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## False Accusations of Sexual Abuse as a Means of Revenge in Couples Disputes

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(Article begins on next page)

whom only two were found to have a psychiatric diagnosis. The fact that 19 perpetrators had been committing violence to the victim before the homicide incidence was determined among 22 perpetrators for whom data related to the violence commitment status were able to be obtained. Also, 56 (45.9%) perpetrators were found to have exhibited behaviors of murder contemplation, while in 87 cases (71.3%), the time interval between the homicide and suicide was less than one hour. In addition, 89.5% of the perpetrators committed suicide using firearms while 88.6% of the victims had been murdered by firearms, all of which can also be parameters to discuss the motivation as a power ratio between the victim and the perpetrator, a violent drive-control ability, and other psychiatric basis.

The limited data can be found to be related to the past sociodemographic features, especially of IPHSs. In order to be able to obtain more data and documents, judicial units' recording more data will provide more of a chance, especially for psychiatric, sociological and criminal researches. Even with these numbers, this study can be the most comprehensive case collection in Turkey related to IPHS cases in mass media, providing some significant awareness for evaluation and prevention of further cases.

**Homicide-Suicide, Intimate Partner, Sociodemographic**

### 132 The Psychological Autopsy as Method in Case of Suicide by Hanging

*Isabella Aquila, MD\*, Policlinico Univ, S. Venuta-Medicina Legale, Viale Europa, Località Germaneto, Catanzaro, ITALY; Arianna Serra, MD\*, Carol Pileggi, MD\*, Miriam Sirianni, MD, Silvia Boca, MD, Maria Chiarelli, MD, Pasquale De Fazio, PhD, MD, Ciro Di Nunzio, PhD, Santo Gratteri, MD, and Pietrantonio Ricci, PhD, MD, Magna Graecia Univ, Viale Europa 88100 Catanzaro, ITALY*

After attending this presentation, attendees will understand the role of the psychological autopsy in a case of suicide.

This presentation will impact the forensic science community by discussing the relation between a suicide case and the choice of suicide with psychosocial, environmental, and cultural risk factors.

**Introduction:** Suicide is a public health problem; as a general rule it is underestimated. Prevalence of death due to suicide is greater than cancer, respiratory disorders, and other common diseases. Every year, more than 10/100,000 people commit suicide, with an alarming rise in suicides among children and women 18 to 30 years old; specifically, it is a major preventable cause of death among children. Every country has a constant trend. Specifically in Italy, there is a low risk of suicide, with the northern regions exhibiting values almost double compared to the south. It's influenced by psychosocial, environmental, and cultural risk factors. There are many risk factors: advanced age, male sex, widowhood, divorce, previous attempts or intentions of suicide, depression, schizophrenia, drugs, unemployment, social isolation, suicide among relatives, hallucinations, and delusions of persecution. Suicidal ideation is based on both cognitive substrates and personality disorders along with interactions with family as impaired parent-child relationships, emotional dissatisfaction, self-harming behavior, frustration, social marginalization experience, and inability to recognize other's complex emotional states. Even families dominated by violence and abuse can generate potential candidates for suicide. Also, there is a clear association with groups, as with psychiatric patients and persons with several mental and physical illness. In particular, adolescents with intellectual disabilities often diagnosed with comorbid psychiatric disorders are a vulnerable population who may be at risk for developing suicidal thoughts and behavior. Many different factors may influence personal decisions about the choice of suicide modality of death. There is a clear indication of restricted access to lethal means associated with a decline in suicide, especially for methods with a high fatality rate. Suicidal setting analysis is performed by forensic pathologists with "psychological autopsy." This survey includes demographics, lifestyles, personality traits, personal and psychological data of suicide's victims, and suicidal reasons. The psychological autopsy is one of the most valuable tools for research into the suicide's death.

The goals of this study are to evaluate the psychological autopsy to understand reasons and origin of suicide cases.

**Case Report:** This case has been tested, through the method of psychological autopsy, the case of a 17-year-old girl's death by suicide. At on-site investigations, the young girl was found hanged from a sheet attached to the railing of her apartment. The external examination of the victim revealed the presence of hanging marks: cyanosis of the face, conjunctival petechiae, soft skin neck injury, and hypostasis in both hands and feet. The examination of the victim demonstrated suicide by hanging. A psychological survey was performed on the family and friends of the victim. Measurements used were: face-to-face structured interviews, semi-structured interviews with family members of the suicide victim, or next of kin with informed consent obtained beforehand.

**Results:** The results showed the victim's parents were divorced. Further psychological investigations were suggestive of sexual abuse by a parent.

**Conclusions:** The study emphasizes the importance of psychological autopsy to detect the reasons for suicide. This survey is important especially to identify the risk of suicide victims in relation to: suicidal setting, family dynamics, previous psychiatric disorders of the victim, and any psychiatric disorders of the family. The identification of risks enhances prevention of this phenomenon.

**Suicide, Psychological Autopsy, Interview**

### 133 False Accusations of Sexual Abuse as a Means of Revenge in Couples Disputes

*Ignazio Grattagliano, MD\*, Univ of Bari, Piazza Cagnola, 3/B, Casamassima, ITALY; Giancarlo Di Vella, PhD, Univ of Bari, Section of Legal Medicine, Piazza Giulio Cesare, 11, Bari, ITALY; Carlo P. Campobasso, MD, PhD, Univ of Molise, Dept Medicine & Health Science, via De Sanctis, snc, Campobasso, ITALY; Graziamaria Corbi, PhD, Via Giovanni Paolo II - Loc. Tappino, Campobasso, ITALY; and Andrea Lisi, PsyD, Valentina Stallone, PhD, and Roberto Catanese, MD, Univ of Bari, Piazza Giulio Cesare, Bari, ITALY*

After attending this presentation, attendees will more fully comprehend the dynamics regarding false charges of sexual abuse eveled against ex-partners as a means of revenge in Italy.

This presentation will impact the forensic science community by presenting some of the challenges that professionals in criminology and legal medicine encounter when ex-partners launch false charges of sexual abuse against the other partner. Additionally, the importance of the role that Parental Alienation Syndrome (PAS) may play in such circumstances will be presented.

False accusations of sexual abuse as a means of revenge in couple disputes when carrying out forensic-psychiatric evaluations on a minor who is the presumed victim of sexual abuse, one may come across both "false positives" and "false negatives." These may be the result of honest mistakes, or are intentionally false, and the result of manipulation and exploitation. False accusations may come about under certain conditions such as in particularly bitter cases of separation and divorce where one of the parents files charges against the other, and is well aware of the untruthfulness of them. In other cases, the adult reports sexual abuse that did not, in fact, take place, but believes in good faith that it has. Such a parent's motives are protective in nature. Investigations carried out using inappropriate techniques may result in erroneous conclusions, thus confirming abuse that had, in fact, never taken place. The goals of this study are to examine the phenomenon of false accusations of sexual abuse as a form of revenge by one ex-partner against another, and to offer recommendations as to how to avoid falling into these traps.

This research examined 75 technical consultations and expert testimonials, requested by judicial authorities, and carried out between 2003 and 2009 at the Department of Criminology of the University of Bari, Italy. These cases regarded marital unrest where intrafamilial sexual abuse of a minor was reported. Twenty-two (30%) of these reports were found to be baseless and merely a result of conflict, as well as a strategic maneuver employed by one of the partners as an act of

\* Presenting Author

revenge upon the other. Of these 22 baseless charges, five involved men who accused their ex-wives and/or live-in partners. The remaining 17 cases involved charges by women against their ex-husbands and/or live-in partners. This echoes what is reported in the literature. Mothers (alienating parents) often level "virtual accusations of abuse" against fathers (alienated parents). When, on the other hand, it is the father who is the instigator or the alienating parent, the accusations are usually aimed at the new partner of the ex-wife or ex-girlfriend.

Currently, technical consultants who work with separated and conflicted families are increasingly involved in court cases that follow a characteristic pattern: one parent is accused of sexual abuse or serious maltreatment. This causes harm to the youngster and the accused parent is subsequently turned out, losing all contact with the child. It is important to bear in mind how PAS is a form of violence perpetrated on minors. A parent who alienates the other commits a form of abuse that Gardner defines as "emotional," and may result in the permanent alienation of one loving parent, as well as psychiatric disorders.<sup>1</sup> The estranged parent who forces his or her child into a situation of continual denigration and denial of the other parent can irreversibly damage fundamental psychological bonds. When parents become estranged, a serious deficit in parental care is always a risk and should seriously be considered by the courts when they make decisions regarding child custody. Charges of abuse represent not only an instrument of protection of one's own children, but also a weapon of revenge against an ex-partner, paradoxically putting these minors into the role of victims.

**Reference:**

- Gardner, R. A. (1999). Differentiating between the parental alienation syndrome and bona fide abuse/neglect. *American Journal of Family Therapy, 27(2):97-107.*

**False Accusations, Revenge, Sexual Abuse**

**134 A Comparison of Results From Clinical and Forensic Urine Screening for Opiates in Psychiatric Patients**

Daylien Casas, BS\*, 2920 SW 12 St, Miami, FL; Lisa J. Reidy, PhD, Univ of Miami Forensic Tox Lab, 1600 NW 10th Ave, RSMB R5, Rm 7020A, Miami, FL 33136; Patricia Junquera, MD, Univ of Miami, Miller School of Medicine, Dept of Psychiatry and Behavioral Sciences U, 3101 JMH-Mental Health Bldg, Miami, FL; and Bernard W. Steele, MD, Jackson Memorial Hospital, Holtz Center Rm 2026, 1611 NW 12th Ave, Miami, FL 33136

After attending this presentation, attendees will learn how clinical toxicology testing is not as accurate and as specific as they should be for patients with a history of drug abuse and psychiatric illness. Attendees will also learn that many patients who are currently using opiates would return a hospital drug screen as "negative" for opiates when this clearly is not the case. The screening methodologies currently employed in clinical laboratories are not sensitive enough to provide comprehensive toxicology results.

This presentation will impact the forensic science community by improving appropriate treatments and diagnoses for psychiatric patients.

**Introduction:** Patients with mental illness, such as bipolar or schizophrenia, are more likely to have substance abuse problems than the general population. If both are identified, then the individual may receive continuous treatment for each affliction. One problem associated with drug abuse lies in the detection of the drugs in a clinical setting. Patients with mental illness and drug use present a difficult challenge for physicians to determine if the causation factor for the mental illness is drug abuse or if the mental illness led them to drug abuse. If drug use is suspected, a urine sample is collected and sent to the hospital laboratory for drug screening. The drugs that are routinely screened for vary between hospital and/or institution. The screening is typically five different drug classes that include: cannabis, amphetamine(s), cocaine, opiate(s), and benzodiazepine(s). In most hospital laboratories, no confirmation for drug use is performed due to

the conception that this is expensive and time-consuming. The reliability and accuracy of the urine toxicology results is a vital tool for the correct diagnosis of these patients.

**Objective:** This study was conducted to assess the accuracy of the clinical toxicology testing for patients with a history of drug abuse and psychiatric illness. According to the data from the National Institute on Drug Abuse, the number of opiates prescribed has dramatically increased in the last 20 years, with 131 million prescriptions written/dispensed in 2000 that had increased to 210 million in 2010. Due to this increase in use and the lack of cross reactivity with some opiates in hospital drug screening, a study was conducted comparing clinical toxicology results with typical forensic toxicology screening that combines Enzyme Linked Immunosorbant Assay (ELISA) and Gas Chromatography–Mass Spectrometry (GC-MS) to screen and confirm a wide variety of drugs.

**Materials and Methods:** In this IRB-approved study, 338 urine samples were collected from the hospital laboratory from patients admitted into detox or mental health institutions. Patients were comprised of males and females with ages ranging between 18 and 65 years old. The results from the hospital urine drug screening with EMIT (Enzyme Multiplied Immunoassay Technique) was obtained. The forensic toxicology testing protocol utilized a DS2 (Dydx Technologies) fully automated ELISA instrument using opiate and oxycodone ELISA kits (Neogen KY, USA). The comprehensive GC-MS screening utilized a basic LLE (Liquid-Liquid Extraction) then fast GC-MS (Agilent Technologies) analysis. These tests are comparable in pricing and in speed that is vital for routine toxicology testing in a hospital environment.

**Results and Conclusions:** The results of both laboratories urine drug screening are presented in Table 1. With the EMIT screening technologies; they tend to have a poor cross-reactivity to oxycodone and oxymorphone which can explain some of the differences seen. Clearly, the results demonstrate that the current screening methodologies typically employed in clinical laboratories are not sensitive enough to provide comprehensive toxicology results. The results show that many patients that are currently using opiates would return a hospital drug screen as "negative" for opiates when this is evidently not the case. The screening used at the hospital at baseline for most of the patients were inaccurate and unspecific and in this instances missed over half of the patients using opiates which is important information when trying to determine the treatment for those patients. The GC-MS data identified a wide variety of opiates in use in this population use ranging from 6-monoacetylmorphine, hydrocodone, hydromorphone, oxycodone and oxymorphone to name a few.

Table 1: The drug screening results of a clinical laboratory vs. the drug screening results a toxicology laboratory. N= 338

Drug Group	Toxicology Laboratory			Clinical Laboratory		
	Number Patients	of Positive	% Positive	Number Patients	of Positive	% positive
Opiates (class)	30		9	22		6.5
Oxycodone (class)	20		6	N/A		N/A

**Inaccurate, Opiates, Screening**