

ABSTRACT The present study was undertaken in the department of Forensic Medicine & Toxicology, Patna Medical College Patna with the primary aim of scientific observation and study of pattern of interpersonal violence with different medicolegal aspect based on Autopsies carried out at Patna Medical College. The main objectives was to gain knowledge and insight into medicolegal and epidemiological aspect of interpersonal violence and to get insight into pattern and trends of injuries on human body as cause of death due to the violence and further to aid to existing data and study in the subject for purpose of justice. The study also focused on to find out new trends in civilian assault or violence with special regard to the homicidal violence and lastly to study the prevalence and incidence of interpersonal violence in relation to the existing data.

KEYWORDS : domestic violence , blunt impact, interpersonal violence IPV, head injuries.

INTRODUCTION

WHO global consulation on violence and health 1996 defines violence as follow. "The intentional use of physical force or power, threatened or actual against oneself, another person or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation." Violence is distinguished from unintended incidents that result injury or harm, of all the injury death worldwide 2/3 rd are unintentional for vehicular accidents ,crashes, drowning ,falls etc and remaining $1/3^{rd}$ of fatal injuries is caused by interpersonal violence .This study is focused on interpersonal violence mainly. Act of the homicidal violence are classified as family violence or community violence. Family violence is further categorized by victim: child , intimate partner or etc . Community violence is categorized by types of properties: acquaintances and strangers. The native or mode of the violence may be physical, sexual or psychological or it may in deprivation and neglect. The cause of violence are often topic of research in psychology and sociology.

The centre of disease control and prevention (CDC) defines violence as injury inflicted by deliberate means which includes assault, as well as legal intervention and self-harm. Studies show a strong increase relationship between homicide rates and both economic development and equality. Poorer countries especially there with couch gaps between the rich and poor tend to you have higher rates of homicides then wealthier countries. The burden of disease related to injuries are expected to rise dramatically in future. The South East Asia and Western Pacific region accounts for the highest number of death and injuries death worldwide.

MATERIAL AND METHOD

The present study was carried out in department of FMT, PMCH Patna. The retrospective data from **Sept 2008** to **Aug 2010**, was collected for this study. This study includes only those cases showing signs of intentional injury or interpersonal violence. The interpersonal violence denote death of a person resulting from act of another person which was not accidental. Decomposed bodies and the cases were nature of injuries was undetermined was excluded from this study. The various epidemiological features and medicolegal aspects of cases where collected from police inquest, PM reports and other datas (FIR, hospital records etc) and interrogation of the relatives and friends neighbours accompanying the dead body. positive factors, external examination, internal examination, number of injuries, part of the body and organ involved, any other type of associated injuries and manner of death, cause of death. This study was also evaluated according to age, religion, sex, marital status, habitat, occupation, socioeconomic status, place of occurrence.

OBSERVATION AND RESULT

The study of homicidal injury was done from Sept 2008 to Aug 2010. During this period a total number of 5121 cases of medicolegal autopsies were conducted in mortuary of PMCH Patna, department of FMT out of this 5121 cases 721 (14.07%) were due to injuries of any causes of which of 92 to (12.7 6%) were due to IPV accompanying for 1.85 % of all PM examination. A total of 80 cases where taken for study and outcome of overall observation and analysis of the result has been included in present study.

Table1 :- Motive of violence

S.N	Motive of violence	No of case	%
1	Argument /sudden provocation	24	30%
2	Punishment	06	7.5%
3	Land dispute	19	23.35%
4	Family dispute	12	15%
5	Revenge	4	5%
6	Love affair	2	2.5%
7	Not known	13	16.25%
8	Total	80	100%

Table 2 :-Weapon used

S. N.	Weapon	No of cases	%
1	Hard & blunt object	48	60%
2	Sharp/point	11	13.35%
3	Firearm	9	11.25%
4	Hard/body without weapon	4	5%
5	Other	8	10%
6	Total	80	100%

DISCUSSION

Interpersonal violence is the intentional use of physical use of power, threatened or actual against oneself, another person or against a group of community that either results in or has a high likelihood of resulting an injury, psychological harm, maldevelopment or deprivational or death.

From Sept 2008 to Aug 2010 total number of 5121 cases of medicolegal autopies was conducted in department of FMT, PMCH Patna. Out of this 5121 cases 721(14.07%) death were

In every case of IPV, details of these injury were studied for

due to injury of which 92 deaths were due to personal violence. 80 cases taken for study IPV death male 73 (91.25%) out number female 7 (8.75%) they are male female ratio is 10:1. The higher incidence of IPV among males from female is a worldwide observed phenomenon attributed by the fact that males being more aggressive and more exposed to violence. In this study IPV images death was coming in a group of 15-29 year 28 cases (35%) and near closely 30-44 year 22 cases (27.5%). Linda L Datiberg WHO global burden of disease project for 2000 presented that male accounted 77% of all homicide and rates that were more than three times of females 13.6 or 4.0 respectively per 100000. The highest rate of homicide in the world are from among males is 15- 29years 19.4 per 1 lakh followed closely by male aged 30-44yr 18.7 per 1 lakh.

Site of external injury- present study it was observed that maximum injury was on upper limb 86.25% 69 cases but maximum of death was due to injury to head and neck 73% (60) cases thorax injury cases where 48.75% (39) cases abdominal and lumbar region 31.25% (25) cases. Similar findings were observed by Adelson L (1961), Modi JP (1993), Nandi A (1998), Reddy KSN (2005).

Type of external injury- abrasion 92.5% (74) cases was the most common type of external injury follow by contusion 56.25% (45) cases skull fracture 51.25% (41) cases. The finding is in agreement with Mukharjee JB (1994) and Hiss J et al (1996).

Type of intracranial hemorrhage-SDH caused maximum number of fatalities 91.66% (55) cases, 10% (6) cases were due to EDH and 21.66% (13) cases were by intracerebral death. This finding is in agreement with Warner DP (1992) and Singh O. Gambhir, Gupta BD Prof HOD FMT MAPIMS Melmaruvathur (Tamil Nadu). Type of skull fracture-maximum fracture were linear 73.33% (44) cases and followed by basilar fracture 16.66% (10) cases, comminuted fracture 6.66% (4) cases and depressed fracture 33.33% (8) cases. No fracture was found in 21.66% (13) cases. This finding was in agreement with Jennet Bryan in Epidemiology of head injury: Journal of neurology, neurosurgery, secretary 60, 362-369 (1996) and Tirqude BH, Naik RS, Anjanathor AJ and Khajuria BK Jain of FMT January-March 20 (1) p 912 (1998).

Defence wound were found in 43.75% (35) cases victims while it was absent in majority of cases 56.25% (45) cases similar finding where reported by Dikshit PC and Khan A (1995), Schmidt P et al (1999), Gupta A et al (2003). Internal injury in present study it was found maximum cases had internal injuries in head and neck followed by thorax, abdomen and limbs.2 cases had no internal injury the finding was in agreement with the observation made by Morphy OK (1991), Modi JI (1993), Nandi A, Reddy KSN (2005).

Cause of death-head injury was the cause of death in majority of the cases accounting 45% (36) cases followed by shock and hemorrhage and injury to vital organ other than brain 27.5% (22) cases, asphyxial death 7.5% (6) cases, burn and complication 8.75% (7)cases, sequelae to injury/septicemia 5% (4)cases with regard to cause of death blunt traumatic craniocerebral injury was the primary cause of death more than half of the cases.

SUMMARY AND RECOMMENDATIONS

Interpersonal violence and crime is an integral part of society from the primitive era. Formal collaboration between epidemiologist, doctors, fairly practitioners, criminologist and the police is necessary so that criminal justice and public health approaches to the "causes And prevention of interpersonal violence", can be coordinated. Dale Peterson and Richard wrangha in "Demonic Males, apes and origin of human violence" write that violence is inherent in humans, though not in evitable. According to present study a typical picture of violence related behaviour, situation, person, motive and risks can be dream from implementing the law and order situation and preventing measure of in the area.

It may be concluded that risk of IPV is higher among middle and lower middle group belonging to the age group of 15 to 44 years who are in the most active and crucial phage of their life with the responsibility to earning, likelihood of the family in the highly competitive world and to safe guard the honour, dignity and security of the family, but facing unemployment financial in ability.

Frustration disillusionment etc live in vulnerable social atmosphere interested with during addiction and insurgency have tendency to take warranted and unwarranted risk thereby expanded and involved in violent activities. Most of the human associate where single acquaintances are blunt inherent to nice fair more than one over the victim during argument or sudden profile provocation usually at roadside or in field in between 5 PM to 12 midnight during spring season. Most victim survived for varying time and died in hospital from head injury which calls for the astringent police patrolling efficient ambulance services for early detection of crime and shifting to hospital for necessary prompt medical care provided in the golden hour to save human life and to reduce mortality due to such crime. The strategy to control homicide rates should focus on the individual and their living content or the social circumstances in which it occur development employment generation compaign against addiction substances of abuse alcohol Political solution to insurgent problem improve law and order situation may reduce IPV related death significantly imparting high moral values especially in young female population and discouraging violence culture in every forum will go long way in controlling crime in the society.

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