

ANALYSIS OF HOMICIDAL DEATHS IN PESHAWAR, PAKISTAN

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Background: Homicide is one of the oldest crimes in human civilization. For every person who dies as a result of homicide, many more are injured. A study of the patterns of homicide in a society is one of the first steps in developing strategies to prevent it. This study was conducted at the department of Forensic Medicine Khyber Medical College, Peshawar, to know the patterns of homicide, taking it as the first step in the prevention of this crime. **Methods:** This study includes 520 cases of homicide out of the total of 662 medico-legal autopsies conducted at Khyber Medical College, Peshawar, during the year 2002. The cases have been labeled as homicide on the basis of autopsy and police inquest. **Results:** The homicide rate for Peshawar during the period under study was 22.9/100,000. Males constituted 86.15% of the victims. 32% of the victims were in their third decade of life. Firearms were the causative agent in 86% of the cases. Chest was the primarily targeted area of the body. The highest number of homicides occurred in the month of November. **Conclusions:** The homicide rate is alarmingly high in Peshawar as is the use of firearms. This is something that should be seriously looked at by the policy makers.

INTRODUCTION

Homicide is the death of one human being as a result of the conduct of another¹. There has been a global increase in homicide and it causes over 500,000 deaths per year worldwide². Included in homicide are cases of premeditated murder, intentional killing, and aggravated assaults resulting in death³.

Homicide is a common endpoint of many different behavioral pathways⁴. It may be a result of arguments between acquaintances, domestic violence, robberies, drug addiction and terrorism⁵.

For every person who dies as a result of violence, many more are injured and suffer from a range of physical, sexual, reproductive and mental health problems. This places a massive burden on national economies, costing countries billions of US dollars each year in health care, law enforcement and lost productivity. In addition homicide, results in significant personal, social and economic cost⁶.

Studies on patterns of homicide are fairly well documented in USA and other western countries^{7,8,9}. Data on homicidal patterns from a few cities of Pakistan has started to appear in medical journals^{5,10,11,12,13}.

Medico legal autopsies not only give the cause and manner of death but also give important statistical data related to legal incidents in the cities and regions where the autopsies are conducted¹⁴.

According to the law in Pakistan, medico-legal autopsy is performed after police / magisterial inquest. It generally includes deaths due to violent crime including mechanical interference with the bodily respiratory passages, physical assaults and poisoning. All deaths occurring suddenly and under suspicious circumstances are subjected to an autopsy.

Conduction of medico-legal autopsy is a statutory duty performed by an authorized medical officer, designated by the provincial government¹³.

As homicides comprise a major portion of medico-legal autopsies, therefore, they get special importance in general criminal profile of the society^{15,16}.

The religion of Islam also takes strong notice regarding homicide, and is condemned as a heinous crime against humanity in the following words in the Holy Quran, "Whoever kills another person is as if he killed the whole humanity (human race)"¹⁷.

The following study was initiated to study the pattern and characteristics of homicide in Peshawar.

MATERIALS AND METHODS

The study was undertaken in the Department of Forensic Medicine and Toxicology, Khyber Medical College Peshawar for a period of one year; from January 1st 2002 to December 31st 2002. A total of 662 medico legal autopsies were performed in the mortuary of the department of Forensic Medicine and Toxicology Khyber Medical College, Peshawar during the period. Out of these 662 autopsies, 520 cases which were determined to be homicidal deaths on the basis of autopsy and police inquest, were selected and studied in detail. These cases were examined regarding their age, sex, type of weapon used, part of body involved, season and time of death, manner of death and location at which homicide had occurred.

RESULTS

During the period of our study a total of 520 deaths were confirmed as homicidal out of 662 autopsies conducted in the department, thus constituting 78.55% of all deaths reported for autopsy. The district of Peshawar was having a population of 2.26million during the study period. Thus the rate of homicide comes out to be 22.99 per 100,000 populations.

The males (86.15%) outnumbered the females (13.85%) with a ratio of 6.2:1

Table-1: Sex distribution in homicidal cases.

Sex	Number of victims
Male	448 (86.15%)
Female	072 (13.85%)

The victims were mostly young people in their prime and productive years of life. 62.1% lying between the ages of 20 and 39 years of age. The extremes of ages were the least vulnerable to homicide with 2.3% up to 9 years of age and 2.1% above the age of 70.

Table-2: Age distribution of homicide victims

Age group (in years).	Number of victims (%)
0 – 9	12 (2.30%)
10 – 19	36 (6.92%)
20 – 29	168 (32.30%)
30 – 39	155 (29.80%)
40 – 49	70 (13.46%)
50 – 59	44 (8.46%)
60 – 69	27 (5.19%)
70 – 79	07 (1.34%)
80 and onward	01 (0.85%)
Total	520

Firearms were responsible for 86% of the homicides followed by asphyxiation and sharp weapons. Other means to cause homicide are given in Table-3.

Table-3: Weapons / Methods Causing Homicide

Types of weapons	Number of cases (%)
Firearm	447 (85.96%)
Sharp	25 (4.81%)
Blunt	06 (1.15%)
Strangulation/asphyxiation	27 (5.19%)
Poisoning	02 (0.38%)
Burning	02 (0.38%)
Explosive	11 (2.12%)

Most of the cases had more than one injury involving multiple sites of the body. The maximum numbers of injuries were inflicted on the chest followed by the head. The upper limbs and lower limbs sustained minimum number of fatal injuries.

Table-4 shows the part of the body involved in fatal injuries.

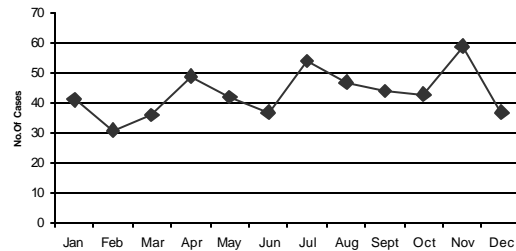
Table-4: Area of the body involved in fatal injury

Area involved	TYPE OF WEAPON		
	Firearm	Sharp	Blunt
Head	176 (29.13%)	9 (30%)	4 (100%)
Neck	29 (4.80%)	9 (30%)	0
Chest	225 (37.25%)	7 (23.33%)	0
Abdomen	163 (26.98%)	5 (16.66%)	0
Upper limbs	03 (0.49%)	0	0
Lower limbs	08 (1.32%)	0	0
Total	604	30	04

51.15% of the victims died during the night time i.e. 6 pm to 6 am, and 48.85% during the day time.

The highest number of homicides occurred in the month of November followed July and April as is evident from figure 1.

Figure 1: Month wise variation in homicide



DISCUSSION

During the period under study, 78.55% of all deaths reporting for autopsy at the department of Forensic Medicine and Toxicology Khyber Medical College Peshawar were determined to be homicidal in manner. These results are similar to the figures of cities like Bahawalpur and Faisalabad, where 80% of all cases autopsied were homicides.^{18,19} However lower figures have been reported for Nawabshah (62%)²⁰. This may be because of the low level of urbanization and industrialization in Nawabshah with the relative intactness of the usual institutional methods of social control.

The homicide rate of 22.99 per 100,000 population per year is one of the highest reported in the world with only South Africa, Columbia and Estonia reporting higher rates.²¹ This could be because of the high rate of gun possession in the area under study especially automatic weapons. Another reason could be a lack of confidence in the judicial system with people tending to take the law into their own hands for settling differences and disputes.

In our study of 520 homicidal deaths, 448 (86.15%) were male and 72 (13.85%) were female, forming a male to female ratio of 6.22:1. It is similar to that reported in Bahawalpur (6.82:1)¹¹ and

Abbottabad (6.8:1)⁵, but is much higher than that in Faisalabad (3.47:1)²². This may be explained by the structure of society in Peshawar and other areas with high male to female ratio where females are primarily confined to their homes and are therefore protected from being involved in violence. This is in contrast to the more industrialized places like Faisalabad where females are more actively involved in workplaces and play a relatively proactive role thereby exposing them to a pattern of violence and homicide similar to that in males.

Our study showed 62.11% of all homicides occurred in age groups between 20-39 years of age, with 32.3% in the third decade of life. Other studies in Pakistan also give the highest occurrence of homicide in the same age group, with 28-40% of all homicides being in the age bracket of 20-29 years^{5,10,11,12,13,22}. Studies in India and Turkey have also reported this age group to be the most vulnerable^{14,23,24}, while studies in U.S.A indicate the highest rates at an earlier age (10-25 years)^{7,25,26}. This difference could be because individuals start a more independent life at an earlier age in U.S.A thus exposing them to all sorts of violence, something also reflected by the increasing incidence of juvenile offenders and school violence.

The weapon most often used to inflict homicide was a firearm (85.96%). This is the highest use of firearms reported in Pakistan. Other studies have reported the use of firearms in 41-58% cases of homicide^{5,10,11,12,13,22}. Other countries also report a lower use of firearms for homicide.^{14,24} This could be explained by the free availability of firearms in Peshawar where virtually every household keeps a firearm weapon. Thus whenever a dispute of any sort takes place, the use of a gun is inevitable. This is in keeping with other studies in countries where gun control laws are lax or non-existent^{27,28}.

The area of the body targeted in case of firearms was the chest followed by the abdomen and head while in case of sharp weapons it was the head and neck region and exclusively the head for homicide by blunt means. This is consistent with the area of the various regions of the body and the general concept of the lethality of various regions by a particular means. Other studies also show a similar pattern of involvement of the various parts of the body^{5,21,29}.

CONCLUSION

The homicide rate in Peshawar is alarmingly high as is the percentage of homicides being caused by firearms. This should act as an eye opener for all actors in civil society. It is time we start acting in the direction of controlling the possession of firearms as similar patterns are emerging in other parts of the

country though they are at present a step behind in terms of the figures for Peshawar.

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