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Original communication

Survey of medico-legal investigation of homicides in the city of Turku, Finland

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Abstract

Finland has one of the highest homicide rates in western Europe but the clear-up rate is also exceptionally high. To create a detailed analysis of homicides ($n = 161$) in a region of western Finland during the 20-year period from 1983 to 2002 all available information was collected retrospectively from multiple sources including medico-legal reports, reports of police investigations, and court proceedings. Among the data collected and analysed were location, time, circumstances, and motives of homicides, forensic pathologists' role at the scene-of-the-crime and in court, autopsy findings, demographics and substance abuse of both victims and offenders, criminal background, forensic psychiatric examinations, and the verdicts of the offenders. A typical homicide was committed without premeditation during the weekend by a drunken male with a knife at hand and with a history of violent crimes. The perpetrator was later found guilty of manslaughter and received a prison sentence. Some noted shortcomings both in the police and the medico-legal investigation procedures are discussed, as well as the forensic pathologist's role in the judicial process in Finland.

Keywords: Homicide; Finland; Medico-legal; Victim; Offender

1. Introduction

Homicide is widely accepted as a public health problem,[1] which can be understood to reflect the contemporary societies' concern with the heightened incidence of deliberate physical violence seen in all industrialized countries over the last decades. Finland (5.2 million inhabitants) has one of the highest homicide rates in western Europe, three times higher than other Scandinavian countries, even though the absolute number of homicides has remained relatively low (in 1983–2002 mean 135 homicides per year).[2–4]

By Finnish law,[5] every known or suspected unnatural death must undergo a medico-legal investigation. Approximately 90% of the victims of unnatural deaths and all suspected homicide victims are subjected to a medico-legal autopsy.[6] The forensic pathologist determines the cause and manner of death and signs the death certificate. All death certificates are further scrutinized by provincial medico-legal experts before this information is transmitted to the National Bureau of Statistics (Statistics Finland).

In a Finnish study of missing persons it was suggested that very few victims of homicide remain unknown to the police.[7] Furthermore, the legislation and rigorous autopsy practice have kept the number of undetected homicides low, and this combined with the statistical procedure give an excellent basis for systematic analysis of homicides. Research has so far focused mainly on criminological and sociological aspects of homicide,[4,8–11] or on restricted entities like intrafamilial child homicides,[12,13] or forensic psychiatric studies.[14,15]

As a part of a larger on-going survey, the aim of the present study was to establish the incidence of various forms of homicide in a region of western Finland and to

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examine the characteristics associated with them. The study focused on a detailed analysis of homicides occurring within this population during two decades to contribute a more in-depth description of all the different aspects of local homicidal violence ranging from the scene of the crime to the courts of justice.

2. Materials and methods

The study included all homicidal deaths ($n = 172$) examined at the Department of Forensic Medicine, University of Turku, Finland, during the 20-year period from January 1st 1983 to December 31st 2002. During the study period, the Department served an area which comprised the city of Turku and a number of smaller adjacent communities, both urban and rural, with a total population of approximately 300,000 inhabitants.[3] The cases were first identified through a manual search of the departmental files, and later Statistics Finland was consulted to verify that all such deaths had been included. The inclusion criterion was that the death had been certified as a homicide by a forensic pathologist. Delayed deaths as a consequence of complications of trauma due to an assault more than 1 year previously (2 cases) and felonies abroad (5 cases) were excluded from the material.

The information regarding the remaining 165 victims was collected retrospectively from the case files at the Department of Forensic Medicine and each case was reviewed in detail. The anatomical, toxicological and other objective findings in the autopsy reports were recorded as well as the location and time of assault, location of the body, whether the forensic pathologist visited the scene of the crime, time of death, manner of victim identification, and the demographic characteristics (nationality, marital status, employment status, and domicile) of the victim. Based on the cause of death, the cases were divided into the following categories: sharp force injury, gunshot wound, blunt force injury, strangulation/suffocation, drowning, burning and poisoning.

Additional material concerning the incidences, including police interview protocols and scene-of-the-crime investigation data, was obtained from the pre-trial investigation files of the regional police departments. These records were analyzed for demographics of the offenders (nationality, marital status, employment status, and domicile), the relationship between victims and offenders, circumstances and motives for the offence, and known history of substance abuse and criminal background of the parties involved. Autopsy reports of those offenders who committed suicide in connection with the homicide, were obtained and reviewed for all available demographic and toxicological data. Since, in Finland, the data in the criminal records are deleted after a person is deceased, no criminal records were available for the victims. For the offenders who were still alive, the criminal records were obtained from the Legal Register Center of the Ministry of Justice.

The information regarding court proceedings of the cases was obtained from the archives of the prosecutor's office, the district courts and the court of appeal. Among the data collected were whether the forensic pathologist was called to court, whether there was a forensic psychiatric examination, and if there was, the outcome of this, and the verdicts. If the case had been appealed during the court process, only the final outcome was taken into consideration.

3. Results

During the 20-year period a total of 161 homicide incidents occurred in Turku and its surroundings, perpetrated by 178 identified offenders and resulting in the death of 165 persons (Fig. 1). Of these homicidal deaths 5 (2 foreigners, 3 Finnish citizens) were found in the departmental files but not in the files obtained from Statistics Finland.

The annual incidence of homicides varied between 3 and 13, and peaked slightly in the month of July. Approximately one-third (34%; $n = 56$) of the fatal encounters occurred on a Friday or a Saturday, and during other days of the week the percentage varied between 10% ($n = 17$) and 16% ($n = 26$). Of the incidents, 71% ($n = 117$) occurred between 5.30 p.m. and 5 a.m., 21% ($n = 34$) were evenly distributed throughout the rest of the day, and for the remaining 8% (14) the time of day could not be retrieved from the files.

In this study, the majority of all identified offenders acted alone, 16% ($n = 27$) of the victims died at the hands of multiple (from 2–6) assailants acting in concert. However, there were no cases involving actual organized gangs. Of the homicide incidents 2% ($n = 4$) involved 2 victims and 1 offender and during the whole study period 6 offenders committed homicides in 2 separate incidents.

Of the 157 reported (one-to-one) homicidal relationships 67% ($n = 105$) were intrasexual. Both the victim and the offender were male in 66% ($n = 104$) of the cases and female in less than 1% ($n = 1$). About 31% ($n = 49$) of the homicides involved an interaction between persons of different sexes, i.e. a male killing a female (25%; $n = 40$), or a female killing a male (6%; $n = 9$).

The majority of the offences (59%; $n = 97$) took place in a private residence. Most fatalities occurred at the scene of the crime and in the overwhelming majority (81%; $n = 134$) of all cases, the victims were also found there. In 16% ($n = 27$) of all the incidents, the forensic pathologist was called to the scene of the crime. In 8% ($n = 13$) of the cases it was obvious that the perpetrator had moved the body from the scene. 9% ($n = 15$) of the victims were found covered, and additionally 3 victims were hidden in a trunk or a freezer, and 5 victims in water. In 21% ($n = 34$) of the cases the victims died during hospital treatment, 5.5% ($n = 9$) of the victims survived over a period of 1 week after the assault.

In 4% ($n = 6$) of the cases, the police did not suspect a homicide prior to the autopsy.

3.1. Victims

Males (73%; $n = 121$) outnumbered females (27%; $n = 44$) as victims of homicide. All the victims were positively