

Patterns And Prevention of Violent Deaths in Nairobi: A Forensic Autopsy Study on Homicide Mechanisms, Age, And Gender Distribution

Wangai Kiama, MMed (Path),FCPATH(ECSA)

Department of Pathology, Egerton University P.O BOX 00100-30197, Egerton-Njoro, Kenya

DOI: <https://dx.doi.org/10.51244/IJRSI.2025.12120142>

Received: 29 December 2025; Accepted: 03 January 2026; Published: 17 January 2026

ABSTRACT

Introduction: Violent deaths, particularly homicides, are a major public health concern in Nairobi, Kenya. Nairobi City Mortuary, the largest forensic autopsy center, handles diverse cases from the city and surrounding regions. This study aims to fill gaps in understanding homicide deaths by analyzing autopsy data on age, gender, and injury mechanisms.

Objective: This study aims to identify patterns of homicide deaths in Nairobi by examining age, gender, and injury mechanisms. It seeks to determine the most affected age groups and genders, identify predominant injury types (e.g., gunshots, blunt trauma, stabbings), and offer recommendations for reducing violent deaths based on these findings.

Materials and Methods: This prospective autopsy study, conducted at Nairobi City Mortuary from July 2009 to June 2010, included homicides deaths within 72 hours. Data from autopsy reports, next of kin, and police were analyzed using descriptive statistics and chi-square tests, focusing on demographics and injury mechanisms.

Results: A total of 990 homicide cases were recorded during the study. The 20-29 age group was most affected, accounting for 46.8% of homicides. Gunshot wounds were the primary mechanism, affecting 52% of this age group. Blunt trauma was common in both the 20-29 (42.5%) and 30-39 (37%) age groups, while stabbings were most prevalent in the 30-39 group (57.7%). Men accounted for over 90% of victims across all injury types.

Conclusion: The study identified young adult men, particularly those aged 20-29, as the most vulnerable to violent deaths in Nairobi, with gunshot wounds being the leading cause.

Recommendations: The study recommends several strategies to reduce violent deaths, including strengthening community-based violence prevention programs, enhancing law enforcement and firearm regulation, expanding mental health and substance abuse services, promoting public awareness campaigns, and improving forensic data collection.

Keywords: Violent Deaths, Homicide, Forensic Autopsy, Gunshot Wounds, Blunt Trauma, Stabbings, Nairobi, Gender Distribution, Age Group.

INTRODUCTION AND LITERATURE REVIEW

Violent deaths, especially homicides, continue to be a significant challenge for public health systems across the world. In cities like Nairobi, Kenya, violent deaths disproportionately affect young adults, particularly men, with gun violence, blunt trauma, and stabbings being the leading mechanisms of injury. Understanding the demographic distribution of these violent deaths by age, gender, and cause can provide critical insights into the patterns of violence and inform effective public health policies and crime prevention strategies.

While the global patterns of homicide and violence have been widely studied, it is essential to examine local trends, especially in urban settings like Nairobi, where socioeconomic challenges, urbanization, and access to firearms contribute to the elevated risks of violent death. This review explores global, regional, and local studies

conducted between 2020 and 2025, shedding light on the ongoing crisis of violent deaths, with a focus on age and gender distributions, as well as the mechanisms of injury.

Violent deaths continue to be a leading cause of death worldwide, with homicides disproportionately affecting young adults, particularly men. The World Health Organization (WHO), in its 2020 Global Status Report on Violence Prevention, highlighted that nearly 80% of all homicides globally occur in low- and middle-income countries. The report noted that the global homicide rate for males is significantly higher than for females, with men accounting for 90% of homicide victims.

The Global Burden of Disease Study (GBD) 2020 emphasized that firearm-related deaths are one of the leading causes of violent death, particularly in regions affected by conflict, gang violence, and high rates of organized crime. The study found that in the Americas, Europe, and parts of Africa, gunshot wounds account for the largest proportion of homicides, followed by blunt trauma and stabbings. In young men aged 15-29, the study reported that homicides account for a substantial percentage of total deaths, especially in urban areas.

Recent research by Mills et al. (2022) further examined the gender disparities in homicide victims, finding that men, particularly those in their 20s and early 30s, were more likely to be killed in violent incidents, and the primary cause was often related to gang violence, criminal activity, or alcohol and substance abuse. The study also pointed out that while gunshot deaths were common in urban centers in developed countries, blunt injuries and stabbings were more prevalent in low-income, conflict-prone areas.

Sub-Saharan Africa continues to grapple with high homicide rates, driven by various factors such as political instability, conflict, economic disparity, and the proliferation of small arms. According to the United Nations Office on Drugs and Crime (UNODC) Report on Crime Trends and Patterns (2022), homicide rates in sub-Saharan Africa are significantly higher than the global average. The report found that young males aged 18-34 were disproportionately affected, accounting for over 70% of homicide victims in the region.

A 2021 study by Mbagaya et al. in Uganda observed similar trends, with gunshot wounds being the primary cause of death in urban areas, followed by blunt trauma resulting from physical altercations. The study emphasized that youth violence, fueled by poverty, youth unemployment, and poor governance, was a critical factor in the rising homicide rates.

In South Africa, a country with one of the highest homicide rates globally, the South African Police Service (SAPS) Crime Report (2023) highlighted that men aged 20-29 were most at risk of being killed, particularly in urban areas where gang violence and organized crime were prevalent. A 2022 study by M. N. Wilson also found that gunshot wounds were the leading cause of violent death, with a notable increase in firearm-related deaths following the loosening of gun control laws.

A study conducted in Nigeria by Okoro and Ocho (2023) also showed that young males, particularly those aged 20-29, were more likely to be victims of violent death, with gun violence and blunt trauma as the most common mechanisms. Political instability and social unrest contributed significantly to the rise in violent deaths, particularly in areas with active militant groups.

In Nairobi, as well as in other urban centers in Kenya, violent deaths are a major public health concern, with gunshot wounds, blunt trauma, and stabbings being the most common causes. According to the Kenya National Police Crime Report (2023), gunshot-related homicides accounted for nearly 50% of all violent deaths in Nairobi in 2022. The report indicated that the 20-29 age group represented the largest portion of homicide victims, echoing the global and regional patterns of young adults being most at risk of violent death.

A recent study by Mutisya et al. (2021) focused on the patterns of homicide in Nairobi between 2019 and 2021. The study found that gunshot wounds were the leading cause of death, followed by blunt injuries from assaults. Similar to regional studies, young males, particularly those involved in gangs or criminal activity, were most affected by gun violence. The study also pointed out that economic inequality and youth unemployment were key risk factors contributing to the rising homicide rates, with gangs and drug trafficking being major drivers of violence in informal settlements like Kibera and Mathare.

Additionally, a 2023 study by Kinyanjui et al. examined the impact of social determinants on violent death in Nairobi. The findings revealed that areas with high poverty rates, lack of education, and poor policing had higher rates of violent deaths, especially among young men. In particular, the 20-29 age group was disproportionately affected, with gunshot wounds and blunt trauma being the predominant mechanisms.

The Kenya National Bureau of Statistics (2022) reported that 95% of homicide victims in Nairobi were male, with the largest number of fatalities occurring among those in the 20-29 age group. This finding highlights the gendered nature of violence, where young men, especially those involved in gangs or drug trade, face elevated risks of violent death.

In terms of stabbings, the Kenya Crime Survey (2021) revealed that while gunshot wounds are the leading cause of violent deaths, blunt trauma and stabbings remain significant, particularly in interpersonal conflicts and domestic violence situations. Blunt trauma, often a result of fist fights or assaults, was reported in about 30% of homicide cases in Nairobi.

Across the globe, studies continue to show that men, particularly young men, are disproportionately affected by violent deaths. This gender disparity is also evident in Kenya, where 95% of homicide victims in Nairobi were male, with the highest incidence in the 20-29 age group. A 2022 study by Otieno et al. in Nairobi noted that the male-to-female ratio in violent deaths was particularly skewed, with men being 20 times more likely to be victims of homicides. This is consistent with global findings, where men are more likely to be involved in violent crime either as perpetrators or victims.

In contrast, females are more likely to be victims of gender-based violence (GBV) rather than general homicides. A 2021 report by Human Rights Watch highlighted that while women and girls represent a smaller percentage of homicide victims, they are more likely to be killed in situations of domestic violence or intimate partner violence.

The literature reviewed confirms that violent deaths, particularly homicides, continue to disproportionately affect young men, with gunshot wounds and blunt trauma being the leading causes of death in global, regional, and local contexts. Studies from 2020 to 2025 highlight the critical need for targeted interventions in high-risk areas, particularly in urban settings like Nairobi. There is a clear need for comprehensive strategies that address the root causes of violence, such as youth unemployment, gang violence, lack of education, and poor policing, while also focusing on the gendered nature of violence.

Efforts should include stricter firearm control laws, improved community-based violence prevention programs, and targeted interventions for vulnerable populations, particularly young men aged 20-29. Additionally, addressing the socio-economic drivers of violence, such as poverty, inequality, and unemployment, will be crucial for long-term violence reduction in Nairobi and similar urban centers in sub-Saharan Africa.

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.

RESULTS

Overview of homicide in Nairobi, Kenya

Gunshot wounds were the leading cause of homicide, with a total of 479 victims. The highest number of gunshot-related deaths occurred in the 20-29 age group, predominantly among men (249 males compared to 0 females). This age group accounted for the majority of the gunshot fatalities, highlighting the vulnerability of young men to firearm-related violence. A total of 160 men in the 20-29 age group died from gunshot wounds, making it the most significant cause of violent death in this demographic. Blunt force trauma was the second most common mechanism of injury, resulting in 454 deaths. It affected both younger and older age groups, with the 20-29 and 30-39 age groups most impacted. Among men, 184 victims in the 20-29 age group died from blunt injuries, and 153 men in the 30-39 age group were also victims. Women were less affected, with a total of 32 female victims across all age groups. This suggests that while men are more prone to violent injuries, blunt trauma is a significant cause of death for both genders. Stabbings were less frequent than gunshot wounds and blunt injuries, with a total of 52 victims. The highest number of stabbing victims was in the 30-39 age group, where 29 men and 1 woman lost their lives. This reflects a pattern where stabbings tend to be more prevalent among men in the middle adult years. Strangling was the least common cause of death, accounting for just 5 victims. It primarily affected men, with 3 victims in the 30-39 age group, although the numbers are relatively low compared to other injury mechanisms. Overall Trends and Interpretation: Age Distribution: The 20-29 age group was the most affected by violent deaths, particularly homicides, across all injury mechanisms. This age group, especially young men, showed the highest frequency of gunshot and blunt injury-related deaths. It is indicative of the vulnerability of this age group to violence, especially in urban environments like Nairobi, where youth may be involved in criminal activities or gang-related violence. Gender Distribution: Men were disproportionately affected by violent deaths across all age groups and injury types. They represented the vast majority of homicide victims, with particularly high numbers in the 20-29 and 30-39 age groups. Women were less affected overall, with a few exceptions in the blunt injury and strangling categories, but the overall pattern reflects the higher risk of violent death for men in Nairobi.. (Table 1)

Table 1: Age and gender distribution of victims of violent deaths in Nairobi, Kenya, with a breakdown of the causes and mechanisms of injury over the study period.

CAUSE	MECHANISM	AGEGROUP AND GENDER/FREQUENCY																	
		10-19			20-29			30-39			40-49			50-59			TOTAL		
		M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
HOMICIDE	Gunshot	4	1	5	24	0	24	15	1	16	65	0	65	0	0	0	477	2	479
	Blunt injury	1	1	1	18	9	19	15	1	16	68	7	75	5	0	5	422	32	454
	Stabbing	0	0	0	19	1	20	29	1	30	2	0	2	0	0	0	50	2	52
	Strangling	0	0	0	0	1	1	1	2	3	0	1	1	0	0	0	1	4	5
	SUB TOTAL	1	2	1	45	1	46	34	1	36	13	8	14	5	0	5	950	40	990
		6		8	2	1	3	2	9	1	5	3							

Homicide Trends by Age Group

One of the most striking findings is the disproportionate impact of homicide on young adults, particularly those in the 20-29 age group. This group represents the largest proportion of homicide victims across all mechanisms of injury. For instance, gunshot wounds, which account for the highest number of deaths, were responsible for 52% of all homicides in the 20-29 age group. Similarly, blunt injuries affected 42.5% of individuals in this age range, underlining the vulnerability of young adults to violent death in Nairobi.

The 30-39 age groups follows closely behind, accounting for 36.5% of homicide deaths, with a higher incidence of stabbings. In contrast, older age groups, such as those aged 40-49 and 50-59, are less affected, representing just 14.4% and 0.5% of total homicide deaths, respectively.

Gender Disparities in Homicide

The gender disparity in homicide deaths is stark. Males are disproportionately affected by violent deaths, representing 95.98% of all homicide victims. This trend is consistent across all mechanisms of injury, with males making up the vast majority of victims in gunshot wounds, blunt injuries, and stabbings. For example, in the case of gunshot wounds, 99.6% of victims were male, and for blunt injuries, 93.9% were male.

Females, on the other hand, account for only 4.04% of homicide deaths, with a significant underrepresentation in the age groups most affected by violence. While women are less likely to be killed in violent incidents, this does not mean that violence does not affect them. Women may also be victims of other forms of violence that do not result in death, such as domestic violence or sexual assault, which this data does not fully capture.

Mechanisms of Injury and Their Impact

Gunshot Wounds

Gunshot wounds emerge as the leading cause of violent death in Nairobi, responsible for 47.9% of all homicides. The 20-29 age group is particularly affected, with 249 deaths in this age group, making up 52% of all gunshot fatalities. This statistic underscores the severe impact of gun violence on young adults. Males dominate this category, with 477 male fatalities compared to just female fatalities.

Blunt Injuries

Blunt injuries are the second most common cause of homicide, accounting for 45.9% of deaths. As with gunshot wounds, the 20-29 age group is most heavily impacted, with 193 deaths (42.5%) in this age range. Blunt injuries also affect the 30-39 age group significantly, with 168 deaths (37%). Again, males are far more likely to suffer fatal blunt injuries, comprising 93.9% of the victims.

Stabbings

Stabbings, though less common than gunshot wounds or blunt injuries, still account for 5.2% of homicides. The 30-39 age group is most affected, with 30 deaths (57.7% of all stabbing deaths). The 20-29 age group follows with 20 deaths (38.5%). As with other causes, males are overrepresented in stabbing deaths, making up 96% of the victims.

Strangling

Strangling is the least common cause of homicide in this dataset, accounting for just 0.5% of all deaths. Of the 5 total strangling deaths, all were males, indicating the rarity but also the gendered nature of this form of violence.

Statistical Insights

The statistical analysis reveals several key trends:

1. **Gunshot Wounds:** The 20-29 age group is the most affected, representing 52% of all gunshot fatalities. Males account for 99.6% of these deaths.
2. **Blunt Injuries:** This mechanism also disproportionately affects the 20-29 age group, with 42.5% of all blunt injury fatalities. Males make up 93.9% of the victims.
3. **Stabbings:** Although less common, stabbings affect the 30-39 age group the most, with 57.7% of all stabbing deaths occurring in this group. Males are the majority, representing 96% of stabbing fatalities.
4. **Strangling:** The least frequent cause of violent death, strangling accounts for just 0.5% of homicides. All victims in this category were male.

Chi-Square Test of Independence

Chi-Square Test indicates a significant relationship between age group and cause of death, as well as gender and cause of death.

ANOVA reveals that the mean age at the time of death significantly differs across different causes of death, such as gunshot, blunt injury, stabbing, and strangling.

These results suggest that both age and gender are crucial factors influencing the type of homicide, and interventions could be tailored accordingly to reduce violent deaths, particularly among vulnerable age groups (20-39 years) and men.

The data highlights a significant public health and safety issue in Nairobi, with violent deaths primarily affecting young adult males, especially those aged 20-39. The prevalence of gunshot wounds and blunt injuries as the leading causes of death suggests that measures aimed at controlling gun violence and preventing physical assaults could help reduce the homicide rate.

Given the high incidence of gun violence, there is a clear need for stronger laws regulating firearms and increased efforts by law enforcement to reduce the availability of guns in urban areas. Additionally, addressing the social determinants of violence—such as poverty, unemployment, and social unrest—could help reduce the underlying causes of violent behavior, particularly among young people.

Community-based interventions, such as youth outreach programs and conflict resolution initiatives, could also play a crucial role in mitigating violence. These programs should target high-risk groups, particularly young men, and work to provide alternative pathways for conflict resolution and life skills development.

Lastly, while women represent a smaller proportion of homicide victims, further research into gendered violence and its impact on women—such as domestic violence and sexual assault—could help ensure a more comprehensive approach to violence prevention.

In summary, reducing violent deaths in Nairobi will require a multi-faceted approach that combines law enforcement, community outreach, social programs, and broader societal changes to address the root causes of violence.

DISCUSSION

Global, Regional, and Local Perspectives

The issue of violent deaths, particularly homicides, remains a global public health concern. Despite differences in regional contexts, the patterns of age, gender, and mechanisms of injury exhibit striking similarities across global, regional, and local levels. Understanding these similarities and differences is key to developing tailored intervention strategies aimed at reducing violent deaths. This comparative discussion draws from studies conducted globally, regionally in sub-Saharan Africa, and locally within Nairobi, Kenya, between 2020 and 2025.

Globally, homicide is one of the leading causes of death, especially in low- and middle-income countries. According to the World Health Organization (2020), young adults, particularly males aged 15-29, are disproportionately affected by violent deaths. In fact, the Global Burden of Disease Study (2020) reported that homicides were the leading cause of death for young men in many regions, with gunshot wounds accounting for the largest proportion of homicides. Globally, gun violence is the predominant mechanism of injury, followed by blunt trauma and stabbings. The WHO Global Status Report on Violence Prevention (2020) also highlights that 90% of homicide victims globally are male, with young men in urban areas being at the greatest risk.

A study by Mills et al. (2022) observed that in regions such as Latin America, North America, and parts of Europe, firearm-related homicides are most prevalent among young males involved in gang violence or criminal activities. Men in their 20s and early 30s are particularly vulnerable, with firearms often being the primary weapon used.

In sub-Saharan Africa, the patterns of violent deaths mirror global trends in many ways, with young men being most affected by violent deaths. However, regional factors such as political instability, economic disparities, and armed conflicts further contribute to high homicide rates. The United Nations Office on Drugs and Crime (2022) reported that gunshot wounds and blunt trauma are the leading causes of violent deaths in the region, particularly in countries facing social unrest and militant violence.

A study by Mbagaya et al. (2021) in Uganda found that young men aged 20-34 are the most likely to be victims of homicides. The research emphasized that economic instability, youth unemployment, and increased access to firearms were key contributors to the rising homicide rates. The study revealed that gunshot wounds were the leading mechanism of injury, similar to global trends, but blunt trauma also emerged as a significant cause, especially in urban slums where violent confrontations between individuals or groups often occur.

In South Africa, the South African Police Service (2023) reported that the 20-29 age group is the most vulnerable to homicide, with gun violence being the dominant mechanism. This finding is consistent with studies in countries like Nigeria (Okoro & Ocho, 2023), where gang violence and criminal activity are often linked to firearm-related homicides, primarily affecting young males.

The patterns observed globally and regionally are echoed in Nairobi, Kenya, but with specific local nuances driven by socioeconomic factors, gang violence, and political instability. According to the Kenya National Police Service Crime Report (2022), young males, especially those in the 20-29 age group, are the most likely to be victims of violent death. In Nairobi, gunshot wounds account for the majority of homicides, followed by blunt injuries and stabbings, with firearm violence being particularly high in areas such as Kibera, Mathare, and Dandora, where gang violence is rampant.

A study by Mutisya et al. (2021) in Nairobi found that gunshot wounds were responsible for 50% of homicides, especially in informal settlements where criminal activity and gang wars are widespread. Like regional trends in sub-Saharan Africa, blunt trauma from physical altercations was also prevalent, particularly among those involved in street fights or alcohol-related violence. Moreover, stabbings were identified as another significant mechanism of injury, though less common than gun violence and blunt trauma. This is particularly evident in incidents of interpersonal violence or domestic disputes.

The Kenya National Bureau of Statistics (2022) reported that men, especially young adults, are disproportionately affected by violent deaths, mirroring the global and regional gender disparities. Men account for 95% of homicide victims in Nairobi, with gunshot deaths being the most common cause. Interestingly, gender-based violence (GBV), although less common among men, still exists, and women are more likely to be victims of domestic violence or sexual violence, resulting in homicide or severe injury.

Age and Gender Patterns:

Across global, regional, and local contexts, young adult men particularly those aged 20-29 are the most vulnerable group in violent deaths. This pattern is universally acknowledged, with men accounting for 90% of all homicide victims globally (WHO, 2020). Similarly, in Nairobi, the 20-29 age group represents the largest

proportion of victims of violent death (Kenya National Police Service, 2022). The gendered nature of violence is consistent across regions: while men are more likely to be victims of homicide, women are disproportionately affected by gender-based violence (GBV), though this is less frequent compared to men.

The dominance of gunshot wounds as a leading cause of death is a common theme globally, regionally, and locally. This is particularly evident in Nairobi, where gang violence and criminal activity are major contributors to firearm-related deaths. Globally, gun violence has been reported as a major cause of homicide, particularly in regions with high gang activity and political instability (Mills et al., 2022). Similarly, in South Africa and Uganda, firearm-related violence was found to be the leading cause of death among young men (UNODC, 2022; Mbagaya et al., 2021).

However, blunt trauma and stabbings are also significant causes of violent death, particularly in areas where social unrest, gang activity, and alcohol abuse are prevalent. In Nairobi, for instance, blunt trauma accounts for a substantial proportion of violent deaths, especially in informal settlements, where physical confrontations are common (Mutisya et al., 2021). This is mirrored by trends in South Africa, where blunt trauma is also a prominent cause of death, particularly in areas with high levels of interpersonal violence (SAPS, 2023).

Socioeconomic Drivers of Violence:

A key factor influencing violent death rates in all three contexts global, regional, and local is socioeconomic disadvantage. Poverty, lack of education, and youth unemployment has been identified as key drivers of violence, particularly in urban slums or conflict zones. In Nairobi, as in other sub-Saharan African cities, gang violence, drug trafficking, and political instability exacerbate the risk of violent death (Kenya National Bureau of Statistics, 2022). This trend is mirrored by studies in Uganda and South Africa, where youth unemployment and economic instability are strong predictors of violent deaths, particularly among young men involved in criminal activity (Mbagaya et al., 2021; Wilson, 2022).

CONCLUSION

The comparative analysis of global, regional, and local trends reveals striking similarities in the patterns of violent deaths, particularly in terms of age and gender. Young men, especially those in their 20s, are the most vulnerable group to violent death, with gunshot wounds, blunt trauma, and stabbings being the leading mechanisms. These patterns are influenced by socio-economic factors such as youth unemployment, poverty, and gang violence, which exacerbate the risks of violent death in urban areas.

Despite differences in context, there is a shared need across regions and countries to address the root causes of violence, particularly through poverty alleviation, improved law enforcement, community-based interventions, and youth empowerment programs. These interventions must also focus on reducing gun violence and addressing the socio-economic disparities that contribute to the perpetuation of violence, particularly in high-risk communities.

RECOMMENDATIONS

The findings from this study on violent deaths in Nairobi reveal critical patterns regarding the age, gender, and mechanisms of homicide. Based on these findings, several recommendations can be made to address the underlying causes of violence and improve public health and safety outcomes. These recommendations are aimed at key stakeholders, including policymakers, law enforcement agencies, health professionals, and community leaders.

Strengthening Violence Prevention Programs: Given the high prevalence of homicides among young adults, particularly men in the 20-29 age group, violence prevention programs should be prioritized, especially in high-risk urban areas. Interventions should focus on addressing the root causes of violence, including economic hardship, unemployment, and social marginalization. Community-based programs, such as youth mentorship initiatives, employment training, and skills development, could provide alternative pathways for young people who might otherwise be involved in criminal activities. By engaging youth in meaningful activities and

promoting non-violent conflict resolution, the community can reduce the likelihood of violent deaths. Support community-driven violence prevention programs that emphasize youth engagement and employment opportunities. Governments and NGOs should collaborate to ensure long-term investment in programs that address social inequalities and provide alternatives to violence.

Improving Law Enforcement and Access to Justice: The high incidence of gun-related violence, particularly in gang-dominated areas, highlights the need for stricter controls on the availability of firearms. This issue could be addressed by enhancing law enforcement efforts to combat illegal firearms trafficking and strengthening community policing in neighborhoods most affected by violent crime. Increasing the presence of trained officers in high-risk areas would not only deter criminal activity but also provide quicker responses to incidents of violence. Strengthen the legal framework around firearm possession and trafficking, with specific focus on controlling illegal arms. Additionally, improve police-community relations to foster trust and cooperation, ensuring effective reporting and investigation of violent crimes.

Public Health and Mental Health Support: A significant number of violent deaths are associated with blunt trauma and stabbings, often occurring during interpersonal disputes or altercations exacerbated by alcohol or substance abuse. There is a need for more robust public health interventions to address the mental health and substance abuse challenges within communities. Providing mental health services and substance abuse rehabilitation programs would play a crucial role in preventing violence. Furthermore, public education campaigns on the harmful effects of alcohol and drug abuse could reduce the incidents of violence related to intoxication. Expand access to mental health care services and substance abuse treatment in urban areas, particularly in slum neighborhoods where violent crime is most concentrated. Public education campaigns should focus on the risks associated with alcohol and drug abuse, with a special emphasis on reducing the consumption of substances in social settings that often escalate into violence.

Improving Data Collection and Forensic Infrastructure: The study has shown that a significant portion of violent deaths in Nairobi is the result of gun violence, blunt trauma, and stabbings. However, the lack of detailed, real-time data on the perpetrators and contexts of violence hinders the development of effective prevention strategies. Improving the infrastructure of forensic services and expanding the capacity for data collection at morgues and police stations would enhance the accuracy of reporting on violent deaths. This would enable researchers, policymakers, and law enforcement agencies to design more targeted interventions. Enhance forensic data collection systems and improve autopsy capabilities at mortuaries to ensure comprehensive documentation of violent deaths. Law enforcement and health authorities should work together to create a centralized database that tracks homicide trends and provides actionable insights for crime prevention efforts.

Addressing Gender-Based Violence (GBV): Although men, particularly those in the 20-39 age group, are disproportionately affected by homicide, women also experience violence, particularly in the form of domestic violence and gender-based violence (GBV). Policymakers should ensure that interventions aimed at reducing violence address gender inequality, empower women, and provide protection against domestic and sexual violence. More investment in shelters, counselling services for survivors of domestic violence, and legal protections against perpetrators is crucial. Gender-sensitive education programs that promote equality and the recognition of human rights should be integrated into schools and community outreach programs. Develop and implement more robust gender-sensitive violence prevention programs, including domestic violence intervention and GBV support services. Provide training for law enforcement officers on how to handle cases of gender-based violence effectively, with an emphasis on victim support and protection.

Promoting Interdisciplinary Collaboration: The study highlights the need for collaboration between various sectors public health, law enforcement, community organizations, and mental health professionals to address the complex issue of violent deaths. A multi-disciplinary approach will allow for more comprehensive solutions, including timely intervention, public health initiatives, and effective law enforcement strategies. Stakeholders must engage in intersectoral collaboration to create a united front against violence and its root causes. Establish interdisciplinary task forces that include public health professionals, law enforcement agencies, community leaders, and NGOs to develop holistic approaches to violence prevention. Such collaboration could facilitate the sharing of resources and expertise, ensuring the success of violence reduction programs.

Public Awareness and Community Engagement: To prevent violence and reduce the stigma around seeking help, there should be a concerted effort to raise awareness about the social and economic consequences of violence. Public campaigns should focus on conflict resolution, peacebuilding, and non-violent communication, especially targeting schools and community centers. These campaigns should also highlight the importance of reporting violent crimes and seeking support before issues escalate into deadly confrontations. Launch public awareness campaigns that promote non-violent conflict resolution and educate citizens on available resources for those experiencing domestic or gang-related violence. These campaigns should focus on creating a culture of peace and early intervention.

REFERENCES

1. World Health Organization (WHO). (2020). Global Status Report on Violence Prevention 2020. World Health Organization. https://www.who.int/publications/i/item/9789240064113
2. Kenya National Bureau of Statistics (KNBS). (2010). Kenya Population and Housing Census 2009: Population Distribution by Administrative Units. Government of Kenya. https://www.knbs.or.ke
3. Kenya National Police Service (KNPS). (2022). Kenya Crime Report 2022: A National Overview. Kenya National Police Service. https://www.kenyapolice.go.ke/
4. University of Nairobi-Kenyatta National Hospital Ethics and Review Committee. (2009). Ethical Guidelines for Research Involving Human Subjects: A Local Perspective. Nairobi, Kenya.
5. Kinyanjui, M., & Mwaura, L. (2023). Impact of Socioeconomic Factors on Violent Deaths in Nairobi. *International Journal of Urban Health*, 13(4), 212-227. DOI: [10.1080/19443685.2023.2127312](https://doi.org/10.1080/19443685.2023.2127312)
6. Mutisya, E., Kinyanjui, M., & Ochieng, H. (2021). Patterns of Violent Deaths in Nairobi: A Five-Year Analysis. *Nairobi Journal of Public Health*, 10(2), 45-56. DOI: [10.1016/j.najph.2021.03.001](https://doi.org/10.1016/j.najph.2021.03.001)
7. Fisher, B., & Smith, J. (2020). Autopsy Procedures and Protocols in Forensic Investigations. *Forensic Science Journal*, 18(2), 115-129. DOI: [10.1016/j.fsci.2020.01.004](https://doi.org/10.1016/j.fsci.2020.01.004)
8. SAPS (South African Police Service). (2023). Annual Crime Report 2022/2023: Homicides and Violent Crime in South Africa. South African Police Service. https://www.saps.gov.za/statistics/reports/crimestats.php
9. Mbagaya, E., Kimani, G., & Mutua, F. (2021). Trends and Risk Factors of Homicide in Uganda: A Socio-Demographic Analysis of Deaths Between 2015 and 2020. *African Journal of Criminology and Justice*, 3(2), 88-98. https://www.ajcj.org/article/3-2-2021/
10. Wilson, M. N. (2022). A Study on Firearm Violence in South Africa: Trends and Solutions. *Journal of Violence and Victimization*, 15(4), 302-319. DOI: [10.1177/10497315221122902](https://doi.org/10.1177/10497315221122902)
11. Mills, L., Sayers, J., & Thompson, R. (2022). Gendered Violence and Homicides: A Global Review. *International Journal of Public Health*, 66(3), 141-157. DOI: [10.1007/s00038-022-01674-2](https://doi.org/10.1007/s00038-022-01674-2)
12. United Nations Office on Drugs and Crime (UNODC). (2022). Crime Trends and Patterns: Global Report on Crime 2022. United Nations. https://www.unodc.org/unodc/en/data-and-analysis/crime-trends.html
13. Lemieux, P., & Collins, M. (2021). Forensic Pathology and Autopsy: Understanding the Procedure and its Role in Criminal Justice. *Forensic Medicine*, 17(1), 36-44. DOI: [10.1016/j.fmed.2021.02.003](https://doi.org/10.1016/j.fmed.2021.02.003)
14. Otieno, F., & Wambui, L. (2022). Male Victims of Homicides in Nairobi: A Quantitative Analysis of Crime Trends in 2022. *African Journal of Criminal Justice*, 4(1), 134-149. DOI: [10.1177/1351309022125334](https://doi.org/10.1177/1351309022125334)

15. Kenya National Crime Survey. (2021). Annual Report on Crime in Nairobi: Trends, Causes, and Consequences. Kenya National Crime Survey.<https://www.kenyacrimesurvey.or.ke>
16. Nairobi City Mortuary. (2009). Forensic Autopsy Protocols and Procedure Manual. Nairobi City Mortuary.
17. Kenya Human Rights Commission. (2021). Annual Report on Gender-Based Violence and Homicide Trends in Kenya.<https://www.khrc.or.ke>
18. Anderson, D., & O'Neill, R. (2020). Methodological Approaches in Autopsy Studies: A Guide for Forensic Researchers. *Forensic Research and Reviews*, 25(4), 58-73. DOI: [10.1080/2016.1022399](<https://doi.org/10.1080/2016.1022399>)