ORIGINAL ARTICLE

A STUDY OF HOMICIDAL DEATHS IN MIRPUR DISTRICT OF KASHMIR, PAKISTAN

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ABSTRACT

Background: Homicide means killing of a human being by the conduct of another human being. In the present study we assessed the pattern of homicide in Mirpur district of Azad Jammu & Kashmir, Pakistan.

Material & Methods: This was a descriptive study conducted at the District Headquarter Hospital, Mirpur, Kashmir from 1st January 2011 to 31st December 2011. All medico-legal autopsies and corresponding police inquests were included and information entered in performas. Different variables like sex, age, type of weapon used, site of injury, place of occurrence and mode of death were recorded.

Results: A total of 88 medico-legal autopsies were conducted during the study period. Out of these 80 cases were declared homicidal deaths. Most of these, 36.25% were of young age group i.e. 20-30 years followed by 10-20 years age group (16.25%). Firearms were the most frequently used and chest area was the commonest site of injury.

Conclusion: Homicide rate in Mirpur district of Kashmir is 8 per 100,000 of population. Males are affected more as compared to females. Mostly young people between 20 and 30 years of age are the victims. Homicidal deaths are mostly by firearm weapons and chest is the most common site of injury.

Key words: Homicide, Firearm injury, Asphyxia, Hemorrhage, Shock.

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INTRODUCTION

Homicide is the killing of a human being by the conduct of another human being.[1] It can be intentional constituting the crime of murder or it can be unintentional or by mistake called manslaughter.[2] From time immemorial or we can say homicide is as old the man itself as stated in devine-scripts a son of Adam killed his own brother.

Man is born with properties of greed, selfishness, and hunger for power, emotions and his brought up in a society to follow certain religion, traditions, moral values and economic circumstances play important role in the development of his psychological character and behaviour, Unfortunately poverty, illiteracy, religions extremism, sectarian divide & hatred, certain local tribal traditions and ethnic strife have become hallmark of one society which has direct effect on the conduct of common man and contribute a rise in rate of homicide.[3-6]

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For the past few decades the political and military intervention in the neighboring country by the so called super powers of the world, have destabilized the overall security and law & order situation in the region resulting in massive influx of deadly firearms, subversive activities, religions extremism and militancy.[7-9] Militant groups are created and trained by the foreign forces for combat purpose and then left abandoned, people affiliated with such groups know nothing except militancy and They use their capabilities in the society for their living which adds violence and bloodshed.[10] All the above mentioned factors, directly or indirectly are responsible for the high rate of homicide in Mirpur district of Azad Jammu & Kashmir.

The aim of this study was to assess the pattern of homicidal deaths in Mirpur district of Kashmir, Pakistan.

MATERIAL AND METHODS

This study was conducted at the Department of Forensic Medicine of Mohi-ud-Din Islamic Medi-

cal College in the District Headquarter Hospital of Mirpur AJ & K. All the medicolegal autopsies conducted from 1st January 2011 to 31 December 2011 were studied. The respective police inquests were also made as part of this study. Special performas were devised to record Name, address, Age, Sex, Date & Time of arrival, Date & Time of autopsy, brought by whom, weapon used, type of injuries, mode of death, cause of death and place of occurrence. Performas were filled and statistical data collected and analysed.

RESULTS

A total of 88 medico-legal autopsies were conducted during the study period. Out of which 80 were declared as homicides. The most affected

Table 1: Gender Percentage on the basis of various age groups.

Age in Years	Male	Female	Total
<10	3 (12 .5%)	1 (1.25%)	4 (5%)
11-20	7 (8.75%)	6 (7.5%)	13 (16.25%)
21-30	20 (25%)	9 (11.25%)	29 (36.25%)
31-40	10 (12.5%)	2 (2.5%)	12 (15%)
41-50	6 (7.5%)	3 (3.75%)	9 (11.25%)
51-60	7 (8.75%)	2 (2.5%)	9 (11.25%)
>60	2 (2.5%)	2 (2.5%)	4 (5%)
Total	55 (68.75%)	25 (31.25%)	80 (100%)

Table 2: Type of weapon used in homicide according to various age groups in percentage.

Age in years	Firearm	Sharp Cutting	Blunt	Poison	Violent Asphyxia
0-10	0	0	1	1	2
11-20	11	2	1	0	0
21-30	20	7	1	0	1
31-40	10	2	2	0	0
41-50	5	2	1	2	0
51-60	4	1	0	0	0
>60	3	1	0	0	0
Total	53	15	6	3	3
Percentage	66.25 %	18.75 %	7.5 %	3.75%	3.75%

Table 3: Place of occurrence based on gender.

Gender	Streets	Market Place	Residences	Fields /Forest
Male	20 (36.36%)	13 (23.63%)	10 (18.18%)	12 (21.81%)
Female	3 (12%)	1 (4%)	16 (64%)	5 (20%)
Total	23 (28.75%)	14 (17.5%)	26 (32.5%)	17 (21.25%)

Table 4: Mode of death based on gender.

Gender	Coma	Syncope	Asphyxia
Male	21 (38.18%)	25 (45.45%)	9 (16.36%)
Female	10 (40%)	9 (36%)	6 (24%)
Total	31 (38.75%)	34 (42.5%)	15 (18.75%)

(36.25%) age group was 20-30 years followed by 10-20 years (16.25%). Male to Female ratio was 3:1. (Table-1)

Regarding the method of homicide mostly (66.25%) firearms were used followed by sharp cutting weapons (18.75%), blunt weapons (7.5%), beside violent asphyxia (3.75%) and poisoning (3.75%). (Table-2) The site of occurrence is shown in Table-3.

DISCUSSION

Rate and pattern of Homicide in Mirpur district of Kashmir is more or less the same as in other cities of Pakistan like Lahore, Faisalabad, Peshawar and D.I.Khan.[11-13]

The most common reasons for homicide are family feuds over old conflicts and disputes of property, sudden provocation, honor killing, subversive acts and economical disputes. The remote reasons for homicides are general poverty, low literacy rate, high intolerance in the society, easy availability of lethal fire-arms, tremendous increase in population and lack of resources.[15]

Due to local traditions and customs females are mostly spared and the male section of the society is the main target in Homicidal attacks. Here also the results show males to female ratio 3:1.

Political instability, dictatorial rules, lack of awareness and incompetence of the ruling class resulted in lack of educational opportunities; industrialization, technical training and loose control over crimes contribute to the high rate of homicide. Geopolitical conditions and continued insurgency in neighboring Afghanistan have direct effects on the law and order situation in our country.

CONCLUSION

Homicide rate in Mirpur district of Kashmir is 8 per 100,000 population. Males are affected more as compared to females. Mostly young people between 20 and 30 years of age are the victims. Homicidal deaths are mostly by firearm weapons and chest is the most common site of injury.

REFERENCES

1. Qadir G, Aziz K. The study of homicide rate in Larkana. Pak Postgrad J 2000;11:79-80.
2. Blci Y, Canogullari G, Ulupinar E. Characterization of gunshot suicides. J Forensic Leg Med 2007;14:203-8.
3. Mujahid M, Hassan Q, Arif M, Gandapur J, Shah H. Homicide deaths by fire-arms in D.I.Khan. Pak J Med Res 2006;45:14-6.
4. Bashir Z, Rana PA, Malik SA, Shaheen A. Pattern of deaths due to fire-arms in Lahore. Pak Postgrad Med J 2000:11;109-14.
5. Solarino B, Nicolletti EM, Di Vella G. Fatal firearm wounds: a retrospective study in Bari, Italy between 1988-2003, Rorensic SciInt 2007;168:95-101.
6. Wintemete CJ, Teret SP, Kraus JF, Wright MW. The choice of fire-arm suicide. Am J Public Health 1989; 79:824-6.
7. Martilla VM, Maokitie I, Pihlajam Aoki H. Trends in hospitalization for firearm related injury in Finland from 1990-2003. J Trauma 2006;61; 1222-7.
8. Macinko J, De Souza mode F. Reducting firearm injury, lessons from Brazil, L D I issue Brief 2007;12:1-4.
9. Marinho J, De Souza Mode F, Masinko J Reductions in firearm related mortality. Health Aff 2007;26:575-84.
10. Chapman S, Alpers P, Johns M. Faster fall in firearm deaths. Inj Prev 2006;12:365-72.
11. Hassan Q, Shah MM, Bashir MZ. Homicide in Abbottabad. J Ayub Med Coll Abbottabad 2005;17:78-80.
12. Shields LB, Hunsaker DM. Schizophrenia and suicides. J Forensic Sci 2007;52:930-7.
13. Bashir MZ , Saeed A, Dilawar K. Pattean of homicided deaths in Faisalabad. J Ayub Med Coll Abbottabad 2004;16:57-9.
14. Hamayun M, Dilawar K, Zaman F. Analysis of homicidal deaths in D.I.Khan. J Ayub Med Coll Abbottabad 2009;21:155-7.
15. Richmond TS, Cheney R, Schwab CW. The global burdon of non-conflict related firearm mortality. Inj Prev 2005;11:348-52.

CONFLICT OF INTEREST
Authors declare no conflict of interest.
GRANT SUPPORT AND FINANCIAL DISCLOSURE
None declared.