

PARTICULARITIES OF SEXUAL ASSAULTS FROM THE CASUISTRY OF SIBIU COUNTY FORENSIC SERVICE BETWEEN 2010-2017

ELENA TOPÎRCEAN¹, IOANA PETEANU²

^{1,2}“Lucian Blaga” University of Sibiu, Sibiu County Forensic Service

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Abstract: A report published in 2009 by the World Health Organization shows that between 15% and 71% of women who have ever been in a relationship have experienced physical or sexual violence from their partner. The prophylactic approach to these issues, as well as to other reproductive health elements, involves an interdisciplinary process with projects planned at national level - by increasing the number of primary prevention activities, a more real involvement of the education field, a faster and more dynamic response of the medical sector, but also the awareness of the legal system. We carried out a retrospective observational analytical study of genital-forensic medical examinations carried out at the request of the person within the Sibiu County Forensic Service during the period 2010-2017 - a total of 623 cases (attempted rape, sexual abuse, genital status examination, age dispensation for marriage). Among the objectives of this study, we mention: highlighting the differences between the incidence of sexual assaults within different social groups (age, sex, background), the evaluation of the ratio between the claimed sexual abuses and the ones confirmed by forensic examination, highlighting the percentage of sexual assaults that have occurred in the conditions of toxic abuse, analysis of the profile of people requesting age dispensation for marriage. The data provided by the study is relevant for the future planning of actions and projects aimed at improving the general reproductive health and sexual education level, adapted to the real needs of society at the moment.

INTRODUCTION

By law no. 61/2002 on the approval of the Government Emergency Ordinance no. 89/2001 for the completion and amendment of certain provisions of the Criminal Code, the rape, initially aimed at by the article 197 of the Criminal Code (217 of the new Criminal Code) is defined as: “Sexual activity of any kind with a person of a different sex or of the same sex by constraining this one or by taking advantage of his/her inability to defend himself/herself or to freely express his/her will ...”.(1) The first observation to be made in relation to this definition is that rape no longer refers only to potential female victims, but also includes sex-related assaults between persons of the same sex. This change has also brought about changes in the forensic approach regarding genital area examinations, so that in these cases the reason is to disclose sexual intercourse without consent.(2)

“Time” is an important factor in the proper forensic diagnosis of sexual assault, the forensic examination of sexual assaults/rape being an emergency. This statement is based on the following points: the presence of sperm can be observed only within the first 72 hours of unprotected sexual contact and only if the local washing was not performed before the examination; recent defloration can be detected within the first 3 weeks of production; there are more chances of correctly diagnosing anal lesions if the examination is performed as soon as possible after sexual intercourse; in case of suspicion of administration of certain substances, samples for toxicological examination should be taken before the body metabolizes these substances; certain traumatic injuries will be healed and will not be detected at a late medical examination.(3,4)

The objectives of forensic examination in the case of a sexual assault / rape are as follows:

- *Demonstration of sexual intercourse* - in the case of a virgin woman, it will be based on recent defloration signs, indicating, if possible, the date on which that sexual intercourse took place. For non-virgin women, the most important sign is the presence of sperm in the vagina. Specific to homosexual rape is the examination of the anal orifice to trace anal ruptures and/or irritation, sometimes even with recent bleeding.
- *proving the victim' lack of consent* can be made by highlighting certain specific situations: psychological or physical constraint, the victim's inability to express his or her free will - extreme age, coma, administration of various substances, the presence of a mental illness, cases in which the victim cannot defend himself/herself and does not have resistance.
- *suspect's examination* will be done as soon as possible and, in this case, it is very important to carry out complementary examinations that seek to determine the identity of the aggressor based on biological evidence.
- *demonstration of the possible consequences of rape* are considered by the court as aggravating circumstances, so their highlighting is another important objective that the forensic doctor is aiming at. These include: venereal disease, pregnancy following rape, mental trauma, infirmity, or even death.

The importance of studying statistical data on sexual assault is highlighted, among other things, by the statistics existing in the field, as well as by those published by the

¹Corresponding author: Elena Topîrcean, Str. Cristianului, Nr. 4, Cod 557170, Orlat, Județul Sibiu, România, E-mail: elenflo21@yahoo.com, Phone: +40737 002054

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National Sexual Violence Resource Center of the United States of America regarding the national costs associated with sexual assault. These statistics show that: during the entire lifetime of a survivor of a sexual assault, there are spent \$ 122,461; annually, rapes are the most state-funded crime category (\$ 127 million), followed by robbery (\$ 93 million), homicides (\$ 71 million), and driving under the influence of alcohol (\$ 61 million); 81% of female and 35% of male victims report long-term and short-term effects such as post-traumatic stress; health costs are 16% higher for women who have been sexually abused in childhood and 36% higher for those who have been sexually and physically abused.(5,6)

With or without the influence of toxic substances, it seems that the most likely people to be victims of sexual assault are those who come from precarious social environments with an unhappy childhood and who have lived in disorganized families.(7) It is relevant, from this point of view, a study in Brazil - a country known for its social problems - which analyzed the factors influencing the diagnosis of sexual abuse in juvenile cases, showing how relevant some elements are: such as victim personal reporting or by escorts, the environment of origin, the time elapsed between reporting and the commencement of investigations, the relationship between the victim and the aggressor.(8)

AIM

Through this study we aim to evaluate the social and individual parameters of those who have requested genital forensic examination for sexual assault/ rape.

The aim of the paper is to assess the general level of reproductive health and of sexual education.

Objectives that underpin this goal are: highlighting epidemiological coordinates (age, gender, background) of sexual assault, evaluation of the ratio between the alleged sexual abuses and the ones confirmed by forensic examination, description of the factors contributing to the forensic issues including the sexual assault/ rape.

MATERIALS AND METHODS

We carried out a retrospective observational analytical study on the forensic examinations carried out within the Sibiu County Forensic Service, during January 1, 2010 to December 31, 2017 (8 years), for rape /sexual assault allegations.

All forensic certificates issued at the request of the person, requested as a result of rape/sexual assault allegations were analyzed. The forensic findings were formulated on the basis of the somatic examination, genital/anal examination, and where the case, based on specific complementary examinations (sperm count, presence of sperm - Florence reaction or PSA testing, vaginal/anal secretion).

The following parameters were followed: the epidemiological characteristics of the persons examined (age, sex, background) and the evolution of the demands in time (numerical variations of the alleged cases of rape / sexual assault).

RESULTS AND DISCUSSIONS

In the 8 years analyzed, in the cases of the Sibiu County Forensic Service, of the total of 623 forensic examinations in the genital area, 209 were due to rape/sexual assault allegations; the annual average of these examinations is 26.12 cases /year. Figure no. 1 shows the share of forensic requests for rape/sexual assault (33.54%) of all forensic examinations in the genital area.

We have analyzed the year distribution of the number of forensic examinations in genital area for rape/ sexual assault

noticing a fluctuating trend, with most cases being registered in 2015 (31 cases) and the lowest in 2010 (20 cases). In the period 2011-2013, there was a slight downward trend (from 26 cases/year to 22 cases/ year), and in the subsequent period until 2016, there was a slightly upward trend (30 cases/year in 2016) (see figure no. 2).

Figure no. 1. Share of examinations for rape / sexual assault of all forensic examinations in genital area

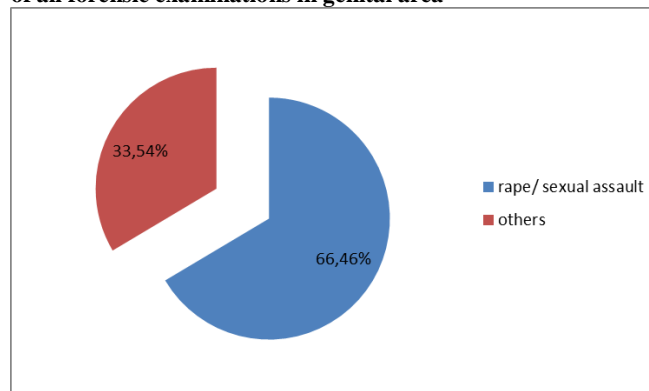
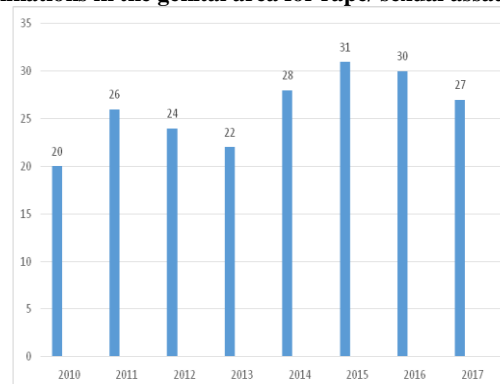
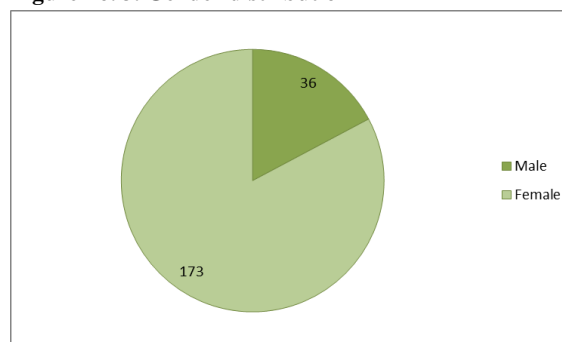


Figure no. 2. Evolutionary dynamics of forensic examinations in the genital area for rape/ sexual assault



Following the gender distribution of cases during the study period, we noticed the female predominance, but a significant number of cases were also recorded in males (173 female cases versus 36 male cases, sex ratio F: M = 4.8:1) (figure no. 3). Regarding the dynamic evolution of cases by gender, we found an upward trend in forensic examinations for males for sexual assault allegations (from 1 case in 2010 to 9 cases in 2016) (figure no. 4).

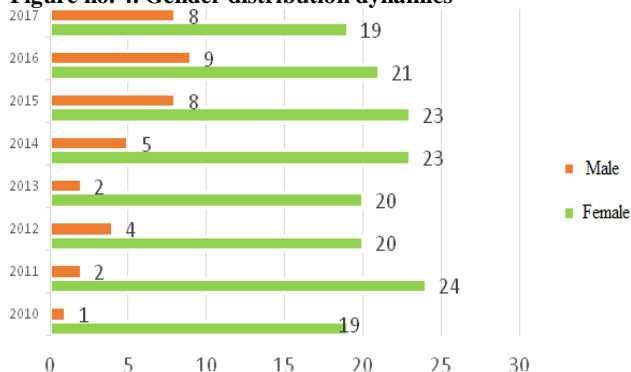
Figure no. 3. Gender distribution



Nearly two-thirds of cases of rape/ sexual assault come from rural areas (63.63%, 133 cases) and 76 from urban

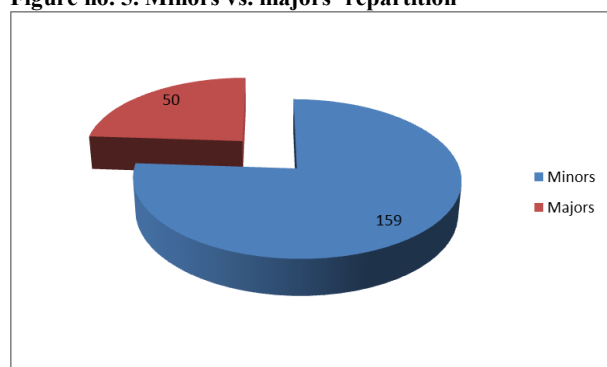
areas (36.37%). Rural prevalence is obvious, especially if we take into account the high urbanity of Sibiu County (67% according to the 2011 census).

Figure no. 4. Gender distribution dynamics



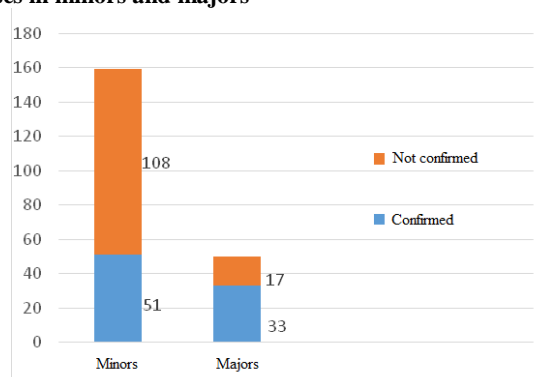
Another aspect to note is the large number of minors for whom forensic examination for rape/sexual assault (159 minors, 76.07%) was requested compared to only 50 major persons, 23,93%) (figure no. 5).

Figure no. 5. Minors vs. majors' repartition



Following the genital examination and the complementary examinations (sperm count and sperm presence) performed in the cases where necessary, the medically-confirmed sex rape / aggression rate was 48.34%. This confirmation rate was higher among major people (66%) than among minors (32.07%). Thus, out of a total of 159 cases of rape /sexual assault, 51 were forensically confirmed and of the total of 50 cases of rape /sexual assault in majors, 33 were confirmed from a forensic point of view (figure no. 6).

Figure no. 6. Ratio between confirmed vs. not confirmed cases in minors and majors



CONCLUSIONS

The analysis of the 623 forensic examinations in genital area carried out within Sibiu County Forensic Service in 2010-2017 revealed that over the last eight years, there has been a general tendency to decrease the number of requests for such examinations, but since 2014 there has been an upward trend regarding the forensic examinations in the genital area for rape/sexual assault allegations.

These requests came mainly from females, but there were a significant number of requests from males as well, increasing over the period studied. We also noticed the significant share of minors, but also the predominance of the demands from rural people, suggesting the socio-economic differences between urban and rural areas. As far as the rate of forensic confirmation of rape/sexual assault is concerned, it was much higher for major people.

The objective forensic confirmation of a case of rape/sexual abuse is difficult, both because of the limits of the complementary examinations and due to the late presentation to forensic examination, which makes it difficult to set up a certain diagnosis.

Based on the data obtained through this study, strategies and projects can be developed to improve the level of education on sexual life and reproductive health, as well as the organization and coordination of local and regional centers that deal with women and child protection services, targeting their work and resources according to the real needs of society at a given time.

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