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NEWS REVIEW 5

Forensic Medicine & Medicolegal Perspectives

Date: May 29-31, 2026

Category: Child Homicide / Forensic Pathology

Location: Nedumangad, Thiruvananthapuram, Kerala

Victim: Arshid, 1.5-year-old male toddler

Kerala Toddler Murder, Nedumangad: A Case of Prolonged Fatal Child Abuse

Forensic Pathology, Medicolegal Obligations & Child Protection — A ForMedEx Analysis

1. CASE OVERVIEW

On the evening of May 29, 2026, a one-and-a-half-year-old boy named Arshid was brought to a private hospital in Panavoor, Nedumangad — approximately 20 kilometres from Thiruvananthapuram — and subsequently transferred to Sree Avittom Thirunal (SAT) Hospital, where he was declared dead. His stepfather, Ashkar (31), who had brought the child to hospital, claimed the toddler had choked on food and lost consciousness. Relatives immediately raised doubts. Police initiated a deeper inquiry after an inquest examination revealed extensive injury marks across the child's body.

TIMELINE	Event
Mid-May 2026	A YouTuber filmed a viral social media video showing Arshid with both hands in plaster casts. Akhila (mother) attributed the injuries to a fall from a bicycle. The clip attracted light-hearted public comments — a tragic failure of collective vigilance.
~1 month prior to death	According to the accused's own confession, Ashkar had begun a systematic pattern of physical assault on the child using a stick and cigarette burns on the legs. He used cloth to muffle the child's cries.
~3 months prior to death	Ashkar later confessed he had planned to kill the child three months before the death, viewing Arshid as an obstacle to his relationship with Akhila.
Prior weeks	The child's maternal grandmother (Reena) and grandfather (Sunil) reported suspected abuse to Nedumangad police and sought custody. Police returned the child to Akhila, citing maternal custodial rights. A previously broken arm had been attributed to a fall.

May 29, 2026 (evening)	Arshid cried while being fed rice. Ashkar allegedly struck the back of the child's head with severe force. The toddler lost consciousness. Ashkar brought him to a private hospital in Panavoor claiming food choking, then to SAT Hospital.
May 29, 2026 (night)	Arshid declared dead at SAT Hospital. Relatives raised suspicions of assault. Inquest examination by police reveals multiple injury marks across the body.
May 30, 2026 (night)	Nedumangad police arrest both Ashkar and Akhila. Both are produced before court and remanded to judicial custody.
May 31, 2026 onwards	Post-mortem confirms homicide. Ante mortem report identifies 91 total wounds. Crime scene reconstruction leads Ashkar to confess. Police recover a stick and lighter from the scene; items thrown into a canal are traced.

2. FORENSIC PATHOLOGY FINDINGS

Post-mortem findings documented 51 wounds at inquest (police); ante mortem report subsequently identified a total of 91 injuries — all believed to have been inflicted within a period of approximately one month. The post-mortem confirmed death by homicide.

EXTERNAL INJURY PROFILE	INTERNAL / FATAL INJURIES
<ul style="list-style-type: none"> • Total 91 injuries confirmed (ante mortem report); 51 documented at inquest across the body surface • Multiple wounds of varying ages — confirming a chronic pattern of repeated assault over weeks • Cigarette burn marks on the legs — establishing deliberate, sadistic infliction • Genital injuries — indicating sexual/physical violence to the perineal region • Previously fractured arms (bilateral), attributed falsely to accidental falls 	<ul style="list-style-type: none"> • Fatal blow to the back of the head — consistent with a forceful impact causing coup-contrecoup brain injury • Intracranial haemorrhage (bleeding in the head) confirmed on post-mortem • Internal bleeding in other parts of the body — consistent with blunt force trauma to the trunk • Injuries to internal organs — damage pattern consistent with repeated blunt abdominal trauma over time • Cause of death: fatal head injury with internal haemorrhage, superimposed on a background of prolonged physical abuse

3. FORENSIC PATHOLOGY INTERPRETATION: NON-ACCIDENTAL INJURY IN INFANTS

This case presents a textbook — and deeply tragic — constellation of Non-Accidental Injury (NAI) indicators. Forensic medicine practitioners encountering a toddler death must systematically evaluate the following patterns, all of which are present in the Arshid case.

3.1 Dating of Injuries — Evidence of Chronicity

The documentation of wounds at multiple stages of healing (fresh, healing, and healed) is among the most powerful forensic indicators of repeated, prolonged abuse. In a 1.5-year-old, the presence of injuries of varying ages across 91 sites — all attributed to approximately one month — indicates systematic, recurrent assault. This temporal profile effectively rules out a single accidental event as

the source of injuries, and is consistent with the accused's own confession of sustained abuse over at least one month.

3.2 Mechanism of Fatal Head Injury

The fatal blow to the back of the head, documented by the post-mortem as causing intracranial haemorrhage and loss of consciousness, is consistent with blunt impact to the occipital region. In infants and toddlers, the immature cranial architecture and relatively large head-to-body ratio renders the brain especially vulnerable to haemorrhage from blunt trauma. Police described the loss of consciousness as immediate following the blow — a presentation consistent with subdural or subarachnoid haemorrhage from an acute impact superimposed on chronically injured tissues.

3.3 Significance of Cigarette Burns

The identification of cigarette burn marks on the child's legs constitutes forensic evidence of deliberate, intentional infliction of pain. Accidental cigarette contact produces characteristically different wound morphology (tangential, irregular) compared to the circular, full-thickness contact burns seen when a cigarette is pressed deliberately onto skin. The presence of such burns categorically excludes accidental causation for those specific injuries and establishes sadistic intent — directly relevant to determining criminal culpability and applicable charges.

3.4 Genital Injuries

Documentation of injury to the child's genitals is a critical finding that must be addressed in the charge sheet and medicolegal report. Such injuries in infants require evaluation under POCSO (Protection of Children from Sexual Offences Act, 2012) in addition to provisions under the Indian Penal Code / Bharatiya Nyaya Sanhita. The forensic medical report must clearly document the nature, extent, and probable mechanism of genital injury to support appropriate legal classification of the offence.

3.5 Bilateral Arm Fractures — Prior Injury Pattern

The viral social media video showing the toddler with both arms in plaster is now understood, in retrospect, as visible documentation of prior non-accidental fractures. Spiral and transverse fractures of long bones in non-ambulatory or minimally ambulatory infants — particularly when attributed to implausible mechanisms — are a recognised sentinel finding for physical child abuse. The bilateral symmetry of the arm injuries further undermines the claim of accidental causation. Radiological skeletal survey, now standard in suspected NAI cases, would likely have revealed additional occult fractures had it been performed at the time of the arm injuries.

4. ACCUSED PROFILE & CONFESSION ANALYSIS

From a medicolegal standpoint, the confessions of both accused persons carry significant weight in establishing both the actus reus (criminal act) and mens rea (criminal intent).

ASHKAR (Stepfather, 31) Primary Accused	AKHILA (Mother, 21-24) Second Accused
<ul style="list-style-type: none">Confessed to planning the child's death three months prior — establishing premeditation	<ul style="list-style-type: none">Admitted in preliminary interrogation that she was aware of Ashkar's regular beatings of the child

- Admitted viewing Arshid as an obstacle to his relationship with Akhila — establishing motive
- Confessed to using a stick for beatings and cloth to muffle the child's cries
- Attempted to destroy evidence by throwing items into a canal and burning remnants
- Initially misrepresented cause of death as food choking — deliberate deception of medical staff
- Was absent in Tamil Nadu at a dance programme at the time of the fatal assault — investigators examining whether this was deliberate distancing
- Had earlier informed authorities she was unable to care for the child — child was with grandmother for a period
- Police note inconsistencies in her statements; role in earlier injuries including broken arms under investigation
- To be included in chargesheet — charges likely to encompass culpable homicide, abetment, and failure to protect under child protection law

5. SYSTEM FAILURE ANALYSIS — A PREVENTABLE DEATH

The Arshid case is distinguished from isolated criminal violence by the documented trail of missed intervention opportunities. Forensic medicine practitioners and medicolegal professionals must understand the systemic dimensions of child homicide cases, as these inform public health recommendations and institutional accountability.

01	POLICE INACTION ON GRANDPARENTS' COMPLAINT: The maternal grandmother (Reena) formally approached Nedumangad police to report suspected abuse and seek custody. The child was returned to Akhila with custody cited as the rationale. No welfare inquiry, no medical examination, no referral to child protection services followed. A documented police complaint with no protective outcome is an institutional failure of the highest order.
02	SOCIAL MEDIA AS A MISSED ALERT: A viral video depicting a toddler with bilateral arm casts — an injury pattern inconsistent with the stated mechanism — circulated widely and elicited amusement rather than alarm. In retrospect, this video constituted a publicly available, crowd-sourced documentation of probable non-accidental injury. Healthcare professionals, child welfare advocates, and even social media platforms could potentially have flagged this content for safeguarding review.
03	HOSPITAL STAFF DECEPTION: Ashkar presented the child to hospital with a false history of food choking. Emergency medical staff accepted this history initially. The case underscores the need for structured paediatric safeguarding protocols in emergency departments — specifically, mandatory evaluation of injury-history concordance in children under 2 years presenting with altered consciousness or unexplained death.
04	BIOLOGICAL FATHER'S DEATH AND FAMILY VULNERABILITY: Arshid's biological father had died by suicide while Akhila was pregnant. The family unit was therefore inherently vulnerable — a widowed young mother, unregistered cohabitation with a new partner, financial instability, and a toddler without a biological father figure. Child welfare systems should have flagged this household for enhanced support and monitoring.
05	PRIOR ARM FRACTURES WITHOUT SKELETAL SURVEY: When a toddler sustains bilateral arm fractures attributed to a fall from a bicycle, the clinical and forensic standard of care requires a full radiological skeletal survey (Shaken Baby / NAI protocol) and a multidisciplinary safeguarding review. There is no indication this was performed. The absence of such investigation allowed the abuse to continue unchecked.

6. APPLICABLE LEGAL FRAMEWORK (INDIA)

The Arshid case engages multiple statutes. The medicolegal report must be drafted with awareness of all applicable provisions.

BNS / IPC Provisions	POCSO Act 2012	JJ Act 2015 / Child Protection
<ul style="list-style-type: none"> • Murder (S.103 BNS / S.302 IPC) — for Ashkar; Culpable Homicide (S.105 BNS) — for Akhila • Voluntarily causing grievous hurt (S.117 BNS) • Abetment (S.48 BNS) — for Akhila's knowing failure to protect • Cruelty (S.86 BNS) — chronic physical cruelty to a minor 	<ul style="list-style-type: none"> • Genital injuries may attract POCSO provisions on aggravated penetrative or non-penetrative sexual assault against a child under 12 years • POCSO mandates mandatory reporting by any person who becomes aware of an offence — failure by hospital, police, or any professional could attract S.21 POCSO liability 	<ul style="list-style-type: none"> • JJ Act 2015: Requires Child Welfare Committee (CWC) oversight in cases of child in need of care and protection — grandparents' custody petition should have triggered CWC intervention • Police failure to act on abuse report may attract departmental accountability inquiry

7. KEY LESSONS FOR FORENSIC MEDICINE PRACTITIONERS

01	Treat every toddler death as a potential homicide until proven otherwise. The initial hospital history of 'food choking' was accepted at face value. Mandatory paediatric safeguarding review in any child under 2 presenting unconscious or dead is essential forensic practice.
02	Wound dating is a medicolegal imperative. The presence of injuries at multiple healing stages across 91 sites is the single most powerful indicator of chronic, non-accidental abuse. Forensic pathologists must systematically document, photograph, and age every wound in child death post-mortems.
03	Cigarette burns and genital injuries are never accidental in this context. These findings should trigger mandatory POCSO reporting, specialist paediatric forensic examination, and preservation of swabs for DNA analysis regardless of other circumstances.
04	Bilateral fractures in a non-ambulatory infant demand skeletal survey and multidisciplinary review. The missed opportunity at the time of Arshid's arm fractures was a critical system failure. Every forensic practitioner and emergency physician must advocate for NAI protocols in paediatric fracture cases.
05	The medicolegal report in child homicide must comprehensively document all injuries, timelines, mechanisms, and weapon characteristics to support appropriate charge framing. Recovery of the stick and lighter in this case will allow forensic correlation between weapons and wound morphology.
06	Mandatory reporting obligations extend beyond the immediate death. Under POCSO, any knowledge of ongoing child abuse — including by police — triggers a legal duty to report and act. Practitioners who receive disclosures of child abuse must understand their own reporting obligations.

8. CURRENT INVESTIGATION STATUS

As of June 2026, the investigation is active and led by Nedumangad DySP K. Baiju Kumar. Key developments:

- Both Ashkar and Akhila are in judicial custody following court production on May 30, 2026
- Crime scene reconstruction has been completed; Ashkar confessed to premeditation and disclosed weapon disposal locations
- A stick used for beatings and a lighter used for cigarette burns have been recovered as physical evidence
- Police are investigating Akhila's role in earlier abuse episodes including the broken arms
- Investigators are examining the circumstances of the death of Akhila's first husband (died by suicide while she was pregnant) — police to conduct detailed probe
- Kerala Minister Bindhu Krishna has publicly stated a 'zero tolerance' policy on child abuse and called the case heartbreaking

Chargesheet preparation is underway. The case is expected to attract charges under BNS murder provisions, POCSO, and JJ Act against both accused.

TAGS

#ChildHomicide	#ForensicPathology	#NonAccidentalInjury	#KeralaCrime	#ChildAbuse	#Arshid
#POCSO	#PostMortem	#Nedumangad	#WoundDating	#InfantDeath	#ForMedEx
#BluntForceTrauma	#ChildProtection	#MedicolegalReport	#JJAct	#India2026	#SystemFailure
