Original Article

Fatal Homicidal Violence Against Women and Girls in Faisalabad

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ABSTRACT

Objectives: To determine the pattern of fatal homicidal violence involving the women & girls as victims in Faisalabad regarding the variables of rate, age of victim, methods used for violence and seasonal variation. **Study Design**: Non interventional, Descriptive**. Place and Duration of Study:** The study was conducted at the Department of Forensic Medicine, Punjab Medical College Faisalabad over a period of three years (2007 to 2009). **Methodology:** 177 subjects were selected from victims brought for autopsy at the Postmortem unit of Department of Forensic Medicine, Punjab Medical College Faisalabad. Only those cases were included in the study where death of the woman or girl was result of homicidal violence. Manner of death was decided on the basis of the police inquest, autopsy examination and an interview with the relatives of the victim. Victims having some inter sex state were excluded. The data was tabulated and analyzed. **Results**: Fatal homicidal violence against the women and girls is increasing day by day. Rate of homicide in Faisalabad increased from 2.0 in 2007 to 3.3 per 100,000 females in 2009. Majority of the victims were between the ages of 10-39 years. The commonest weapon of offence used for causing death was firearm. The peak incidence was in the months of March, April and May.

INTRODUCTION

Violence against women is now well recognized human rights violation of worldwide significance.[1] Women and girls are frequent victims of both physical and sexual violence by partners and acquaintances, as well as strangers. Homicide is the most extreme violence as it ends in death**.** A report regarding violence against women prepared by the New York City Department of Health and Mental Hygiene in 2008 has indicated that from 2003 to 2005, nearly half of fatal violence against women (44%) was committed by intimate partner and women between 20 and 29 years of age were the most vulnerable victims. Two thirds of deaths were the result of assaults by guns or knives. In 2005, in New York City there were 94 female homicides, corresponding to a rate of 2.6 deaths per 100,000 women.[2] A study conducted in the two Scandinavian capitals, Oslo and Copenhagen regarding asphyxial homicides from 1985 to 1994 revealed that out of 94 asphyxial homicides, 73 % of the victims were the women. The most common method of causing death was manual strangulation.[3] A study was conducted in North Carolina in 2004 to identify gender differences in the violent deaths in terms of incidence, circumstances and method of death on 1674 residents of the state who died from violence. The common weapons of offence in female homicides were handgun or a sharp instrument.[4] Rape homicide is an extreme form of violence against women and the prevalence in South Africa is higher than that of all female homicides in the United States. Medical Research Council Cape Town, South Africa conducted a study in which sample of 25 medico-legal laboratories was carried out to identify all homicides in 1999 of women over the age of 13 years. A rape homicide was suspected in 16.3% of the female homicides which gave a rape homicide rate of 3.65/100,000. More often mechanism of death was strangulation asphyxiation, or blunt trauma, rather than gunshot.[5] A study conducted in California State University, Sacramento, USA on homicide data from 1991 to 1999 in California showed that, compared to other groups, Asian

homicide victims are more likely married females usually killed by family members.[6] The incidence, circumstances, and methods of fatal violence differ greatly between females and males. These differences should be taken into account in the development of violence prevention efforts.[4] Though a study was conducted on homicidal deaths in Faisalabad in 2001-2002 (7), however, study on the pattern of fatal homicidal violence against women and girls need to be conducted in Faisalabad. Homicidal violence during the last few years has been acknowledged as being a rapidly growing law and order concern in Pakistani community, and as a result, there is a demand for developing strategies to stop the violence and provide more protective mechanisms for women. Strategies for preventing fatal violence can be tailored to a particular geographic or socioeconomic area if the patterns of violence in that area are known. Objectives of the study is to highlight the extent and nature of fatal homicidal violence against women in Faisalabad and to collect information about age group of the victims and seasonal effect on this violence if any This study will help in understanding patterns of fatal homicidal violence against women in Faisalabad and designing the prevention strategies.

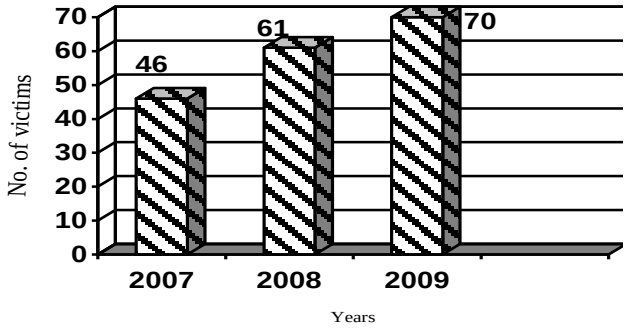
SUBJECTS & METHODS

We conducted a retrospective non interventional, descriptive study, reviewing autopsy reports along with data regarding circumstances of death of suspected female homicides occurring between 2007 and 2009 (n = 177). Study includes the homicidal cases involving women and girls as victims which were brought for autopsy in the postmortem unit of Forensic Medicine Department from Faisalabad city and Sadar area. Manner of death was decided on the basis of police inquest, autopsy examination and an interview with the relatives of the victim. Persons killed during law enforcement activity and the victim's having intersex state were excluded. Aborted embryos & fetuses were also not included in the study. Data was tabulated and analyzed on the bases of the year and month wise distribution of cases, age groups of the victims and method used for violence. Rate was calculated per 100,000 of the female population.

RESULTS

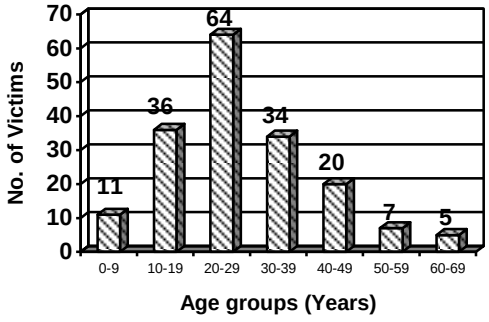
A total of 177 victims of fatal homicidal violence against women were examined during the study period. Year wise distribution of the cases given in fig. 1 shows that trend of homicidal violence against women is increasing every year.

Figure 1: Year wise distribution of homicides involving women as victim



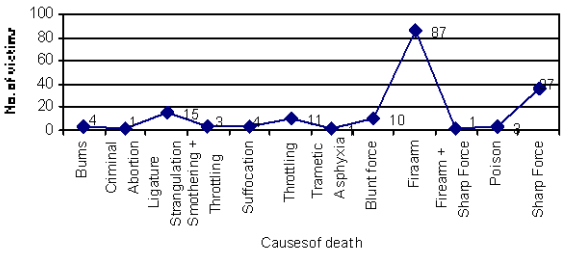
Female homicidal rates in Faisalabad for the years 2007-2009 calculated as per 100,000 female population were 2.0, 2.7 and 3.3 respectively which indicate a substantial increase in homicidal rates in the women and girls from 2007-2009. Majority of the victims (75 %) fall in the age range of 10-39 years. Most vulnerable age group is 20-29 years as 30% of the total victims belong to this age group. Age wise distribution of the cases is given in Figure 2.

Figure 2: Age wise distribution of the victims



Firearm weapon was the commonest weapon of offence regarding homicidal death of the women (49%) followed by Sharp force which was used in causing death of 20% of the victims. Different methods used for fatal homicidal violence are shown in Figure 3.

Figure 3: Methods of offence used for fatal homicidal violance against women



The peak incidence against women violence was observed during the months of March, April and May. 36% of the total cases were reported in this period. Month wise distribution of the cases of homicidal violence is shown in table 1.

Table 1:
Month wise distribution of the cases of fatal homicidal violence against women

Year	2007	2008	2009	Total	%age
January	0	7	11	18	10.17
February	2	3	3	8	4.52
March	7	4	13	24	13.56
April	10	6	5	21	11.86
May	5	9	6	20	11.30
June	3	4	4	11	6.21
July	2	3	5	10	5.65
August	4	5	7	16	9.04
September	1	2	7	10	5.65
October	3	5	2	10	5.65
November	5	6	3	14	7.91
December	4	7	4	15	8.48
Total	**46**	**61**	**70**	**177**	**100**

DISCUSSION

Fatal violence against women and girls not only affects their families, but also it affects every sector of the society. The major categories of the violence include physical, sexual and psychological violence as well as deprivation or neglect.[8] In this study we have focused on the most extreme type of physical violence that is homicidal violence against women and girls. A significant number of variables have been reviewed such as: rate, age of the victim, method used for violence and month in which the violent event took place to see the seasonal variation. Our study has shown that fatal homicidal violence against women and girls in Faisalabad is increasing day by day. The rate of fatal homicidal violence against the females for the study period, 2007-2009 came out to be 2.0, 2.7 and 3.3 respectively per 100,000 females. This rate corresponds to the rate of female homicides in New York City which is 2.6 as mentioned in the report regarding violence against women prepared by New York City Department of Health and Mental Hygiene in 2008 [2]. Many studies conducted in the different regions of South Africa show that the rate of homicidal violence against females is very much high as compared to Faisalabad going up to 18 per 100,000 females (5,9,10). A study conducted in Jamaica also showed a high homicidal rate of 12 per 100,000 females.[11] The rate of violence depends upon many risk factors. One important factor is the deterioration in the economy of the concerned country which may lead to joblessness, increase in the anger and poor law and order situation. A study conducted in USA on epidemiology of violent deaths in the world has revealed that overall homicide rates are low in the established market economy and high in the poor countries like Sub-Saharan Africa.[12] Our study revealed that majority of the victims fall in the age range of 10-39 years. This trend was also seen in many studies conducted in different countries like Nagpur, India [13], Peshawar, Pakistan [14], Adana, Turkey [15], Cap Town, South Africa [16], Kuala Lumpur, Malaysia [17], Vilnius, Lithuania [18]. The reason for a high vulnerability between the age ranges of 10-39 is that this is the prime time and age of full activity in the women and girls and due to more activity and interaction; there are more chances to become a victim of homicide. As activity of women decreases in old age so chances of becoming a homicide victim are reduced. In our study only 2.8% of the women after the age of 60 were murdered. This fact has also been revealed in a study conducted by Bonn Forensic Medicine institute in which it was concluded that incidence of homicides sharply decreased by age [19]. Our study also revealed that firearm weapon was the commonest weapon of offence used for the homicide of women and girls. Similar results have been shown in the studies

conducted in Eastern North Carolina [20], Peshawar, Pakistan [21, 22, 23], Turkey [15], Greece [24], Nepal [25], Honduras [26], Jamaica [11], New Jersey [27], Sri Lanka [28], D.I.Khan, Pakistan [29]. Reason for common use of firearm for causing homicide is that it can kill the person from a long distance. Secondly in most of the countries it is freely available due to lack of legislation regarding firearm control or ineffective implementation of the law. In our study peak incidence against women and girls was observed during the months of Mar, April and May which is the spring season and early summer in Pakistan. In a study conducted in Nagpur, India peek was noticed in the month of October [13]. During a study in South Africa the seasonal variation in strangulation death suggested a pattern of occurrence generally spanning the period from end winter to summer [30]. A study in Andhra Pardaish, India showed a peek in winter [31]. Keeping in view all the above studies it appears that there is no regular pattern of seasonal effect on homicidal deaths of the women and girls.

CONCLUSION

Fatal homicidal violence is showing a regular rise in Faisalabad which is an alarming situation for political stakeholders, law enforcing agencies, media and researchers. Efforts should be made to design preventive measures after a comprehensive research about the causes of homicidal violence against women and girls. Media should play its role to bring a change in cultural attitude towards the females.

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