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Spectrum of non-fatal Inter personal violence cases

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Abstract

A specific aim of this present study was to know the spectrum and epidemiology of non fatal interpersonal violence cases. During the study period 30 cases of assault who visited the casualty of Kanachur Institute of Medical Sciences and Srinivas institute of Medical Sciences Mangalore were studied from the records obtained. The results showed 505 of cases belonged to age group 21-40 years, 70 % of victims were male, 70 % of cases had single assailant, in 43.33% of cases the victim and assailant were acquaintances, 73.33% of injuries were due to blunt force, 48.64% of cases had limb injuries and fractures amounted to 40% of all injuries accounted.

Keywords: interpersonal violence, victim, assailant, fracture

Introduction

Violence amongst humankind is not new. It is ingrained in our evolutionary cycle. Inter personal violence cases are on the rise in recent years. According to the central government statistics, a total of 1050945 cases of offences affecting the human body were recorded in the year 2019 out of which maximum number of cases (545061) were causing simple or grievous hurt ^[1]. In the state of Karnataka a total of 120165 cases of offences against human body were recorded out of which 37097 cases were causing simple or grievous hurt ^[1]. Such cases of assault are initially examined by the duty doctors or casualty medical officers present at the emergency/casualty of the treating hospital. Recently many Medical college hospitals have set up clinical Forensic Medicine units to examine medico legal cases which arrive at the casualty. Assessment classification and recording of injuries is very important legally. The very purpose of assessment and recording the injuries in assault cases is to establish how an injury or wound is caused ^[2]. It is very important to record history as how the injury was caused, type of weapon used, time of assault, relationship between the victim and the assailant etc. In this present research an attempt was made to study the spectrum of non fatal inter personal violence (Assault) cases in a tertiary care centre of Mangalore India.

Materials and Methods

The present retrospective study was done from the year of 2016 at the Department of Forensic Medicine and Toxicology at Kanachur Institute of Medical Sciences, Mangalore and continued in Srinivas Institute of Medical Sciences Mukka Mangalore. All the assault patients who visited the Casualty of Kanachur Institute of Medical Sciences and Srinivas Hospital for the period of study were included. Details of the age, sex, number of assailants, types of injuries, parts of the body involved, duration of hospitalisation were collected, tabulated and subjected to statistical analysis.

Observations & Results

In the present study, the age group of 21-40 years had the greatest number of patients (50%) followed by age group of 41-60 (33.33%). 6.66% of patients belonged to age group 0-20 years and 61-80 years each and 3.35 % of patients belonged to age group >80 years (Table 1) 70 % of patients belonged to male sex and 30% belonged to female sex. (Table 2) 70% of the cases had a single assailant. (Table 3) Out of the total 30 cases the assailant was an acquaintance in 13 cases (43.33%) and in 9 cases the assailant was a relative (Table 4) Out of the total 30 cases, blunt weapons/impact was the cause of injury in 22 cases (73.33%). In 8 cases sharp weapons produced the injuries in the victims (Table 5). Defence wounds were present in only 4 cases (Table 6)

Maximum number of cases (48.64%) of cases had limb injuries (Table 7). Upper limbs were predominantly involved in 11 cases (table 8)

18 victims had multiple injuries. Fractures amounted to 40% of all injuries accounted for followed by contusion seen in 22% of cases and laceration in 20% of cases. (Table 9)

10 patients were discharged from hospital after treatment of 4-7 days, 9 patients were discharged after 8-14 days of admission. 7 cases needed only less than 3 days of admission and 4 cases required more than 14 days of treatment. (Table 10)

Table 1: Age of the patients

Age range (Years)	Number of cases	Percentage
0-20	2	6.66
21-40	15	50
41-60	10	33.33
61-80	2	6.66
>80	1	3.35

Table 2: Sex distribution

Sex	Number of cases	Percentage
Male	21	70
Female	9	30

Table 3: Number of Assailants

Assailants	Number of cases
1	21
2	3
3	2
4	1
Unknown	3

Table 4: Nature of relationship of victim with assailant

Relationship	Number of cases
Relative	9
Acquaintance	13
Unknown	8

Table 5: Type of weapon

Weapon	Number of cases	Percentage
Blunt	22	73.33
Sharp	8	26.67

Table 6: Defence wound

Defence wound	Number of cases
Present	4
Absent	26

Table 7: Site of injury (6 cases had multiple sites of injury)

Site	Number	Percentage
Limbs	18	48.64
Chest	8	21.62
Abdomen	2	5.42
Head	9	24.32

Table 8: Limb injuries (2 cases had both upper and lower limb injuries)

Limb	Number of cases
Upper	11
Lower	7

Table 9: Type of Injury (18 cases had multiple types of injury)

Injury Type	Number	Percentage
Abrasion	3	6
Contusion	11	22
Laceration	10	20
Incised Wound	2	4
Stab	2	4
Chop	2	4
Fracture/Dislocation	20	40

Table 10: Duration of Hospitalization

Duration	Number of cases
< 3 days	7
4- 7 days	10
8- 14 days	9
>14 days	4

Discussion

Study done by a group of researchers in Bristol UK showed that majority of injuries were as a result of blunt force trauma, this finding is in agreement with our present study. Most injuries recorded by them were seen in face the finding is in contrast with the present study [3].

In a study done by Vij *et al.* in Mangalore Karnataka maximum number of victims was male, the finding is similar in the present study [4].

A similar study done on physical assault related injuries done in Nepal showed most number of victims studied were males and blunt force trauma was the cause for majority of injuries. These findings were similar to the present study [5].

A study on homicide done by SS Oberoi *Et al.* in Patiala India showed 2/3rd of all cases studied were male and the age group of 21-30 years was involved in majority of cases which was similar to the present study [6].

A similar male preponderance like the present study in victims of assault was seen in a study done in Haryana India by a group of researchers. The study also showed that the age group of 21-30 years was involved in majority of cases which was similar to the present study [7].

Study done by group of researchers in South Africa on non fatal injuries of inter personal violence cases showed 64% of victims were males and blunt injuries were the most common type of injuries. These finding were similar to the present study [8].

Study done on assault cases At Nagpur India showed Majority of the victims 74.53% of victims were males. The age group of 21-30 years constituted the majority of victims. Blunt force injuries were seen in majority of cases. These findings are in agreement with the present study. The study showed that head and neck were the area commonly involved 41.29% of cases followed by upper limbs in 31.09% of cases. This finding was in contrast with the present study [9].

A similar study done in Indore Madhya Pradesh India by a group of researchers showed 84.02% of victims were males, most common age group affected was 21-30 years, and most common injuries were laceration and contusion. The findings were similar to the present study [10].

A similar study done by group of researchers from Jhapa Nepal showed 70% of total cases studied belonged to male sex and blunt force injuries were common these findings were similar to present study. But the site of injury reported by those researchers was that head and neck area was more involved which was in contrast with the present study [11].

Almost all of the findings in the present study were in line with the findings of studies done by the peers.

Conclusion

The present study shows that males are more prone to inter personal violence. The age group of 21-40 years are mostly involved as they venture out in the society the most. Limbs are most commonly injured in violence; the reason for the same may be limbs are used in defence against assault. Blunt force injuries are more common in victims because the ready availability of blunt objects in the surroundings.

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Conflict of Interest

NIL

References

1. <https://ncrb.gov.in/sites/default/files/CII%202019%20Volume%201.pdf> as accessed on 04/04/2020 at 09:45.
2. Margaret M Stark. Clinical Forensic Medicine A Physicians Guide. 2nd Ed. New Jersey: Humana Press; 2005, 128.
3. Shepherd JP, Shapland M, Pearce NX, Sully Pattern C. severity and aetiology of injuries in victims of assault. J R Soc Med 1990;83(2):75-8.
4. Vij A, Menon A, Menezes RG, Kanchan T, Rastogi P. A retrospective review of homicides in Mangalore, South India. J Forensic Leg Med 2010;17:312-5.
5. Subba SH, Binu VS, Menezes RG, Kumar V, Rana MS. Physical assault related injuries in Western Nepal-a hospital based retrospective study. Journal of forensic and legal medicine 2010;17(4):203-8.
6. Oberoi SS, Agrawal KK, Bhullar DS, Agrawal AD, Walia DS, Singh SP *et al*. Profile of Assault Cases in Patiala. J Punjab Acad Forensic Med Toxicol 2012;12(1):17-21.
7. Malik Y, Chawla R, Sharma G, Malik P, Singh R, Tripathi A. Profile of Medico-legal cases in casualty of a Rural Medical College of Haryana. J Indian Academy Forensic Med 2013; 35(4):367.
8. Saimen A, Gordon G, Govender I. Non-fatal injuries of interpersonal violence at the Leratong Provincial Hospital, South Africa. South African family practice. 2016;58(3):80-86.
9. Gorakhnath VS, Laxman GP. The study of assault cases in Clinical Forensic Medicine unit at Apex institute. IJSR 2017;6(8):163-165.
10. Tomar JS, Soni S, Singh BK, Agarwal R. Clinico-Epidemiological profile of assault cases at a tertiary center in Indore. Int J Forensic Med Toxicol Sci 2019; 4(2):39-41.
11. Archana C, Srijana K, Samjhana G, Harihar W. Patterns and Severity of Injuries in Patients Following Physical Assault– A Medicolegal Aspects. Egneuro 2020;02(02):16-20.