Original Article

Pattern of Homicide in Muzaffarabad (AJK)

1.Naveed Ahmed Khan 2.Rameez Iqbal Hashme 3.Naseer Ahmed Sheikh 4.Waheed Akhter

1. Asstt. Prof. of Forensic Medicine & Toxicology 2. Prof. of Anatomy 3. Asstt. Prof. of Forensic Medicine & Toxicology
4. Demonstrator of Forensic Medicine & Toxicology AJK Medical College Muzaffarabad.

ABSTRACT

Background: Homicide is the highest level of aggression found in all cultures and ages and is one of the oldest crimes in the human history. The pattern of Homicide has changed with the passage of time except for the motives which almost remain the same that is the lust for woman, money and land.

Objective: The objective of this study is to determine the pattern of homicide in Muzaffarabad AJK.

Study Design: Prospective study.

Place and Duration of Study: This study was conducted at combined Military Hospital (CMH) Muzaffarabad (AJK) during the period of 1st Jan 2010 to 31st December 2011.

Material & Methods:- Thirty cases of homicide presented for autopsy was selected on basis of police inquest and autopsy findings. These causes were examined regarding age, Sex, type of weapon used, part of body involved along with seasonal variations.

Results:-The Homicide rate in Muzaffarabad during the years 2010 and 2011 is 2.748/100,000 per year Males are the primary targets with 30% between 30-39 years of age. The most common weapons used for this offence are the Blunt weapons.

Conclusion:-The Homicide rate is high with the use of Blunt weapons followed by firearms.

Key words:-Autopsy, Homicide, Blunt Weapons, Fire Arms.

INTRODUCTION

Homicide is the death of one human being as the result of conduct of another[1].The first homicide on earth was done by the son of Adam(Qabeel). He used a stone to kill his brother (Habeel) which is classified as blunt weapon. To commit murder two elements "Mens-rea" which means pre-planning or afore thought or intention and "Actus-reus" which means actual execution should work together to constitute a crime[2].

Homicide is generally considered the most serious of all crimes with obviously the most serious consequences for the victim[3].In majority of cases the end point of arguments between acquaintances, domestic violence, drug addiction, robberies and terrorism is the homicide[4].

Persons are not only killed but also are injured in violence and suffered from Physical, mental , sexual and reproductive health problems that results in massive burden on national economics [5].The incidence of homicide is also increasing with change in the pattern because of changing life style and easy availability of various type of weapons.

Studies on the pattern and rate of homicide are well documented in developed countries since long, but now in Pakistan data is also appearing in different medical journals [6,7,8,9,10].

However no data for Muzaffarabad Azad Jammu and Kashmir has yet been reported.

There are different Inquest Systems in the world. In our country, there is police/magistrate inquest system the bodies are sent to authorized medical officer in authorized centers for postmortem examination when the Investigating officer is not satisfied with cause of death.

The various patterns of Homicide include assault by Blunt weapons, Sharp weapons, Firearms, Strangulation, Smothering, hanging, drowning, and burn etc.[11]

This study was conducted to know the various parameters of Homicidal deaths.

MATERIALS AND METHODS

The study was conducted at CMH Muzaffarabad for the period of two years from 1-1-2010 to 31-12-2011.The study included all cases which was labeled as homicide on basis of autopsy and police inquest. These cases were examined regarding age, sex, type of weapon used, part of the body involved, along with seasonal variations.

RESULTS

During the period of study a total number of thirty Homicidal deaths were reported out of total seventy five autopsies thus being 40% of all deaths reported for autopsy.

In Homicidal Cases twenty five were Male and five were Female; thus having a ratio of 5:1.

The victims which are more prone to Homicide belong to 30-39 years (30 %) followed by 40-49 years (26.66%).The sex and age distribution are summarized in table 1& 2.

The most Common weapon used for offence is the blunt weapon (40%) followed by Firearms (26.66%) which are summarized in table 3.

The most Common part of the body involved is the head (46.6%) followed by chest (33.33%) which is summarized in table 4.

Table No.1: Sex distribution of Homicide victims

Sex	Number of victims
Male	25(83.33%)
Female	05(16.66%)

Table No.2: Age distribution of Homicide victims

Age Group in years	Number of victims
0-9	Nil
10-19	02(6.66%)
20-29	02(6.66%)
30-39	09(30%)
40-49	08(26.66%)
50-59	06(20%)
60-69	02(6.66%)
More then 70	01(3.33%)

Table No.3: Type of Weapon

Type of Weapon	No of cases
Blunt	12(40%)
Firearm	08(26.66%)
Asphyxia . Drowning - 3 . Throttling - 2 . Strangulation - 1 . Hanging - Nil . Smoltz - Nil	06(20%)
Sharp	04(13.33%)
Burn	Nil

Table No.4: Part of the body involved

Head	14(46.6%)
Chest	10(33.33%)
Neck	03(10%)
Abdomen	03(10%)
Upper limb	Nil
Lower limb	Nil

DISCUSSION

During the period under study (1-1-2010 to 31-12-2011) thirty deaths were labeled as Homicide out of the total seventy Five autopsies. This comes out to be the 40% of the total. This is lower percentage than reported in other cities of Pakistan.

The total number of 4,68,000 homicides results in a global average homicide rate of 6.9 per 100,000 population per year [12].

Homicidal rates vary greatly in different parts of the world being low in places like Austria (0.56 per 100,000 populations per year) and Norway (0.68 per 100,000 populations per year) and high in countries like Honduras (86 per 100,000 populations per year) republic in Central America[13].

Muzaffarabad having a population of 5,45,817 during the study period, the rate of Homicide comes out to 2.748 per/100,000 population per year.

This is higher as compared to Austria and Norway but lower as compared to Honduras, Russia etc. The reason of this low incidence may be the low level of urbanization and industrialization.

Globally men make up 82% of all victims of homicide suggesting that the most typical homicide pattern is a case of men killing men while women represents a smaller share of homicide victims only as they are the predominant target of intimate partner/ Family related violence[14].

In our study the Male to Female ratio is 5:1. It is lower than reported in Abbottabad (6.8:1),Bahawalpur (6.82:1),Peshawar (6.22:1) and is higher than that in Faisalabad (3.47:1).

This is because of aggressive nature of male than females. And this is male dominant society and they handle most of the disputes of family and society. Similar observations were made by Alan Fox [(15)],but in study conducted by Kominatoy[(16)] male to Female ratio of the victims was 1:1.

Our study indicated that 56.66% of all homicides occurred in the age groups between 30-49years of age with (30%) in third Decade of life. Other studies in Pakistan show the lower occurrence of homicide in the same age group and the highest occurrence with 28-40% in the age braket of 20-29 years.

While the studies in USA indicate the highest rate in earlier age(10-25y) this is because the individual starts its independent life at an earlier age [(17,18).]In one of the studies done in India most of the victims of sharp force were between 21 and 40 years and those of blunt force between 31 and 40 years. The problems faced by this age group are the land disputes and other serious family issues.[19]

In our present studies, blunt weapons were the major weapons of offence (40%) followed by firearms(26.6%) that is not consistent with other studies in Pakistan where the major weapons of the offence are firearms. This may because of less urbanization.

The part of the body involved in case of blunt weapons are Head (46.6%) and chest (33.33%) in case of firearms and sharp weapons.one of studies shows that thorax was the commonest site to be involved in sharp force in contrast to head in blunt force.The majority of the blunt force victims had lesions in only one region in contrast to involvement of 2-4 regions in sharp force. The majority of the victims were killed by acquaintances in bluntforce, Knife and wooden/iron rods were the weapons of choice in their respective categories.[20]

We have also noted that there is no influence of season on crime rate.

CONCLUSION

Most of the victims belong to age group of 30-39years.The problems faced by this age group are the land disputes and other serious family issues which should be addressed by referring the parties to the appropriate agency for counseling.

There should be strict enforcement of law on possession of dangerous weapons.

Prevention of violence in our society does not rest only on the law enforcement agencies. Religious scholars must also assist in preventing the primary violence. We must follow the injunction of Islam which clearly condemn these crimes in the following words in the Holy Quran

"Whoever kills another person is as if he killed the whole humanity".

In another verse the Qur'an says.

"Do not let your hatred of a people incite you to aggression".

Homicides due to blunt-force injury still pose a significant challenge for the forensic experts who must obtain a complete and accurate history of the fatal incident, interpret patterns of injury and other findings at autopsy, and correlate all of the findings to make an accurate ruling of the cause and manner of death.

REFERENCES

1. Mant AK. Taybor's Principal and practice of Medical Jurisprudence, 13th ed. New Dehli: B1 churchill Livingstone;1984.p.215
2. Krishan VIJ. Text Book of Forensic Medicine and Toxicology. 4th ed. New Dehli: Elsevier; 2008. p.547-549.
3. Lein MCA, Pridemore WA. Hand Book of European Homicide and Research Springer. 2012.p.5.
4. Hassan Q, Shah MM, Bashir MZ. Homicide in Abbattabad. J Ayub Med College Abbottabad 2005;17(1):78-80.
5. Whitman S, Benbow N, Good G.The epidemiology of homicide in Chicago. J Natl Med Assoc 1996;88(12) 781-7.
6. Aziz K, Rana P, Malik SA. Homicide in Lahore Pakistan. Post Graduate Med J 1999;10(1) 10-13.
7. Ali SMA, Rizvi SH, Ali MA. Weaponry Patterns in the homicidal deaths in Bahawalpur. The Professional 2000;7(4):514-16.
8. Memon MU, Khalil ZH, Aziz K, Audit of casus autopsied in the mortuary of Khyber Medical College Peshawar during the year 1999. Annals 2001;7(3):190-3.
9. Qadir G, Aziz K. The study in Homicidal deaths in Larkana Post Graduate Med J 2000;11(2):79-80.
10. Marri MZ, Bashir MZ, Munawar AZ. Analysis of Homicidal Deaths in Peshawar Pakistan. 2006; 18(4):30-33.
11. Nagesh Kumar G Rao. Text Book of Forensic Medicine and Toxicology. 1st ed. New Dehli: Jaypee;2000.p. 151-4.
12. URL:http://www.unodc.org/documents/data-and-analysis/statistics/Homicide/Global study-on-Homicide 2011-web-Pdf- P-19.
13. http://en.wikipedia.org/wiki/List_of_countries_by_intentional_homicide_rate Homicidosen centro America LPG Data Marzo de 2011.
14. www.unodc.org/documents/data-and-analysis/statistics/Homicide/Global study-on-Homicide 2011-web-Pdf- P-63.
15. Alan Fox J, Zawitz MW. Homicide trends in the united states 2002 update Bureau of Justice statistics crime data Bried 2000;1-4.
16. Kominato Y, et al. "Homicide patterns in the Toyoma Japan." Medicine Science and Law 1997; 37(4):316-320.
17. Wintermute FJ. The future of firearm violence prevention. JAMA 1999;282:175-78.
18. Federal Bureau of Investigation and Reports. Trends in rate of homicide- united states MMWR 1996;45(22):460-4.
19. Ambade VN, Godbole HV. "Comparidon of wound patterns in Homicde by sharp and blunt force." Forensic Sci Int 2006;156(2-3):166-170.
20. Henderson JP. Mongan SE, Patel F. "Pattern of non-firearm homicide" J Clin Forensic Med 2005; 12(3):128-32.

Address for Corresponding Author:
Dr. Naveed Ahmed Khan,
Asstt. Prof. of Forensic Medicine,
AJK Medical College Muzaffarabad
Cell No.0332-5104544