

AUTOPSY FINDINGS IN CASES OF FEMICIDE

Irum Sohail¹, Mohammad Arshad², Maria Habib³

¹ Department of Obstetrics/ Gynaecology, KRL Hospital, Islamabad-Pakistan.

² Department of Forensic Medicine, Al-Nafees Medical College, Islamabad-Pakistan.

³ Department of Obstetrics/ Gynaecology, Military Hospital, Rawalpindi-Pakistan.

Address for Correspondence:

Dr. Irum Sohail

Professor,

Department of Obstetrics/ Gynaecology, KRL Hospital, Islamabad-Pakistan.

Email: sohail_irus@yahoo.com

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ABSTRACT

Objective: To see the autopsy findings amongst female victims so as to compare in literature if there was difference from male victims of homicide.

Methodology: This retrospective study was carried out in Pakistan Institute of Medical Sciences, Islamabad during January 2013 to December 2014. A complete autopsy data of female victims were collected during the study period from Pakistan Institute of Medical Sciences, Islamabad from the chief casualty medical officer record office. Statistical analysis was done by SPSS version 19.

Results: Out of a total of 241 autopsies being performed in the study period, 52 cases of female autopsies were identified. Overall the ratio of male to female was 3.6:1 during both years. Cause of death could be identified in 80% of the cases only. Asphyxial deaths were the most common reasons amongst females (45%) followed by firearms (35%), sharp weapon injuries (3%), blunt weapon injuries (3%) and burns (2%). No cases of drowning or accidental deaths or pregnancy related deaths were found.

Conclusion: In cases of femicide, asphyxial deaths were the most common reasons followed by firearms, sharp or blunt weapon injuries and burns.

Key Words: Femicide, Victims, Cause of death, Autopsy

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INTRODUCTION

Femicide is a sexual/ gender hate crime term, broadly defined as the killing of women but definitions vary depending on the cultural context. Broadly, this term includes verbal and physical abuse, crime, domestic violence, rape, sexual harassment, genital mutilations and mass murder of female babies due to male preference. Diana Russell is considered the pioneer who narrowed the use of this term to "the killing of females by males because they are female"¹. The term femicide was first used in England in 1801 to signify the killing of women². Diana Russell in 1976 emphasized the term femicide for homicide, which she used for the recognition of sexual politics of mass murder. She stated that from the burning of witches in the past to the more recent custom of female infanticide and the killing of women for honour was one or the other form of femicide.

Femicide is distinct from general homicide in a way that it can occur in domestic settings as a result of intimate partner or family violence while homicide often include street violence and organized crime. Most of the definitions given by these activists from West imply that perpetrator of femicide is a man but South Asian feminists differ in their definitions stating that femicide is "the intentional killing of females by men and of fe-

males by other females in the interests of men". Examples include killing of female children in preference to male child as well as dowry related deaths where female in-laws kill women in dowry disputes. Thus all of these definitions refer to the idea that femicide is unique from descriptions of murder and homicide.

Every year 66,000 women are violently killed globally. In United States, alone the rates have fluctuated between 3.8–4.5 deaths per 100,000 women³. One of the largest predictions of femicide in these cases was the appearance of physical abuse which was found in 79% of all cases. In Southeast Asia, India as being, the most populous country has millions of girls and women killed through various forms of femicides of various age groups. In Pakistan, the exact figure is yet to be known but according to an estimate thousands of women are victims of dowry deaths⁴. Moreover, nearly 500 women a year are the victims of honour killings⁵. Unfortunately most of these deaths remain unnoticed due to the fact that these occur in the domestic work place.

Under normal circumstances, a descendant's body is the property of the next to kin, guardian or nearest relative. However, in deaths that are unusual, unnatural or suspicious in nature the state has an overriding interest which supersedes the interests of the family thus an autopsy can be ordered.

Autopsy in Pakistan is carried under the section 174 in the code of Criminal Procedure 1973 and is done on the information received by a police officer that a person has committed suicide or has been killed by another or has died under suspicious circumstances, which favours the fact that some other person has committed an offence. The executive magistrate is the person who orders autopsy in such cases.

This study was done to look into the autopsy findings amongst female victims only so as to compare in literature if there was difference from male victims of homicide.

METHODOLOGY

It was a retrospective study of two years (2013-2014) where autopsy records of only female victims were analyzed. The data was gathered from the tertiary care hospital Pakistan Institute of Medical Sciences, Islamabad from the chief casualty medical officer record office where all the autopsies performed in the hospital are entered into a record register. We had 31 autopsies of females in 2013 while in 2014 it was 21. Only those cases were included in the study where the data of the autopsy findings were complete. This study was approved by the hospital ethical review committee. Statistical analysis was done by SPSS version 19.

RESULTS

A total of 241 autopsies were performed in the year 2013-2014, we had 52 autopsies of the females. In year 2013, this ratio of male to female was 3.3:1, whereas in the year 2014 it was 4.2:1. Overall, this ratio remained as 3.6:1.

In both years data, the age distribution of the female victims remained the same. Maximum victims (n=26, 50%) were seen belonging to the age group of 16-30 years. The next common age group was 31-45 years, which was 23% (n=12) (Table 1). In ascertaining the cause of death, it could be detected in 42 i.e. 80% of the cases only while one of the victim had died her natural death. In 15.4% (n=8) of the cases no cause could be detected amongst which there were 3 skeletons where soft tissues evidence was missing. One body was exhumed and again the soft tissue evidence was missing but the skull showed injuries, which could be possible due to the blunt trauma. Out of the remaining 4 cases the cause remained unknown. In two (3.8%) cases, the organs have been sent for chemical testing due to the suspicion of poisoning and the reports were still awaited to give the final reason for death.

Table 2 gives a distribution of the patterns of femicide in which asphyxial deaths were the most common

Table 1: Age profile (n=52)

Age (years)	No. (n)	%ge
1-15	9	17.3%
16-30	26	50%
31-45	12	23.1%
46-60	2	3.8%
>60	2	3.8%
Unknown	1	1.9%
Total	52	100%

Table 2: Pattern of femicide (n=42)

Pattern of Femicide	No. %ge
Sharp Weapon Injuries	3 (7.14%)
Blunt Weapon Injuries	3 (7.14%)
Firearms	15(35.71%)
Burns	2 (4.76%)
Asphyxial Deaths	19 (45.24%)
A. Strangulation	9 (21.4%)
B. Strangulation and Sexual Assault	1 (2.38%)
C. Smothering	5(11.9%)
D. Smothering and Sexual Assault	1(2.38%)
E. Hanging	3 (7.14%)

reasons amongst females i.e. 45% (n=19) and amongst these strangulation were seen in 9 cases (21.4%). Relative frequencies of other causes of femicide are shown in table 2. No cases of drowning or accidental deaths or pregnancy related deaths were found.

DISCUSSION

Violence against women comprises a wide range of acts from verbal harassment to daily physical or sexual abuse. At the extreme ends, is the femicide i.e. the murder of a woman. Different areas of the world experience varying types of femicides. In Middle East and South Asia there is a higher rate of honour killing which is defined as the murder of women by their family due to an actual or assumed sexual or behavioral transgression such as adultery, sexual intercourse or even rape⁶.

Dowry death is considered as one of the categories of violence against women alongside bride burnings, eve teasing and acid throwing. These deaths are found in India⁷, Pakistan⁸, Bangladesh⁹ and Iran¹⁰. In India, the annual dowry death rate is 1.4 deaths per 100,000 women⁷ while in Pakistan it is 2.45 per 100,000 women¹¹ which is the highest reported number of such deaths in the world.

During the study period from Jan 2013-Dec 2014, we had a male to female victimization ratio of 3.6:1. On comparison of this ratio, internationally, it is evident that this ratio was 4:1 in USA in 2008¹², and was 5.7:1 in Nigeria¹³. This ratio when compared in our region it was 3:1 in India¹⁴ and another study done during the same time period states this ratio to be 4:1.4¹⁵. Local data from Peshawar states this to be 6.2:1 in 2002¹⁶ but the latest study conducted there in 2013 showed an increase of up to 9:1¹⁷. This ratio remains at 4:1 in Larkana¹⁸ and it was 3:1 in Mirpur¹⁹. This highlights the fact that the females are spared due to their household chores and it's a female nature inclination to be less violent and not to be involved in family enmities or disputes.

Almost all age groups were represented in our study but the maximum victims belonged to the age group of 16-30 years. This group was more prone to be a victim as this is the group of females who are to be married or belong to the young married class and they are more vulnerable and physically and financially dependent. This was in comparison to the study conducted in our neighboring country India where during an analysis of unnatural deaths amongst young females it was found that 88% of the females were from this vulnerable group²⁰. In a report released by the Bureau of Justice USA in 2009, the maximum female victims also belonged to this age group i.e. 60%²¹. Maximum cases of victims were also seen in this similar age group in Turkey²² and Italy²³. This pattern of age distribution of female victims was also same in the local studies done

in Peshawar²⁴, D.I.Khan²⁵, Taxila²⁶ and Mirpur¹⁹.

A stark difference was noted while the causes of death were being analyzed in our study group. Maximum of the study victims had died due to asphyxial causes. In sharp contrast to the local studies done in Taxila²⁶ D.I.Khan²⁵, Mirpur¹⁹ where firearm injuries was found to be the leading cause of death. In Karachi along with firearm injuries, road traffic accidents together formed a major reason for autopsy²⁷.

An analysis of the regional studies from India showed that sharp and blunt weapons were the main cause of death according to the postmortem reports^{14,28}. Firearm injuries were far less than those reported in our country.

Evaluation of the homicidal deaths in West revealed a similar result that firearm injuries were commonest cause of homicidal deaths; 37% in Paris²⁹, 55% in Nigeria¹³ and 29% in Denmark³⁰.

These results are consistent with the easy availability of the firearms in our country but the lack of support for this in our study is the fact that this study was done only in the female victims where the reason behind the killing is not just hatred or enmity. However if we compare our results with the studies done in the region on female victims only then our results are harmonious with the facts that femicide is a different set of crime where the reason behind killing can be one of the many causes of femicide.

In our study, only 2(4.76%) women succumbed to fatal burns while in India 61%²⁰ of the female victims belonged to this group. This may be due to the fact that many women die due to burns in our hospital everyday but do we really try to investigate the reasons behind it or it will remain a silent crime in the times to come.

CONCLUSION

In cases of femicide, asphyxial deaths were the most common reasons followed by firearms, sharp or blunt weapon injuries and burns. Femicide is distinct from homicide in ways that the motive as well as the settings of this set of crime is different. Femicide in general is often misreported or stated accidental thus showing a general tolerance for violence against women.

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CONTRIBUTORS

IS conceived the idea, planned the study, and drafted the manuscript. MA and MH helped acquisition of data and did statistical analysis. NS critically revised the manuscript. All authors contributed significantly to the submitted manuscript.