



### D71 Analysis of 436 Cases of Sexual Assault

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The goal of this presentation is to describe victim, assailant, assault characteristics, medico-legal findings, and judicial outcomes.

This presentation will impact the forensic science community by establishing a collaboration with gynecologists during the day as is done during the night and weekend in order to improve the multidisciplinary care of victims. Researchers have also proposed the creation of a specific folder for the medical examiners in order to standardize the forensic medical examination for a better assessment of injuries and health status of the victim.

**Introduction:** Sexual violence now require multidisciplinary medical care, both in order to attempt to collect as quickly as possible the clinical and paraclinical elements that will be useful for justice, and for monitoring medical and psychological care of victims. In Lille, the care of victims is ensured in forensic consultation during the day but also during the night and weekend in collaboration with emergency gynecological and pediatric

**Materials and methods:** This study was based on 436 examined victims of sexual assault over 15 years established in February 2003 to February 2007 by forensic pathologists. Victims were referred from investigating police authorities. Two groups of victims were defined: a first group of victims examined during the day by a forensic pathologist (247 cases) and a second group of victims examined during the night and weekend by a forensic pathologist and a gynecologist (189 cases). Legal outcomes were obtained from courtroom proceedings.

**Results:** About 89% of the cases were female victims in the first group and 100% in the second group. Age ranged from 15 to 78 years and the mean age was about 27 years in the two groups. Vulnerability was present in 20% of the cases of the first group and 7% of the second group, including disabled and pregnant victims. There was a single assailant in the majority of the cases for the two groups (about 80%). The assailant was a stranger only in 27% for the first group and 40% for the second group. When the assailant is known, he's a family member in 8% for the first group and 16% for the second group. The victim's home was the most frequent place of sexual assault (38% for the first group and 29% for the second group). Vaginal penetration without condom was the most frequent type of sexual assault in the two groups. The period of medical care was less than two days in 36% for the first group and 94% for the second group. General body trauma was found in 33% of the first group and 44% in the second group. Genital trauma occurred in 16% for the first group and 29% for the second group. About 50% of the cases in the two groups, formal criminal charges were not filed due to insufficient evidence. 24% of the assailants were convicted in the first group, and 21% in the second group.

**Discussion:** In this study, as in the forensic literature, young, single, and active women are most often assaulted and by a known assailant in the majority of the cases. Sexual assault often occurs in the home of the victim or the assailant. The forensic examination found more damage if it is done shortly after the incident, but the absence of injury does not mean that there was no sexual assault. Concerning the judicial outcomes, the presence of general body and genital trauma were not necessarily associated with conviction. Physical evidence of trauma was neither predictive nor essential for conviction. But victim's examination must be performed as early as possible in order to collect the evidence needed to identify the assailant and initiate preventive treatment. When the time is important in relation to the facts, the care of victims should be a constant concern of medical examiners in order to enable the psychological reconstruction of these victims. Establishing a collaboration with gynecologists during the day as is done during the night and weekend in order to improve the multidisciplinary care of victims is proposed. The creation of a specific folder for the medical examiners is also proposed in order to standardize the forensic medical examination for a better assessment of injuries and health status of the victim.

**Sexual Assault, Adults, Judicial Outcomes**