

## CHANGING PATTERN OF FABRICATED INJURIES IN LARKANA REGION

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**Background:** Man has been egotist by nature and from Ancient time man has been endeavouring to bring under power other human beings. With the passage of time and growth of civilization this trend has been increased. Now there are more dangerous ways of violence and torture in use for twisting and turning people around. Inflection of fabricated injuries is one of the ways for fulfilment of his lust. Incidence of fabricated injuries is related with crime rate in any society, and this practice is carried out through out the world. Fabricated Injury is a major problem which forensic expert/causality medical officer face during their duty. Very little literature is available regarding study of fabricated injuries and no authentic criteria has so far been developed for labelling an injury as fabricated one. **Methodology:** The present study is about 130 challenged medico-legal cases in Larkana Division which were studied in special medical board held in the Department of Urology Chandka Medical College Larkana. Out of 130 cases 50 were proved to be fabricated. **Results:** The total number of challenged cases was 130, out of these 50 (38.46%) cases were of fabricated injuries. Out of 50 fabricated cases, 46 (92%) were males and 4 (8%) were female, thus the male to female ratio was approximately 11:1. Maximum cases (25) were from Larkana District, 15 cases were from Shikarpur and 10 cases from Jacobabad. The majority of fabricated injuries from Larkana District were nose injuries as out of 25 fabricated injuries from Larkana district 10 were nasal injuries, while from district Jacobabad and Shikarpur there was no nasal fabricated injury. **Conclusion:** Most of the fabricated injuries are caused on accessible part of the body like arms, legs, abdomen, chest etc. The pattern of fabricated injuries is changing in Larkana District as out of 25 fabricated injuries in this district 10 were nasal injuries while in District Jacobabad and Shikarpur there was no nasal fabricated injury.

**Keywords:** Ancient, Fabricated, Injuries, Torture, Endeavouring, Authentic, Egotist

### INTRODUCTION

Fabricated/Self inflicted or forged/invented wounds are usually multiple. These injuries are commonly seen over those parts of the body which are easily accessible, for example on top of head, forehead, front of chest and abdomen, outer side of thigh, neck, nose, outer side of the arm.<sup>1</sup> Fabricated injury is a major problem which forensic expert, causality medical officer face during their duty. Very little literature is available about study of fabricated injuries and no authentic criteria has so far been developed labelling an injury as fabricated one.<sup>2</sup> Present study consists of 130 cases during the period January 2005 to June 2007 from whole Larkana Division. Out of 130 challenged medico-legal cases 50 were of fabricated nature. 46 cases were male (92%) while 4 cases (8%) were female. Thus the male to female ratio was approximately 11:1. This is because the fabricators feel dishonour while incurring the injuries to the female. Inflection of fabricated injuries is practice all over the world for criminal reasons. Fabricated/self inflicted injuries are of two types:

- Self Inflicted, Produced by the person on his/her own body.
- Self Suffered, Caused by another person acting in agreement with him/her.<sup>3</sup>

Aims of the Fabricators<sup>3</sup>:

- To support false charge against enemy/another person
- To convert simple injury into grievous one
- To destroy evidence of certain injury that might connect the person with the crime
- By an assailant to show that he was acting in self defence
- Sometimes injuries are inflicted to obtain release from defence forces.

The objective of the study was to probe into the increased incidence of fabricated injuries in Larkana region and to look into the underlying causes for this practice.

### MATERIAL AND METHODS

The present study was conducted in the department of Forensic Medicine and toxicology Chandka Medical College, Larkana. The study period extends over January 2005 to June 2007. Data collected includes 130 challenged medico-legal cases from whole of Larkana Division. A special medical board was constituted in the Department of Urology Chandka Medical College, Larkana. The challenged cases were scrutinized in detail regarding size shape and exact site of injury related to a fixed anatomical landmark was established. On the basis of diagnostic characteristic 50 cases were labelled as fabricated.

**RESULTS**

In this study, the total number of challenged cases were 130 out of these were 50 cases of fabricated injuries, 46 (92%) cases were males and 4 (8%) were females. Thus the male to female ratio was approximately 11:1. This shows male prevalence is more than female.

This is because the fabricators feel dishonour while incurring the fabricated injuries to the females relative.

In this study victims sustaining fabricated injuries were divided in to six groups, i.e., 0–10 years, 11–20 years, 21–30 years, 31–40 years, 41–50 years, 51 years and above. Maximum number, i.e., 20 cases were between 21–30 years and fewer cases, i.e., 0–2 cases were in the extreme of age, i.e., 51 years and above as shown in Table-1.

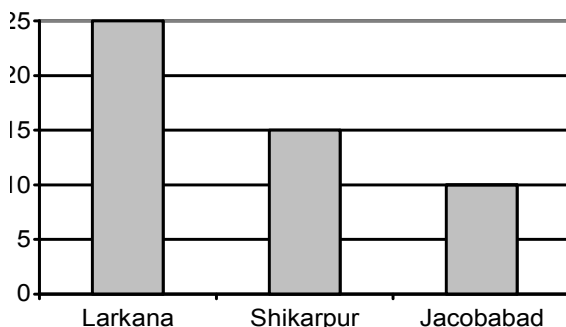
**Table-1: Age distribution of victims of fabricated injuries**

Age group (years)	No. of cases	Percentage
0–10	–	–
11–20	3	06
21–30	20	40
31–40	15	30
41–50	10	20
≥51	2	4

In this study age group between 21–30 years showed the high incidence. It may be because this age group is highly vulnerable to emotional ups and downs, which predisposes the said population for self inflicted injuries.

Fabrication of injury, like nose breaking must be very painful but it seems that fabricator assumes that this age group has high threshold for pain so they may easily sustain this injury.

This study shows that maximum victims (25) were from Larkana District, followed by Shikarpur District, i.e., 15 cases and lastly District Jacobabad, i.e., 10 cases shown in Figure-1.



**Figure-1: Incidence rate of fabricated injuries in Larkana Division**

This study shows that maximum victims (25) were from Larkana District, out of these 25 cases, 16 cases were from Casualty Department

Chandka Medical College, Hospital Larkana and out of these 16 cases, 10 cases of fabricated injuries were due to the fracture of nose and rest of the wounds were fracture of phalangeal bones of the hand. In Shikarpur and Jacobabad district all fabricated injuries were the fractures of phalangeal bones not a nasal bone fracture.

**DISCUSSION**

During service of a Doctor Sitting in a Causality Department/Forensic Medicine Department dealing with cases of hurt is a routine practice. Similarly whether an injury is homicidal/suicidal/accidental or fabricated are common questions which are asked from a doctor in the Court of Law/Police who deals with Medico-legal cases. Therefore, it is mandatory for a doctor to have sound knowledge about characteristics of different types of mechanical injuries, which man faces during life time. Unluckily most of the doctors do not abreast them with proper knowledge of the field or they wrongly diagnose the cases with criminal intent. This behaviour of doctor indirectly becomes source of defame for the profession. People who are involved in crimes inflict injuries upon their persons either to escape from hurt charges when they are assailant or change the nature of injuries when they are victims. Peoples in US where vehicle and person are often insured often claim insurance about false injuries to soft tissue of the body. These things are not only practiced in Pakistan but all over the world.<sup>4</sup> During injury on face as a result of quarrel teeth are often injured or shaky tooth is often dislocated by the person injured and then it is claimed that the broken tooth is result of injury, or with malafide cooperation of investigating police officer false charges are made against assailant. Sometime alleged criminals make fabricated injuries on their bodies and blame that they were tortured badly in Police custody for making confession in murder charges.

Self Injury or Self Harm sometime is a result of some psychological problem. Here the intent is not to implicate some one else, rather it is self mutilation act. People suffering from major psychotic disorders, sometimes do major mutilation act.<sup>5</sup> Fabricated wounds are often cut wounds, usually associated with fracture of small bone of hands. These injuries are regular with an equal depth at origin and termination. Contused or Lacerated wounds are rarely fabricated on account of pain they cause and force required to produce them.<sup>6</sup> We are not far behind regarding the number of occurrence of fabricated injuries in medico-legal cases from our neighbouring country India. In our study the percentage of fabricated injuries in challenged 130 cases is 38.46% which is almost equal to fabricated injuries in medico-legal cases in India.<sup>2</sup>

As far as the changing pattern of fabricated nasal injury in Larkana District is concerned, this is because in Casualty Department, the medical and paramedical staff is working since long, and they have become expert and well trained in doing this crime. Secondly, they believe that if there is any serious consequence they either call the expert or injured may be shifted to the ward. Thirdly the nasal area can be easily anaesthetised locally by putting anaesthetic swab in to the nostrils.

## CONCLUSION

Every medico-legal officer knows that by fracturing the small bones of the hands, the certificate will be declared by the medico-legal board as incorrect, so they have changed the pattern of fabricated injuries to fracturing the nasal bone by twisting the nose manually or by other means.

Fabricated injuries are very common injuries which a Medico-legal officer faces not only in our county but all over the world. It is directly related with the crime incidence/violence in a county.

Certification of fabricated injuries depends on three things:

- i. Criminal Intent of assailant/victim

- ii. Knowledge and intent of examining doctor
- iii. Behaviour of police investigating/reporting officer.

The incidence of fabricated injuries can be reduced by changing the behaviours of general public about indulging in crimes by means of education, by giving better training to dealing doctors and provision of certification fee/incentive and highly educated Police Officer should be recruited with maximum incentive in the form of salary.

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