

Increasing Tendency of “Target Killing” in Pakistan

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ABSTRACT

Objective: To determine the increasing tendency of target killing in Pakistan.

Design of study: Retrospective study

Place of study: This study was conducted at the Emergency Departments of Services Hospital Lahore, Gangaram Hospital Lahore, Mayo Hospital Lahore and Shahina Jamil Hospital Abbottabad from 01-01-2012 to 31-05-2013.

Materials and Methods: 100 cases of Target Killing were selected from Emergency Deptt of services Hospital Lahore, Emergency Deptt of Gangaram Hospital Lahore, Emergency Deptt of Mayo Hospital Lahore and Emergency Deptt of Shahina Jamil Hospital Abbottabad. The data was collected from above said hospitals on proforma and analyzed for results.

Results: In our study the incidence of target killing was maximum at the age of 21 – 30 years (33 %) and minimum at the age of 71 – 80 years as show in Table No.1. The incidence of target killing was 20 % in lower class, 34 % in middle class, 56 % in upper class as shown in Table No 2. Addict people had 83 % incidence of target killing and 17 % in non addict people as shown in Table No 3. The incidence of target killing was 83 % in people having mental / physical sickness has compared to healthy people (17 %) as shown in Table No 4. The incidence of target killing was 37 % in literate people and 63 % in illiterate people as shown in Table No 5. The incidence of target killing was high 67 % in people living in non joint family system as compared to people living in joint families (33 %) as shown in Table No 6. The incidence of target killing was 37 % in literate people as compared to illiterate people (63 %) as shown in Table No 7. The trend of target killing was 67 % in rural area and 33 % in urban area as shown in table No.8.

Conclusion: Target Killing is a global problem. This problem is due to 1) Mental/physical or both Sickness of the people, 2) Frustration of people due to economical/political/sectarian disputes, 3) Far Away from Islamic teachings, 4) Out spread of addiction in Pakistan.

Key Words: Target Killing, addiction, psycho therapy, Islamic teachings, frustration, political and sectarian

INTRODUCTION

The Target Killing is also global problem & tendency is going to be increased in Pakistan day by day due to^[1].

- Political & sectarian disputes
- Frustration due to instability of the government
- Non secure environmental condition in Pakistan
- Brain washing of the criminals by political personalities & religious scholar against lefties
- Involvement of foreign Agencies in the politics of Pakistan

In Pakistan, targeted killings have been a rising form of violence and have contributed to security instability in the country.^[2] They have become common and have gained attention especially in Karachi, Pakistan's largest city and economic capital and also in Quetta, the capital of the southern province of Baluchistan. Police and law enforcement agencies have sometimes come under criticism for their ineffectiveness in locating the perpetrators and investigating their motives. For most part, targeted killings in Karachi have been attributed to political, religious and ethnic reasons. There are speculations about the killing but no real proof has been found against any party.^[3]

Background: Karachi is a cosmopolitan city and consists of many ethnic communities; the city's demographics play an important role in its politics.^[4] Ethnic politics have resulted in sporadic violence throughout Karachi's history, often leading to bloody conflicts.^[5] Following the Partition of India and the independence of Pakistan in 1947, Muslim immigrants from areas constituting modern-day India migrated in large numbers to the newly-created Muslim nation of Pakistan had became settled in Karachi, the historical capital of the Sindh province. These migrants had educated, middle-class to upper-class backgrounds and came from cultured families; they came to be known as Muhajir people (Muhajir meaning "immigrant"). They dominated much of Karachi's businesses, something which was resented by a portion of the province's native Sindhi people and radical Sindhi nationalists.^[6] After the breakaway of East Pakistan in 1971 and the formation of Bangladesh, Pakistan accepted a large number of Biharis (known as "Stranded Pakistanis") loyal to the country, trapped in Bangladesh and offered them citizenship. The Bihari migrants assimilated into the diverse Urdu-speaking Muhajir population. Some

Bengalis in Pakistan also stayed behind. The Pashtuns (Pakhtuns or Pathans), originally from Khyber Pakhtunkhwa, FATA and northern Balochistan, are now the city's second largest ethnic group in Karachi after Muhajirs.^{[7][8]} With as high as 7 million by some estimates, the city of Karachi in Pakistan has the largest concentration of urban Pakhtun population in the world, including 50,000 registered Afghan refugees in the city.^[9] As per current demographic ratio Pashtuns are about 25% of Karachi's population.^[10]

Karachi's status as a regional industrial centre attracted migrants from other parts of Pakistan as well, including Punjab, Balochistan and Pashtun migrants from the frontier regions. Added to this were Iranians, Arabs, Central Asians as well as thousands of Afghan refugees who came to Karachi, initially displaced by the Soviet invasion of Afghanistan; some of the Afghan and Pashtun migration brought along conservative tribal culture, further intensifying ethnic and sectarian violence and also giving rise to mob culture.^[11]

Violence: The ethnic mix has resulted in political parties being affiliated with specific communities. For example, the Muttahida Qaumi Movement (MQM) was founded for the political interests of the Muhajir people. Other social classes also formed their parties. Today, rivalry between groups has seen the rise of social and political chaos and a multiplication in target killings. Religious sectarian parties and Sunni-Shia conflict have also led to violence.

Aliens are also suspected of target killing^[12]

Victims of target killings

1. Athar Ali (scientist) 2. Ameer Faisal Alavi
3. Wali Khan Babar 4. Rustam Jamali
5. Safdar Kiyani
6. Khalid Shahanshah
7. Hussain Ali Yousafi
8. Malala Yousaf Zai
9. Perween Rahman
10. Syed Raees Alam
11. Syed Shehenshah Alam
12. Syed Khursheed Alam
13. Syed Aneed Alam

MATERIALS AND METHODS

100 cases of Target Killing were selected from Emergency Deptt of services Hospital Lahore, Emergency Deptt of Gangaram Hospital Lahore, Emergency Deptt of Mayo Hospital Lahore and Emergency Deptt of Shahina Jamil Hospital Abbottabad. The data was collected from above said hospitals on proforma and analyzed for results.

RESULTS

In our study the incidence of target killing was maximum at the age of 21 – 30 years (33 %) and

minimum at the age of 71 – 80 years as show in Table No.1.

The incidence of target killing was 20 % in lower class, 34 % in middle class in 56 % in high gentry as shown in Table No 2. Addict people had 83 % incidence of target killing and 17 % in non addict people as shown in Table No 3.

The incidence of target killing was 83 % in people having mental / physical sickness has compared to healthy people (17 %) as shown in Table No 4.

The incidence of target killing was 37 % in literate people and 63 % in illiterate people as shown in Table No 5. The incidence of target killing was high 67 % in people living in non joint family system as compared to people living in joint families (33 %) as shown in Table No 6.

The incidence of target killing was 37 % in literate people as compared to illiterate people (63 %) as shown in Table No 7. The trend of target killing was 67 % in rural area and 33 % in urban area as shown in table No.8

Table No.1: Target killing with relation to age

S.No	Age	Cases	Percentage
01	10 – 20	10	10 %
02	21 – 30	33	33 %
03	31 – 40	25	25 %
04	41 – 50	15	15 %
05	51 – 60	11	11 %
06	61 – 70	04	04 %
07	71 – 80	02	02 %
	Total	10	100 %

Table No.2: Target killing with relation to occupation

S.No	Occupation	Case	Percentage
01	Students	07	07 %
02	House wife	25	25 %
03	Factory worker	15	15 %
04	Office worker	10	10 %
05	Business man wife	05	05 %
06	Former wife	07	07 %
07	Laborer	15	15 %
08	Addict wife	16	16 %
	Total	100	100 %

Table No.3: Target killing with relation to socio – economic status

S.No	Socio – economic status	Case	Percentage
01	Lower class	20	20 %
02	Middle class	34	34 %
03	High gentry	56	56 %
	Total	100	100 %

Table No.4: Target killing with relation to addiction

S.No	Addiction	Cases	Percentage
01	Member of Addict family	83	83 %
02	Non Addict family	17	17 %
	Total	100	100 %

Table No.5: Target killing with relation to marital status

S.No	Marital Status	Case	Percentage
01	Married	53	53 %
02	Unmarried	47	47 %
	Total	100	100 %

Table No.6: Target killing with relation to sickness

S.No	Sickness	Cases	Percentage
01	Sick people	83	83 %
02	Healthy people	17	17 %
	Total	100	100 %

Table No.7: Target killing with relation to Literacy Status

S.No	Literacy Status	Cases	Percentage
01	Literate	37	37 %
02	Illiterate	63	63 %
	Total	100	100 %

Table No.8: Target killing with relation to residential area

S.No	Residential area	Cases	Percentage
01	Rural area	67	67 %
02	Urban area	33	33 %
	Total	100	100 %

DISCUSSION

Target killing is a global issue and exists in both developed / under developed nations.^[13] The target killing is going to be increased even in Muslims countries like

Pakistan, Bangladesh and Saudi-Arabia etc.^[14] The target killing can be decreased by observing preventive measures like ^[15]

- Awareness of civil rights
- Creating awareness about human rights by seminars, religious teachings / education
- By providing treatment for mental / physical sickness.
- By increasing literacy rate
- By increasing religious teachings

The target killing was came in Pakistan with Afghan ware.^[16]

In our study the incidence of target killing was maximum at the age of 21 – 30 years (33 %) and minimum at the age of 71 – 80 years as show in Table No.1. The incidence of target killing was 20 % in lower class, 34 % in middle class in 56 % in high gentry as shown in Table No 2. Addict people had 83 % incidence of target killing and 17 % in non addict people as shown in Table No 3. The incidence of target killing was 83 % in people having mental / physical sickness has compared to healthy people (17 %) as shown in Table No 4. The incidence of target killing was 63 % in literate people and 37 % in illiterate people as shown in Table No 5.

The incidence of target killing was high 67 % in people living in non joint family system as compared to people living in joint families (33 %) as shown in Table No 6. The incidence of target killing was 37 % in literate people as compared to illiterate people (63 %) as shown in Table No 7

The trend of target killing was 67 % in rural area and 33 % in urban area as shown in Table No.8 Target killing or any other type of killing is always due to some clashes in the relationship of two or more than two individuals.

The most important factor in the target killing in previous studies is the crucial role of mothers-in-law in Pakistan society. It is considered as extrinsic factor which abets and encourages the husband to become target killer in their houses.

The perception of target killing has been fundamentally associated with severity of target killing. Although it is thought to be course for a female to initiate for target killing in rural area of Punjab.

CONCLUSION

- The mental/physical sickness of the people should be treated
- Psycho therapy should be given to the frustrated peoples of Pakistan
- Awareness about civil rights of the people should be done by seminars/news/NGOs and religious scholar
- Treatment should be given to the addict people

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