

# A Comprehensive Study on Homicidal Deaths in a Tertiary Health Care Institution in Nellore, Andhra Pradesh

Z.Sashikanth

Associate Professor, Department of Forensic Medicine, ACSR Medical College

## Abstract

Homicide is a serious crime committed against humans and its detection and solution is important to the entire society. Homicide may be the result of accidental, reckless or negligent acts even if there is no intent to cause harm. The present study was taken up to know the incidence of homicides in the city of Nellore and to determine the trends in committing homicides.

**Aim:** To study the pattern of homicides and to elucidate the different aspects of homicidal deaths.

**Methodology:** This was a retrospective study done on alleged homicide cases autopsies done in Forensic Department of ACSR Medical College from March 2019 to February 2020 (1 year). Data was collected from 39 reports with an alleged history of homicide. All the homicide cases for which autopsies were done except for homicide cases which involved death due to rash negligent act. Data was collected from the Postmortem reports of victims of homicide, police inquest reports, medical records and relevant history collected from family members, relatives and friends was studied. Data was entered into MS excel and expressed as frequencies and percentages.

**Results:** Total autopsies done during the study period from March 2019 to February 2020 (1 year) were 902, of which 39 were alleged homicide autopsies. Majority of the victims belonged to 21-30 age group. Majority of the homicide cases were males. Majority of the deaths were caused by blunt objects (48%). In about 67% of the cases the assailant was a known person. Most of the homicides were family centered and due to quarrels. Early detection and prevention is the need of the hour.

**Key Words:** Homicide, Autopsy, Blunt and Sharp weapon, negligent act

## Introduction

**Homicide** is the act of one human killing another.<sup>1</sup> A homicide requires only a volitional act by another person that results in death, and thus a homicide may result from accidental, reckless, or negligent acts even if there is no intent to cause harm.<sup>2</sup>

“Homicide is defined as the killing of one human being by the act, procurement or omission of another and the term applies to all such killings whether criminal or not.”<sup>3</sup> “Homicide is prevalent widely almost all over the world.”<sup>4</sup> Murder of an opponent for various reasons is one of the oldest tools of power struggles from Stone Age.

Homicide is a large killer globally – in some countries it’s one of the leading cause of death. According to the *Global Burden of Disease* study, just over 400,000 (405,000) people died from homicide in 2017. The scale of homicide is even more pronounced among younger adults aged 15 to 49 years old.<sup>5</sup>

We see that homicide ranks within the top ten causes of death globally. Globally, 0.7% deaths in 2017 were the result of homicide. Homicide rate is measured as the number of homicide deaths per 100,000 people. It was estimated that around 3.9 deaths occur/100,000 South east Asia according to 2017 statistics.<sup>6</sup> These statistics vary from country to country and region to region. The

consistent uptrend both in absolute number of homicides and in homicide rates reflects the general increase in all crimes of violence i.e., homicide, rape, armed robbery, aggravated assault etc.<sup>7</sup> Explanations for increase in the Incidence of homicides is probably due to rapid rise in population, industrialization, internationalization, growing unemployment, stressful life, depression in day-to-day life, lack of harmony in family members, drug addiction and socio-political factors.

The grave implications of homicide make its detection, solution and adjudication, a matter of vital importance to the entire society. The perpetrators' of a homicide should be promptly identified and apprehended for the good of the society and for doing justice.

Sometimes it may not be possible to find the perpetrators due to complexity of the circumstances & motives surrounding the fatal incident. Unlike other serious criminal offences, homicide is to a large extent an intimate, personal crime where the crime is committed by relatives, friends or enemies. A minor number of homicides are "felony – homicides".<sup>8</sup> Therefore, homicide should be taken as a public health issue and emphasis has to be laid on reliable data and surveillance mechanisms, so that we can bring a practical and simple approach to homicide prevention. The pattern of homicide may be a useful indicator of the social stresses in a community and may also provide useful information for the law enforcement agencies. Several workers have tried to elucidate the different aspects of homicidal deaths in various parts of the world and in India also. As there is no previous literature or study on the mortality profile of homicidal cases from this region, the present study was undertaken to study these aspects.

**Aim:** To study the pattern of homicides and to elucidate the different aspects of homicidal deaths.

## Material and Methods

**Study design:** Retrospective study done for a period of 1 year from March 2019 to February 2020 based on records.

**Study setting:** Department of Forensic Medicine, ACSR Medical College, Nellore.

**Sample size:** Data was collected from 39 reports with an alleged history of homicide

**Inclusion Criteria:** All alleged case of homicides irrespective of age and both genders among whom autopsies were done from March 2019 to February 2020 (1 year).

**Exclusion criteria:** deaths occurred due to rash and negligent act were excluded.

**Data Collection:** Postmortem reports of victims of homicide, police inquest reports, medical records if available, crime scene photographs and history collected from family members, relatives and friends were studied to analyze the factors such as Age and Sex of victims, Method of homicide, Weapons used, Motive for such acts, Place of occurrence, Time of occurrence, etc. involved with the homicide. All the homicide cases for which autopsies were done for a period of 1 year from March 2019 to December 2019. B.G. Prasad Socio-economic status classification 2020 was used.

## Statistical Analysis

Data was collected from the Postmortem reports of victims of homicide, police inquest reports, medical records. Data was entered into MS excel and expressed as frequencies and percentages.

**Permissions** were obtained from the Institutional Head (Principal, ACSR Medical College, Nellore) and Institutional Ethics Committee, ACSR Medical College, Nellore for the conduct of the study.

**Results:** Of the total autopsies done from march 2019 to February 2020 were 902, of which 39 were alleged homicide autopsies (4.3%).

**Sex of the Victim:** Of the total 39 alleged homicide cases, in 23 (58.9%) cases were males and rest of the cases were female 16(41.1%).(Table 1)

Male-to-female ratio was 1.4:1.

**IDENTITY OF VICTIM:** The identity of homicide victims was known in 36(92.3%) of cases and in 3(7.7%) of cases the identity was not known. All the 3(100%) unidentified or unknown homicide victims were male.

**SOCIOECONOMIC STATUS:** With regard to socioeconomic status, majority of homicide victims were from lower and lower middle socioeconomic strata 21(53.8%) followed by middle class 8(20.5%). Only few belongs to upper and upper middle class 7(18%). (Table 1)

**MARITAL STATUS:** Majority of homicide victims were married 25(64.1%) and 11 (28.2%) were unmarried. In 3(7.7%) of cases the marital status was not known. Among 25 married, 13 were males and 12 were females. Among 11 unmarried victims, 7 were males while 4 were females.

**LITERACY:** Majority 23(59%) of homicide victims were illiterate whereas 13(33.3%) were literates and in 3(7.7%) the literacy status was not known. Around 10(77) % of literates were males and the rest3(23%) were females. (TABLE: 1)

**PLACE OF CRIME:** in the present study the most common places of occurrences of crime were deserted and secluded places like roadside, bridge underpass, agricultural fields (43.5%) followed by at house of the victim in 30% of the cases. About 25.8% of the victims were attacked their work place. Majority of the females are victims of homicides occurring at house.

**TIME OF CRIME:** Mostof the crimes took place during the night time 28(71.8%) while 11(28.2%) of the crimes happened at morning time.

**IDENTITY OF THE ASSAILANT :**(Table 1) In about 29(74.3%) of the total homicides, the assailant

was a family member of victim. In 7(18%) of cases, the assailant was a known person/neighbour/friend. In 3(7.7%) of cases the assailant was not related to victim. (Table 1)

**DEATH ON SPOT OR HOSPITAL:** most of the victims 28(71.8%) died on the spot of the incident due to fatal injuries while rest11(28.2%) dies while receiving treatment at a hospital.

**MOTIVE OF CRIME:** The motive of crime was revenge in 2(5.1%), extramarital affairs 5(12.8%), love affair 1(2.5%), financial issues 4(10.2%), property dispute 7(18%), quarrels 14(35.8%) and 3 (7.8%) of crimes were related to dowry in which victims were only females. In 3(7.8%) of cases the motive of crime was not known.

In majority cases 14(35.8%) quarrel was found to be the reason for homicide. Among homicides committed because of quarrel 10 (71.5%) were males and 4 (28.5%) were females. (TABLE:1)

**WEAPON USED FOR CRIME:**In majority of homicides, the inflicting injuries were caused by blunt weapons 11(28.2%), followed by sharp weapon9(23.1%).

**INJURIES:** In majority of homicide victims, the cause of death was found to be head injury 11(28.2%) followed by stab injuries 9(23.1%). Poisoning as cause of homicide death was found in only 6(15.4%) victims and 7(18%) burns and 6(15.4%) are strangulation. (TABLE:1)

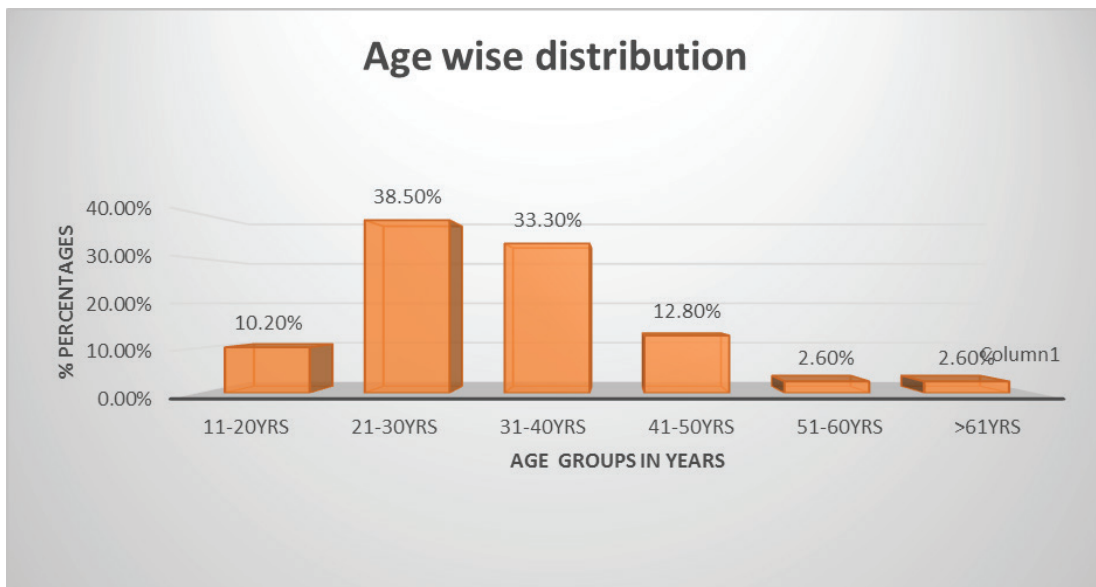
**AGE OF THE VICTIM:** Majority of the homicide victims belonged to 21-30 age group 15(38.5%) followed by 31-40 years 13(33.3%). Figure 1shows 82% of homicides victims were less than 40 years of age.

**TABLE:1 Different Parameters taken in the Study (Proportions/Percentage)**

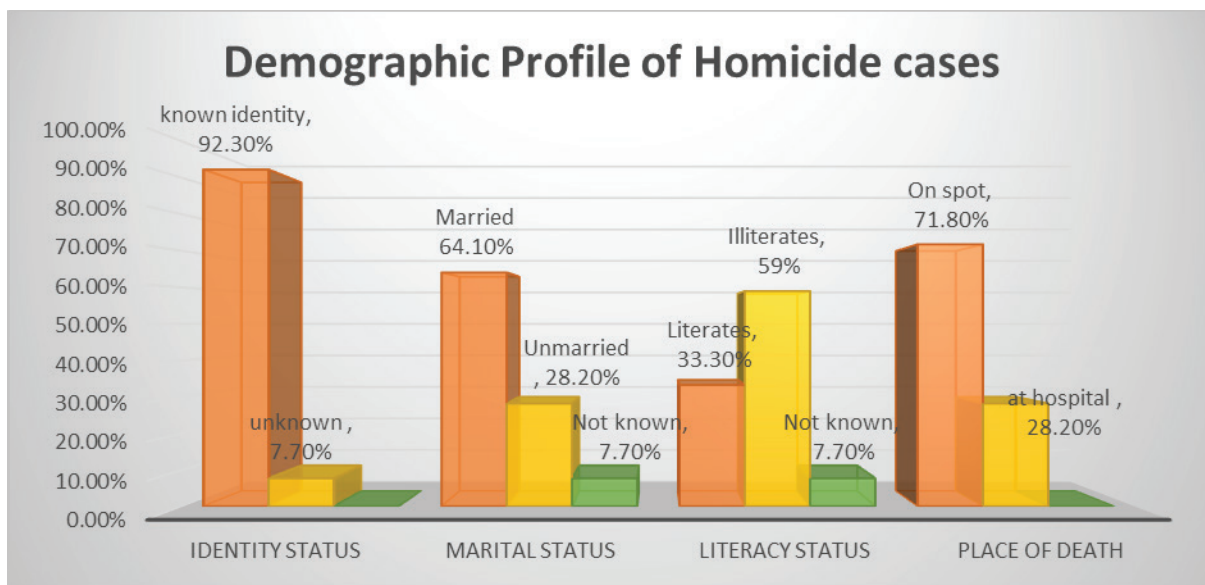
<b>S.NO.</b>	<b>Case characteristic</b>	<b>Numbers</b>
1	Total no of autopsies Total no of homicide autopsies	902 39(4.3%)
Gender	Male Female	23(58.9%) 16(41.1%)
Identity of victim	Known Unknown	36(92.3%) 3(7.7%)
Socioeconomic status(B.G.Prasad S-E status 2020)	Lower & Lower Middle Middle Upper & Upper middle Unknown	21(53.8%) 8(20.5%) 7(18%) 3(7.7%)
Marital status	Married Unmarried Not known	25(64.1%) 11(28.2%) 3(7.7%)
Literacy	Literate Illiterate Unknown	13(33.3%) 23(59%) 3(7.7%)
Place of crime	House Agricultural fields,roadsides, bridge underpass Work place	12(30.7%) 17(43.5%) 10(25.8%)
Time of occurrence of crime	Morning Night Evening Not known	11(28.2%) 28(71.8%) - -
Identity of assailant	Family member Neighbor/friend Not related	29(74.3%) 7(18%) 3(7.7%)
Place of death	On the spot At hospital	28(71.8%) 11(28.2%)

**Cont... TABLE:1 Different Parameters taken in the Study (Proportions/Percentage)**

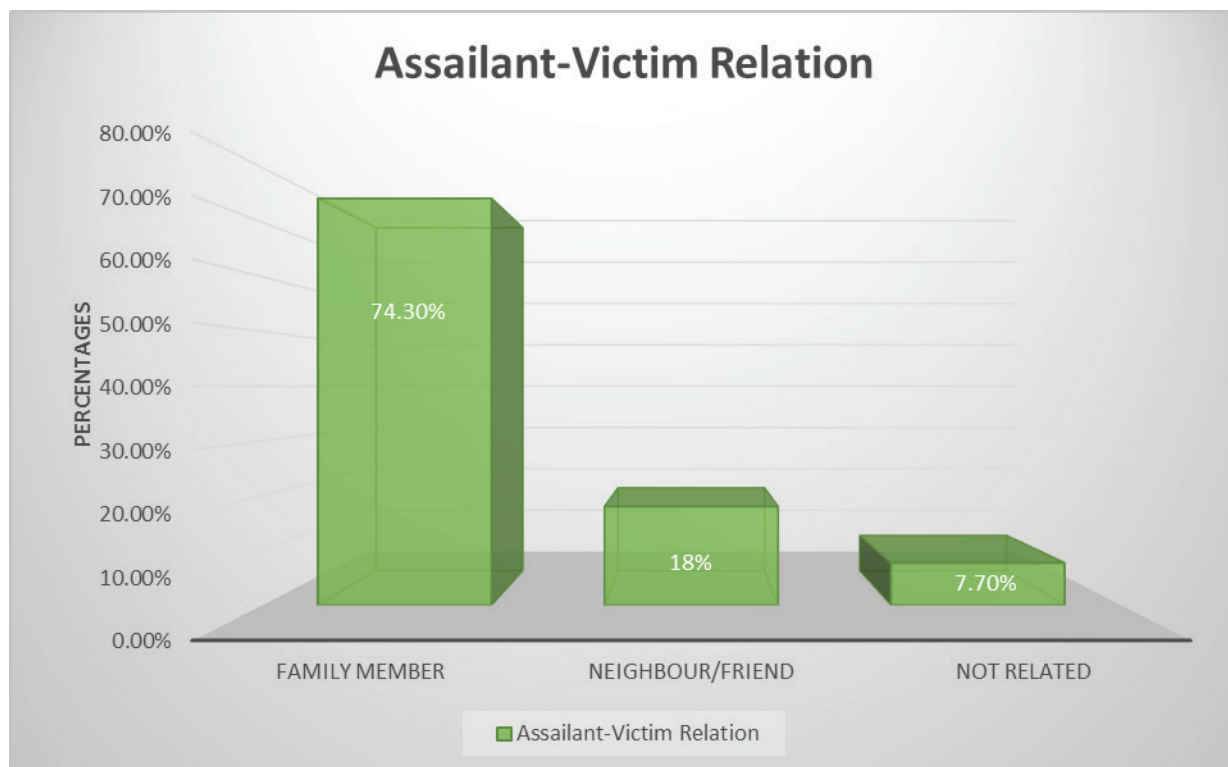
Motive of crime	Revenge	2(5.1%)
	Extramarital affair	5(12.8%)
	Love affair	1(2.5%)
	Financial issues	4(10.2%)
	Property dispute	7(18%)
	Quarrels	14(35.8%)
	Theft	-
	Dowry related	3(7.8%)
	Not known	3(7.8%)
Injuries	Head injury	11(28.2%)
	stab injuries	9(23.1%)
	Poisoning	6(15.4%)
	Burns	7(18%)
Weapon used	Blunt trauma	11(28.2%)
	Sharp trauma	9(23.1%)
Age(years)	0-10	0(0%)
	11-20	4(10.2%)
	21-30	15(38.5%)
	31-40	13(33.3%)
	41-50	5(12.8%)
	51-60	1(2.6%)
	>61	1(2.6%)



**Figure 1: Distribution of homicides according to age of the victim**



**Figure:2 Demographic Profile of Homicide cases**



**Figure:3 Distribution of Assailant Victim Relationship**

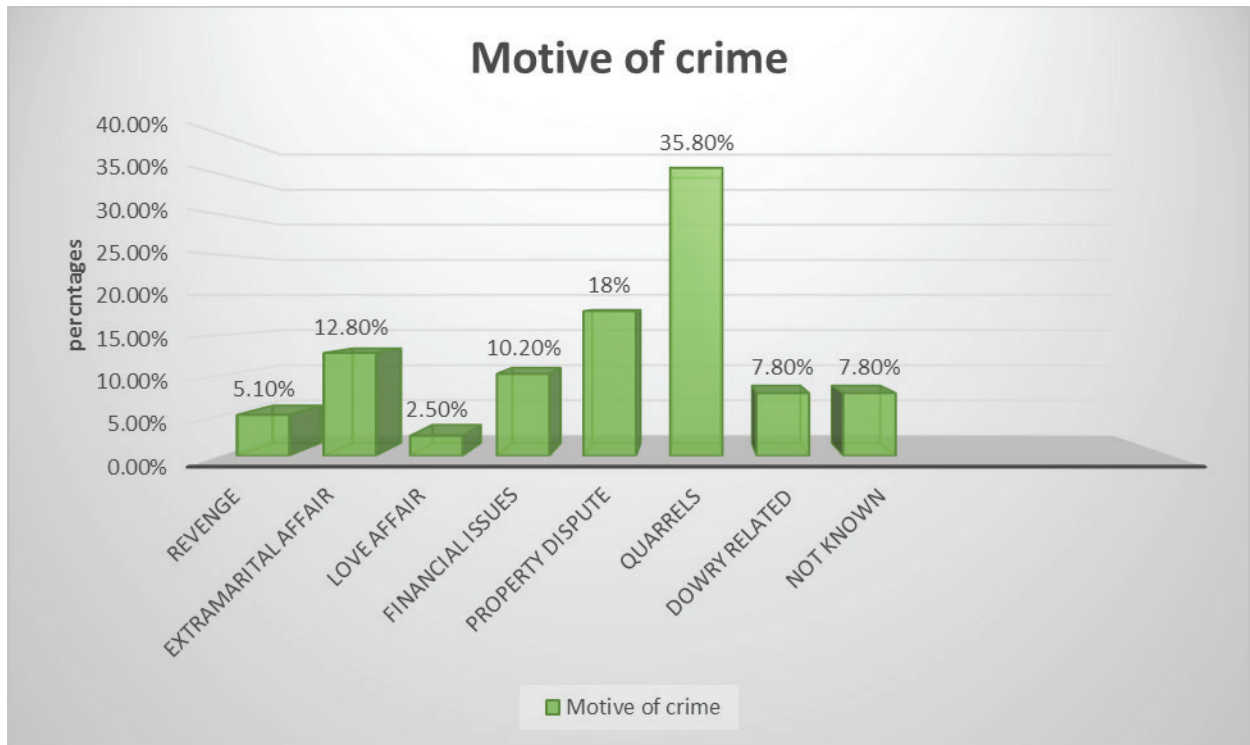


Figure: 4 Distribution of Homicidal cases based on Motive of crime

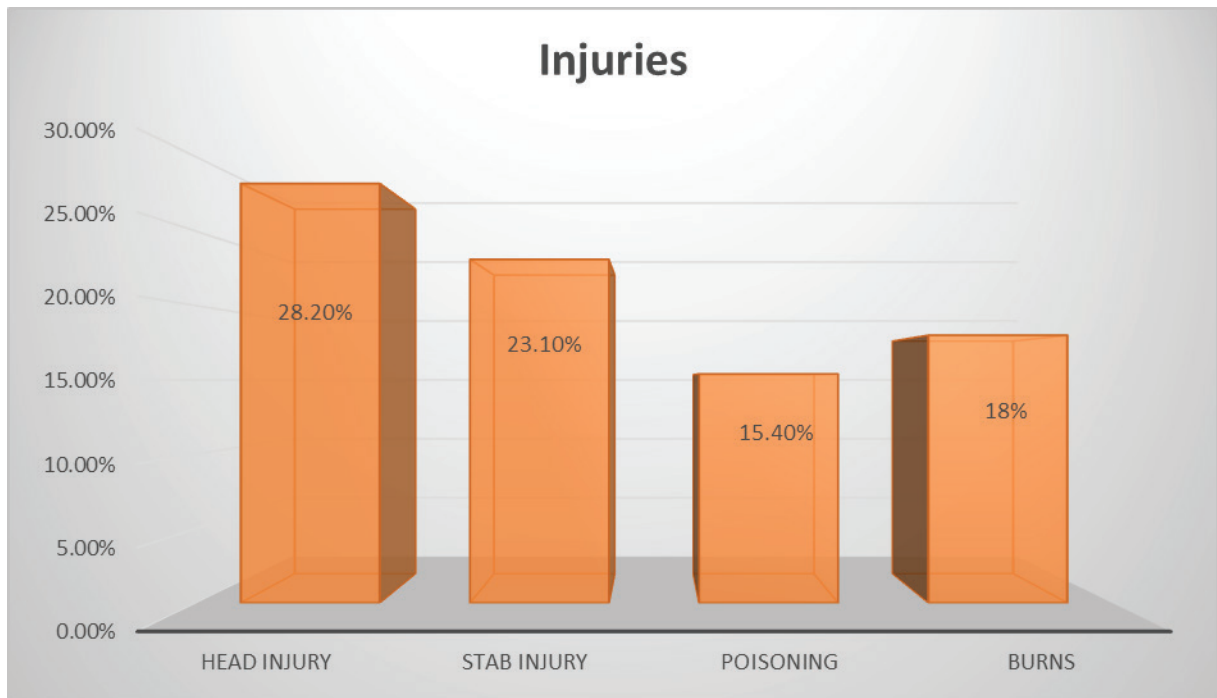


Figure :5 Distribution of Homicidal cases based on Nature of Injuries

## Discussion

In the present study, out of 902 medico-legal cases autopsied at ACSR Medical College, Nellore 39 cases (4.3%) were reported to be alleged homicidal deaths. Whereas in a study done by Prashanth Mada et al<sup>9</sup> the percentage of alleged homicide autopsies was 3.24.

The incidence of homicide in the present study was lower when compared to those observed by Murthy et al<sup>10</sup> 15.1%, Gupta et al<sup>11</sup> 7.5%, Sinha et al<sup>12</sup> 5.9%, Dhaval<sup>13</sup> 9.13% and B.C. Shiva Kumar et al. (14) 4.76%, whereas it was consistent with studies of Prajapati et al.<sup>15</sup> 4.12% and O. Gambhir<sup>16</sup> 2.89%.

In the present study 58.9% of the cases are males and 41.1% are females. In the present study, M:F ratio was 1.4:1. Almost similar findings were also observed in various other studies like Murthy et al<sup>10</sup>, Prajapati et al<sup>15</sup>. This is because males are more aggressive, rash and earning members, they have more opportunity for interpersonal interactions. Generally, women and children are spared off even in case of revenge, whereas males are the main target.

In the present study out of 39 victims, 64.1% were married and marital status was not known in 7.7%. The findings are consistent with the studies done by Dhaval.<sup>13</sup> (69.62%) and O. Gambhir.<sup>16</sup> In the present study homicides were commonly seen in 21-30 years age group 38.5% followed by 31-40 years of age (33.3%) 41-50 years age group (12.8%). This observation goes in favour that homicides involve the age group, which is in most active and productive period of life. People of 21-30 years age group are violent and more vulnerable to fast changing social trends, ending up in misunderstanding, frustration, hatred, etc. Studies done by Rekhi et al<sup>17</sup> and Wahlsten et al<sup>18</sup> reported 31-40 years as the most commonly involved age group.

In this study personal quarrels, extramarital affairs and love affairs, property disputes came out as the major motives behind the act which indicates that the victims were mostly married well into the lives or were getting into the love affairs because of this age. Family disputes,

financial burdens, lack of understanding between the spouses and other family members having extramarital affairs are the reasons for very high incidence of homicide among married people when compared to unmarried persons. In the present study majority of the cases (71.8%) occurred during night time. These findings were consistent with those of Dhaval<sup>13</sup>, CT and Sinha et al.<sup>12</sup>, whereas Bhupinder S et al.<sup>19</sup> and B.C. Shiva Kumar.<sup>14</sup> reported the incidence to be more between 6 AM-12 PM. As darkness of night provides favourable conditions and easy execution and escape for the accused, it is more preferred.

Quarrels were the main reason behind majority the homicidal act (35.8%) followed by property disputes (18%), extramarital affairs (12.8%), financial matters (10.2%), Dowry related issues (7.8%) and revenge (5.1%). In 7.8% cases motive was not known.

Contrary to our findings, **revenge** as a major reason for homicide by Dhaval. CT<sup>13</sup> (29.4%), B. C. Shiva Kumar et al.<sup>14</sup> (32.5%). In the present study **financial matters** contributed to only 10.2% of cases whereas financial matters were reported as a major reason for homicide by Sinha et al.<sup>12</sup> In the present study, majority of homicides, the inflicting injuries were caused by blunt weapons 11 (28.2%), followed by sharp weapon 9 (23.1%). The findings are consistent with the studies of Dhaval<sup>13</sup> (32.5%) and Prajapati et al<sup>15</sup> where blunt weapon was commonest but contradict with the studies of B. C. Shiva Kumar et al<sup>14</sup> (50%) and Vij et al<sup>20</sup> (49.4%), where sharp weapon was commonest. Easy availability of hard and blunt objects.

In the present study place of occurrence of crime was at deserted and secluded places like roadsides, bridge underpass, agricultural fields, (43.5%) followed by at house in 30% cases. About 25.8% of the victims were attacked at their work place. Similar findings were observed in studies done by Dhaval<sup>13</sup> and B. C. Shiva Kumar<sup>14</sup> where outdoors was the major site of homicidal act. In the present study most of the victims died on the spot (71.8%). While 28.2% died while receiving treatment at hospital. Higher rate of death on the spot



could be due to occurrence of crime during night time and delay in approaching hospital as most of the crimes happened in secluded places and help was not readily available.

### Conclusion

Out of 39 homicidal death cases, age group of 21-40 years was mostly affected with a male-to-female ratio of 1.4:1. About 64.1% of the victims were married and most cases of homicide took place during night hours. Quarrel was the most common reason for committing homicide, followed by extramarital affairs in second place. Blunt weapon was the commonest weapon used with most of the homicides occurring at places other than the house of victim. Homicide is one of the worst forms of crime as no one has the right to take the life of an individual. Socioeconomic wellbeing, removal of poverty and enhanced employment opportunities will help to check the incidence of homicides. Importance of ethical and moral values should be taught to the children in schools itself, which will help in strengthening of human relationships. Overall, law and order of the state has to be strong quick and rigorous punishment will deter people from committing heinous crimes in future.

**Ethical Clearance:** Taken from Institutional Ethics Committee, ACSR Medical College, Nellore.

**Source of Finding:** Nil

**Conflict of Interest:** Nil

### References

1. "Homicide definition". Cornell University Law School. 30 June 2009. Available at <https://www.law.cornell.edu/wex/homicide>.
2. Melenik, Juey (9 September 2015). «7 Common Mistakes Regarding Autopsy Reports». Advantage Business Media. Forensic News Daily. Available at <https://web.archive.org/web/20171201035304/https://www.forensicmag.com/article/2015/09/7-common-mistakes-regarding-autopsy-reports>.
3. Koehler SA, Brown PA. International Forensic Science and Investigations Series- Forensic Epidemiology. Boca Raton: CRC Press; 2010;187.
4. Gupta S and Prajapati P. Homicide trends at Surat Region of Gujarat, India J of Forensic Medicine & Toxicology, 2009;26(1):45-48.
5. Gregory A Roth, Degu Abate, Kalkidan Hassen Abate, Solomon M Abay, Cristiana Abbafati, Nooshin Abbasi, HedayatAbbastabar, (2018). Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. The Lancet, 392(10159), 1736-1788.
6. Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2017 (GBD 2017) Results. Seattle, United States: Institute for Health Metrics and Evaluation (IHME), 2018. Available at <http://ghdx.healthdata.org/gbd-results-tool>
7. Violence is a health issue. Rodrigo Guerrero Bulletin of the World Health Organization 2002; 80(10).
8. Humboldt Journal of Social Relations 1984;11(2): 154-158.
9. Prashanth Mada, P. Hari Krishna. A Comprehensive Study on Homicidal Deaths in Hyderabad. J Indian Acad Forensic Med. October-December 2013; 35(4): 312-316.
10. Murthy OP, Krong KS, Ghazali MF, et al. Study of homicidal deaths at University Malaya Medical Centre, Kuala Lumpur. International Journal of Medical Toxicology and Legal Medicine, 2005;7(2):4-9.
11. Gupta A, Mukta R, Mittal AK, et al. A study of homicidal deaths in Delhi. Med Sci Law 2004;44(2):127-32.
12. Sinha US, Kapoor AK and Pandey SK. Pattern of homicidal deaths in SRN Hospital's mortuary at Allahabad. J Forensic Med Toxicology, 2003;20(2):33-36.
13. Dhaval J Patel. Analysis of homicidal deaths in and around Bastar region of Chhattisgarh. J Indian Acad Forensic Med. April-June 2012;34(2):139-42.
14. Shiva Kumar BC, Vishwanath D, Srivastava PC. Trends of homicidal deaths at a tertiary care centre, Bengaluru. J Indian Acad Forensic Med. April-June 2011;33(2):120124.
15. Prajapati P, Sheikh MI and Patel S. Study of homicidal deaths by mechanical injuries in Surat, Gujarat. J Indian Acad Forensic Med

- 2010;32(2):134-38.
16. Gambhir O and Gupta BD. Evaluation of mechanical injury in homicidal deaths; *J Indian Acad Forensic Med* 2007;23(3):18-22.
  17. Rekhi T, Singh KP and Nabachandra H. Study on homicidal blunt force injuries. *J Forensic Med & Toxicology* 2007;24(2):3-5.
  18. Waslsten P, Koiranen V and Saukko P. Survey of medicolegal investigation of homicide in the city of Turku, Finland. *J Forensic Legal Med* 2007;14(2007):243-252.
  19. Bhupinder S, Kumar TK and Syed AM. Pattern of homicidal deaths autopsied at Penang Hospital, Malaysia, 2007-2009. A preliminary study. *Malaysian J Pathol* 2010;32(2):81-86.
  20. Vij A, Menon A, Menezes RG, et al. A retrospective review of homicides in Mangalore, South India. *J Forensic and Legal Med* 2010;17(6):312-15.