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RESEARCH ARTICLE

ASSAULT CASES REGISTERED IN AN INDIAN APEX HOSPITAL DURING AUGUST 2013 TO
MAY 2014

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ABSTRACT

Assault cases in the casualty of hospitals are increasing day by day. So the present study was done on the various assault cases reported to the casualty of IMS & SUM Hospital, Bhubaneswar, Odisha, India from August 2013 to May 2014, with the aim and objective of obtaining information regarding the current scenario of assault cases in this locality and its fate in this particular hospital. We found that the assault cases contributed 18.46% of all medico-legal cases reported within this period. Males outnumbered females as per the number of assault cases. Age group commonly involved was 21-30 year (31.67%). Most of the cases took place in street (40%), followed by work place (31.67%) and home (21.67%). Police information from the casualty department was given in all cases. In most number of cases the injuries found were due to blunt force (65%), followed by sharp force (18.33%). In majority of cases (56.67%) the injuries were reported as grievous in nature. Majority of patients (66.67%) were discharged within one day of hospital stay. Majority of the patients were completely cured (46.67%), followed by left against medical advice (36.66%). No fatal cases reported in this study period.

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INTRODUCTION

In common law, assault is the act of creating apprehension of an imminent harmful or offensive contact (physical) with a person. An assault is carried out by a threat of bodily harm coupled with an apparent present ability to cause harm. In law the section for assault is defined in IPC 351 "It is an attempt, offer or threat to apply force to the body of another in a hostile manner" it means, as per IPC it is an attempt to offer with force and violence, a corporal hurt to another. (Dikshit, 2013) Though literally means – "make a physical attack on"; synonymous – hit, strike. e.g. – physically attack, slap, blow etc. this is what assault means to a society at large which is defined as a "Battery" under the colonial rules which precisely says – an assault brought to execution, in other words it is an actual injury to a person. (Dikshit, 2013) Though section 503 of IPC dictates some-what similar line as section 351 of IPC, but the difference is in involvement of a third party in former section! Section 503 IPC defines criminal intimidation. Section 44 IPC defines injury in this context.(Reddy KSN, 2012). So far as the role of doctor is concerned if a doctor learns a serious crime, such as murder, assault, rape etc. while treating the victim or assailant, he is bound to give information to the nearest police station or magistrate as per section 39 CrPC. Non-compliance is punishable under section 176 IPC.

If the doctor intentionally omits to inform the police, shall be punishable as per section 202 IPC (Reddy, 2012). Violence for that matter assault has been used since time-immemorial against fellow humans for dominancy or to rule, but along the growth of civilization there has been increased use of violence, abuse and torture at personal scale. The exponential growth of population puts constrains over natural resources. The prevalent panchayat systems in rural setup coupled with castism and low education with inadequate policing helps in instigating violence. This deprives the person of its fundamental rights as guaranteed by Article 21 of our Constituency. According to NCRB data, the crime against body constitutes 22% of all IPC crime registered in 2013. The rate of crime against body in the state of Odisha is 50.08 compared to the National 47.50 per one lakh population in 2013 (NCRB data, 2013).

A doctor posted in the Accident and Emergency Department or Casualty has to deal with injury or trauma cases that come there or brought by the police, since it is the place where most medical emergencies and almost all the medico-legal cases are reported. The medical officer besides treating the patient is legally bound to examine and opine regarding injuries in the injury report form for the aid of the investigating authority to administer justice in the Court of law. Many a time's doctors are ignorant of the legal outcome of their medico legal reports. Ignorance of law excuses no man, not all men know the law, but ignorance is not bliss. Hence a detail history and thorough physical examination is needed to corroborate the injuries and

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form a final opinion as per the nature of injury/injuries. Finally the forensic photography and examination of wearing apparels of the injured should be taken into consideration for better evidentiary value. The increased violence behavior in the population with easy access to courts and legal assistance has given a new challenge as well as scope in the field of medico-legal works. Medico-legal expert should be qualified and trained enough to use the experience and professional knowledge for interpretation of injuries with use of precise words in the certificate or reports issued. The modern crime investigation is a team work where experts from several field, work in collaboration with the law enforcing agencies with a common goal to unearth the truth hence the flow of information is very essential to work as a team unit.

Aim and Objective

1. To find out the current scenario of assault cases in this region.
2. To observe the fate of these cases in our hospital.

MATERIALS AND METHODS

The prospective study was conducted in the casualty of IMS & SUM Hospital, Bhubaneswar, Odisha, India from August 2013 to May 2014. The data collected in a preformed proforma from the casualty case sheet, indoor register and hospital statistical record section. All the assault cases were chosen as per history and suspicion. Cases excluded from the study were of road traffic accidents, poisoning cases and sexual assault cases. All these data after collection, tabulated, results deducted and discussed with the previous similar studies.

RESULTS

The assault cases that are registered during the study period was 60 in numbers (18.46%) out of 325 medico-legal cases registered during the study period. Males (91.67%) outnumbered females (8.33%) as per the number of assault cases were concerned. Age group 21-30 year (31.67%) was most vulnerable for assault, followed by 31-40 year (25%) and the incidence decreases at the two extreme ages. Place of occurrence in most of the cases were street (40%), followed by work place (31.67%), home (21.67%) and remote place (6.66%).

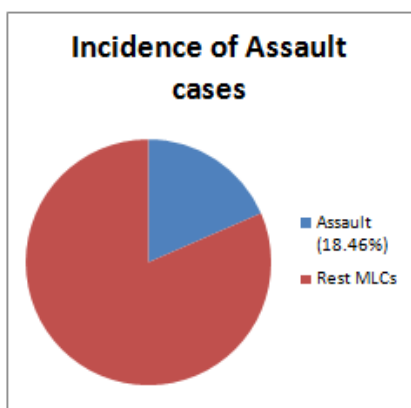


Figure 1. Incidence of Assault Cases

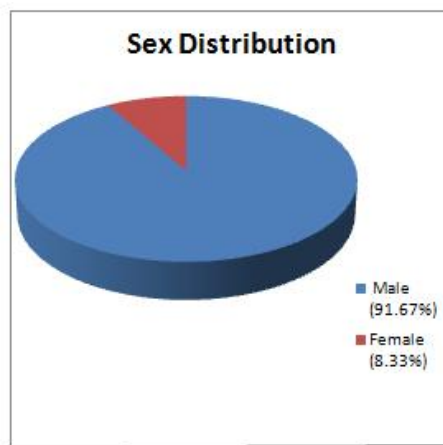


Figure 2. Sex Distribution

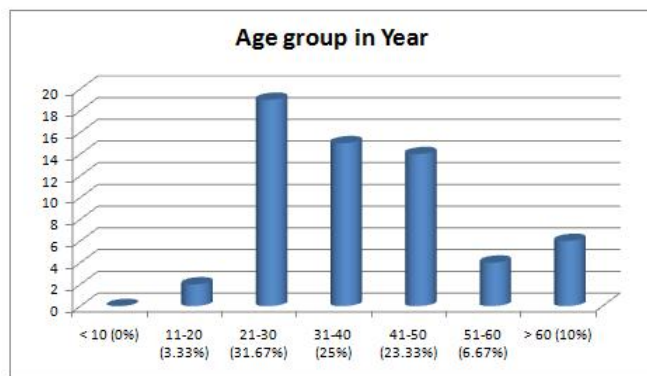


Figure 3. Age wise Distribution

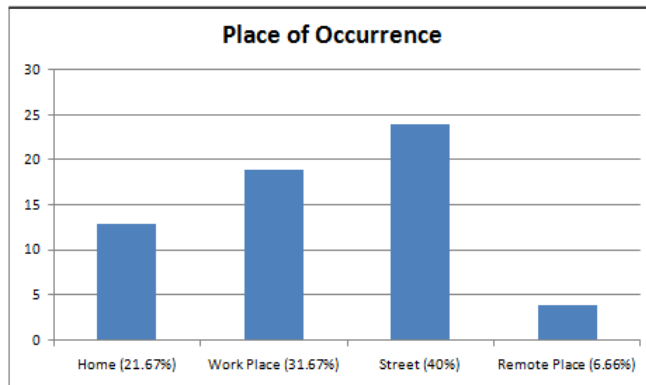


Figure 4. Place of Occurrence

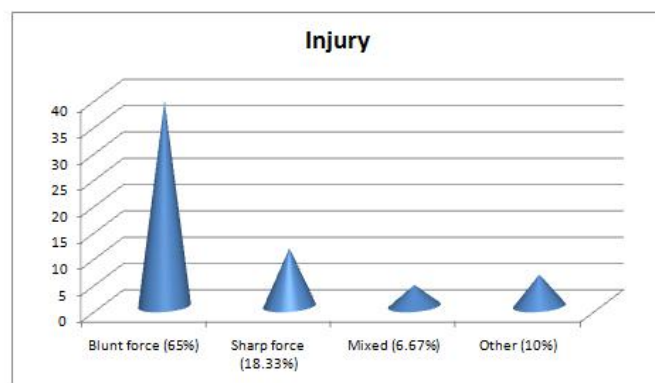


Figure 5. Type of Injury

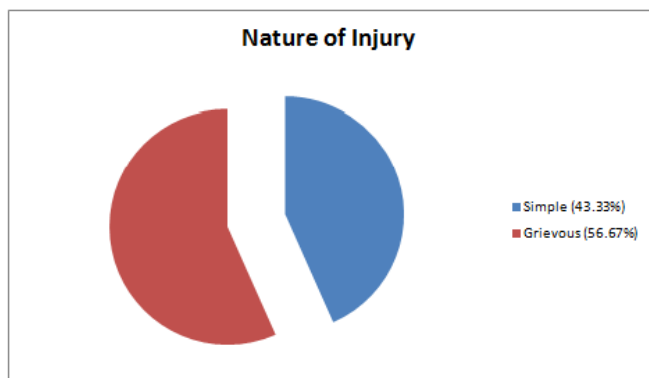


Figure 6. Nature of Injury

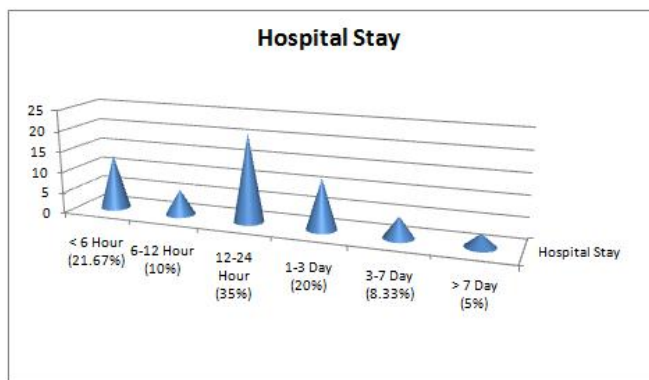


Figure 7. Period of Hospital Stay

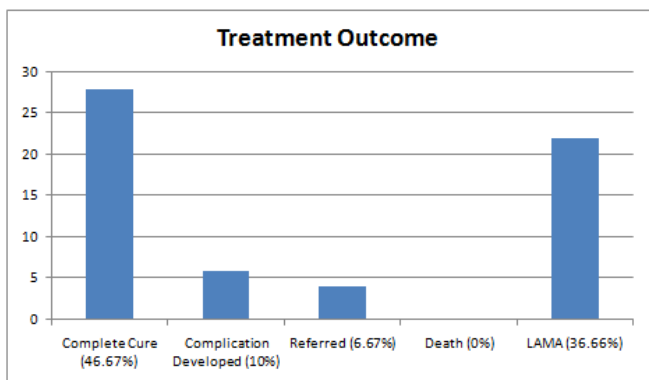


Figure 8. Treatment Outcome

Police information was given in all cases of assault that were registered. As per the cause of admission, blunt force injuries were mostly encountered ((65%), followed by sharp force injuries (18.33%), others (10%) and mixed injuries (6.67%). Other injuries consist of burn, vitriolage, firearm, blast etc. Grievous injuries were found in majority of cases (56.67%) and only (43.33%) cases were simple. Majority of the patient (66.67%) were discharged from the hospital within 24 hour of hospital admission. Most of the victims were treated satisfactorily (46.67%), followed by left against medical advice (36.66%). Least number of victims developed complications (10%) or referred (6.67%) to other centers. No fatal cases were found out during the study period.

DISCUSSION

Incidence of assault cases in this study was 18.46% among all the medico-legal cases registered and this is similar to other

author (Hussaini *et al.*, 2013) (19.72%). Higher incidences were found in the studies of other (Yadav *et al.*, 2013) (36.9%) and (Aggarwal *et al.*, 2011) (47.02%). Lower incidence rate to our study are found by authors (Khade *et al.*, 2011) (11.22%), (Malik *et al.*, 2013) (9.9%), (Garg *et al.*, 2010) (7.4%), (Norton *et al.*, 2006-07) (5.9%), (DSouza *et al.*, 2013) (8.43%) and (Harish *et al.*, 2013) (10.3%, 4.9%). Male to female ratio in our study is equivalent to author (O’Farell *et al.*, 2013). Slightly lower ratio than our study was found by many other (Yadav *et al.*, 2013, Malik *et al.*, 2013, Hussaini *et al.*, 2013, Garg *et al.*, 2010, Norton *et al.*, 2006-07, D’Souza *et al.*, 2013 and Aggarwal *et al.*, 2011). Males dominated over females as per the number of assault cases registered; it may be due to the prevalent out-dooring activities of male, aggressive behavior of the males per say and more active lifestyle in the society. The age group (21–30) years was found to be most susceptible (31.67%), followed by (31–40) years (25%). This is similar to the findings of other (Malik *et al.*, 2013, Hussaini *et al.*, 2013, Garg *et al.*, 2010, O’Farell *et al.*, 2013, Norton *et al.*, 2006-07, Harish *et al.*, 2013, Aggarwal *et al.*, 2011).

In the age range (21–30) year maximum numbers of cases were present. This age range is marred by array of problems starting from unemployment to newer exposure of responsibilities to establish a new domain or identity in their respective works of life having cut-throat competition. The age group between (21–50) years accounted for around 75% of the cases reported and this speaks for volume where economically active phase of life is directly proportional to incidence of assault. The proportion of economically active population (15–59) years in our country is (62.5%) as per census 2011. Street was the most common place, followed by work place for assault. This finding is similar to other (Onuki, 2008). As per another author (Norton *et al.*, 2006-07) the specified place is home, followed by work place and street. The findings may be explained as in this hectic life tolerance, adjustment and patient attitude has given way to aggressive and vocal behaviors resulting in violence over petty issues; this again depends upon locality and circumstances. Blunt force injuries were more common than sharp force injuries in this study and also in the studies of other (O’Farrell *et al.*, 2013 and Norton *et al.*, 2006-07), but they had included bodily forces in the blunt injuries.

The maximum violent contacts occurred on the streets or work places in our study, mostly over petty issues with involvement of non-professionals. The easy availability of blunt objects at the site results mostly to blunt injuries. As per the nature of injury concerned, (56.67%) were found to be grievous as compared to (43.33%) of simple injuries. Since incidences resulting in simple injuries are settled amicably by the respective parties, and many a times the patients don’t register them as a case of assault for obvious reasons. But they had to report to a hospital when the nature of injury is serious or thought to be serious hence the outcome of this study. In contrast another author (Gorea *et al.*, 2007) found, the opposite result in his study. The median duration of hospital stay in our study was within 24 hours and also in the studies of other (O’Farell *et al.*, 2013, Garg *et al.*, 2010 and Norton *et al.*, 2006-07). Most of the assault patients were treated successfully and discharged and it is similar to the studies by many authors (Yadav *et al.*, 2013, Garg *et al.*, 2010, O’Farell

et al., 2013). Most patients had completely cured and least had developed complications or referred and it shows the better efficiency of the hospital regarding treatment/management. A high percentage of patients had left the hospital against the Medical advice and this may be to avoid the legal complications by the patients and the attendants.

Conclusion

The casualty departments of any hospital not only manage the emergency/serious patients but also conduct the legal formalities to examine, document and certify medico-legal cases of assault, putting a lots of workload on the casualty department. The doctor dealing with medico-legal injury cases should be able to diagnose the injuries in their right perspective to help the investigating authorities and court of law for their logical conclusions. It is the duty of medical personnel to know the current law correctly and applies them in strict sense. Drawing public attention and awareness towards the morbidity and mortality of these assault cases is important to reduce the incidence of such cases. Assault can be prevented by proper education, awareness employment opportunity of young with strict execution of the current laws.

Recommendations to Hospital

1. The emergency department of hospital should always be well equipped along with the trained medical personnel to handle all the assault cases coming to them.
2. Provide round the clock availability of medico-legal experts.
3. Establish a Clinical Forensic Medicine Unit (CFMU) attached to the casualty of every hospital to deal with the increasing and sensitive assault / medico-legal cases.

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