

# **PROCEEDINGS**

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## **Contents**

|                                       |     |
|---------------------------------------|-----|
| Special Sessions .....                | 3   |
| Breakfast Seminars .....              | 6   |
| Luncheon Seminars .....               | 11  |
| Workshops .....                       | 13  |
| Scientific Sessions                   |     |
| Criminalistics .....                  | 27  |
| Digital & Multimedia Sciences .....   | 141 |
| Engineering Sciences .....            | 152 |
| General .....                         | 186 |
| Jurisprudence .....                   | 231 |
| Odontology .....                      | 251 |
| Pathology/Biology .....               | 276 |
| Physical Anthropology .....           | 355 |
| Psychiatry & Behavioral Science ..... | 424 |
| Questioned Documents .....            | 447 |
| Toxicology .....                      | 456 |
| Last Word .....                       | 483 |
| Financial Disclosure Index .....      | 486 |
| Key Word Index .....                  | 505 |
| Presenting Author Index .....         | 516 |

## 111 Beyond Medea: A Sacrificing Father

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After attending this presentation, attendees will more fully comprehend the psychodynamics involved in a case of filicide perpetrated by a father on his two-year-old son – “reverse” Medea Complex as it were.

This presentation will impact the forensic science community by demonstrating the risks that seriously dysfunctional couples pose to the well-being of their children.

Either a father or mother may commit filicide. According to the data in the literature, mothers most often carry out neonaticides and infanticides. Fathers, on the other hand, more often kill their children when the children are older. In one study of 3,459 cases of filicide, based on data obtained from the FBI, 95% of mothers who committed these crimes did so during the first week of the newborn's life, whereas fathers who kill their children do so when they are between the ages of 13 and 14-years-old, and even more so when they are between the ages of 16- and 18-years-old (Kunz e Bahr, 1996).

Filicide is a crime that may be perpetrated by either parent, or both for that matter, on their child who is between the ages of 0 and 18 years. Although it is not often described in the literature, there are data that show that there appears to be a “Male version of the Medea Complex” in which the fathers take the lives of their own children as a retaliatory measure against the mother. Frequently, the father uses a sharp weapon, a firearm, or strangulation with his bare hands. Some of the elements that might fuel such behavior may include a sense of revenge or omnipotence; a highly attached and/or ill-defined relationship with his child; the inability to respect him or her as a person; or simply thinking about him or her as a “weapon” against his partner. At times, such acts are followed by suicide, indicating the following: the importance placed on the ties to the victim; their symbiotic relationship; the inability to see the child as an individual, but rather as an extension of his own persona, projecting his own experiences and emotions. In the eyes of the perpetrator, murdering one's own child can represent an act of love toward one's offspring in an attempt to eliminate all current and future suffering caused by difficulties between the parents.

This case concerns a child who died at the hands of his 26-year-old father who, in turn, unsuccessfully attempted suicide. The autopsy ascribed the child's death to asphyxiation and hemorrhage. The child had been hanged from a door by a cord that was tied around his neck. Cuts to the musculature of the left side of the neck and left jugular vein, from top to bottom, were identified. Because cardiovascular activity was still present in the child, his father placed him on a bed and cut the victim's left wrist from left to right. Following this, in an attempt to end his own life, the perpetrator proceeded to cut his own wrists, tried to set himself on fire, and swallowed caustic substances. Court ordered forensic psychiatric evaluations were subsequently requested. No significant evidence emerged which indicated the presence of psychopathology or mental illness at the time of the crime. Blood and urine analysis showed no traces of narcotics or prescription drugs such as barbiturates or benzodiazepine. The perpetrator was found to be completely culpable. Investigations revealed that the crime might have been an act of revenge against his partner, a 21-year-old woman, as a way to punish her for the problems regarding their relationship. Their son was the product of an unexpected pregnancy that occurred after the couple had been together for only one month. As a result, the young couple did not have the chance to get to know each other very well before beginning a life together. Due to his immaturity, he was unable

to accept his partner and his son. In addition, there were strong feelings of jealousy. All of these factors led the couple into a state of crisis.

This story concerns a relationship rife with distortions, misunderstandings, and resentment; a dominant woman with a highly individualistic nature, along with the perpetrator's sexual dysfunction (premature ejaculation and sporadic erectile dysfunction), which was often pointed out by the woman to friends, relatives, and to her ex-boyfriend. Adding to his misery, she had encouraged him to go out with other women. She was not attracted to him and wanted to leave the relationship. An ill-defined relationship with the child, who the father saw more as “son” than “person,” and a relationship with a partner who was resentful of him led the perpetrator to feeling “frustrated” about seeing his “family plans” fall to pieces. He was humiliated, misunderstood by his partner, and felt inadequate in his role as companion. When the man perceived his wife's intentions to psychologically divorce him, he threatened to kill himself. He planned his suicide (a suicide note was found, which included his motives, confirmed this), he declared his intentions, and made the attempt to do so, after having killed his own child.

**Filicide, Medea Complex, Murder Suicide**

## 112 The “Beasts of Satan” Murders

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After attending this presentation, attendees will recognize some features of group murder and understand principles of forensic psychiatric assessment of members of satanic sects.

The presentation will impact the forensic science community by exploring the role of satanic sects in the etiology of this type of crime.

In January 2004, the body of a young woman was found in the garden of a small house in the woods in the province of Varese (a rich city in northern Italy, about 50 km from Milan). Forensic investigations showed that the woman had been shot in the face, buried alive, and finally killed by repeated beating on the head with a spade.

A few months later, not far from where the woman's body had been found, the remains of two young men were discovered. They had been killed on the January 17, 1998 (“a night of the black moon”), by repeated beating with rods, causing many bone fractures, as well as by knife wounds distributed all over their bodies.

These discoveries hit the national headlines and brought to light the actions of a sect calling themselves the “Beasts of Satan.” Although the investigations of the members of this group proceeded smoothly and those responsible for the homicides were easily identified, the news about “satanic” activities occurring in a quiet, hard-working area in the province of Varese was a great shock and provoked turmoil in local society. In the following years, any violent event affecting a young person was inevitably attributed in the public mind to the activities of this sect. In actuality, the activities were much less “occult” than was commonly imagined, as demonstrated by the investigations that easily identified the criminals as nine young factory workers with no criminal record.

The shocking violence of the murders led the judge to request a forensic psychiatric assessment of one of the members (the only one with history of mental disease), but widening the investigations to study the group dynamics and lifestyle of all the members. The assessment revealed that all the young men had a fragile, immature personality, a very low level of education, and were socially disadvantaged. They had built up a crude practice they called “satanism” that was for them an exciting escape from

their humdrum reality, and a uniting element. They carried out improbable rites with a liberal use of satanic words and rites they knew nothing about. Each had a rigidly defined role in the sect, that had a hierarchical structure but no recognized leader.

The historical-cultural phenomenon of satanism, as also of spiritism and other esoteric beliefs, has nothing to do with the sub-cultural climate of violence and terror created by this group. The members of the "Beasts of Satan" were clumsily trying to mask the cultural poverty of their lives by carrying out cruel, violent actions, and identifying with a name that strikes superstitious terror ("Beasts of Satan"). The violence was aimed particularly at members who tried to renege on the group.

Although judges generally request a forensic psychiatric opinion in particularly shocking cases of murder for no apparent reason (except for mafia crimes), on the suspicion of a relationship between insanity and murder, in this case the experts did not find any trace of such a relation. The trial of the members of the "Beasts of Satan" sect was concluded with the verdict of deliberate murder by all the members, who were all given long jail sentences.

A striking point in this tale was the suicide of one of the members, before other members of the group were identified, who drove into a stone wall. The dynamics and possible responsibilities for this death remained obscure.

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**Satanic Sects, Psychiatric-Forensic Assessment, Group Violence**

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### **113 Utility of a Grief Services Program for Medical Examiners' Offices**

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After attending this presentation, attendees will understand the range of services provided by a grief services program at a centralized, statewide medical examiner's office, the frequency of utilization of these services by bereaved individuals, and a framework for the implementation or improvement of a grief services program at a medical examiner or coroner's office.

This presentation will impact the forensic science community by presenting the first study, to the best of our knowledge, which explores the utilization of a grief services program at a centralized, statewide medical examiner/coroner's office, and will initiate discussion of future work in this area of forensic science.

Medical Examiner/Coroner's (ME/C) offices investigate deaths that are often sudden, violent, and unexpected, leaving family members and those close to the deceased suffering a traumatic loss with little in terms of support and counseling. Since its inception in 1976, the Grief Services Program (GSP) at the New Mexico Office of the Medical Investigator (OMI), the statewide medical examiner's office, has assisted families and communities across New Mexico with education, crisis intervention, counseling, and psychotherapy, regardless of the cause or manner of death. The utility of a grief services program at statewide medical examiner's office was investigated in order to better understand the needs of bereaved individuals, demonstrate the scope of services provided, and propose the findings as a model for other medical examiner/coroners offices. The OMI investigated 5,120 deaths in 2009, during which 1,085 grief services contacts were recorded. The majority of these visits occurred on-site at OMI (60.5%) by individuals residing in the same county (Bernalillo County, home to 1/3 of the state's residents) as OMI (62%). Telephone sessions (23.1%) and off-site visits (15.7%) were the next most prevalent type of contact. The number of individuals present at each session held at OMI ranged from 1 to 22 (mean 1.6) and the range of attendees for sessions held off-site was 1 to 130 (mean 2.5). Off-site sessions included memorial

services, group sessions, and school presentations. The highest frequency of visits involved one-on-one sessions (78.6%) followed by sessions with two clients (9.1%). People seeking the services of the GSP for the first time consisted of 28.4% of the contacts, with the remaining 71.6% returning to the GSP for follow-up appointments. Ninety-one percent of the people who sought services offered by the GSP were immediate family, followed by extended family (5%), friends (1.9%), and community group (0.8%). Support was primarily provided to those suffering a loss due to homicide (28.8%), followed closely by suicide (26.1%), natural causes (20.0%), and accident (13.9%). It is believed, this is the first report looking at the utilization of a grief services program at a ME/C office. The service most frequently used by clients of the GSP was counseling related to the loss of a family member or loved one. However, grief counselors provided many additional types of assistance to grieving families, including discussions of autopsy results in conjunction with a staff pathologist, sharing information with family members, escorting families for viewings, showing family members photos of the decedent or scene, and assisting families who plan to transport the decedent. In this era of reduced resources GSPs may not be a priority for ME/C offices. Given the large number of people utilizing OMI's GSP; however, and the diverse reasons for their visits, it is apparent there is a need for GSPs at ME/C offices, particularly given the traumatic nature of deaths investigated by ME/Cs. The goal is that this work will prompt discussion and future work in this important yet seldom published area of forensic science.

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**Grief Counseling, Bereavement, Medical Examiner**

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### **114 Violent Fantasies in Psychotherapy: Risks of Precipitating Violent Behavior**

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After attending this presentation, attendees will become familiar with the theory and practice of psychotherapy techniques that focus on violent fantasies. Readers will also gain an understanding of the net risks involved in the use of violent fantasies in psychotherapy and important measures for the psychotherapist to undertake before, while and after a patient offers a spontaneous or a prompted report of violent fantasies. This presentation will also consider the tradeoffs involved in such measures, including compromises in confidentiality, chilling effects on psychotherapy, and disruptions to the therapeutic alliance.

This presentation will impact the forensic science community by focusing on both violence risks associated with fantasy in psychotherapy as well as affirmative approaches to address such risk. This presentation offers important recommendations to forensic practitioners, psychotherapy providers, and the community in general.

In the context of psychotherapy, the exploration of violent or aggressive fantasies often serves the important function of providing insight into sources of attachment trauma, which in turn facilitates eventual mastery over said trauma and resolution of certain maladaptive defenses and psychological symptoms. Indeed, in some methods of psychotherapy, murderous fantasies are specifically elicited by the psychotherapist, who then assists the patient to experience and elaborate on the feelings of rage as well as relief upon imagining the acting out of those violent fantasies.

The question thus arises as to whether the use of fantasy in therapy affects the risk that the patient will act out on the violent thoughts in reality. More specifically, to what extent must therapists take into account the actual risk of violent behavior in patients who are deliberately asked to develop and articulate their violent fantasies and then encouraged to experience the catharsis of enacting their aggressive urges?

This presentation reviews the current research on the violence risk associated with patient reports of violent fantasies. Though violent fantasies are common and in fact normal in healthy populations, in certain groups, they constitute a risk factor for violent behaviors. In particular, risks may increase in persons with deficits in domains such as judgment,

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