Original Research Paper

Femicide: A Retrospective Study in Indian Scenario

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Abstract

Femicide is considered as killing of women, regardless of motive or perpetrator status. In India, violence and crimes against women like rape, kidnapping & abduction, murder and dowry death have increased over the years and evolved as a major social problem. To find out correlation between the crime and social status of victim, the present study was carried out to analyse different aspects of femicide from victims' profile. This retrospective study analysed 150 cases of femicide, which had been brought for medico-legal autopsy during a period of five years (November 2006 to October 2011). Females of 11-40 years of age were the common victims. In most of the killings, the alleged offender was a male relative of the victim. In majority of the cases, the weapons used were either hard & blunt or sharp cutting without any defence wounds. Death was commonly due to cranio cerebral injuries. Majority of the victims were illiterate, married, hailing from rural population & economically backward class and housewives by occupation. The findings may help the State and law making agencies to improve certain social issues, which indirectly reduce the crime against women.

Key Words: Autopsy; Familial Disharmony; Femicide; Own House; Relative

Introduction:

Femicide was first used in England in 1801 to signify the killing of a woman. [1] Russell defined the term femicide as the killing of females by males because they are female. [2] These include mutilation murder, rape murder, woman battery, wife killing and immolation of widows in India while honour crimes in Middle East countries. Again femicide was redefined as all killings of women, regardless of motive or perpetrator status. [3] Roughly 66,000 women are violently killed around the world each year, accounting for around 17% of all intentional homicides. [4]

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Analysing the global data on homicide, it was observed that almost 80% of victims were men and most perpetrators were also men.

Why should we discuss femicide then? Because the great majority of women were killed in the domestic context and this was not limited to any specific country or region.

In Europe, women were killed by a family member in 50% of cases from 2008 to 2010 while for men, it was just 15%. There was a clear relation between the killing of women and the killing due to partner and family violence.

In North America, the per cent of family and intimate partner violence related femicide reaches 70%. [5] According to NCRB, [6] violence and crimes against women like rape, kidnapping, abduction, murder and dowry death have increased over the years in India.

In the year 2011, female homicide constituted 26.9% of total homicide, which was 9.9% increase over the year 2010. The incidence of dowry deaths during 2011 had increased by 25.8% over the year 2001. A study in India [7] observed that out of 152 burnt wives, 47 cases (31%) were homicidal in nature.

Since ancient days, femicide has been prevalent in our male dominated society, where the males have the mind-set to use the females as an article. In the present era, after evolution, urbanisation, improvement in socio-economic status, openness in political and religious thoughts, the society believes that women have the right to be free from all kind of violence.

Femicide is not only a crime but also a violation of women's basic human rights. Still then incidence of femicide is gradually increasing day by day. Though the incidence, pattern and methods of femicide are varying from region to region, culture to culture and time to time, but the most common element is that, it is a gender biased killing of females in a domestic environment.

Certain factors like poverty, unemployment, illiteracy & lack of awareness towards female education. poor family atmosphere, early marriage, rejection and frustration, disbelief, lack of understanding, male dominance, alcohol & drugs abuse, illicit sexual relations and fear of infidelity strongly trigger the expression of aggressive and violent behaviour against the females.

The present study has been undertaken to explore those different aspects of femicide in relation to victims' profile with specific emphasis on changing pattern in the present scenario.

Materials and Methods:

This study was carried out over a period of five years starting from 1st November 2006 to 31st October 2011 in the Department of Forensic Medicine and Toxicology, M.K.C.G. Medical College & Hospital, Berhampur, India.

Being the referral centre, it receives cadavers from the Berhampur city and outskirt villages in the district of Ganjam and also neighbouring districts of southern Odisha. A total of 1701 medico-legal autopsies were conducted during the above mentioned period.

Out of 590 established homicidal cases, 150 cases of femicide were taken as study material. All unnatural deaths, where the cause of death could not be ascertained due to insufficient/improper history, gross decomposition and inadequate finding, were excluded from the study.

The history and sociological aspects of deceased were obtained from accompanying persons/relatives and police as per the predesigned proforma. Each homicidal case was examined and evaluated at autopsy, both externally and internally. Emphasis was given on presence of any mechanical injury causing death, signs of struggle or defence wounds.

Simultaneously Dead body challan, Inquest report, Bed head tickets from hospital (if available) were studied. Qualitative estimation of alcohol was carried out in the departmental laboratory by subjecting vitreous fluid to dichromate test to find out the simultaneous intake of alcohol by the victim in all cases except in those cases where vitreous was decomposed, body was extensively burnt and victims of less than 10 years of age.

In the present study, depending on the prevailing standard, socioeconomic statuses were categorized as low, middle and high depending upon the income per family per year i.e. up to Rs. 0.1 million as low, Rs. 0.1-0.3 million as medium and more than Rs. 0.3 million as high. The educational status has been classified as illiterate who are not able to read or write, Primary-up to class VII, higher Secondary (from Class VIII-X) and College and above.

The victims belonging to areas under Notified area council and Municipal Corporation were considered as urban group while other cases reported from nearby Panchayat areas were considered as rural group.

To evaluate seasonal occurrence of crime the year was divided into summer (March to June), rainy (July to September) and winter (October to February), which are more or less the main seasons of India. Statistical Analysis was done using SPSS software. The data collected were analysed by using chi-square test. The p-value ($p \le 0.05$) was considered as statistically significant.

Observations and Result:

In present study out of 590 homicidal cases, 150 cases (25.42%) were femicide. About 60% of the victims were from 11-40 years of age. (Fig. 1) In majority of cases, the weapons used were either hard & blunt or sharp cutting edge. (Table 2) but defence wounds were absent in most of victims. (Fig. 5)

In our study familial disharmony was the chief cause in half of the femicide. (Fig. 2) In most of the killings, male person (p<0.0001) was the alleged accused (Table 1), who was a family relative of the victim. (Fig. 3)

It was seen in this study that Victims' own house was the scene of crime in 70% cases. (Fig.4) Death was due to head injuries in 36.67% of cases. (Fig. 6) More than 80% of the victims were not addicted to tobacco or alcohol. (Table 3) Almost all the victims were Hindu and from rural background in this study. (Table 4)

Majority of the victims were from low economic status (73.33%) and either illiterate (60%) or educated only up to primary school level. (Table 4) Majority of the victims were married (67%) and housewives (56.67%) by occupation. (Table 4) Half of the incidents occurred during day time with almost equal number of cases seen during summer & rainy season.

Discussion:

The incidence of the crime is almost the same as different studies carried out in different parts of India [8-10] and Malaysia. [11]The lower percentage of femicide in comparison to males mainly attributed to their custom, social values and preference to stay inside the houses.

But in contrast, studies from USA, [12] Turkey, [13] Egypt [14] and Pakistan [15] revealed lower incidence of female killing and at the same time higher incidences were observed in studies from Norway & Denmark [16] Poland [17] and Australia. [18]

Other prominent factors like poverty, animosity and loss of faith and confidence among various relationships, loopholes on the part of the law enforcing agencies and judiciary also play their part to the increased trend of femicide. Subsequently on age wise study, majority of victims (60%) belonged to 11-40 years of age group, almost similar to studies conducted in USA, Turkey, Norway & Denmark and South Africa.[12, 13, 16, 19, 20]

Least number of cases was reported at the extremes of age. This vulnerability of females in the active period of their social life could probably due to the resultant effect of youth, non-tolerance to psychosocial and sexual harassment, the attitude to retaliate and fight for their rights.

Familial disharmony came out as the most common cause behind the heinous act against the women, consistent with other studies in Norway & Denmark, Australia and London. [16, 18, 21] Lack of mutual trust & understanding amongst couples, sexual starvation, issueless for years, fear of infidelity, poverty and illiteracy are the factors which destroy the harmony in the family, ending with the violent act. Dowry was the cause in 16.67 % of cases. In 2 cases, murder was committed after sexual assault.

Accused alleged were mostly the males. In almost 90% of cases, the victim and alleged offender were known to each other consistent with other studies [18, 22] and to the surprise, they were family relatives in almost 65% cases i.e. may be husband, son and brother-in-law. Studies worldwide also reflect a similar picture.

Majority of female victims were killed by their spouse, [9, 16] close acquaintances, [20, 21] a relative, [22, 23] and intimate relation. [19, 24] In the present study, single offender was alleged in most of the cases but in case of dowry deaths, the alleged offenders were more than one & of both sexes. Due to psychosocial and hormonal factors, males are the usual offenders. The male dominant mind set, selfishness, illicit sexual relations, personal benefits and shattered moral & social values have increased the violence against females in domestic environment.

Females were paradoxically exposed to more dangerous or lethal attacks in the assumed safe & secure place i.e. four walls of their own house which is consistent with different studies in India, [9] Norway & Denmark, [16, 25] Australia, [18] South Africa, [19, 20] UK, [21] and USA. [22, 24] The preponderance of indoor occurrence of crime could be because most of victims were usually confined to the house and killed by relatives.

Hard and blunt weapons followed by sharp cutting instruments were more commonly used than strangulation. Not a single case of firearm death was reported. Different worldwide studies represented different picture. Blunt trauma was more common in India, USA and Germany, [9, 22, 26] whereas sharp cutting weapons were common in Norway & Denmark and Australia. [16, 18]

Firearms were described as the most common weapon of offence in USA, South Africa and Canada. [12, 19, 27] When any person comes in the heat of passion in the domestic circuit, he finds the common household articles present at hand to use as a weapon of offence. The use of firearm in the rural population of this locality is very rare. This is probably due to non-availability of the firearms to the poor farmers quiet easily.

Defence wounds are the results of the immediate and instinctive reaction of the victim to save herself by raising the arm or grasping the weapon to ward off the attack. In 22 cases, where sharp & blunt weapon were used for killing, defence wounds were absent in most of the victims (90.9%) which is consistent with other study from India. [28]

The females were usually killed by close acquaintances in the family where the victim hardly expects such a lethal attack and also it is presumed that females can be overpowered easily & in some instances involvement of multiple assailants reduce the chance to defend.

Head injuries were the most common cause of death which is almost consistent with other study from India. [9] This can be attributed to the fact of availability of hard and blunt household article which had been used as a murder weapon.

It was noted that, majority of the victims were non addict. Qualitative analysis of alcohol in vitreous fluid was done in 19 cases. Not a single case was found positive for alcohol, which suggested that, none of the female victims had consumed alcohol prior to their demise.

A study in Turkey [13] reported blood alcohol only in 2 cases of female homicide. But in contrast, high prevalence of blood alcohol was observed in Norway & Denmark, [16] Australia [18] and South Africa. [20]

Due to socio-cultural practices in this part of India, the alcohol consumption or addiction to any substance is very insignificant in rural female population.

In an effort to establish any relationship of blood group with susceptibility to femicide, it was observed that victims of 'B' group (42.85%) were more than 'A' (28.57%) groups.

Majority of the victims were Rh +ve. Just contrast to this, in the population in India [29] 'O' group (37%) is the predominant blood group followed by 'B' group (33%), 'A' group (22%) and 'AB' group (7%).

Lester D and Hathaway D [30] pointed out that in samples of organ donors, homicide victims had significantly more individuals with type O and type B. The more number of femicide victims having B blood group could not be explained and demands further studies.

Most of the victims were from Hindu community hailing from rural areas, similar to other studies [9, 31] and this was as per the relative population structure prevailing in this region. Females of low socioeconomic group and illiterate females (60%) were most common sufferers and the incidence decreases with higher education as supported by similar studies from India [9] and USA. [12]

Married females (67.67%) were most commonly exposed to this heinous crime, similar to studies in Poland and Australia. [17, 18] Most of them were housewives, very similar to studies from India and South Africa. [9, 19, 32]

There is always lack of care & attention towards female education in large families with low economic status. Early marriages are much more prevalent in this region mostly due to custom and social beliefs.

Due to lack of understanding in between the couple & family, usually they are unable to solve the disputes in family through dialogue.

Ultimately poverty, poor education and economical dependency of females appear to be vital factors in femicide. Same number of cases had occurred during day and night indicating no substantial diurnal variation, so also no seasonal variation as almost equal number of cases were reported during summer and rainy season contrast to a study in South Africa [20] which described winter to summer as predominant season.

Conclusion:

Up to date knowledge of the prevailing trends of femicide may help the law makers in preventing this heinous crime, though this could be a Himalavan task.

But to decrease the rates of femicide substantially, certain fruitful steps can be taken like uplifting the social life of the female, alleviating illiteracy by rural educational programs, providing economic independence by creating better job opportunities for the females, prohibition or restricted sale of alcohol, safe guarding their interests and rights, awareness programmes to eradicate various superstitions. etc. Along with the socioeconomic improvement, the crime investigating agencies including medico legal aspects and judiciary system is to be strengthened so that the laws can be enforced stringently.

A wide range of further investigation especially on the effects of surroundings, inherent characteristics and psychiatric illness can be carried out on the victims to point out some more predisposing factors which on use can prevent femicide to a large extent.

Assessing the burden of the issue on the socio-economic, cultural and multidirectional after effects, we feel that continuous research in this field is the need of the hour, to divulge various factors and implement strategies to prevent loss of innocent lives.

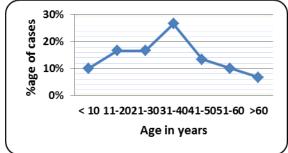
References:

- Corry, John. A Satirical Review of London at the Commencement 1. of the Nineteenth Century. Edinburgh: T. Hurst, Paternoster-Row; Ogilvy and Son, Holborn; R. Ogle, Turnstile; and Ogle and Aikman(1801)
- 2 Russell Diana E.H. Defining femicide and related concepts. In: Russell Diana E.H. and Harmes Roberta A, (eds.). Femicide in Global Perspective. New York: Teachers College Press, 2001: p. 12-28.
- 3 Campbell, Jacquelyn C., Runyan Carol W. Femicide: Guest Editors Introduction. Homicide Studies, 1998; 2 (4), 347-352
- Global burden of armed violence report, 2011. 4th chapter available 4 at http://www.genevadeclaration.org/measurability/global-burden-ofarmed-violence/global-burden-of-armed-violence-2011.html. Accessed on January 24, 2013.
- 5. Me Angela. The killing of women in the context of global homicide. Paper presented in The Global Study of Homicide, Vienna. 2012. Available at http://acuns.org/wp-content/uploads/2012/05/Killingof-Women-Me.pdf. Accessed on January 22, 2013.
- 6. NCRB, 2011. Available at http://ncrb.gov.in. Accessed on January 20, 2013
- 7. Kumar V, Tripathi CB. Burnt wives: a study of homicides. Med Sci. Law. 2004 Jan; 44(1):55-60.
- Gupta A, Mukta R, Mittal A K, et al. A study of homicidal deaths in 8 Delhi. Med Sci. Law, 2004: 44(2):127-132 Mohanty MK, Panigrahi MK, Mohanty S, et al. Victimiologic study
- 9. of female homicide. Leg Med (Tokyo). 2004 Jul; 6(3):151-6
- 10. Shivkumar B.C, Vishwanath D, Srivastava P.C. Trends of Homicidal deaths at a tertiary care centre, Bengaluru. JIAFM 2011; 33 (2): 120-125
- Bhupinder S, Kumara TK, Syed AM. Pattern of homicidal deaths 11. autopsied at Penang Hospital, Malaysia, 2007-2009: A preliminary study. Malays J Pathol. 2010 Dec; 32(2):81-6

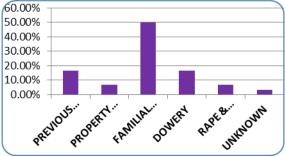
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- Velis E, Shaw G, Whiteman AS. Victim's profile analysis reveals homicide affinity for minorities and the youth. J Inj Violence Res.2010 June; 2(2): 67–74.
- Hilal A, Cekin N, Gülmen MK, et al. Homicide in Adana, Turkey: a 5-year review. Am J Forensic Med Pathol. 2005 Jun; 26(2):141-5.
- Madadin M, Eldosary M, Almoghaniem S, et al. Homicidal deaths In Dammam, Kingdom of Saudi Arabia. Egyptian Journal of Forensic Sciences. 2011; 1(3):114-117
- Marri MZ, Bashir MZ, Munawar AZ, et al. Analysis of homicidal deaths in Peshawar, Pakistan. J Ayub Med College Abbottabad. 2006 Oct-Dec; 18(4):30-3.
- Rogde S, Hougen HP, Poulsen K. Homicide by sharp force in two Scandinavian capitals. Forensic Sci Int. 2000 Mar 27; 109(2):135-45.
- Niemcunowicz-Janica A, Janica J, Rydzewska-Dudek M, et al. Medico-legal and victimology aspects of homicides in the material of Bialystok Institute of Forensic Medicine in the years 1982-2003. Arch Med Sadowej Kryminol. 2006 Jan-Mar; 56(1):5-8.
- Mouzos J. Femicide: an overview of major findings. In: Trends & Issues in Crime and Criminal Justice [No. 124]. Canberra, Australia: Australian Institute of Criminology; 1999.
- Mathews S, Abrahams N, Jewkes R, et al. Injury patterns of female homicide victims in South Africa. J Trauma. 2009 Jul; 67(1):168-72.
- Suffla S, Van Niekerk A, Arendse N. Female homicidal strangulation in urban South Africa. BMC Public Health 2008; 8:363.
- Henderson JP, Morgan SE, Patel F, et al. Patterns of non-firearm homicide. J Clin Forensic Med. 2005 Jun; 12(3):128-32.
- Pratt C, Deosaransingh K. Gender differences in homicide in Contra Costa County, California: 1982-1993. Am J Prev Med. 1997 Nov-Dec; 13(6 Suppl):19-24.
- Inoue H, Ikeda N, Ito T, et al. Homicidal sharp force injuries inflicted by family members or relatives. Med Sci Law. 2006;46(2) : 135-140
- Sanford C, Marshall SW, Martin SL, et al. Deaths from violence in North Carolina, 2004: how deaths differ in females and males. *Inj Prev.* 2006 Dec; 12Suppl 2:ii10-ii16.
- Rogde S, Hougen H P and Poulsen K. Homicide by blunt force in 2 Scandinavian capitals. Am j forensic Med and Pathol.2003;24(3):288-291
- Fischer J, Kleemann WJ, Tröger HD. Types of trauma in cases of homicide. Forensic Sci Int. 1994 Oct 21; 68(3):161-7
- Avis SP. "Homicide in New foundland; A nine year review". J Forensic Sci. 1996;41(1):101-105
- Prajapati P, Sheikh M I, Patel S. A study of homicidal deaths by mechanical injuries in Surat, Gujarat. JIAFM 2010; 32(2): 134-38
- Racial and ethnic distribution of blood groups. Available at http://www.bloodbook.com/world-abo.html. Accessed on January 22, 2013.
- Lester D, Hathaway D. Blood type, homicide and suicide. Psychol Rep.2010; Apr; 106(2):405-6.
- Buchade D, Mohite S. Trends in culpable homicide amounting to murder in the city of Greater Mumbai- A five year study. Medicolegal update. 2010;10(1):12-14
- Gupta S, Prajapati P, Kumar S. Victimology of Homicide A Surat, (South Gujarat) Based Study. JIAFM 2007; 29 (3); 29-34.

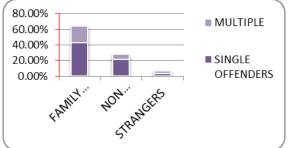
Fig. 1: Age Distribution of Victims

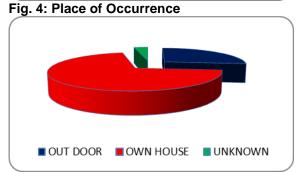














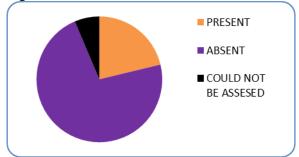
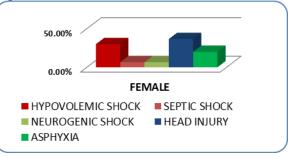


Fig. 6: Causes of Death



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Table 1: Alleged Offenders

Alleged Offenders	Cases	%
Male accused	115	76.67
Female accused	5	3.33
Both	20	13.33
Unknown	10	6.67
Total	150	100.00
χ2 = 42.7, d. f. = 3, p < 0	.001	•
Table 2: Commo	n Methods Us	sed in Femicide
Weapons used	Cases	%
Sharp cutting	50	33.33
Hard & blunt	60	40
Strangulation	15	10
Thermal	20	13.33
Others	5	3.33
Total	150	100
χ2 = 19.92, d. f. = 4, p <	0.0005	
Table 3: Addiction	on Status of V	ictims
H/o addiction	Cases	%
Tobacco	5	3.33
Alcohol	0	0.00
Alcohol & tobacco	5	3.33
Non-addiction	130	86.67
Unknown	10	6.67
Total	150	100.00
χ2 = 69.1, d. f. = 4, p < 0	0001	

Table 4: Socio-Demographic Profile

Area of domicile	Cases	%
Rural	145	96.67
Urban	5	3.33
	150	100.00
χ2 = 41.76, d. f. = 1, p < 0.00	001	
Socio-economic Status		
Low	110	73.33
Medium	25	16.67
High	5	3.33
Unknown	10	6.67
	150	100.00
χ2 = 39.45, d. f. = 3, p < 0.00)1	
Educational status		
Illiterate	90	60.00
Primary	30	20.00
High school	10	6.67
College	10	6.67
Unknown	10	6.67
	150	100.00
χ2 = 30, d. f. = 4, <i>p</i> < 0.0001		
Marital status		
Married	100	66.67
Unmarried	35	23.33
Widow	10	6.67
Divorcee	0	0.00
Unknown	5	3.33
	150	100.00
χ2 = 47.96, d. f. = 4, <i>p</i> < 0.00	001	
Occupational status		
Housewife	85	56.67
Labourer	20	13.33
Farmer	15	10.00
Dependent	15	10.00
Student	5	3.33
Unknown	10	6.67
	150	100.00
	100	100.00