

Weaponry Pattern & Incidence of Homicidal Deaths - 5 Year Study

1. Babur Rashid Chughtai 2. Muhammad Iqbal 3. Azhar Masud Bhatti

1. Prof. of Forensic Medicine, Wah Medical College, Wah Cantt. 2. Asstt. Prof. of Forensic Medicine, Wah Medical College, Wah Cantt. 3. Ex-Senior Demonstrator of Forensic Medicine, KEMU, Lahore, DHS (EPI), Punjab & EDO (Health), Gujranwala

ABSTRACT

Objective: To analyze the 5years data of autopsies with reference to weaponry pattern may offer some help in controlling law and order situation in the country.

Study Design: Retrospective Study

Place and Duration of Study: The study was conducted at THQ hospital Taxila. 5 years data of autopsies conducted during the years from 2009-2013 was taken and analyzed.

Materials and Methods: Autopsy registers from 2009 to 2013 were taken from THQ Hospital Taxila and analysis of the available data was done regarding weaponry pattern, age, sex, area of body targeted and nature of injuries.

Results: During 5years 2009-13 total 279 autopsies were conducted. 234 (83.87%) dead bodies were belonged to male and 45 (16.13%) to females. Most of the dead bodies were adult age group, 138 (49.46%) dead bodies were between age 20-40 years, out of which 112 (81.16%) of males and 26 (18.84%) of females. Firearm remained the most common weapon used claiming 177 (63.44%) lives. In 22 (7.88%) deaths blunt weapons were used and only 7 (2.5%) deaths were caused by sharp edged weapon. Head remained the most targeted area as in 88(31.54%) cases. In 76 (27.24%) persons chest was the target. 33 (11.83%) persons was hit on abdomen, while 28(10.04%) dead bodies were found with injuries on neck. In 40 cases (14.34%) no cause of death was detected.

Conclusion: The analysis may be used to control law and order situation in the society.

Key Words: Weapons, crimes, firearms, Homicidal

INTRODUCTION

Rate of homicidal autopsy is the index of crime rate in the society. Crimes are on rise not only in the whole world but people of our country are particularly very much affected by rapid raise in crimes.

A weapon, arm, or armament is any device used in order to inflict damage or harm to living beings, structures, or systems¹. Broadly the weapons are of 3 types blunt, sharp and firearm weapons. Most common weapons in the world are the blunt weapons. But in the presence of most modern and sophisticated firearm weapons, blunt weapons are not frequently used to cause homicidal injuries.

Our study shows that most common weapon used in homicidal deaths is the firearms.

These are broadly divided into 2 types, smooth bored and rifled firearm weapons. In rifled firearms bullets, while in smooth bored weapons shot cartridges are used. Any small arm designed to be fired while held in one hand is called hand gun (as pistols and revolvers) and are frequently implicated in homicide, suicide and occasionally in accidental cases³.

The use of firearm as a weapon of homicide is not only prevalent in Pakistan but in other countries of the world also, as these are very effective mode of causing deaths with remote chances of retaliation, as the culprit is at safe distance from the victim. Gunshot wounds are more destructive than other injuries⁴ and highly destructive when fired at close range⁵.

Homicide means killing of one human being as a result of conduct of other. It is broadly divided into two types, lawful as killing in self defense, or homicide by law enforcement agencies to control the riots, and unlawful as murder (homicide with intension) and manslaughter (homicide without intension).⁶ The crime of homicide is unacceptable for all types of societies⁷.

Unfortunately Pakistan is the country where the crimes are growing very rapidly. This rise in crimes is directly connected with increase in homicidal deaths. An autopsy is always required in homicidal cases⁸. In addition to rising crimes the ever growing terrorism is also playing havoc with the psychology of the nation. Sharp rise in homicidal deaths leading to heavy load of medico-legal autopsies as law and medicine have been interrelated and interdependent since antiquity⁹.

The causes of more use of firearms are the easy availability of illegal weapons, fearless possession and flaws in our judiciary system. The firearms may be imported or smuggled from other countries or made in the tribal area of Pakistan as the country made guns are also common in India, Sri Lanka and other Asian areas¹⁰. All types of firearm weapons are freely available in our country¹¹.

Analyzing the data about homicidal deaths in a clan with reference to weaponry pattern, age, sex, nature of deaths, and targeted area involved, plays a pivotal role in controlling the crimes and maintaining the law and order situation in a community.

MATERIALS AND METHODS

The autopsy reports from 2009-13 were taken from THQ Hospital Taxila and analysis was done on the basis of weaponry pattern, age, sex, body area involved, address, opinion, material collected for dispatch to Chemical Examiner/Histopathologist, cause of death and injury markings on the postmortem register used as variables. Total 279 autopsies were conducted during 5 years tenure.

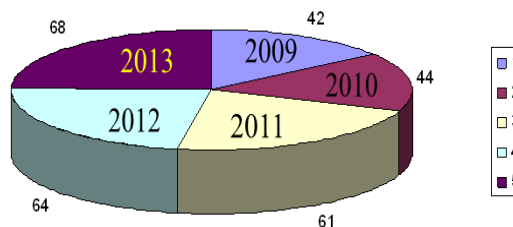


Figure No.1: No. of Autopsies

RESULTS

Total 279 autopsies were carried out at THQ Hospital Taxila during the period from 2009 to 2013 (during calendar year of 2009, 42 autopsies, in 2010, 44 autopsies, in 2011, 61 autopsies, during 2012, 64 autopsies and in 2013, 68 autopsies). Out of total 279 autopsies 234 (83.87%) belonged to males while 45 (16.13%) belonged to females. (Table 1, Figure 1).

Table No.1: Year wise Male and Female Homicidal Deaths

Year	No.	M	F
2009	42	34	8
2010	44	37	7
2011	61	53	8
2012	64	56	8
2013	68	54	14
GT	279	234	45

Regarding weaponry pattern 177 (63.44%) deaths were caused with firearm weapons. While 22 (7.88%) deaths were claimed by blunt and only 7 (2.51%) deaths were caused by sharp edged weapons. Complete breakup of the weaponry pattern is given year wise in shown in the table-2.

As for as the age group is concerned most cases belonged to adult age (20-40 years). During total 5 years duration 138 (49.46%) persons were belonged to age group 20-40 years among them 112 (81.16%) were males and 26 (18.84%) were females. Age wise detail is mentioned in table-3.

Head injuries remained on top as present in 88(31.54%) cases. In 76 (27.24%) persons chest was the target. 33 (11.83%) persons was hit on abdomen, while 28(10.04%) dead bodies were found with injuries on neck. Cause of death in 40 (14.34%) cases remained undiagnosed as negative autopsy.

Table No.2: Year wise Homicidal deaths due to weapons and other reasons

Year	No.	FA	%	Blunt	%	Sharp	%	Hanging	%	Poison	%	Drowning	%	Burns	%	Nil	%
2009	42	30	71.42	1	2.38	1	2.38	1	9.52	1	2.38	-	-	2	4.76	3	7.14
2010	44	30	68.18	7	15.91	-	-	3	6.82	1	2.27	-	-	-	-	3	6.82
2011	61	37	60.65	3	4.92	2	3.28	4	6.56	3	4.92	-	-	-	-	12	19.67
2012	64	33	51.56	9	14.06	4	6.25	-	-	-	-	3	4.69	-	-	15	23.44
2013	68	47	69.12	2	2.94	-	-	8	11.76	2	2.94	1	1.47	1	1.47	7	10.29
GT	279	177	63.44	22	7.88	7	2.51	19	6.81	7	2.51	4	1.43	3	1.07	40	14.34

Table No.3: Year wise age and sex pattern of Homicidal Deaths

Year	0-12 years		12-20 years		20-40 years		Ab.40 years		GT
	M	F	M	F	M	F	M	F	
2009	2	1	10	8	19	15	11	10	42
2010	1	-	10	9	25	21	8	7	44
2011	1	-	10	9	29	24	21	19	61
2012	3	-	12	11	33	29	16	13	64
2013	4	1	11	8	32	23	21	20	68
GT	11	3	53	45	138	112	77	69	279

DISCUSSION

Crime is an evil against society for which the man is punished by the laws made by the parliament. It is generally believed that good and evil lie embedded together in human nature and it has been seen often in actual life that many good souls commit evil deeds simply because evil in them gets the upper hand over the good in them.

Relation of human being and crimes is as old as the human being itself. Crimes can never be eliminated from a society altogether. Crime control is the desired target. In general there is a global increase in the crimes and so in homicides also¹². As the fear of law enforcement agencies and law has been faded away from our society so people are involved in the criminal activities without any hesitation.

The most common weapon used in homicidal cases remained the firearms (63.44 %). In USA also the most frequent method of killing is the firearms¹³. In Turkey during the years of 1997-2001, in 54.83% cases of homicidal deaths, firearms remained the weapon used¹⁴. The firearm is the leading weapon used in homicidal deaths in our study which is consistent with other studies in Pakistan¹⁵⁻¹⁶. Despite stringent legislation in the UK and elsewhere in the world, the use of firearms in the criminal activities continues to increase¹⁷. But Rate of homicide has been effectively controlled in Brazil by effective legislation and public education¹⁸.

The easily available country made guns are quite unsafe as while firing they may burst also and kill the person who is firing them. The quality is very poor but since they are quite cheap and easily available are quite frequently used¹⁹. In Pakistan even the authorized dealers of the firearms don't maintain the proper record of the weapons present and sold out. But In USA federally licensed gun dealers are required by law to maintain record of serial numbers of all firearms in their inventories and to report the serial numbers of all weapons sold. Consequently the serial number of a firearm is important to tracing the ownership of a firearm used in the commission of a crime²⁰.

Regarding causes of high homicide rate in our country in addition to traditional Zan, Zer and zameen, other causes are old family feuds, revenge and traditional honor killings²¹.

Homicides may also be triggered by violence shown on TV²².

As for the age is concerned it is quite evident from the study that usually adult generation is involved in the crimes and mostly this generation is the victim also. Most common age in homicidal cases remained between 20-40years (49.46 %). Emotional element of the young persons plays a key role in increasing violence in a community.

Regarding most common targeted area head remained at no. 1, showing the cruel mentality of the criminals who want to eliminate the chances of survival of victims. The 2nd most common targeted area is the chest. This is consistent with the study conducted at Khyber Medical College Peshawar²³.

Regarding gender involvement male remained the clearly dominant as compared with female as only 45 females were killed as compared with 234 males during 5 years. Almost similar results in a research conducted in Lahore²⁴. The females are physically weak, less aggressive and not frequently exposed to outside environment as compared with males.

In 40 cases no cause of death was declared by the Causality Medical Officers showing the high rate of negative autopsy. As there is shortage of qualified well trained staff of Forensic Medicine in the country the medico-legal autopsies are often being performed by doctors inexperienced in forensic procedures²⁵.

CONCLUSION

Prevention is better than cure is also very much true for crimes also. To control the crimes in a society regular analysis regarding the weaponry pattern, total autopsies carried out in that area , age of victims, targeted area and age, motive, sex and other information of the offenders play a key role to control the law and order situation in the country. This study also may be helpful in this regard.

REFERENCES

1. Website: en.wikipedia.org/wiki/Weapon
2. Nandy Apurba. Mechanical injuries. Principles of Forensic Medicine including Toxicology. 3rd ed. Kolkata (India): New central book agency;2010. p.339.
3. Dodd Malcolm J. Handgun Injury Pattern. Terminal Ballistics. 1st ed. Florida: Tylor and Francis; 2006. p. 47
4. Bell SA. Encyclopedia of Forensic Science.1st ed. Noida (India): Saurabh Printers;2005.p.271.
5. Dolinak David, Matshes Evan W, Lew Emma O. Firearm Injuries. Forensic Pathology. 1st ed. London: Elsevier academic Press; 2005. p. 164.
6. Parikh CK. Text book of Medical jurisprudence, Forensic Medicine and Toxicology. 6th ed. New Delhi: CBS Publishers; 2005.p.4-55.
7. Gilbert JN, Criminal investigations. 7th ed. NY USA: Prentice hall; 2007.p.237
8. Geberth VJ. Practical Homicide Investigation. 4th ed. New York (USA): Taylor & Francis group; 2006.p.626.
9. Awan NR. Principles and Practice of Forensic Medicine.1st ed. Lahore (Pakistan): Sublime Arts; 2002.p.1.
10. Pekka S, Bernard K. Gunshot and explosion deaths. Knight's Forensic Pathology. 3rd ed. London: Arnold; 2004.p.248.
11. Khalil ZH. Regional distribution and variable patterns of firearm injuries in Peshawar (FCPS Dissertation) CPSP Karachi 2001.
12. Hoyert DL, Kochanek DK, Murphy SL: Deaths: Final data for 1997. National Vital Statistics Reports 47,19. Hyattsville, National Center for Health Statistics 1999;27.
13. Fateh Abdullah. Gunshot wounds in Forensic Pathology. 11th ed. Philadelphia: JB Lippincott Co; 1973.p.79.
14. Ahmet H, Nemei C, Mete G, Hakan OM, Ramazan K. Homicide in Adana, Turkey: A 5 years review. Am J Med Path 2005;26(2): 141-45.
15. Aziz K, Rana P, Malik SA. Homicide in Lahore. PPGM J 1999;10(1):10-13.
16. Khokhar JI, Iqbal M, Nadar S. Predominance of homicidal firearms deaths in medico-legal

- autopsies in Lahore. Med Forum Monthly 2013;24 (10):86-90.
17. Shephard R. Firearms and explosive injuries. Simpson's Forensic Medicine. 12th ed. London (England): Arnold;2003.p.79.
 18. Marinho J, De Souza Mode F, Macinko J, Alencar AP, et al. Reductions in firearms-related mortality and hospitalization in Brazil after gun control. Health Aff 2007; 26:575-84.
 19. Sharma RK. Fire-arm injuries. Concise text book of Forensic Medicine and Toxicology. 1st ed. Dehli: Elsevier; 2005.p.75.
 20. Rowe Walter F. Firearm and tool mark examinations. In: James SH, Nordby Jon J, editors. Forensic Science. 2nd ed. Florida (USA): Taylor & Francis; 2005.p.407.
 21. Agha SA, Khan Omar, Khan J. Homicide Pattern in District Haripur. Gomal J of MS 2012;10(1): 67-70.
 22. Phillips, DP (1983). The impact of mass media violence on United States homicides. Am Sociolog Rev 1938;48(4):560- 568.
 23. Ali SM Aijaz, Khalil IR. Pattern of homicidal deaths in Peshawar and effects of ban on local manufacturing of firearms. JSZMC 2012;3(2): 277-81.
 24. Maqsood M, Mughal MI, Ch MK. Fatal firearm wounds, a retrospective study in Lahore. PPGM J 2011;22(2):45-52.
 25. Vig K. Medico-legal autopsy, Exhumation obscure autopsy anaphylactic deaths and artifacts. Text book of Forensic Medicine and Toxicology. 4th ed. Noida (India): Elsevier;2009.p. 26.

Address for Corresponding Author:**Dr. Babur Rashid Chughtai,**Prof. of Forensic Medicine,
Wah Medical College, Wah Cantt.

Electronic Copy