

The Changing Pattern of Homicide in Ireland

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ABSTRACT

Objective: To study the pattern of homicides (encompassing both murder and manslaughter) in the Republic of Ireland in the years 1994 and 2004. **Methods:** Data was obtained from the Office of the State Pathologist, the Technical Bureau of An Garda Síochána and the Central Statistics Office. **Results:** Approximately three-quarters of victims were found to be male in both 1994 and 2004. In 1994, 100% of victims were of Irish nationality compared with 85% of Irish nationality in 2004. 16 of 24 total homicides in 1994 were in County Dublin, with 21 of 45 total homicides taking place in the same county in 2004. Gunshot wounds accounted for 8 of a total 24 deaths by homicide in 1994, while blunt force trauma and stab wound(s) each accounted for 10 of a total 45 deaths by homicide in 2004. **Conclusion:** The proportion of male homicide victims has remained stable over the 1994 to 2004 period, while the percentage of non-Irish homicide victims has risen by 15%. Dublin was the county with the most homicides in both 1994 and 2004. The primary mode of homicide changed from gunshot in 1994 to lone blunt force trauma *and* lone stab wound(s) in 2004.

INTRODUCTION

Modes of homicide can be broadly divided into a number of categories: gun shot, stab wound, blunt force trauma (BFT), road traffic accident and asphyxiation. "Murder" includes the intent to kill or cause harm, while "manslaughter" defines death which follows an unlawful act, provocation or gross negligence without intent to cause harm.

The severity of wounds caused by gunshots varies with type of weapon used, as well as the distance between the victim and the discharging weapon. Entry wound, internal injury and exit wound all contribute to the morbidity associated with gunshot deaths. Stab wounds may be caused by any object that penetrates the skin, with knives being the most common cause of these wounds. Death may be caused by a single fatal wound or by a multitude of smaller wounds and wounds may be 'perforating' or 'penetrating'. Blunt force trauma can cause death in a number of ways, for example by fracturing bones. The cause of death in these cases is also dependent on the site of the trauma. For example, trauma to the head can fracture the skull and cause brain injury while trauma to the chest can fracture ribs, tear the aorta, directly damage the heart or cause lung injury, such as pneumothorax or contusions to the lung tissue.

METHODOLOGY

Data was sourced for this study from post-mortem files held by the Office of the State Pathologist of cases of culpable homicides for the years 1994 and 2004. All victims of murder and manslaughter in the years 1994 and 2004 were included. Those who died by suicide or by accidental and natural causes were excluded. Data collected included victim's gender, age, time of death, time of body discovery, nationality, mode of homicide, place of death, medical interventions, toxicology results and file number. Additional data from the Technical Bureau of An Garda Síochána was collected in cases when the post-mortem was not carried out by the State Pathologist or the Deputy. This process was supervised and assisted by the State Pathologist and the Deputy State Pathologist.

RESULTS

Gender & Nationality of Victims

A total of twenty-seven homicides were committed in 1994, of which twenty (74%) of the victims were male and seven (26%) were female. In 2004, there were forty-five homicides, of which thirty-four victims (76%) were male and eleven (24%) of the victims were female (Figure 1).

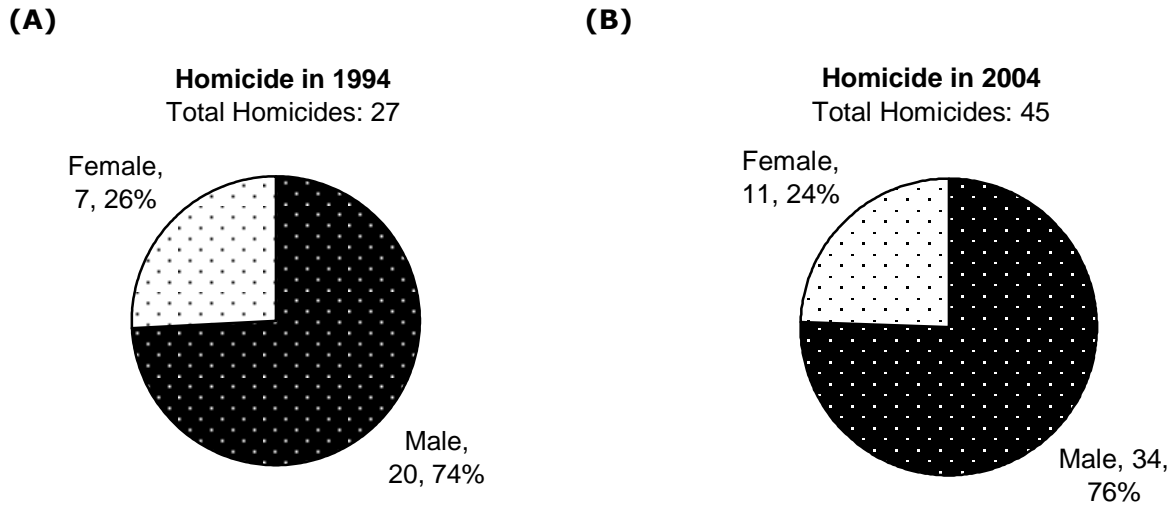


Figure 1: Ratio of male to female homicides in (A) 1994 and (B) 2004

It is clear that while the overall number of homicides has increased by two-thirds during the ten-year period, the proportion of male to female victims has remained similar. The first and most striking disparity between the two years must be the nationality of the victims. In 1994, all twenty-seven victims were Irish but in 2004, four of the forty-five victims were Lithuanian and the remaining three victims Malawian, Croatian and Slovakian. As yet there are no official figures on the changing demographics in Ireland or the increased number of foreign nationals in the country for comparison with the ethnic origin of victims.

Geographical Distribution of Homicides in Ireland

A larger proportion of homicides took place outside Dublin in 2004; using figures from the Central Statistics Office, incidence of homicide by region was compared with regional population

Table 1: Breakdown of homicide in 2004 by region.

	Total	Border	Dublin	Mid-East	Midland	Mid-West	South-East	South-West	West
POPULATION	4,043,800	448,100 11%	1,144,400 27%	437,300 11%	236,800 6%	345,400 9%	440,400 11%	597,100 15%	394,300 10%

HOMICIDE	45	7 16%	21 46%	3 7%	0 0%	7 16%	6 13%	0 0%	1 2%
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46% of total homicides were committed in Dublin in 2004. The remaining 54% were spread over twelve counties. However, this does not take population density into account. The population of Dublin in 2004 was 1,144,400, or 27% of the total population of Ireland. This figure is comparable with the population of 1,037,500, or 26%, in the south of the country which comprises Cork, Kerry, Carlow, Kilkenny, Waterford, Wexford and Tipperary South. 6 homicides, or 13% of the total, were committed in this much larger region. In spite of the overall increase in the homicide rate in the rest of the country since 1994, almost half of the homicides that took place in Ireland in 2004 occurred in the capital city.

Statistics from An Garda Síochána from 2002, showed that the murder rate in North Central Dublin was 79/million population.¹ As seen in the figure below, many counties end most years homicide free.

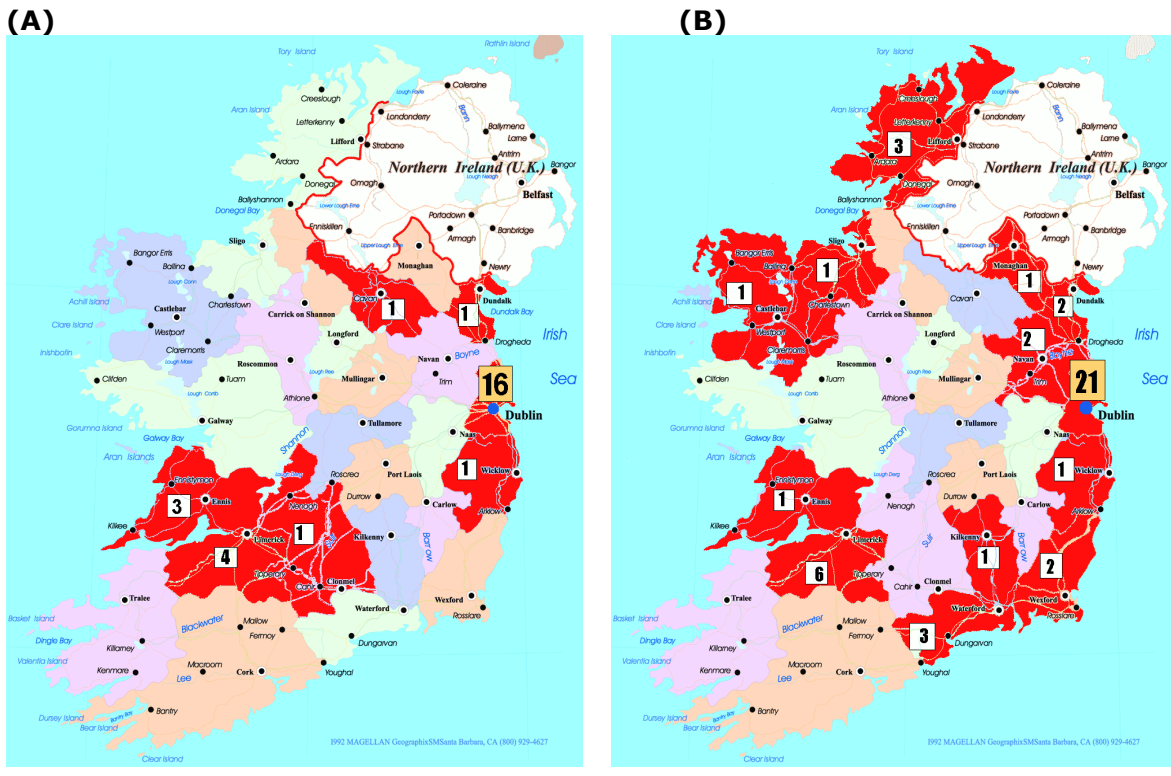


Figure 2: Geographical distribution of homicides in the Republic of Ireland² in (A) 1994 and (B) 2004

Circumstances of Homicide

In 1994, 29% of the cases studied were caused solely by gunshot wounds, 26% due to stab wounds and 15% due to blunt force trauma. Two deaths (7% of total) were caused by road traffic incidents (i.e. 'hit and run' type incidents) and one death involved asphyxiation. One death was caused by a combination of stabbing and blunt force trauma and one death was due to stabbing and asphyxiation. Two of the homicides in 1994 fell under the category of 'other', one from a myocardial infarction induced by an altercation and the other due to an explosive device.

20% of homicides in 2004 were caused solely by gunshot wounds while 23% were due to stab wounds and 24% to blunt force trauma. 11% of deaths studied were caused by road traffic incidents. 4% of deaths were caused by asphyxiation (i.e. strangulation) and one death from decapitation fell under the category of 'other.'

A number of the cases studied shared two contributing causes of death; one death was caused by both gunshot and blunt force trauma while another was due to both a stab wound and asphyxiation. Three deaths were caused by a combination of stabbing and blunt force trauma and a further three deaths were due to blunt force trauma together with asphyxiation.

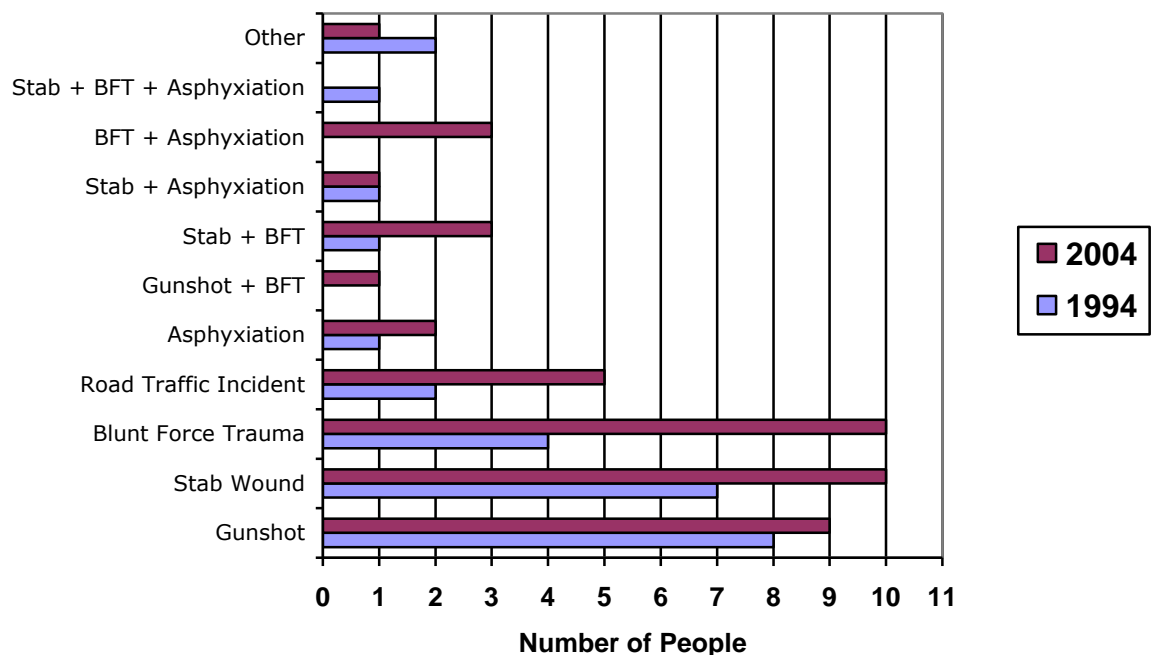


Figure 3: Comparison of modes of homicide in 1994 and 2004

DISCUSSION

The estimated population in Ireland in July 1994 was 3,539,296, while it was 4,043,800 in April 2004, an increase of 14%.³ This indicates that the overall rate of homicide, having increased by 66%, shows a far greater growth in proportion to the rate of population growth. While the incidence of female homicide has remained relatively constant at 25% during this ten-year period, it should be noted that the proportion of female homicide victims has, in fact, fallen over the last half-century. In the 1950s, about one in three homicide victims was female; in the early twenty-first century, this figure has dropped to one in four.¹

Also of interest is the role of alcohol in violent crimes. Evidence would suggest that alcohol now plays a substantial role in the increasing numbers of homicides in Ireland.¹ This study revealed that alcohol was found in the bloodstream of 55% of the homicide victims of 1994 and 37% of victims in 2004 but the amounts varied from victim to victim and the influence of alcohol in each individual case is

difficult to quantify without medical evidence and witness reports. It must be noted that blood samples taken for toxicology screening are not always suitable and, in those instances when the victim survives in hospital after the initial attack, blood results would not be accurate due to medical treatment such as blood transfusions and pharmacological interventions.

It is suggested that the new affluence of the Irish community has contributed to the formation of a more violent community. Contributing factors to the increase in violent crimes include: changes in reporting and recording crimes, the rise in alcohol consumption, drug trade, increasing *anomie*, relative economic success and migration patterns. These factors do not carry equal weight, are not independent of one another, and do not constitute a complete list. "For example, the improved economic situation has generated substantial inward migration and allowed increased levels of alcohol consumption. These in turn have impacted on routine activities and opportunities for violence."¹

In the light of current concerns over the possession of fire-arms, it is interesting to note that the proportion of gun-involved homicides has actually decreased from 29% to 22% but, in keeping with the overall increase in total number of homicides, the actual number of gun-shot homicides has increased. The proportion of stabbings has also decreased but the proportion of blunt force trauma deaths has increased by 9%.

Stab-related homicides are notably high in the southwest, specifically Limerick. In 1994, 4 homicides took place in Limerick city and county, of which 3 (75%) were stabbings. The country-wide proportion of homicide due to stab wounds is markedly less at 26%. In 2004, this proportion has fallen to 43% (3 stabbings in 7 homicides). This is still far greater than the number of stabbings in the country as a whole (23%). However, in order to put these findings into perspective, a wider audit of violent crime would need to be performed to assess the incidence of non-fatal stabbings in the country.

CONCLUSIONS

This study clearly demonstrates that violent crime is increasing in Ireland. Dublin remains the area with the highest rate of homicide, and examination of homicide method shows a higher rate of blunt force trauma and asphyxiation. The proportion of male to female homicide victims has remained much the same over the past ten years but there has been a shift in the nationality of victims, with an increase in the number of foreign nationals being unlawfully killed in the Republic of Ireland.

Acknowledgement

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