

Case Report

A case of battered wife

Ahmed KS¹, Begum A², Alamgir M³, Masud MAA⁴

Abstract

The use of corrective force against the wife is still rife in all cultures and even socially acceptable in some culture. Domestic violence is still common in our society. We report a case of 20 years old woman who admitted into OCC of DMCH through emergency department owing to be assaulted by her husband. This case is exceptional one because the injuries inflicted upon her were over the middle of the forehead and clean cut in nature, though non fatal. Awareness and education is needed to stop this social stigma.

Key words Battered wife, assault, injury.

Introduction:

Under section 17, the penal code of Bangladesh an injury is defined as any harm caused illegally to a person in his body, mind, reputation or property. Whereas wound is defined as breach or break of continuity of skin and mucous membrane following trauma or injury.

Assault is defined as any attempt or offer of threat to the body of a person with an evil motive which may cause physical injury or not and the actual application of assault is known as battery^{1,2}. Battered wife simply means physical assault to a wife by her husband. But Busutill defines a battered wife as a woman who has suffered demonstrable and repeated physical injuries at the hands of the man with whom she lives or from the father of one of her children³. The injuries are commonly multiple bruises on exposed parts of the body specially face and arms. A study where 100 battered wives were interviewed all had bruising, often together with other injuries such as lacerations and fractures⁴.

Case report:

A 20 year old married woman brought to emergency department of DMCH with the history of assault by her husband and sent to OCC of the same hospital (Ref: DMCH Reg. No.12803/32, dated 18.05.2008

& OCC Reg. No. 223/08 dated 18.05.2008) for taking appropriate measures. On local examination, two parallel incised wounds were found over the middle of the forehead measuring 11/2× ¼ inch and 1×¼ inch scalp depth respectively. The wounds were stitched later on.

In studying this case the following points were considered - Determination of the nature of the weapon, age of the injury, manner of the injury, fate of the injury and legal aspects of the injury. The nature of the injury inflicting weapon is determined by characteristics of the wound. In this particular case the injuries were sharp and clean cut, hence the causative weapon seemed to be sharp cutting. It is important to note that an injury over the forehead or scalp is usually split type lacerate. In these area bones are just below the skin and subcutaneous tissue without any intervening muscle layer. Hence impact of two hard objects defines the lacerated type of injury. The split laceration is more or less similar to incised wound when examined with naked eyes, hence it is also called incised like wound or incised looking wound. But on using magnifying glass the margins and edges of split laceration are found ragged and irregular. Whereas the margins of incised wound are smooth, well defined, clean cut and regular⁵. So, this case is exceptional as the wounds were

1. Dr. Khan Shakil Ahmed, Assistant Professor, Department of Forensic Medicine, Enam Medical College, Savar, Dhaka.
2. Dr. Asma Begum, Assistant Professor, Department of Forensic Medicine, Ibn Sina Medical College, Kallyanpur, Dhaka.
3. Dr. Mithun Alamgir, Assistant Professor, Department of Community Medicine, Enam Medical College, Savar, Dhaka.
4. Dr. Mohammad Abdullah Al Masud, Assistant Professor, Department of Pharmacology, Enam Medical College, Savar, Dhaka.

Corresponds to: Dr. Khan Shakil Ahmed, Assistant Professor, Department of Forensic Medicine, Enam Medical College, Savar, Dhaka.

caused by sharp cutting weapon, which found in a very rare occasion.

To determine the duration of any injury the gross appearance of the injury is carefully looked at, observe histochemical and histopathological changes and enquiring the victim about the time of the incidence. The age of the abrasion and bruise can be calculated by observing the color changes of the injury. Histochemical changes involve the study of enzymes, ATPase amino peptidase and acid phosphatase etc in the wound region. The activity of ATPase increases by one hour and amino peptidase two hours respectively after injury. Histopathological examinations look for cellular infiltrations and collagen formation. Polymorph leukocytes migration in the small blood vessels occur from 30 minutes to 4 hours, leukocyte infiltration and appearance of mononuclear cells occur 4 to 12 hours, collagens begin to form in the capillaries and giant cells may be visible from 3 to 6 days after injury⁶. Scar formation is completed usually within 6 to 15 days after injury if not accompanied by infection. The age of the injury in this case was about two and half days.

The manner of an injury often depicts whether it is suicidal, homicidal or accidental. It is usually seen that accused denies the charge of inflicting injuries upon their wives and also tries narrate it as self inflicted. There are number points to differentiate self-inflicted wounds from others. Fatality and complications of any injury are also of considerations. In our opinion the present case was not self-inflicted, which, however, was non fatal and uncomplicated at the end. In legal procedure the site of injury inflicted is considered seriously. Although the injury was nonfatal and uncomplicated but left permanent disfiguration of head and face which fulfill the No 6 criteria of grievous hurts. Our opinion regarding this case was that 'The injuries were caused by sharp cutting weapon, the age of the injury was about two and half days and the injuries were grievous in nature'.
Discussion: Women have accepted ill treatment at the hands of men they live with since time immemorial in this region. They are reluctant to bring to light their personal problems for fear of shame, disgrace and threat. A study on the silence of the victims of battered wife indicated that unawareness of actual victims stems from an incomplete understanding of

the reality of the "battered wife syndrome," lack of knowledge about the various forms of abuse and the silence of the victims themselves⁷. So, some prefer just to leave home whilst others indulge in self inflicting injury or attempt suicide by poisoning, self immolation, hanging and using overdoses of sleeping pills. The offence comes to light when the victim requires hospital treatment or dies under suspicious circumstances.

Wife battering is common in all socioeconomic groups, however, mainly seen among the low income group in this part of the world. The chief offender is the man and mainly attributed to dowry. Among other causes which results in thinning of man involved are personality disorder, emotional stress, indulgent into drinking and gambling and instigation by family members. It was observed that violent episodes in which the husband was drinking included more frequent and severe act of household violence⁸. Temporary lapse of sanity resulting in homicide is an important factor when the man suspects the fidelity of his wife and often results is killing. . A visit to a doctor or hospital emergency department for a trivial unexplained injury should arouse examiner's suspicion of wife battering. When a woman complains of unendurable behavior at the hands of her husband and seeks help from a medical practitioner he has an important role to play not only in hospitals but also his private chamber and he must include an assessment of injury to her health by physical or other means in his/her report³. It has been shown that effective management of domestic violence involves raising the victim's self-esteem so that she is able to alter her situation herself⁹.

Conclusion:

Wife battering is not uncommon in our country. In this case the victim is lucky that she escape from any type of serious injury like intracranial hemorrhage which may be fatal. So the assailant must be punished by the law in any circumstances, as it will be an example and may prevent many of wife battering incidences due to fear of punishment by the court of law.

Acknowledgement: The authors gratefully acknowledge the Institutional Ethical Committee of DMCH to kindly provide the ethical approval for the publication of the case.

References:

1. Mechanical Injuries. In: The Essentials of Forensic Medicine and Toxicology. Reddy NKS. Ed. 28th Ed. Hyderabad: India. 2009; p157.
 2. Medicolegal Aspects of Wounds. In: The Essentials of Forensic Medicine and Toxicology. Reddy NKS. Ed. 28th Ed. Hyderabad: India. 2009; p254-256
 3. Parikh CK. Violence in the home. In: Parikh's Text Book of Medical Jurisprudence, Forensic Medicine and Toxicology for Classrooms & Courtrooms. Parikh CK. Ed. 6th Ed. New Delhi: India 2007; p4.191
 4. Gayford JJ, Wife battering: A preliminary survey of 100 cases, *BMJ* 1975;**1** ; 194-197.<http://dx.doi.org/10.1136/bmj.1.5951.194> PMid:1111742 PMCID:1672091
 5. Apurba N, Mechanical Injuries. In Principles of Forensic Medicine. Nandy A, Sen M. eds. 3rd Ed. Kolkata: India 2009; pp339-365.
 6. Saukko P and Knight B. The Pathology of Wounds. In Knight's Forensic Pathology. Saukko P and Knight B. eds. 3rd Ed. London: England 2004; p167-168
 7. Blair KA. The battered woman: is she a silent victim?, *Nurse Pract* 1986; **11**: 38, 40-44and47.
 8. Testa M, Quigley BM, Leonard KE. *J Interpers Violence*. 2003; **18**: 735-743. <http://dx.doi.org/10.1177/0886260503253232>PMid:14675506
 9. Knowlden SM, Frith JF. Domestic violence and the general practitioner. *Med J* 1993; **158**:402-406. PMid:8479354
-