

A STUDY ON ASSAULT CASES ADMITTED TO COLOMBO SOUTH TEACHING HOSPITAL-SRI LANKA



Hulathduwa S. R.¹ , Bandara A. R. S. V.²  and Aloysius M. D.³ 

¹Senior Lecturer, Department of Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

²Research Assistant, Department of Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka

³Technical Officer, Department of Forensic Medicine, Faculty of Medical Sciences, University of Sri Jayewardenepura, Nugegoda, Sri Lanka



ABSTRACT

Assault cases are commonly encountered in the day to day life of a Judicial Medical Officer or an Accident Service Surgeon. Most of the admissions to the Accident Service Unit of any major hospital in almost anywhere in the world are due to accidents and assaults. Accidents are preventable disasters and there are major organizations whose main role is to draw strategies and plans to prevent accidents. On the other hand, assaults are always man-made and the underlying factors are very different from those of accidents. Assaults are a serious health and economic burden in a country. Additionally, there are socio-economic, religious, ethnic, cultural and legal issues intermingled with the broad picture of 'assaults'. Very few studies have been done in depth about assaults in the recent past which cover the multiple aspect of the issue. Even the conclusions drawn from the most extensive study on this subject may become obsolete and dilapidated after few years, as the patterns of wounding and the methods and trends are changing constantly across the globe. This justifies the necessity of continuous research by different authorities to this ever-changing subject. This study discusses certain demographic characters of victims, assailants, contributory factors and legal implications of assaults.

Received 7 May 2021
Accepted 20 May 2021
Published 31 May 2021

Corresponding Author
Hulathduwa S. R, sanjayarh@yahoo.co.uk

DOI [10.29121/granthaalayah.v9.i5.2021.3932](https://doi.org/10.29121/granthaalayah.v9.i5.2021.3932)

Funding: This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Copyright: © 2021 The Author(s). This is an open access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Keywords: Assaults, Crimes, Injuries, Weapons, Category of Hurt

1. INTRODUCTION

Patients with assaults are quite commonly encountered by the doctors working in accident and emergency treatment units as well as judicial medical officers. They are not-uncommonly encountered by doctors of other specialties such as neurologists, neurosurgeons, orthopaedic surgeons, oro-facio-maxillology surgeons, radiologists



and so on. Assault could broadly be considered as an unlawful placing of an individual in apprehension of immediate bodily harm without his or her consent [Medical dictationary \(2021\)](#). According to the section 342 of chapter 9 of the Penal Code of Sri Lanka, the word 'assault' is defined as, 'whoever makes any gesture or any preparation, intending or knowing it to be likely that such gesture or preparation will cause any person present to apprehend that he who makes that gesture or preparation is about to use criminal force to that person' "[Penal Code Consolidated" \(2016\)](#).

There are several types of assaults; the commonest types being verbal, simple, aggravated and sexual. Verbal assault occurs when somebody is threatened by word of mouth. This is by far the commonest type of assault. Simple assaults are also fairly common which does not involve a weapon. The mere absence of a weapon may not reduce its dangerousness though. Aggravated assaults are physically more dangerous than other forms since the victim is attacked with a weapon which could even result in a lethal outcome. Weapons in aggravated assaults could range from simple household implements such as bricks, bats, broom-sticks, horse pipes etc. to more dangerous weapons such as knives, fish-knives, swords, firearms and hand grenades. The attacker's intention of killing or causing serious bodily injuries which could result in death could be assumed by taking the weapon he has chosen in to consideration. Another form of assault is sexual assault which could result from any verbal, gestural or physical advancement on a male or a female by another male or female without the consent of the subject [Kianpour et al. \(2021\)](#).

In this study we focus only on victims of physical assaults. Assaults are a common scenario in day-to-day medical practice which results in a serious health and economic burden to the country [Lugo et al. \(2018\)](#), [Violence \(n.d.\)](#). Additionally, there are socio-economic, religious, ethnic, cultural, moral and legal issues intermingled with the broad picture of assaults. Even though assaults are a common scenario, very few studies have been done in depth about assaults in the recent past covering the multiple aspects of the issue.

2. DESIGN AND METHODOLOGY

This research had been conducted in the Accident Service Unit of Colombo South Teaching Hospital, Kalubowila, Sri Lanka for a period of four months, by obtaining information from all assault cases admitted there, through a structured interview based on a questionnaire. 231 patients had been included for the study while excluding a few who were transferred to National Hospital Colombo or who were sent to ICU or who died soon after admission. Additionally, medical (clinical) information was obtained from Bed Head Ticket (BHT) of the patient. The written informed consent was obtained on a separate consent form prepared in Sinhalese, after adequately explaining to the patient the purpose of the research and the measures taken to maintain the confidentiality of the information they disclose. The information regarding assailants/perpetrators was obtained from the victims and the investigating police

officers. Data collection was done by the three authors themselves. The analysis of raw data was done manually.

3. RESULTS

Concise summary of salient findings is given below

- From the total sample of 231 who participated in the study, 70% of the victims were males. (Figure 01).
- Majority (60%) of the participants represented the 20-40 yr. age group.
- 77% of the victims had not studied beyond the 11th Grade. (GCE. Ordinary Level).

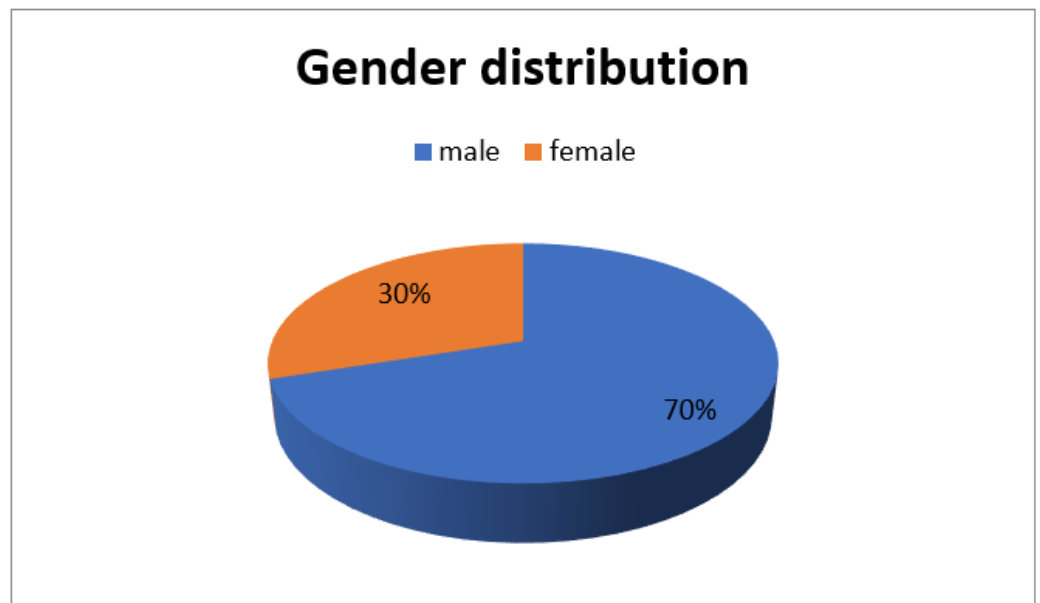


Figure 1

- In the vast majority of assaults, (92%) the number of assailants was single.
- A 6% of assaults were caused by people known to the victim.
- 53% of assailants had used alcohol and nearly 20% had used narcotic drugs as well.
- 6.5% of victims had previous convictions.
- 32% of assailants had previous convictions and 22.5% of them had pending court cases.
- Commonest immediate cause for the assault was sudden provocation while commonest underlying causes were occupational, land, financial and marital disputes.

- Only 7.8% of assailants were physically injured during assaults, while 85% of the victims had visible injuries, commonest of which were abrasions and contusions caused due to blunt force, most of which were found on the head, neck and the upper limbs.
- Around 20% of victims had defence injuries.
- 42% of assaults occurred at public places.
- Only a few (07%) were associated with other crimes like robbery, abductions or sexual assaults.
- Majority (65%) of assailants involved were not arrested.
- As per legal classification, 71% of assaults were non-grievous while 28.5% were grievous. Only 0.5% were fatal in the ordinary cause of nature.

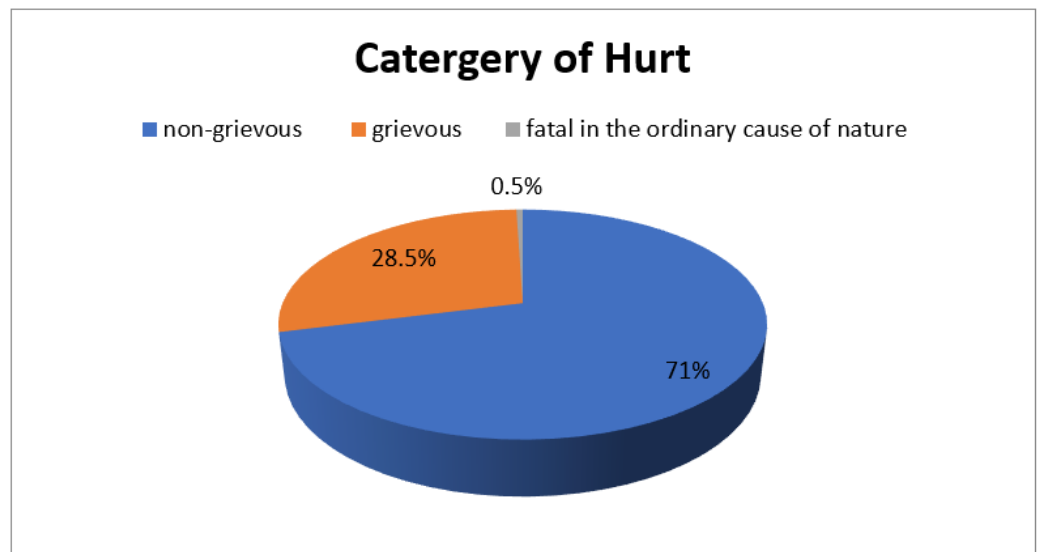


Figure 2

- Out of 231 cases, 11 (4.76%) were police-battery while another 11 (4.76%) were spouse-battery (intimate partner violence) one (01) out of which was a husband battered by his wife.

4. DISCUSSION

Majority of the participants (70%) were male in the present study and most of them (60%) belonged to 20-40-year age group. These findings reconfirm the findings of a similar study conducted in the same unit at CSH in 2016 [Saleeth and Almeida \(2020\)](#). A similar study conducted in African region shows a similar finding of higher incidence of being subjected to victims of assault among male gender though the percentage there is 75.7 which is even higher than the figure in our study [Samuel et al.](#)

(2009). Male dominance in assaults may be due to socio-cultural settings.

According to the World Health Organization (WHO), an adult is a person older than 19 years of age unless national law delimits an earlier age [Canêo and Neirotti \(2017\)](#). A study done in the USA shows, the reason for the assault being unknown increased with the advancing age of the victim [Loder et al. \(2020\)](#). This fact is reconfirmed by the findings of this study as the majority of our study population was adults and only 6% was caused by people who are known to the victim.

In the literature it is stated that in most instances the perpetrators are under the influence of alcohol or other drugs and such assailants are capable of causing relatively more serious types of assaults [Brookoff \(1997\)](#), [Martin et al. \(1988\)](#). This fact is reconfirmed by our study. The findings of our study shows that 32% of assailants had previous convictions and 22.5% of them had pending court cases. Similar study conducted in the USA including 62 participants, shows that 89% of assailants had previous convictions [Brookoff \(1997\)](#). Small sample size, deference in cultural and social factors as well as the difference in the criminal justice process may have contributed to this contrast in the findings as compared to our study.

42% of assaults occurred at public places and only a few were associated with other crimes like robbery, abductions or sexual assaults. A previous local study done in Csth stated similar findings [Saleeth and Almeida \(2020\)](#). In the present study, majority of the assailants were not arrested at the time of interviewing the victim for the research or at the time of medico-legal examination of the victims. Though similar findings were obtained in the local literature, the findings in the international literature are different from this as the majority of assailants were arrested [Brookoff \(1997\)](#). Changes in the mechanism of arresting assailants and the difference in the practical functioning of the criminal justice systems would have led to this difference.

85% of the victims had visible injuries, commonest of which were abrasions and contusions caused due to blunt force, most of which were found on the head, neck and the upper limbs. Findings in the literature are compatible with these results. For example a Sri Lankan study conducted by Department of Forensic Medicine, University of Peradeniya shows that commonest form of injuries in assaults were blunt force trauma with superficial injuries like abrasion, and contusions while such injuries were seen on head, neck and upper extremities commonly.⁽¹²⁾ Another study conducted in the city of New York using 31 selected elders who were victimized in physical abuse showed that the injuries due to physical assaults were commonly seen in upper extremities of the body such as head, neck and upper limbs [Rosen et al. \(2016\)](#).

As per the legal classification in the Sri Lankan Penal Code, there are several categories of hurt as simple/non-grievous, grievous, endangering life (also under grievous hurt), fatal in the ordinary course of nature and necessarily fatal "[Penal Code Consolidated](#)" (2016). Findings of a previous study done in the same unit stated that 55% out of a total of 170 cases were categorized as grievous [Saleeth and Almeida \(2020\)](#). In our study, the percentage of grievous hurt has come down to 28.5 while the majority were simple or non-grievous hurt accounting for 71%. Only 0.5% in our

study had injuries or consequences of injuries which could be categorized as fatal in the ordinary course of nature. A significant difference between the percentages of grievous hurt is evident in these two studies. As the former study had been conducted almost five years prior to our study, this gives a clue as to the need of repeated conducting multi-centred meta studies regarding dynamic issues such as assaults, sexual assaults and road traffic accidents etc. whose profile and patterns may vary with the rapidly changing socio-cultural, lifestyle and legal background of the country.

According to the WHO findings the prevalence data of life-time intimate partner violence (IPV) range from 20% in the Western Pacific, 22% in high-income countries and Europe and 25% in the WHO Regions of the Americas to 33% in the WHO African region, 31% in the WHO Eastern Mediterranean region, and 33% in the WHO South-East Asia region [WHO \(2021\)](#). In the present study percentage of intimate partner violence was 4.7%. This clearly does not tally with the above data. Our study was not aimed to estimate the prevalence of IPV or 'Gender-Based Violence' (GBV) but we have only mentioned the percentage of IPV out of our study population of assaults. It is common knowledge that most of IPV or GBV do not end up in injuries requiring hospital admissions. Our study confirms that out of all assaults requiring hospital admissions, 4.7% have been resulted due to IPV. This data, when considered in the light of WHO data on GBV/IPV, it could be inferred that only a minority of GBV/IPV cases result in injuries requiring hospitalization.

5. LIMITATIONS

- The information pertaining to assailants (perpetrators) were obtained mainly from the victims. Therefore, the reliability of such information is questionable.
- The 'arrest rates' and 'conviction rates' in the study are based on information as at the time of examining the victims. This does not depict the actual 'arrest rates' and 'conviction rates' in the criminal justice system in Sri Lanka as the process could take place at a later date.
- As the duration of the study is relatively short, it will not depict seasonal variations of crime and assault and their changing patterns across the year.

6. RECOMMENDATIONS AND CONCLUSIONS

- Trauma following assaults should be considered as a unique health issue in the country. A policy decision should be made to introduce a national trauma management campaign in the health care system of the country. Though this, the infra-structure should be improved and developed to effectively manage trauma. The management should essentially include **primary prevention** which reduces the economic burden of trauma on the country.
- More extensive research on trauma should be encouraged and the contributions of experts on the subject including the sociologists and criminologists

should be obtained in conducting multi centred large scale studies covering all facets of the problem.

REFERENCES

- Brookoff, D. (1997). Characteristics of participants in domestic violence. Assessment at the scene of domestic assault. *JAMA: The Journal of the American Medical Association*, 277(17), 1369–1373. Retrieved from <https://dx.doi.org/10.1001/jama.277.17.1369>
- Canêo, L. F., & Neirotti, R. (2017). The Importance of the Proper Definition of Adulthood: What is and What is Not Included in a Scientific Publication. *Brazilian Journal of Cardiovascular Surgery*, 60–60. Retrieved from <https://dx.doi.org/10.21470/1678-9741-2016-0049>
- Fernando, D. M. G., RRDGA, & TSMNK. (2020). Medico-legal interpretation of casualties presenting with trauma to a tertiary care hospital in sri lanka.
- Kianpour, S., Chenoweth, E., Shazam, J. T., & Associates, P. C. (2021). What Are the Types of Assault? [Blog post]. Retrieved from <https://www.shazamlaw.com/articles/what-are-the-types-of-assault/>
- Loder, R. T., Palma, S., & Smith, M. (2020). Injury Patterns and Demographics in Child and Adolescent Assault Victims Presenting to US Emergency Departments. *International Journal of Pediatrics*, 2020, 1–13. Retrieved from <https://dx.doi.org/10.1155/2020/8169030>
- Lugo, K., Przybylski, P. D. R., & A, M. (2018). *Estimating the Financial Costs of Crime Victimization- Final Report*.
- Martin, J., Nada-Raja, S., & Langley, J. (1988). Physical assault in New Zealand: the experience of 21 year old men and women in a community sample. *The New Zealand Medical Journal*, 158–160.
- Medical dictionary*. (2021). Retrieved from <https://medical-dictionary.thefreedictionary.com/assault#:~:text=The%20unlawful%20placing%20of%20an,Segen's%20Medical%20Dictionary> [Online].
- Penal Code Consolidated. (2016). In *Ministry of Justice. LAWNET*. [Online]. Retrieved from <https://www.lawnet.gov.lk/penal-code-consolidated-2/>
- Rosen, T., Bloemen, E. M., LoFaso, V. M., Clark, S., Flomenbaum, N. E., & Lachs, M. S. (2016). Emergency Department Presentations for Injuries in Older Adults Independently Known to be Victims of Elder Abuse. *The Journal of Emergency Medicine*, 50(3), 518–526. Retrieved from <https://dx.doi.org/10.1016/j.jemermed.2015.10.037>
- Saleeth, M. F. M., & Almeida, M. D. (2020). Patterns of injury among assault victims presenting at the accident service Colombo South Teaching Hospital (CSTH). *Sri Lanka Journal of Medicine*, 29(2), 53–53. Retrieved from <https://dx.doi.org/10.4038/sljm.v29i2.224>
- Samuel, J. C., Akinkuotu, A., Villaveces, A., Charles, A. G., Lee, C. N., Hoffman, I. F., Miller, W. C., Baloyi, P., Hoffman, M., Brown, L. B., & Muyco, A. P. (2009). Epidemiology of Injuries at a Tertiary Care Center in Malawi. *World Journal of Surgery*, 33(9), 1836–1841. Retrieved from <https://dx.doi.org/10.1007/s00268-009-0113-4>
- Violence, W. (n.d.). *Global Public Health Problem. World Report On Violence And Health*.

WHO. (2021). *Violence against women*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>