ISSN: 0975-1556

Available online on www.ijpcr.com

International Journal of Pharmaceutical and Clinical Research 2021; 13(5);576-582

Original Research Article

Study of Socio-Demographic Profile of Victims in Cases of Deaths due to Homicide

Rajiv Ranjan Das¹, Kumar Saurav²

¹Associate Professor, Department of Forensic Medicine & Toxicology, Nalanda Medical College, Patna, Bihar, India

²Tutor, Department of Forensic Medicine & Toxicology, Nalanda Medical College, Patna, Bihar, India

Received: 01-10-2021 / Revised: 29-10-2021 / Accepted: 18-11-2021

Corresponding author: Dr. Kumar Saurav

Conflict of interest: Nil

Abstract

Aim: Study of socio-demographic profile of victims in cases of deaths due to homicide **Materials and methods:** This study was conducted in the Department of Forensic Medicine & Toxicology, Nalanda Medical College, Patna, Bihar, India, from October 2019 to September 2021.100 (4.65%) cases of homicidal deaths brought for medico legal autopsies were studied during the period.

Results: Total 1150 autopsies were conducted during the study period, out of which 100 cases were of alleged homicide. Out of the total 100 cases of homicide, 82 (82%) victims were males and 18 (18%) were females. It was observed that male victims outnumbered females except in cases of infant deaths, indicating male predominance in victims of homicide. Maximum cases of males were reported in the age group in 21-30 years 35 (35%) age group followed by 31-40 years 22 (22%). Similarly, amongst female's maximum victims were in the age group 21-30 years 4 (4%) cases followed by 31-40 years 4 (4%) cases. Maximum number of victims of homicide belonged to lower socio-economic class 38 (38%) which included 31(31%) males and 7(7%) females followed by middle 15 (15%) and upper class 9 (9%). In 38 (38%) cases, the socioeconomic strata of the victim were unknown. Maximum victims 28(28%) had completed only primary school education or 26 (26%) secondary school education. 8 (8%) victims were illiterate. None of the females had completed even graduation. Literacy status was unknown in 24 (24%) cases of which were 21 (21%) males and 3 (3%) females.

Conclusion: Most common age group of victims involved was 21-30 years followed by 31-40 years. Thus, we can conclude that the bread earning productive population group is most frequent. However, no age is bar to be a victim of homicide. Most of the victims were illiterate, primary or secondary educated, labourers or unemployed persons belonging to lower socioeconomic strata of the society.

Keywords: homicide, demography, profile

This is an Open Access article that uses a fund-ing model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/4.0) and the Budapest Open Access Initiative (http://www.budapestopenaccessinitiative.org/read), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

Introduction

Homicide is killing by one who plans the death of another with malice afore thought, one who looks the purpose to kill but means to inflict serious injury only and the one who acts in want of disregard of human life [1].

As per the World report on violence and health, Geneva, WHO, 2004: Globally around 520,000 people die each year as a result of interpersonal violence, which equates to 1400 deaths every single day [2]. The global average homicide rate stands at 6.2 per 1, 00, 000 population according to "Global study on homicide, United Nations Office on Drugs and Crime, 2014". The study of homicide is important because the impact of the intentional killing of one human being by another is the ultimate crime, whose effect goes far beyond the initial loss of human life and can create a climate of fear and uncertainty in the community.

As per National Crime Record Bureau (NCRB) report 2013, violent crimes reported in 2013 in India were 1.3% of the total Indian Penal Code crimes. Present study conducted in bihar in which total 100 homicidal deaths reported, Violent crimes like murder, dacoity, kidnapping and riots, nowadays abduction are frequently encountered. This is probably due to rapidly increasing population; urbanization; poverty; unemployment; frustration; illiteracy; prevalent economic; political and environment; social insurgency; terrorism; drug addiction; easy availability of weapon; and the widening gap between the rich and the poor. Young offenders are becoming increasingly violent, and this is a cause for concern, as they are tomorrow's generation. Among the violent crimes affecting life, homicide is the most heinous crime under law.

Homicide is the most readily measurable, clearly defined and most comparable indicator for measuring different types of violent deaths. It can be used as a proxy for violent crime as well as a potential indicator of levels of security within the society [4].

Killing of an individual is the highest level of aggression found in all the cultures. Since ages the very reason or motive for these killings has remained the same v.i.z.

lust for money, women and land, ego, pride and provocation.

ISSN: 0975-1556

In this modern world organized crimes are being executed in a professional manner, and such criminal activities follow a peculiar pattern in relation to sociodemographic profiles of victims and accused, motive, purpose and execution of the crime.

In view of the magnitude and frequency of such deaths and its impact on the society, the present study has been taken up with an aim to explore different aspects of homicide in relation to socio demographic profile of victims.

Materials and methods

An observational study was conducted in the Department of Forensic Medicine & Toxicology, Nalanda Medical College, Patna, Bihar, India, from October 2019 to September 2021

Methodology

100 (4.65%) cases of homicidal deaths brought for medico legal autopsies were studied during the period. Study protocol was approved by the institutional ethical committee. Data was collected from inquest papers and police documents, hospital records, and from information provided by the police and relatives of deceased. Cases were studied in detail with respect to age and gender wise distribution and socioprofile demographic (educational. occupational, socio-economic and marital status) of the victims. Observations were noted in tabular form and results of statistical analysis were noted.

Results

Total 1150 autopsies were conducted during the study period, out of which 100 (4.65%) cases were of alleged homicide.

Table 1 shows that out of total 100 cases of alleged homicide in the present study, maximum number of cases were recorded in the age group of 21-30 years 39 (39%)

followed by 31-40 years 26 (26%) cases. 3 (3%) cases were found in the age group 0-10 years out of which 4 cases were of infanticide. In two cases the age of the victims was above 70 years age.

Out of the total 100 cases of homicide, 82 (82%) victims were males and 18 (18%) were females. It was observed that male victims outnumbered females except in cases of infant deaths, indicating male predominance in victims of homicide. Maximum cases of males were reported in the age group in 21-30 years 35 (35%) age group followed by 31-40 years 22 (22%). Similarly, amongst female's maximum victims were in the age group 21-30 years 4 (4%) cases followed by 31-40 years 4 (4%) cases.

Table 2 shows that maximum number of victims of homicide belonged to lower socio-economic class 38 (38%) which included 31(31%) males and 7(7%) females followed by middle 15 (15%) and upper class 9 (9%). In 38 (38%) cases, the socioeconomic strata of the victim were unknown.

Maximum victims 28(28%) had completed only primary school education or 26 (26%) secondary school education. 8 (8%) victims were illiterate. None of the females had completed even graduation. Literacy status was unknown in 24 (24%) cases of which were 21 (21%) males and 3 (3%) females.

ISSN: 0975-1556

Table 3 shows occupation and marital status of victims of homicide. Homicide victims maximally belonged to the worker group 21 (21%) which includes 18 (18%) males and 2 (2%) females. Male victims were worker, student, driver, chowkidar, farmer, etc doing outskirts activity whereas females doing housework were common victims of homicide.

Maximum 41 (41%) cases occurred in married people which included 31 (31%) males and 10(10%) females. Amongst male victims in 34 (34%) cases males were single or unmarried and the apparent motive behind homicide was quarrel or love affairs. In contrast marital and familial disputes contributed to deaths of 10 (10%) married females' victims. In 4(4%) widow females and 2 (2%) divorced females victims' homicide after sexual assault was the main motive.

Table 1: Age and gender wise distributions of victims of homicide

Characteristics Socio economic status	Males	Females	Total (%)
0-10	1	2	3
11-20	8	2	10
21-30	35	4	39
31-40	22	4	26
41-50	6	2	8
51-60	6	2	8
61-70	3	1	4
>70	1	1	2
Total	82	18	100

Table 2: Socioeconomic (Modified Kuppuswamy's scale) status and educational status of victims

Characteristics Socio economic status	Males	Females	Total (%)
Upper	8	1	9
Middle	12	3	15
Lower	31	7	38
Unknown	31	7	38
Educational Status			
Illiterate	5	3	8
Primary	21	7	28
Secondary	20	6	26
Graduate	12	0	12
Postgraduate	2	0	2
Unknown	22	2	24

Table 3: Occupation and marital status of victims

•	Tubic 5. Occupation and maritan status of victims					
Occupation	Males	Females	Total (%)			
Worker	19	2	21			
Farmer	2	2	4			
Driver	3	0	3			
Watchman	2	0	2			
Student	4	2	6			
Housework	1	7	8			
Business	3	0	3			
Technician	1	0	1			
Others	19	1	20			
Unknown	28	4	32			
Marital status						
Single	34	2	36			
Married	31	10	41			
Divorced	1	1	2			
Widow	1	3	4			
Unknown	15	2	17			

Discussion

According to National Crime Records Bureau statistics 2013 (NCRB) [3] total number of cases of murder (S.300.IPC) recorded were 33201 which accounted for 1.3% cases of total IPC crimes in India. Incidence rate of homicide was 2.7% of total IPC crimes recorded in 2013.

As per "Global study on homicide, United Nations Office on Drugs and Crime, 2014" the global average homicide rate stands at 6.2 per 1, 00, 000 population [4].

In our present study we observed that homicide cases accounted for 4.65% of all cases brought for Medico legal autopsies in this institute.

ISSN: 0975-1556

In a study done in Bangalore by Hugar BS et al [5] from October 2005 to September 2007 total 1319 autopsies were conducted of which 57 (4.32%) cases were of homicide. Similarly, Ambade VN et al [6]. in orange city of India studied wound patterns in 241 (4.2%) cases of homicides retrospectively for a period of 5 years. Rastogi AK et al [7]. conducted prospective

study on 82 (4.24%) cases of homicide out of total 1931 autopsies in Indore. Shivkumar BC et al [8]. studied 40 cases of alleged homicide from October 2004 to September 2006 out of 840 medico-legal cases autopsies conducted. Mohanty S et al [9]. retrospectively analysed data of 590 homicide cases over 5 years out of 8504 autopsies in which cases of homicide were 6.94% of total number of autopsies.

Homicide rates were relatively lower in studies done by Bhupinder S et al [10]. (0.01 to 0.09%), Reza A et al [11]. (1%) and Soumah MM et al [12]. (1.9%). Two years study by Shah JP et al [13]. reported that homicide deaths account for 2.70% of all autopsies. Zankuriya K et al [14]. studied 119 (2.79%) cases of homicide out of 4264 autopsies over 2 years from 2011-2012.

In Nigeria Eze UO et al [15]. studied 153 (3.1%) cases of homicide out of the 4928 coroner's autposies. Mada P et al [16]. studied 300 alleged homicide autopsies at Osmania medical institute from July 2007 to July 2009. Study done in Northeastern part of India by Mishra PK et al [17]. on 70 cases which accounted for 3.82% of total autopsies from 2009-2010.

Findings observed obtained in studies are in accordance with findings in our study. In a study done on South Australians over a period of forty years from 1969- 2008 by Tamlett J et al [18]. higher incidence rates of homicide observed was from 73.5 to 223.97 per 100,000 population.

Patel DJ et al [19].in a study of two years from 1/1/2009 to 31/12/2010 the percentage of homicidal death was 9.13% of total autopsies. Mittal S et al [20]. studied 200 alleged cases of homicides out of 1662 cases brought for postmortem examination at government medical college Amritsar from February 2003 to September 2004 out of which 13.03% cases were of homicide.

Findings of above studies depicts that; incidence of homicide is increasing

globally. Probable reason for this increasing rate of homicide is rapidly population: urbanization: increasing unemployment; poverty; frustration: illiteracy; prevalent economic; social and political environment; insurgency; antisocial activities; alcohol or drug addiction; easy availability of weapon; and the widening gap between the rich and the poor as cited in above studies.

ISSN: 0975-1556

Maximum numbers of victims were in the age group of 21-30 years 39(39%) cases followed by 31-40 years 26(26%) cases in our present study.

More than 50% victims of homicide were 20-40 years old in study done by Meel BL et al [21]. in South Africa. Study done in Surat by Zankuriya K et al [14]. reported that 30.25% victims were in the age group of 21 to 30 years followed by 22.69% cases of 31 to 40 yrs. Bhupinder S et al [10]. study done in Malaysia reported that 37% of victims were in the 20-39 years age. Singh OG et al [22]. reported that maximum number of victims 19 (31.15%) in homicidal deaths were in the age range of 21 to 30 yrs.

Ambade VN et al [6]. reported male predominance and most common age group of victims of homicide as 30-40 years. Overall age range was 4-83 years in study of Eze UO et al [15]. In another study Kominato Y et al [23]. in Japan observed the peak age group of victims between 35 to 45 years.

Karn A et al [24]. in their study in Nepal observed earlier age peak of victims i.e.between 15-25 years. This might be due to higher incidence of drug addiction in juveniles in this region. Similarly in Dakar city (U.S.A) highest numbers of homicide victims were between age group of 21 to 25 years in the study done by Soumah MM et al [25].

The findings about involvement of common age group of victims in our study

are not in accordance with the findings of above studies.

In present study, highest incidence was seen in the age group of 20-40 years. Factors contributing predominantly in this age group for interpersonal violence were quarrel in 43% cases, love affairs in 31% cases, and alcohol and drug abuse in 18% cases. Similarly, 20-40 years is the most productive age group and being commonly involved in violent activities.

Out of total 100 victims of homicide observed in this study 82% victims were males, and 18% victims were females.

Reza A et al [11]. in their study on epidemiology of violent deaths reported that overall sex ratio was 3.4:1 in all age groups except in cases of infanticide where females outnumbered males. Singh OG et al [22]. studied 92 male and 27 female victims (male as to female ratio was 3.2:1). Bhupinder S et al [10] reported male as to female ratio of 3:1 in their study. Karn A et al [24]. out of the total 50 cases, the ratio of male as to female victims was 4:1 and Meel BL et al [22]. observed sex ratio was of 5:1. Sex ratios were lower in studies done by Hugar BS et al [5]. (2.53:1), Zankuriya K et al [14]. (2.6:1), Singh OG et al [22]. (2.85:1) and Mishra PK et al [17]. (2.9:1).

Male as to female ratios was higher in studies done in western world by Eze UO et al [15] (8.56:1) In study of Ambade VM et al [6]. on homicide by sharp weapon homicides males outnumbered females by a ratio of 12:1 as sharp weapons possession and use was more by males.

Sex ratio was almost equal in studies done by Kominato Y et al [23]. (1:1) in Japan. Reason behind this being females are equally advanced and involved in all activities in comparison with males in these developed country areas.

Preponderance of the male victims in this study could be due to the inherent nature of the males who are more aggressive and more inclined towards violent behavior, presence of aggravating factors like use of alcohol and drugs and the fact that they are outdoors and are at more risk in this part of world.

ISSN: 0975-1556

Maximum victims of homicide were illiterates, workers and belonging to lower socio-economic strata. Similar findings were noted in studies done by Huggar BS et al [5] Mohanty S et al [9] Patel DJ et al [19]. Singh OG et al [22]. Shaw JP et al [13]. Shivkumar BC et al [8].and Ambade VN et al [6].

This may be attributed to high mobility in search of work, frustration in life, marital disharmony, and lack of understanding and poverty in the lower socio-economic group to prompt a criminal behaviour.

In India males are bread winners for the family and are hence more active outdoors while most of the females being housewives are subjected to domestic violence either by spouse or in-laws.

Conclusion

Most common age group of victims involved was 21-30 years followed by 31-40 years. Thus, we can conclude that the bread earning productive population group is most frequent. However, no age is bar to be a victim of homicide. Most of the victims were illiterate, primary or secondary educated, labourers or unemployed persons belonging to lower socio-economic strata of the society.

Reference

- 1. Tedeschi CG, William G, Eckert, Luka G. Tedeschi Forensic medicine. vol. I. Philadelphia, London, Toronto: WB Saunders Company; 1977.
- 2. Preventing Violence. A guide to implementing the recommendations of the world report on violence and health. Geneva: World Health Organization; 2004
- 3. Crime in India. National crime records bureau. Ministry of Home Affairs Govt.

- of India; 2014. Available from: http://ncrb.nic.in.
- 4. Global study on homicide 2013: trends, contexts, data. UNODC Homicide Statistics; 2013.
- 5. Hugar BS, Chandra Y, Harish S, Jayanth SH. Pattern of Homicidal Deaths. J Indian Acad Forensic Med. 2010;32(3).
- 6. Ambade VN, Godbole HV. Comparison of wound patterns in homicide by sharp and blunt force. Forensic Sci Int. 2006;156(2-3):166–70.
- 7. Rastogi AK, Singh BK, Dadu SK, Thakur PS, Lanjewar AK, Raput PP. Trends of Homicidal Deaths in Indore (M.P.) Region One Year Retrospective Study. J Indian Acad Forensic Med. 2013;35(4):343–5.
- 8. Shivakumar BC, Vishwanath D, Srivastava PC. Trends of Homicidal Deaths at a Tertiary Care Centre Bengaluru. J Indian Acad Forensic Med. 2011;33(2).
- 9. Mohanty S, Mohanty SK, Patnaik PK. Homicide in southern India—A five-year retrospective study. Forensic Med Anat Res. 2013;1(2):18–24.
- 10. Bhupinder S, Kumara TK, Syed AM. Pattern of homicidal deaths autopsied at Penang Hospital, Malaysia. Malaysian J Pathol. 2007;32(2):81–86.
- 11. Reza A, Mercy JA, Krug E. Epidemiology of violent deaths in the world. Inj Prev. 2001; 7:104–11.
- 12. Soumah MM, Munyali DA, Ndiaye M, Sow ML. Autopsy following death by homicide in 644 cases. J Indian Acad Forensic Med. 2012;19(2):60–4.
- 13. Shah JP, Vora DH, Mangal HM, Chauhan VN, Doshi SM, Chotaliya DB. Profile of Homicidal Deaths in and around Rajkot Region, Gujarat. J Indian Acad Forensic Med. 2013;35(1).
- 14. Zanzrukiya K, Tailor C, Chandegara P, Govekar G, Patel U, Parkhe S. Profile of homicidal death cases at Government Medical College and New Civil Hospital, Surat. Int J Med Sci Public Health. 2014;3(7):885–8.

15. Eze UO, Akang EEU, Odesanmi WO. Pattern of homicide coroner's autopsies at University College Hospital, Ibadan, Nigeria: 1997–2006. Med, Sci and the Law. 2011;51(1):43–8.

ISSN: 0975-1556

- 16. Mada P, Krishna PH. A Comprehensive Study on Homicidal Deaths in Hyderabad. J Indian Acad Forensic Med. 2013;35(4).
- 17. Mishra PK, Yadav J, Singh S, Dubey BP. Pattern of Injuries in Homicidal Deaths in Bhopal Region. J Indian Acad Forensic Med. 2012;34(3).
- 18. Temlett J, Byard RW. Homicide among Indigenous South Australians: a forty-year study. J Forensic Leg Med. 1969;19(8):445–52.
- 19. Patel DJ. Analysis of Homicidal Deaths in and Around Bastar Region of Chhattisgarh. J Indian Acad Forensic Med. 2012;34(2).
- 20. Mittal S, Chanana A, Rai H, 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.
- 21. Meel BL. Homicide trends in the Mthatha area between 1993 and 2005. S Afr Med J. 2008;98(6):477–80.
- 22. Singh OG, Gupta BD. Evaluation of Mechanical Injuries in Homicidal Deaths (A retrospective study of 5 years). J Indian Acad Forensic Med. 2007;29(3):18–22.
- 23. Kominato Y, Shimada I, Hata N, Takizawa H, Fujikura T. Homicide Patterns in the Toyama Prefecture, Japan. Med Sci Law. 1997;37(4):316–20.
- 24. Karn A, Jha S, Yadav BN, Thakur D. Medicolegal Study of Suspected Homicide Cases in a Teaching Hospital in Eastern Nepal. Health Renaissance. 2011; 9:15–9.
- 25. Soumah MM, Munyali DA, Ndiaye M, Sow ML. Autopsy following death by homicide in 644 cases. J Forensic Legal Med. 2012;19(2):60–4.