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"STUDY OF HOMICIDE IN NAGPUR- A CENTRAL INDIA REGION."

Forensic Medicine

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ABSTRACT

Homicide is 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. The homicide statistics of killing varies from country to country and region to region. The study was carried out in Govt. Medical College & Hospital Nagpur over a period of one years (2012- 2013). Male (84.95%) predominate the female (15.05%). Majority of victims belonged to 21 and 30 yrs age groups Majority victims were married. Head injury was the leading cause of death with hard and blunt weapons were most commonly use weapon of offence.

KEYWORDS

Homicide, victim, head injury, hard and blunt.

Introduction:
Homicide is 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. The homicide statistics of killing varies from country to country and region to region. The pattern of homicide may be a useful indicator of the social stresses in a community and may also provide useful information for law-enforcement strategies.[1]

The increasing rate of homicide has become a major public health problem. This is due to the growing population, urbanization and industrialization associated with high materialistic mind of the individuals.[2]

Material method
The present study was carried out over a period of one year starting from November 2012 to October 2013 in the Department of Forensic Medicine, Govt. Medical College & Hospital Nagpur. Such a study was not carried out in our region to the best of our knowledge.

The history and sociological aspects of the deceased were obtained from accompanying persons/relatives and police. Each homicidal case was examined and evaluated at autopsy, both externally and internally.
Inclusion Criteria: All the cases of assault by hard and blunt, sharp edged weapon, firearm, assault by violent asphyxia and by thermal injury were included in the study.

Exclusion Criteria: All the cases other than assault or homicide and cases where the cause of death could not be ascertained due to insufficient/improper history were excluded from the study.
Ethical Committee approval No 369/12

Result:
During this period total 2878 autopsies were conducted out of which homicide death were 93(3.23%)

Age and Gender Wise Distribution
As the male (84.95%) predominated the female (15.05%), the mostly affected age group (both sexes combined) was 21–30 years, constituting (45 cases) 48.38 % of all homicidal deaths, while 19.35% (18 cases) was found in 31 -40 years group. The maximum male homicidal deaths (n-40, 50.63%) belonged to the age group of 21–30 years, the maximum female homicidal deaths (n-5, 35.71%) were observed in the age group of 21–30 years.

Time of Incidence
Most of the incidence were observed between 6pm to 12 midnight, accounting for 41.93% (n-39).

Distribution Of Cases According To Marital Status Of Victim.
Out of total 93 homicidal death victim, 61.29% (57) were married of which 49 male were married and 8 female were married. In 3.22% (n-3) cases marital status of the victim was not known.

Distribution Of Cases According To Type Of Weapon Used In Homicidal Cases.
In 43.01% (n-40) cases only hard and blunt weapon was used while it was used along with other weapon in total 50 cases. Sharp cutting weapon alone was used in 27 (29.03%) cases and along with other weapon it was used in total 36 cases. Total 5 cases of injury by firearm weapon were found.

Distribution Of Cases According To Cause Of Death
In 37.63 % (n-35) homicidal death, Head injury was labeled as cause of death, of which 31(38.75%) were male and 4(30.76%) were female. In 26.88 % (n-25) cases cause of death was Injury to vital organs.

Distribution Of Cases According To Education of victim
Out of 93 victim, 34 (36.55%) were educated up to high school and 27(29.03%) were educated up to primary school. Only 1.07% ie 1 victim was a postgraduate.

Distribution Of Cases According To occupation of victim
Majority of victims were laborer 32.25% (n-30).

Distribution Of Cases According To place of incidence
Outdoor was the most common place of incidence which accounted for 76.34%(n-71). While in 19.35% incidence occurred at home.

Discussion
The number of male victims were more when compared to the females in our study. This is consistent with Bhupinder S[1], Manoj Kumar Mohanty[2] Dhval Parmar[3] and O Gambhir Singh[4]. This indicates that males were more exposed to the outside environment and indulged in more violent activities[2]. The most commonly affected age group of victims, was 21 - 30 (48.38%, n-45) followed by 31 - 40 (19.35%). Both male and female were mostly affected in the age group 21-30 yrs. These findings correlate with many previous studies such as Bhupinder S[1], Dhval Parmar[3], O Gambhir Singh[4] Shailesh Jhaveri[5] and Pranav Prajapati[6]. The high incidence of age group 21-30 for being victim of homicide may be due to person in this age group being more aggressive, short tempered, and least tolerant.[5]

In the present study most of the incident occurred during evening to mid night (6pm to 12midnight.) ie. 41.93% (n-39) were found during this period of time, which was similar to Sachidananda Mohanty[7], Basappa Hugar[8] and M K Mohanty[9]. This could be attributed to less risk of identification in the darkness, chance of confrontations during day, abuse of alcohol and other substances at night.[7]

Majority of homicidal death victims belonged to the low socioeconomic group of (51.61%) followed by the medium income group (41.93%) which was correlated with Sachidananda Mohanty[7]. In the present study majority of victims were educated up to high school (36.55%) followed by education up to primary school (29.03%) associated with most of the victims were laborer (32.25 % with total 30 cases) Our findings were consistent with Sachidananda Mohanty[7] and Prashanth Mada[10]. It may be related that low education leads to poverty, unemployment, high mobility in search of work, inability to solve the dispute by fruitful peaceful discussions despair and frustration in the low socioeconomic group to prompt a criminal behavior[7]. While B. C. Shivkumar observed that 82.5% of alleged victims are literate[11].

Socioeconomic status (SES) is often measured as a combination of education, income, and occupation. Low socioeconomic status correlates with low education, unemployment and poverty. As schools or education not only just teach you about history math's, science or any subject, they also teach you how to live in society. Low education leads to unemployment. Unemployment among the low educated youth spurred a massive tendency for violence and crime. They don't have the fear of defaming their name. Such people frequently play hide and seek with the law and lands in trouble

Total 61.29 % of victim were married as findings consistent with Dhaval Parmar[3], Shailesh Jhaveri[5], Sachidananda Mohanty[7] and Prashanth Mada[10]. This suggest marriage unfolds liability of commitment towards life partner, kids, parents and society as a whole, principally with surplus accountability on males. So that married homicidal victims were higher than unmarried homicidal victims.[3]
In a country like India, marriage is a social commitment and nullifying marriage or taking divorce is a stigma in our society. With economic problems, familial disharmony, extra marital affairs leads to marital dispute and the social compulsion many times predisposes the perpetrator towards violent crime.

Most of the homicidal death were committed in outdoor place accounted for (76.34%, n-71) which was confirmed with B. Shivkumar[11]. Outdoor place were selected as while committing, the act could be due to the fact that the homicide was well planned and the assailant tries to execute it without being witnessed by others[11].

As with growing affluence and changing lifestyles, people are spending less time in home-based routine activities and more time outside the home in activities which may leads to their change in behavior pattern (i.e. in bars and other public places) that increase their risk of being victims, Most of the homicidal death were committed in outdoor place.

Present study shows that hard and blunt weapon were most commonly used, when used as singly accounts for 43.01 % (n-40) and with other weapon it was used in total 50 cases, followed by sharp cutting weapon, when used in singly contributes to 29.03% (n-27) while with other weapon accounts for 38 total cases. Our findings correlated with O. Gambhir Singh[4], Pranav Prajapati[6], Ashok K. Rastogi[12] and Sanjay Gupta[13] When any person comes in heat of passion at any place, he find all the types of hard and blunt objects from concerned field work which are easily available without any preparation[6]. Sachidananda Mohanty revealed sharp cutting weapons (36.61%) followed by hard and blunt weapons (24.41%) were most commonly used[7]. While study in Pakistan observed that firearm weapon was most commonly used, due to free availability of firearms in that region where virtually every household keeps a firearm weapon[14].

In our region, use of more sophisticated weapon is less common than use of routinely used rudimentary weapon such as iron rod, wooden stick, stone etc. which are easily available without any preparation. Although there was an increase in the trends of use of sharp cutting weapon.

In present study most of the homicidal death was due to head injury (37.63%, n-35), followed by injury to vital organs (26.88%, n-25) and shock and haemorrhage following injury (20.43 %, n-19). Our observation consistent with O. Gambhir Singh[4] M K Mohanty[9], Prashanth Mada[10] and Sanjay Gupta[13]. Head injury is quite common in homicide. As head is the targeted & vulnerable area for infliction of blunt force in both the sexes[10]. It is true that fatal injuries inflicted with intention to kill a person will be on the head. As most of external injuries either by hard and blunt or sharp edged weapon mostly on the head, It can be explained by the fact that majority of the homicide were executed by using commonly available house hold weapons like wooden stick, axe, spade, iron pipe, stone, etc.[4]

Conclusion:

Homicidal deaths constituted 3.23% of total autopsies conducted. Male (84.95%) predominate female (15.05%). Majority of victims belonged to 21 and 30Yrs age groups in both male and female. Majority of victims were married. Additionally, the study also helps to sketch profile of homicide by capturing certain facts like higher use of hard and blunt weapons accounted for 43.01 % (n-40) with head injury (37.63%, n-35) was the leading cause of death. Majority of incidence were committed in outdoor place (76.34%, n-71) at evening to midnight (41.93%, n- 39)

To curb the menace of homicide, state and society should ensure education, employment and socioeconomic wellbeing along with strict law enforcement.

Table No 1: Gender Wise Distribution

Sex	Male	Female	Total
No Of Cases	79	14	93
%	84.95 %	15.05%	100%

Table No 2: Age Wise Distribution

Age Range	Male	%(Total Male)	Female	%(Total Female)	Total	%
0-10yrs	00	0	01	7.14	01	1.07
11-20yrs	03	3.79	04	28.57	07	7.52
21-30yrs	40	50.63	05	35.71	45	48.38
31-40yrs	15	18.98	03	21.42	18	19.35
41-50yrs	10	12.65	00	00	10	10.75
51-60yrs	08	10.12	00	00	08	8.60
61-70yrs	01	1.26	01	7.14	02	2.15
>70yrs	02	2.53	00	00	02	2.15
Total	79	100	14	100%	93	100

Table No 3: Time of Incidence

Time Of Incidence	Number Of Death	%
Morning (6am-12noon)	18	19.35
Afternoon(12 Noon - 6pm)	26	27.95
Evening(6pm-12midnight)	39	41.93
Late Night(12midnight-6am)	10	10.75
Total	93	100

Table No 4: Distribution Of Cases According To Marital Status Of Victim.

Marital Status Of Victim	No. Of Case				Total	
	Male	%	Female	%		%
Married	47	62.5	08	53.84	57	61.29
Unmarried	26	32.5	05	38.46	31	33.33
Not Known	03	3.75	00	00	03	3.22
Widow	00	00	01	7.69	01	1.07
Widower	01	1.25	00	00	01	1.07
Total	79		14	100	93	100

Table No 5: Distribution Of Cases According To Type Of Weapon Used In Homicidal Cases.

Weapon	No. Of Cases	%
Sharp Cutting Only	27	29.03
Hard And Blunt Only	40	43.01
Sharp Cutting And Hard Blunt	09	9.67
Firearm Only	03	3.22
Firearm & Sharp Cutting	02	2.15
Manual Strangulation	04	4.30
Ligature Material For Strangulation Only	01	1.07
Hard And Blunt With Ligature Material For Strangulation	01	1.07
Manual Smothering	01	1.07
Petroleum Product	04	4.30
Explosive Material	01	1.07
Total	93	100

Table No 6: Distribution Of Cases According To Cause Of Death

Cause Of Death	No. Of Cases				Total	%
	Male	%	Female	%		
Injury To Vital Organs	22	27.5	03	23.07	25	26.88
Head Injury	31	38.75	04	30.76	35	37.63
Shock And Haemorrhage Following Injury	19	23.75	00	00	19	20.43
Death Due To Burn	01	2.5	03	15.38	04	4.30
Strangulation	02	2.5	03	23.07	05	5.37
Smothering	00	00	01	7.69	01	1.07
Cut Throat	03	3.75	00	00	03	3.22
Ligature Strangulation With Head Injury	01	1.25	00	00	01	1.07
Total	79	100	14	100	93	100

Table No 7: Distribution Of Cases According To Socioeconomic status.

socioeconomic status	No. of cases			%
	Male	Female	Total	
Low	42	06	48	51.61
Medium	32	07	39	41.93
High	02	00	02	2.15
Not known	03	01	04	4.30
Total	79	14	93	100

Table No 8: Distribution Of Cases According To Education of victim

Education status of victim	Male	Female	Total	%
primary	23	04	27	29.03
high school	31	03	34	36.55
Jr. college	06	02	08	08.60
graduate	09	00	09	9.67
postgraduate	00	01	01	1.07%
illiterate	07	03	10	10.75
not known	03	01	04	4.30
Total	79	14	93	100

Table No 9: Distribution Of Cases According To occupation of victim

Occupation	Male	Female	Total	%
Student	03	02	05	5.37
Govt. Service	03	0	03	3.22
Private Job	10	00	10	10.75
Businessman	06	00	06	6.45
Farmer	04	00	04	4.30
Housewife	00	05	05	5.37
Not Known	05	03	08	8.60
other	19	01	20	21.50
Laborer	28	02	30	32.25
Retired	01	01	02	2.15
Total	79	14	93	100

Table No 10: Distribution Of Cases According To place of incidence

Place of incidence	Male	Female	Total	%
Home	12	06	18	19.35
Working place	04	00	04	4.30
Outdoor.	63	08	71	76.34
Total	79	14	93	100

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