Domestic Homicide: A Forensic Approach

Lăcrămioara BĂLAN

DOI: http://dx.doi.org/10.18662/eljpa.2014.0101.05

European Journal of Law and Public Administration, 2014, Issue 1, July, pp. 69-76

Published by:
Lumen Publishing House

On behalf of:
Stefan cel Mare University from Suceava, Faculty of Economics and Public Administration, Department of Law and Public Administration
DOMESTIC HOMICIDE: A FORENSIC APPROACH

Lăcrămioara BĂLAN

Abstract
The domestic homicide represents the most serious and radical offence which can be committed against a family or household member.

This offence was analysed in a study based on cases occurring between the years 2008 and 2013 that had been solved by the Medical Examiner's Office in Suceava, on a representative group, using data from forensic autopsy reports and from reports provided by the police and the Public Prosecutor's Office in Suceava region. By analysing the domestic homicide cases, it can be easily seen that from the total number of 84 cases, 23 were domestic homicides, representing 27.13%. This crime can be committed against both sexes, male and female. The total number of female victims (6) overcomes the one of male victims (10). The number of victims of both sexes in rural regions is considerably larger than the one in urban ones (27/10). The highest frequency of domestic homicides concerns female victims from the age group 61-70 (26.3%) and male victims from the age group 51-60 (38.8%). In the cases where the victim is a man, the aggressors are the wives (27.77%), the sons (27.77%), the siblings (1 case), the nephews/grandsons (1 case) and the sons-in-law (1 case). In the cases in which the victim is a woman, the aggressors are the husbands (57.89%), the cohabiters (2 cases), the sons (1 case) and the nieces/granddaughters (1 case). The thoracic traumas are the most frequent injuries (38), followed by polytraumas (18), cranioencephalic traumas (16), cervical traumas (8) and abdominal traumas (4). Finally, based on the results of statistical-analytic study and using the epistemology criteria it was designed a pattern for "domestic homicide forensic investigation". The consequences of violence are profound and can have a great influence upon the health and the well-being of the individual, as well as upon the "health" state of the entire community.

Keywords:
domestic homicide, fatal traumatic lesions in homicide

---

1 Lecturer PhD., Department of Health and Human Development in the “Stefan cel Mare” University from Suceava; Forensic Pathologist, lacramioarab@seap.usv.ro
INTRODUCTION

The domestic homicide represents the most serious and radical offence which can be committed against a member of the family or household representing the tip of the iceberg of family violence.

MATERIALS AND METHODS

We analysed this offense in a study based on the domestic homicide cases registered between 2008 and 2013 at the Medical Examiner’s Office in Suceava, on a representative group for the considered area, using data from forensic autopsy reports and from reports provided by the police and Public Prosecutor’s Office, reporting a total number of 23 domestic homicide cases, representing 27.13% of the total number of homicide cases (84), 3.05% of all violent deaths (2275) and 1.4% of the overall total of registered deaths (5500).

RESULTS AND DISCUSSION

The investigations conducted on domestic homicide led to the following conclusions:

The temporal evolution of domestic homicide cases during the years 2008 and 2013 shows that the maximum number of cases were registered in 2008 (29.72% of all cases) followed by a relatively constant decrease until 2012 (Table no. 1).

Table no. 1  The evolution of domestic homicide cases

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of homicides in the county region</th>
<th>No. of domestic homicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>21</td>
<td>7</td>
</tr>
<tr>
<td>2009</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>2010</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>2011</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>2012</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>2013</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>84</td>
<td>23</td>
</tr>
</tbody>
</table>
Of the total number of victims of domestic homicide during the six years, it is found that the number of female victims (51%) is larger than the number of male victims (49%). (Chart no. 1)

![Chart no. 1](image)

**Chart no. 1** The evolution of interfamily homicides by gender

Considering the area of residence, it can be observed the prevalence of domestic homicides in rural areas - cases (73%) against those committed in urban areas - cases (27%). The male / female ratio for the urban areas equals 1 and is relatively similar to the male / female ratio for rural areas, which equals 0.92. The ratio of men – rural areas / men – urban areas is 2.6 and the ratio of women – rural areas / women urban areas is 2.8.

By analysing the distribution of domestic homicide by age, it is found that the highest frequency of male homicide victims occurs in the age groups 41-50 (38.88%) and 71-80 years (22, 22%), whereas the frequency of female victims is highest in the age group 61-70 (26.30%) and lower in the age groups 31-40, 41-50 and 51-60 (15.78%). (Chart no. 2)
Chart no. 2 The repartition of interfamilial homicides by age groups

Analysing the distribution of domestic homicides according to the months of the year, it can be seen that most homicide cases occurred in January (19%), December (19%) and October (13.50%) and the least in April, June, July, August and November.

In terms of victim-perpetrator relationship, the authors in most cases of homicide with female victims are the husbands (57.89%), followed by the cohabiters (21.05%) and sons (15.78%). (Chart no. 3)

The authors of most domestic homicides with male victims are the wives (27.77%), followed by siblings (22.22%), nephews/grandchildren (16.66%) and sons-in-law (1 case).

It can be observed that wives are more numerous as victims (15 cases) than as perpetrators (8 cases).
DOMESTIC HOMICIDE: A FORENSIC APPROACH

Nepot – Nephew (de unchi)/ Grandson (nepot ptr. bunici)
Ginere – Son-in-law
Frate – Brother/Sibling
Sotie – Wife
Fiu - Son

Chart no. 3  The victim-perpetrator relation

The mechanism which produced the injury was the most controversial issue in the investigation, especially when there were no witnesses at the scene.

The most common injury mechanism is the acceleration mechanism: hitting with cutting–puncturing objects (a knife, most frequently) - 65.0%, hitting with blunt objects (stick, bat, chair, board, pipe) - 25.8% and hitting with splitting objects (axe, spade) - 0.2%.

Another mechanism is the acceleration followed by deceleration when lesions are found on the same side (ipsilateral) with consistent lesions at the spot of the active force impact and on the opposite side (contralateral) with discordant lesions caused by the fall.

The mixed mechanisms reflected lesions caused by active force impact followed by compression of different body areas - face and thoracic-abdominal compression (2%) of which, one case had a sexual connotation, presenting rape-specific lesions.

In other cases of mechanical asphyxia, there were found alterations consistent with: suffocation 1.3% (compression of the upper airway with a pillow) and strangulation (in 2.3% of the cases the choking was achieved by compressing the airway and obstructing the blood flow to the brain with the fingers, producing specific lesions). In two cases, the victims suffered fire burns and scald burns. In 2% of the cases, the asphyxia mechanisms were intricate (compression – suffocation or compression - strangulation).

Depending on the number of lesions found in the hitting areas, it was determined that 19 people died after a single fatal blow and the rest, after several hits, their sequence being estimated by the lesions presented at the places of impact.

It can be determined from the study that the injury with the highest incidence in the domestic homicides is the thoracic trauma (38 cases) – 34.56%, evenly distributed according to gender, followed by polytrauma (15 cases) – 18.51%, more common at male victims, and cranioencebral trauma (12 cases) - 12.34%, more common at female victims, abdominal trauma (9 cases) – 5%, evenly distributed according to gender, as well as cervical trauma (9 cases) - 5% and also limb trauma (4 cases) – 5%, specific to male victims.

Thoracic trauma, singular or associated with lesions at various levels is represented by: soft tissue injuries (bruises, abrasions, hematomas) - 38 cases,
associated with bone lesions represented by single path rib fractures or multiple-path uni or bilateral rib fractures – 20 cases; sternum fractures usually associated with rib fractures and internal thoracic organ damage - 2 cases; lung lesions represented by pulmonary contusions - 10 cases; transfixiant wounds with pleural and pulmonary involvement - 11 cases; lung rupture - 4 cases; unilateral or bilateral hemothorax of varying degrees - 22 cases; heart lesions occurring through transfixiant wounds involving also the pleura (hemothorax), the lung, the pericardium (haemopericardium) - 5 cases; large-vessel injury – the thoracic aorta, the left pulmonary artery (cut wounds) - 2 cases.

The cases of polytrauma (15 cases) are characterized by the existence of associated injuries resulting from traumatic craniocerebral injuries, limb trauma, thoracic and abdominal trauma: sternum fractures usually associated with rib fractures and internal thoracic organ injuries (8 cases); rib fractures associated with lesions of the abdominal organs: liver, spleen and pancreas rupture with massive haemoperitoneum (1 case) and pelvis fractures associated with renal rupture, spleen rupture and haemoperitoneum (1 case).

Craniocerebral traumas (12 cases) are represented by the following injuries: - CCT with skull fracture, subarachnoid hemorrhage, cerebral contusion or cerebral dilacerations - 4 cases; CCT without fracture, but with concussion and brain hemorrhage, subdural hematoma – 3 cases; CCT associated with other craniocerebral injuries, but in the presence of cerebral - haematic hypostasis - subdural hematoma – 3 cases.

Cervical traumas were found at 9 victims and revealed the following injuries: cervical cut wounds affecting the vascular-nervous system of the neck (3 cases) and fractures of the cervical spine with spinal concussion - (1 case).

Besides these mechanisms, were also added, regionally, mechanical asphyxia mechanisms: strangulation (2 cases), suffocation (1 case) and asphyxia by aspiration of blood in the lower airways (1 case).

Abdominal traumas are represented by lesions involving the abdominal organs: liver and spleen rupture with massive haemoperitoneum (2 cases) and by lesions associated with chest trauma or limb injuries (2 cases) and head trauma with brain injuries associated with thoracic trauma with rib fractures (3 cases) and with limb injuries (2 cases).

Limb injuries are represented by: wounds with vascular sections on the upper limbs - the brachial and the cubital artery (1 case) and on the inferior limbs – the femoral artery (1 case) and multiple fractures of limb bones (2 cases). There were 2 homicide cases with female victims, who suffered extended skin burns of 3rd, 4th and 5th degree caused by fire, and respectively, by hot liquids, covering 80-100% of the body surface.

The presented lesions resulted in immediate death in 70% of cases, even at the scene of the aggression because of the severity of the injuries incompatible with survival (head trauma, lung injuries, and heart trauma or large-vessels
lesions). In other cases death occurred after a period of time, the survival period varying from 2-12 hours to 2-3 days, usually following admission to hospitals. One person died 7 days after the assault because of the complications developed after the craniocerebral trauma (bronchopneumonia decubitus) and another person died approximately one month after the assault because of the septic complications from the abdominal trauma.

From the point of view of blood ethanol concentration, it was found that most victims (12), presented values between 0.50-1g%\(\text{ol}\); 10 victims presented values between 2–3g%\(\text{ol}\); 9 victims presented values between 0.00-0.50g%\(\text{ol}\); 6 victims presented values between 1-2g%\(\text{ol}\) detectable in the toxicology exam.

Consequently, it appears that most of the victims had their conscious state influenced by the ethanol intoxication; thus alcohol could be regarded as a true cofactor in initiating the act of homicide.

CONCLUSIONS

- Domestic homicide continues to be a harsh reality faced by the contemporary Romanian family.
- Victims of domestic homicide are both females (51%) in the age group 61-70 (26.30%) and males (49%), aged 41-50 (38.88%), especially those living in rural areas.
- There is an uneven monthly distribution of domestic homicide, with peaks in January, December and October.
- The authors in most cases of homicide with female victims are the husbands (57.89%), followed by the cohabiters (21.05%) and sons (15.78%), and the authors of most domestic homicides with male victims are the wives (27.77%), followed by siblings (22.22%), nephews/grandchildren (16.66%) and sons-in-law (1 case).
- The most common injury mechanism in cases of domestic homicide is the acceleration mechanism: hitting with cutting-puncturing objects (a knife, most frequently) - 65.0%.
- The highest incidence in domestic homicide is represented by the thoracic traumas 34.56%, evenly distributed between the genders, followed by polytraumas 18.51%, more common at male victims, and craniocerebral trauma (10 cases) - 12.34%, more common at female victims, abdominal trauma (4 cases) – 5%, evenly distributed according to gender, as well as cervical trauma (4 cases) - 5% and also limb trauma (4 cases) – 5%, specific to male victims.
- From the point of view of blood ethanol concentration, it was found that 84% of the victims were under the influence, therefore, alcohol may be seen as a possible cofactor in the act of domestic homicide.
REFERENCES

Treaties, manuals, courses, monographs


