

# Pattern of Fatal Injury and Weapon Used in Homicidal Deaths on Autopsy In Peshawar

Fatal Injury and Weapon Used in Homicidal Deaths on Autopsy

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## ABSTRACT

**Objective:** To study Pattern of Fatal injury and weapon used in homicidal deaths on autopsy at Peshawar.

**Study Design:** Retrospective Study.

**Place and Duration of Study:** This study was conducted at the Forensic Medicine Department, Jinnah Medical College, Peshawar and Khyber Medical College Peshawar from January 2014 to August 2016.

**Materials and Methods:** Three thousand four hundred ninety one autopsies were included in this retrospective study. The victims of homicidal death between age (10 years and above) and both gender were included in the study. A performa was designed to record Age, sex, area, type of fatal injury and weapon used. Permission of Ethical Committee permission was obtained from the institute to collect and publish the data. Research material was analyzed for results on SSPS version 10.

**Results:** In this retrospective study maximum 1011 cases (28.9%) and 1303 cases (37.8%) of homicidal death fall in age groups 21-30 years and 31-40 years respectively as compared to other age groups as shown in table no. 01. Male victims are more prone to homicidal deaths as compared to female victims 2634 male (82.6%) and 607 female (17.4%) as shown in table no .02. Victims of homicidal deaths were 2557 cases (75.2%) from urban area and from rural area 934 cases (26.8%) as shown in table no .03. In this study the incidence of fatal injury was maximum 2829 cases (81%) of firearm injury as compared to other fatal injuries as shown in table no. 04. It was also observed that firearm weapon was used in homicidal deaths maximally 2829 cases (81%) and the second most weapon used was sharp edge weapon 394 cases (11.28%) as shown in table no. 05.

**Conclusion:** Trend of homicidal deaths, due to firearms have increased day by day. Therefore strict measures should be taken for the possession of illegal fire arm weapons. To control and decrease crime in the country the law and order situation should be improved in the country.

**Key Words:** Pattern of fatal injury, Weapon, Homicidal deaths and Autopsy

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## INTRODUCTION

Homicide is defined as “the killing of one human being by another”. Section 300 of Pakistan Penal Code (PPC) states that unlawful killing of human being is murder<sup>1</sup>. The assault by sharp weapon, blunt weapon, fire-arm, strangulation, homicidal hanging, smothering, drowning, burns, poisoning, etc are the various patterns of homicidal deaths.<sup>2</sup> In all the cultures “killing of an individual is the highest level of aggression”.<sup>3</sup> The increasing population, urbanization, poverty, unemployment, frustration, illiteracy, prevalent economic, social and political environment, insurgency,

terrorism, drug addiction, easy availability of weapon, and the widening gap between the rich and the poor are the causes of homicidal death. In our society, it is also clear that most of the crimes are the result of economic crisis.<sup>4,5</sup> In the future generation, young offenders are becoming increasingly violent.<sup>6</sup> In the society, deaths by violence cause harassment and depression. The psyche of the nation is constantly deranged by increasing number of un-natural deaths. In homicidal cases autopsy is always required.<sup>7</sup> Deaths are of two types natural and un-natural. Natural deaths are due to any pathology (disease) or ageing. Un-natural deaths are due to injury (homicide/murder), suicide or accidents.<sup>8</sup> Homicidal deaths are becoming a threat to modern society in the world. Young and adult generation is mostly involved in the homicidal deaths<sup>9</sup>. All the civilized societies in the world try to control such terrifying incidences leading to un-natural deaths<sup>10</sup>. The goal of a peaceful society cannot be materialized without analyzing the data regarding cause, age, sex involved, weapon used and other demographic studies.

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## MATERIALS AND METHODS

Three thousand four hundred ninety one autopsies were included in this retrospective study. The study was conducted in Forensic Medicine Department at Khyber Medical College Peshawar between January 2014 – August 2016.

**Inclusion Criteria:** All the autopsies of homicidal death, between the age (10years and above) and both gender were included in the study.

**Exclusion Criteria:** The autopsies of suicidal and accidental death were excluded from the study.

The victims of homicidal death between age (10 years and above) and both gender were included in the study. A performa was designed to record Age, sex, area, type of fatal injury and weapon used. Permission of Ethical Committee permission was obtained from the institute to collect and publish the data. Research material was analyzed for results on SSPS version 10.

## RESULTS

In this retrospective study maximum 1011 cases (28.9%) and 1303 cases (37.3%) of homicidal death fall in age groups 21-30 years and 31-40 years respectively as compared to other age groups as shown in table no. 01. Male victims are more prone to homicidal deaths as compared to female victims 2884 male (82.6%) and 607 female (17.4%) as shown in table no .02. Victims of homicidal deaths were 2557 cases (73.2%) and from rural area 934 cases (26.8%) as shown in table no .03.

**Table No. 1: Age distribution in Pattern of Fatal injury and weapon used in homicidal deaths on autopsy**

Sr No	Age (Years)	Cases	Percentage %
1	10-20	361	8.6%
2	21-30	1011	28.9%
3	31-40	1303	37.3%
4	41-50	502	14.4%
5	51-60	211	5.8%
6	61-70	100	2.9%
7	70 and above	73	2.1%
	Total	3491	100%

**Table No. 2: Sex distributions in Pattern of Fatal injury and weapon used in homicidal deaths on autopsy**

Sr No	Sex	Cases	Percentage %
1	Male	2884	82.6%
2	Female	607	17.4%
	Total	3491	100%

In this study the incidence of fatal injury was maximum 2829 cases (81%) of firearm injury as compared to

other fatal injuries as shown in table no. 04. It was also observed that firearm weapon was used in homicidal deaths maximally 2829 cases (81%) and the second most weapon used was sharp edge weapon (11.28%) 394 250 cases as shown in table no. 05.

**Table No.3: Area distributions in Pattern of Fatal injury and weapon used in homicidal deaths on autopsy**

Sr No	Area	Cases	Percentage %
1	Urban	2557	73.2%
2	Rural	934	26.8%
	Total	3491	100%

**Table No. 4: Fatal Injury/Mean in homicidal deaths on autopsy**

Sr No	Fatal Injury/Mean	Cases	Percentage %
01	Firearm	2829	81%
02	Incise Wound(cut)	125	3.6%
03	Stab	125	3.6%
04	Punctured	102	2.9%
05	Blunt	11	0.3%
06	Chemical Burn	20	0.7%
07	Dry Flame Burn	15	0.4%
08	Poising	38	1.1%
09	Cut Throat	144	4.1%
10	Drowning	15	0.4%
11	Asphyxia	67	1.9%
	Total	3491	100%

**Table No.5: Weapon/Mean used in homicidal deaths on autopsy**

Sr No	Weapon/Mean	Cases	Percentage %
01	Firearm	2829	81%
02	Sharp Edge	394	11.28%
03	Pointed End	102	2.9%
04	Blunt	11	0.3%
05	Acid /Alkali	20	0.7%
06	Dry Flame	15	0.4%
07	Poison	38	1.1%
08	Drowning	15	0.4%
09	Asphyxia	67	1.9%
	Total	3491	100%

## DISCUSSION

It was observed in this study that the maximum victims of homicide 28.9% cases and 37.3% cases at 21-30 and 31-40 years respectively. The tendency of homicide in males was higher 82.6% as compared to female victims 17.4% which was 5:1. This tendency of homicide was less in female due to cultural and religious reasons.

The incidence of homicide due to fire-arm was maximum 81% which correlates with the study by Khalil et al<sup>7</sup> conducted at Peshawar in 2012. Similarly high rates of homicide by firearm were found in Faisalabad and Lahore.<sup>8,9</sup> In New Mexico USA, a study suggested that homicide by non firearm was at the top therefore prevention efforts should be directed against non-firearm methods as the firearm use was very low.<sup>10</sup> In a study conducted in Georgia USA<sup>11</sup>, the homicide rate was 48% and fire arm was used in 88% which correlate with our study<sup>12,13</sup>.

It was seen that the victims of blunt trauma were 0.3% (11 cases). The incidence of death by blunt trauma and asphyxia was very low in our study and this trend was also seen in many other studies in Pakistan.<sup>15</sup> However the incidence of homicidal death by blunt trauma injuries and sharp weapons is higher in UK<sup>16,17</sup> which does not correlate with our study. There were 1.9% cases of asphyxia, 11.28% by sharp weapon, and 0.4% cases of drowning.

Homicidal poisoning tendency was also seen which 1.1% cases in this study. The incidence of weapon used in homicidal deaths was firearm 81% which correlates with other studies in Pakistan and other western countries.<sup>11,18,19,20</sup>

## CONCLUSION

Trend of homicidal deaths, due to firearms have increased day by day. Therefore strict measures should be taken for the possession of illegal fire arm weapons. To control and decrease crime in the country the law and order situation should be improved in the country.

### Author's Contribution:

Concept & Design of Study: Abid Karim  
 Drafting: Hakim Khan Afridee  
 Data Analysis: Hakim Khan Afridee  
 Revisiting Critically: Muhammad Hasan Abid  
 Final Approval of version: Abid Karim

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

## REFERENCES

- Narayana Reddy KS. The Essentials of Forensic Medicine and Toxicology. 29<sup>th</sup> ed. Hyderabad (India): Medical Book Company;2010.
- Parikh CK. Parikh's Text Book of Medical jurisprudence, Forensic Medicine and Toxicology for Classrooms and Courtrooms. 6th ed. New Delhi (india);1990.
- Shivakumar BC, Vishwanath D, Srivastava PC. Trends of homicidal deaths at a tertiary care centre Bengaluru. J Ind Acad Forensic Med 2011; 33: 120-4.
- Hugar BS, Chandra GYP, Harish S, Jayanth SH. Pattern of homicidal deaths. J Ind Acad Forensic Med 2010; 32:194-8.
- Santhosh CS, Vishwanathan KG, Satish Babu BS. Pattern of unnatural deaths - A cross sectional study of autopsies at mortuary of KLES'S Hospital and MRC, Belgaum. J Ind Acad Forensic Med 2011; 33:18-20.
- Pradeep K. Mishra, Jayanthi Y, Sandeep S, Dubey BP. Pattern of injuries in homicidal deaths in Bhopal region. J Ind Acad Forensic Med 2012; 34:196-8.
- Sisti D, Rocchi MB, Macciò A, Preti A. The epidemiology of homicide in Italy by season, day of the week and time of day. Med Sci Law 2012; 52:100-6.
- Dhaval J Patel. Analysis of homicidal deaths in and around. Bastar Region of Chhattisgarh. J Ind Acad Forensic Med 2012; 34:139-42.
- Dhiraj B, Chaitesh M. Pattern of injuries in homicidal cases in Greater Mumbai: a three year study. J Ind Acad Forensic Med 2011; 33:46-9.
- Vernon J Geberth Practical Homicide Investigation 2006;626-35.
- Krishan Vig Forensic medicine & Toxicology Principles and Practice 2009;109.
- Welman M Violent crime costing economy. 180 M a day. Daily dispatch 2000; 15.
- Singh RKS. Analysis of changing pattern of unnatural deaths during 1991-95. J Forensic Med Toxicol XIV 1997(1); 23-25.
- Dhatta SK, Profile of death due to poisoning in 1995. Gen Forensic Med Toxicol 1997:XIV(1); 51-53.
- Thomson IG. Homicide and suicide in Africa and England. Med Sci Law 1980;20(1):99-103
- Chao TC. Homicide and suspected homicides in Singapore. Med Sci law J 1976; (98):1187-90
- Warner, Russel. Medico-legal investigation of death 1978; 216.
- Fateh A. Medico-legal investigations of gun shot wound 1976: P (V) (XI).
- Awan NR. Principles and Practice of Forensic Medicine 2002;128
- Gudjansson GH and Petrusson H. some criminological and psychiatric of homicide in Iceland Med Sci Law 22(2): 92-98.