



# Autopsy Findings on Prevalence, Age and Sex Distribution of Victims, Mechanisms, Contexts and Perpetrators of Homicide in Nairobi City, Kenya

Wangai Kiama<sup>1</sup>, Edward Muge<sup>2</sup>, Moses Obimbo<sup>1</sup>, Julius Ogeng'o<sup>1</sup>

<sup>1</sup>Department of Human Anatomy and Medical Physiology, University of Nairobi, Nairobi, Kenya

<sup>2</sup>Department of Medical Biochemistry, University of Nairobi, Nairobi, Kenya

Email: pkiamal@hotmail.com

**How to cite this paper:** Kiama, W., Muge, E., Obimbo, M. and Ogeng'o, J. (2025) Autopsy Findings on Prevalence, Age and Sex Distribution of Victims, Mechanisms, Contexts and Perpetrators of Homicide in Nairobi City, Kenya. *Open Access Library Journal*, 12: e14161.

<https://doi.org/10.4236/oalib.1114161>

**Received:** August 25, 2025

**Accepted:** September 15, 2025

**Published:** September 18, 2025

Copyright © 2025 by author(s) and Open Access Library Inc.

This work is licensed under the Creative Commons Attribution International License (CC BY 4.0).

<http://creativecommons.org/licenses/by/4.0/>



Open Access

## Abstract

**Background:** Homicide is a major global public health concern which is disproportionately prevalent in Sub-Saharan Africa. Unfortunately, there is inadequate data to inform the required context-appropriate interventions in Kenya.

**Objective:** The objective of this study was to describe the prevalence, age and sex distribution, mechanisms, contexts and perpetrators of homicide in Nairobi City, Kenya. **Materials and Methods:** This was a descriptive autopsy study undertaken at Nairobi City Mortuary over a period of one year from June 1, 2009-May 31, 2010. Information on age, sex, mechanism, contexts and perpetrators was provided by the next of kin and police officers. The prevalence was based on estimated population of Nairobi city at 3.7 million from the 2009 census. The data were recorded on standardized data sheets, entered into and managed by Statistical Package for Social Scientists (SPSS) to generate descriptive statistics. It was presented by tables. **Results:** Over the period, 2278 cases of violent death underwent autopsy examination. Out of these, 990 (43.5%) were due to homicide. For a population of about 3.7 million residents, this gave a crude prevalence of 26.8/100,000 population with a confidence interval of 95%. The mean age of the victims was 26.5 years (range 12 - 59 years). The most affected age group was 20 - 29 (463; 46.8%) followed by 30 - 39 (361; 36.5%) years. Victims were predominantly (950; 96%) male. Most frequent mechanism was firearms (479; 48.4%) and blunt force objects (454; 45.9%), perpetrated by policemen (455; 57.6%), mob justice (260; 33.0%) and intimate partner (59; 7.5%) in the contexts of robbery (477; 48.4%), theft (426; 43.0%) and domestic violence (59; 6.0%). **Conclusion:** Homicide is highly prevalent in Nairobi City, Kenya. It predominantly affects young males, is perpetrated by

police, public through mob justice and intimate partners, using firearms, blunt force objects in the context of robbery, theft and domestic violence. Interventions should comprise strengthening the administrative and criminal justice system, regulating access and use of firearm and other weapons as well as community education.

## Subject Areas

Criminology

## Keywords

Homicide, Perpetrators, Mechanisms, Contexts, Prevalence, Kenya

---

## 1. Introduction

Homicide, the intentional killing of one person by another, is a major global public health concern which in 2021 claimed lives of almost 460,000 individuals worldwide. Of these, 176,000 (over 38%) were in Africa, with Sub-Saharan African Countries enduring the highest burden. The global prevalence of homicide in 2021 stood at 5.8/100,000 population, while in Africa it was disproportionately high at 12.8/100,000 population [1], with SSA countries like South Africa and Nigeria registering nearly 10 times this global average [2] [3]. For Kenya, in 2021 there were nearly 3300 reported cases of homicide, whose distribution showed sub national variations, showing that it is a widespread problem that requires urgent intervention. The rates of homicide may be influenced by race, ethnicity, socio-demographic, sociocultural, socioeconomic and political factors [3] which influence the regional, sub-regional and National variations. Local data are important for informing context-specific interventions, but lacking for Kenya. This study therefore aims at elucidating the prevalence, age and sex distribution, mechanisms, contexts and perpetrators of homicide in Nairobi city, Kenya.

## 2. Materials and Methods

This was a prospective descriptive autopsy study done at Nairobi City Mortuary, the largest National referral forensic autopsy Centre that receives cases from the Nairobi county and its environs. Deaths that were not as a result of natural deaths were classified as violent deaths, and they were those deaths that resulted from homicide, accidents and suicide received within seventy two (72) hours were examined over a period of one (1) year between July 2009-June 2010. Ethical approval for the study was granted by University of Nairobi-Kenyatta National Hospital Ethics and Review Committee, consent for conducting of the autopsies was granted by the next of kin. Sociodemographic data, mechanism and cause of injury obtained from next of kin and police officers were recorded on a standard forensic autopsy questionnaire. The inclusion criteria were all bodies that were as a result of violent injuries, received within seventy two (72) hours after death while

the exclusion criteria were bodies that were badly decomposed. The denominator for prevalence was the population of Nairobi city which from the 2009 National census was approximately 3.7 Million people. Information on the mechanisms, age, sex, contexts and perpetrators was provided by the next of kin, police officers and or obtained from the national identity card, passport or other official identification documents. Victims who were confirmed to have died of homicide were categorized into male and female. Members of each sex were subsequently divided into the following eight age groups: 0 - 9, 10 - 19; 20 - 29; 30 - 39; 40 - 49; 50 - 59; 60 - 69; 70 - 79 years. Besides the overall age and sex distribution of the cases, the mechanisms or methods of, contexts and perpetrators of homicide were also analyzed for sex distribution.

### 3. Results

Two thousand, two hundred and seventy-eight (2278) cases of violent death were analyzed. Out of these, there were nine hundred and ninety (990; 43.5%) cases of homicide, making it the second most frequent cause of violent deaths after accidents (**Table 1**).

**Table 1.** Distribution of Violent deaths by cause in Nairobi Kenya.

| Cause of deaths | Number | Percentage (%) |
|-----------------|--------|----------------|
| Accident        | 1064   | 46.7           |
| Homicide        | 990    | 43.5           |
| Suicide         | 224    | 9.8            |
| Total           | 2278   | 100            |

#### 3.1. Prevalence of Homicide

Considering a Nairobi city population of 3.7 Million people in 2009, 990 cases translated to an overall crude prevalence of homicide of 26.8/100,000 population with a confidence interval of 95%.

#### 3.2. Age and Sex Distribution

The mean age was 26.5 years (range: 11 - 55 years). The most frequently affected age group was 20 - 29 years (463; 46.8%) followed by 30 - 39 (361; 36.5%). The least frequent age group was 50 - 59 years (5; 0.5%). Males predominated at 96%, giving a male to female ratio of 24:1 (**Table 2**).

**Table 2.** Age and sex distribution of victims of homicide in Nairobi, Kenya.

| Age Range | Frequency/Gender |        |            |           |
|-----------|------------------|--------|------------|-----------|
|           | Male             | Female | TOTAL (%)  | M:F Ratio |
| 10 - 19   | 16               | 2      | 18 (1.8)   | 8:1       |
| 20 - 29   | 452              | 11     | 463 (46.8) | 41:1      |
| 30 - 39   | 342              | 1      | 361 (36.5) | 18:1      |

**Continued**

|              |            |           |                  |             |
|--------------|------------|-----------|------------------|-------------|
| 40 - 49      | 135        | 8         | 143 (14.4)       | 17:1        |
| 50 - 59      | 5          | 0         | 5 (0.5)          | 5:0         |
| <b>Total</b> | <b>950</b> | <b>40</b> | <b>990 (100)</b> | <b>24:1</b> |

**3.3. Mechanisms of Homicidal Injury**

Among the 990 homicide cases, the most common mechanism was gunshots (479; 48.4%), followed by blunt force injuries (454; 45.9%), then stabbing (52; 5.3%). Strangulation was the least common (5; 0.4%) (**Table 3**).

**Table 3.** Distribution of homicide cases by mechanism of injury in Nairobi Kenya.

| Mechanism of injury | Number | Percentage (%) |
|---------------------|--------|----------------|
| Gunshot             | 479    | 48.4           |
| Blunt injuries      | 454    | 45.9           |
| Stabbing            | 52     | 5.2            |
| Strangulation       | 5      | 0.4            |
| Total               | 990    | 100            |

**3.4. Contexts and Perpetrators of Homicide**

The most common reason of homicide was robbery (479; 48.4%) followed by theft (426; 43.0%) then domestic violence (59; 6.0%). Brawls contributed only 16 (1.6%) cases, while in ten (10) cases, no reason was recorded. Males predominated in all the cases (**Table 4**).

**Table 4.** Distribution of contexts for homicide in Nairobi, Kenya.

| SN | Context           | Frequency/Gender |    |            |
|----|-------------------|------------------|----|------------|
|    |                   | M                | F  | Total (%)  |
| 1. | Robbery           | 477              | 2  | 479 (48.4) |
| 2. | Theft             | 422              | 4  | 426 (43.0) |
| 3. | Domestic violence | 37               | 22 | 59 (6.0)   |
| 4. | Brawls            | 13               | 3  | 16 (1.6)   |
| 5. | Unknown           | 1                | 9  | 10 (1.0)   |
|    | Total             | 950              | 40 | 990 (100)  |

Perpetrators were identified in 790 (80.0%) of the cases. In the remaining 200 (20%) cases, the perpetrator was unknown. Of the identified cases, the most common perpetrators were police officers (455; 57.6%) followed by mob justice (260; 33.0%) and Intimate partners (59; 7.5%). The perpetrators were predominantly (96.3%) male (**Table 5**).

**Table 5.** Distribution of perpetrators of homicide in Nairobi, Kenya.

| SN | Category                    | Frequency and Gender |    |            |
|----|-----------------------------|----------------------|----|------------|
|    |                             | M                    | F  | Total (%)  |
| 1. | Police                      | 455                  | 0  | 455 (57.6) |
| 2. | Mob justice                 | 256                  | 4  | 260 (33.0) |
| 3. | Intimate partner (spouse)   | 37                   | 22 | 59 (7.5)   |
| 5. | Persons known to the victim | 13                   | 3  | 16 (2.0)   |
|    | Total                       | 761                  | 29 | 790 (100)  |

## 4. Discussion

Homicide constituted 43.5% of all violent deaths. This is lower than 49 - 78% for Pakistan [4] but it is significantly higher than those reported for other countries like Nigeria ([5]; 14.6%), Sri Lanka ([6]; 24%), Argentina ([7], 12.9%), Bangladesh ([8]; 11.7%). These figures reflect wide disparities probably attributable to country specific characteristics of homicide.

### 4.1. Prevalence of Homicide

The crude rate of homicide was about 26.8/100,000 population. This, while comparable to 28/100,000 in Mexico [9], it is much higher than the global average of 5.8/100,000 [1], 0.55/100,000, 2.81/100,000 in Iran [10] and 0.9/100,000 in Turkiye [11]. On the other hand, it is significantly lower than 52 - 66/100,000 reported for South Africa [12] and over 70/100,000 in many North American States [13]. These differences are consistent with the global, regional, and national and sub national trends [13]. The disparities are attributable to a combination of factors including demographic structure, poverty, economic inequality, ethnic fractionalization, availability of guns, alcohol and other psychotropic drugs, political stability, good governance and rule of law). It is, therefore plausible that the high rates of homicide reported in the current study are attributable to deeper societal problems caused by socio-economic, socio-cultural and socio-demographic disparities experienced in Kenya. Interventions for homicide should therefore adopt a multi-prong approach targeting these multiple facets.

### 4.2. Age and Sex Distribution

The mean and modal age of homicide cases were 26.5 years and 20 - 29 years respectively. This modal age is similar to that reported by studies in Asian and African countries [14]-[16]. Studies in European countries, however, reported higher mean and modal age. For example, the modal age was over 60 years for Germany [17], 21 - 50 years for Turkey [22], 31 - 40 years for Albania [18] while the mean age was 35 years for Norway [19] and 37.3 years for Denmark [20].

The male: female ratio was 24:1, showing overwhelming male dominance which is consistent with global trends, this shows that age and sex distribution may vary depending on the demographic structure of the country. In the case of Kenya, it

is likely to be influenced by the subsisting youth bulge, and the associated young male syndrome characterized by higher crime rate and aggression which occur between 15 - 35 years [21]. Interventions for mitigating homicide in Kenya should therefore target the young male demographic.

### 4.3. Mechanisms of Homicidal Injury

Gunshots were the most common mechanism constituting 48.4% of all the cases. Similar predominance of use of firearms in homicide was reported in Turkey ([22], 54.8%), Pakistan ([23], 42.5%).

Blunt force injuries were the second most common mechanism of homicide contributing 45.9% of homicide. Previous studies in Kenya also reported high prevalence of BFI [24]. Other countries where BFI is the most predominant mode of injury include Indonesia ([25]; 25.6%).

Strangulation occurred in 0.4% of cases. This is lower than 2.2% reported in Johannesburg, South Africa [26]. This shows that it is not uncommon, and should be considered in institution of interventions for homicide

These wide variations in preponderance of various methods of homicide is consistent with global trends and is attributable to availability and access to various types of weapons, as well as disparities in the contexts in which homicide occurs, pertinent to this suggestion are reports that restriction of access to firearms has been shown to reduce homicide [27].

### 4.4. Contexts and Perpetrators

In the current study, the majority of homicides occurred in the context of robbery. This is at variance with studies in South Africa and High Income Countries which revealed that robbery-homicide is rare [28].

The vast majority of homicides were committed by police, similar to reports from studies in the US [29]. According to these workers, this may be due to violent crime rate, poverty rate, urbanization, along with a validated proxy for firearm prevalence. The rates of police shooting are significantly positively correlated with level of household gun ownership [30].

Over 33% of homicides were perpetrated through mob justice. Increasing cases of victims being attacked in mob justice incidents have been reported in several Sub-Saharan African countries [31]. According to these workers, victims are accused of theft, rape, murder or cartel involvement, and citizens resort to mob justice putatively due to inadequate judicial system, corruption, inequalities [32] high levels of crime, incompetence of police and ineffective criminal justice and public administrative systems [33].

In the current study, an intimate partner perpetrated 7.5% of homicides, in male to female ratio of 1.7:1. A remarkable finding of the current study is the high frequency of female perpetrators, at variance with the conventionally held view that IPH is predominantly perpetrated by men. The observation of 7.5% indicates that it is a substantial problem in Nairobi. This may be related to the existence of

risk factors which influence intimate partner sexual violence such as education, domestic violence and cultural attitudes [34]. The difference in gender distribution of perpetrators may be explained by differences in sociodemographic characteristics of the study population. Pertinent to this suggestion are reports that in Switzerland for example, domestic homicide perpetrators are more likely to be older, female, married and to have a history of psychiatric condition [35]. Accordingly, efforts to reduce IPH should include community education and target both women and men. Homicide (Murder) Trend in Kenya indicates there has been a steady increase in homicides from 2648 in 2015 to a peak of 3281 in 2021, followed by a slight decline to 3031 in 2023. The increase in 2015 to 2021: may reflect rising socioeconomic pressures such as unemployment, poverty, and inequalities, which often exacerbate violent disputes. Additionally, escalating tensions during the 2017 election cycle could have contributed to more violent outcomes in that period. The decrease in 2022-2023 may indicate improved law enforcement, public awareness campaigns, or targeted interventions addressing violence [36].

## 5. Conclusion

Homicide is highly prevalent in Nairobi City, Kenya, predominantly affecting young males. It is perpetrated by police, public through mob justice and intimate partners predominantly through firearms and blunt objects, in the context of robbery, theft and domestic violence. Interventions should comprise regulation of access to firearms, strengthening the administrative and criminal justice system as well as community education. There is need for further research on homicide trauma survivors, to provide follow up data on neck injuries particularly outcomes, multicenter studies and correlation with longitudinal data.

## Conflicts of Interest

The authors declare no conflicts of interest.

## References

- [1] UNODC (2023) Global Study on Homicide 2023 United Nations Office on Drugs and Crime/Vienna. United Nations.
- [2] Prinsloo, M., Mhlongo, S., Roomaney, R.A., Marineau, L., Mamashela, T.A., Dekel, B., et al. (2024) Injury Mortality in South Africa: A 2009 and 2017 Comparison to Track Progress to Meeting Sustainable Development Goal Targets. *Global Health Action*, **17**, Article ID: 2377828. <https://doi.org/10.1080/16549716.2024.2377828>
- [3] Ukoji, V.U. and Ukoji, V.N. (2023) Trends and Patterns of Violence-Related Mortality in Nigeria: Evidence from a 16-Year Analysis of Secondary Data. *Injury Prevention*, **29**, 482-492. <https://doi.org/10.1136/ip-2023-044895>
- [4] Kamran, Q., Munir, U., Pal, M.I., Samad, A., Imran, S. and Ali, M. (2024) Decoding Demise: A Comprehensive Analysis of Unnatural Deaths in Rahim Yar Khan. *Pakistan Journal of Health Sciences*, **5**, 231-235. <https://doi.org/10.54393/pjhs.v5i11.1740>
- [5] Nwafor, C.C., Akhiwu, W.O. and Ugiagbe, E.O. (2014) Unnatural Deaths in Benin City Nigeria: Two Decades Analysis of Violent Deaths. *Annals of Tropical Pathology*, **5**, 45-51.

- [6] Kitulwatte, I.D.G., Edirisinghe, P.A.S., Pratheepa Mendis, H.K.N.L., Wijesinghe, P.R., Fernando, A. and Rishani M. Abeyrathne, A.A. (2017) Study on the Pattern of Unnatural Deaths of Women Brought for Medico-Legal Autopsy. *Sri Lanka Journal of Forensic Medicine, Science & Law*, **8**, 13-22. <https://doi.org/10.4038/sljfmsl.v8i1.7789>
- [7] Aparici, I. and Byard, R.W. (2019) Characteristics of Unnatural Deaths in Tierra Del Fuego, Argentina: A 10-Year Study (2008-2017). *Medicine, Science and the Law*, **59**, 219-222. <https://doi.org/10.1177/0025802419871216>
- [8] Rahim, M. and Das, T. (1970) Mortuary Profile for Unnatural Deaths at Forensic Medicine Department of Dhaka Medical College. *Bangladesh Medical Journal*, **38**, 44-47. <https://doi.org/10.3329/bmj.v38i2.3572>
- [9] Trejo, K., Carrillo-Brenes, F., Vilches-Blázquez, L.M. and Salat, R. (2024) Examining Homicides, Victims, Socioeconomic Context, and Weather Conditions in Mexico through Spatio-Temporal Dimensions. *Crime & Delinquency*. <https://doi.org/10.1177/00111287241243305>
- [10] Nazari Kangavari, H., Barzegar, A., Mirtorabi, S.D., Ghadirzadeh, M.R., Forouzesh, M., Taherpour, N., et al. (2020) Exploring Change in Trend of Homicide Incidence Rate in Iran from 2006 to 2016: Applying Segmented Regression Model. *Journal of Research in Health Sciences*, **20**, e000477. <https://doi.org/10.34172/jrhs.2020.12>
- [11] Çelik, C., Ata, U. and Saka, N.E. (2024) Analysis of Forensic Death Statistics from 2013 to 2022 and Autopsy Practices in Türkiye. *Balkan Medical Journal*, **41**, 38-46. <https://doi.org/10.4274/balkanmedj.galenos.2023.2023-9-10>
- [12] Otieno, G., Marinda, E., Bärnighausen, T. and Tanser, F. (2015) High Rates of Homicide in a Rural South African Population (2000-2008): Findings from a Population-Based Cohort Study. *Population Health Metrics*, **13**, Article No. 20. <https://doi.org/10.1186/s12963-015-0054-0>
- [13] Strassle, P.D., Kendrick, P., Baumann, M.M., Kelly, Y.O., Li, Z., Schmidt, C., et al. (2025) Homicide Rates across County, Race, Ethnicity, Age, and Sex in the US: A Global Burden of Disease Study. *JAMA Network Open*, **8**, e2462069. <https://doi.org/10.1001/jamanetworkopen.2024.62069>
- [14] Karimi, J., Holakouie-Naieni, K., Koehler, S.A., Soleymannpour, A., Karimi, R. and Mohammad, K. (2018) A Forensic Epidemiological Investigation of the Characteristics of Completed Suicides in Isfahan Province, Iran. *Iranian Journal of Psychiatry and Behavioral Sciences*, **12**, e8035. <https://doi.org/10.5812/ijpbs.8035>
- [15] Uchendu, O., Nwachokor, N. and Ijomone, E. (2019) An Autopsy Study of Pattern and Yearly Trend of Homicide in Warri, Nigeria. *Nigerian Medical Journal*, **60**, 122-125. [https://doi.org/10.4103/nmj.nmj\\_142\\_18](https://doi.org/10.4103/nmj.nmj_142_18)
- [16] Rathod, V.V., Choudhary, U.K., Ghormade, P.S. and Keoliya, A.N. (2020) Study of Socio-Demographic Profile of Victims in Cases of Deaths Due to Homicide. *Indian Journal of Forensic and Community Medicine*, **7**, 66-71. <https://doi.org/10.18231/ijfcm.2020.016>
- [17] Walz, C., Eifert, S., Görg, J., Schwarz, C., Steffan, C., Brettel, H., et al. (2024) Gender Differences in Homicides. a Comparative Analysis of 106 Fatalities in Forensic Autopsy Data. *Forensic Science, Medicine and Pathology*, **21**, 193-202. <https://doi.org/10.1007/s12024-024-00847-y>
- [18] Xhemali, B., Ismail, Z., Meksi, S., Matua, L. and Cinije, M. (2015) Medico-Legal Aspects of Homicide in Albania. *Albanian Medical Journal*, **2**, 27-34.
- [19] Kristoffersen, S., Lilleng, P.K., Mæhle, B.O. and Morild, I. (2014) Homicides in Western Norway, 1985-2009, Time Trends, Age and Gender Differences. *Forensic Science International*, **238**, 1-8. <https://doi.org/10.1016/j.forsciint.2014.02.013>

- [20] Thomsen, A.H., Leth, P.M., Hougen, H.P., Villesen, P. and Brink, O. (2019) Homicide in Denmark 1992-2016. *Forensic Science International: Synergy*, **1**, 275-282. <https://doi.org/10.1016/j.fsisyn.2019.07.001>
- [21] Tamás, V., Kocsor, F., Gyuris, P., Kovács, N., Czeiter, E. and Büki, A. (2019) The Young Male Syndrome—An Analysis of Sex, Age, Risk Taking and Mortality in Patients with Severe Traumatic Brain Injuries. *Frontiers in Neurology*, **10**, Article No. 366. <https://doi.org/10.3389/fneur.2019.00366>
- [22] Hilal, A., Çekin, N., Gülmen, M.K., Özdemir, M.H. and Karanfil, R. (2005) Homicide in Adana, Turkey: A 5-Year Review. *American Journal of Forensic Medicine & Pathology*, **26**, 141-145. <https://doi.org/10.1097/01.paf.0000164710.22241.14>
- [23] Ossei, P.P.S., Ayibor, W.G., Agagli, B.M., Aninkora, O.K., Fuseini, G., Oduro-Manu, G., et al. (2019) Profile of Unnatural Mortalities in Northern Part of Ghana; a Forensic-Based Autopsy Study. *Journal of Forensic and Legal Medicine*, **65**, 137-142. <https://doi.org/10.1016/j.jflm.2019.05.012>
- [24] Gathecha, G.K., Githinji, W.M. and Maina, A.K. (2017) Demographic Profile and Pattern of Fatal Injuries in Nairobi, Kenya, January-June 2014. *BMC Public Health*, **17**, Article No. 34. <https://doi.org/10.1186/s12889-016-3958-0>
- [25] Fitrandi, R.A., Sulistyorini, N. and Humairah, I. (2024) Profile of Unnatural Deaths That Were Autopsied in Dr. Soetomo General Academic Hospital Surabaya 2017-2022. *World Journal of Advanced Research and Reviews*, **24**, 2264-2272. <https://doi.org/10.30574/wjarr.2024.24.3.3764>
- [26] Suffla, S. and Seedat, M. (2020) Risk Factors for Female and Male Homicidal Strangulation in Johannesburg, South Africa. *South African Medical Journal*, **110**, 802-806. <https://doi.org/10.7196/samj.2020.v110i8.14412>
- [27] Wallace, M.E., Vilda, D., Theall, K.P. and Stoecker, C. (2021) Firearm Relinquishment Laws Associated with Substantial Reduction in Homicide of Pregnant and Postpartum Women. *Health Affairs*, **40**, 1654-1662. <https://doi.org/10.1377/hlthaff.2021.01129>
- [28] Bowman, B., Kramer, S., Salau, S. and Matzopoulos, R. (2022) Trends, Correlates, and Contexts of Robbery-Homicide in South Africa. *Homicide Studies*, **28**, 27-51. <https://doi.org/10.1177/10887679211070230>
- [29] Barber, C., Azrael, D., Cohen, A., Miller, M., Thymes, D., Wang, D.E., et al. (2016) Homicides by Police: Comparing Counts from the National Violent Death Reporting System, Vital Statistics, and Supplementary Homicide Reports. *American Journal of Public Health*, **106**, 922-927. <https://doi.org/10.2105/ajph.2016.303074>
- [30] Hemenway, D., Azrael, D., Conner, A. and Miller, M. (2018) Variation in Rates of Fatal Police Shootings across US States: The Role of Firearm Availability. *Journal of Urban Health*, **96**, 63-73. <https://doi.org/10.1007/s11524-018-0313-z>
- [31] Pearl, D.N. and Lebogang, M. (2021) Gendered Lived Experiences of Victims of Mob Justice Related Incidents. *Gender and Behaviour*, **19**, 18642-18651.
- [32] Ng'walali, P.M. and Kitinya, J.N. (2006) Mob Justice in Tanzania: A Medico-Social Problem. *African Health Sciences*, **6**, 36-38.
- [33] Loqani, M. and Magadze, T.O. (2022) Exploratory Analysis of the Underlying Factors Contributing towards Mob Justice: A Case Study of Gqeberha, Eastern Cape, South Africa. *Acta Criminologica*, **35**. [https://hdl.handle.net/10520/ejc-crim\\_v35\\_n1\\_a2](https://hdl.handle.net/10520/ejc-crim_v35_n1_a2)
- [34] Ikwaru, E.A., Humphrey, A., Meble, K., Hannington, W.G., Jacob, E.C. and Isiko, I. (2025) Prevalence and Factors Influencing Intimate Partner Sexual Violence against Women Aged 15-49 in Kenya: Findings from the 2022 Kenya Demographic and

Health Survey. *BMC Women's Health*, **25**, Article No. 74.

<https://doi.org/10.1186/s12905-025-03593-7>

- [35] Gonçalves, L.C., Rossegger, A., Sadowski, F., Urwyler, T., Baggio, S. and Endrass, J. (2022) Domestic Homicide and Other Violent Crimes: The Same or Different Phenomena? *Forensic Science International: Mind and Law*, **3**, Article ID: 100075.

<https://doi.org/10.1016/j.fsimpl.2022.100075>

- [36] Crime Research Centre: Analysis of Violent Crimes in Kenya (2015-2023).

<https://www.crimeresearch.go.ke>