

Original Research Paper

Pattern of Defence Injuries in Homicidal Deaths

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Abstract

Defence wounds are injuries which are suffered by an individual in an attempt to save oneself from assault or while defending oneself from the offenders. Based on the presence of such injuries it can be opined that the victim was conscious, could comprehend the attack and provided resistance during the assault. The type of injury sustained also gives an idea regarding the weapon of offence. This study is a retrospective study conducted at Mysore Medical College & Research Institute, Mysore. The study was conducted for a period of five years 2008 – 2013. Of the total 216 cases of homicide during this period 88 cases had defence injuries. Males outnumbered females in presence of defence injuries. Sharp weapon was used in 64.8% cases where as blunt weapon in 21.6% cases. The probability that defence injuries can be seen is rising with the number of wounds. Forearm was the commonest site of defence injuries.

Key Words: Defence wound, Injuries, Assault, Weapon of Offence

Introduction:

Homicidal crimes are as old as the existence of human civilization. Since time immemorial revenge, family feuds, anger, jealousy and other personal motives have been the precipitating cause for murder.

Rapid increase in population, urbanization and industrialization has led to an increase in the incidence of murder for gain, robbery, dacoity, etc. Defence wounds are the result of immediate and instinctive reaction of the victim to save himself. [1] Defence wounds are usually noted in those cases where the assault occurred at close range.

Defence wounds are of great significance in differentiating manner of unnatural deaths i.e. homicide, suicide and accident. In an assault, the natural reaction of the victim is to protect oneself and certain vital parts of the body like eyes, face, chest and head. Forearms, hands, elbows and legs are raised instinctively; hence defence wounds are more common on these parts of body.

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Defence wound depends on suddenness of assault and other factors like type of weapon used, Nature of wound, Intoxication, Position of assailant and victim.

Presence of defence wounds indicate that victim was conscious, partly mobile and was not taken completely by surprise or was not taken unaware. [2] Absence of defence wounds in few cases of homicides does not mean that defensive activity did not take place and hence does not rule out the possibility of homicide.

In females defence wound at times indicate sexual assault apart from homicide. [1] Also defence wound forms a valuable evidence for reconstructing the fatal incidence in homicidal deaths. [3] The defence wounds are classified into active and passive wounds.

Active defence wounds occur when the victim grasps the knife with hand and the injury thus located on palmer aspect of hand. The passive wound is sustained when the victim raises their hands or arms to protect the attacked body region and in this case the injuries will primarily be located on the extensor side. [4]

Materials and Methods:

This retrospective study was conducted at Mysore Medical College and Research Institute, Mysore for a period of 5 years from 2008-2013. A total of 216 cases of homicide were conducted during this period.

Details of the cases were obtained from police inquest reports, hospital case records and autopsy report. All the injuries mentioned the PM reports were noted and then the defence injuries were sorted out. The defence wounds thus

sorted were analysed in a systematic way.

Results:

Out of the 216 cases of homicide on which autopsy were conducted during this period 88 cases showed presence of defence injuries. (Table 1) In total of 88 cases 75 were males and 13 were females. Males were more defensive than females. The commonest age group was 21-30 years. In our study among the 216 homicide cases 129 deaths were due to sharp weapons out of which 44.2% showed presence of defence wounds. Among the 61 deaths due to blunt weapons 31.1% showed defence wounds.

In 26 deaths both sharp and blunt weapons were used and defence wounds were present in 46.2%. (Table 2)

Present study showed that the forearm was the most common site (29 out of 88) and arm as the least common site (3 out of 88) for the presence of defence injuries. (Table 3)

In this study passive defence wounds were the commonest followed by mixed and active defence wounds respectively. Incised wounds are the commonest type of defence wounds in our study. Fracture was the least common type of defence injuries.

An attempt was made in our study to correlate the presence of defence injuries with the total number of injuries present in the victim.

In 89.5% of the defence injuries due to hard and blunt weapons more than 4 injuries were present. In 68.4% of the defence injuries due to sharp weapons more than 4 injuries were present. In 75% of the defence injuries due to both sharp and blunt weapons more than 4 injuries were present. (Table 4, 5 and 6)

Discussion:

In our study the incidence of defence wounds is 40.7%, which indicate that in all these cases the victims could apprehend the attack just prior to the moment of assault. Thus they sustained defence injuries. This study was in correlation with the findings of Mohanty and Saurabh Chattopadhyay [5, 6] but contrast to Singh [7] and Gupta [8] study.

Males out-numbered females. It may be due to the fact that males are more often the victims compared with females. Males have more resistance power to physically ward off an attack. This may be due to the dominant and outdoor works of males. Many studies were in agreement with our study. [5, 6, 9] However the study conducted by Katkichi [10] was in contrast to our study.

Sharp-edged weapons were used in 57 cases and hence incised wounds were the most common type of defence wounds noted in this

study. Pollak [11] found that the frequency of defence injuries among victims killed by sharp force ranges between 30% and 50%. In our study 19 out of 61 cases showed presence of defence wounds. In the study conducted by Sheikh [3] defence wounds by blunt objects were 35.19% cases.

Metter [12] in his study reported incised wounds to be the most common defence injury followed by stab wounds and cutting through.

The commonest site involved in defence is forearm, followed by hand in our study. Forearm is the commonest site both in sharp cutting and blunt weapon similar to others. [5, 10] Forearm is the most movable part of upper arm and its extensor surface is more resistant to trauma as compared to other surfaces.

The forearm and the hand sustained most of the injuries as it is a natural instinct to fend off an offending weapon by the hand or the forearm. In cases where the victim were cornered and more than one assailant were present. The defence wounds were present in multiple places including upper limb, lower limb and back. The chances of production of defence wounds was maximum when there were more than 4 injuries in total on the body, whether it was due to sharp, blunt or both.

The reason for this could be as if a single wound was fatal and death was sudden the defence wound were not produced. When the injuries were more than 4 and death was prolonged the victim the victim had a high chance of defending himself.

Conclusion:

The presence of defence injuries on the body strongly supports the opinion of the autopsy surgeon to establish the homicidal manner of death. Defence wound in homicidal cases is not only indicating the alertness of the victim but also the relative position of assailant and victim and types of weapon used.

Meticulous post mortem examination should be done before designating an injury as a defence wound. The fabricated nature of the Defence wound in homicidal cases has to be ruled out as this may lead to mal administration of justice. Defence wounds also indicate the relative position of assailant and victim and types of weapon used.

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Table 1: Incidence of Defence Wounds

Defence Wound	Cases(216)
Total homicidal cases	216
Defence wounds present	88(40.7%)
Defence wounds absent	128(59.3%)

Table 2: Type of Weapons producing Defence Injuries

Type of Weapon	Cases
Sharp weapon	57 out of 129 cases
Blunt weapon	19 out of 61 cases
Both sharp and blunt weapon	12 out of 26 cases
Total	88 of 216 cases

Table 3: Site involved in Defence Injuries

Site	Cases (88)
Dorsum aspect of hand	20
Palmar aspect of hand	9
Forearm	29
Arm	3
Multiple sites	27

Table 4: Co- relation between Defence Injuries and Total Number of Injuries in Deaths caused by Hard and Blunt Objects

Total number of injuries caused by hard and blunt objects	Defence injuries	
	Present(19)	Absent(42)
>4 injuries	17	39
2 - 4 injuries	2	17
Single injury	0	5

Table 5: Co- relation between Defence Injuries and Total Number of Injuries in Deaths caused by Sharp Objects

Total number of injuries caused by sharp objects	Defence injuries	
	Present(57)	Absent(72)
>4 injuries	39	05
2 - 4 injuries	18	46
Single injury	00	21

Table 6: Co- relation between Defence Injuries and Total Number of Injuries in Deaths caused by both Blunt and Sharp objects

Total number of injuries caused by both blunt & sharp objects	Defence injuries	
	Present(12)	Absent(14)
>4 injuries	09	03
2 - 4 injuries	03	11