

# Paradigm and Pattern of Fabricated Injuries in the Sialkot (2018-2019)

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## ABSTRACT

**Objective:** To determine the occurrence and pattern of fabricated injuries in respect to dimensions, direction, depth, timings, weapon used and site involved to uncover all internal motives.

**Study Design:** Descriptive / observational study

**Place and Duration of Study:** This study was conducted at the Department of Surgery, Allama Iqbal Memorial Teaching Hospital from 2018 to 2019.

**Materials and Methods:** The study included 206 cases which were challenged before the standing medical board where their police inquest report, first declared medico-legal certificate, investigation officer findings, reexamination findings made by all members of DSMB were examined in detailed, all data processed in SPSS 20.

**Results:** The cases confronted were 109 in 2018, 97 cases in 2019, occurrence was more in male (155,75%) as compared to female (62,30%), most of them were belonging to rural areas (85%), occurrence were common in evening/night(69%), came in month of June/July(109,52%) as compared to Nov /Dec, mostly caused by blunt weapon(77%), area involved was upper limb followed by head lower limb, nasal injury, teeth, back.

**Conclusion:** There is a need of thorough examination of the medical experts in order to prove fabrication on solid grounds in order to decrease the burden on society, medical professional and on legal work.

**Key Words:** invented, Tier, DSMB, Circumstantial Evidences, Fabrication.

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## INTRODUCTION

Self-inflicted injuries usually considered to be non-fatal are manipulated, invented and factitious injuries which are created in order to implicate others in animosity, property matter or certain other unresolved conflicts, so to get up to that extent they modify the appearance of certain wounds<sup>1</sup>, in various localities professionals of fabrications are present who just for few prices invent such injuries ignoring future consequences. For a new professional difficulty arise in determining whether injuries are self-inflicted or it is due to some trauma and put burdens on others to implicate them falsely, this has become a normal practice in remote district areas of our Punjab province where it has become a common practice for personal reasons. Injuries are created after offering money to the concerned, so a scientific and solid view is necessary to interpret manner of such injuries in order to help investigating officer, legal minds and to decide the fate of all such cases.

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The government of province of Punjab has made three tiers for such cases; first tier of initial medico legal examiner, second tier The District Standing Medical Board (DSMB) and third tier provincial standing medical Board (PSMB) to decide any ambiguity in medico legal work.

Like other districts the Sialkot city is the city of millions having urban and rural populations connected to the Indian border and the villages which are near to the belt. Incidences of such fabrication injuries are very common but at the same time minimal literature is available to find out the authentic criteria to label such injuries as fabricated injuries so it has become a challenge for the forensic experts to assess such injuries after a thorough study, examination, investigation police inquest, radiological findings before to declare the fabrication.

## MATERIALS AND METHODS

The present study was carried out in the surgical unit of Allama Iqbal memorial teaching hospital, the period of study was from Jan 2018 to Dec 2019 where data included 206 challenged medico legal cases before second tier on the instruction of the first class magistrate where accused or in some cases injured themselves challenged the decision of the first tier medicolegal officer, where experts of medico legal team with vast experience like medical superintendent as chairman, District health officer, District medico legal officer and Consultant surgeon assess their application, FIR, Police inquest report first medicolegal officer certificate declared copy, reexamine the injured

in the presence of applicant and investigation officer in order to relate it with circumstantial evidences.

## RESULTS

Total number of patients which were confronted before second tier was 150 in 2018 and 120 in 2019, where 109 cases in 2018 and 97 cases in 2019 appeared and reexamined by DSMB, rest of the cases were not carried out because of the absence of the police, injured or complainant, whole data which was collected processed in SPSS 20.

The occurrence of the incidence was more marked in males (78 in 2018, 77 in 2019) as compared to female with a ratio of (31 in 2018, 20 in 2019). Most of them were belonging to rural areas (92 in 2018, 85 in 2019) as compared to urban areas (17 in 2018, 12 in 2019). Most of the cases occurred in the evening /night (75 in 2018, 68 in 2019) as compared to morning /noon (34 in 2018, 29 in 2019) as shown in table 1.

There were more incidences in month of June/ July (146, 70%) a lesser number of cases were reported in months of November / December (60, 29%). The commonest age groups were between 31-40 yrs., followed by 21-30 yrs. The commonest weapon which were used were blunt (79 in 2018, 80 in 2019) followed by sharp (9 in 2018, 12 in 2019), both blunt and sharp (13 in 2018, 3 in 2019), firearm (4 in 2018, 1 in 2019), and no weapon (4 in 2018, 1 in 2019) mentioned in cases. The area of involvement was upper limb (40 in 2018, 35 in 2019), head (30 in 2018, 30 in 2019). Lower limb (20 in 2018, 12 in 2019), nasal injury (10 in 2018, 10 in 2019) teeth (5 in 2018, 7 in 2019), back (4 in 2018, 3 in 2019). DSMB after their reexamination declared injuries as fabricated (65 in 2018, 48 in 2019) non fabricated (24 in 2018, 39 in 2019) traumatic to be decided on circumstantial evidences (20 in 2018, 10 in 2019).

**Table No.1: Detail of Occurrence of cases**

	2018	2019	Total
Gender Male	78	77	155(75.2%)
Female	31	20	51(24.7%)
Residence Rural	92	85	177(86.2%)
Urban	17	12	29(14.06%)
Time Evening/Night	75	68	143(69.4%)
Morning/noon	34	29	63(30.5)

## DISCUSSION

Fabrication to implicate someone in a false charge has become an art in developing countries and even in some developed countries. The reasons are jealousy, personal gains, property issues and above all is the ego reasons, they are usually associated with cut wounds on the accessible parts of the body as self-inflicted injuries or friendly hand injuries, they are crafted in such a fashion

and apertures are made on clothes. Later blood is thrown on the clothes to mimic it as a true injury. Sometimes injury do occur but in order to increase the severity of the crime. These wounds are enhanced particularly in head area where this injury become a bone exposed injury to intensify the crime. These fabricated injuries are of equal depth incised wound as compared to lacerated or contused wounds which are very rarely fabricated injuries. The alleged accused therefore direct himself at the mercy of the courts which for more confirmation rely their decision based on the opinion of experienced medical board members. The incidence of fabricated injuries is common in other provinces areas like Larkana, Sukhur, Shakarpur, Abbottabad pashawar<sup>3</sup> but also in neighboring countries like India<sup>4</sup>. This study also agrees with the studies carried out in other province that crafter of these fabricated injuries is found in the same institute or reckoned crafter are present in remote health centers so time elapsed between injuries and medicolegal issuance has a considerable importance for investigating officer and the DSMB. The incidences are found to be more in male (155, 75%) as compared to female (51, 25%) with the ratio of 3:1 which is in accordance with the studies carried out in other areas of this country<sup>5</sup>. The reasons best explained is that male is actively participating their life in earnings for the families so very easily vulnerable to be involved in conflicts. Some may expose their female family member in order to get sympathies of the community, the male occurrence has also been reported in other countries<sup>6</sup> particularly in our neighboring countries<sup>7</sup>. The vulnerable age group was between 31 to 40 years followed by age group 21 to 30 years which is also in similar situation in other countries<sup>7</sup>. The incidences were more common in rural areas (206, 85%) as compared to urban areas (29, 14%) which has not been explored in studies carried out in our country but the results of our study are in accordance with the study done in Indian Punjab<sup>8</sup>, the reasons which were mentioned were poverty, lack of education, personal animosities, cast differences. Similarly, the occurrences of incidences were mostly found in evening/night as compared to morning /noon which is in similar situation in our neighboring countries<sup>9</sup>. The reasons explained in our study was were that most of the occupation of this city is belonging to industries as this area is an industrial hub of the country and they usually return back to their homes in the evening or early night. The weapon which was used most commonly was blunt (159, 76%) as matched to other weapons which is in accordance with the studies carried out in this country, in regard to neighboring countries<sup>10</sup> and world wide<sup>4</sup>. The commonest site of infliction was upper limb in the form of fractures of left-hand little finger, index finger or right hand. This study is not consistent with our previous studies where head with bone deep injuries were the commonest site

of infliction of injuries. This present study is also not consistent with the studies carried out in other provinces areas like shakarpur and Jacobabad<sup>3</sup>, where fracture of nose was the commonest site while when it was compared with our neighboring country. it was the fracture of the long bones of leg. The DSMB declared more fabricated injuries as compared to first medicolegal officer so the percentage of discrepancy was more as compared to studies carried out in other areas of this country<sup>11</sup>.

## CONCLUSION

Fabricated injuries need to be thoroughly examined after taking detailed history of events, police inquest report, characteristics of the wound, accessibility direction and clothes examination to be framed scientifically thereby decreasing the burden on investigating experts. Expertise in medico legal work can be achieved by attending regular training workshops and electronic technology. Further reduction in fabrication may be achieved by awareness among public, discouraging false reporting, and recruiting highly qualified and honest investigation authorities.

### Author's Contribution:

Concept & Design of Study:	Sajid Hussain
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**Conflict of Interest:** The study has no conflict of interest to declare by any author.

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