



D24 From 1997 to 2007: Modified Approach to Sexual Assault in Our Experience

Antonina Argo, PhD, Department of Biotechnology and Legal Medicine, Section of Legal Medicine, Via del Vespro, 129, Via Alessio Narbone, 13, Palermo, 90100, ITALY; Antonino Bonifacio, MD, Institute of Legal Medicine, Viale Lazio, 118, Via del Vespro, 129, Palermo, 90100, ITALY; Stefania Zerbo, MD, Institute of Legal Medicine, Via Del Vespro, 127, Palermo, 90100, ITALY; Valentina Triolo, Department of Biotechnology and Legal Medicine, Section of Legal Medicine, Via del Vespro, n. 129, Palermo, 90127, ITALY; Eugenia Di Stefano, Via Raffaello n 9, Palermo, 90100, ITALY; Cettina Sortino, and Pierangela Fleres, MD, Department of Biotechnology and Legal Medicine, Section of Legal Medicine, Via Del Vespro, 129, Palermo, 90127, ITALY; and Paolo Procaccianti, PhD, Department of Biotechnology and Legal Medicine, Section of Legal Medicine, Via Del Vespro, 129, Palermo, 90100, ITALY*

After attending this presentation, attendees will understand the medico-legal findings in a population of sexual assault cases assessed in Palermo in the years 1997-2007.

This presentation will impact the forensic community by demonstrating the role of adequate training of health professionals in this field of forensic application. An interdisciplinary approach has a strong impact with regard to sexual abuse and “gender” violence (i.e., against children and women), how victims survey their situation, and the new approach of the Italian legislation which offers the widest support to victims.

An essential aspect of sexual violence is represented by the condition of the victim. Another aspect of sexual violence is if the victim can make an informed decision with regard to what has happened to them and the different proposals offered to them.

Sexual abuse can be considered even in cases where the victim is never physically touched. An example of this would be where a victim has viewed an act(s) of a sexual nature or made to listen to conversations with a sexual content. These are classified as sexual abuse cases because the victim has seen or heard sexual content that is not age appropriate or because of their relationship with the abuser.

Furthermore, intra-family sexual abuse produces, in principle, the most serious effects, even when it is compared to abuse that has occurred outside of the family.

According to Italian law (act 609 bis of law 66/1996), anyone who uses violence, threats, or abuse of authority to force individuals to perform or undergo sexual acts is punished with imprisonment anywhere from five to ten years.

If the sexual act is committed on a person who is mentality or physically impaired or challenged, or if the perpetrator blames another for their acts, they too will receive imprisonment anywhere from five to ten years.

Act 609 also includes language that states there is the penalty of imprisonment anywhere from six to twelve years, if the sexual act is committed to: (1) Any one under the age of fourteen, (2) Use of weapons, alcohol, narcotics, drugs or other substances that can seriously damage the health of the victim, (3) Impersonation of a public official or someone with official authority, (4) Limits to the personal freedom of the victim, and/or (5) If the victim is under the age of sixteen and the perpetrator is a parent, adoptive parent or a guardian. If the victim is under the age of ten, the penalty of imprisonment is increased to seven to fourteen years.

Sexual abuse can produce many kinds of psychological problems, which are subjective in nature. Some of these subjective responses are influenced by age of the victim, duration of the abuse, the presence or absence of penetration, the use of violence, personal characteristics of the victim, concurring psychological problems, if the victim can share their experience of abuse with someone, emotional support, and other life experiences. These life experiences may worsen or help the victim gradually overcome the abuse.

In 2005, a team was assembled that includes forensic physicians, gynecologists, surgeons, and psychiatrists who can examine an assault victim. The legal authorities or the victim can request an examination. The examination consists of a medical history and the clinical examination follows adopted standardized procedures. The victim is also given information with regard to their personal protection. The team also collaborates with non-profit agencies that focus on human rights and are authorized by a European Council.

During this period about 100 victims of sexual assault were examined, recording demographic information (age, gender, time elapsed before consultation), circumstances about sexual assault (date, place, assailant's identity when known, frequency of the assault), type of assault (penetration, non-penetration).

The circumstances of the assault were based on the victims' and any witnesses' statements.

The medico-legal outcomes revealed that of 100 victims examined, 12 were males and 88 females; 35 of these victims were children less than ten years of age; 31 victims were between the ages of 10 and 14 years old; and 34 were older than 14 years of age.

The assailants were, for the most part, fathers. In less than one-third of the cases were there signs of sexual violence (bruising, excoriations, abrasions).

In this presentation, research data obtained which relates to the social, cultural, and legal outcomes of medico-legal evaluation in court systems will be analyzed.



General Section – 2009

Sexual Abuse, Medico Legal Examination, Legal Outcome