

Mob justice as an emerging medico-legal, social and public health problem in north-western Tanzania: a need for immediate attention

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Abstract

Background: Mob-justice poses a medico-legal, social and public health problem in most developing countries including Tanzania and has shown to have negative effects on social and health of the country, communities, and families. This study was conducted to analyze the mob-justice situation in north-western Tanzania to determine the causes and injury characteristics of mob-justice cases and the outcome of treatment among survivors.

Methods: This prospective study involved non-consecutive cases of mob-justice that were reported at Bugando Medical Centre in northwestern Tanzania from August 2006 to June 2014. Bugando Medical Centre in Mwanza, north-western Tanzania. Recruitment of cases to participate in the study was done in the pathology and surgery departments. All mob justice cases that were brought in dead (deceased) underwent autopsy examination in the pathology department and those who were severely injured (alive) were managed in the surgical wards by the admitting surgical team. Information on the cases was obtained from police, the relatives, friends and other witnesses if available. Variables studied included socio-demographic data of victims (age, sex, occupation and education), causes of mob-justice, weapons and methods used in executing mob-justice, body region affected and the type of injury.

Results: A total of 234 cases (i.e. 170(72.6%) deaths and 64 (27.4%) seriously injured patients) of mob-justice were studied. The median age of victims was 28 years. Males outnumbered females by a ratio of 6.1: 1. The most common reason for a mob-justice was theft/robbery in 63.2% of cases. Stoning (50.4%) and burning (43.6%) were the most frequent methods used in executing mob-justice. The head (95.7%) and the musculoskeletal (63.2%) were the most common body region injured. Open wounds (97.4%) and fractures (47.9%) were the most common type of injuries sustained. More than 70% of the victims who were brought in alive (64 cases) were treated surgically, of which wound debridement (75.6%) was the most common procedure performed. Complication and mortality rates were 51.6% and 51.1% respectively. The age > 60 years, late presentation > 48 hours, severe head injury (GCS 3-8) and admission systolic blood pressure < 90 mmHg significantly influenced mortality ($p < 0.001$). The overall median length of hospital stay was 28 days. Patients who had long bone fractures stayed longer in the hospital and this was statistically significant ($p < 0.001$).

Conclusion: Mob-justice constitutes a medico-legal, social and public health problem in Tanzania that needs immediate attention. Addressing the root causes of mob-justice such as poverty, lack of education, unemployment, and substance abuse will reduce the incidence of mob-justice in our environment, hence saving life.

Keywords: Mob justice, medico-legal, social, public health problem, Tanzania

Introduction

Mob justice, defined as the practice whereby a mob, usually several dozens or several hundred persons take the law into their hands in order to injure and kill a person accused of wrongdoing, poses a medico-legal, social and public health problem in most developing countries including Tanzania (Paulsen., 2002; Ng'walali & Kitinya, 2006; Outwater et al., 2008, 2011). This violent

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phenomenon of mob justice occurs when a group of people act as both accusers, jury and judge and punish an alleged wrongdoer on the spot. The person accused of a crime has no chance to defend him/her or claim innocence. This procedure often ends up with the victim being beaten to death or seriously injured. The victim of a mob justice is denied a fair trial and the right to life which violates the United National standards of human rights (www.un.org).

Mob justice is the symptom of a society where ignorance, an incompetent justice system, and human rights violations impede access to justice. The root cause of the phenomenon is the lack of public trust in the legal and security authorities to properly handle suspected criminals (Mutabazi, 2006). Poverty, discrimination, lack of education, and lack of employment opportunities have been reported to be other important risk factors for mob-justice in developing countries (Kanaabi, 2004). Eliminating mob justice requires a concerted effort on behalf of the government, civil society organizations, and individual citizens. The value of its eradication lies in more informed citizens, the subsequent creation of a justice system that properly handles crime and a more peaceful society (Wright, 1997).

In some societies in the world mob justice occurred because of social discrimination. In certain countries, asylum seekers and refugees are being subjected to incidences of mob violence performed by citizens of the host countries who are either racists or view refugees as exploiters of their resources such as jobs and employment. This is true in most Western Europe countries where the natives harass and sometimes beat to death the immigrants from developing world in Africa, Asia and Eastern Europe countries seeking for asylum or jobs (Ng'walali & Kitinya, 2006). Civil wars have an indirect role in the occurrence of mob justice in Tanzania. Countries affected by civil wars have a high number of illegal arms which can be easily obtained and used by criminals to facilitate crime and increase the severity of harm. There are a wide range of socio-economic factors which are responsible for crime such as extreme differences in socioeconomic inequality and the limited access to labor markets for some groups. The rise in incidence of crime usually overwhelms the law enforcing agencies resulting in the public resorting to take justice in their own hands (Ng'walali & Kitinya, 2006). The basic administrative structure including the judicial system in the refugee camps is inefficient and this may create a vacuum leading the public to resort to mob justice.

In Tanzania, like in other developing countries, mob justice is a growing issue and claims the lives of many of the young persons and threatens the health and well-being of many persons of all age groups (Ng'walali & Kitinya, 2006). This study was conducted to analyze the mob-justice situation in north-western Tanzania outlining the causes and injury characteristics of mob-justice cases and to determine the outcome of treatment among survivors of mob-justice.

Materials and Methods

Study design and setting

This was a descriptive prospective study of non-consecutive cases of mob-justice (deceased and alive) that were jointly seen by the surgical and pathology department teams at Bugando Medical Centre in northwestern Tanzania from August 2006 to June 2014. Bugando Medical Centre is the only tertiary health institution in the northwestern part of Tanzania, serving a population of about 13 million people. It is a 1000 bed hospital located in Mwanza city located on the southern border of Lake Victoria. It is also a teaching hospital for the Catholic University of Health and Allied Sciences (CUHAS). All forensic cases including deaths due to mob-justice in northwestern Tanzania are referred to Bugando Medical Centre for medico-legal examination. Severely injured patients as a result of mob justice (survivors of mob justice) are also referred to Bugando Medical Centre for expertise management.

Study subjects

The study population included consecutive cases of mob-justice (deceased and alive) that were referred or brought in to Bugando Medical Centre (BMC) for either medico-legal examination or management. Cases with incomplete data and severely injured unconscious patients with no relative to consent for the study were excluded from the study. Recruitment of cases to participate in the study was done in the Pathology and Surgery departments. All mob justice cases that were brought in dead (deceased) underwent autopsy examination in the pathology department and those who were severely injured (alive) were managed in the surgical wards by the admitting surgical team. In the surgical department, all severely injured patients recruited into the study were first resuscitated in the Accident & Emergency (A & E) department according to Advanced Trauma Life Support (ATLS). From the A & E department patients were taken into the surgical wards or the intensive care unit (ICU) from where necessary investigations were completed and further treatment started.

Information on the cases was obtained from police, the relatives, friends and other witnesses if available. Information was also obtained from patients in those who were brought in alive and fully conscious. Variables studied included socio-demographic data of victims (age, sex, occupation and education), causes of mob-justice, weapons and methods used in executing mob-justice, body region affected and the type of injury. In those who were brought in alive, prehospital care, timing of medical care, severity of injury, treatment parameters and outcome measures (complications, length of hospital stay, mortality and disability) were documented. The severity of injury was determined using the Kampala Trauma Score II (KTS II) (Mutooro *et al.*, 2010). Severe injury consisted of a KTS II ≤ 6 , moderate injury 7-8, and mild injury 9-10. Patients with head injuries were classified according to Glasgow Coma Scale (GCS) into: severe (GCS 3-8), moderate (GCS 9-12) and mild (GCS 13-15). Depending on the type of injury, the patients were treated either conservatively or by surgery. All patients were followed up till discharge or death. This information was collected using a structured questionnaire designed for the purpose of the study.

Data analysis

Data analysis was performed using Statistical Package for Social Sciences (SPSS) version 17.0 for Windows (SPSS, Chicago IL, USA). The median + Interquartile Range (IQR) and ranges were calculated for continuous variables whereas proportions and frequency tables were used to summarize categorical variables. Chi-square (χ^2) test was used to test for the significance of association between the independent (predictor) and dependent (outcome) variables in the categorical variables. The level of significance was considered as $p < 0.05$. Study variables that were found to be statistically significant in univariate analysis were subjected to multivariate logistic regression analysis to determine predictor variables that predicted the clinical outcome among mob justice cases who were brought in alive.

Ethical consideration

Ethical approval to conduct the study was obtained from the CUHAS/BMC joint institutional ethic review committee before the commencement of the study. Patients who met the inclusion criteria were requested to sign a written informed consent before being enrolled into the study. Failure to consent for the study did not jeopardize their access to care. All cases that were brought in dead underwent medico-legal examination to ascertain the cause of death. All autopsies were performed with the consent of their family members or police.

Results

Socio-demographic characteristics of victims

During the period of study, a total of 234 cases of mob justice (deceased or alive) were received at Bugando Medical Centre. Of these, 170 (72.6%) were deaths and the remaining 64 (27.4%) cases were seriously injured patients. The age of patients and deceased ranged between 19 to 76 years with a median of 28 years (+ IQR of 26 to 32 years). The modal age group was 21-30 years. There were 201 (85.9%) males and 33 (14.1%) females with the male to female ratio of 6.1: 1. Occupation and level of education among the victims was available in 201 and 197 cases respectively. The vast majority of victims, 189 (94.0%) were unemployed and most of them, 145 (73.6%) had either primary or no formal education.

Causes of mob-justice and methods used in executing mob-justice

Generally, the most common reason for mob justice was theft/robbery in 63.2% of cases. However, witchcraft was the most common cause of mob justice among females accounting for 30 (90.9%) cases. Stoning and burning were the most frequent methods used in executing mob-justice accounting for 50.4% and 43.6% of cases, respectively (Table 1). Blunt objects (including stones, iron bars, sticks, bricks) were the most common weapons through which mob justice was inflicted accounting for 118 (50.4%) of cases. Burning with flame burn was the means through which mob justice was inflicted in 102 (43.6%) of cases.

Table 1: Reasons for the mob justice and methods used in executing mob-justice (N= 234)

| Variable | Response | Frequency | Percentages |
|--|----------------|-----------|-------------|
| Reasons for the mob justice | Theft /robbery | 148 | 63.2 |
| | Murder | 38 | 16.2 |
| | Witch Craft | 33 | 14.1 |
| | Socio-cultural | 8 | 3.4 |
| | Rape | 4 | 1.7 |
| | Others | 3 | 1.3 |
| Methods used in executing mob-justice | Stoning | 118 | 50.4 |
| | Burning | 102 | 43.6 |
| | Slaughtering | 4 | 1.7 |
| | Other methods | 10 | 4.3 |

Out of 64 mob-justice victims who were brought in alive, 42 (65.6%) were brought in within 24 hours after the injury. The vast majority of victims, 60 (93.8%) were brought in by police in their patrol cars and the remaining 4 (6.2%) were brought in by Good Samaritan. None of these patients had pre-hospital care.

Injury characteristics among the mob-justice victims

According to the autopsy and clinical examination findings, the majority of victims, 220 (94.0%) sustained multiple injuries and the remaining 14 (6.0%) had isolated injuries. The head/neck and the musculoskeletal were the most common body region injured accounting for 95.7% and 63.2% of cases respectively. Open wounds (i.e. bruises, abrasions, lacerations, crush and fractures were the most common type of injuries sustained (Table 2).

Table 2: Distribution of anatomical site and type of injury according to the autopsy and clinical examination findings (N = 234)

| Variable | Category | Frequency | Percentages |
|---------------------------------|-----------------|-------------|-------------|
| Anatomical site of injury | Head /neck | 224 | 95.7 |
| | Musculoskeletal | 148 | 63.2 |
| | Maxillofacial | 88 | 37.6 |
| | Abdomen | 86 | 36.8 |
| | Chest | 82 | 35.0 |
| | Pelvis | 24 | 10.3 |
| | Spines | 14 | 6.0 |
| | Type of injury | Open wounds | 228 |
| Fractures | | 112 | 47.9 |
| • Lower limb fractures | | 20 | 17.9 |
| • Upper limb fractures | | 17 | 15.2 |
| • Skull/maxillofacial fractures | | 17 | 15.2 |
| • Rib fractures | | 16 | 14.3 |
| • Pelvic fractures | | 15 | 13.4 |
| • Clavicle fractures | | 14 | 12.5 |
| • Spinal fractures | | 13 | 11.6 |
| Intracranial hemorrhage | | 108 | 46.2 |
| • Subdural | | 48 | 44.4 |
| • Epidural | | 32 | 30.6 |
| • Subarachnoid | | 16 | 14.8 |
| • Intracerebral | | 12 | 11.1 |
| Visceral injuries | | 100 | 42.7 |
| • Spleen | | 42 | 42.0 |
| • Intestines | | 30 | 30.0 |
| • Liver | 12 | 12.0 | |
| • Urinary bladder | 10 | 10.0 | |
| • Kidney | 4 | 4.0 | |
| • Other visceral injuries | 2 | 2.0 | |
| Pneumothorax | 68 | 29.1 | |
| Hemithorax | 52 | 22.2 | |

According to Kampala Trauma Score II (KTS II) (Table 3), all victims, 64 (100%) who were brought in alive sustained severe injuries (i.e. KTS II \leq 6). Fifty-two (81.3%) victims who were alive sustained moderate to severe head injuries with the Glasgow coma scale ranging from 3 to 12. The majority of patients, 54 (84.4%) had systolic blood pressure (SBP) \leq 90 mmHg on admission and only 10 (15.6%) patients had SBP above 90 mmHg.

Admission and treatment patterns among victims who were brought in alive

Of the 64 victims who were brought in alive, six (9.4%) died at the Accident & Emergency department and the remaining 40 (62.5%) and 18 (28.1%) were admitted in the general surgical wards and in the intensive care unit (ICU), respectively. Out of those who were admitted in the ICU, 12 (66.7%) necessitated ventilatory support. The majority of victims, 45 (70.3%) were treated surgically. Wound debridement and treatment of fractures were the most common surgical procedures performed in 75.6% and 62.2% of cases respectively (Table 3).

Clinical outcome among victims who were brought in alive

A total of 48 complications were recorded in 33 patients giving a complication rate of 51.6%. Of these, wound sepsis was the most common complication (Table 4). Of the 64 patients, 30 (46.9%) patients were alive. Of these, only 11(36.7%) patients were discharged well without permanent disability and the remaining 19(63.3%) patients were discharged with permanent disabilities such

complication of fracture treatment in 6 patients, permanent neurological deficit in 5 patients, severe spinal injuries with paraplegia in 5 patients and loss of eyes in 3 patients. There were 34 deaths, accounting for an overall mortality rate of 53.1%. According to multivariate logistic regression analysis, age > 60 years, late presentation > 48 hours, severe head injury (GCS 3-8) and admission systolic blood pressure < 90 mmHg significantly influenced mortality ($p < 0.001$).

Table 3: Kampala Trauma Score (KTS II) description

| | Description | Score |
|---|---|-------|
| A | Age in years | |
| | 5-55 | 1 |
| | <5 or >55 | 0 |
| B | Systolic Blood Pressure on admission | |
| | More than 89 mm Hg | 2 |
| | Between 89-50 mm Hg | 1 |
| | Equal or below 49 mm Hg | 0 |
| C | Respiratory rate on admission | |
| | 0-29/minute | 2 |
| | 30+ | 1 |
| | < or = 9/minutes | 0 |
| D | Neurological status | |
| | Alert | 3 |
| | Responds to verbal stimuli | 2 |
| | Responds to painful stimuli | 1 |
| | Unresponsive | 0 |
| E | Score for serious injuries | |
| | None | 2 |
| | One injury | 1 |
| | More than one | 0 |

Kampala Trauma Score total = A+B+C+D+E

The overall length of hospital stay (LOS) ranged from 1 day to 122 days with the median of 28 days. LOS for non-survivors ranged from 1 day to 34 days (median 6 days). The length of ICU stay ranged from 1 day to 38 days (median 7 days). According to multivariate logistic regression analysis, patients who had long bone fractures stayed longer in the hospital and this was significant ($p < 0.001$). The amount of hospital bill for each patient ranged from US\$ 56 to 350 with a mean of US\$ 305.5.

Table 4: Distribution of victims according to the type of surgical procedure performed

| Surgical procedure performed | Frequency | Percentages |
|---------------------------------|-----------|-------------|
| Wound debridement | 34 | 75.6 |
| Treatment of fractures | 28 | 62.2 |
| Craniotomy/burr holes | 24 | 53.3 |
| Exploratory laparotomy | 18 | 40.0 |
| Skin grafting | 15 | 33.3 |
| Underwater seal drainage (UWSD) | 10 | 22.2 |
| Other surgical procedures | 4 | 8.9 |

Discussion

Mob justice has been reported to be a growing issue in most developing countries and claims the lives of many of the young persons and threatens the health and well-being of many persons of all age groups (Ng'walali & Kitinya, 2006; Outwater et al., 2011). In this study, the young age group in their 2nd and 3rd decades of life was commonly affected and tended to affect more males than females, which is comparable with other studies (Paulsen, 2002; Ng'walali & Kitinya,

2006; Outwater et al., 2008, 2011). This observation could be explained partly by uneven opportunities amongst the rural and the urban societies, causing migration of youth from rural to urban centers (Ng'walali & Kitinya, 2006; Kobusingye, 2008). Male preponderance in this age group may be attributable to their active participation in risk taking behaviors and their frequent involvement in crime activities. This has great economic impact since these are people in their most productive years and the injuries impose a considerable burden on their families and the society as a whole.

Table 5: Complications among the victims who were brought in alive (N= 48)

| Complications | Frequency | Percentages |
|------------------------------------|-----------|-------------|
| Surgical site infection | 28 | 58.3 |
| Complication of fractures | 18 | 37.5 |
| Hemorrhagic shock | 8 | 16.7 |
| Complications of abdominal surgery | 5 | 10.4 |
| Empyema thoracis | 4 | 8.3 |
| Graft failure | 3 | 6.3 |
| Neurological deficit | 3 | 6.3 |

Mob justice is more common in societies where the legal system cannot be trusted due either to feeling of social inequalities or corruption. It is not surprising to find that angry and disenfranchised people resort to mob justice when frustrated. Another reason for the increase in crimes such as robbery and stealing is the increasing level of unemployment due to retrenchments. The gap between the rich and the poor may also be widening. This leads to social groups to develop and dispense out their own system of social justice.

Mob justice is more prevalent in people with lower social class which is characterized by poverty, lack of education, unemployment and unequal distribution of wealth (Cubbin & Smith, 2002; Kobusingye, 2008). This observation is reflected in our study where most of victims had either primary or no formal education and the majorities were unemployed. Svanbergs (2008) reported that people from a lower social class, is less likely to use the judicial system as opposed to people from a higher social class as a result this social group may develop their own system of social justice which can lead to taking the law into their own hands.

In agreement with Ng'walali & Kitinya (2006) in Dar es Salaam, Tanzania, the most common reason for a mob to take the law into their own hands in the present study was theft/robbery. The reasons for the high incidence of criminal violence such as theft/robbery in the present study may be attributed to lack of education, harsh economic climate, rising unemployment rate, ineffective law enforcement and failure of successful poverty eradication programmes in Tanzania. People who are suspected of practicing witchcraft are occasionally subjected to mob justice in some communities in Tanzania, especially old people suspected of being witches. This was also true in some societies in the present day in western Europe (Neki et al., 1986). Isolated cases of mob justice because of such reasons as adultery are not unusual in Tanzania. In the current study, witchcraft was the most common cause of mob justice among females in more than ninety percent of cases. High incidence of witchcraft among women in our study may be attributed to the traditional belief in this region that women especially elderly are involved in witchcraft practices and have been implicated in the use of supernatural or magical powers to inflict harm upon members of a community or their property.

Stoning and burning were the most frequent methods used in executing mob-justice in the present study. This observation agrees with other studies (Adinkrah, 2005; Ng'walali & Kitinya., 2006). In this study, objects such as stones, iron bars, sticks, bricks as well as flame burn were the most common weapons through which mob justice was inflicted. A better knowledge of the type of weapon or means through which mob justice is inflicted is of great importance for medico-legal purposes. Also, understanding interpersonal relationships and socioeconomic factors that contribute to mob violence is of paramount importance.

According to the autopsy and clinical examination findings, the majority of victims in the current study sustained multiple injuries. This observation is comparable with other studies (Adinkrah, 2005; Ng'walali & Kitinya., 2006). This study showed that mostly the head/neck and musculoskeletal regions were commonly affected. Knowing the pattern of anatomical site distribution of the injury allows the clinicians to understand the nature of intent of the mob and this is of great importance for medico-legal purposes. Many lower limb injuries indicate a desire to immobilize victims while trying to escape, whereas injuries involving the head, neck, chest and abdomen indicate a desire to kill (Udosen *et al.*, 2006; Kalemoglu *et al.*, 2006). Many cases with head and neck injuries in this study are attributed to the intent to kill the victim and associated lower and upper limb injuries were sustained as the victims were trying to escape or to protect themselves from head injuries. Most of victims in this study sustained open wounds and long bone fractures. Similar injury patterns were also reported by other authors (Udosen *et al.*, 2006; Ng'walali & Kitinya., 2006). A good knowledge of the nature and type injury allows the clinicians to understand the type weapon used and this is of great importance for medico-legal purposes and surgical treatment in those who were brought in alive.

The pre-hospital care of trauma patient has been reported to be the most important factor in determining the ultimate outcome after the injury (Mohamed *et al.*, 2005; Hugenberg *et al.*, 2007; Kobusingye, 2008). The lack of advanced pre-hospital care in most centers in developing countries and ineffective ambulance system for transportation of patients to hospitals are a major challenges in providing care for trauma patients in general and have contributed significantly to poor outcome of these patients due to delay in definitive treatment. In this study, none of our patients who were brought in alive had pre-hospital care attributing this to poor outcome. In the current study, most of victims who were brought in with severe injury following mob justice were treated surgically, which is in agreement with other similar studies (Luna *et al.*, 2001; Udosen *et al.*, 2006). The high incidence of surgical treatment in our study is attributable to the fact that all the patients who were brought in alive had severe injuries the majority of which required surgical intervention.

The average amount of hospital bill for each patient in the present study was US\$ 305 which is 9.2 times the official urban poverty income for Mwanza city (US\$ 33.3 per month). A person whose income is below the poverty line would have to set aside all his household income for at least 9 months just to pay the average hospital bill. The financial impact puts the family of the injured in a desperate situation, which may itself lead to a vicious cycle of crime.

The overall mortality rate in patients who were brought in with severe injury following mob justice was 53.1%, a figure which is significantly high than that reported in other forms of trauma (Otieno *et al.*, 2004; Chalya *et al.*, 2010; Chalya *et al.*, 2012). Factors responsible for high mortality in our study included advanced patient's age (> 60 years), late presentation (>48 hours), severe head injury and admission systolic blood pressure < 90 mmHg. Addressing these factors responsible for high mortality in our study is mandatory to be able to reduce mortality associated with mob justice.

In conclusion, mob justice constitutes a medico-legal, social and public health problem in our setting and it is associated with significantly high morbidity and mortality. The young adult male in their economically productive age-group are mostly affected. Addressing the root causes of mob justice such as lack of education, harsh economic climate, rising unemployment rate, use of substance abuse, ineffective law enforcement, unequal distribution of wealth and failure of successful poverty eradication programmes in Tanzania will reduce the growing incidences of mob justice in our environment, hence saving life.

Acknowledgement

The authors are grateful to our senior house officers in the Department of Surgery for their assistance in data collection and to all those who were involved in the care of our study patients. Special thanks go to the member of staff of the department of Pathology for their assistance in data collection and autopsy examination.

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