

ORIGINAL ARTICLE

DEATH IN THE HOME: DOMESTIC VIOLENCE AGAINST WOMEN IN KHYBER PAKHTUNKHWA

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Background: Domestic or Interpersonal Violence (IPV) remains a major global problem often resulting in morbidity and mortality. The present study was conducted to determine the scope of deaths related to domestic violence in the Khyber Pakhtunkhwa province, Pakistan. **Methods:** Data were collected on all reported female fatalities due to domestic violence for the years 2009–2011 from the records of the department of Forensic Medicine, Khyber Medical College Peshawar for analysis. **Results:** A total of 305 deaths were reported, showing an increasing trend of 115 deaths for 2009–10 and 190 deaths for 2010–2011. The majority, 182 (59.7%) belonged to the rural areas and 123 (40.3%) to urban areas of the province. Victims were generally of the younger age groups (17% below age 16 and 42.3% between 17–32 years). Homicide was the manner of death in 293 (96.1%) while the most common causative agent was firearm injury (235, 77.1%). Head and neck injuries were most common (52.6%) followed by the chest and abdomen (31.6%) while multiple sites and extremities accounted for 15.8% of injuries. **Conclusion:** Young and adult females of KPK province of Pakistan are susceptible to homicidal deaths due to domestic violence, perpetrated through firearm injuries to the head and neck regions.

Keywords: Domestic violence, Interpersonal violence, Homicide, Firearm injury, Young females

INTRODUCTION

The society in which we live determines every aspect of our life including cultural and social values, the manners of how to behave with elders, youngsters and the opposite sex. The teachings of every religion are based on equality and justice, but specifically Islam has clearly demarcated the rights of parents, off springs, spouse and neighbours. The people living in a society are united by friendship or common interests and beliefs forming a concordance which teaches them how to behave and respect each other corresponding to their respective position and value in a society.

When such type of harmony is disturbed, it results in conflict and changes of behaviour which may covert into the form of violence. When relationships and good family harmony are disturbed, the result can be domestic violence against women.^{1,2} We are living in male dominant society in which females are more commonly subjected to violence because of their gender as well as socio-cultural position.

The term domestic violence reflects many types of insulting behaviour directed at females like beating, sexual assaults, honour killing, throwing of acids and many more. UN general assembly in 1993³ adopted the declaration on the elimination of violence against women after global overview of the incidence and nature of domestic violence.

The declaration defined the domestic violence against women as 'any act of gender-based violence that result in or is likely to result in physical, sexual and psychological harm or sufferings to women including

threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life'. Domestic violence is considered to be the violence against women which takes place within a private sphere where violence occurs between the individuals who are related by intimacy, blood, or by laws.

According to UN report (2002),⁴ between 10% and 69% of global females have suffered from some type of violence from their relatives in one way or the other; moreover it remains a persistent problem in all countries of world, so that 60% of these females were likely to suffer repeated episodes of violent abuse. The perpetrators of the violence are often well known to the victims, inasmuch as 40–70% of the females in developed countries were killed by their husbands or boyfriends.

Domestic violence is a hidden and socially stigmatised problem of Khyber Pakhtunkhwa (KPK) community, so much so that the exact causes, magnitude and impact of this problem are not documented. The present study is an attempt is to probe into this problem to highlight the nature and extent of this social crime.

MATERIAL AND METHODS

The study was conducted at the Department of Forensic Medicine, Khyber Medical College Peshawar on fatal female cases of domestic violence, reported to the department during July 2009 to July 2011. The nature of offence was classified in different categories according to the age of victim, regional distribution of injuries and

manner of death. Data were collected retrospectively from the department of forensic medicine from 25 July, to 31 August, 2011.

All females who were documented as having died in direct or indirect relation to domestic violence were included. Cases that were lacking in substantial evidence of domestic violence were excluded. Data were entered into computer program SPSS version 15.0 for analysis.

RESULTS

The number of female deaths reported in 2009-10 were 115 and in 2010-11 were 190 making a total of 305 deaths due to domestic violence during the period of study. Of these, 182 (59.7%) belonged to the rural areas and 123 (40.3%) to urban areas of KPK province. Regarding age, the majority of females were of younger age (Table-1).

Table-1: Demographic distribution of subjects (n=305)

Variables	Number of cases (%)		
Area			
Rural	182 (59.7)		
Urban	123 (40.3)		
Period =>	2009-10 (n=115)	2010-11 (n=190)	Total (n=305)
Ages (yrs) ↓			
Up to 16	12 (10.4)	40 (21.0)	52 (17.0)
17-32	58 (50.4)	71 (37.4)	129 (42.3)
33-48	20 (17.3)	56 (29.5)	76 (25.0)
49-64	25 (21.7)	18 (9.5)	43 (14.1)
66-80	-	5 (2.6)	5 (1.6)

The manner of death and causative agents, as documented are shown in Table-2. The majority of cases were homicidal 293 (96.1%), while 5 (1.6%) were suicidal and 7 (2.3%) had undetermined mode of death.

Table-3: Regional distribution of injuries sustained due to domestic violence (n=253)

Type of injury	Distribution of injuries					
	Skull (n=122)	Neck (n=11)	Chest (n=50)	Abdomen (n=30)	Hands and feet (n=01)	Multiple (n=39)
2009-2010						
Firearm injuries (n=83)	36	-	20	11	-	16
2010-2011						
Firearm injuries (n=150)	79	-	30	19	-	22
Sharp weapon (n=11)	-	11	-	-	-	-
Heavy cutting instruments (n=7)	7	-	-	-	-	-
Electrocution (n=1)	-	-	-	-	1	-
Burns (n=1)	-	-	-	-	-	1

DISCUSSION

Domestic violence is a global felony present in almost every community regardless of their race and nationality.⁴ In western societies males are also subjected to domestic violence⁵ but in most countries of South East Asia⁸ all the victim of domestic violence are females. Many studies have been conducted on domestic violence but few of them highlighted the number of deaths in relation to domestic violence. In the

presence study we have tried to highlight the total number of unnatural death in females taking place from 2009-2011 due to domestic violence in KPK, Pakistan.

Firearm injury (FAI) was the most common causative agent 235 (77.1%) followed by asphyxia (strangulation) in 31 (10.2%) cases, use of sharp weapon in 11 (3.6%) cases, use of heavy cutting instruments in 7 (2.3%) cases, poisoning in 2 (0.06%) cases, drowning, electrocution and burns 1 (0.03%) cases each; the causative agent could not be ascertained in 16 (5.2%) cases.

Table-2: Distribution of manner of death and causative agents in subjects (n=305)

Variables	No.	(%)
Manner of death		
Homicidal	293	96.1
Suicidal	5	1.6
Undetermined	7	2.3
Causative agents		
Firearm	235	77.1
Asphyxia (strangulation)	31	10.2
Sharp weapon	11	3.6
Heavy cutting instrument	7	2.3
Poisoning	2	0.06
Drowning	1	0.03
Electrocution	1	0.03
Burns	1	0.03

Regional distribution of injuries and/or organs injured is shown in Table-3. Data are available for 83 FAI in 2009-10 out of which there were 36 skull injuries, 20 chest injuries, 11 abdominal injuries and 16 injuries to multiple sites. For 2010-11, distribution of 150 FAI were skull 79, chest 32, abdomen 19 and multiple sites 22; the 11 cases of sharp weapon injuries were in the neck as cut throat; 7 injuries due to heavy cutting instruments were located in the skull; 1 cases of electrocution sustained injuries in the hands and feet; the one case of burns had injuries at multiple body sites.

A number of important observations arise from the study. Deaths from domestic violence registered a sharp increase over the two years (2009-2011), rather than declining. This increase was attributed mainly to victims of paediatric ages (Table-1, increase from 10.2% to 21.0%) as well as young females between the ages of 33-48 years (Table-1, increase from 17.3% to

29.5%). The custom of early marriages of females (while they are still in the paediatric age groups) is a common and preferred practice in the province of KPK and is a contributory factor to these figures. Young spouses in their teens are emotionally and sexually not fully mature, hence prone to domestic violence. A cross sectional study from Nepal⁹ reported incidences of domestic violence as high as 52% among young married females of the age group 15–24 years.

Moreover the majority of cases (59.7%) were reported from the rural areas, highlighting the role of life style, lack of education and domestic psychology as risk factors.

The manner of death deserves mention in that over 96% deaths were homicidal and not accidental or from other causes; suicides were less than 2%, a bit against expectations considering that young rural females were mostly involved in domestic violence and would be more prone to suicide. The nature of domestic violence is sadly depicted in this high frequency of homicidal attacks and deaths.

In keeping with the homicidal manner of death, firearm injury (FAI) emerges as the topmost causative agent (over 77%) followed by asphyxial strangulation (over 10%); other causative agents were in lesser use. Use of these two top agents in over 87% of cases once again indicates the lethally violent nature of victimization of young females, akin to crimes of passion. The use of firearms as the main homicidal weapon is also reflected in the UN report⁴ where firearms were the most common weapon used in the United States.

As can be expected, the majority of inflicted wounds involved the skull, chest and abdomen. The assailant were determined that the victims should sustain grievous wounds, even if they did not anticipate homicidal death.

Majority of the victims in this study were young females (ages 1–32 years) from rural areas, a finding noted in other studies as well. A study on North Carolina counties (2004–6)⁵ looking at area disadvantages related to intimate partner violence (IPV) noted that in rural areas, females were more often the victim of IPV while males were targeted more often in the urban areas.

The presents study points towards addressing the underlying social problems that result in domestic violence. The study represents the tip of an iceberg in so much that only the deaths from domestic violence are being reported here; the extent of actual domestic violence is expected to much greater in magnitude and consequences other than death. A WHO multi-country study¹ on risk factors identified previous child abuse, growing up with domestic violence (considering it a normal event) low education and socioeconomic status,

outside marriage partners and alcohol abuse as the main underlying social disturbances.

On the other hand, a multi-country survey of African nations² concluded that the factors mentioned in the WHO study were not relevant to domestic violence there, other than the factor of relationships outside marriage (multiple partners). An additional factor was the male attitude towards sexual relations, where the woman was considered as a willing partner for forced sexual activities (including rape).

In the developing world, including Pakistan, and in particular the KPK province, there are strictly followed codes of behaviour that favour the males in all matters, including the right to life or death. In many cases, it is considered appropriate for the male partner or any other male in the house (sometimes even in the society) to kill a female under various guises such as honour killing,¹⁰ threat to masculinity, threat to society or culture, etc. The reasons which make the females adopt silence and to tolerate the violence include misinterpretations of religious beliefs, economical/financial dependency and socio-cultural status.^{5,6} Most of the perpetrators are known to the victims and include their first blood relatives.

It is time indeed for the society to wake up to the realities of modern day concepts of equal gender roles and to give the females the status they rightly deserve. The government and all other relevant humanitarian agencies should seriously look into this matter.

CONCLUSION

Deaths due to domestic violence in KPK province of Pakistan accounted for an increasing, sizeable and avoidable number of deaths of young and adult females during the years 2009–11. A significant contributory factor was the readily availability of firearms, aggravated by outdated and false concepts of gender roles in the house, culture and society.

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