



I16 Clinical and Forensic Evaluation of Accountability in Homicide Cases: A Study on the Penal Court of Rome in Italy

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After attending this presentation, attendees will improve the relationship between mental illness, crime, and the evaluation of accountability.

This presentation will impact the forensic science community by the evidence based model that is suggested in the forensic psychology and psychiatric area.

Introduction: Italian legislation on evaluation of accountability is introduced and the results of the explorative analysis are discussed. By exploring the interest in analyzing the way in which experts evaluate accountability for trial purposes in based on a growing need for evidence-based and scientific expert evaluation, this presentation will reflect about the relevance of evaluation of accountability for the scientific evidence in the court.

Data Analyzed: An in-depth content analysis was conducted on seven expert testimonies that evaluated accountability.

Seven reports were considered, regarding cases of voluntary murder (articles 575-577 of the Italian Criminal Law) tried in the Law Court of Rome (Italy) between 2002 and 2008. Each report is approximately thirty pages long and reflects the evaluation of a single expert witness. In two cases, the expert witness is assisted by a colleague exclusively for the purpose of test assessment.

Methodology: The content analysis of the expert testimonies follows the theoretical and applied principles of "Content Analysis" (Losito, 2001; Amaturio, 2005).

The unit of context is defined by the sentence; the unit of analysis is formed by a phrase. A series of categories were created for the purpose of content analysis, in order to classify useful areas of interest for clinical-forensic analysis.

The following results emerged from the explorative study:

1. The theoretical model that guides data acquisition and analysis is never explicit.
2. Evaluation criteria of accountability are never explicit; the only explicit literature reference is the DSM IV-TR.
3. Interviews and psychological tests are used as diagnostic instruments; however, they are not used to explore the meaning of crime in this study.
4. The areas of diagnosis most frequently explored are clinical symptoms (Axis I of DSM-IV-TR) personality (both according to the criteria of Axis II of DSM-IV-TR e independently of the manual).
5. In general, the areas diagnosed are not explored in reference to the fact or crime and/or to the relationship between author and victim; greater attention to these factors tends to arise in the final phases of the expert testimony.
6. The answers provided for the inquiries submitted are based on the evaluation of the symptoms and of the type and level of personality function, rather than on the assessment of the relation between possible personality disorders and the mental state of the defendant at the moment of committing the crime.

Conclusion and Future Perspectives: Although the sample is obviously quite limited, given the results that emerged from the study, more research is clearly needed in order to develop an integrated model of evaluation of accountability. Such a model would allow consideration and analysis of the action at the same time (Harre' 1990; De Leo & coll. 1991, 1999, 2001, 2004) and the possible pathological functions of the subject that were active during the crime.

In this way, the expertise witnesses would be able to better respond to the juridical needs of evidence-based criteria between the crime and the mental state of the defendant during the crime.

Homicide, Accountability, Diagnosis