

# Comparative Audit of Homicidal Deaths in Multan city during the Year 2011 & 2016

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## ABSTRACT

**Background:** Homicide as a result of violence is social as well as public health problem. Homicide is defined as killing of one human being by another. The death toll resulting from homicide is increasing day by day. Thus, to minimize the problem of homicide, being the most worst form of violence depriving the human beings of their basic rights; needs detailed evaluation. **Objective:** To evaluate and compare the different aspects of homicide in Multan city. **Duration:** During the years 2011 & 2016. **Study Design:** Retrospective study. **Settings:** The study was conducted in the Department of Forensic Medicine, Nishtar Medical College, Multan for the calendar year 2011 & 2016. **Methodology:** The study was carried out by examination and comparison of the record of 178 & 197 medicolegal autopsies performed in the department of Forensic Medicine, Nishtar Medical College Multan while 130 & 142 cases of homicidal deaths were selected encompassing both years for detailed study. The cases were labeled as homicidal on the basis of police papers and autopsy findings whereas suicidal and accidental deaths were not included. **Results:** Out of the total 178 & 197 cases of medicolegal autopsies, (73.02% & 72.08%) were labeled as homicidal during 2011 & 2016 respectively. The male to female ratio was 3:1. Majority of the victims of homicidal deaths belonged to the age group of 40-60 years during 2011 & 2016 involving 38.46% & 37.32% cases respectively. Firearm was on the top among weapons used for homicide in (58.46% & 54.27%) cases respectively in both years whereas the blunt objects were second commonest weapon responsible to kill (19.25% & 21.58%) persons respectively. **Conclusion:** Most of the victims of homicide were in the age group of 25-40 years whereas the most commonly used weapon causing homicidal fatalities was firearm in both years. Involvements of chest as target area were on top during both years. Strict measures are recommended to be taken for monitoring and control the possession of illegal firearms in order to minimize the death toll due to homicide.

**Keywords:** Homicide, Deaths, Audit, Comparison, Medicolegal Autopsy, Fatalities, Weapon.

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## INTRODUCTION

Homicide is the most extreme form of aggression & defined as killing of one human being by another human being.<sup>1,2</sup> In the light of Section-300 Pakistan Penal Code (PPC); the unlawful killing of human being is murder.<sup>3</sup> It is one of three unnatural manners of death; other two are suicidal and accidental. The cause of death is the finding responsible for the death whereas manner of death is the legal classification of death; whether it is natural, suicidal, homicidal, accidental or undetermined.<sup>4</sup> There is great variation in the frequency of homicide in the world ranging from more or less 1 per 100,000 populations in Canada, Germany, Egypt, Greece and England to more than 15 per 10,000 in Mexico and Colombia.<sup>5</sup> It has been observed that the youngsters are becoming violent and more commonly involved in crimes of homicide leading to significant rise in unnatural deaths.<sup>6</sup> In such situations the police initiate an investigation about the circumstances / cause of death while medicolegal autopsy is the part of this investigation. One of the objects of performing medico legal autopsy is to know the cause and manner of death.<sup>7</sup> The weapon used in homicide incidence varies in different parts of the world but is mostly a firearm<sup>8,9,10</sup>

and the most commonly targeted areas of the body in homicidal injuries are head and chest.

### Objectives of the Study:

1. To compare the most commonly used weapon and body parts involved in homicidal deaths during the year 2011 & 2016
2. To know the comparative changes in frequency of homicidal deaths in Multan city in relation to the study period.
3. To compare the most vulnerable age group among the homicidal deaths in Multan.

## METHODOLOGY

**Study Design:** Comparative Study.

**Settings:** Department of Forensic Medicine, Nishtar Medical College, Multan-Pakistan.

**Duration:** Full calendar years 2011 & 2016 respectively.

**Sample Technique:** Purposive sampling.

**Sample Size:** 178 & 190 cases of medicolegal autopsies conducted during year 2011 & 2016.

**Inclusion Criteria:** All cases of homicidal deaths as reported in police inquests & autopsy findings.

**Exclusion Criteria:** The cases of suicide and accidental deaths due to RTAs were not included.

**Methods:** The record of total 178 and 197 medicolegal autopsies conducted during 2011 & 2016 were examined in detail whereas 130 & 142 cases were identified as homicidal for

both years respectively. Homicidal deaths were labeled on the basis of police papers and autopsy findings while the suicidal and accidental cases were excluded from the study. The study was carried out in relation to the age groups, gender, causative weapons & body parts involved having the fatal injuries.

## RESULTS

Out of total 178 and 197 medicolegal autopsies, only 130 & 142 were labeled as homicidal which showed a slight rise among male homicide during the year 2016 i.e. 73.33% while female homicidal deaths have declined as 68.08% in the city of Multan as compare to year 2011 indicating a rise in death toll involving 83.33% female victims. Table-1

**Table 1: Homicidal deaths in relation to gender (During 2011 & 2016)**

| Gender | 2011 | Homicidal Deaths | %age   | 2016 | Homicidal deaths | %age   |
|--------|------|------------------|--------|------|------------------|--------|
| Male   | 136  | 95               | 69.8%  | 150  | 110              | 73.33% |
| Female | 42   | 35               | 83.33% | 47   | 32               | 68.08% |
| Total  | 178  | 130              | 73.02% | 197  | 142              | 72.08% |

Most of the victims of homicidal death fall in the age group of 40-60 years without any considerable change during both years i.e. 38.46% & 37.32% respectively while 26-40 years age group was on the 2<sup>nd</sup> number involving 33.00% & 32.39% cases of homicidal deaths in both years respectively. Table-2&3.

**Table 2: Involvement of age in homicidal deaths**

| Age groups in Years | 2011 | %age  | 2016 | %age  |
|---------------------|------|-------|------|-------|
| 0-1                 | 02   | 1.53  | 03   | 2.11  |
| 2-5                 | 00   | 00    | 02   | 1.40  |
| 6-15                | 02   | 1.53  | 05   | 3.52  |
| 16-25               | 21   | 16.15 | 26   | 18.30 |
| 26-40               | 43   | 33.0  | 46   | 32.39 |
| 41-60               | 50   | 38.46 | 53   | 37.32 |
| Above 60            | 12   | 9.23  | 07   | 4.92  |
| Total               | 130  | 100   | 142  | 100   |

There is slight rise in vulnerable males with ages 16-25 & 26-40 years involving 18.18% & 30.90% cases of homicide while decline was observed in the ages above 60 years during 2016 as compare to 2011. There is marked decline in female homicide of 41-60 years causing 25.00% in 2016 & 37.16% homicides in 2011. Table-3

**Table 3: Age and gender comparison among homicidal deaths**

| Age group in years | 2011 Male | %age  | 2016 Male | %age  | 2011 Female | %age  | 2016 Female | %age  |
|--------------------|-----------|-------|-----------|-------|-------------|-------|-------------|-------|
| 0-1                | 00        | 00    | 01        | .90   | 02          | 5.71  | 02          | 6.25  |
| 2-5                | 00        | 00    | 02        | 1.81  | 00          | 00    | 00          | 00    |
| 6-15               | 01        | 1.05  | 04        | 3.63  | 01          | .85   | 01          | 3.12  |
| 16-25              | 15        | 15.78 | 20        | 18.18 | 06          | 17.14 | 06          | 18.75 |
| 26-40              | 32        | 33.68 | 34        | 30.90 | 11          | 31.42 | 12          | 37.50 |
| 41-60              | 37        | 38.94 | 45        | 40.90 | 13          | 37.17 | 08          | 25.00 |
| Above 60           | 10        | 10.56 | 04        | 3.63  | 02          | 5.71  | 03          | 9.37  |
| Total              | 95        | 100   | 110       | 100   | 35          | 100   | 32          | 100   |

Firearm was on the top among weapons used in homicide involving 58.46% & 54.27% cases respectively in both years while blunt objects were the second commonest weapon responsible to kill 19.25% & 21.58% persons respectively. The strangulation & poisoning cases were the same during 2011& 2016. Table-4.

**Table 4: Causative weapon / modalities in homicide.**

| Age group    | Firearm   |           | Blunt Weapon |           | Sharp Edged Weapon |           | Strangulation |           | Poisoning |           |
|--------------|-----------|-----------|--------------|-----------|--------------------|-----------|---------------|-----------|-----------|-----------|
|              | 2011      | 2016      | 2011         | 2016      | 2011               | 2016      | 2011          | 2016      | 2011      | 2016      |
| 0-1          | 00        | 00        | 02           | 02        | 00                 | 00        | 00            | 01        | 00        | 00        |
| 2-5          | 00        | 00        | 00           | 01        | 00                 | 00        | 00            | 01        | 00        | 00        |
| 6-15         | 00        | 02        | 01           | 01        | 00                 | 01        | 01            | 01        | 00        | 00        |
| 16-25        | 09        | 14        | 04           | 06        | 05                 | 04        | 02            | 02        | 01        | 02        |
| 26-40        | 27        | 24        | 06           | 09        | 06                 | 08        | 03            | 03        | 01        | 00        |
| 41-60        | 33        | 32        | 09           | 11        | 08                 | 10        | 00            | 00        | 00        | 00        |
| Above 60     | 07        | 05        | 03           | 01        | 01                 | 01        | 00            | 00        | 00        | 00        |
| <b>Total</b> | <b>76</b> | <b>77</b> | <b>25</b>    | <b>31</b> | <b>20</b>          | <b>24</b> | <b>08</b>     | <b>08</b> | <b>02</b> | <b>02</b> |
| %age         | 58.46     | 54.22     | 19.23        | 21.83     | 15.38              | 16.90     | 5.38          | 5.63      | 1.53      | 1.40      |

As for as the targeted area is concerned as a whole; Chest is on the top while head / face being the second commonest part and abdomen is the third area targeted during both years. Table-5

**Table 5: Target areas in homicidal deaths**

| Region involved | firearm | Blunt | Sharp | Total |
|-----------------|---------|-------|-------|-------|
| Head            | 43      | 35    | 07    | 85    |
| Neck            | 13      | 02    | 05    | 20    |
| Chest           | 103     | 20    | 15    | 138   |
| Abdomen         | 40      | 17    | 18    | 75    |
| Upper limb      | 10      | 03    | 02    | 15    |
| Lower limb      | 05      | 04    | 02    | 11    |

Firearm among the male remain on the top causing fatalities 64.21% & 60.90% in both years respectively, while among females the Firearm was common during 2011 affecting 42.85% cases and during 2016 its toll was 28.57% but there is decline in use of firearm among female homicide, but still on the top. So, the firearm remains common among both sexes during 2011& 2016. Table-6.

**Table 6: Comparison of gender ratio in relation to weapon used**

| Weapon               | Male      | %age        | Male       | %age        | Female    | %age        | Female    | %age        |
|----------------------|-----------|-------------|------------|-------------|-----------|-------------|-----------|-------------|
|                      | 2011      |             | 2016       |             | 2011      |             | 2016      |             |
| <b>Firearm</b>       | 61        | 64.21       | 67         | 60.90       | 15        | 42.85       | 10        | 28.57       |
| <b>Blunt</b>         | 17        | 17.80       | 23         | 20.90       | 08        | 22.85       | 08        | 25.00       |
| <b>Sharp</b>         | 14        | 14.73       | 17         | 15.45       | 06        | 17.14       | 07        | 21.87       |
| <b>Strangulation</b> | 02        | 2.10        | 01         | 0.90        | 05        | 14.28       | 07        | 21.87       |
| <b>Poisoning</b>     | 01        | 1.05        | 02         | 1.81        | 01        | 2.85        | 00        | 00          |
| <b>Total</b>         | <b>95</b> | <b>100%</b> | <b>110</b> | <b>100%</b> | <b>35</b> | <b>100%</b> | <b>32</b> | <b>100%</b> |

**DISCUSSION**

The present study shows the intensity of homicide as violent crime in Multan. The results will help to reduce the magnitude of problem. The present study shows 73.02% and 72.08% homicidal deaths occurred during the years 2011& 2016 in city of Multan without any significant change but there is decline in the female homicidal deaths i.e. 60.08% in 2016 as compare to 2011. A similar study conducted at Peshawar by Memon et al<sup>9</sup> observed 82.67% deaths resulting from homicide and 80.3% homicidal fatalities were found by Ali et al<sup>10</sup> in their study at Bahawalpur while Bashir et al<sup>7</sup> reported the death toll of 79.66% resulting from homicide at Faisalabad. These figures show poor law and order situation similar to Multan and needs strict enforcement of law in the concerned areas. The rate of homicide is higher in this research as compared to other studies.<sup>7-10</sup> The persistent higher number of homicides during the productive years of life is alarming without any change during 2011 & 2016

and no socio cultural, economic change has occurred in the area. There is alarming increase in deaths due to firearms among the age group 15-25 years during 2016 as compared to 2011. The male and female ratio is decreased in 2016 indicating that steps for the protection of women rights in the society remained effective. The vast and illegal use of firearm is reflected by 58.46% fatalities caused by firearms during year 2011 while 54.22% deaths in year 2016 indicating that no effective measures has been done during the last five years to minimize the use of Firearms.

The higher number of firearm fatalities observed in our study are consistent with the results of Asadullah et al<sup>11</sup> reporting the deaths due to firearms in 60.14% cases while another study conducted by Qasim et al<sup>12</sup> in Faisalabad in year 2012 documented that out of the total 228 cases of homicidal deaths brought for medicolegal autopsies; 70.17% cases died of firearm injuries. Similarly, a local study conducted by Nadeem

et al<sup>13</sup> in Sahiwal; documented the deaths of 41% cases due to firearms and chest being the most commonly targeted part of the body in 30 out of 73 cases. It is quite easy to kill the enemy by firearm from a distance, without any resistance. Our study revealed that chest was observed to be most commonly targeted area of the body in homicidal deaths due to firearms followed by the head & abdomen. Our findings are in line with those of a study performed by Aziz et al<sup>14</sup> in Multan and documented the involvement of chest in 38.96% cases of firearm fatalities. Easy availability of firearms in Pakistan has drastically increased the incidence of homicide caused by firearms.

## CONCLUSION

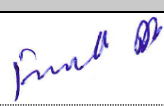

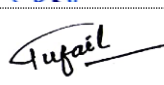

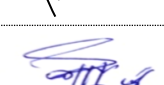
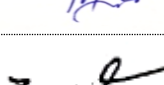
Study shows high incidence of homicide deaths during both years and involvement of productive life age groups with the male dominance involving chest and abdomen as target area and decline in the female homicide reflects slight change in the society. There is need to control the possession & use of Firearms, implementation of law and improvement in literacy rate alongwith rapid change in socioeconomic and cultural norms of the society. The police also need training for modern methods of investigations.

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| <b>Dr. Farrukh Aziz</b><br>Assistant Professor of Forensic Medicine,<br>Nishtar Medical University, Multan.         | Study designing, collection of data,<br>Preparation of results<br>Layout of manuscript |  |
| <b>Dr. Qurrat Ul Ain Kamran</b><br>Assistant Professor of Forensic Medicine,<br>Nishtar Medical University, Multan. | Literature review,<br>Discussion & reference writing                                   |  |
| <b>Dr. Tufail Ahmad</b><br>Assistant Professor Forensic Medicine,<br>Rai Medical College, Sargodha.                 | Tabulation of results<br>Editing the manuscript,<br>Proof reading                      |  |
| <b>Dr. Bismah Shahzad</b><br>House Officer, Allied Hospital<br>Faisalabad Medical University, Faisalabad            | Literature review<br>Comparison of finding, Proof reading                              |  |
| <b>Dr. Mushtaq Ahmed</b><br>Associate Professor of Forensic Medicine,<br>Nishtar Medical University, Multan.        | Data processing<br>Authentication of references<br>Critical review                     |  |
| <b>Dr. Zamir Ahmad</b><br>Assistant Professor of Forensic Medicine,<br>Abwa Medical College, Faisalabad..           | Comparison of results<br>Review of statistical analysis<br>Proof reading               |  |