

Trends and Patterns of Fabricated Injuries in Northern part of India- One Year Retrospective Study

Ashwini Kumar¹, Associate Professor¹, Navroz Goyal Post Graduate Junior Resident, Rajiv Joshi¹, Professor and Head,
Amandeep Singh², Associate Professor

¹Department of Forensic Medicine and Toxicology, Guru Gobind Singh Medical College & Hospital, Faridkot, Punjab,
India

²Department of Forensic Medicine & Toxicology, Government Medical College & Hospital, Chandigarh

Correspondence Author: Amandeep Singh, Associate Professor, Department of Forensic Medicine and Toxicology,
Government Medical College and Hospital, Chandigarh, India

Type of Publication: Original Research Paper

Conflicts of Interest: Nil

Abstract

Background: From distant past, humans have been trying to overpower other fellow human beings. Over the period and with modernization of current scenario there is rapid growth in violence, personal grudges and torture. Torture as defined by Article 1 of UN convention against Torture and other cruel, inhuman or regarding treatment or punishment there is internationally agreed legal definition of Torture. This definition contains three cumulative elements i.e. the intentional infliction of severe mental or physical suffering, by a public official, who is directly or indirectly involved and for a specific purpose.

One of the methods for fulfillment of this desire is imposition of fabricated injuries. Prevalence of fabricated injuries is rising day by day in the modern society. It has direct correlation with incidence of crime in the society.

Materials and Methods: The present retrospective study was conducted in the department of Forensic Medicine and Toxicology, Guru Gobind Singh Medical College and Hospital, Faridkot, during the period from 1st October 2015 to 30th September 2016. **Results:** A total of 650 cases that came with alleged history of assault were examined in emergency of Guru Gobind Singh Medical College and Hospital, Faridkot out of which 84 cases were

diagnosed as being fabricated or were suggestive of fabricated injuries. Information regarding the time of the incident, age, gender, occupation and place of residence of the alleged victims, was gathered from the available records. Males outnumbered the females. The overall male to female ratio of the cases of fabricated injuries was 2.4:1. The most common age group was 21-40 years for males as well as for females. Majority of victims were from rural background.

Key words: Injury, Fabricated, Torture, Crime.

Introduction

The term Injury is under section 44 of IPC denotes as any harm whatever illegally caused to any person, in body, mind, reputation or property. It will include any tortuous act also. [1] In order to conquer other humans at times he tends to adopt false measures through which he attain sympathies of law enforcing agencies and gets justice by deceitfulness or fraud. One of these methods is to produce fabricated injuries or wounds on his/her own body or on friend's body to blame the enemy. Infliction of fabricated injuries is practiced all over the world for criminal reasons. Fabricated or Forged injuries also known as fictitious injuries are those injuries which are produced by

- Person on his/her own body which are self inflicted injuries
- Caused by another person acting with agreement with him or her with consent (Self suffered/Friendly hand).

These injuries are always caused with some motive behind it. When self inflicted, these are on the easily accessible and non vital part of the body. When they are as a result of friendly hand, these may be present elsewhere on the body. Such injuries are produced with following motives: [2]

- To charge an enemy with assault.
- To make simple injuries as serious one.
- By assailant to pretend self defense.
- By prisoners to bring a charge of beating or torture against officers.
- Feigned robbery by policemen, servants and watchmen.

A team of several experts working in unison having strong collaboration with law enforcing agencies is required to reveal the truth.

Materials & Methods:- The present retrospective study regarding fabricated injuries was conducted in the department of Forensic Medicine and Toxicology, Guru Gobind Singh Medical College and Hospital, Faridkot, from a period of 1st October 2015 to 30th September 2016. A total of 650 cases of medico-legal injuries that came with alleged history of assault were examined in emergency of Guru Gobind Singh Medical College and Hospital, Faridkot out of which 84 cases were diagnosed as being fabricated or were suggestive of fabricated injuries. Information regarding the time of the incident, age, gender, occupation and place of residence of the alleged victims, was gathered from the available records. Criteria for opining the injury as fabricated was as mentioned:

1. Variation of time since injury.
2. Variation in history with findings.
3. Police investigation along with circumstantial evidence.
4. Injury present on easily accessible and non vital part of body.
5. Suspected injection marks.

Results:- Out of 650 cases of medico-legal injuries that came with alleged history of assault 84 cases were diagnosed as being fabricated or were suggestive of fabricated injuries on the basis of above mentioned criteria.

Males outnumbered the females. The overall male to female ratio of the cases of fabricated injuries was 2.4:1. Maximum cases were seen in the 21-40 yrs age group for both male and female victims, 42 (50%), followed by the 41-60 yrs age group, 24 (28.6%) cases. (Table 1)

Table 1: Age and gender-wise distribution of cases

Age(in years)	Male		Female		Total	
	Number	%age	Number	%age	Number	%age
0-20	08	13.6	04	16	12	14.3
21-40	32	54.2	10	40	42	50.0
41-60	16	27.2	08	32	24	28.6
> 60	03	05.0	03	12	06	07.1
Total	59	100	25	100	84	100

Majority of victims were from rural background. Most of the males victims were of the rural background. The overall male ratio of the rural: urban area being 5.5: 1; while same rural background was also predominant in the case of females, the overall female ratio of the rural: urban area being 7.3: 1. (Table 2)

Table 2: Urban/ Rural background

Background	Male		Female		Total	
	No.	%	No.	%	No.	%
Rural	50	84.75	22	88	72	85.71
Urban	09	15.25	03	12	12	14.29
Total	59	100	25	100	84	100

Maximum number of males cases were those involved in agriculture 31(36.90%) followed by others which includes private workers like shopkeepers, daily wagers or unemployed etc. All females reported were housewives. (Table 3)

Table 3: Occupation wise distribution of cases

Kind of occupation	Number	%
Agriculture	31	36.90
Labour	15	17.85
Housewives	05	05.95
Students	03	03.60
Others	30	35.70
Total	84	100

Maximum number of cases came during the time interval of 8 PM-8 AM, 61 (72%) cases, both in case of males, 45 (76%) and females, 16 (64%); followed by the time interval of 8 AM – 8 PM, 23 (27%) cases. (Table 4)

Table 4: Time of Incidence

Time of Incidence	Male (n=59)		Female (n=25)		Total (n=84)	
	Number	%a	Number	%a	Number	%a
08.00A	14	23.73	09	36	23	27.39
M-9.00PM	45	76.2	16		61	72.6

M-08.00A		7		64		1
M						
Total	59	100	25	100	84	100

Maximum number of fabricated cases were of grievous in nature 47 (55.95%) followed by simple nature 27 (32%). While in 10 (12% approx.) cases both simple as well as grievous nature was present. (Table 5)

Table 5: Nature of Injury

Nature of Injury	Male (n=59)		Female (n=25)		Total (n=84)	
	Number	%a	Number	%a	Number	%a
Simple	21	35.58	06	24	27	32.15
Grievous	31	52.55	16	64	47	55.95
Both	07	11.87	03	12	10	11.90
Total	59	100	25	100	84	100

Kind of weapon used in all the 84 cases was sharp either light weight or heavy sharp. In majority of cases injuries were inflicted on the upper limbs 50 cases (59.5%) followed by injuries inflicted on lower limbs 20 cases (23.8%). (Table 6)

Table 6: Part of Body Involved

Part of Body	Male		Female		Total	
	No.	%	No.	%	No.	%
Upper Limb	35	59.33	15	60	50	59.52
Lower Limb	15	25.42	05	20	20	23.81
	09	15.25	05	20	14	16.67

Others						
Total	59	100	25	100	84	100

Discussion

A doctor dealing with medico-legal cases while doing his/her duty is a routine practice. He has to deal with cases those are accidental, suicidal and homicidal or fabricated ones. He has to give reply when query is being asked by police authorities or in court of law regarding fabrication. Therefore it is very important for doctor to have knowledge about the essential characteristics of various mechanical injuries and about the characteristics of fabricated injuries.

When there is no history of self infliction but there is an allegation of assault and if the forensic expert had reasons to believe that it was self inflicted to fabricate injuries, then he had to decide on the circumstances based on the injury pattern. [3, 4]

The pattern of injury is of great importance in determining whether the injury is of self inflicted, self suffered or not. Usually these injuries are superficial, tentative, multiple, parallel. Another feature is close examination of clothes of victim. As there is no corresponding cut in the overlying clothes corresponding to the underlying incised wounds. The injuries are present on the easily accessible and non vital part of body. When he is questioned closely about the evidence of alleged assault, his explanation will be found so inconsistent with observed facts that it will confirm the diagnosis. [5] Gorea et al [6] studied total of 757 cases of medico-legal injuries and reported that out of 159 cases of grievous injuries 62 cases were fabricated injuries in the form of cut fractures (38.99%). The role of forensic expert is to help in administration of justice. The increasing criminal behavior of the injured, easy access to courts, as well as easy availability of legal assistance has brought new dimensions to the medico-legal work and the legal expectations from a medical man, therefore have

also changed in equal proportions. [7] Medical officers are to be trained for how to write a certificate report, so that all the supporting facts to conclude the opinion are mentioned properly and with possible scientific deviation and limitation without giving undue weightage to the observed facts. [8] Bhular et al [9] in his study of fabricated wounds showed that males (84.6%), 21 to 40 years age group were most commonly observed in the study and upper limbs (80%) were most common site affected in the study. Khichi et al [10] studied total of 130 cases and reported that 50 cases were fabricated injuries and 46 (92%) were males.

Conclusion

This issue has massive ill effects both physical and psychological on the society and needs to be addressed at priority. Medico-legal examination if done directly on the request of the injured has the risk of being blamed for working in collusion with the injured. If one has convincible reason regarding the intention of the injured, to falsely implicate someone why not medico-legal examination is denied till one gets the court order or police request. Law should be suitable amended to punish those involved in self harm against the spirit of the constitution. Investigating authorities should register cases against the alleged accused persons causing grievous injuries only after thorough investigation of the case taking in to consideration the medico-legal opinion in detail. The doctor should be able to differentiate between fabricated and other type of injuries. The incidence of fabricated injuries can be decreased by changing the behavior of general public about indulging in crimes by means of education, by giving better training to the dealing doctors and police officers training. For better understanding of fabricated injuries, medical officer should give proper training in dealing with these cases and giving opinion regarding fabrication. Opinion regarding

manner of injuries can be framed after studying their characteristics minutely and scientifically. Use of magnifying glass and photography plays a vital role in concluding manner of injuries.

References

1. Vij K. Textbook of Forensic Medicine and toxicology, 6th Edition; 2014: p. 186.
2. Pollak S. Clinical Forensic Medicine and its main fields of activity from the foundation of the German Society of Legal Medicine until today. Forensic Science International 2004; 144 (2-3):269-83.
3. Saukko P, Kinght B. Self inflicted injury. In: Forensic Pathology .3rd ed. London ; Arnold ; 2004:235-244.
4. Karger B, Duchesne A, Ortmann C, Brinkmann B. Unusual self inflicted injuries simulating a criminal offence. International Journal of Legal Medicine. 1997; 110 (5) S: 267-72.3.
5. Parikh CK. Textbook of Medical Jurisprudence, FM & T 6th edition; 4.24-4.25.
6. Gorea RK, Gargi J and Aggarwal AD. A study of so called fabricated injuries. JPAFMAT, 2007; 7(2):54-57.
7. Sharma SK et al: problematic medico-legal case; JFMT Vol. XI, No.m4, P.136.
8. Kumar A: Evidentiary value of medical evidence in Indian Courts; JIAFM Vol. 24, No. 4, P. 136.
9. Bhullar DS. Pattern and profile of fabricated injuries by mechanical violence in GGS Medical College, Faridkot. JIAFM 2006; 28 (1); 31-4.
10. Khichi Z K et al. Changing patterns of Fabricate dinjuries in Larkana . JAMC. 2009;21 (3):76.



Figure 1

