

Original Article



Profile of Homicidal Death Cases: A One -Year Retrospective Study

Mustafa Sumon Al Rashid¹, Rowshon Ara Begum², Nahima Akter³, Md Arifuzzaman Chowdhury⁴, Mohammad Shakil⁵

Abstract

Background: Homicide is regarded as a notorious crime against society that causes intentional killing, and aggravated assaults resulting in death. Nowadays, the incidence of homicide is increasing worldwide and it is a matter of great concern all over the world and it has significant consequences for both the social and economic security of the people as well as national development.

Objective: This study aimed to describe the pattern of homicidal behavior and the relationships among socio-demographic characteristics.

Materials and Methods: A cross-sectional study includes 180 homicide cases out of 1296 medico-legal autopsies conducted from July 2021 to June 2022.

Results: A total of 1296 medico-legal autopsies were conducted, out of them 180(13.89%) cases were homicide and others (RTA, suicide, fall from height, poisoning, hanging, burn) were 1116(86.11%). Out of 180 homicidal deaths, most of the cases were in the age group 30-40 years 36.67%, 80% were male and 20% were female, whereas considering religion, the majority were Muslim 86.67%. Among the homicidal deaths married were 83.33% and the common occupation found was Jobholder 21.67%. The most felicitated method of homicide was stab injury 33.33%, 20% of cases were chop wounds, 16.67% of cases were gunshot & strangulation and 13.33% of cases were other causes. Most of the cases were reported under Shahbag 60%.

Conclusion: Stab injury was the most preferred method of homicide in Bangladesh among the victims of the 30-40 years age group. The usefulness of the data in the scientific community is the database of homicide, which should be advantageous for pathologists and forensic scientists' work and, particularly, as a guideline for homicide investigations in Bangladesh.

Keywords: Homicide, Strangulation, Stab wound.

Date of received: 12.11.2023

Date of acceptance: 25.02.2024

DOI: <https://doi.org/10.3329/kyamcj.v15i01.71846>

KYAMC Journal. 2024; 15(01): 25-28.

Introduction

Life and death are the two sides of a coin. When there is birth, death is inevitable. While there is only one way to be born, there are many ways to die.¹ No matter how, when, or what shape death takes, it is always tragic.² Homicide is a legal term for any killing of a human being as a result of the conduct by another.³ Homicide means the act of a human killing a human being. Every kind of civilization finds murder and homicide as very detestable crimes.⁴ The epidemiology of homicidal deaths are multifactorial which are not limited to factors such as the prevalence of weapons of offence as firearms, the age and gender of the victims and assailants, the psychological status of the society, but also effect of the ethnical group in multi-ethnic societies on such deaths.⁵ The increasing availability of automatic weapons has resulted in multiple injuries in victim

of firearm deaths.⁶ The chest, head and abdomen are the areas primarily involved in deaths due to firearms.^{7,8} Homicide ranks in the top ten causes of death globally, as 0.7% deaths in 2017 were the result of homicide. Homicide rate is measured as the number of homicide deaths per 100,000 people. The 2017 statistics estimate that, around 3.9 deaths occur/100,000 South east Asia.⁹

Now-a-days, violence is undoubtedly identified as a universal public health problem. Violence and injuries account for 9% of global mortality and 12% of all disability adjusted life years (DALY).¹⁰ The aim of this study was to study the pattern of homicides and to elucidate the different aspects of homicidal deaths and to draw public attention and awareness regarding current patterns of homicidal offences.

1. Associate Professor, Department of Forensic Medicine & Toxicology, Ad-din Sakina Women's Medical College, Jashore, Bangladesh.
2. Assistant Professor, Forensic Medicine & Toxicology, Khwaja Yunus Ali Medical College, Enayetpur, Sirajgonj, Bangladesh.
3. Consultant, Department of Sonologist, International Medical College, Tongi, Bangladesh.
4. Assistant Professor, Department of Forensic Medicine, Bangabandhu Sheikh Mujib Medical University (BSMMU), Dhaka, Bangladesh.
5. Associate Professor, Department of Community Medicine, Army Medical College, Cumilla, Bangladesh.

Corresponding author: Rowshon Ara Begum, Assistant Professor, Forensic Medicine and Toxicology, Khwaja Yunus Ali Medical College, Enayetpur, Sirajgonj, Bangladesh. Cell: +8801731259810, E-mail: dr.rowshonara@kyamc.edu.bd

Materials and Methods

This record-based retrospective cross-sectional study includes 180 cases of homicide out of the total of 1296 medico-legal autopsies conducted at Forensic Medicine Department of Dhaka Medical College Morgue from July 2021 to June 2022. Data were collected by using a pre-designed format from post-mortem registers and reports. The cases were labeled as homicide according to autopsy and police inquest report. Then the data were compiled and tabulated manually and finally summarized by using frequency and percentages. The process was approved by the ethical committee of the institute.

Results

A total 1296 cases were autopsied during the study period in Dhaka Medical College morgue, of which 180 cases were homicidal death.

Table I Prevalence of homicidal cases 180 (13.89%) among total 1296 autopsy cases.

Table I: Prevalence of homicidal cases among total autopsy cases.

| Nature of death | Frequency | Percentage (%) |
|-----------------|-------------|----------------|
| Homicide | 180 | 13.89 |
| Other cases | 1116 | 86.11 |
| Total | 1296 | 100 |

Table II Distribution of 180 postmortem cases of homicidal death according to the age of the deceased showing most of them were 66 (36.67%) between 30-40 years.

Table II: Distribution of age of the deceased among the homicidal cases (n=180)

| Age group | Number | Percentage (%) |
|--------------|------------|----------------|
| < 30 | 48 | 26.67 |
| 30 -40 | 66 | 36.67 |
| 40 -50 | 36 | 20.00 |
| > 50 | 30 | 16.67 |
| Total | 180 | 100 |

Table III Distribution of homicidal death cases according to the sex of the deceased showing that among 180 homicidal deaths, 80% were male and 20% were female.

Table III: Distribution of sex among the homicidal cases (n=180)

| Sex | Frequency | Percentage (%) |
|--------------|------------|----------------|
| Male | 144 | 80 |
| Female | 36 | 20 |
| Total | 180 | 100 |

Figure 1: shows the distribution of religion among the homicidal cases. The figure is given below device.

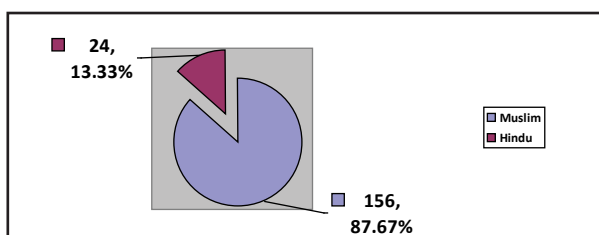


Figure I shows that Majority of the homicidal deaths, 156 (87.67%) occurred among the Muslim people.

Table IV Distribution of the homicidal death cases according to the marital status of the deceases showing majority were among the married 150 (83.33%) persons.

Table V: Marital status among the homicidal cases (n=180)

| Marital status | Frequency | Percentage (%) |
|----------------|------------|----------------|
| Married | 150 | 83.33 |
| Unmarried | 24 | 13.33 |
| Others | 6 | 3.33 |
| Total | 180 | 100 |

Table VI: Occupation of the deceased among the homicidal cases (n=180)

| Occupation | Frequency | Percentage (%) |
|---|------------|----------------|
| Students | 32 | 1.78 |
| House wife | 16 | 8.89 |
| Job holder | 39 | 21.67 |
| Job less | 31 | 17.22 |
| Businessman | 23 | 12.78 |
| Garments worker | 25 | 13.89 |
| Others (day labour, house med, rickshaw puller) | 14 | 7.78 |
| Total | 180 | 100 |

Figure II: shows methods of homicide where stab wound 60 (33.33%). The following figure is given below. (n=180)

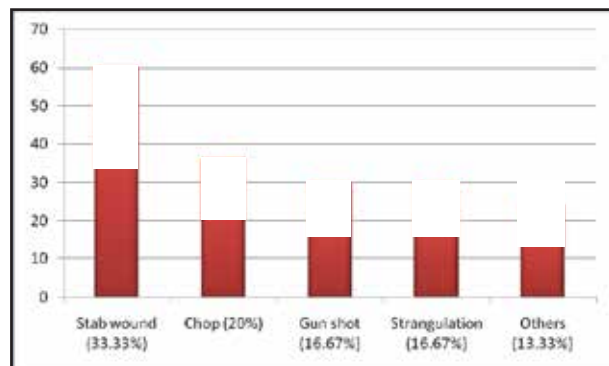


Figure II Distribution of the homicidal death cases according to the methods of homicide showing most common method was Stab injury 33.33% followed by both Gunshot and Strangulation 16.67%.

Table VII Distribution of the 180 homicidal death cases reported in main 6 thanas of Dhaka, among which most were reported under Shahbag thana 108 (60%) followed by Jatrabari 24 (23.33%).

Table VII: Name of the thana reported of homicidal cases (n=180)

| Place of occurrence | Frequency | Percentage (%) |
|---------------------|------------|----------------|
| Shahbag thana | 108 | 60 |
| Hazaribag | 11 | 6.11 |
| Jatrabari | 24 | 23.33 |
| Kamrangichor | 13 | 7.22 |
| Shantinagar | 18 | 10 |
| Shahjahanpur | 6 | 3.33 |
| Total | 180 | 100 |

Discussion

In this study, 180 cases were sorted as homicidal cases, which accounted 13.89% is inconsistent with the result of Rathod VV et al and with Biswas A et al (5.24% and 3.9% respectively) of all unnatural death autopsied.^{6,11} According to the study done by Biswas A et al and Hossain Z et al maximum homicidal cases were in the age group of 31-40 years (39.6 % and 71.15% respectively).^{11,12} But study done by Rathod VV et al and Rahman MS et al observed that maximum age group of homicidal cases were 21-30 years (39.11% and 21.01% respectively) followed by >30 years (26.26% and 71.16% respectively).^{6,13} Whereas in our study, we reported majority cases were in 30-40 years of age group (36.67%), followed by <30 years of age group (26.67%), 40-50 years of age group (20%) and >50 years of age group(16.67%).

It is observed in our study that among the sufferers, male outnumbered the females with the ratio being almost 4:1 which is quite similar to the studies done by Rathod VV et al and Biswas A et al (4:1 and 3.2:1 respectively).^{6,11} The common causes for male predominance may be due to their quantity, unemployment, aggressive nature, lack of patience, intake of alcohol and bad accomplices etc. over female population. The lower incidence in females is mainly attributed to custom, social values and preference of females to stay at home.¹⁰ In the present study, Muslim were 86.67%, followed by Hindus 13.33% of the victims as Bangladesh is a Muslim dominant country. It is thought that conventional religious belief inhibits impulsive wrongdoing in some extent.¹² As for the marital status of the victims in our study, 83.33% were found married and 13.33% unmarried. In case of occupation most of them were Job holder (21.67%), followed by students (17.78%), Job less (17.22%), garments worker (13.89%), Businessman 23(12.78%), house wife (8.89%) and others (7.78%). This scenario explains that most of the victims were attacked for their acquaintance to outsiders as they got to know them in their daily work or by strangers in the way.

Our study reveals that 33.33% cases were reported as Stab wound and 20% cases were chop wound which is nearly close to the studies conducted by Hossain Z et al and Rahman MS et al where Stab and cut throat were the most common method of homicide (58.62% and 62.07% respectively).^{12,13} Although, gunshot wound caused by firearms was the most frequent method to inflict homicide was shown by Alexandri M et al and Al-Azad MAS et al (58.3% and 37.55% respectively) that differs to our result 16.67% .^{14,15}

The cases observed in our study were mostly reported under Shahbag thana 60% followed by Jatrabari thana 23.33%, Shantinagar thana 10%, Kamrangirchor thana 7.22%, Hazaribag thana 6.11% and Shahjahanpur thana 3.33%.

Conclusion

Stab injury was the common homicide method in Bangladesh and the most common age group were 30-40 years. The scientific community finds the homicide database much handy, which may aid the pathologists and forensic scientists in their work and serve as a reference for homicide investigations in Bangladesh.

Acknowledgement

We would like to express thanks to all the concerned persons with data collection of the Department of Forensic Medicine, Dhaka Medical college.

References

- Adelson, L. The pathology of homicide. Charles C Thomas, Springfield, Ill, 1974; 3-4.
- Pathak A, Sharma S. The study of unnatural female deaths in Vadodara city. J Indian Acad Forensic Med 2010; 32(3): 220-223.

3. Mant AK. Taylor's Principles and Practice of Medical Jurisprudence. 13th ed. New Delhi: B.I. Churchill Livingstone, 1994: 215.
4. Pattarapanitchai N, Tiensuwan M, Riengrojpitak S. A Retrospective Study on Homicidal Autopsy Cases at Ramathibodi Hospital in Bangkok Thailand. *Chiang Mai J. Sci.* 2010;37(2): 282-292.
5. Marri MZ, Bashir MZ. An Epidemiology of Homicidal Deaths Due to Rifled Firearms in Peshawar Pakistan. *Journal of the College of Physicians and Surgeons Pakistan.* 2010;20(2): 87-89.
6. Rathod VV, Choudhary UK, Ghormade PS, Keoliya AN. Study of socio-demographic profile of victims in cases of deaths due to homicide. *Indian J Forensic Community Med.* 2020;7(2):66-71.
7. Marri MZ, Bashir MZ, Munawar AZ, Khalil ZH, Khalil IR. Analysis of homicidal deaths in Peshawar, Pakistan. *J Ayub Med Coll (Abbottabad)* 2006; 18(4):30-33.
8. Hussain Z, Shah MM, Afridi HK, Arif M. Homicidal deaths by firearms in Peshawar: an autopsy study. *J Ayub Med Coll (Abbottabad)* 2006; 18(1):44-47.
9. Sashikanth Z. A Comprehensive Study on Homicidal Deaths in a Tertiary Health Care Institution in Nellore, Andhra Pradesh. *Indian Journal of Forensic Medicine & Toxicology.* 2021;15(4): 2927-2936.
10. Mohanty S, Mohanty SK, Patnaik KK. Homicide in southern India-A five-year retrospective study. *Forensic Medicine and Anatomy Research.* 2013;1(2): 18-24.
11. Biswas A, Kumar P, Majumdar S, Chowdhuri S, Ghosal S, Deb PK et al. An Epidemiological Study of Homicidal Cases Autopsied in the Mortuary of the Department of Forensic Medicine and Toxicology, North Bengal, Darjeeling. *Indian Journal of Forensic Medicine & Toxicology.* 2021;15(4): 183-187.
12. Hossain Z, Mannan M, Islam MMU, Kabir HM, Mahmud S. Pattern of Homicidal Death among the post-mortem cases in metropolitan city of Bangladesh. *J Med Res.* 2019; 31(2): 32-35.
13. Rahman MS, Chowdhury MIB, Hossain Z, Islam SA, Akhter S, Hossain MA et al. Pattern of Homicidal Death among the Post-Mortem Cases in A Metropolitan City of Bangladesh. *Journal of Brahmanbaria Medical College.* 2020;2(2): 16-19.
14. Alexandri, M.; Tsellou, M.; Antoniou, A.; Skliros, E.; Koukoulis, A.N.; Bacopoulou, F.; Papadodima, S. et al. Prevalence of Homicide-Suicide Incidents in Greece over 13 Years. *Int. J. Environ. Res. Public Health* 2022, 19, 7736.
15. Al-Azad MAS, Rahman MZ, Ahmad M, Mazumder MRU. Socio-demographic profile of homicidal death of 3005 post-mortem cases. *JAFMC Bangladesh.* 2015;11(1): 30-33.