

# Pattern of Hurt in Victims of Violence in Pakistan

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## ABSTRACT

**Objective:** To study the pattern of hurt in victims of violence in Pakistan

**Study Design:** Retrospective study

**Place and Duration of Study:** This study was conducted at the Department of Forensic Medicine, Fatima Jinnah Medical College, Lahore during March 2017 to March 2019.

**Materials and Methods:** Three Hundred and eight one victims of hurt were included in this study. The patients included in this study were coming in the emergency of Ganja Ram Hospital, Lahore Mayo Hospital, Lahore, Rangers Teaching Hospital, Lahore Forensic Medicine Department Khyber Medical College Peshawar & Emergency Department of Allama Iqbal Memorial Teaching Hospital of Khawaja M. Safdar Medical College Sialkot. The demographic data & pattern of hurt was noted in the design Performa. The permission of ethical committees of the institutes was also consider before collection of data and publishing in the medical journal.

**Results:** At the age of 20 years the victims of hurt were 50 males (16.50%) and 10 female (12.82%). At the age of 21-30 years there were 101(33.33%) male and female 23(29.48%). At the age of 31-40 years there were 75(24.75%) male and 15 (19.23%) female. At the age of 41-50 years there were 35 (11.55%) male and 11(14.10%) female. At the age of 51-60 there were 27(8.91%) male and 9(11.53%) female. Age above 60 years the male victim of hurt were 15 (5.0%) and 10 (12.82%) female. The victims of Shajjah were 50(16.50%) male and 10 (12.82%) female. The victims of jurr jaifa 90(29.70%) were male and 15(19.23%) female. The victim of Jurr ghair jaffa 75(24.75%) were male and 15(19.23%) were female. The victim of Itlaf e udw were 35(11.55%) and 11(14.10%) female. The victim of Itlaf e saliyat udw were 20(6.60%) and 07(9.0%) female. The victim of 337-L1 were 15(5.0%) male and 10(12.82%) female. The victim of 337-L2 were 07(2.31%) male and 02(2.56%) female. The victims of 337-J were 11(3.63%) and 08(10.25%). The victim of Shajjah Khafifa were 27(54%) male and 3(30%) female. The victim of Shajjah Muhadiha were 9(18%) male and 2(20%) female. The victim of Shajjah hashima were 7(14%) male and 2(20%) female. The victim of Shajjah Muqalah were 3(6%) were male and 1(10%) were female. The victim of Shajjah Amma were 2(4%) male and 1(10%) female. The victim of Shajjah Damiga were 2(4%) were male and 1(10%) were female. The victims of Jurr Ghair Jaffa were 27(36%) and 42(26.66%) female. The victims of Jurr Ghair jaffa badiya were 15(20%) were male and 3(20%) female. The victims of Jurr Ghair Jaffa Mutlahmah were 14(18.66%) and 3(20%) female. The victims of Jurr Ghair Jaffa hashimah were 13(17.33%) male and 2(13.33%) female. The victims of Jurr Ghair Jaffa Munaqalah were 6(8%) were male and 3(20%) were female.

**Conclusion:** It was concluded that the variety of hurt daily come in the Medical emergency departments of hospital/ Forensic Department of Pakistan.

**Key Words:** Hurt, Causality Department, Mayo Hospital, Khawaja M. Safdar Medical College Sialkot, Forensic Medicine department Khyber Medical college Peshawar.

**Citation of article:** Tanveer H, Bhatti AM, Karim A, Hamid A. Pattern of Hurt in Victims of Violence in Pakistan. Med Forum 2020;31(1):25-28.

## INTRODUCTION

The medicolegal officer (MLO) also called certifier<sup>1</sup> examines a medicolegal case – a case of injury with some criminality before issuing medicolegal certificate

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Received: August, 2019

Accepted: October, 2019

Printed: January, 2020

(MLC). The certificate supports police<sup>2</sup> in fixation of mode and magnitude of the crime. Moreover, the prosecution produces the certifier backed MLC before the court of law as scientific evidence for decision. The inflicted bodily injury leads to surgical morbidity and financial stress in the survivor; Hence deserves mandatory compensation from the offender(s) through Qisas and Diyat Laws.<sup>3,4</sup> The certification of MLC according to the laws initiates the litigation. The MLO identifies type of injury e.g. SHAJJAH (on the basis of location) before assigning a subtype e.g. Shajjah-i-Khafifahn (Section 337-A1) on the basis of depth of injury. The decider awards punishment (imprisonment and penalty) as per depth of the injuries i.e. more the depth – severe the punishment and vice versa. So, due care is expected from the certifier to avoid any bias. In Pakistan, incidence rate of injuries is highest against

road traffic accidents (RTAs) followed by interpersonal violence<sup>5,6</sup> with male dominance. Cases of other histories like sodomy are also noticeable. Specific protocols are opted to determine the nature of injuries<sup>7</sup> for cases of a particular history. However, undetermined injuries are kept under observation (KUO) till opinion of the specialists. Two elements of MLC i.e. time since incidence and gross morphology of the injuries support in determining the originality of the case whether real, suspected or obscure. Previous works<sup>8,9,10</sup> have focused on reporting of Qisas and Diyat laws in MLCs for general population. However, there is no single evidence where injuries in children have particularly been discussed; though children are highly prone to trauma. To fill the gap, present work was framed with the objective to find association of law reporting with different elements in MLC against children. The findings emphasize the importance of rationality between entries and the reported laws to ensure the justified decision for both, sufferer and offender(s). independent sample t test was applied on normal distribution of continuous variable (e.g. age) for comparison of the mean values. However, a p-value ( $\leq 0.05$ ) was regarded as statistically significant in both the tests.

## MATERIALS AND METHODS

This study was conducted at the Department of Forensic Medicine, Fatima Jinnah Medical College, Lahore during March 2017 to March 2019. Three Hundred and eight one victims of hurt were included in this study. The patients included in this study were coming in the emergency of Ganja Ram Hospital, Lahore Mayo Hospital, Lahore, Rangers Teaching Hospital, Lahore Forensic Medicine Department Khyber Medical College Peshawar & Emergency Department of Allama Iqbal Memorial Teaching Hospital of Khawaja M. Safdar Medical College Sialkot. The demographic data & pattern of hurt was noted in the design Performa. The permission of ethical committees of the institutes was also consider before collection of data and publishing in the medical journal.

## RESULTS

**Table No .1 Age & Gender Distributions in the Pattern of Hurt in Emergency Departments**

Sr#	Age(Years)	Male	Female
1	10-20	50(16.50%)	10(12.82%)
2	21-30	101(33.33%)	23(29.48%)
3	31-40	75(24.75%)	15(19.23%)
4	41-50	35(11.55%)	11(14.10%)
5	51-60	27(8.91%)	9(11.53%)
6	Above 60	15(5.0%)	10(12.82%)
	Total	303(100%)	78(100%)

Total No of Victims: 381

At the age of 20 years the victims of hurt were 50 males (16.50%) and 10 female (12.82%).At the age of 21-30 years there were 101(33.33%) male and female 23(29.48%). At the age of 31-40 years there were 75(24.75%) male and 15 (19.23%) female. At the age of 41-50 years there were 35 (11.55%) male and 11(14.10%) female. AT the age of 51-60 there were 27(8.91%) male and 9(11.53%) female. Age above 60 years the male victim of hurt were 15 (5.0%) and 10 (12.82%) female as shown in table no 1.

At the age of 20 years the victims of hurt were 50 males (16.50%) and 10 female (12.82%).At the age of 21-30 years there were 101(33.33%) male and female 23(29.48%). At the age of 31-40 years there were 75(24.75%) male and 15 (19.23%) female . At the age of 41-50 years there were 35 (11.55%) male and 11(14.10%) female. AT the age of 51-60 there were 27(8.91%) male and 9(11.53%) female . Age above 60 years the male victim of hurt were 15 (5.0%) and 10 (12.82%) female as shown in table no 1

**Table No. 2: Distribution of Pattern of Hurt in Emergency Departments**

Sr#	Pattern of Hurt	Male	Female
1	Shajah	50(16.50%)	10(12.82%)
2	Jurh Jaifa	90(29.70%)	15(19.23%)
3	Jurh Gair Jaifa	75(24.75%)	15(19.23%)
4	Talaf eu Udw	35(11.55%)	11(14.10%)
5	Itlaf e Slayiat Udw	20(6.60%)	07(9.0%)
6	337-L1	15(5.0%)	10(12.82%)
7	337-L2	07(2.31%)	02(2.56%)
8	337-J	11(3.63%)	08(10.25%)
	Total	303(100%)	78(100%)

**Table No 3: Distribution of Shajjah**

Sr#	Pattern of Shajjah	Male	Female
1	Shajah Khafifa	27(54%)	3(30%)
2	Shajjah Muhadiha	9(18%)	2(20%)
3	Shajjah Hashima	7(14%)	2(20%)
4	Shajjah Munaqalah	3(6%)	1(10%)
5	Shajjah Amma	2(4%)	1(10%)
6	Shajah Damiga	2(4%)	1(10%)
7	Total	50(100%)	10(100%)

The victims of Shajjah were 50(16.50%) male and 10 (12.82%) female. The victims of jurr jaifa 90(29.70%) were male and 15(19.23%) female. The victim of Jurr ghair jaffa 75(24.75%) were male and 15(19.23%) were female. The victim of Itlaf e udw were 35(11.55%) and 11(14.10%) female. The victim of Itlaf e saliyat udw were 20(6.60%) and 07(9.0%) female . The victim of

337-L1 were 15(5.0%) male and 10(12.82%) female. The victim of 337-L2 were 07(2.31%) male and 02(2.56%) female. The victims of 337-J were 11(3.63%) and 08(10.25%) as shown in table no 2.

The victim of Shajah Khafifa were 27(54%) male and 3(30%) female. The victim of Shajjah Muhadiha were 9(18%) male and 2(20%) female. The victim of Shajjah hashima were 7(14%) male and 2(20%) female. The victim of Shajjah Muqalah were 3 (6%) were male and 1(10%) were female .The victim of Shajjah Amma were 2(4%) male and 1(10%) female. The victim of Shajjah Damiga were 2(4%) were male and 1(10%) were female as shown in table no 3.

**Table No. 4: Distribution of Jurr Ghair Jaffa**

Sr#	Pattern of Jurr Ghair Jaffa	Male	Female
1	Jurr Ghair Jaffa badiya	27(36%)	4(26.66%)
2	Jurr Ghair Jaffa damiya	15(20%)	3(20%)
3	Jurr Ghair Jaffa mutlahmah	14(18.66%)	3(20%)
4	Jurr Ghair Jaffa hashimah	13(17.33%)	2(13.33%)
5	Jurr Ghair Jaffa munaqlah	6(8%)	3(20%)
	Total	75(100%)	15(100%)

The victims of Jurr Ghair Jaffa were 27(36%) and 42(26.66%) female .The victims of Jurr Ghair jaffa badiya were 15(20%) were male and 3(20%) female. The victims of Jurr Ghair Jaffa Mutlahmah were 14(18.66%) and 3(20%) female. The victims of Jurr Ghair Jaffa hashimah were 13(17.33%) male and 2(13.33%) female. The victims of Jurr Ghair Jaffa Muqalah were 6(8%) were male and 3(20%) were female as shown in table no 4.

## DISCUSSION

Females are less vulnerable to interpersonal violence-based trauma due to revenge free attitude and conservative life style.<sup>11,12,13,14</sup> Similarly, finding of average age (14 years) in the sufferers tallies with age when children are emotionally unstable<sup>11</sup> and free to move. Reporting of the laws in more than 50% MLCs is a matter of seriousness especially with reference to fighting cases. Still, there are certain cases which are resolved on the spot due to fatalism.<sup>15</sup> Law reporting rate in MLCs seems independent of months. But slight elevation from July through November, marks some underline predisposing factors e.g. weather extreme on issuing rate of MLCs against various kinds of histories. Though, male child sufferers dominate in MLCs but reporting is wound-based and free of gender discrimination<sup>16</sup>. Outcome of significantly higher reporting rate against child victims (aged 10- 20 years; history of fight) in present work indicates rivalry and revenge<sup>17</sup> mediated brutality. The rate of reporting against blunt weapon i.e. 71.6% in history of fight is

close to 59% of a Pakistani research on distribution of medicolegal cases according to weapon used. Blunt weapon is easily accessible in the surrounding of the fight place. However, miscellaneous weapons including fire arm<sup>18</sup> usually cause grievous reportable trauma. Maximum interpersonal violence as the hospital conveying service i.e. Rescue 1122 is quite vigilant set up. However, likelihood of self inflicted injuries still exist and taken as standing medicolegal board experience.<sup>19,20</sup> Usually, MLO emphasizes on wounds (not on fabrication) for reporting the laws set a siding other important elements<sup>21</sup> of the MLC. The victims of Shajjah were 50(16.50%) male and 10 (12.82%) female. The victims of jurr jaifa 90(29.70%) were male and 15(19.23%) female. The victim of Jurr ghair jaffa 75(24.75%) were male and 15(19.23%) were female . The victim of Itlaf e udw were 35(11.55%) and 11(14.10%) female . The victim of Itlaf e saliyat udw were 20(6.60%) and 07(9.0%) female. The victim of 337-L1 were 15(5.0%) male and 10(12.82%) female. The victim of 337-L2 were 07(2.31%) male and 02(2.56%) female. The victims of 337-J were 11(3.63%) and 08(10.25%) as shown in table no 2.

Indiscriminate attack of the perpetrator and/or lack of safety measures (by victim) results in variety of law qualifying injuries e.g. in RTA or interpersonal violence. Presence of head or face injuries (337-A1 or A2) in fighting is exact endorsement of a work<sup>6</sup> on physical assault. Analysis of the data revealed law reporting in most of the MLC against history of fight with male dominance followed by road traffic accidents females. An integrated program involving target oriented education and awareness on predictors of the injuries is warranted. This will ultimately reduce the surgical morbidity and improve the health and well being of the community. In cases of interpersonal violence, more rate of the reporting against older children (aged 10-18 years) helps parents and law enforcing agencies to seriously think over the hidden factors before resolving them, precisely. Issues like decision about originality (real/fabricated) of the injuries, and KUO (kept under observation) injuries need proper attention for understandable significant entries.

The victim of Shajah Khafifa were 27(54%) male and 3(30%) female. The victim of Shajjah Muhadiha were 9(18%) male and 2(20%) female. The victim of Shajjah hashima were 7(14%) male and 2(20%) female. The victim of Shajjah Muqalah were 3(6%) were male and 1(10%) were female. The victim of Shajjah Amma were 2(4%) male and 1(10%) female. The victim of Shajjah Damiga were 2(4%) were male and 1(10%) were female.

The victims of Jurr Ghair Jaffa were 27(36%) and 42(26.66%) female. The victims of Jurr Ghair jaffa badiya were 15(20%) were male and 3(20%) female. The victims of Jurr Ghair Jaffa Mutlahmah were 14(18.66%) and 3(20%) female. The victims of Jurr Ghair Jaffa hashimah were 13(17.33%) male and 2(13.33%) female. The victims of Jurr Ghair Jaffa Muqalah were 6(8%) were male and 3(20%) were female. In our study the pattern of hurt coincides with the pattern of hurt of many authors as for example

Ifitikhar et al 2012 at Ayub Medical College Abbottabad<sup>22</sup>, who done the work in different cities , provinces of Pakistan. The most of the work contains the victims of violence coming in the emergency departments of the different hospital.

## CONCLUSION

It was concluded that the variety of hurt daily come in the Medical emergency departments of hospital/ Forensic Department of Pakistan.

### Author's Contribution:

Concept & Design of Study: Tanveer Hussain  
 Drafting: Azhar Masood Bhatti, Abid Karim  
 Data Analysis: A. Hamid, Abid Karim  
 Revisiting Critically: Tanveer Hussain, Azhar Masood Bhatti  
 Final Approval of version: Tanveer Hussain

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

## REFERENCES

- Kaheri GQ, Memon MU, Aziz K, Qazi A, Khalil IR. Credibility of medicolegal certificates issued by medical officers – A study at two centres. *Ann King Edward Med Univ* 2001; 7(3):251-253.
- Dhingra V, Sarthak J. Importance of medicolegal expert at scene of crime related to death. *J Forensic Sci Criminal Inves* 2017; 6(1):555682.
- Qisas and Dyat Ordinance 1991, amended 1997. Government of Islamic Republic of Pakistan.
- Khan D, Aziz K, Khalil IUR. Conceptual change in the law of medicolegal certification of injuries. *Ann King Edward Med Uni* 2003; 9(1):35-36.
- Gosselin RA, Spiegel DA, Coughlin R, Zirkle LG. Injuries: the neglected burden in developing countries. *Bull World Health Organ.* 2009; 87(4):246-246a.
- Ali T. Pattern and characteristics of injuries in assault patients. *J Surg Pak* 2002; 7(4):34-36.
- Rao G. Ethics of medicolegal practice; In: *Textbook of Forensic medicine and toxicology*, New Delhi, Japee Brothers (2000):31-76.
- Hadi S. Medicolegal impact of the new hurt laws in Pakistan. *J Clin Forensic Med* 2003; 10(3):179-183. 9.
- Hassan Q, Bashir MZ, Shah MM. Physical trauma – A leading cause of medicolegal cases at DHQ Hospital Abbottabad. *J Ayub Med Coll Abbottabad* 2010; 22(2):156-159.
- Tajammul N, Hussain T, Hanif S, Mohuddin T, Zahid IA. Radiology – bone trauma – Qisas & Diyat law. *Ann King Edward Med Uni* 2005; 11(4):538-542.
- Kaheri GQ, Memon AA, Shaikh AH, Prithiani KK, Shaikh WM, Shaikh SA. Forensic significance of medicolegal board. *Medical Channel* 2007; 13(3):38-40.
- Ahmad I, Seema N, Shafi S, Salim M. Frequency and types of bodily medico-legal injuries in an urban area. *J Ayub Med Coll Abbottabad.* 2012; 24(3-4):117- 119.
- Saxena A, Kumar V, Chaudhary SR, Singh J, Awasthi S. Pattern of medico-legal cases in the casualty department of a teaching Hospital, Bareilly, UttarPradesh. *J Indian Acad Forensic Med* 2015; 37(4):338- 340.
- Tajammal N, Chuadhary TH, Hanif S, Bhatti MA. Profile of medicolegal cases at Jinnah Hospital Lahore. *Ann King Edward Med Uni* 2005; 11(3):332-335.
- Kayani A, Fleiter JJ, King MJ. Underreporting of road crashes in Pakistan and the role of fate. *Traffic Inj Prev* 2014; 15(1):34-39.
- Burq AI, Khan MA, Javaid MI. Distribution of medicolegal cases according to gender, season and weapon. *JSZMC* 2017; 8(2):1189-1191.
- Safari S, Kazigo AK. Factors associated with Interpersonal violence injuries as seen at Kigali and Butare University Teaching Hospitals in Rwanda. *East Central African J Surg* 2016; 21(3):42-47.
- Sivarajasingam V, Morgan P, Matthews K, Shepherd J, Walker R. Trends in violence in England and Wales 2000–2004: an accident and emergency perspective. *Injury* 2009;40(8):820-825.
- Aggrawal A. Salient features regarding medico legal certificate. *NAMC J Med Sci* 2015; 1:45-51.
- Swarnkar M, Pal G, Lilhare S. Assault and self-harm injuries: pattern, severity and etiology of injuries in victims attending emergency department of teaching hospital in central India. *Int Surg J* 2016; 3(3):1618- 1622.
- Chen Y, Wang K, King M, He J, Ding J, Shi Q, et al. Differences in factors affecting various crash types with high numbers of fatalities and injuries in China. *PLoS ONE* 2016; 11(7):e0158559.
- Bhatti MA, Ajaib MK, Masud TI, Ali M. Road traffic injuries in Pakistan: Challenges in estimation through routine hospital data. *J Ayub Med Coll Abbottabad* 2008; 20(3):108-111.