ORIGINAL ARTICLE

Trauma due to wounding crimes: Demographic analysis and forensic reporting

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ABSTRACT

BACKGROUND: This study aims to evaluate traumatic injuries resulting from wounding crimes from a forensic medical perspective, determine the demographic characteristics of the victims, and characterize injury patterns.

METHODS: A retrospective review was conducted on 2,164 forensic reports prepared between January 1, 2023 and June 30, 2024 at the Department of Forensic Medicine, Gülhane Training and Research Hospital. Data including gender, age, marital status, educational level, type of assault, nature of the forensic traumatic event, traumatic injuries, affected body regions, and injury characteristics were analyzed using IBM SPSS Statistics 26.0. The results were evaluated statistically.

RESULTS: Of the victims, 72.8% were male and 27.2% female. Injuries occurred most frequently in the 21-30 age group (30.4%). A significant decrease in the incidence of injuries was observed with increasing education levels ($p<0.05$). The fact that 22.1% of victims were university graduates suggests that higher education may serve as a protective factor against victimization. The most common cause of trauma was assault (54.6%), followed by traffic accidents (35.9%). Injuries often involved multiple body regions (39.3%), with the head-neck region (30.6%) and upper extremities (13.4%) being most commonly affected. It was determined that 66.6% of the injuries were mild enough to be treated with simple medical interventions, while 6.9% were life-threatening. Traffic accidents were significantly associated with fractures and dislocations (23.6%). Additionally, facial injuries due to assaults occurred frequently and were statistically significant (68.6%; $p<0.05$).

CONCLUSION: This study highlights the demographic distribution of assault-related crimes and the forensic implications of traumatic injuries, emphasizing the importance of preventive measures and the necessity for multidisciplinary collaboration.

Keywords: Forensic trauma; wounding crimes; trauma epidemiology.

INTRODUCTION

Wounding crimes are acts that can have lasting impacts on victims by compromising their physical and psychological integrity. These injuries may result from blunt, penetrating, physical, or chemical trauma.[1-4] Such crimes can span a wide spectrum, ranging from impulsive individual assaults to organized criminal acts. Men, young adults, and individuals with lower levels of education are more frequently involved in or affected by wounding crimes.[5] Studies have shown that the likelihood of involvement in these crimes decreases as education levels increase.[6]

Historically, wounding crimes have been regarded as offenses that disrupt social order and have been punished according to the prevailing legal and societal norms of the time.[7] In modern legal systems, the focus has shifted toward the harm suffered by the victim, with legal sanctions designed to ad-

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dress victimization and protect public safety.[8] In accordance with this approach, the Turkish Penal Code (TPC) classifies wounding crimes based on the perpetrator's intent, categorizing them as negligence, intent, probable intent, and conscious negligence.[9] Additionally, penalties are determined according to the nature of the harm caused by the wounding, with basic, qualified, and aggravated forms explicitly defined within the TPC.

Any act that causes pain, deterioration of health, or impairment of sensory function in an individual's body is defined as the basic form of wounding. If the injury is mild enough to be treated with simple medical intervention, the initiation of investigation and prosecution depends on the victim's complaint. However, penalties are increased by specific proportions in qualified cases, such as intentional wounding committed against individuals who are physically or mentally unable to defend themselves, or in cases involving the use of a weapon.[10] Aggravated outcomes of wounding crimes include permanent weakening or loss of sensory or organ function, persistent difficulty in speech, loss of speech or reproductive capability, permanent facial scars or lasting changes in facial appearance, life-threatening conditions, premature birth or miscarriage in a pregnant woman, and injuries resulting in bone fractures or dislocations.[10]

The role of forensic medicine specialists is to evaluate the nature, mechanism, and impact of injuries on victims based on scientific principles, thereby supporting the legal process.[3] Accurate assessment of injuries is critical for clarifying the event, determining the perpetrator's responsibility, and properly identifying the extent of harm to the victim. In this context, the Guide to the Forensic Medical Evaluation of Wounding Crimes Defined in the Turkish Penal Code[11] serves as an important resource for forensic specialists and contributes to the standardization of reporting.[3]

The aim of this study is to examine forensic reports related to traumatic injuries resulting from wounding crimes, identify the demographic characteristics of the victims, and analyze the types and distribution of the incidents, thereby establishing a profile of forensic cases. Additionally, the study seeks to highlight violent incidents and provide recommendations for preventive measures aimed at reducing fatalities and injuries resulting from wounding crimes.

MATERIALS AND METHODS

Forensic reports prepared at the Department of Forensic Medicine, Gülhane Training and Research Hospital, between January 1, 2023 and June 30, 2024, were retrospectively reviewed. Cases in which victims of wounding crimes had requested a final report regarding their injuries from judicial authorities were included in the study. The cases were examined based on gender, age, marital status, educational level, type of wounding crime, nature of the forensic traumatic event, type of traumatic injuries, affected body regions, and classification of injuries according to the Turkish Penal Code.

The collected data were entered into IBM SPSS Statistics 26.0 (Chicago INC., USA) for statistical analysis. Descriptive statistics were presented as mean ± standard deviation for continuous variables and as frequencies for categorical variables. Group differences were analyzed using the chi-square test. A p-value of <0.05 was considered statistically significant.

This study was conducted with the approval of the Non-Interventional Scientific Research Ethics Committee of the Health Sciences University Gülhane Training and Research Hospital (Decision No: 2024/9, Date: July 11, 2024).

The study was carried out in accordance with the current principles of the Declaration of Helsinki.

RESULTS

Of the 2,164 cases included in the study, 1,575 (72.8%) were male and 589 (27.2%) were female (Table 1). Men were found to be more frequently exposed to wounding crimes compared to women ($p<0.05$).

Among the cases, 658 (30.4%) were in the 21-30 age group, 423 (19.5%) in the 31-40 age group, and 369 (17.1%) in the 11-20 age group, while 51 (2.4%) were in the 0-10 age group, and 151 (7%) were aged 61 and above (Table 1). The mean age of all cases was 33.96±15.67 years. The highest number of cases occurred in the 21-30 age group, and this difference compared to other age groups was statistically significant ($p<0.05$).

Regarding educational status, 2.1% (n=45) of the cases were illiterate, 15.9% (n=343) had completed primary school, 25.1% (n=543) had completed secondary school, 35.9% (n=777) had completed high school, and 22.1% (n=479) were university graduates. A significant decrease in the incidence of wounding crimes was observed with increasing education level ($p<0.05$). As for marital status, 46.1% (n=997) of the cases were married, 45.5% (n=985) were single, and 8.4% (n=182) were divorced or widowed. No statistically significant difference was found in the distribution of marital status among the victims of wounding crimes compared to the general population ($p>0.05$).

Of the forensic reports, 81.8% (n=1,770) were prepared based on medical documents from investigation files, while 18.2% (n=394) were prepared following clinical examination. The average time between the occurrence of the forensic event and the preparation of the forensic report at our clinic was 69.09 days.

Upon examining the traumatic lesions resulting from wounding crimes, it was found that 11.8% (n=255) of the cases involved incisions, 18.9% (n=409) had lacerations, 43.2% (n=935) showed ecchymoses, 57.1% (n=1,235) had abrasions, and 57% (n=1,234) exhibited localized edema.

Table 1. Gender distribution by age groups

	Gender				Total	
	Male		Female			
	n	%	n	%	n	%
Age Group						
0-10	38	2.4	13	2.2	51	2.4
11-20	275	17.5	94	16	369	17.1
21-30	497	31.6	161	27.3	658	30.4
31-40	308	19.6	115	19.5	423	19.5
41-50	206	13.1	95	16.1	301	13.9
51-60	149	9.5	62	10.5	211	9.8
61-70	67	4.3	30	5.1	97	4.5
71-80	29	1.8	16	2.7	45	2.1
81-90	6	0.4	3	0.5	9	0.4
	1,575	100	589	100	2,164	100

χ^2: 6.16, p=0.013.

Among the victims, 39.3% (n=851) sustained injuries affecting multiple body regions. Isolated injuries were reported in the head-neck region in 30.6% (n=662) of cases, upper extremities in 13.4% (n=289), lower extremities in 11.2% (n=243), thorax in 2.3% (n=49), back-lumbar area in 2.0% (n=43), and abdomen in 1.2% (n=27) (Table 2).

The most common cause of injury was fighting or interpersonal violence, accounting for 54.6% (n=1,183) of the cases. This was followed by in-vehicle traffic accidents (24.1%, n=521), out-of-vehicle traffic accidents (11.8%, n=255), sharp force injuries (6.7%, n=144), and firearm-related injuries (2.8%, n=61) (Table 3). A strong correlation was found be-

Table 2. Injury regions of victims

	n	%
Injury Region		
Multiple	851	39.3
Head-Neck	662	30.6
Upper Extremi-ty	289	13.4
Lower Extremi-ty	243	11.2
Thorax	49	2.3
Back-Lumbar	43	2
Abdomen	27	1.2
	2,164	100

Table 3. Distribution of injury origin by age groups

	Origin											
	FRV		IVTA		OVTA		SI		FRI		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Age Group												
0-10	16	1.4	12	2.3	23	9	0	0	0	0	51	2.4
11-20	189	16	99	19	43	16.9	30	20.8	8	13.1	369	17.1
21-30	377	31.9	189	36.3	31	12.2	39	27.1	22	36.1	658	30.4
31-40	251	21.2	86	16.5	33	12.9	35	24.3	18	29.5	423	19.5
41-50	179	15.1	59	11.3	28	11	25	17.4	10	16.4	301	13.9
51-60	122	10.3	40	7.7	39	15.3	9	6.3	1	1.6	211	9.8
61-70	32	2.7	25	4.8	32	12.5	5	3.5	2	3.3	97	4.5
71-80	12	1	9	1.7	23	9	1	0.7	0	0	45	2.1
81-90	4	0.3	2	0.4	3	1.2	0	0	0	0	9	0.4

χ^2: 275.93, p<0.001. *FRV: Fighting-related violence; IVTA: In-vehicle traffic accident; OVTA: Out-of-vehicle traffic accident; SI: Sharp object injury, FRI: Firearm-related injury.

Table 4. Distribution of injury origin by life-threatening status

	Origin										Total	
	FRV		IVTA		OVTA		SI		FRI			
	n	%	n	%	n	%	n	%	n	%	n	%
Life-Threatening Status												
Not Life-Threatening	1,168	98.8	479	91.9	213	83.5	110	76.4	44	72.1	2,015	93.1
Life-Threatening	14	1.2	42	8.1	42	16.5	34	23.6	17	27.9	149	6.9
	1,183	100	521	100	255	100	144	100	61	100	2,164	100

χ^2: 282.17, p<0.001. *FRV: Fighting-related violence; IVTA: In-vehicle traffic accident; OVTA: Out-of-vehicle traffic accident; SI: Sharp object injury, FRI: Firearm-related injury.

Table 5. Distribution of injury origin by bone fracture/dislocation status

	Origin										Total	
	FRV		IVTA		OVTA		SI		FRI			
	n	%	n	%	n	%	n	%	n	%	n	%
Bone Fracture/Dislocation												
Not Present	1,018	86.1	362	69.5	118	46.3	124	86.1	32	52.5	1,654	76.4
Present	165	13.9	159	30.5	137	53.7	20	13.9	29	47.5	510	23.5
	1,183	100	521	100	255	100	144	100	61	100	2,164	100

χ^2: 462.98, p<0.001. *FRV: Fighting-related violence; IVTA: In-vehicle traffic accident; OVTA: Out-of-vehicle traffic accident; SI: Sharp object injury, FRI: Firearm-related injury.

tween age groups and the origin of the incident (p<0.05). Fighting-related violence was prevalent across all age groups but was particularly common in the 21-30 age group. In-vehicle traffic accidents were more frequently observed in the 61-70 age group, while firearm-related and sharp force injuries were more common among younger individuals aged 21-30 and 31-40.

In 4.4% (n=97) of cases, the injuries resulted in internal organ trauma; 1.9% (n=41) involved cranial bone fractures, and 0.5% (n=10) led to major vascular injuries, placing the victim in a life-threatening condition. In contrast, 93.1% (n=2,015) of the cases did not result in life-threatening conditions (Table 4). A significant relationship was found between the origin of the incident and the occurrence of life-threatening conditions (p<0.05), indicating that out-of-vehicle traffic accidents and sharp object injuries were more strongly associated with life-threatening outcomes.

It was determined that 66.6% (n=1,442) of the injuries were mild enough to be treated with simple medical interventions, while 33.4% (n=722) were not mild enough to be addressed by such interventions.

Bone fractures or dislocations were observed in 23.6% (n=510) of the cases. When the impact of these injuries on life functions was classified as mild (score 1), moderate (scores 2-3), or severe (scores 4-5-6), the distribution was as follows: 2.9% (n=62) had a score of 1, 7.1% (n=153) had a score of 2, 4.2% (n=91) had a score of 3, 4.3% (n=92) had a score of 4, 2.2% (n=47) had a score of 5, and 3.0% (n=65) had a score of 6. A significant relationship was identified between the origin of the event and the occurrence of bone fractures or dislocations (p<0.05), with both in-vehicle and out-of-vehicle traffic accidents being more strongly associated with such injuries (Table 5).

In 38.9% (n=841) of the cases, injuries occurred within the facial boundaries. A significant relationship was found between facial injuries and the origin of the incident (p<0.05). Among those with facial injuries, 68.6% (n=577) were associated with fighting-related violence. Additionally, 48.8% (n=577) of all cases resulting from fighting-related violence involved facial injuries. In 4% (n=87) of the cases, tooth fractures or tooth loss were identified. In 90% (n=1,948) of the cases, the injury was not considered to result in a permanent facial scar or a lasting change in facial appearance. In 9% (n=194), it was determined that a follow-up evaluation would be necessary after six months, while in 1% (n=22), the injury was deemed to have caused a permanent facial scar.

In 89.6% (n=1,940) of the cases, the injuries were severe enough to cause permanent impairment or loss of function in

any sense or organ. In 9.3% (n=201), it was concluded that a definitive evaluation could only be made after the completion of the victim's medical treatment. Permanent loss of function occurred in 0.6% (n=13) of cases, while partial functional impairment was observed in 0.5% (n=10).

Among the cases, four victims were pregnant; however, none of the injuries led to premature birth or miscarriage. Additionally, no cases resulted in persistent speech impairment, loss of the ability to speak or reproduce, development of an incurable disease, or entry into a vegetative state.

DISCUSSION

Due to the influence of various psychological, social, cultural, and economic factors, men are more frequently involved in wounding crimes.[12] Previous studies evaluating forensic traumatic cases in the literature have also reported male-dominant rates.[2,5,12-14] These findings are consistent with our study, in which 72.8% of the victims were male. The association between male gender and wounding crimes was found to be significantly higher compared to females ($p<0.05$). We believe that gender roles and societal expectations play a direct role in this disparity.

Findings from previous studies[2,12,13,15,16] also support our observation that the highest proportion of cases occurred in the 21-30 age group (30.4%), which was significantly more represented than other age groups ($p<0.05$). Consistently, the mean age of the study population was calculated as 33.96±15.67 years. This overrepresentation of the 21-30 age group may be attributed to a greater tendency toward risk-taking behavior and the relative immaturity of impulse control mechanisms in this age range,[17] both of which may increase susceptibility to involvement in wounding-related offenses.

Our study demonstrates a clear inverse relationship between educational attainment and exposure to wounding crimes, with a statistically significant decline in victimization rates as education levels increase ($p<0.05$). Notably, 22.1% of the cases involved individuals with a university degree. This inverse correlation between education level and vulnerability to wounding crimes aligns with findings reported in the literature.[18-20] As educational attainment rises, the associated cognitive, social, and economic benefits are believed to help individuals avoid environments conducive to violence, thereby reducing their likelihood of becoming victims.

In studies evaluating traumatic injury cases admitted to forensic medicine units,[5,12-16,21-26] fighting-related violence and traffic accidents have been identified as the most common causes of injury. While some studies reported fighting-related violence as the leading cause,[5,12,16,24-26] others found traffic accidents to be more prevalent.[13-15,21–23] In line with those reporting fighting-related violence as the primary mechanism,[5,12,16,24-26] our study also identified it as the most frequent cause of injury (54.6%), followed by traffic accidents (35.9%). We believe that differences in the socioeconomic characteristics of study populations, regional crime rates, and levels of legal awareness across different samples may have contributed to the varying distribution of these outcomes.

Additionally, the findings of this study revealed a statistically significant association between the origin of forensic incidents and age groups ($p<0.05$). Fighting-related violence was more prevalent among individuals aged 21-30, while traffic accidents were more frequently observed in the 61-70 age group. Firearm and sharp object injuries were more commonly encountered in the younger age groups (21-30 and 31-40) compared to other groups. Consistent with our findings, Çelik et al.[22] reported that incidents involving fighting-related violence were proportionally most common in the 21-30 age group, while accidents were more frequently seen in individuals over the age of 50. Similarly, Gök et al.[5] observed a higher incidence of accidents among individuals aged 40 and above. The higher prevalence of fighting-related injuries in the 21-30 age group may be attributed to greater exposure to socially and environmentally risky settings, as well as a heightened tendency toward impulsive and aggressive behavior in young adults. In contrast, the increased incidence of traffic accidents in the 61-70 age group is likely related to age-associated declines in reflexes and deterioration in sensory and motor functions.

The finding that 39.3% of the victims sustained injuries involving multiple body regions, followed by isolated head and neck injuries (30.6%) and isolated extremity injuries (24.6%), is consistent with previous studies in the literature.[21,22,25,27] The high frequency of multi-region injuries is likely due to the predominance of fighting-related incidents and traffic accidents among the analyzed cases.

In line with previous studies,[5,13,21,23] our research demonstrates that in 93.1% of cases, the injuries did not result in life-threatening conditions. Çeliksöz et al.[15] identified internal organ injuries and skull fractures as the most common causes of life-threatening trauma. Similarly, our study found that internal organ injuries (4.4%) and cranial fractures (1.9%) were the primary factors contributing to life-threatening conditions, supporting the findings reported in the literature. A statistically significant association was identified between the origin of the incident and the presence of a life-threatening condition ($p<0.05$). As also noted in the literature,[2,22] out-of-vehicle traffic accidents and sharp object injuries were more strongly associated with life-threatening outcomes. We believe this is due to the nature of such injuries, which often involve direct trauma to vital organs and tend to be severe and unprotected, thereby posing a greater risk to life compared to other types of trauma.

Previous studies[5,12-14,21] have shown that 34.7% to 71.4% of forensic traumatic injuries can be treated with simple medical intervention. Similarly, in our study, 66.6% of the cases presenting to our clinic involved injuries mild enough to be managed with simple medical treatment. This outcome is

likely due to the predominance of fighting-related incidents in our sample, most of which stemmed from low-intensity altercations such as verbal disputes or minor physical scuffles. Such scenarios are more likely to result in injuries that do not require advanced medical treatment, thereby increasing the proportion of cases classified as medically minor.

It was determined that 23.6% of the cases involved bone fractures or dislocations. Among these, life functions were affected at a score of 1 point in 2.9% of cases; 2 points in 7%; 3 points in 4.2%; 4 points in 4.3%; 5 points in 2.2%; and 6 points in 3%. In their study, Gök et al.[5] reported bone fractures or dislocations in 26.8% of cases, while Ersoy et al.[23] found this rate to be 24%. Sehlikoğlu et al.[25] noted that fractures or dislocations most frequently affected life functions at a score of 2 points. These findings are consistent with the results of our study. A statistically significant relationship was found between the origin of the incident and the occurrence of bone fractures or dislocations ($p<0.05$), with traffic accidents being more strongly associated with such injuries. Similarly, Çeliksöz et al.[15] also reported that bone fractures in forensic traumatic events most commonly resulted from traffic accidents, in line with our findings. Since traffic accidents generally involve high-energy transfer, the forces exerted directly on bony structures are greater. Such high-kinetic-energy traumas increase the likelihood of bone fractures and dislocations.

It was found that 38.9% of the cases included in the study involved injuries within the facial boundaries, and 68.6% of those with facial injuries were victims of fighting-related incidents. This association was statistically significant ($p<0.05$). We believe this may be attributed to the fact that the face is both anatomically more exposed to trauma and symbolically represents a person's identity and self-confidence, making it a deliberate target in cases of physical assault.

In 90% of the cases, the injuries did not result in a permanent facial scar or a lasting alteration in facial appearance. In 9% of the cases, however, a conclusive assessment could only be made after a six-month follow-up period. Additionally, in 89.6% of the cases, the injury was not severe enough to cause permanent impairment or loss of function in any of the victim's senses or organs. In 9.3% of cases, a definitive evaluation could only be made upon completion of medical treatment. These findings are consistent with those reported in similar studies.[5,14,21,23,25]

CONCLUSION

In this study, a total of 2,164 cases for which forensic reports were issued due to exposure to wounding crimes were retrospectively analyzed. The demographic characteristics of the victims, types of traumatic injuries, and mechanisms of occurrence were examined in detail. The findings revealed that the majority of individuals exposed to wounding crimes were young males. This may be attributed to the increased likelihood of risk-taking behavior and the greater presence of young men in environments where violence is more likely to occur.

One of the most significant findings of this study is the clear decline in the rate of exposure to wounding incidents as the level of education increases. This underscores the critical role of education in reducing individuals' risk of encountering violence and traumatic incidents. In this context, it is recommended that educational policies be strengthened and that community support mechanisms be implemented to promote higher levels of educational attainment.

Injuries resulting from traffic accidents and sharp object assaults were found to have a higher association with life-threatening outcomes. This finding highlights the need to strengthen traffic safety policies and implement stricter regulatory mechanisms to control access to sharp objects. Traffic accidents, in particular, were closely linked to bone fractures and dislocations. Raising public awareness about traffic safety and promoting the use of protective equipment are critically important steps in reducing the incidence of such injuries.

The frequent occurrence of facial injuries resulting from physical assaults suggests that perpetrators may intentionally target the victim's identity and psychological integrity. Accordingly, it is recommended that regulatory measures be implemented to raise public awareness and enhance the deterrent effect of legal sanctions in order to reduce the incidence of violence.

In conclusion, the findings of this study underscore the necessity of multidisciplinary and inter-institutional collaboration in the prevention of forensic traumatic injuries. Additionally, the standardization of forensic evaluation and reporting procedures is expected to contribute positively to the effectiveness of legal processes. Future research focusing on the psychosocial dimensions of violence and trauma will offer valuable insights for developing a more comprehensive understanding of injury mechanisms and designing effective prevention strategies.

Ethics Committee Approval: This study was approved by the Health Sciences University Gülhane Training and Research Hospital Ethics Committee (Date: 11.08.2024, Decision No: 2024/9).

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ORİJİNAL ÇALIŞMA - *ÖZ*

Yaralama suçlarına bağlı travmalar: Demografik analiz ve adli raporlama

AMAÇ: Bu çalışma, yaralama suçlarına bağlı travmatik yaralanmaların adli tıbbi açıdan değerlendirilmesini, mağdurların demografik özelliklerini ve yaralanmaların karakteristik bulgularını belirlemeyi amaçlamaktadır.

GEREÇ VE YÖNTEM: Gülhane Eğitim ve Araştırma Hastanesi Adli Tıp Ana Bilim Dalı'nda 01.01.2023-30.06.2024 tarihleri arasında düzenlenen 2164 adli rapor retrospektif olarak incelendi. Cinsiyet, yaş, medeni durum, eğitim durumu, yaralama suçunun türü, meydana gelen adli travmatik olay, travmatik yaralar ve meydana geldiği vücut bölgesi, yaralanmaların niteliği gibi veriler IBM SPSS Statistics 26.0 kullanılarak analiz edildi ve sonuçlar istatistiksel olarak değerlendirildi.

BULGULAR: Mağdurların %72.8'i erkek, %27.2'si kadındır. Yaralanmalar en sık 21-30 yaş grubunda (%30.4) gerçekleşmiştir. Eğitim düzeyi arttıkça yaralama olaylarına maruz kalma oranının azaldığı belirlenmiştir ($p<0.05$). Mağdurların %22.1'inin üniversite mezunu olması, eğitim seviyesinin suç mağduriyeti açısından koruyucu bir faktör olduğunu göstermektedir. En sık görülen travma türü darp-etkili eylemdir (%54.6), bunu trafik kazaları (%35.9) takip etmektedir. Yaralanmalar çoğunlukla birden fazla vücut bölgesinde (%39.3) meydana gelmiş, bunu %30.6 ile baş-boyun bölgesi ve %13.4 ile üst ekstremite yaralanmaları izlemiştir. Yaralanmaların %66.6'sının basit tıbbi müdahale ile giderilebilecek ölçüde hafif nitelikte olduğu, %6.9'unun mağdurun yaşamını tehlikeye sokan bir duruma neden olduğu saptanmıştır. Trafik kazalarının kemik kırık ve çıkıklarıyla (%23.6) anlamlı bir ilişkisi bulunmuştur. Ayrıca darp eylemleri sonucunda yüz bölgesi yaralanmalarının (%68.6) sık ve anlamlı bir şekilde gerçekleştiği belirlenmiştir ($p<0.05$).

SONUÇ: Çalışmamız, yaralama suçlarının demografik dağılımını ve travmatik yaralanmaların adli sonuçlarını analiz ederek önleyici tedbirlerin önemini vurgulamakta ve multidisipliner iş birliğinin gerekliliğine dikkat çekmektedir.

Anahtar sözcükler: Adli travma; travma epidemiyolojisi; yaralama suçları.

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