Self-inflicted injuries

"Let me just say, you toss and turn a lot in your sleep."
FORENSIC SETTING

• Circumstances surrounding injury must be addressed – investigators, courts, complainant, accused……

• Death - Is it murder, suicide or an accident?

• Injured - Assault, Self-inflicted (intent), Accidental

• May be characteristic pattern of injury that can be identified

• Important to correctly identify
  • Medico legal importance
  • Clinical importance
CLASSIFICATION - by reasoning behind action

- **Suicide**
- **Non-fatal self-inflicted injuries**
  - Suicidal attempt/gestures
  - Accidental self-inflicted injuries
  - Psychiatric disturbance, neuro-developmental disorders
  - Secondary gain – fabrication, malingering, fraud
  - Cultural practices including piercing, tattoos, cupping
  - Non-Suicidal Self Injury (NSSI) – “cutting”/DSH
  - Always consider accidents and assault as alternatives
SUICIDE

‘The range of methods appear to be limited by the imagination of the individual.’

- Single definitive method
- Multiple simultaneous methods
- Related to psychotic illness
- Secondary gain e.g. murder-suicide
- Unusual bizarre behaviour -> death (accident vs suicide)
Of critical importance are deaths where homicide is mistakenly concluded to be suicide or the reverse situation.
NON-FATAL SELF INFLICTED INJURY
ACCIDENTAL

- The activities of the individual → injury in the absence of intent to injure

- Probably the most frequent cause of minor/major trauma - limitless range of possibilities

- Issue of circumstances usually easily resolved - history, injury pattern, scene

- Sometimes considerable doubt e.g. a fall/push from a height, Accidental, suicidal or homicidal explosions/firearm injuries, O/D or poisoning
BR - 5yo twin 2nd genital laceration in 2-3 months

• Both occasions unwitnessed
• Both same site
• "I fall over and hurt myself", "on the skin on the toilet"
Some behaviour —> accidental infliction of injuries which bear forensic interest

- Masochistic behaviour - bondage produce restraint markings
- Sexual asphyxia - neck ligature markings, asphyxial changes
- Headbanging - temper tantrums/grunge music scene
PSYCHIATRIC DISTURBANCES

• May inflict wide range bizarre injuries
• While suicide may not be the intent - site/severity may result in death:
  - genital mutilation
  - stabbing, gouging/removal of an eye
  - excision of tongue
• Psychosis may manifest with high risk behaviour -> trauma from a range of causes
• Clinically separate group - personality disorder - self injurious behaviour in setting of interpersonal conflict
  - overdoses, incisions
  - Dx generally easy - documented psych illness
  - self admission and freq. past hx of similar behaviour
  - often scarring
SECONDARY GAIN

• No active psychiatric diagnosis
• Generally - purpose of financial/material gain
  • Mimic an assault or suicide
  • Factitious illness
  • Insurance fraud
  • Malingering
  • Scarification
As part of her current lifestyle, a 28-year-old Caucasian woman routinely injures and allows subsequent healing of her skin and other tissues. Her body modifications include a "split tongue" (a tongue split to the base), which does not interfere with speaking and eating. Other modifications include large scarification patterns produced by branding and cutting. This woman has been known to eat parts of her skin that were previously cut out of her body. She also performs "needle play" by allowing medical syringe needles to be lodged temporarily under her skin. The patient had a normal childhood, is currently employed full-time as an office manager, and is psychologically stable. Although one other case of self-induced penoscrotal hypospadias is known, this is the only report of extensive, nonpsychotic, autodestructive behavior. However, this may not be the case in the future as an increasing number of young individuals have become interested in body modifications.
NON-SUICIDAL SELF INJURY – “Cutting”

• The deliberate, self-inflicted destruction of body tissue without suicidal intent which is not socially sanctioned.

• NOT tattooing or piercing, drug abuse or disordered eating (indirect SI behaviour), religious rituals

• Diminishes negative feelings/thoughts and produces positive feelings/thoughts

• Reinforces social interactions (attention)
Features

- Superficial – epidermal or dermal, heal quickly
- Multiple, often grouped
- May show symmetry, often parallel, may criss-cross
- Similar depth and severity
- Sites
  - forearms (anterior), face, lateral neck, upper chest/breast, abdomen, anterior thighs
- Vital structures/sensitive areas spared
- Accessible sites ? Dominant hand
- Clothing not usually damaged
- May be tentative injuries
Assaults vs imitative assaults

- Assaults are **dynamic and random** interactions
- Victim – defence and flight
- Assailant – pain, injury, incapacitation
- Therefore in assault there is a greater chance of;
  - Random distribution of injury
  - Variety of methods
  - Range of severity
<table>
<thead>
<tr>
<th>Imitative assault</th>
<th>Genuine assault</th>
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<tbody>
<tr>
<td><strong>Localisation</strong></td>
<td></td>
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<tr>
<td>Possibly confined to 1 side of body</td>
<td>If multiple, confinement to 1 side unusual</td>
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<tr>
<td>Multiple injuries clustered together</td>
<td>If multiple, generally more widespread</td>
</tr>
<tr>
<td>Sensitive areas avoided</td>
<td>Sensitive areas might be included in random distribution</td>
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<tr>
<td><strong>Injury type</strong></td>
<td></td>
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<tr>
<td>All injuries may be of single type</td>
<td>If multiple injuries, often a mixture of types</td>
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<tr>
<td>May suggest a single causative agent</td>
<td>Mixture of injuries – may suggest a range of causative agents</td>
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<tr>
<td>Bruises and lacerations rare</td>
<td>Bruises and lacerations common</td>
</tr>
<tr>
<td><strong>Injury severity</strong></td>
<td></td>
</tr>
<tr>
<td>Of similar severity</td>
<td>If multiple, injuries usually vary in severity</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
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<tr>
<td>No defence injuries</td>
<td>Defence injuries common</td>
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Self inflicted injury in the paediatric forensic setting

- Adolescents – NSSI, restraint injury
- Children – developmental delay, ASD, neuropsych, genetic, trauma
MA – 18mo put hand in vacuum
MA – 11 ½ yo – reported findings below caused by ‘spraying deodorant’ on skin
7 yo OP - Report that mother tried to choke and strangle