literature, the majority of matricidal offenders suffer from severe mental disorders. In particular, matricide seems to be more common among individuals with schizophrenia or other psychoses, to such an extent that matricide was once referred to as "the schizophrenic crime."[3] Among schizophrenic conditions, the paranoid subtype is the most common.[4] Other diagnoses include mood disorders, substance abuse, and personality disorders.[5] Very often, schizophrenic offenders were influenced by psychotic symptoms at the time of the crime. Characteristically, such "psychotic" matricides are committed with excessive force and violence, while the post-offense behavior is non-finalistic and disorganized; concealment of the crime is mostly absent or somewhat mechanical, and the perpetrators usually confess.[6] These offenders often reported feeling that their mothers were either ambivalent toward them or excessively domineering.[7] Matricides are classically committed in the victim's home, usually with a weapon, although asphyxia is also common.

Several schemes have also been proposed to classify the different types of matricidal motives. In his sample, Green reported that the apparent motives were persecutory paranoid (47%), altruistic (24%), or other (29%).[8] In a U.S. study, Hillbrand identified four scenarios: acute psychosis (47%), impulsivity (28%), escape from enmeshment (15%), and alcohol or other substance abuse (24%), with the latter being superimposed upon any of the other three. More recently, Bourget described four leading causes of matricide: mental illness, family abuse by the mother, compassion for the victim, and intoxication.[9,10]

Methods: The body of a 78-year-old woman was found on the floor in her house. Her head had been severely traumatized. Death was due to massive blunt force trauma to the head, possibly using a large hammer that was beside the body at the crime scene. The perpetrator was the victim's 48-year-old son, who lived with his mother and who had suffered from chronic paranoid schizophrenia for more than 15 years. He quickly confessed to the crime, adducing as motive the fact that he was convinced his mother was putting poison in his food, as well as practicing black magic to destroy him. The perpetrator was the third and last child, unemployed, and a bachelor with a very limited social and relational life. The man hit his elderly mother many times with a hammer and then sat in front of her all night waiting for her to die. He later explained that he wanted to be certain she was dead because, after the first blows, he had seen a demon-like vitality in her. He was found not guilty on the grounds of insanity.

Conclusions: In this case, as in others reported in the literature, the perpetrator of the matricide was a schizophrenic with a delusional disorder, and acted extremely violent. The main element of interest is the total lack of empathy with the victim while committing the crime as this is also an indicator of the mental disorder.

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Matricide, Lack of Empathy, Schizophrenia

I14 Emerging Topics in Italian Forensic Psychopathology: Foreign Criminality and Cross-Cultural Assessment

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After attending this presentation, attendees will be able to understand the full importance of developing a model of cross-cultural approaches to the forensic evaluation of mental disease.

This presentation will impact the forensic science community by examining the difficulty recently arising in Italian forensic psychopathology regarding the assessment of foreigners from different cultures.

Italy, located in the center of the Mediterranean Sea and close to the Balkans, represents from a geopolitical point of view, a natural gateway to Europe and which it has historically played this role for a long time.

Nevertheless in recent centuries, Italy has primarily originated emigration flows, while maintaining a homogeneously autochthonous internal population. These circumstances have changed radically over the past two decades, during which political and economic transformation globally, involving Eurasia and Africa—and also South America—has led to significant levels of immigration to Italy. Today Italy has a strong presence of foreign citizens in its own territory, both resident and transit to other European countries. This is a population with a specific age and gender constitution, according to different nations of origin, mostly consisting of workers seeking employment. Italy must now find a way to integrate both Italians and foreigners and migrants of different origins.

This presentation briefly describes quantitative and qualitative features of the foreign population living in Italy. The presentation also deals with this issue in terms of criminological survey, giving statistical information about the number and countries of origin of foreign people imprisoned in Italian jails.

According to Italian law, a judge or a lawyer can request a forensic psychiatric assessment of an offender, if there is reasonable suspicion that he/she is mentally ill. Usually the court asks the expert if the criminal is liable for his actions ("Imputabilità"), if he/she is a danger to society because of his mental disorder ("Pericolosità sociale"), and if he/she is able to participate in the criminal trial ("Capacità di stare in giudizio"). As the number of foreigners living in Italy has increased in recent years, there are currently a significant percentage of forensic psychiatric assessments being performed on criminals from very different cultures. This is new for the Italian forensic psychiatrists, who are facing new assessment difficulties and do not always have available the scientific instruments needed for a reliable cross-cultural assessment.

Case Report: This presentation is of a case concerning a double homicide committed by a foreign citizen residing in Italy as an example of the difficulty of the forensic psychiatric evaluation on persons from different cultures. The man came from sub-Saharan Africa, and had lived in Italy for about ten years before committing the crime. He killed his wife and another woman who lived with him with a sledgehammer, then went to his neighbors to report his crime. The genesis and dynamics of crime were influenced by religious and mystical beliefs which are maybe difficult to analyze and understand for a European citizen, but rather widespread and accepted in some rural areas of the country of origin of the offender. In order to answer to the judge's requests, the experts had to distinguish between physiologically different

beliefs merely due to the offender's different cultural context, and possible psychopathological convictions.

This presentation hijghlights the critical issues facing the forensic psychiatrist and points to the need to develop a model of cross-cultural approach to forensic evaluation of mental disease.

Conclusion: Italian training for psychiatrists and psychologists does not include compulsory academic courses in cross-cultural assessment. Migrants' anamnesis is mostly unknown, as it is very difficult to reach healthcare services in their country of origin. Versions of psychological tests validated for the countries of origin of the subjects to be examined are not always available. Intercultural mediators are few and are frequently not available for all migrants' ethnicities. Translation warps the content of the psychiatric interview.

Today in Italy, there are no guidelines for forensic psychiatric assessment of migrants. Experts' reliability depends on skills they have possibly acquired outside of their compulsory academic career. There is a need to develop national quality standards to ensure the individuals' equality of treatment under the law.

Foreign, Assessment, Criminality

I15 Violence and Epilepsy: The Importance of Prompt Identification of Post-Ictal Psychosis-Description of a Case

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After attending this presentation, participants will be able to recognize the features of the relationship between aggressive or violent behavior and epilepsy, with particular regard to the role of post-ictal psychosis.

This presentation will impact the forensic science community by providing understanding of the relationship between aggressive or violent behavior, epilepsy, and psychotic disorders with the aim of improving knowledge and prevention.

Aggressive behaviors occur in many different circumstances in society, and patients with epilepsy are not immune to being involved in aggressive acts. However, erroneous beliefs and prejudices linking epilepsy with violence have disproportionately emphasized the nature of this relationship. This notion acquired a highly stigmatizing value in the late 19th-century when the criminologist Cesare Lombroso promoted the association of epilepsy with aggressive sociopathic tendencies on the basis of degenerative theory. These distortions aggravate the psychosocial stigma already associated with epilepsy and have led to the questionable attribution of epileptic seizures in some cases of violent crimes or episodic aggressive outbursts.

Even today, the erroneous conviction that epileptic patients should be prone to violent actions and aggressive behavior represents a controversial subject especially in the field of forensic psychiatry.

While it is unclear that patients with epilepsy exhibit increased aggression, aggressive acts have been seen in association with seizures themselves. The prevalence of aggressive behavior in epilepsy has a rate that goes from 5% up to 50%. This significant variance depends on the different kind of sampling of patients.

Based on temporal relation of the crises, there are three different types of aggressive behavior: ictal aggressiveness, post-ictal aggressiveness, and inter-ictal aggressiveness. Most commonly, aggression may occur in the post-ictal state and can even be seen hours to days after initial periods of confusion. In particular, post-ictal violent behavior may be seen in association with Post-Ictal Psychosis (PIP).

PIP is characterized by a cluster of seizures, followed by a lucid interval, followed by the sudden eruption of a clinical disorder with a mixed affective picture, often accompanied by religious delusions and fear of impending death, lasting usually a matter of days. Episodes of PIP are comparatively common and could be dangerous, though (fortunately) are often treatable.

The following case presentation is representative of a violent act during an episode of PIP. A 29-year-old single Caucasian male was arrested and charged with attempted murders. He allegedly assaulted his mother and his brother with a knife. In the anamnesis, he had a 20-year history of paroxysmal episodes of "blanking out." At age 12, episodes of loss of consciousness began to follow these attacks. As he aged, the seizures increased in intensity as well as frequency, despite maximum drug therapy. At age 25, the first manifest post-ictal mental derangement occurred, after several bouts of untreated seizures. Thereafter, his post-ictal episodes recurred two times before the arrest, because he decided to stop the medication.

A few days before the crime, he experienced two grand mal seizures followed by the onset of multiple religious and persecutory delusions, thought broadcasting, feelings of being controlled by others, and command hallucinations. Because of a belief that the world was going to end, he left the house where he had been living and went to his parents' home. During the night, he woke up with a sensation of being persecuted by his mother and brother. He heard God and Satan arguing. God screamed, "No!" Satan bellowed, "They deserve to die." The two voices roared at each other, becoming one horrible overwhelming command, "Do it!" Fortunately, the intervention of neighbors saved the victims' lives. From a psycho-legal point of view, he was found not guilty on the grounds of insanity.

In light of the case presented, it is important to highlight that the assessment and management of violent behaviors in the patient with epilepsy requires careful consideration of several factors: whether the act is directly related to the epileptic seizure, a feature of post- or pre-ictal mental state changes, or a function of other conditions that increase the risk of aggressive behavior. Evaluation also requires appreciation of the patient's mental state and the social context in which the violent act occurs.

In the case of psychotic episodes, it is particularly crucial for the prompt identification of the relationship between the disorder and epilepsy, because patients should be treated differently according to the various pathophysiologic backgrounds, and because, in case of PIP, the most powerful and effective recipe for controlling the risk of violent behaviors is seizure reduction or elimination.

Epilepsy, Post-Ictal Psychosis, Violence

I16 Postmortem Prolactin in Suicides: Is it an Indicator of Antemortem Stress?

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After attending this presentation, the attendees will be able to recognize if postmortem prolactin levels are raised and possibly associated with antemortem stress in suicides.

This presentation will impact the forensic science community by developing an understanding of the possible trend and association of postmortem serum prolactin levels with antemortem stress and successful or completed suicides.

Stress is inevitable in today's life. A relationship between psychological stress and deliberate self-harm is well-established. Every year, over one million people commit suicide, and around 10 to 20 million non-fatal attempted suicides are reported worldwide. The World Health Organization estimates completed suicides as the 13th leading cause of death worldwide. Prolactin is a hormone secreted by lactotrope cells located in the anterior pituitary gland. It is mainly responsible for lactation, sexual arousal, myelination of neurons, surfactant synthesis in fetal lungs in humans, and is thought to play a significant role in the human stress response. The present research studies the postmortem plasma prolactin levels in completed suicides and tests the hypothesis that postmortem hyperprolactinemia is related to antemortem stress. This preliminary investigation is done to study the relationship between

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