# Fabricated or Assault Wounds - A Scientific Approach

Vidhate S G<sup>1\*</sup>, Pathak H<sup>1</sup>, Parchake M<sup>1</sup>, Patil S<sup>1</sup>, Tasgaonkar G<sup>1</sup>, Sukhadeve R<sup>1</sup>

<sup>1</sup> Department of Forensic Medicine and Toxicology, Seth G S Medical College and KEM Hospital, Mumbai, India

### ARTICLEINFO

Article Type: Case Report

Article History: Received: 5 Jan 2016

Revised: -

Accepted: 12 Jan 2016

Keywords: Manner of Injuries Fabricated Wounds Assault Wounds History Taking

### ABSTRACT

**Background:** Fabricated (fictitious, forged or invented) wounds are usually superficial injuries mostly produced by a person on his own body (self-inflicted) or occasionally, caused by another person acting in agreement with him (self-suffered). Assault means a physical attack by another person.

Case Report: We received two cases, within a short period, from different police stations, with multiple incised wounds over different regions of the body. Characteristically one of the cases was brought with all fresh wounds and another with all healed linear scar marks. Both these cases were presented as assault wounds in the hospital. As the history of both cases was misleading and the investigating authority was suspecting fabricated wounds, medical opinion regarding the manner of injuries was sought.

**Conclusion:** Present case report deals with importance of proper history taking, pattern of injuries, examination and use of simple techniques like photography and hand lens to rule out assault wounds.

Copyright©2016 Forensic Medicine and Toxicology Department. All rights reserved.

► Implication for health policy/practice/research/medical education: Fabricated or Assault Wounds

▶ Please cite this paper as: Vidhate G S, Pathak H, Parchake M, Patil S, Tasgaonkar G, Sukhadeve R. Fabricated or Assault Wounds - A Scientific Approach. International Journal of Medical Toxicology and Forensic Medicine. 2016; 6(3): 167-70.

### 1. Introduction:

Fabricated (fictitious, forged or invented) wounds are usually superficial injuries mostly produced by a person on his own body (self-inflicted) or occasionally, caused by another person acting in agreement with him (self-suffered), but assault meaning to make a physical attack by another person. The motives for creating fabricated injuries are to bring a fake charge of assault against

Corresponding author: Vidhate G S, MD. Junior resident, Department of Forensic Medicine and Toxicology, Seth G S Medical College and KEM Hospital, Mumbai, India

E-mail: sunilvidhate95@gmail.com

an enemy, to modify the appearance of a simple injury to draw more attention and severer punishment for the alleged accused. Someone may also pretend these as defence wounds, so as to conceal homicide, to avoid duty by soldiers and factory workers (1-4). The rising criminal behavior of the injured, the easy admittance to courts, as well as the easy accessibility of legal assistance has brought new dimensions to the medico-legal work and the legal potential from a medical man, therefore, have also changed in equal proportions (5). A scientific view is necessary to interpret manner of such injuries in order to help judiciary. In present article two cases of such suspected fabricated injuries are discussed scientifically in medico-legal point of view.

## 2. Case Reports:

In the first case received, a thirty year old house wife was brought by Police with alleged history of infliction of multiple wounds over her body by some unknown persons. History narrated by the woman in present case was that two days back, when she was about to finish her household work in afternoon hours, she heard cry of her baby. When she turned to see her baby, suddenly somebody hit over her head with a wooden stick. She became semiconscious but could notice that a man and a woman entered home. They have covered their faces with some clothes. She could not identify them. They allegedly inflicted multiple wounds over her body and stole the jewelries of her sister which were kept in her custody. Later on when she became conscious, her husband had arrived. He took her to a hospital nearby and injuries were sutured and other necessary management was done. Later on when police conducted certain inquiries on next day, but could not get any clues regarding the said incidence. But the history narrated and the nature of injuries was suspicious to investigating authority. Hence they decided to seek opinion of medico-legal experts. She was brought for examination in Department of Forensic Medicine with a query letter, whether the injuries are fabricated or self-inflicted?

On examination, she was a thirty years old, housewife, right handed, averagely built and averagely nourished, with no history of any major illness or psychiatric condition who narrated the same history as mentioned above. Her general examination was within normal limits. She had multiple sutured wounds, with clean cut margins and tailing visible through magnifying lens, and few linear abrasions at different regions of the body. Also multiple, small, semi-circular and circular, partially healed burn injuries were present over back (Figure 1). All injuries were photographed by using high resolution photograph for studying digital characteristics in detail and maintenance of record for future reference. The



**Fig. 1.** Multiple, small, semi-circular and circular partially healed burn injuries.



Fig. 2. Burn injuries.

characteristics of injuries were noted as follows:

- 1. All injuries were present in accessible and approachable areas such as limbs, abdomen and chest; except the burn injuries which were over back (Figure 2).
- 2. They were multiple, repetitive, parallel and superficial.
- 3. They were almost symmetrical in pattern.
- 4. They all were simple in nature and avoiding vital organs.
- 5. Abrasions resembled a typical pattern of some letters, as deliberately written (Figure 3).
- 6. All injuries incised wounds and linear abrasions were directed (tailing) medially on anterior aspect of upper limbs and laterally on posterior aspect of upper limbs as expected in right handed persons.

History of the case was suspicious and all



**Fig. 3.** Abrasions resembled a typical pattern of some letters.



Fig. 4. Healed scars.

characteristics of injuries were suggestive of fabricated wounds, the investigating authority was informed the same. Later on she confessed the same done for keeping her sister's jewelries with her.

Another case was received in Department of Forensic Medicine, a 16 year college going girl, average in her studies, from a lower-middle economic class family, right handed, with no history of any major illness or psychiatric condition, was brought with the history that some unknown person inflicted wounds with a sharp edged weapon at multiple areas over her body while she was returning home from a private class in the early evening hours. This happened thrice in one month but she could see the face of person only once but failed to identify him. She narrated the place of which incidence was almost always crowded. When asked whether she shouted or resisted; she responded negatively. Police brought her after almost after one month, when all wounds were completely healed with scar formation. On examination of healed scars with hand lens and digital photography following characteristics were noted (Figure 4).

- 1. Multiple linear scar marks present at multiple sites, almost symmetrical in pattern.
  2. All scars were in accessible and approachable areas.
- 3. All scars were away avoiding vital organs.
- 4. All scars were directed medially on anterior aspect of upper limbs and laterally on posterior aspect of upper limbs as expected in right handed persons (Figure 4) History of the case was suspicious and the injuries were showing typical characteristics

of fabricated or self-inflicted injuries. Considering all these factors, opinion regarding the manner of injuries was given as self-inflicted or fabricated wounds. In due course of time the investigating authorities informed that she has confessed the same and doing to avoid classes and extra studies. Present cases were both young age females and doing with expectation of some benefit. Both were physically and psychologically normal.

- 1. In first case history was misleading, pattern, location injuries and absence of defence injuries suggestive of fabricated injuries. Following the opinion she confessed that she made all the injuries except burn injuries on back which was made by her husband, to hide the jewelry of her sister. Weapon used was razor blade and match stick. Burn injuries are uncommon in fabricated injuries.
- 2. In second case, it was very difficult to give opinion as all the injuries were healed. Misleading history, pattern, location of injuries, and absence of defense injuries all these finding were consistent with that of fabricated injuries. Following the opinion she confessed that she made all the injuries by herself only to avoid study. Weapon used was razor blade.

### 3. Discussion:

Literature shows that the self-inflicted or fabricated injuries are not much rare in present world in order to take benefit by applying false charges. Incidence is seen more in younger population and particularly in males. Fabricated wounds are mostly cause by light weight sharp edged weapon. Fabricated wounds are mostly incised wounds, and sometimes contusions, stab wounds and burns. Lacerations and stab wounds are rarely self-inflicted.

In modern world they are common in soldiers and prisoners, although rare in civilians. Scientific medico-legal examination by forensic expert is necessary in such suspected cases to avoid unnecessary investigations. When examining a case of suspected fabricated injuries, one should look for not only recent injuries but for old scars also. A provisional diagnosis of

fabricated injury is made when one discovers injuries which recent are multiple, superficial, half-hearted, and not on vital body parts. Multiple scars of different ages when present, on various body parts for which there is no satisfactory explanation, evidence. Besides to the characteristic defense wounds are absent despite the history of assault.

Bhullar *et al* (1) in his study of fabricated wounds showed that males (84.6%), 21 to 40 years age group (57.7%) were most commonly observe in the study and upper limbs (80%) were most common site affected in the study. Weapon used was sharp light weapon and in only one case sharp heavy weapon was used. Gorea *et al* (6-9) studied total of 757 cases of medicolegal injuries and reported that out of 159 cases of grievous injuries 62 were fabricated injuries in the form of cut fractures (38.99%).

### 4. Conclusion:

Even though there is no direct punishment mentioned in law for self-inflicted wounds, a false charges of assault, it is important to avoid unnecessary burden on investigating authority. Opinion regarding manner of injuries can be framed after scientifically studying their characteristics. Fabricated wounds can be ruled out only after proper history and careful examination considering the multiplicity, direction, accessibility, depth, pattern and sites of injuries.

Technology like magnifying glass i.e. hand lens and photography can play important role in concluding manner of injuries. All possibilities of homicide should be ruled out in each case of sharp weapon injury.

### 5. References:

- 1. Bhullar DS. Pattern and profile of fabricated injuries by mechanical violence in GGS Medical College Faridkot (Punjab). JIAFM. 2006; 28(1):31-4.
- 2. Nandy A. Principles of Forensic Medicine. 1st Edition. 1995;227.
- 3. Franklin CA. Modi's Medical Jurisprudence and Toxicology. 21st Edition; 293.
- 4. Karasu T. Role of Medical experts in criminal justice system. J. of Karnataka Medico Legal Society. 2016;12(1):5.
- 5. Sharma SK. Problematic medico legal cases. JFMT. 2002;11(1&2):45-7.
- 6. Gorea RK, Gargi J, Agrawal AD. Incidence and pattern of fabricated injuries. J Punjab Acad Forensic Med and Toxicology. 2007;7(2):54-8.
- 7. Zawar Husain Khichi, et al, Changing Pattern of fabricated injuries in Larkana. JAMC. 2009;21(3):76.
- 8. Parikh CK. Self-inflicted wound. In: text book of Forensic Medicine and Toxicology (6th Ed). New Delhi: CBS Publishers. 1999;4.24.
- 9. Palmer WS. Combating Soft Tissue Injury Fraud in the U. S. Auto Insurance Industry February 10, 2004. Available at: http://www.injurysciences.com/Documents/Frau dArticle.pdf