



G42 The Role of Forensic Investigations in Child Abuse: Two Case Reports and a Review of Literature

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After attending this presentation, attendees will be able to describe the impact of the forensic science in cases of rape in children.

This presentation will impact the forensic science community by providing information to allow a method that recognizes signs of sexual abuse of minors.

Introduction: This research explores sexual violence, which is a major problem for healthcare. One in six people are victims of rape or attempted rape. A total of 20% of women and 10% of men say they had experienced sexual abuse during childhood. There are 40 million children under age 15 who suffer abuse and neglect. Disabled children are at a level of risk for physical and sexual abuse more than double that of healthy children. The 1.5% of total violence is the incestuous relationship within the family. The proportion of other relatives who commit sexual violence is 4%. All forensic investigations of the victims of rape left particular signs: hyperthermia, bruising, laceration of the mucous membranes of the genitals or perigenital regions, body injuries, marks of constriction, junction lesions by excitement or torture, and the presence of biological traces. A careful review of the literature revealed that the major problem for forensic investigations is detecting signs of violence on the victims. The research demonstrates that many conditions have been mistaken for signs of abuse. The etiological diagnosis based on physical examination is often difficult because the physical signs are not always present and, if they are present, can be ambiguous; however, for a forensic pathologist it is essential to differentiate accidental injuries and inflicted injuries.

Case Reports: Two cases of incest are reported. One act of violence was perpetrated on a young girl (12-years-old) by the father and an uncle. In this case, the victim filed a complaint six months after the incident, but through careful examination by the coroner, the presence of a hymen was found without evident marks of violence. In this case, the hymen of the young girl revealed elastic characteristics. For this reason, the forensic pathologist could confirm violence occurred and was also confirmed through the testimony of the child. In the second case, a young boy (12-years-old) affected by mental retardation was analyzed. The violence was perpetrated on the child by his uncle. The forensic examination established the presence of possible signs of violence. Also, in this second case, there was confirmation of violence from the child's testimony. These unusual cases were solved by forensic investigation. Through forensic investigations the accused were sentenced. The results of forensic examinations were compared with psychological examinations on the victims. In both cases it confirmed the forensic physician results.

Conclusions: For victims of rape, the forensic medical examination is the first step toward solving the crime. In cases of sexual violence, the role of forensic pathologist, through expertise and training, is crucial for the analysis and production of visual evidence. This presentation shows that the uncertain cases were solved with the help of forensic documentation and sciences evidence. Therefore, in order to be more efficient, this study proposes the creation of a multidisciplinary center for anti-violence, implementing a specialized system. In this center, the intervention of a specialist team will allow for correct identification and interpretation of exterior signs and marks on the victims. This team will consist of the forensic pathologist, gynecologists, psychiatrist, pediatrician, forensic geneticist, and other operators. This study indicates that this system is adjusted to various types of forensic cases, and many will benefit.

Child Abuse, Forensic Pathologist, Rape