

The homicide of a transgender by an ante-mortem “incaprettamento”. A case report

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Abstract: Homicide of a victim belonging to the GLBT community (gay, lesbian, bisexual and transgender) is rarely described in the forensic-pathology literature, though this population is more prone to experience victimization than the heterosexual population.

Authors illustrate the homicide of a Peruvian transgender that was murdered by her partner with the use of a killing technique that is utilized by the Italian mafia organization: the so-called “incaprettamento”.

Cadaver presented both the knee in a flexed position, and all the limbs were forcedly put behind the back, with tied wrists and ankles. The wrists were also fastened with another wire to a “Play-Station” videogame consolle, that enclosed the victim’s neck. At the dissection, the antero-lateral soft tissues of the neck showed blood infiltration, with a complete fracture of the right superior horn of the thyroid cartilage. The cause of death was determined in a self-strangulation due to the “incaprettamento” technique.

Convergence of the historical, autoptical and histopathological data permitted to formulate the diagnosis of an homicide by self-strangulation performed with an ante-mortem “incaprettamento”.

Key Words: Homicide, transgender, incaprettamento, forensic pathology.

A particular strangulation technique (peculiarly used by the Italian mafia organization) is the so-called “incaprettamento” [1]. It is a cruel torture technique that is full of meanings, because it is performed to express disgust to the victims, which are considered shameful or guilty of not complying the rules of loyalty and silence of the criminal organization [2]. It also constitutes an exemplary warning to any other traitors [3], because it assumes a specific demonstrative and intimidating purpose [4]. However, this singular murder technique is not typical of Italy: similar cases are also observed and described in Timor East [3]. At the present days, the “incaprettamento” is not exclusively used for the shameful subjects: indeed sometimes it is

preferred to other killing technique (or it is performed after the victims death) as it permits easily to transport the cadaver [5], often in the car trunk, and then to leave it [4] or to burn it [6] in secluded areas. The operative technique is constituted by the ligature of wrists and ankles, with the inferior limbs positioned behind the back and tied with the same wire to the neck by a noose: in this way, at every movement or attempt to get free, the victim tightens increasingly the rope and finally he strangulate himself [4]; this type of death occurs rarely, in a small percentage [1], and indeed at the autopsy it is very important to establish if the death took place after or before the “incaprettamento” (respectively, ante-mortem and post-mortem “incaprettamento”).

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A self-strangulation related to an “incaprettamento” is presented in this case-report, concerning the homicide of a Peruvian transgender: the case takes place among the multiple forms of victimization (often atypical) involving the GLBT population and performed by the intimate partner (due to economic reason, in the present circumstance).

CASE REPORT

A 35-years old Peruvian transgender woman (with male genitals) was found dead by the Police in the bedroom of her apartment, in the southern suburbs of Milan. The Police was called by some neighbours who had heard multiple cries for help, the noise of fallen chairs and finally a distinct wheezing. The transgender has been living clandestinely in Italy for about four years, with a false passport: she didn't have the visas and the residence authorization required by the law and she was filed in the Archives of the Italian State Police for two previous robberies. When the law enforcement entered the house (which was closed with the key externally), they found the cadaver wearing a T-shirt, grey velvet trousers, purple thong and multiple showy jewels. The face was swollen and bloody, and the corpse was prone and partially located under the bed, with an evident “incaprettamento”: hands and feet were behind the back and were tied with an electric wire; a second wire was knotted around her neck. The Public Prosecutor ordered the forensic autopsy, that was performed two days later at the Section of Legal Medicine of the Milan University.

RESULTS

Forensic autopsy

The cadaver was in good condition of preservation, due to the cold storage, with a height of 173 cm and a

weight of 68 kg; hypostasis were purple and located at the back, with only small anterior traces at the pelvis and at the thighs. The cadaver also presented an unnatural position. Indeed both the knees were flexed, and all the limbs were put in a forced way behind the back with the wrists and the ankles: they were tied by a 3 meters-long “scart” wire. The wrists were also fastened with another similar but thinner wire to a “Play-Station” videogame consolle, that enclosed the victim's neck (Fig. 1).

The face was swollen and diffusely soiled by dried bloody-material, with multiple areas of ecchymosis and excoriation with a size ranging from 0.5 cm to 2 cm, without any fracture to the facial bones. Lips were dehydrated and showed the abraded signs made by teeth, in correspondence of the superior medial incisor teeth. At the neck, in correspondence of the external projection of the inferior edge of the thyroid cartilage, there was a continuous skin groove, with a thickness of 0.5 cm and it was interrupted at the posterior surface of the neck, in correspondence of the median line (Fig. 2).

There were no sign of defence on the hands. In the submammary region there were two linear scar, with a length of 7 cm (left) and 8 cm (right), attributable to the implantation of silicon breast prostheses; bilaterally, at the hip and gluteus, there were other linear scar, with a length ranging from 3 to 30 cm, attributable to fat redistribution surgery.

At the dissection, the inner face of the scalp was intensely blood-infiltrated in the left parieto-temporal region, but there were not other macroscopic findings at the head. The soft tissues of the antero-lateral region of the neck were strongly blood-infiltrated, and the base of the superior right horn of the thyroid cartilage was fractured. Petechiae were present at the conjunctiva and at the pleura, together with other generic asphyctic signs like the increased blood fluidity and polivisceral congestion (cerebral, pulmonary and hepatic). Peritoneal

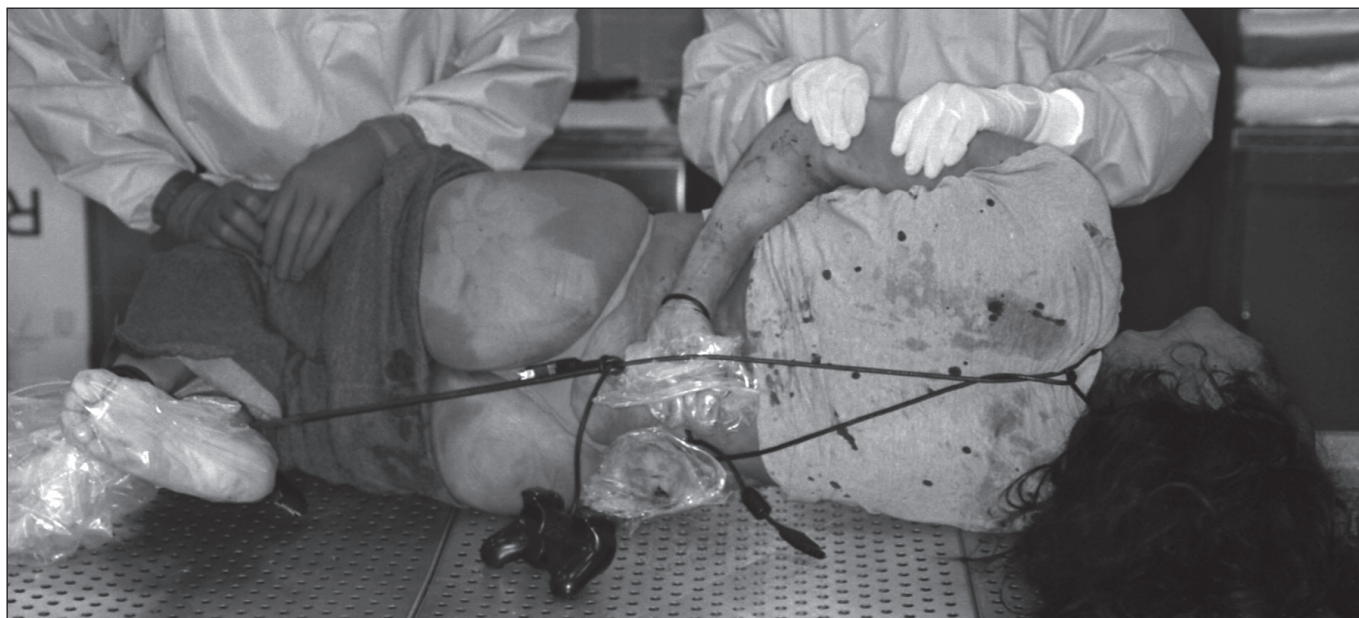


Figure 1. Overview of the complex ligatures used for the “incaprettamento”.



Figure 2. The skin groove made by the wire at the neck, in an anterior and a posterior view.

adherence between the spleen and the diaphragm were also detected.

During the autopsy, biological samples were taken, in order to perform toxicological analysis (biological fluids, fragments of viscera and skin annexes), histological analysis (on the neck, wrists and ankles skin in correspondence of the ligature signs, a negative control skin sample – to test the vital reaction- and multiple samples of viscera, all fixed in 10%-buffered formalin) and genetic analysis (nails, skin swab and blood). At the end of autopsy, the cause of death was determined in a self-strangulation due to the “incaprettamento” technique.

Toxicological analysis

The analysis was conducted in the modality of a generic screening (for the research of every substance with a pharmacological activity) and in the modality of a specific screening, for the detection of the most common abuse substances. The research of these substances (opiates, cocaine, methadone, cannabis, amphetamines, ecstasy, ketamine, benzodiazepines and barbiturates) was conducted by immunoenzymatic techniques, EMIT on urine samples and ELISA on blood samples. For the alcohol concentration and for the volatile substances, a chromatography was used with a headspace sampling (HPLC-MS), while the detection of non-volatile

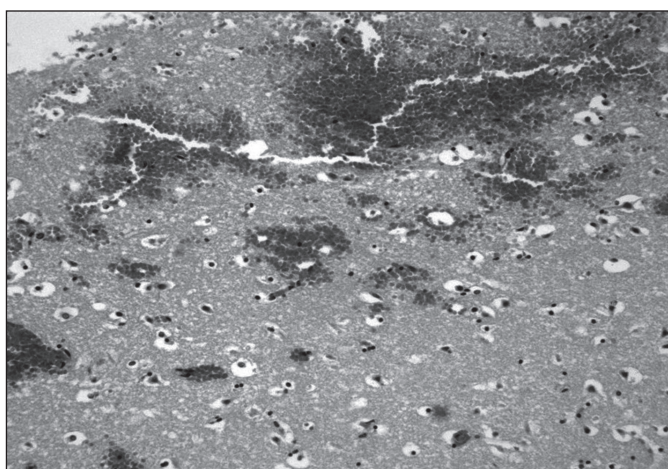


Figure 3. Cerebral focal intraparenchymal micro-haemorrhages (Hematoxylin-Eosin, 200x).

substances was performed with the gas-chromatography combined with the mass spectrometry (GC-MS). It was detected a positivity to cannabinoids (42 mg of THC).

Histopathological analysis

Laminar sections with a thickness of 2 μm were prepared and then stained with the standard Hematoxylin-Eosin coloration and with histochemical techniques (Masson's trichrome stain and potassium ferrocyanide stain of Perls). The observation by the optic Leica HC microscope revealed pulmonary asphyxia signs like severe oedema, emphysema and alveolar haemorrhages. Concerning the skin at the neck, wrists and ankles, vital features in the ligature groove made by the scart wire were documented and consisting in recent pronounced blood extravasation with well-preserved blood cells (seen at the Masson's trichrome stain) and a positivity to the potassium ferrocyanide stain of Perls. The analysis on the viscera highlighted the presence of multiple cerebral focal intraparenchymal micro-haemorrhages (Fig. 3).

Police investigations

Police investigations on the persons known by the victim (that prostituted herself in the nights, on the streets of Milan) permitted to identify her partner, who was missing after the murder. The partner, a 25-years old Polish, was questioned for hours and finally he admitted that he knocked out the victim with a blow on the head by a big crystal ashtray and then he killed the transgender by the “incaprettamento”. The motive was attributed to money problems, because the victim did not want to reveal to the aggressor the place in which she conserved her savings (about 10.000 Euros); this amount of money was then founded by the Police under the mattress of the bed.

CONCLUSIONS

The incaprettamento is a rare variation of strangulation [1] consisting in the ligature of wrists and ankles with the legs of the victim, positioned behind the back; the wire itself is then also enclosed to the victim's

neck. When the muscle of the lower limbs does not support anymore the unnatural position, they relax: thus, the noose around the neck tightens and the victim strangulates himself [5]. However, this circumstance (the auto-strangulation) occurs rarely, because it is related only to the ante-mortem "incaprettamento" (not performed in the post-mortem period, simply in order to facilitate the transport of the cadaver): this eventuality requires a considerable imbalance of power between aggressor and victim, because the victim has to be unconscious or scarcely conscious (due to a trauma or for the effect of administered toxicological substances), thus resulting extremely vulnerable and not opposing to the aggressor [4].

The first report in the medico-legal literature concerning this unusual homicide technique is published in 1998: it deals with a series of 18 cases of "incaprettamento" in a mafia-context [5]: the article underlines that, at the microscopic analyses conducted by histochemical and immunohistochemical technique, most of the victims did not show any vital reactions in the skin corresponding to the ligature signs at the wrists and the ankles, thus suggesting a post-mortal application of the ligatures, while the neck were positive in all cases.

The literature [1] and the recent classification of asphyxias performed in 2010 [7] compare the "incaprettamento" (for some aspects and for the death mechanism) to the postural asphyxia of some subjects (for example: handcuffed subjects that are put in a prone position, or seated in the posterior seats of Police car [8], or some patients that are particularly violent [9-10] and that are undergoing restraints procedures) that are found dead in a position which interferes with the normal respiratory function. This condition, which is well-known in forensic pathology, happens for the obstacle

to the expanding movement of the thoracic cage and of the diaphragm, resulting in an alveolar hypoventilation and in a cardiac hyperexcitability (due to the respiratory acidosis), with subsequent catecholamines release, respiratory failure and death.

The presented case deals with an unusual modality of death in a young transgender and consisting in a self-strangulation due to the ante-mortem "incaprettamento" technique. The diagnosis was formulated for the convergence of the historical, autoptical and histopathological data, collected during the investigations. In particular, the complex ligature of the victim performed with a 3-meters-long wire was considered suitable to cause the self-strangulation which occurred for the exhaustion of physical forces. The autopsy confirmed macroscopically the vital features of the ligature signs on the skin of the neck, the wrists and the ankles; the same features were also attributable to the soft tissues of the antero-lateral of the neck; furthermore, there were also a fracture of the superior right horn of the thyroid cartilage (which is in agreement with that mode of death) and generic asphyctic signs (conjunctival petechiae, increased blood fluidity and polivisceral congestion). Finally, the results of the histopathological analyses confirmed the vital features of the ligature signs on the skin of neck, wrists and ankles. A further confirming element was constituted by the fact that the execution of the "incaprettamento" was made possible by the considerable imbalance of power between the aggressor and the victim and probably related to the temporary unconsciousness of the victim due to the strong head trauma, that is attested either in autopsy and by the histopathological exams, for the presence of cerebral focal intraparenchymal micro-haemorrhages, attributable to a blunt trauma.

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