

HOMICIDE PATTERN IN DISTRICT HARIPUR

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ABSTRACT

Background: Homicide is defined as killing of a human being by the conduct of another human being. This study was conducted to determine the pattern of homicide in district Haripur. **Methods:** All medico-legal autopsy reports conducted in DHQ Hospital Haripur, by Department of Forensic Medicine, Abbottabad International Medical College, Abbottabad, from 1st January, 2009 to 31st December, 2010 and police inquest reports of the respective cases were studied. **Results:** A total of 196 cases of medico-legal autopsies were studied, out of which 148 were declared as homicidal deaths. The most common weapons used for homicide were firearm weapons. The most affected age group was 21 to 30 years followed by 11 to 20 years and 31 to 40 years. Male to Female ratio was 2.4:1. The causes of death were damage to vital organs, hemorrhage and shock. **Conclusion:** The cases of homicide in district Haripur are mostly by firearm weapons. Male are affected more than females. The most common age group affected is 21 to 30 years.

KEY WORDS: Homicide, Firearms, Mode of death.

INTRODUCTION

Homicide is a form of unnatural death defined as "Killing of a human being by the conduct of another human being." It is a crime constituted by either of the two offences i.e. Manslaughter and Murder. Manslaughter can be committed in one of the following 3 ways. Killing with intention to kill but where a partial defense applies, namely loss of control, diminished responsibility or killing pursuant to a suicide pact is manslaughter.¹⁻⁵

Conduct that was grossly negligent given the risk of death and did kill is manslaughter. Conduct taking the form of an unlawful act involving a danger of some harm that resulted in death is manslaughter.¹

Murder is committed when a person of sound mind and discretion unlawfully kills a human being with intent to kill or cause grievous bodily harm sufficient to cause death in the ordinary course of nature.¹

The history of homicide is as old as the man itself, there has been consistent progress in the development of weapons used for homicide i.e. wooden and stone made weapons, copper and iron made weapons (sword, dagger, and arrows) and then came the firearms weapons – the guns and bombs. Firearms are in use for nearly a thousand years and tremendous improvement is achieved in their design, range and efficacy. At present there are manually operated, semi-automatic and fully automatic firearm weapons of both low and high velocity types.⁶⁻⁸

Ever since the man started living in society laws were needed to control and regulate the conduct of every individual. Homicide has been considered a major crime and various severe punishments have been introduced and practiced to prevent this crime, these punishments were so severe that the name "Capital Punishment" was assigned to it. These punishments are still part of our judicial system i.e. death by hanging, death by beheading, death by electrocution and death by lethal poisons, etc. Even such severe punishments fail to prevent homicide completely from any society but efforts can be made, beside these punishments, to lower down the rate of homicide, this has been achieved remarkably in Brazil through firearms control by legislations and social education.⁹⁻¹¹

On international level homicide rates are in the range of 1 to 15 per 100,000 of population per year. It is less than 1 per 100,000 of population per year in Egypt, Greece and England while it is 15 or more per 100,000 of population per year in Mexico and Columbia. In USA it was 6.1 per 100,000 of population per year in the year 2000.¹²

This study was conducted to determine the pattern of homicide in district Haripur.

MATERIAL AND METHODS

All medico-legal autopsy reports of all autopsies conducted at DHQ Hospital Haripur, from 1st January, 2009 to 31st December, 2010, were studied. All police inquest reports of the respective medico-legal autopsies were also made part

of this study. Proformas were used to record Medico-legal case number, date, day and time of arrival of dead body and autopsy, brought by police /relatives /friends /passerby, cause of death, type of weapon used, type and site of injuries, place of occurrence, mode, manner and cause of death.

RESULTS

A total of 196 cases of medico-legal autopsies were studied, out of which 148 were declared as homicidal deaths. The most affected age group was 21 to 30 years followed by 11 to 20 years and 31 to 40 years. Male to female ratio was 2.4:1. (Table 1)

Firearms were the most commonly used weapon, followed by sharp cutting weapons, blunt weapons, violent asphyxia and poisoning. (Table 2)

The sites of injury, place of crime and mode of death are depicted in Table 3-5 respectively.

Table 1: Grouping of homicide victims on the basis of age and gender in district Haripur.

Age in years	Male	Female	Total
<10	0	0	0
11-20	14(9.58%)	12(8.21%)	26(17.80%)
21-30	41(28.08%)	17(11.64%)	58(39.72%)
31-40	20(13.69%)	4(2.73%)	24(16.43%)
41-50	12(8.21%)	5(3.42%)	17(11.64%)
51-60	15(10.27%)	5(3.42%)	20(13.69%)
>60	3(2.05%)	0	3(2.05%)
Total	105	43	148

Table 2:Type of weapon used for homicide according to age groups.

Age (years)	Firearm	Sharp cutting	Blunt	Poison	Flame	Violent asphyxia
0-10	0	0	0	0	0	0
11-20	20	3	2	0	0	0
21-30	44	9	2	0	0	3
31-40	20	2	1	0	0	2
41-50	14	1	3	0	0	1
51-60	16	0	2	1	0	0
>60	1	0	1	0	0	0
Total	115	15	11	1	0	6
Total%	78.76%	10.27%	7.53%	1.36%	0	4.10%

Table 3: Site of firearm injury according to the age group.

Age (years)	Head Neck	Chest	Head Neck & Chest	Chest & Upper Limb	Chest & Abdomen	Abdomen	Abdomen & lower limb	Lower Limb
11-20	4	2	3	1	4	3	2	1
21-30	8	5	7	4	9	4	3	0
31-40	3	3	2	4	4	2	1	1
41-50	5	2	3	0	2	1	1	0
51-60	4	1	3	2	4	1	1	0
>60	1	0	0	0	0	0	0	0
Total	25	13	18	11	23	11	8	2
Percentage	21.73%	11.3%	15.65%	9.56%	20%	9.56%	6.95%	1.73%

Table 4: Crime site based on gender of homicide victims.

Sex	Crime site			
	Street	Market	Residence	Fields
Male	52(35.6%)	24(16.4%)	5(3.4%)	22(15%)
Female	4(2.7%)	1(0.6%)	28(19.1%)	10(6.8%)
Total	56(38.3%)	25(17.1%)	33(22.6%)	32(21.9%)

Table 5: Mode of death in male and female homicide victims.

Sex	Coma	Syncope	Asphyxia
Male	42(28.7%)	58(38.3%)	3(2%)
Female	20(13.7%)	17(11.6%)	6(4%)
Total	62(42.5%)	75(50%)	9(6.2%)

DISCUSSION

The pattern of homicide in district Haripur is more or less the same as in the other cities of Pakistan i.e. Karachi, Lahore, Faisalabad, Peshawar, D.I.Khan and Larkana. The main reasons for homicide are low literacy rate, ethnic and sectarian strife, poverty, property disputes and sudden provocation at pity matters. Mostly people get suddenly provoked over pity matters and cause fatalities without thinking about the consequences. The other causes of homicide are old family feuds, revenge and traditional honor killings.¹³⁻¹⁵

Easy availability of deadly firearm weapons at affordable cost is yet another big factor for a bit higher rate of homicide in Haripur. In most of the instances automatic and semi-automatic high velocity rifled firearm weapons like Kalashnikov machine gun, sub-machine guns, pistols and revolvers are used for homicide. Armed conflict in the neighboring Afghanistan and huge influx of Afghan refugees in Pakistan are contributory factors.¹⁶

Other reasons include insufficiently equipped police, old and poor methods of police investigations and poor medico-legal evidence due to lack of modern equipment and shortage of medico-legal experts. These directly affect the judicial proceedings in the courts of law so blocking the fair delivery of justice which results in a chain of revenge killings since people take law into their own hands and this vicious circle continues.

CONCLUSION

The cases of homicide in district Haripur are mostly by firearm weapons. Male are affected more than females. The most common age group affected is 21 to 30 years.

REFERENCES

1. Homicide: murder and manslaughter. www.cps.gov.uk
2. Qadir G, Aziz K. The study of homicide rate in Larkana. Pak Postgrad J2000; 11: 79-80.
3. Mujahid M, Hassan Q, Arif M, Gandapur J, Shah H. Homicide deaths by firearms in D.I.Khan. Pak J Med Res 2006; 45:14-6.
4. Balci Y, Canogullari G, Ulupinar E, Characterization of the gunshot suicides. J Forensic Leg Med 2007; 14: 203-8.
5. Wintemete CJ, Teret SP, Kraus JF, Wright MW. The choice of firearm suicide. Am J Public Health 1989; 79: 824-6.
6. Bashir Z, Rana PA, Malik SA, Shaheen A. Pattern of death due to firearms in Lahore, Pak Postgraduate Med J 2000; 11:109-14.
7. Solarino B, Nicoletti EM, Di Vella G. Fatal firearm wounds: a retrospective study in Bari (Italy) between 1988 and 2003. Forensic SciInt 2007; 168: 95-101.
8. Marttila VM, Maokitie I, Pihlajam Aoki H. Trends in hospitalization for firearm-related injury in Finland from 1990 to 2003. J Trauma 2006; 61: 1222-7.
9. Marinho J, De souza Mode F, Macinko J, Alencar AP, Malta DC, De MoraisNeto OL. Reductions in firearm-related mortality and hospitalization in Brazil after gum Control. Health Aff 2007; 26: 575-84.
10. Macinko J, De souza Mode F. Reducing firearm injury, Lessons from Brazil. LDI issue Brief 2007; 12:1-4.
11. Chapman S, Alpers P, Agho K, Jones M. Austral's 1996 Law reforms: faster falls in firearms deaths, firearms suicides and a decade without mass shootings. Inj Prev 2006; 12: 365-72.

12. Richmond TS, Cheney R, Schwab CW. The global Burdon of non-conflict related firearm mortality. *InjPrev* 2005; 11: 348-52.
13. Shields LB, Hunsaker DM, Hunsaker JC 3rd. Schizophrenia and suicides: a ten year review of Kentucky medical examiner cases. *J Forensic Sci* 2007; 52: 930-7.
14. Bashir MZ, Saeed A, Dilawar K. Pattern of homicidal deaths in Faisalabad. *J Ayub Med Coll Abbottabad* 2004; 16: 57-9.
15. Hamayun M, Dilawar K, FaseehuzZ. Analysis of homicidal deaths in D.I.Khan. *J Ayub Med Coll Abbottabad* 2009; 21: 155-7.
16. Hassan Q, Shah MM, Bashir MZ. Homicide in Abbottabad. *J Ayub Med Coll Abbottabad* 2005; 17: 78-80.

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