Pradesh (4018), 1933 cases were reported from West Bengal.[5]

The trends of homicide, the profiles of people committing the crime as well as their victims and the methods adopted by the assailants vary in different parts of the world and different parts of the same country. Cooch Behar is an agriculture-based region in the northern parts of West Bengal which shares international

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borders with Bangladesh. With the advent of the 21st century, the area has witnessed radical changes along with rapid developments in segments like industries, real estates and IT firms which has led to a change in its demographic profile. And this transition has also changed the crime profile of the area.

There has been no study on the trends and patterns of homicidal deaths in this area till date. Hence the present study was undertaken to analyze the incidence and trends of homicides occurring in the region of Cooch Behar. The insights procured from this study will help to increase the efficiency of criminal investigations and improve the management of human resources and materials besides looking for avenues to curb this menace. We also aim to identify the profile of risk factors of victims of homicide, which may help to prevent and safeguard those at increased risk in the entire society.

Materials and Methods

This observational, descriptive, and analytical study was conducted at the Department of Forensic Medicine and Toxicology, Cooch Behar Government Medical College and Hospital. The period of study was from the 1st of June 2019 to 31st of May 2020. All the cases brought to the department for medico-legal autopsy during the specified time-period which were either confirmed by investigating officers before autopsies as homicidal or found to be homicidal at autopsies or declared as homicide during the investigation were taken into account. The unknown and decomposed bodies were excluded from the study.

A detailed history of the cases was initially noted from the inquest reports, bed head tickets, injury report and other relevant documents provided. Other associated information was gathered from the deceased's close relatives, friends, police and other available persons who were present at the time of the incident and those accompanying the victims, with special reference to General information like Name, Age, Sex Religion and occupation. The suspected patterns of homicide and affected body parts were preliminary noted from the investigating report submitted by the police i.e., the inquest paper. These were further corroborated with the autopsy findings. Details of the crime scene are obtained from crime scene visits or photographs of the crime scenes.

The data collected in a predetermined format during this study was analyzed in tabular form along with its representation in form of diagrams and charts like bar diagram and pie charts etc.

Results and Analysis

In the present study carried out at Cooch Behar Government Medical College & Hospital over a period of 12 months, 1133 autopsies were conducted. Out of these, 70 cases (6.17%) were of homicidal deaths.

The study demonstrates a preponderance of male victims 49 (70%) over female victims 21 (30%), with a male to female ratio of 2.33:1. The majority of the victims belonged to the age group of 21 – 30 years, with 24 (34.3%) cases, which was followed by the age group of 31- 40 years, with 12 (17.1%) cases. The least number of cases was observed in the 1st decade as well as the 6th decade with 5.7% cases each. No victim aged more than 70 years was registered. (Table -1).

Most of the victims were Hindu 46 (65.7%), followed by Muslims 17 (24.3%). (Figure -1).

Regarding the occupation of the victims, maximum victims were laborers (18.6%), followed by farmers (17.1%) and businessmen (14.3%). Of the 70 victims, 18.6% were housewives while 8.6% were preschool children and students. (Table -2).

The maximum number of homicides took place in the dark of the night between 06:00 pm to 12:00 midnight with 19 (27.1%) cases. 25.7% of cases were recorded from 12:00 midnight to 06:00 am while another 24.3% of cases between 12:00 noon to 06:00 pm. This suggests that cases of homicide are more prevalent during the night hours when committing the crime and escaping the scene becomes easier. (Table -3).

Out of the 70 cases, 48 (68.5%) were spot dead/ brought deaths. 28 cases were hospitalized before death, of them, 14 (20%) died within 24 hours of hospitalization, 6 (8.6%) survived for a week while the rest 2.9% victims died after atleast a week of treatment. (Table -4).

When infliction of fatal injuries in respect to body regions was considered, in most cases the injuries involved more than one body region and due to the extensive combinations, they were grouped into multiple

regions. 35.7% of cases had involvement of multiple body regions closely followed by head and face region alone with 34.3% cases. The neck region was targeted in 12.8% cases while no incidence was recorded where the fatal injury was inflicted over the limbs exclusively. (Table -5).

It was observed that hard and blunt weapon was most commonly used to inflict injuries 21 (30%) cases, followed by sharp cutting weapons 15 (21.4%) cases. In 12.9% of cases both hard and blunt as well as sharp cutting weapons were used. Incidence of firearm use was observed in 8 (11.4%) cases. Asphyxial deaths were seen in 10 (14.3%) cases, with 5.7% of cases of ligature strangulation and 4.3% cases of throttling. In another 5.7% cases the pattern of homicide was due to infliction of fatal burn injuries. (Table -6).

Table 1: Age and Sex wise distribution of Homicidal cases.

AGE	MALE		FEMALE		TOTAL
	Cases	Percentage	Cases	Percentage	
Less Than 10 Years	3	6.1	1	4.8	4
11 – 20 Years	4	8.2	4	19.0	8
21 – 30 Years	16	32.7	8	38.1	24
31 – 40 Years	10	20.4	2	9.5	12
41 – 50 Years	5	10.2	2	9.5	7
51 – 60 Years	8	16.3	3	14.3	11
61 – 70 Years	3	6.1	1	4.8	4
More Than 70 Years	0	0	0	0	0
TOTAL	49	100	21	100	70

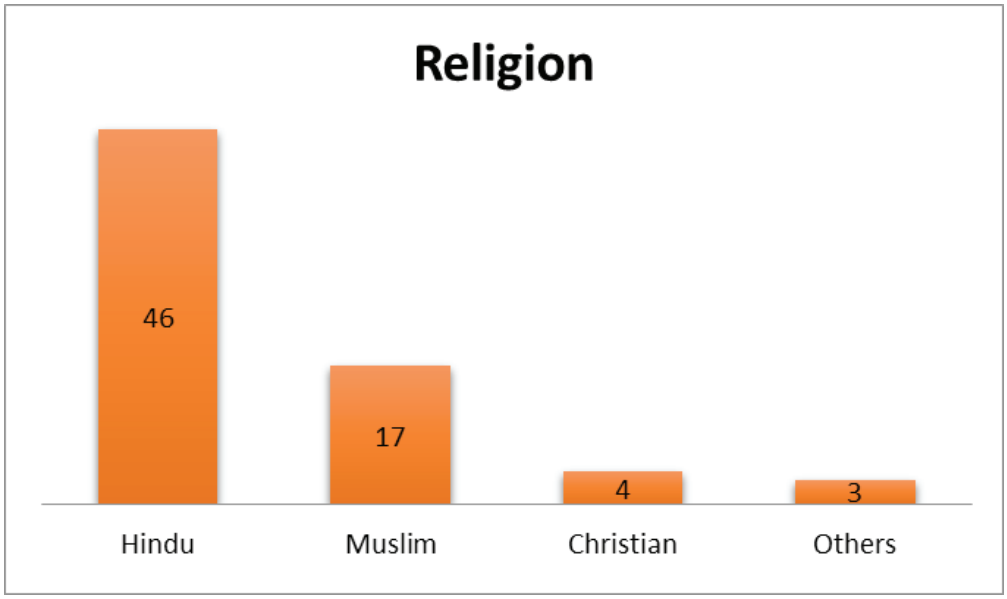

Figure 1: Religion wise distribution of Homicidal cases.

Table 2: Occupation wise distribution of Homicidal cases.

OCCUPATION	NUMBER OF CASES	PERCENTAGE
Farmer	12	17.1
Labourer	13	18.6
Service Men	7	10
Businessmen	10	14.3
Student	6	8.6
Housewife	13	18.6
Unemployed	6	8.6
Unknown	3	4.2
TOTAL	70	100

Table 3: Distribution of cases based on time of incidence.

TIME OF INCIDENCE	NUMBER OF CASES	PERCENTAGE
12:00 Midnight - 06:00 AM	18	25.7
06:00 AM - 12:00 Noon	10	14.3
12:00 Noon - 06:00 PM	17	24.3
06:00 PM - 12:00 Midnight	19	27.1
Unknown	6	8.6
TOTAL	70	100

Table 4: Distribution of cases based on period of survival.

PERIOD OF SURVIVAL	NUMBER OF CASES	PERCENTAGE
Brought Dead	48	68.5
Within 24 Hours	14	20
1 Day To 7 Days	6	8.6
More Than 7 Days	2	2.9
TOTAL	70	100

Table 5: Distribution of cases based on region of body bearing fatal injuries.

AFFECTED BODY PARTS	NUMBER OF CASES	PERCENTAGE
Head And Face	24	34.3
Neck	9	12.8
Thorax	5	7.2
Abdomen	7	10
Limbs	0	0
Multiple Regions	25	35.7
TOTAL	70	100

Table 6: Distribution of cases based on methods and weapons used to inflict fatal injuries.

METHOD AND WEAPON		NUMBER OF CASES	PERCENTAGE
Mechanical Injuries	Sharp Edged	15	21.4
	Hard Blunt	21	30
	Sharp Edged + Hard Blunt	9	12.9
	Firearm	8	11.4
Asphyxial Death	Ligature Strangulation	4	5.7
	Throttling	3	4.3
	Smothering	1	1.4
	Drowning	2	2.9
Miscellaneous	Burns	4	5.7
	Poisoning	3	4.3
TOTAL		70	100

Discussion

Incidence:

The incidence of homicide in the Cooch Behar region over the time-period of the study was 6.17%. This is in accordance with studies by Gupta et al[6] - 5.9% at Delhi, Mohanty et al.[7] – 6.9% at Behrampur city and Patowary[8] - 7.36 at Guwahati region. However, the findings are in contrast with studies by Jhaveri et al.[9] - 2.31% in the city of Surat and Parmar et al[10] - 2.4% in Bhavanagar city. This difference in the incidence of homicide may be due to the geographical variations and the divergent demographic profile of the regions in which the studies were conducted.

Age and Sex Distribution of cases:

Our study reveals that the maximum number of victims of homicide were in the age group of 21 – 30 years (34.3%) followed by 31 – 40 years (17.1%). These findings are in unison with previous works done by fellow Indian researchers Gupta et al[6,] Patowary[8,] Jhaveri et al[9] and Parmar et al[10]. This is also concurrent with foreign studies by Hilal et al[11] and Al-Azad MAS et al[12] who have also reported that the maximum numbers of victims of homicide are in the 3rd decade of life. But it differs from the studies made by Kominato et al[13] and by Saint Martin P et al[14] where those in the 5th and 6th decade of life are more vulnerable. This might be explained by the social structure in their setup. The high incidence of cases in the age group of 21 – 30 years may be since this is the time when the responsibilities of earning and stabilizing in life start growing in the Indian individuals as they escape from the parental society. This added responsibilities, failures in some cases and ever-growing frustration in the fast-paced life lead to frustrations, intake of alcohol and bad accomplices and thereby making the youth susceptible to violence. Also, people in this age group are more combative and less humane, leading to altercations and brawls and ultimately ending in homicides.

Among the female victims, most cases were seen in the age group of 21 – 30 years followed by 11 – 20 years. The prevalence of incidence of homicide among females in this age group is owing to marital and romantic discords. Also, newly married females belonging to this age group are more likely to become victims of dowry death.

Males predominate in all the age groups except in the age group of 11 – 20 years where the ratio was 1:1. The overall ratio of all age groups was 2.33:1. This is in accordance with studies by Buchade et al[15] (2.23:1), Parmar et al[10] (2.47:1) and Hugar et al[16] (2.56:1). The male: female ratio was found to be significantly higher in studies by Patowary[8] (8:1), Jhaveri et al[9] (6.57:1) and Shah et al[17] (3.71:1). A predominance of males victims was also seen in studies abroad as reported by Hilal et al[11], Al-Azad MAS et al[12] and Saint Martin P et al[14] while Kominato et al[13] noted a male to female ratio of 1:1. The male predominance may be because they are significantly involved in outdoor activities and are generally more aggressive by nature which makes them more vulnerable to be involved in violent crimes. On the other hand, the low incidence among females may be credited to the social norms, traditions and predilection to stay indoors.

Religion of victims:

The present study revealed that the maximum number of victims belonged to the Hindu community which was in accordance with the findings of other studies from various regions of India.[7] The reason behind this is the Hindu dominant population in the Cooch Behar region.

Occupation of victims:

Our study finds that most of the victims were laborers (18.6%) and farmers (17.1%) besides 18.6% housewives among females. In a study by Shah et al, maximum victims were laborers (20%) followed by businessman (15%); cultivators or farmers (14%) and housewives (14%).[17] Similarly, Mohanty et al concluded that most victims were laborers or farmers.[7] This trend is even seen in a study at Malaysia which revealed that about 72% of the victims were semiskilled and unskilled workers.[18]

Time of Incidence:

In our study, it was observed that 27.1% cases of homicide took place in the evening hours (06:00 pm – 12 midnight) while another 25.7% cases took place in the late-night (12 midnight – 06:00 am). It was concluded that cases of homicide are more common during the night hours. This may be because a chance of being

recognized reduces in the dark of the night due to lack of public presence, besides the abuse of alcohol and other substances increases considerably at night. This finding is in accordance with studies by Gupta et al[6], Mohanty et al[7] and Shah et al[17]. But the findings were not consistent with those of Bhupinder et al[19] and Vougiousklakis T.[20] both of whom have concluded that the maximum number of incidences occurred during the day time.

Period of Survival:

Most of the cases were reported as brought dead (68.5%) while 20% of cases died within 24 hours of admission. Even with advancements in life support systems, a mere 2.9% of the cases survived for more than a week. This signifies the use of improvised and lethal weapons, multiple injuries to the vital organs of the body or involvement of more than one assailant in some cases. Our findings are concurrent with Kohli et al[21] who revealed that 60.4 % of the victims were brought dead and Shah et al[17] (74% spot/brought dead). Hugar et al[16], Jhaveri et al[9] and Bhupinder et al[19] all revealed that more than 80% of cases were brought dead which are much higher than our numbers suggest.

Distribution of Injuries with respect to body region:

From our study, it was revealed that the majority of the fatal injuries were over multiple regions of the body (35.7%) closely followed by head and face injuries (34.3%). Injuries to the thoracic region were relatively less at 7.2% which is in contrast to studies by Kohli et al[21] and Marri et al[22]. Marri et al suggested that chest was the primarily targeted area of the body as almost 86% of the cases were due to firearm injuries.[22] Our study is in unison with studies by Mohanty et al[7] and Jhaveri et al[9] both of whom have suggested maximum involvement of multiple regions of the body. Parmar et al[10] and Buchade et al[15] have however concluded that head and neck are the most commonly involved regions of the body. This involvement of multiple body regions may be due to the assailant wanting to ensure that the victim will not recover from the trauma in any way possible or may be due to over-kill or involvement of multiple assailants. Homicidal burn and charring injuries also lead to the involvement of multiple body regions.

Method and Weapon used to inflict fatal injuries:

Most of the victims had mechanical injuries over their bodies leading to death. And most of these injuries were caused by hard blunt weapons (30%), followed by sharp-edged weapons (21.4%). This finding is in accordance with studies by Buchade et al[15] and Singh et al[23]. Similar findings were revealed by Kominato et al[13] at Japan and Bhupinder et al[19] at Malaysia. On the other hand Parmar et al[10], Hugar et al[16] and Shah et al[17] suggested sharp cutting weapons to be the commonest type of weapons used in the homicide. Cooch Behar is basically an agricultural area with forests in and around. This socio-cultural aspect of the population and the geographical location can be the reason for more use of hard blunt weapons as homicidal weapons. Also use of only hard blunt weapons is a sign of spontaneous and unplanned explosive behavior of the assailant. However, quite contradictory to this, Hilal et al[11], Saint Martin P et al[14] and Marri et al[22] observed firearms as the most commonly used weapons in homicide. The greater accessibility of licensed and country-made firearms in their respective study areas can be an explanation for such a finding. Overall, the weapon of homicide depends on the socio-economic status of the population as well as the political scenario of that study area.

Our study revealed asphyxia was reported in 14.3% cases with 5.7% cases of ligature strangulation and 4.3% throttling. Shah et al[17] found 4% cases of ligature strangulation and throttling each while Hugar et al[16] revealed 7.0% cases of ligature strangulation and 1.8% cases of throttling. On the contrary Jhaveri et al[9] reported 19.81% of cases of asphyxial deaths which were higher than our number. In our 80% of the victims of asphyxial deaths were either females or children. This is because they offer less resistance to the acts of throttling or strangulation. Buchade et al[15] in their study also concluded that most of the victims of asphyxial deaths are females and children.

Conclusion

Homicide is a complex criminal phenomenon with varying trends over geographical locations. Our analysis of autopsied victims of alleged homicide is an attempt to understand certain aspects of victimology. This understanding is crucial during criminal investigations, since these socio-demographic characteristics offer

information on potential victims, help understand the probable modus operandi of the perpetrators and suggest new lines of research that would help reduce the number of homicides. The facts that have surfaced from our study suggest that to curb this peril the Government should take measures to reduce the unemployment rate and address the issues of marital disputes by enhancing an individual's social and emotional skills along with psychological counseling. Strict laws on possession of dangerous weapons and firearms should be enforced. Further well designed and large scale multivariate studies need to be carried out to get a clear insight into the psychopathology of the assailants and formulate strategies that can thwart such unlawful human killings.

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Conflict of Interest: None.

Ethical Clearance: Taken from institutional ethics committee

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