Homicide : A Report of 4,122 Cases from Bangkok and Provinces

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Abstract

A retrospective review of 4,122 homicides was carried out between 1991 and 1995. About 47 per cent of cases occurred in the Bangkok Metropolitan area (BKK) and 53 per cent in the nearby provinces. A steady increase in the murder rate was noted in the latter. BKK was the place where most killings occurred, but was probably related to the high number of extrajudicial executions. Of the victims, 86 per cent were men and 14 per cent were women. The incidence peaked in the 3rd decade of life but there was also a rising trend among teenagers. Three major causes of death were firearms, sharp-force, and blunt-force in combination accounting for 92 per cent of the deaths. Firearms alone were used in about half of all murder cases. An analysis of organ injuries in relation to the types of weapons used was also presented. The data indicate the necessity to limit access to firearms.

Key word : Homicide, Firearms, Sharp-force, Blunt-force, Extrajudicial Execution

Homicide is defined as the willful (non-negligent) killing of one human being by another[1]. It is the most dramatic and saddest cause of death. In recent years, greater attention has been paid to the rising tide of homicides in several countries[2-4]. In contrast, recent data concerning crimes in the United States showed the homicide rate in 1995 was 16 per cent lower than in 1991 and 5 per cent below the 1986 rate[1]. In Thailand, the available information regarding homicide has been limited despite the current widespread use of firearms and explosives, as well as adverse changes in socioeconomic status and culture. Since all deaths due to accidents, suicide, or homicide in this country are required by law to be subjected to postmortem examination, we thus conducted our survey regarding homicides from the Institute of Forensic Medicine, Police Department. The data represent the majority of homicide victims in Bangkok Metropolitan area (BKK) and nearby provinces particularly in the Central region.

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The purpose of this study was to investigate the homicide trend and to analyze the methods of killing as well as the organ injuries leading to such violent deaths.

MATERIAL AND METHOD

All files between 1991 and 1995 that listed homicide as well as extrajudicial execution (summary execution) as the cause of death were obtained from the Institute of Forensic Medicine, Police Department. The following data were recorded: age and sex of the victims, the months of the year and the location at which the homicide took place, types of weapons used and organ injuries. The weapons were classified as firearms (handgun, shortgun, rifles, etc), sharp-force (knives, cutting instruments), blunt-force (clubs, hammers, hands, fists, feet etc), and explosives, while fire, strangulation, narcotics or drugs, and other weapons not stated were listed as miscellaneous. The annual statistics regarding homicide and summary execution in BKK were also obtained from the office of the Attorney General during the same period.

Table 1. Number of homicides in Bangkok and nearby provinces.

Year (s)	Bangkok Metropolitan No. of cases	Provinces No. of cases
1991	372 (51%)	360 (49%)
1992	400 (49%)	411 (51%)
1993	417 (47%)	472 (53%)
1994	353 (44%)	456 (56%)
1995	378 (43%)	503 (53%)
Total	1,920 (47%)	2,202 (53%)

RESULTS

A total of 4,122 cases of homicide were recorded; 1,920 (47%) occurred in BKK, and 2,202 (53%) in the nearby provinces (Table 1). A steady increase of murder was noted in the provinces, whereas, a small but distinct decrease was found in BKK. The separate data obtained from the office of the Attorney General revealed that 511 (31.2%) of 1,636 cases in BKK were killed by police known as extrajudicial or summary execution. When viewing the months of the year, the greatest incidence was registered in November accounting for 9.7 per cent while the fewest was in August (7.2%). Monthly figures also showed the highest number of murders occurring in January 1995, with the lowest in January 1992.

Regarding the age and sex of the victims, the incidence peaked in the 3rd decade (34%) followed by the 4th (26%), 2nd (14%) and 5th (14%) (Table 2). The youngest victim was 5 years old, and the oldest 83 years. Table 2 also shows a steady increasing percentage of teenagers killed during the 5 years of this investigation. A total of 3,540 (86%) cases were men and 582 (14%) were women (Table 3).

Types of weapons used are shown in Table 3. Firearms were the most common weapon responsible for deaths in 2,141 (52%), sharp-force injury in 952 (23%), blunt-force injury in 718 (17%), explosives in 27 (0.7%), and miscellaneous weapons in 284 (7%) cases. The latter included strangulation in 115 (3%), fire in 33 (0.8%) and unstated weapons in 126 (3%) cases.

Concerning the organ injuries, brain damage was the major cause of death when firearms were used in the killings (Table 4). As to sharp-force injury, the chest was the leading target organ account-

Table 2. Distribution of age of murder victims.

Age of victims	No. of cases in 1991	No. of cases in 1992	No. of cases in 1993	No. of cases in 1994	No. of cases in 1995
0-10	7 (0.96%)	2 (0.25%)	6 (0.67%)	11 (1.36%)	6 (0.68%)
11-20	86 (11.75%)	98 (12.08%)	112 (12.60%)	109 (13.47%)	127 (14.42%)
21-30	284 (38.80%)	319 (39.33%)	327 (36.78%)	271 (33.50%)	302 (34.28%)
31-40	210 (28.69%)	233 (28.73%)	240 (27.00%)	232 (28.68%)	226 (25.65%)
41-50	82 (11.20%)	105 (12.95%)	106 (11.92%)	105 (12.98%)	128 (14.53%)
51-60	41 (5.60%)	37 (4.56%)	67 (7.54%)	50 (6.18%)	60 (6.81%)
> 60	22 (3.00%)	17 (2.10%)	31 (3.49%)	31 (3.83%)	32 (3.63%)
Total	732 (100.00%)	811 (100.00%)	889 (100.00%)	809 (100.00%)	881 (100.00%)

Table 3. Age and sex of murder victims, types of weapons used.

Age	Firearms No. of cases	Sharp-force No. of cases	Blunt-force No. of cases	Explosives No. of cases	Miscellaneous No. of cases	Total cases
0-10	11	10	2	-	9	32
11-20	268	142	83	3	36	532
21-30	772	396	284	5	82	1,539
31-40	628	232	200	8	73	1,141
41-50	306	78	88	7	47	526
51-60	115	58	58	2	12	245
>60	41	36	39	2	15	133
Total	2,141 (51.9%)	952 (23.1%)	718 (17.4%)	27 (0.7%)	284 (6.9%)	4,122 (100%)
Men	1,934	795	605	23	183	3,540
Women	207	157	113	4	101	582

Table 4. Organ injuries, types of weapons used.

Types of weapons	Brain	Chest	Abdomen	Vertebral bone	Others	Total
Firearms	1,037 (48%)	803 (38%)	193 (9%)	61 (3%)	47 (2%)	2,141 (100%)
Sharp-force	79 (8%)	463 (49%)	361 (38%)	10 (1%)	39 (4%)	952 (100%)
Blunt-force	630 (88%)	33 (5%)	16 (2%)	17 (2%)	22 (3%)	718 (100%)
Explosives	-	9 (33%)	9 (33%)	-	9 (33%)	27 (100%)
Miscellanceous	36 (13%)	14 (5%)	3 (1%)	3 (1%)	228 (80%)	284 (100%)

ing for 49 per cent of deaths followed by abdomen in 38 per cent, and brain in 8 per cent. For blunt-force injury, about 88 per cent of the victims died of head injury. Perhaps the most brutal mode of killing was by burning. The body of the victim was often placed on a car tire, the tire was doused with petrol and set afire. The body was frequently burnt beyond recognition. Strangulation was often associated with sharp-force or blunt-force. The data concerning poison or drugs were not recorded.

DISCUSSION

Homicide has long been an issue of forensic and public concern particularly in countries where the incidence is consistently high[2,3]. Unfortunately, this subject has not been well studied in this country despite the fact that violence and murders have perhaps been over-represented in the news media. Only a small series of 468 homicides was reported by Tosayanond who conducted his investigation between 1964 and 1973 at Siriraj Hospital[5].

The homicide trend in this study indicates that the rate of murders in the provinces has increased strikingly while a small decrease was found in BKK. Despite such a decline, BKK is still the place where the majority of murders take place. The statistics from other series also showed that most murders often occur in large cities[1-4,6]. However, we suggest that the picture of homicide in the provinces appears to be more sombre than in BKK because a large number of extrajudicial executions constituted a part of the high homicide rate in BKK.

The high rate of extrajudicial execution in this country is alarming. According to the data obtained from the criminal courts, the annual incidence of "unintentional homicides" which included extrajuridicial execution has increased from 1,850 (38%) cases in 1991 to 3,293 (54%) cases in 1995 (Table 5). Such a high incidence of summary execution is partly related to the loopholes in the law and the judicial system[7]. Previously, the law only stated that in cases of extrajudicial execution, the post-mortem examination should be done by the police,

Table 5. Number of homicide cases obtained from the criminal courts, nation-wide.

Type of homicide	No. of cases in 1991	No. of cases in 1992	No. of cases in 1993	No. ocases in 1994	No. of cases in 1995
Intentional homicides	3,043 (62%)	3,137 (61%)	2,963 (57%)	2,930 (50%)	2,785 (46%)
Unintentional homicides	1,850 (38%)	1,972 (39%)	2,215 (43%)	2,907 (50%)	3,293 (54%)
Total	4,893	5,109	5,178	5,837	6,078

attorney, and medical personnel. The latter can be either medical doctors or non-medical doctors (non-M.D.) The present law which has been amended, however, allows the attorney to take participation only after the postmortem report is concluded. The attorney has a duty to make a request to the court for investigation if the case is in doubt. It should be noted that the postmortem examination is often done by non-M.D. Although summary execution is considered justifiable or excusable based on law enforcement investigation, it could easily lead to abuse of the law and put public safety at peril, as well. Hence, such practice should be limited or strict guidelines should be adopted. For example, we suggest that the postmortem examination must be performed by forensic pathologists and the attorney, police, or other judicial personnel should take part in the investigation.

It should be noted that the murder rates have also increased for both sexes, particularly among young victims. Data from other countries have also shown an increase in homicides among teenagers[2,8,9]. Hence, this tendency ought to merit more attention and concern. As in other series, men are the most frequent victims because men tend to be involved in high-risk group behavior such as alcohol consumption, drug abuse, gambling, etc. which are important factors in precipitating violence[1,3, 10,11]. Women, on the other hand, are more likely to be victims of domestic violence : However, we have not received the background information relevant for the cause of violence.

Considering the types of weapons used, firearms are employed in approximately half of all murder cases in this study. This is similar to the situation in the United States and some Nordic countries and most likely reprepresents a reflection of firearm availability[1,3]. Despite the law enforcement in Thailand, firearms, particularly illegal handguns or even machineguns can easily be obtained.

The factors contributing to homicides are numerous and complex. For example, during the decade from 1960 to 1970 in the United States, the overall mortality rate among men between 25 and 34 years rose by 16 per cent and roughly half of the increased death rate was attributable to rapidly rising homicides[12]. In contrast, the better economic status at the present time has resulted in lowering the total criminal index and the national murder rate in 1995[1]. In the Nordic countries, alcohol and drugs have been implicated as the catalyst for violence which in turn leads to homicides[3]. It is well documented that heavy drinkers can develop a mood of belligerance and violence and can become disinhibited to the point that repressed impulses such as the urge to kill or commit a crime are no longer repressed and are instead acted upon[10]. Abuse of drugs such as amphetamine, phencyclidine has been found to be directly related to homicide. These drugs could contribute to homicide through delusional thinking or perceptual distortions[11,13]. Recently, there appears to have been an increase in mentally disordered violent offenders in several countries. For instance, England and Wales have a greater proportion of mentally abnormal murderers along with more cases of homicide and suicide[3]. In Denmark, a higher number of mentally ill people are being treated in the community and this perhaps places some vulnerable people at increased risk of crime [14,15]. According to Pétursson and Guôjónsson about one-third of murderers had paranoid delusional ideation[16]. Danto found the incidence of depression among perpetrators of murder-suicides ranging from 4 per cent in the United States to 42 per cent in Denmark[17]. In an evaluation of homicidal mothers, d'Orbán reported that 43 per cent had a previous psychiatric illness and predominantly personality disorder[18].

Television viewing has also been suspected as a determinant of violence[13]. A report by

the National Institute of Mental Health which reviewed approximately 2,500 studies concluded that most studies demonstrated a relationship between televised violence and later aggressive behavior[19]. Therefore, the news media can spark an episode of violence by imitative behavior particularly among the young.

It should be noted that homicide for political purposes is beyond the scope of our investigation. However, some researchers have suggested that political factors are related to increased homicides[13,20]. Lester, for example, found a correlation between political instability and homicide rate in 36 countries[20]. Indeed, Thailand has experienced tragic massacres due to political conflicts during the past decades. Furthermore, sporadic political assasination has been cited on several occasions

Although our study lacked such information, the data still indicate the necessity to limit access to firearms. Further investigations of overall trends regarding homicides require many new approaches to the problem. It is essential to investigate the interaction between physical, mental, socioeconomic, political, and legal factors. These are at least in part responsible for the increase in murders, particularly in the provinces. Future results may provide the means effective for preventing both murders and extrajudicial executions.

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ฆาตกรรม : รายงาน 4,122 ราย จากกรุงเทพมหานครฯ และต่างจังหวัด

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ได้ทำการศึกษาผู้ตายจากการฆาตกรรม จำนวน 4,122 ราย ตั้งแต่ปี พ.ศ. 2534-2538 พบว่า 47% เกิดขึ้นที่กรุงเทพมหานครฯ และ 53% ที่จังหวัดข้างเคียง ถึงแม้กรุงเทพมหานครฯ จะมีจำนวนฆาตกรรมมากก็ตาม แต่อาจเนื่องมาจาก วิสามัญฆาตกรรม ซึ่งสูงถึง 31.2% การศึกษาพบว่าประมาณ 86% ของผู้ตายเป็นชาย 14% เป็นหญิง ส่วนมากพบผู้ตายในช่วงอายุ 21-30 ปี แต่มีแนวโน้มสูงขึ้นในวัยรุ่น อาวุธที่ใช้ในการฆาตกรรมส่วนใหญ่เป็นปืนตามด้วยของมีคม และของไม่มีคม ตามลำดับ ประมาณครึ่งหนึ่งของผู้ตายเกิดจากอาวุธปืน ได้ทำการวิเคราะห์อวัยวะที่ได้รับภยันตรายจากอาวุธต่าง ๆ การศึกษานี้บ่งชี้ถึงความจำเป็นในการควบคุมอาวุธปืน

คำสำคัญ : ฆาตกรรม, วิสามัญฆาตกรรม, อาวุธ, ปืน, ของมีคม, ของแข็ง

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