



## MEDICOLEGAL CERTIFICATE; MANDATORY REPORTING OF QISAS AND DIYAT LAWS AGAINST PHYSICAL TRAUMA IN CHILDREN.

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**ABSTRACT... Objectives:** To know the association between reporting of Qisas and Diyat Laws; and elements in medicolegal certificates (MLCs) against injuries in children. **Study Design:** Retrospective cross sectional. **Setting:** Two DHQ and 2 THQ level hospitals in Sialkot, Pakistan. **Period:** January-December 2014. **Method:** The MLCs (issued during the study period) were segregated on the basis of history of the cases. All the certificates of each history were reviewed for the criminal law reporting. The inclusion criteria (i.e. at least one MLC with law reporting) meeting histories were included in the study. The MLCs on history of fight were kept in group A while that of other histories in B. The data was subjected to SPSS for analysis of the variables. **Results:** Incidence rate of law reporting was found as 50.4% in the pooled data. Only 160 (71.1%) or 54 (43.2%) cases of group A or B were certified according to the Qisas and Diyat Laws, respectively. On the average, higher reporting rate was observed in group A and B from July through November, 2014 (45.3 and 44.5%, respectively). The law certification had insignificant association with none of the elements in MLC except age in group A with more likelihood for a 10-18 years old child (RR = 1.69; 1.060-2.693; p = .04). Subsections 337-F1 (Ghayr Jaifah Damiyah) and 337-L2 were frequently reported in almost all the histories of cases. **Conclusion:** Most of the MLCs on fight were certified according to the Qisas and Diyat Laws. Moreover, measures by authorities are needed to limit the incidences of injuries in children.

**Key words:** Mandatory Reporting, Injuries, Children, Criminal Law, Retrospective Study, Qisas.

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## 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 (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.<sup>8</sup> 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>1,8,9,10</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).

## METHODOLOGY

The retrospective cross-sectional study was conducted between January-December 2014, after getting approval from ethics committee of Govt. Sardar Begam Teaching Hospital, Sialkot, Punjab (Pakistan). Children of the area are highly prone to bodily injuries due to self-designed pros and cons of the society, and lacunae in the law enforcing mechanisms.

Two DHQ and 2 THQ level public hospitals in Sialkot were selected through convenience sampling technique for collection of the MLCs (issued from 1<sup>st</sup> January through 31<sup>st</sup> December 2014) on injuries in children. The certificates were segregated into different groups on the basis of history of incidence. Only those histories were included in the study who had at least one MLC on law (Qisas and Diyat<sup>3,4</sup>) reporting against the injuries. The exclusion criterion (lack of MLC with law reporting) was used to control bias in the results. Moreover, included histories were classified into group-A (fight also called interpersonal violence) and B (Miscellaneous including RTA, sodomy, suicidal attempt, physical torture, and dog biting). Information in MLCs e.g. kind of weapon used or reported laws was recorded in a computer-generated Table. However, a practicing MLO was called as co-opted specialist<sup>11</sup> member.

Association between reported laws and discrete variables was observed using chi-squared test in SPSS-16.0 (SPSS Inc., Chicago, IL, USA). The

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 ( $\leq .05$ ) was regarded as statistically significant in both the tests.

## RESULTS

Of total 405, 350 MLCs of selected histories (of cases) were included in present study. The frequency of males was higher than females (283 vs. 67; ratio 4.2:1); averaged age 13.68 (SD = 4.2, 2-18) years. Incidence of 528/1000 was found on noticing the law reporting in only 214 MLCs (Table-I). In group A on interpersonal violence, the 160 (71.1%) cases were certified according to Qisas and Diyat Laws.

Figure-1 indicates temporal variation in reporting of the laws in MLCs. Reporting was seen in all the months (except in March against group B) with irregular trends. However, a slight elevation in the rate of reporting was evident in group A (n = 160) or B (n = 54) during a session between July and November, 2014 (45.3 vs. 44.5%, respectively).

Table-II show statistics of law reporting with reference to demographic information. The reporting was a little higher towards females as in group A (72.1 vs. 70.9%) or B (45.8 vs. 42.6%). However, the difference was insignificant as per output of chi-squared test ( $p > .05$ ). Similarly, a sufferer (aged 10-18 years) of injury had approximately 2 times higher likelihood of reporting than the children of lower age group (RR = 1.69, 95% CI: 1.060-2.693;  $p = .04$ ).

The 2x2 cross tabulation of data in group A or B revealed insignificant association between the reporting and kind of weapon used ( $p = .81$  or  $.28$ , respectively) Table-III. So, reporting chance was found independent of the kind of injury inflicting weapon in both the groups. In group of fight (i.e. A), the reporting was found independent of doubt of fabrication for inflicted injuries (RR = 1.03; 95%CI: 831-1.271;  $p = .80$ ).

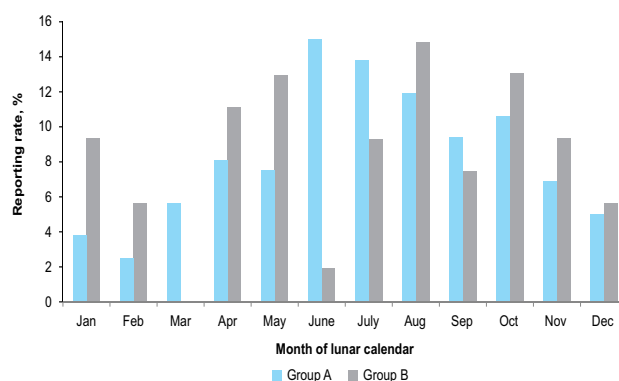
The data of Table-IV clearly depict the differential reporting of Subsections in Qisas and Diyat law against histories of MLCs. Two subsections 337-

F1 (Ghayr Jaifah Damiyah) and 337-L2 (injury causing bruise, contusion, and/or swelling) were reported in almost all the histories of MLCs. A remarkable increase in numbers of reported laws was seen with the increase in chance of indiscriminate injuries against a history e.g. physical torture involved only 337-L2 while RTA included 337-A1 (Shajjah-i-Khafifah) & A2 (Shajjah-i-Mudihah), 337-F1 (GJ Damiyah) to F6 (GJ Munaqqilah) except F2 (GJ Badiyah), 337-L2, and 336 PPC.

Variable		Value
Total MLCs; <i>f</i>		405
Law reporting MLCs; <i>f</i>		214
Incidence of law reporting		528/1000
History of MLC; % ( <i>f</i> )		
Fight		71.1 (160/225)
Miscellaneous		43.2 (54/125)
Miscellaneous	Road Traffic Accident	81.5 (44)
	Sodomy, suicidal attempt, torture* and dog bite	18.5 (10)

**Table-I. Statistics of qisas and diyat laws in MLCs**

\*during kidnapping; MLCs of suicidal attempt by in taking poisonous material (46), sexual assault (3) and determination of sexual potential (6) were excluded on account of zero law reporting



**Figure-1. Temporal variation in reporting of laws during 2014-15; Frequency (A = 160, B = 54)**

## DISCUSSION

Females are less vulnerable to interpersonal violence-based trauma due to revenge free attitude and conservative life style<sup>8,11,12,13,14,25</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. However, higher rate of law reporting against RTAs shows some flaws<sup>15,16</sup> in vehicular driving. Still, there are certain cases which are resolved on the spot due to fatalism.<sup>16</sup>

Gender			Age		
Group	Population		Group	Population	
	Male	Female		≤9 years	10-18 years
<b>A, % (n)</b>	70.9 (129)	72.1 (31)	<b>A, % (n)</b>	55.2 (16)	73.5 (144)
,Risk estimate*	.98; .799-1.210, .87		,Risk estimate	1.69; 1.060-2.693; .04	
<b>B, % (n)</b>	42.6 (43)	45.8 (11)	<b>B, % (n)</b>	42.1 (16)	43.7 (38)
, Risk estimate	.93; .707-1.589, .78		, Risk estimate	.96; .619-1.501, .87	

**Table-II. Association between reporting of laws and gender (or age)**

\*RR; 95% CI, P

Weapon Used			Doubt of Fabrication		
Group	Population		Group	Population	
	Blunt	Miscellaneous		No	Yes*
<b>A, % (n)</b>	71.6 (111)	70.0 (49)	<b>A, % (n)</b>	71.5 (128)	69.6 (32)
,Risk estimate	.98; .814-1.173, .81		,Risk estimate	1.03; .831-1.271; .80	
	Obj. in RTA	Miscellaneous			
<b>B, % (n)</b>	45.8 (44)	34.5 (10)	<b>B, % (n)</b>	43.5 (54)	0.0 (0)
, Risk estimate	.75; .435-1.300, .28		, Risk estimate	NIL	

**Table-III. Association between reporting of laws and weapon used (or doubt of fabrication)**

Obj. – object; Miscellaneous of group A included sharp, both sharp and blunt, fire arm, fire arm and blunt, unreported, and unknown kinds of weapon; Miscellaneous of group B included penis (in sodomy), and sharp weapons; \*unmentioned, clearly mentioned 'doubt', or wrote 'based on circumstantial evidence'.

H/O	A(i)	A(ii)	F(i)	F(ii)	F(iii)	F(v)	F(vi)	L(ii)	336
Fight	✓	✓	✓		✓			✓	
RTA	✓	✓	✓		✓	✓	✓	✓	✓
Suicidal attempt			✓	✓					
Torture during kidnapping								✓	
Dog bite			✓		✓			✓	
Sodomy			✓	✓	✓			✓	

**Table-IV. Reported subsections of U/S 337 and 336 against history of incidence**

U/S – Under section, H/O – History of; Reporting rate & frequency: 337Ai (33.7%, 240), Aii (5.3, 38), Fi (31.6%, 225), Fii (2.5%, 18), Fiii (2.9%, 21), Fv (0.9%, 7), Fvi (0.3%, 2), Lii (22.4%, 158), and 336 (0.4%, 3); total = 712

Law reporting rate in MLCs seems independent of months. But slight elevation from July through November, 2014 marks some underline predisposing factors e.g. weather extreme<sup>12,13,17</sup> on issuing rate of MLCs against various kinds of histories.

Though, male child sufferers<sup>10,11,17</sup> dominate in MLCs but reporting is wound-based and free of gender discrimination. Outcome of significantly higher reporting rate against child victims (aged 10-18 years; history of fight) in present work indicates rivalry and revenge<sup>5,18</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<sup>17</sup> 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>19</sup> usually cause grievous reportable trauma. Similarly, objects like broken glasses in RTA, or penis in sodomy can inflict report qualifying wounds.

Chance of fabrication is dim especially in case of almost all RTAs and maximum interpersonal violence as the hospital conveying service i.e. Rescue 1122<sup>20</sup> is quite vigilant set up. However, likelihood of self inflicted injuries still exist and taken as standing medicolegal board experience.<sup>23,26</sup> Usually, MLO emphasizes on wounds (not on fabrication) for reporting the laws set a siding other important elements<sup>24</sup> of the MLC. Reporting of 337-F1 (Jurh Ghayr-Jaifah Damiyah)<sup>21</sup> or 337-L2 in almost all (5/6) histories of MLC is astonishing. Indiscriminate attack of the perpetrator and/or lack of safety measures (by victim) results in variety of law qualifying injuries e.g. in RTA<sup>22</sup> 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.

## CONCLUSION

Most of the MLC on history of interpersonal violence followed by RTAs were reported according to Qisas and Diyat Laws. The reporting had insignificant association with any of the elements of MLC except age in fighting cases. Similarly, females seemed less prone to the bodily injuries in medicolegal cases. The reporting was merely on the basis of different specifications of the injuries. Two subsections 337-F1 (Ghayr Jaifah Damiyah) and 337-L2 (injury causing bruise, contusion, and/or swelling) were reported in almost all the histories of MLCs.

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## REFERENCES

1. 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 Uni 2001; 7(3):251-253.
2. Dhingra V, Sarthak J. **Importance of medicolegal expert at scene of crime related to death.** J Forensic Sci Criminal Inves 2017; 6(1):555682. DOI:10.19080/JFSCI.2017.06.5556 82.
3. Qisas and Dyat Ordinance 1991, amended 1997. **Government of Islamic Republic of Pakistan.**
4. 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.
5. Gosselin RA, Spiegel DA, Coughlin R, Zirkle LG. **Injuries: the neglected burden in developing countries.** Bull World Health Organ. 2009; 87(4):246-246a.
6. Ali T. **Pattern and characteristics of injuries in assault patients.** J Surg Pak 2002; 7(4):34-36.
7. Rao G. Ethics of medicolegal practice; In: **Textbook of Forensic medicine and toxicology**, New Delhi, Japee Brothers (2000):31-76.
8. 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.
10. 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.
11. Kaheri GQ, Memon AA, Shaikh AH, Prithiani KK, Shaikh WM, Shaikh SA. **Forensic significance of medicolegal board.** Medical Channel 2007; 13(3):38-40.
12. 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.
13. Saxena A, Kumar V, Chaudhary SR, Singh J, Awasthi S. **Pattern of medico-legal cases in the casualty department of a teaching Hospital, Bareilly, Uttar Pradesh.** J Indian Acad Forensic Med. 2015; 37(4):338-340.
14. 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.
15. 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.
16. 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.
17. Burq AI, Khan MA, Javaid MI. **Distribution of medico-legal cases according to gender, season and weapon.** JSZMC 2017; 8(2):1189-1191.
18. 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.
19. 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.
20. Abid SK, Hussain M, Rizwan-ul-Haq H, Ali S, Iqbal N, Raza M, et al. **Phone caller of Punjab Emergency Service (Rescue 1122) as 1<sup>st</sup> responder: a novel paradigm.** Asian J Soc Sci Humanit 2016; 5(4):68-76.
21. Hussain CT. **Gujjar Law Associates. Hurt and Injuries under Sec. 337 of Pakistan Penal Code.** Available at: <http://lawyeradvise.blogspot.com/2013/09/hurt-and-injuries-under-sec-337-of.html>. Retrieved on May 12, 2018
22. 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.
23. Aggrawal A. **Salient features regarding medicolegal certificate.** NAMC J Med Sci 2015; 1:45-51.
24. Naveen S, Kumar MVP. **Preparing medicolegal report in clinical practice.** The Indian J Surg. 2013; 75(1):47-49.
25. Ahmad J, Khan ME, Mozumdar A, Varma DS. **Gender-based violence in rural Uttar Pradesh, India: prevalence and association with reproductive health behaviors.** J Interpers Violence 2016; 31(19):3111-28.
26. 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.

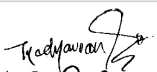
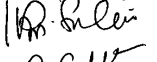
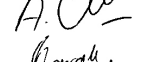
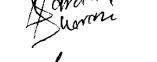
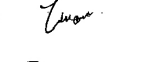
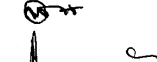
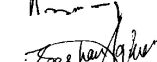
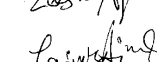
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LEADERS ARE THOSE WHO ALWAYS EMPOWER OTHERS.

”

“Bill Gates”

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Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
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2	Khalid Munir Suleri	Supported in writing and edition.	
3	Abid Karim	Supported in designing, wrote manuscript.	
4	Sarah Sherazi	Collection data, supported in statistical analysis.	
5	Syed Ahmad Zunnoor	Collected data, streamlined if and supported in writing.	
6	Mujahid Hussain	Applied biostatistical tools, supported in writing.	
7	Sahibzada Syed Masood us Syed	Overall supervised, editing reviewed before submission.	
8	Zeeshan Ajmal	Supported in data, integration and writing.	
9	Zainab Ajmal	Supported writing and statistical interpretations.	