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Ana Isabel Nóbrega Pinto

**Sexual Crimes against Elderly People:  
A retrospective study in the north of Portugal**

**Abril, 2011**

# FMUP



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**Mestrado Integrado em Medicina**

**Área: Medicina Legal**

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**Professora Doutora Teresa Magalhães**

**E Co-Orientação de:**

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Faculdade de Medicina da Universidade do Porto, 15/04/2011

Assinatura: Ana Isabel Nóbrega Pinto

# **Sexual Crimes against Elderly People: A retrospective study in the north of Portugal**

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## **Abstract:**

The population aging, observed world-wide, leads to an increase in elders' population. So, as this group of vulnerable people continues to increase and as sexual perpetrators generally seek vulnerable victims, a rise in the cases of elder victims of sexual crimes is expected. This phenomenon has not yet been described in Portugal. Thus, this study aims to analyze and characterize the sexual assaults against older adults, to better understand this form of violence.

In this study, we retrospectively reviewed sexual forensic examination reports regarding suspected victims of sexual crime aged over 64 years old in the north medico-legal services of the National Institute of Legal Medicine of Portugal, between 2005 and 2009. We also reviewed the judicial conclusions of each case.

During this period, a total of 14 cases occurred, corresponding to 0.3% of non-fatal crimes against elderly and 0.6% of the total of alleged sexual crimes reported. All the victims were female. The majority lived alone and didn't have limitations in communication, orientation, ambulation or autonomy. The offenders were all male with a wide age range (17 to 81 years old); most were known to the victims and had history of previous disruptive behaviors. No intrafamilial cases were identified, probably due to underreport or no report. The majority of the sexual assaults occurred in the victims' home and the offenders tended to use physical violence. Precocity of the forensic examination is crucial for the identification of physical and biological evidence. We observed a high prosecution and conviction rates.

**Keywords:** Sexual Crimes, Elderly, Portugal

## 1. INTRODUCTION

The beginning of old age is not precisely defined. Different age cut-offs are used in different parts of the world to define an older person [1, 2]. In Western countries, the onset of old age is usually considered to coincide with the age of retirement, at 60 or 65 years old. Generally, old age is a socially defined concept, regarded as a time in life when people are no longer able to carry out their family or work roles, due to their mental and/or physical decline [1]. In Portugal the cut-off used to define an older adult is 65 years old.

Older people are the fastest growing segment of the population worldwide [1, 2]. According to the United Nations prospects [3], the global population of those aged 60 years or over is expected to almost triple by the year of 2050. This population group is increasing at the fastest pace ever (growing at 2% annually in the developed countries and at 3% annually in the developing countries).

In Portugal the scenario is similar. The average life expectancy of the Portuguese population increased from 74.1 years old in 1990 (70.6 for males and 77.6 for females) to 78.5 years old in 2006 (75.2 for males and 81.8 for females). These demographic changes resulted in an ageing population [4]. In 1990 the population of elder people (aged 65 years or over) represented 13.6% of the overall population; in 2009 this age group represented 17.9% of the total population in the country [5], which shows a substantial growth in the past 20 years. It is expected that this trend will continue in the next years, with estimates suggesting the duplication of the elder/juvenile population ratio by the year 2050 [4].

In 2006, most of the Portuguese elders (62.8%) lived with the spouse and 20.7% lived alone. The majority of elders living alone were female (28.8% women against 9.5% men). This difference has been increasing since 1998 (26.9% for females and 10.2% for males) [4].

The north of Portugal accounts for approximately 35% of the Portuguese population. In this region, the elder population accompanies the increase observed nationwide [4-6].

Therefore, as this group of potentially vulnerable people continues to increase, we will likely be seeing more cases of elder victims. According to the statistics of the *Portuguese Victim Support Association* (APAV), between 2000 and 2009 there has been an increase of 120% in the crimes against the elderly in Portugal [7].

The ageing process isn't necessarily pathological. Although, it's undeniable that there are several diseases (e.g., heart failure, stroke, dementia and cancer) that are far more frequent in the elderly than in any other age group and also, the coexistence of multiple diseases is more common in older people. These facts, combined with the physiological changes that naturally occur in this period of life, contribute to the increased weakness and vulnerability of old people [1, 8]. Likewise, the family and community networks that had formerly provided support to the older generation have been weakened, and often destroyed, by rapid social and economic changes, contributing to the isolation experienced by some of the elder [1]. So, as perpetrators of sexual violence seek vulnerable victims (who are easy to overpower and manipulate, who are less likely to report the crime and be believed if they do) [9], the elderly population may be at special risk of being victims of sexual crime. According to APAV statistics these sexual crimes accounted for 0.82% of the crimes committed against old adults in Portugal, between 2000 and 2009 [7].

Previous studies [1, 2, 10-13] reveal that violence against older adults may be divided into different general categories: physical, sexual, psychological/emotional, financial/material, neglect, self-neglect and all other types (e.g., violation of personal rights and abandonment). Among all these types of violence, the sexual violence seems to be the most undetected and unreported [14-17]. Since the older adults do not fit the culturally

defined description of sexual attractiveness they are often not seen as possible victims. This common myths and stereotypes that surround sexual assault may also lead to the disbelief or the discrediting of the older adult's complaint [9, 18].

There is a paucity of research on sexual crimes committed against older adults, existing only a few empirical studies regarding this subject [14-22]. Most of these studies provide a retrospective description of one or more aspects of the cases, which are often provided through samples of convenience. Together, these investigations reveal that the older victims of sexual assault are primarily women with cognitive or physical limitations, who suffer multiple forms of sexual practices and most frequently live in institutional settings or alone. In terms of the offenders this research shows that they are primarily male and range from teenagers to very old. They are more likely to be people upon whom the victim was dependent for care (either family or institution staff members), co-residents of the institution or strangers/acquaintances. Some have history of substance abuse, mental illness and criminal activity, including sexual offences. Previous studies [16, 17] show a low rate of prosecution and convictions and the main reasons pointed were insufficient evidence or inability of the older adult to participate.

The characterization of these occurrences may contribute to a greater understanding of this type of crime, as well as to facilitate the recognition of future cases allowing the possibility of preventive social interventions.

Since this phenomenon is not yet entirely characterized and described in Portugal, the main aim of this study is to analyze the prevalence of sexual crimes against elderly people in the North of Portugal. We also intend to analyze the social and epidemiologic characteristics of the victims and perpetrators, which could be related to the occurrence and type of the sexual assault experienced, and to compare medico-legal conclusions with the judicial conclusions for each case, during the reported 5-year period. This will allow a better understanding regarding this form of violence against elders in this country.

## **2. MATERIAL AND METHODS**

In order to obtain information about suspected sexual crimes against elderly people, a research was conducted in the Clinical Forensic Medicine Department and the Forensic Pathology Department databases of the North Branch of the National Institute of Legal Medicine of Portugal (INML). This research was based on the following inclusion criteria: suspected victims of sexual crime aged over 64 years old, who underwent a clinical forensic examination ( $n=14$ ) or autopsy ( $n=0$ ) in the north medico-legal services of the INML between 2005 and 2009. After that, a letter was sent to the court responsible for each case, asking them a copy of the final judicial decision, in order to have access to the legal conclusions of the cases.

It was found that no intrafamilial cases of sexual abuse of older adults were identified. So, another research was conducted in the same database, for the same age group of victims and the same 5-year period, looking for the cases of intimate partner violence (IPV) in which the victims reported being sexually abused by their partner. We found that among all the cases of IPV reported in this period ( $n=17880$ ), 2% of the victims aged over 64 years old referred being sexually abused by their partners at some point during the violent relation ( $n=352$ ). However, none of those victims presented a formal complaint based on the occurrence of sexual

violence, only for the physical aggressions. These cases were not included in the study because, due to the absence of complaint, no sexual forensic examination took place.

To collect data from this case files an extensive data collection instrument was developed based on a questionnaire used in a previous study [23]. The questionnaire was divided into five sections and consisted mostly of questions with forced choice response sets. The first section included questions about background characteristics of the alleged victims (age, gender, activity, living arrangements, health problems - physical, cognitive and psychiatric -, orientation, ability to ambulate, communicate and perform the daily life activities). The second section focused on the background characteristics of the alleged perpetrators (number of suspects, relation with the victim, gender, age, activity and history of disruptive behaviors, mental illness or other health problems). A description of the alleged sexual crime was ascertained in the third section (if the sexual assault was an isolated case or ongoing occurrence, place where the crime occurred, the circumstances in which occurred and type of the sexual practice). The fourth section included questions about the medico-legal observation of the victims, the ancillary exams performed and its results. The forensic conclusion, regarding the comparison between the information about the alleged sexual assault and the results of the medico-legal examination (defined in five categories of growing evidence: incompatible, doubtful, possible but not demonstrable, probable and demonstrable) was also explicit in section four. Legal outcomes of each case were addressed in section five.

Data was collected by one trained investigator who read all case files and legal conclusions and completed the questionnaire. Due to the retrospective nature of the study, it was not possible to collect all data regarding different variables. For data analysis, owing to our sample size, no statistical analysis was carried out and it was decided to use a descriptive presentation of the cases.

### **3. RESULTS**

A total of 14 cases of suspected sexual crime against elderly people were obtained, corresponding to a total of 0.3% of the non-fatal crimes perpetrated against elderly people, and 0.6% of the total cases of alleged sexual crimes reported in the North of Portugal during the analyzed period. No specific evolution in time was identified (4 cases in 2005, 5 cases in 2006, 1 case in 2007, 3 cases in 2008 and 2 cases in 2009).

#### **3.1 Background characterization of the alleged victims**

All the alleged victims were female (n=14). Victims' age ranged from 66 to 91 years old (yo) with a mean age of 77.1 yo. One half of the older adults (n=7) were between the ages of 70 and 79 yo. Most of the elderly lived alone (n=10), 2 lived with a family member (both with their sons) and other 2 lived in a nursing home (*Table 1*).

The majority of cases (n=8) had no relevant previous pathological history; 4 had a physical handicap (sphincter incontinence in case 4, left hemiparesis in cases 8 and 9 and severe hypoacusis in case 14), and 2 had a mental/cognitive handicap (mental retardation and Alzheimer's disease in cases 1 and 12, respectively). Only 2 of the individuals were completely unable to communicate (either through words or gestures) due to their physical or cognitive/mental impairments (cases 4 and 12); 1 had difficulties to communicate due to her mental/cognitive impairment (case 1); all others had no difficulties to communicate (n=11). In 12 of the cases the

older adults were always oriented and needed no assistance to ambulate. One individual couldn't ambulate at all (case 4 was bedridden) and other needed technical assistance (a wheel chair - case 12). Two of the victims (cases 4 and 12) were unable to perform their daily life activities (DLAs); all the other were autonomous (n=12).

### **3.2 Background characterization of the alleged offenders**

All the alleged perpetrators were male (n=13, because the perpetrator in cases 2 and 3 was the same man). The age of the offenders ranged from 17 to 81 yo. The majority (n=8) were between 30 and 55 yo (*Table 2*).

Two of the alleged offenders were retired and the others had professional occupations related to construction or agriculture. All had low level of education (none had completed high school).

Of the cases where information about previous pathological history could be obtained (n=8), only 2 had physical handicaps and 1 had a mental handicap and psychiatric history. Also, out of these 8 cases, 6 had history of previous disruptive behaviors.

The alleged perpetrator in case 1 was the husband of a resident in the same nursing home as the alleged victim; he had a history of chronic respiratory failure that caused impairments to his daily life activities. The suspected offender in cases 2 and 3 (the same man), had a history of alcohol and drug abuse and by the time of the trial he was serving a 2 year prison sentence for the crime of drug traffic. In case 4, due to communication impairments of the victim and the fact that there weren't any witnesses to the crime, no information about the offender could be obtained. The alleged perpetrator in case 5 had already been convicted for 2 crimes of insults. In case 7 the alleged offender had already been convicted to 5 years in prison due to a previous episode of sexual assault and robbery of a 63 yo woman; also he had a history of 2 more complaints of sexual assault of a 75 yo woman. Note that in case 10 the alleged offender was the youngest, with 17 yo at the time of the crime; he lived in a state institution since his father committed suicide in 2008 (his mother also committed suicide when he was 8 yo); no previous convictions were reported but a history of robbery was identified. The perpetrator in case 11 had a mild mental retardation and a sexual disorder with obsessive ideation for older women; he had a history of alcohol abuse and was previously convicted for 3 sexual crimes to a total of 9 years and 6 months in prison (sexual assault of a person incapable of resistance in 1994 and 2002, and attempted rape of an elderly woman in 2004). In case 12 the suspected perpetrator was a resident of the same nursing home as the victim and had several physical handicaps: difficulties in verbal communication, difficulties in ambulation (used a wheel chair) and sphincter incontinence. The suspected offender in case 14 had a history of alcohol abuse.

In 5 cases the suspected offenders were strangers and in 8 cases were known to the victim. However, none of them had a direct family relationship with the victim.

### **3.3 Characterization of the alleged sexual crime**

The most common type of sexual crime reported was vaginal penetration by penis (n=7). In 5 of the cases multiple types of sexual aggression occurred within the same case. In 3 of the vaginal penetration cases, anal penetration was also reported (cases 8, 9 and 14). In 3 cases, the sexual assault included fondling (cases 11, 12 and 13). Other types of sexual crime were vaginal penetration attempt by fingers, vaginal and anal penetration attempt by penis and vaginal and anal penetration by fingers (*Table 3*).

In 2 cases (no. 1 and 4) it wasn't possible to obtain information about the alleged sexual crime because the victims had difficulties in communication and weren't able to confirm the occurrence of the sexual practice (the victim in case 4 couldn't communicate at all). In these cases the medico-legal examination was performed based on suspicious findings reported by the nursing home staff members in case 1 (a vaginal bleeding and vulvar abrasions) and the members of domiciliary care in case 4 (a yellowish discharge from the victim's vagina). Also, in case 12 the victim wasn't able to confirm the occurrence of the aggression due to her mental/cognitive handicap, so the exam was performed based on the nursing home staff testimony who witnessed the abuse.

The crime typically occurred in the victim's home (n=8). In 2 of the cases the abuse occurred within the nursing home facilities and in 3 cases it took place in an isolated place.

The use of physical violence by the perpetrator was reported in 9 of the cases in order to try to control the victims, weaken them and diminish their ability to resist or ask for help. Death threats were reported in 3 of the cases and in 1 of them the perpetrator used a knife to subdue the victim. In case 12, due to the victim's impairments, she wasn't able to resist against the perpetrators will.

In all the cases where information about the occurrence could be obtained (n=10) the use of condom was not reported.

The majority of the alleged crimes weren't witnessed (n=13). Only in case 12 a member of the nursing home staff entered the victim's room and witnessed the abuse.

The victim in case 5 claims to have been sexually assaulted by the same man in 2 consecutive days; both practices took place in the victim's home and included vaginal penetration. In case 7 the victim refers an attempted rape 4 years before, by the same man, following which she presented a complaint and a medico-legal examination was performed.

### **3.4 Characterization of the medico-legal examination**

In the majority of cases the medico-legal examination took place within the first 72 hours after the alleged crime (n=8). In 5 out of these 8 cases, the examination was performed in the first 24 hours after the occurrence. In other 5 cases the examination was performed more than 72h after the occurrence. In case 4 the time elapsed was unknown (*Table 4*).

The medico-legal examination revealed no physical signs of recent sexual assault in half of the cases (n=7). In the other 7 cases recent signs of sexual violence were identified. Also, signs of physical violence were identified in 6 cases; these cases match the ones where the victims reported physical violence. In case 9 no signs of physical or sexual violence were identified but the elderly women presented with poor general conditions (severe cachexia and multiple pressure ulcers).

Collection of evidence for DNA studies was performed in 10 cases and a male genetic profile was identified in 4 of these cases. In case 10, even though the time between the aggression and the examination was more than 72 hours, DNA testing was conducted on the swabs collected at the hospital where the victim went less than 24 hours after the abuse. In 4 cases no DNA samples were collected because of circumstances of the crime or the time elapsed.

No heterologous genetic profile was identified in 4 of the cases where physical signs of recent sexual violence were observed and DNA studies were conducted.

The medico-legal conclusions, regarding the relation between the findings of the examination and the description of the alleged crime, were defined as follows: (a) Demonstrable (n=5); (b) Probable (n=1); (c) Possible but not demonstrable (n=5); and (d) Doubtful (n=3).

### **3.5 Legal outcomes**

Five cases (4, 6, 8, 9 and 13) were filed and not prosecuted. Case 4 was filed because the defendant died meanwhile. In case 6 the victim withdrew the complaint against the alleged abuser. In cases 8, 9 and 13 the evidence was insufficient to identify the alleged offender and prosecute him in court.

In 9 cases the alleged offender was prosecuted in court, and in 8 the offender was convicted (*Table 5*).

In case 1 the alleged offender was acquitted due to the lack of evidence to support the conviction. In cases 2 and 3 the perpetrator was the same man, as referred before, and the prosecution considering both accusations took place simultaneously; the sentence was a result of both crimes. In case 7 the offender was presented to trial accused of 3 crimes of consummated rape (2 of them referred to a 75 yo woman and took place before 2005; the other one referred to the victim analyzed in case 7); he was already serving a 5 years sentence due to a previous conviction of sexual assault of a 63 yo woman. In case 14 the defendant appealed to a superior court and his sentence was reduced to 10 years of prison.

Note that out of the 5 cases where the medico-legal conclusion was defined as “Demonstrable” (cases 2, 3, 8, 10 and 14), 4 were convicted in court. The exception was case 8, where despite the identification of signs of sexual and physical violence, the victim wasn’t able to identify the aggressor and no genetic profile was found.

## **4. DISCUSSION**

As reported by previous researchers [9, 14, 16, 17] the sexual assault of old adults is the least perceived, detected and reported type of crime against elders. We conjecture that in Portugal there is a similar scenario and that the prevalence found in our study is underestimated. The reasons of underreport and under-detection are discussed further.

An analysis of the sexual forensic examinations reports and judicial decisions comprising our sample, revealed a relatively homogeneous group of older adults, all of whom were women. The majority was between 70 and 79 yo and lived alone. This findings depart from some previous studies where the majority of the victims resided in institutional settings rather than in domestic settings [16, 17] but are consistent with other studies [18, 22, 24] where most of the victims lived in the community.

In 6 of the cases either a physical or mental handicap of the victims was identified. These limitations may enhance the vulnerability of older adults and increase their susceptibility to assault. Although, despite these handicaps, the overwhelming majority of victims had no limitations in terms of communication, orientation, ambulation or ability to carry out their daily life activities (n=11). This differs from some previous studies [14, 17, 20, 22], where the victims typically had difficulties in these areas. It could be explained by the fact that older people with these limitations may be unable to inform others of the assault or may even be unaware that they are being assaulted and this could lead to underreport in these cases. Unless compelling medical evidence is identified or a credible third party witnesses the assault, sexual aggression of an elder unable to disclose typically goes undetected [15]. These facts show the need for increased awareness of health and social care providers for

the recognition of possible signs of sexual violence, if such crime is to be recognized and appropriately dealt with. These signs may include fear of going to sleep, nightmares, incontinence, fear of acquiring sexually transmitted infections, anxiety about leaving their residence, decreased enjoyment of social activities, numbness, changes in appetite, sleeping patterns and mood (e.g., uncontrollable crying spells) [19, 25]. According to Burgess et al [19] there is no difference between elders with or without dementia in terms of post-aggression behavioral symptoms of distress. This fact shows the high importance of these signs when elders, due to their mental handicaps, are unable to reveal the sexual crime.

In this study, all of the alleged perpetrators were male and there was a wide age span (between 17 and 81 yo). In 8 cases the offender was known to the victim, but none of them was a direct relative of her. In fact, the situations where a formal complaint was stated and a sexual forensic examination took place were all related with extrafamilial cases. It seems as if the dynamics of secrecy is more easily broken in these cases, rather than in intrafamilial ones. We found that among the cases of IPV, 2% of the victims aged over 64 yo reported being sexually abused by their partner but didn't presented a formal complaint based on this fact. This shows that this form of sexual violence exists and its prevalence may even be higher.

The abuse which occurs within the family (either incestuous or partner abuse) certainly presents unique challenges and problems to victims, as well as to social and health care professionals [15]. The feelings of shame, the dependency of the elder people on their family member (either for emotional, physical, social or financial support) and fear of reprisals or removal of their home, may contribute to the reluctance of the victims to reveal the abuse and separate from abusive family members [18, 25]. Among the cases of sexual violence in IPV the sense of male privilege, the traditional view of wives as sexual property of their husbands and the idea that options for change and starting over get smaller as the years pass, could be also contributing to underreport these cases. It's our belief that this topic deserves further studies in order to better understand the sexual abuse of elders as a form of family violence.

In agreement with previous studies [15, 18, 25], in the majority of cases where information could be obtained, the alleged offenders had a history of previous disruptive behaviors (alcohol and drug abuse, sexual offences and robbery). According to a 2008 study [18] offenders who assault older victims are more likely to have previous convictions than those who assault younger victims.

In our study the most common type of sexual practice was vaginal penetration and most took place in the victim's home. In 9 cases the offender used physical violence to subdue the victim. These results are compatible with previous studies [18, 24] where the majority of offences against older women occurred in the victim's residence and the offenders tended to use a surprise approach when assaulting older women, gaining entry to their residence using physical force. In none of the cases, where information could be obtained, condom was used. This could suggest a high sense of self-assurance that led the offender to take fewer precautions.

In most of the cases in our sample (n=8) the sexual medico-legal examination took place within the first 72 hours after the occurrence. In half of the cases no signs of recent sexual violence were identified during the examination. Note that in all these cases (with the exception of case 7) the examination took place far beyond the 72 hours, which shows the importance of an early examination to detect physical evidences of the sexual aggression. Also, a precocious examination may allow the collection of evidence for DNA studies that are of major importance to the identification of the offender and the type of crime committed, being valuable evidence in court (all the 4 cases where a male genetic profile was identified were convicted in court). Likewise, out of the

5 cases where the medico-legal conclusion was defined as “Demonstrable” (the higher score possible), 4 were convicted in court. This shows the importance of the forensic conclusions in the elaboration of evidence in court. In this study there was a relative high rate of prosecution and conviction of the offenders (9 and 8 cases respectively) when compared with other study [17] where only 4% of the cases were prosecuted. The main reason not to prosecute was insufficient evidence; others were withdrawal of complaint by the victim and death of the defendant.

As with earlier studies of sexual assault of older adults, we recognize limitations of our data collection methods. First, probably not all cases of sexual aggressions (especially those where the time elapsed is long) undergo a sexual forensic examination. In a 2008 study [19] less than half of the alleged victims were referred to a sexual forensic exam. Second, due to the low report rate of these cases, the information gathered from these reports may not capture the true occurrences of all elder sexual assault that took place in Portugal during this 5-year period. Finally, due to our sample size, our results and conclusions are only descriptive and exploratory. It’s also important to refer that the devastating effects of this type of violence go far beyond the simple numbers reported and the description provided by this study, as they indelibly affect the different aspects of the lives of the older adults as well as their families.

So, further research, considering not only the cases where a sexual forensic examination took place, and using larger samples (for example, an examination of sexual crimes against elder across the country during a larger period), is needed to better understand the magnitude of this type of occurrence in Portugal. Nevertheless we believe that our results raise awareness to the possibility of sexual violence against vulnerable old people and establish a baseline for future research. It could also set the stage for further investigation, in both intrafamilial and extrafamilial situations, as well as possible interventions and staff training for detection and ability to handle these cases.

## 5. CONCLUSIONS

The analysis of our study’s results allowed us to draw the following conclusions:

- a) Sexual assaults against elder people in the north of Portugal seem to be uncommon (0.6% of the alleged sexual crimes reported); however, the real number may be masked by underreport and lack of identification of these cases;
- b) Victims were all women; the majority lived alone and, contrary to other reports, didn’t have limitations in communication, orientation, ambulation or autonomy, probably be due to underreport of victims with those limitations;
- c) Offenders were male with a wide age range; most were known to the victims and had a history of previous disruptive behaviors;
- d) No intrafamilial cases of sexual abuse were denounced;
- e) The majority of the sexual assaults seem to occur in the victims’ home and the offenders tend to use physical violence to subdue them;
- f) Precocity of the forensic examination is crucial for the identification of physical and biological evidence;
- g) The forensic conclusions appear to have a positive correlation with judicial conclusions of each case.

Future research is needed for a better understanding regarding this phenomenon. Nevertheless, this study represents a preliminary approach to a phenomenon, until now, not studied in Portugal.

### **Ethical Standards**

This study has been carried out in accordance with ethical rules and it has not been submitted to Ethical Approval because it is a retrospective case review in which no invasive studies were carried out nor identification of individual were given.

### **Conflict of Interest**

The authors declare that they have no conflict of interest.

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## 7. TABLES

**Table 1.** Background characteristics of the suspected victims of sexual assault

Case no.	Gender	Age (yo)	Marital status	Living situation	Previous pathological history	Communication	Orientation	Ambulation	Ability to DLAs
1	♀	71	Single	Nursing home	Mental handicap	With difficulties	Always	Independent	Autonomous
2	♀	79	Single	Alone	No relevant history	No difficulties	Always	Independent	Autonomous
3	♀	81	Widow	Alone	No relevant history	No difficulties	Always	Independent	Autonomous
4	♀	91	Widow	Living with son	Physical handicap	Unable	Intermittent	Bedridden	Dependent
5	♀	78	Widow	Living with son	No relevant history	No difficulties	Always	Independent	Autonomous
6	♀	72	Widow	Alone	No relevant history	No difficulties	Always	Independent	Autonomous
7	♀	71	Widow	Alone	No relevant history	No difficulties	Always	Independent	Autonomous
8	♀	66	Widow	Alone	Physical handicap	No difficulties	Always	Independent	Autonomous
9	♀	66	Widow	Alone	Physical handicap	No difficulties	Always	Independent	Autonomous
10	♀	81	Widow	Alone	No relevant history	No difficulties	Always	Independent	Autonomous
11	♀	83	Widow	Alone	No relevant history	No difficulties	Always	Independent	Autonomous
12	♀	78	Widow	Nursing home	Mental handicap	Unable	Intermittent	Technical aids	Dependent
13	♀	71	Widow	Alone	No relevant history	No difficulties	Always	Independent	Autonomous
14	♀	91	Widow	Alone	Physical handicap	No difficulties	Always	Independent	Autonomous

**Table 2.** Background characteristics of the alleged offenders

Case no.	Gender	Age (yo)	Marital status	Professional occupation	Previous pathological history	Disruptive behaviors	Relation with the victim
1	♂	68	Married	Retired	Physical handicap	No	Acquaintance
2 / 3	♂	35	Single	Locksmith	No relevant history	Yes	Neighbor / Stranger
4	♂	No information	No information	No information	No information	No information	No information
5	♂	47	Married	Farmer	No relevant history	Yes	Nephew by marriage
6	♂	53	No information	Farmer	No information	No information	Neighbor
7	♂	50	Married	Bricklayer	No relevant history	Yes	Stranger
8	♂	35-40	No information	No information	No information	No information	Stranger
9	♂	35-40	No information	No information	No information	No information	Stranger
10	♂	17	Single	Construction worker	No relevant history	Yes	Stranger
11	♂	53	Single	Newsman	Mental handicap, psychiatric history	Yes	Acquaintance
12	♂	81	Widow	Retired	Physical handicap	No	Co-resident
13	♂	No information	No information	Plumber	No information	No information	Acquaintance
14	♂	45	Widow	Construction worker	No relevant history	Yes	Neighbor

**Table 3.** Characterization of the alleged sexual crimes

<b>Case no.</b>	<b>Type of sexual practice reported</b>	<b>Location</b>	<b>Circumstances</b>	<b>Condom use</b>	<b>Witnesses</b>
1	No information	Nursing home	No information	No information	No
2	Vaginal penetration by penis	Victim's home	Death threats, physical violence	No	No
3	Vaginal penetration by penis	Victim's home	Physical violence	No	No
4	No information	No information	No information	No information	No
5	Vaginal penetration by penis	Victim's home	Death threats	No	No
6	Vaginal penetration by penis	Victim's home	Physical violence	No	No
7	Vaginal penetration by penis	Victim's home	Armed threats	No	No
8	Vaginal/anal penetration attempt by penis, vaginal/anal penetration by fingers	Isolated place	Death threats, physical violence	No	No
9	Vaginal/anal penetration by penis	Isolated place	Physical violence	No	No
10	Vaginal penetration by penis	Victim's home	Physical violence	No	No
11	Foundling, vaginal penetration by fingers, vaginal penetration attempt by penis	Isolated place	Physical violence	No	No
12	Foundling	Nursing home	Victim unable to resist	No	Yes
13	Foundling	Victim's home	Physical violence	No	No
14	Vaginal/anal penetration attempt by penis	Victim's home	Physical violence	No	No

**Table 4.** Characterization of the medico-legal examination

Case no.	Time elapsed	Signs on physical forensic examination		Collection of evidence for DNA	DNA tests results	Medico-legal conclusion
		Signs of physical violence	Signs of sexual violence			
1	48-72h	Absent	Anus lacerations, posterior fourchette laceration	Vulvar, vaginal, perianal and anal swabs	No heterologous genetic profile identified	Possible but not demonstrable
2	< 24h	Bruises and abrasions on the face, upper and lower limbs	Posterior vaginal fornix laceration	Victim's clothes, vulvar and vaginal swabs	Male genetic profile identified in the clothes and vaginal swabs	Demonstrable
3	< 24h	Bruises and abrasions on the face	Abrasions of the posterior rim of the hymen, hemorrhagic area on the cervix	Victim's clothes, oral, vulvar and vaginal swabs	Male genetic profile identified in the vaginal swabs	Demonstrable
4	No information	Absent	Absent	Swabs from the victim's diaper	No heterologous genetic profile identified	Doubtful
5	> 72h	Absent	Absent	Not performed	Not performed	Possible but not demonstrable
6	> 72h	Absent	Absent	Not performed	Not performed	Possible but not demonstrable
7	< 24h	Absent	Absent	Vaginal swabs	No heterologous genetic profile identified	Possible but not demonstrable
8	< 24h	Bruises and abrasions on the face, neck, upper and lower limbs	Vulvar hyperemia and fossa navicularis laceration	Victim's clothes, oral, vulvar and vaginal swabs	No heterologous genetic profile identified	Demonstrable
9	< 24h	Bruises and abrasions on the face, upper and lower limbs, lip swelling, conjunctival hemorrhage	Abrasions in the posterior fourchette	Victim's clothes, oral, vulvar, vaginal, perianal and anal swabs	No heterologous genetic profile identified	Probable
10	> 72h	Absent	Absent	Oral, vulvar and vaginal swabs	Male genetic profile identified in the vaginal swabs	Demonstrable
11	24-48h	Bruises and abrasions on the face, upper and lower limbs	Abrasions on the labia majora and minora, fossa navicularis laceration	Oral, vulvar and vaginal swabs	No heterologous genetic profile identified	Possible but not demonstrable
12	> 72h	Absent	Absent	Not performed	Not performed	Doubtful
13	> 72h	Absent	Absent	Not performed	Not performed	Doubtful
14	24-48h	Bruises and abrasions on the face and upper limbs	Posterior fourchette laceration	Victim's clothes, oral, vulvar, vaginal, perianal and anal swabs	Male genetic profile identified in the clothes and vaginal swabs	Demonstrable

**Table 5. Legal outcomes**

<b>Case no.</b>	<b>Prosecution</b>	<b>Type of crime in accusation</b>	<b>Sentence</b>	<b>Appeal</b>
1	Prosecuted	Sexual assault of a person incapable of resistance	Acquittal	No
2	Prosecuted	Simple offenses against physical integrity, consummated rape, robbery	7.5 years of prison	No
3	Prosecuted	Simple offenses against physical integrity, consummated rape		
4	Filled	-	-	-
5	Prosecuted	Consummated rape	3 years of prison	No
6	Filled	-	-	-
7	Prosecuted	Consummated rape	11 years of prison	No
8	Filled	-	-	-
9	Filled	-	-	-
10	Prosecuted	Robbery, consummated rape	5.5 years of prison	No
11	Prosecuted	Consummated rape	5.5 years of prison	No
12	Prosecuted	Sexual assault of a person incapable of resistance	14 months' probation	No
13	Filled	-	-	-
14	Prosecuted	Consummated rape	12 years of prison	Yes

# ANEXOS

# **ANEXO 1: REGRAS DE PUBLICAÇÃO**

(Revista de Referência: **International Journal of Legal Medicine**)

## **1. Manuscript Submission**

Submission of a manuscript implies: that the work described has not been published before; that it is not under consideration for publication anywhere else; that its publication has been approved by all co-authors, if any, as well as by the responsible authorities – tacitly or explicitly – at the institute where the work has been carried out. The publisher will not be held legally responsible should there be any claims for compensation.

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Note: If you use Word 2007, do not create the equations with the default equation editor but use the Microsoft equation editor or MathType instead.

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Abbreviations should be defined at first mention and used consistently thereafter.

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Footnotes can be used to give additional information, which may include the citation of a reference included in the reference list. They should not consist solely of a reference citation, and they should never include the bibliographic details of a reference. They should also not contain any figures or tables.

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Always use footnotes instead of endnotes.

## Acknowledgments

Acknowledgments of people, grants, funds, etc. should be placed in a separate section before the reference list. The names of funding organizations should be written in full.

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Reference citations in the text should be identified by numbers in square brackets. Some examples:

1. Negotiation research spans many disciplines [3].
2. This result was later contradicted by Becker and Seligman [5].
3. This effect has been widely studied [1-3, 7].

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Ideally, the names of all authors should be provided, but the usage of “et al” in long author lists will also be accepted: Smith J, Jones M Jr, Houghton L et al (1999) Future of health insurance. *N Engl J Med* 965:325–329

- Article by DOI:

Slifka MK, Whitton JL (2000) Clinical implications of dysregulated cytokine production. *J Mol Med.* doi:10.1007/s001090000086

- Book:

South J, Blass B (2001) *The future of modern genomics.* Blackwell, London

- Book chapter:  
Brown B, Aaron M (2001) The politics of nature. In: Smith J (ed) The rise of modern genomics, 3rd edn. Wiley, New York, pp 230-257
- Online document:  
Cartwright J (2007) Big stars have weather too. IOP Publishing PhysicsWeb. <http://physicsweb.org/articles/news/11/6/16/1>. Accessed 26 June 2007
- Dissertation:  
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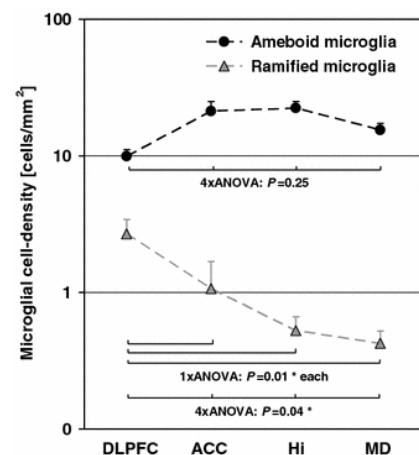
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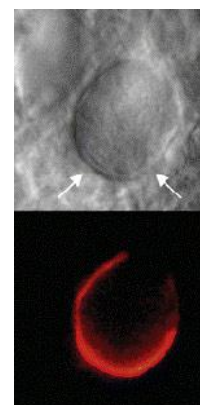
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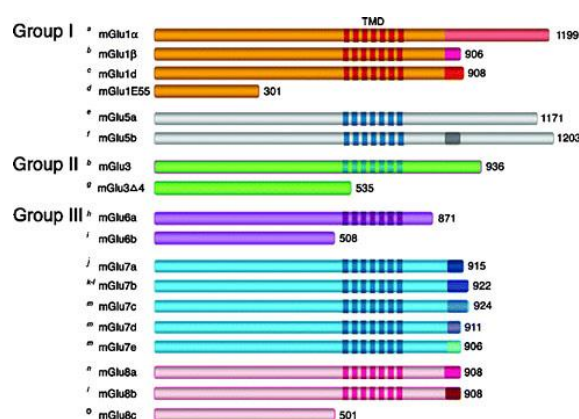
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