



A29 A Retrospective Study of Intentional Body Dismemberment in New York City: 1996-2016

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After attending this presentation, attendees will better understand various aspects of dismemberment cases in an urban setting.

This presentation will impact the forensic science community by providing a baseline for the comparison of dismemberment data originating from a large metropolitan area.

A detailed review of autopsy records, case photographs, and (when present) anthropology reports was conducted at the New York City Office of Chief Medical Examiner to locate cases of intentional body dismemberment. The initial list of cases was compiled based on database searches including terms “dismember(ed),” “dismemberment,” “disarticulate(d),” “disarticulation,” “amputate(d),” “amputation,” “decapitate(d),” and “decapitation.” More than 700 cases were reviewed based on these search parameters. Only cases involving intentional body dismemberment by another individual were included in the final dataset. In addition, there had to be complete separation of a major body part for the case to be included in the study (i.e., separation of bones without complete separation of the soft tissue was not counted). Additionally, the removal of ears, noses, and genitalia did not meet the criteria for inclusion in this study since these dismemberment locations involve only soft tissue/cartilage and would not be observable on remains in an advanced state of decomposition. After the vetting process, 75 different case numbers were found that pertained to intentionally dismembered bodies. Through DNA or anthropological re-association, 21 of these cases could be linked to other cases. After the consolidation of cases was completed, it was determined that a total of 54 dismembered bodies were discovered within New York City (NYC) between 1996 and 2016.

Data were collected on type of dismemberment: disarticulation, transection, or a combination of both. Disarticulation indicates that dismemberment was achieved by cutting between bones at joints. This is usually accomplished with a knife. Transection indicates that cuts were made through a bone. Transection usually occurred by sawing or chopping. In some cases, multiple implements were used and disarticulation and transection were observed on the same body. The results reveal that 54% of body dismemberment involved transection only (29/54), 35% involved disarticulation only (19/54), and 11% involved a combination of both (6/54).

Data were collected on the number of body parts represented after dismemberment. In 48% of the cases (26/54), the entirety of the body was never recovered. Due to missing elements, it was not possible to determine the total number of cuts or the full extent of the dismemberment locations in many of the cases. The total number of parts ranged from a low of 2 (e.g., decapitation only) to an extreme example in which the entire body was defleshed and nearly all of the individual bones were disarticulated. Frequent locations for dismemberment were the neck, shoulders, and hips.

Annual trends indicate that there was an average of 4 cases per year, with a high of 15 cases in 2005 and a low of 0 cases in 2016. These values indicate the year that the dismembered body parts were recovered. In most instances, the body parts were discovered soon after death, but, in several cases, the parts were not discovered until years after death. The frequency of body part discoveries by NYC borough reveals that Brooklyn has the highest percentage at 33% (25/75), followed by the Bronx at 27% (20/75), Queens at 23% (17/75), Manhattan at 13% (10/75), Staten Island at 3% (2/75), and 1 body part from outside NYC that linked to a NYC case (1/75). In some instances, these values represent the discovery of body parts from the same person that were spread between different boroughs.

Possible reasons for dismemberment include making the body more manageable for transport/disposal and attempting to hinder identification efforts. In a few NYC cases, the dismemberment was associated with body packing and intentional cutting of the decedent was conducted to retrieve drugs hidden inside their body. In other cases, the dismemberment may simply be an aggressive act to disfigure and mutilate the victim. It is theorized that NYC may experience a higher number of dismemberment cases than other large cities due to the density of the population and added difficulty of body transport and disposal, but currently there are no other United States studies available for comparison. Retrospective studies of dismemberment trends in other large metropolitan cities would provide an interesting comparison to the findings within NYC.

Dismemberment, Sharp Force Trauma, New York City