Original Article

Homicide

A Study of the Spectrum of Homicide in Rawalakot, AJ&K

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ABSTRACT

Objective: To find out the incidence of homicide, age and gender distribution of victims, type of weapons used and the most frequently targeted regions of body in victims of homicide in Rawalakot, Azad Kashmir, AJ&K.
Study Design: Retrospective study.
Place and Duration of Study: This study was conducted at SKBZH/CMH Rawalakot, AJ&K from Jan 2012 to May 2015.
Materials and Methods: Performa was designed for retrospective cohort study. The study was conducted in the mortuary SKBZH/CMH Rawalakot. Consent was implied and relevant information was gathered from the available record. Out of all the cases autopsied during this three and a half year period, 66 were homicidal in nature. Rest of the cases were excluded.
Results: Male to female ratio was 5.6:1.Maximum number of victims belonged to 21-40yrs age group. Single injury was present in 85% (n= 56) cases while 15% (n=10) cases had multiple injuries. The most common region of the body targeted was chest 31.8%(n=21) followed by limbs , head and neck and abdomen .The most common tool used to kill was firearm in 75.8% (n=50) cases followed by sharp edged weapon in 18.2% (n=12) cases and others (including RTA, electrocution etc.) in 6.1%(n=4) cases.
Key Words: Homicide, Firearm, Victims, Rawalakot (Rwk), FWC.

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INTRODUCTION

In our criminal justice system, the medicolegal investigation of death is governed by section 174 of Criminal procedure code. Primarily the examiner is concerned with violent, sudden and unexpected natural, homicidal, accidental and suicidal deaths. The commonest instruments in these kinds of deaths are firearms[3], sharp edge weapons and blunt objects. Firearm wounding is a special form of trauma producing a breach through the body of a victim by a bullet or shot charge. Firearms are barreled weapons of any type or description from which a shot bullet or other missile can be discharged with some velocity and momentum and where in appropriate circumstances, can cause injury and death. Recognition of firearm wound complex(FWC) depends upon its features produced by the fireblast containing projectile, flame, hot explosive gases, smoke and other components of ammunition such as lead, unburnt powder and grease taken from within the barrel. All these elements affect the body of victim as a whole in the form of signs at the place of strike to produce characteristic change known as FWC. Its characteristic features are mainly central damage produced by the metallic projectile (bullet or shot charge) and other around the hole that is caused by other elements of the ammunition. These elements produce two types of effects: a**) wounding effect** that is the result of strike by the projectile, flame, hot gases, lead and other components of ammunition b)**Non wounding effects** caused by smoke, unburnt powder and grease. FWC has four parts: 1) An entry wound 2) A track with its direction 3) Place of resting of bullet/shot charge 4) Exit wound.

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Features	Accidental injuries	Suicidal injuries	Homicidal injuries
Site of entry wound	Any part	Head or chest	Any
Range	Close	Close or contact	Any
Direction	Any	Upward or downward	Any
No of wounds	One	Usually one	One or Multiple
Firearm residues on hand	Present	Present	Absent
Weapon on the scene	Present	Present	Absent Or planted
Motive	Absent	Depression, Personal worry etc	Present (revenge, enmity, etc)
Suicide note	Absent	May be present	Absent

Apart from firearm, another major cause of homicidal injuries is sharp edge weapons. The sharp edge weapon can be any object having a sharp or pointed edge starting from a paper to the axe that can have a sharp border/edge and can break the continuity of the tissue, deep enough to cause haemorrhage, visceral damage and other impending or immediate causes of death. The wound can either be stab or incised. Stab wounds have depth greater than length, while the incised wounds are longer, less deep and always broader than the edge of the weapon creating spindle shaped wound with everted margins.

MATERIALS AND METHODS

Performa was designed for retrospective cohort study. The study was conducted in the mortuary SKBZH/CMH Rawalakot. Consent was implied and relevant information was gathered from the available record from Jan 2012 to May 2015.Out of all the cases autopsied during this three and a half year period, 66 were homicidal in nature. Rest of the cases were excluded. Study was found out on the basis of grouping them according to gender, age, no. of injuries (single or multiple), use of various kinds of weapons. Descriptive statistics were analyzed for frequency distribution of various variables using SPSS version 20.

RESULTS

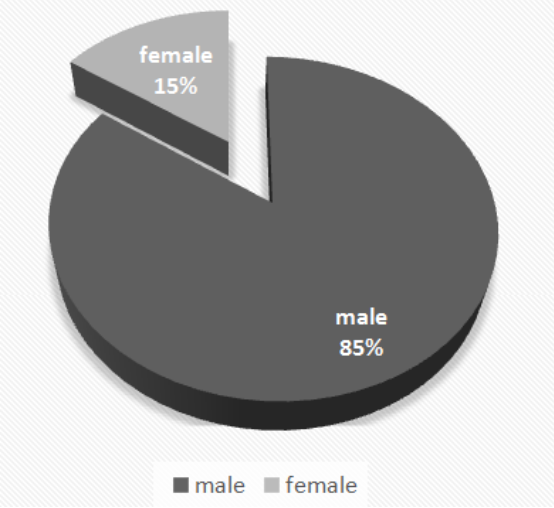

Figure No.1: Gender distribution(n=66)

Table No.1: Proportion of Homicide cases in various Age groups

	Frequency	Percent	Valid Percent	Cumulative Percent
11 to 20 yrs	2	3.0	3.0	3.0
21 to 30yrs	*11*	*16.7*	*16.7*	*19.7*
31 to 40 yrs	***22***	***33.3***	***33.3***	***53.0***
41 to 50 yrs	19	28.8	28.8	81.8
51 to 60 yrs	5	7.6	7.6	89.4
61 to 70 yrs	7	10.6	10.6	100.0
Total	66	100.0	100.0	

In this study, 66 cases were autopsied, out of which 56 were male and 10 were female. Victims falling in age group of 20-39 yrs were 50 %(n=33). Single injury (85% ; n=56)was more common than multiple injury. The most common site of homicidal assault was *chest* which was 31.8% (n=21).The most common weapon of murder was *firearm*, 75.8% (n=50).

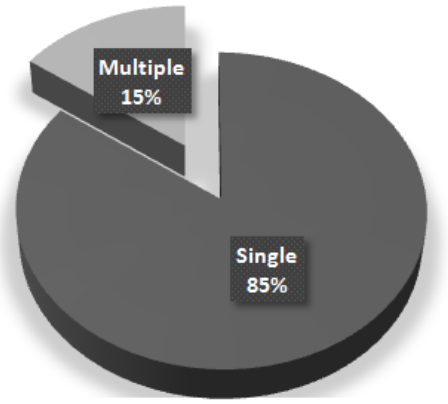

Figure No.2: Single versus Multiple Injuries

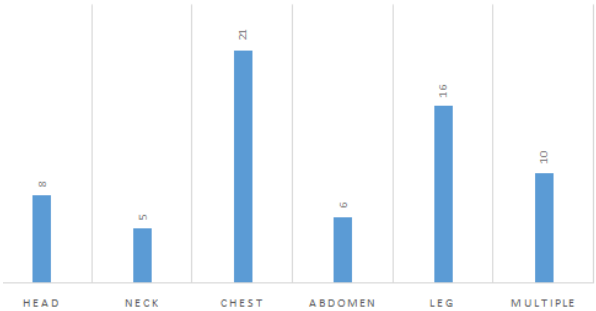

Figure No.3: The proportion of *site* of assault in homicide

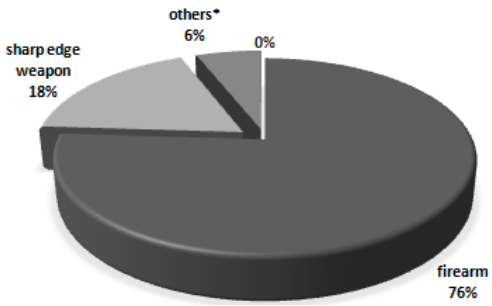

Figure No.4: Type of weapon used

DISCUSSION

Homicide is a reflection of extreme aggression. Many factors influence such a behaviour. Family environment, urbanization and the presence of weapons[1].

Intentional homicide caused the deaths of almost half a million people (437,000) across the world in 2012. The

global average homicide rate stands at 6.2 per 100,000 population[2]. The world witnesses over 500,000 deaths due to homicide annually[4]. Despite the fact that law enforcement agencies are catering for this crime, it is still on rise in various parts of the world[5,7].

Our study was carried out in Rawalakot , which is the district headquarters of Poonch Division and Poonch District, with total population of 1.8 million. A total of 66 autopsied cases were found homicidal. The highest number of victims were between 31-50 yrs which was 59% of total cases (n=41). The mean age was 40.25 yrs. The maximum number of victims lied in the range of 31-40 yrs (n=22), followed by 41-50 yrs (n=19). The same pattern was seen in various parts of the Pakistan [6,10,11,13,14]. Male to female ratio in this study was 5.6:1 which shows a significant outnumbering of males to females, similar pattern of male predominance was observed in the autopsy studies conducted in other cities of Pakistan[8,12,15,16]. All the females were in their reproductive age group and 40% were unmarried. Single injury was found in 85% (n=56) while 15% (n=10) had multiple injuries. The most common region involved in single injury cases was chest[14,16,17,18], which was 21 followed by limbs[16], Head and Neck[13] and Abdomen[6] which corresponds to previous studies. The most common weapon used was firearm[9,10,13,14,15,16] involved in 75.8%(n=50) cases, followed by sharp weapons which was 18.2%(n=12). The results are comparable to the study conducted in Mirpur in 2012 where chest was the most common site of assault in homicide and 66.25% of victims were murdered with firearm weapon.

Death due to injuries from ballistic weapons is an important social problem. The rampant proliferation of illicit small arms combined with poor policing has eroded the human rights, weakened democratic institutions and polarised the ethnic, religious, economic and political differences among citizens. It is difficult for law enforcement agencies to keep a check on violence when during elections, private armies of politicians carrying illicit firearms roam at large.

CONCLUSION

The males were the main target of homicide. The most common age group of the victims was between 31-40 yrs. The most common target of homicidal assault was chest and the most common weapon of assault in homicidal deaths was firearm followed by sharp edge weapons. Most deaths occurred due to single injury rather than multiple injury.

Suggestions: The higher incidence of firearm homicidal deaths in such a heavenly place with homicidal rate of 3.7deaths per 100,000 population merits proper check of licence of weapons and the weapons themselves by the law enforcement agencies . The weapon licence should be issued first and then the weapon, not the other way around.

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Bashir MZ, Saeed A, Khan D, Aslam M, Iqbal J, Ahmed M. Pattern of homicidal deaths in Faisalabad. J Ayub Med Coll (Abbottabad) 2004; 16:57-9.
2. UNODC Global Study on Homicide. United Nations publication, Sales No. 14.IV.1, 2013.
3. Mittal S, Garg S, Mittal MS, Chanana A, Rai H. Firearm injuries in culpable homicides. Indian Internet J Forensic Med Toxicol [Internet]. 2007 [cited 2009 Aug 17]; 5. Available from: http://www.indianjournals.com/ijor.aspx?target=ijor:iijfmt&volum e=5&issue=1&article=002
4. Reza A, Mercy JA, Krug E. Epidemiology of violent deaths in the world. Inj Prev 2001;7: 104-11.
5. Ohsfeldt RL, Morrisey MA. Firearms, firearms injury, and gun control: a critical survey of the literature. Adv Health Econ Health Serv Res 1992; 13:65-82.
6. Gupta A, Rani M, Mittal AK et al.A study of Homicidal Deaths in Delhi, Med Sci Law 2004; 44(2): 127-132
7. Scott KWM. Homicide Patterns in the West Midland‖, Medicine, Science and Law 1990; 30(3): 234-238.
8. Mohanty MK, et al. Victims of Homicidal Deaths – An Analysis of Variable. J Clin Foren Med 2005; 12: 302-304.
9. Ullah A, Raja A, Yasmin, Abdul Hamid A, Khan J. Pattern of causes of death in homicidal cases on autopsy in Pakistan. Gomal J Med Sci 2014;12: 218-21.
10. Siddiqui BA, Saeed A, Masud U, Awan ZL, Khawaja AR. Epidemiology of homicidal deaths in Sargodha, Pakistan. Profess Med J 2013;20(5): 793-797.
11. Alan Fox J, Zawitz M W.Homicide Trends in the United States: 2002 Update‖, Bureau of Justice Statistics Crime Data Brief, 1-4.
12. Preti A, Miotto P. Death by Homicide in Italy, 1980-1994: Age and Gender Differences among Victims‖, Medicine, Science and Law 2000; 40(3): 233-240.
13. Agha SA, Khan J, Rehman S, Zarif P. A study of homicidal deaths in Mirpur District of Kashmir, Pakistan. Gomal J Med Sci 2012; 10: 230-32.

14. Hassan Q, Shah MM, Bashir MZ. Homicide in Abbottabad. J Ayub Med Coll Abbottabad 2005;17:78-80.
15. Mirza FH, Hassan Q, Naz R, et al. Spectrum of Medico-legal Deaths in metropolis of Karachi: An Autopsy based Study. Pak J Med Dent 2013;2(4): 4-9.
16. Marri MZ, Bashir MZ, Munawar AZ, Khalil ZH, Khalil IR. Analysis of homicidal deaths in Peshawar, Pakistan. J Ayub Med Coll (Abbottabad) 2006; 18:30-3.
17. Aziz K, Rana P, Malik SA. Homicide in Lahore. Pak Postgrad Med J 1991; 10:10-3.
18. Marri MZ, Bashir MZ. An Epidemiology of Homicidal deaths due to rifled Firearms in Peshawar Pakistan. JCPSP 2010; 20(2):87-89.