



G81 Overkill: A Report of Eight Cases and a Review of the Literature

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After attending this presentation, attendees will have a better knowledge of the overkill phenomenon and its significance from a forensic psychiatric rather than a forensic pathology standpoint.

This presentation will impact the forensic science community by emphasizing the need for a universally accepted definition of overkill, based on the importance of such an event from a criminalistic and juridical point of view.

It is not uncommon that homicides are perpetrated with multiple injuries inflicted when the victim has already died. This is indeed not sufficient for defining a case of overkill that deals with a peculiar manner of murder.

Only in a few articles or textbooks in forensic literature is the term overkill reported. In particular, some authors correlate overkill to sex-motivated homicides where injuries, generally stabbing, are directed to significant sexual parts of the body. These signs are consistent with the psychodynamics of sexual sadism. Others refer to it as the infliction of massive injuries by a perpetrator far exceeding the extent necessary to kill the victim. This action involves a strong excitement of the offender who is possibly in deep personal conflicts with the victim.^{1,2}

The psychopathic trait of a perpetrator is often evaluated in such cases, revealing some differences between "disorganized" and "organized" types of killers.

These peculiar features involve a careful scientific approach by the investigators in cases of suspected overkill. The medical examiner has the role of evaluating the body areas where the perpetrator inflicts injuries and the tool(s) used for wounding. Very importantly, the medical examiner may be able to ascertain if and when an offender understood the victim was already dead or received the ultimate lethal wound during an escalating fight. Hence, wound pattern analysis could be of a relevant significance in assessing the motive and intent of the offender in committing murder and overkill.

Forensic psychiatric consultation is of basilar importance for establishing the recurrence of the offender's psychopathy but also in helping resolve the manner of death. In cases of overkill, it is possible to face personality disorders as well as many forms of psychosis disease. Such an investigation allows one to understand the perpetrator's behavior at the moment of performing the criminal act, if they are mentally ill and require psychiatric hospitalization in custody, if they are dangerous for the general public, and, finally, for the assessment of juridical responsibility and related issues.

On these bases, eight cases of overkill were analyzed from both the medical examiner and forensic psychiatrist standpoint. Data about the victims (i.e., sex, age, occupation, cause, and manner of death) and the perpetrator (i.e., sex, age, occupation, relation to the victim) is provided and extensively discussed, as well as a criminological analysis of the motive and the historical setting of the homicides. The profiling of the perpetrators is enriched by the study of both the psychiatric history, before and upon the crime, and the legal history (psychiatric examination and sentence).

The data here collected will be discussed with regard to the elements from the crime scene and the postmortem, in an attempt to better understand the meaning of this peculiar *modus operandi*.

References:

1. Sex-related homicide and death investigation. Practical and clinical perspectives. Vernon J Geberth. CRC Press 2003.
2. Homicides by Sharp Force by Michael Bohnert *et al* in ForensicPathologyReviewsVolume 4, Edited by Michael Tsokos, Humana Press 2006

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