

## Autoerotic asphyxial hanging – case presentation

Corneliu Capatina<sup>1</sup>, Sorin Hostiuc<sup>\*1</sup>, Constantin Dragoteanu<sup>1</sup>, George Cristian Curca<sup>1</sup>

Received: 12.12.2008/ Accepted in revised form: 27.05.2009

**Abstract:** Autoerotic death is an uncommon cause of death with higher prevalence in middle aged Caucasian people, usually but not always caused by accidental self-hanging. The main cause for it is a sexual compulsion of the practitioners, who seek controlled hypoxia as a mean to improve their sexual experience. In order to achieve this goal they try different methods to decrease their brain oxygenation: mechanical asphyxia, electrocution, chemical abuse, etc. Even though they usually take preventive measures sometimes these are not functioning properly making them loose their consciousness and finally die. This article presents a typical case of self-hanging associated with masochistic behavior.

**Key words:** autoerotic asphyxia, paraphilias, sexual paraphernalia, bondage

As a sexual activity autoerotic asphyxiation is known from ancient times. Anthropologists for example found that in some Celtic, South American (Yahgans), Eskimo and South-East Asian populations it was a common practice [1]. In Middle Ages in England was open a “Hanged Men’s Club” [1] where gentlemen could satisfy their asphyxia erotic needs with prostitutes. Some famous people allegedly died secondary to erotic asphyxiation: Frantisek Koczwara (author of “Battle of Prague” [2]; some authors even suggested the name “koczwarrism” for erotic asphyxiation), Peter Anthony Motteux [3] (editor of the first English magazine), Albert Dekker (theatre and movie actor), Kevin Gilbert (songwriter, musician), Michael Hutchence (lead singer of INXS), David Carradine (actor)[4], etc.

Autoerotic deaths are defined as accidental deaths occurring during individual, usually solitary sexual activities secondary to the use of different objects to enhance sexual stimulation. Usually the above mentioned objects are used to obtain a certain degree of asphyxia, cases labeled “autoerotic asphyxia deaths” to differentiate them from other types, less frequent of autoerotic deaths [5]. DSM IV classifies the need of oxygen deprivation to enhance sexual pleasure as hypoxophilia, under 302.83 (sexual masochism)[6-7]. Induced hypoxias associated with masochism, transvestitism, bondage[8], fetishism, isolated or combined are known to increase sexual pleasure [9]. The mechanism by which sexual arousal is produced throughout asphyxia is the decrease of cerebral oxygenation that induces a state of hallucinogenic and euphoric state with subsequent increases in sexual response [1]. Hypoxia leads to a very early alteration of central sexual inhibitor areas from hippocampus

---

<sup>1</sup>National Institute of Legal Medicine, No.9 Vitan Barzesti Street, 042122, Bucharest, Romania

<sup>\*</sup>Corresponding author: National Institute of Legal Medicine, No.9 Vitan Barzesti Street, 042122, Bucharest, Romania, Phone (0040)723791072, email soraer@yahoo.com

and the limbic system. Also sympathetic neurons, who are involved in penile erection and ejaculation are activated through mechanical, chemical or electrical stimulation [10].

Four mechanisms are involved in obtaining hypoxia in these cases: neck obstruction, oxygen deprivation, airway obstruction and chest compression. Practitioners are trying to interconnect these mechanisms in order to achieve a maximum degree of pleasure; as they get more experienced they are trying new methods and new ways but by doing that they are exposing to increasing dangers until one failsafe mechanism is not working in optimum parameters leading to complete asphyxia and subsequently death [11].

Although the most frequent method of autoerotic activity is controlled self-hanging, other variants are also being described in literature: the use of plastic bags [12-14] or chemical substance [15-21], food (cheese)[22], electrocution [23], abnormal or abdominal suspension [24-28], immersion[29], power hydraulics [30-31] etc. Usually the practitioners are white middle-aged males, although there are cases in literature of women [32-34] or men up to 87[35] years old that are engaged in such activities.

Usually autoerotic deaths are classified in literature as secondary to asphyxia and secondary to other causes [1, 5, 36-38]. A wider classification was made by Behrendt and Modvig[39] who focused less on asphyxia vs. non-asphyxia in erotic deaths and more on including the presence of asphyxiation in paraphilia behaviors. A typical autoerotic death is considered to be one that associates other paraphilias and an atypical one doesn't. This article presents a typical case of lethal sexual asphyxiophilia associated with sexual masochism.

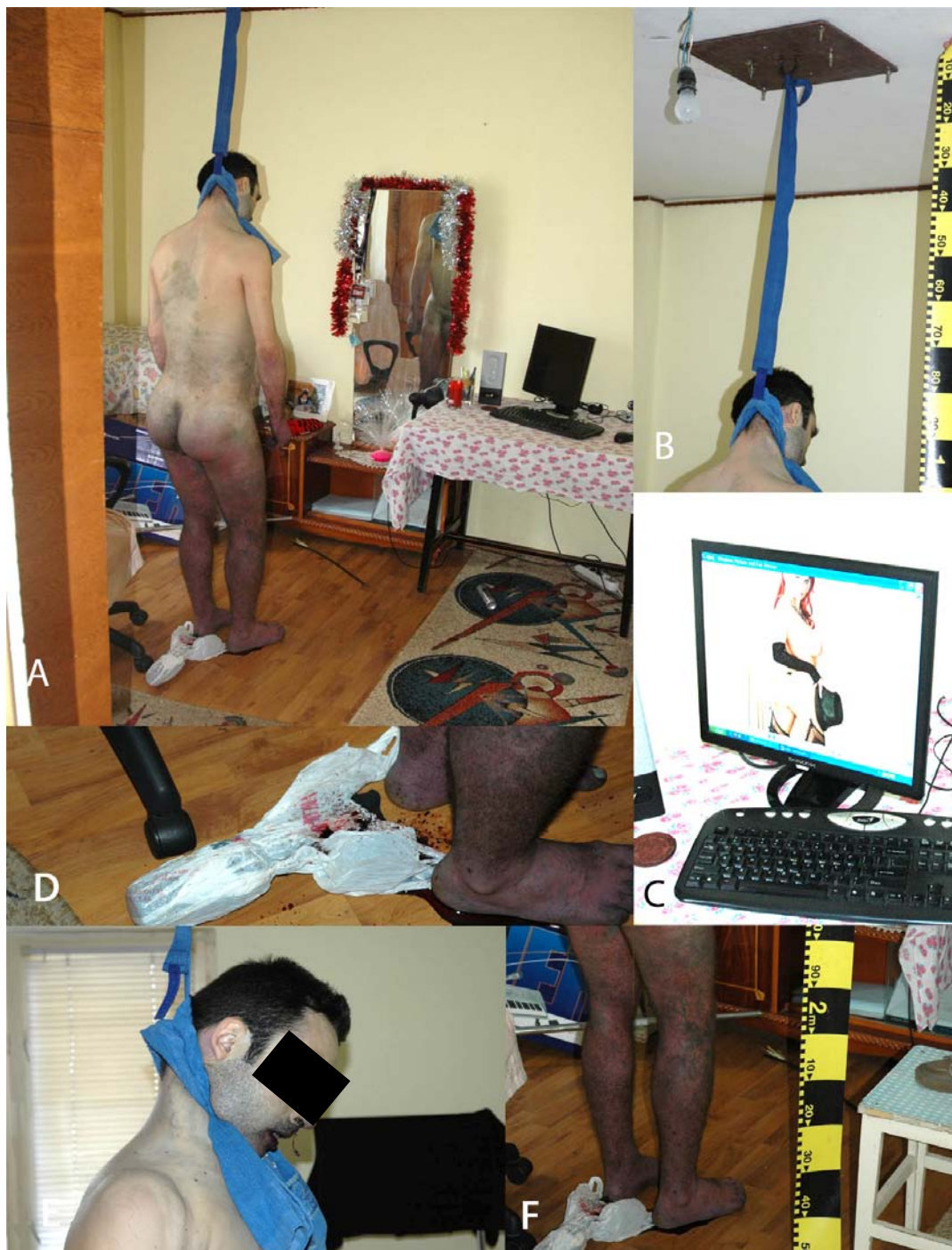
### **Case report**

An 35 year old man was found dead in his bedroom, hanging from the ceiling by means of a karate belt enveloped by a blue towel around the cervical loop. In front of him were a mirror and slightly laterally a computer which was initially in standby (Figure1). The men was completely naked and within initial stages of putrefaction. When activating the PC the prosecutors found on screen a slideshow of pornographic pictures. Behind him was found a metallic perfume tube enveloped in a sock which on his turn was put in a plastic bag. The plastic bag had on it traces of feces.

His clothes were nicely arranged, the house was clean and there were no traces of trespassing. The autopsy was made the subsequent day and found the following: around the neck a slightly oblique ligature mark directed superiorly from front to back. The marks were more obvious posteriorly, with a maximum length of about 2,1 cm and a maximum width of about 0,4 cm.

Ligature mark was pale-red (rope burn), parchment-like and wasn't associated with cervical muscle hemorrhage, subcutaneous bruising or hemorrhage, hyoid bone or larynx cartilage fractures. Petechial hemorrhages were present on right eye conjunctivae, epicranium and on lungs surface. Both lungs were inflated and congested. Heart had a mild, incipient sclerosis and its cavities contained only liquid, blackish blood. The anal sphincter was dilated, flattened, with anal fissures of various ages and incontinent. Other findings were inconclusive.

The subject seemed to have a normal life, without known fetishisms or homosexual tendencies. Cause of death was in this case acute respiratory insufficiency due to mechanical asphyxia by hanging.



**Fig. 1** Crime scene investigation: A. General view of the crime scene; B. Detail – belt connected to the ceiling; C. After going out of standby a slideshow of erotic pictures is seen on the PC monitor; D. Detail – perfume bottle enveloped in a soak and a plastic bag; E- Detail – protective padding; F – Detail – feet on the ground.

### Discussions

In Table 1 some basic characteristics of autoerotic asphyxias according to studies realized by Hazelwood, Resnik, Uva and Seidl are presented and compared to our case. After Seidl only four characteristics are mandatory to diagnose an AAD (autoerotic asphyxia death): isolated location, a solitary act, evidence of prior autoerotic activity and no apparent suicidal intent. All four were present in our case.

Characteristic	Hazelwood [24, 40-42]	Resnik [43]	Uva [32, 44]	Seidl [1]	Our case
Isolated location and solitary act	+	+	+	+	+
Victim's body partially supported by the ground	+	-	+	+	+
Self-rescue mechanism	+	+	-	+	-
Bondage	+	+	+	+	-
Masochistic behavior	+	-		+	+
Dressing in female clothing	+	+	+	+	-
Protective padding	+	+	+	+	+
Sexual paraphernalia	+	-	-	+	+
Mirrors	+	-	-	-	+
Masturbatory activity	+	+	-	+	+
Repeated behavior	+	-	+	+	+
Adolescent or young male	-	+	-	-	+
Partial or complete nudity	-	+	+	-	+
No apparent wish to die	-	+	+	-	+
Absence of a suicidal note	-	-	+	+	+
High risk elements	-	-	-	+	-

**Table 1** Main autoerotic characteristics

The most frequent method of autoerotic stimulation is self-hanging. Usually the practitioners are trying to hide their acts thus making the use of protective padding a very frequent characteristic. In our case it was used a towel which could easily protect the skin from injuries; protective padding is also a sign of repetitive behavior and an evidence against a suicidal attempt.

The practitioners are aware of the danger this method of masturbation poses and take all necessary precautions by creating self-rescue mechanisms; loss of consciousness and subsequently death occurs secondary to a failure of these mechanisms. Our case didn't have such a mechanism suggesting that he was either very confident in his capacity to subtract himself. The way he controlled asphyxia was by leaning forward and backward helped by the elastic properties of the karate belt.

Sexual toys, pornographic pictures, videos, female clothing, etc. are often found in crime scenes, also used as means to increase sexual arousal. Some authors reported the use of potency pills for the same purpose [35]. Our case used as a method to increase sexual pleasure a masochistic and homosexual toy – a bottle of perfume enveloped in a sock and in a plastic bag inserted throughout the anal canal; masochistic behavior is common in AAD; there are described cases in literature in which asphyxiophilia is used in sado-masochistic couples as an adjuvant method to increase sexual pleasure. Anal and rectal morphology suggests that it wasn't an isolated event as fissures of different ages were found but his family was unaware of associated homosexual or other deviant sexual activities.

In AAD, more than is usual cases of hanging a detailed research of the crime scene is of an uttermost importance and every detail must be closely analyzed and quantified; also a high degree of suspicion is necessary in many cases, especially in those classified as atypical by Behrendt.

## References

1. Tsokos, M., Forensic Pathology Reviews, ed. M. Tsokos. Vol. 1. 2004, Hamburg: Humana Press.

2. Ober, W., The sticky end of Frantisek Koczwara, composer of "The Battle of Prague. *American Journal of Forensic Medicine and Pathology*, 1984. 5(145-149).
3. Ober, W., The man in the scarlet cloak. The mysterious death of Peter Anthony Motteux. *American Journal of Forensic Medicine and Pathology*, 1991. 12(255-261).
4. Carradine's death likely accidental, cops say, in *Associated Press*. 2009.
5. Byard, R.W. and N.H. Bramwell, Autoerotic death: A definition. *American Journal of Forensic Medicine and Pathology*, 1991. 12(1): p. 74-76.
6. *Diagnostic and statistical manual of mental disorders*. 4th ed, ed. A.P. Association. 1994, Washington, DC: American Psychiatric Association.
7. Ueno, Y., et al., Sexual asphyxia by hanging - A case report and a review of the literature. *Legal Medicine*, 2003. 5(3): p. 175-180.
8. Benomran, F.A., et al., Masking and bondage in suicidal hanging: A case report. *Medicine, Science and the Law*, 2007. 47(2): p. 177-180.
9. Koops, E., et al., Unusual phenomenology of autoerotic fatalities. *Forensic Science International*, 2005. 147(SUPPL.): p. S65-S67.
10. Janssen, W., et al., Forensic aspects of 40 accidental autoerotic deaths in Northern Germany. *Forensic Science International*, 2005. 147(SUPPL.): p. S61-S64.
11. Shields, L.B.E., D.M. Hunsaker, and J.C. Hunsaker Iii, Autoerotic asphyxia: Part I. *American Journal of Forensic Medicine and Pathology*, 2005. 26(1): p. 45-52.
12. Tomforde, A., et al., Adhesive tape in the face - Criminological aspects. *Klebeband im gesicht - Kriminalistische Aspekte*, 2003. 211(5-6): p. 139-146.
13. Schellenberg, M., S. Racette, and A. Sauvageau, Complex autoerotic death with full body wrapping in a plastic body bag. *Journal of Forensic Sciences*, 2007. 52(4): p. 954-956.
14. Jones, L.S., J.P. Wyatt, and A. Busuttill, Plastic bag asphyxia in Southeast Scotland. *American Journal of Forensic Medicine and Pathology*, 2000. 21(4): p. 401-405.
15. Musshoff, F., et al., Accidental autoerotic death by volatile substance abuse or nonsexually motivated accidents? *American Journal of Forensic Medicine and Pathology*, 2006. 27(2): p. 188-192.
16. Breitmeier, D., et al., Autoerotic accident associated with self-applied ketamine. *International Journal of Legal Medicine*, 2002. 116(2): p. 113-116.
17. Bungardt, N. and L. Pötsch, Case report on a methemoglobinemia associated death. *Bericht über einen methämoglobin-assoziierten Todesfall*, 2003. 212(5-6): p. 176-183.
18. Leadbeater, S., Dental anesthetic death. An unusual autoerotic episode. *American Journal of Forensic Medicine and Pathology*, 1988. 9(1): p. 60-63.
19. Stemberga, V., et al., Propane-associated autoerotic asphyxiation: accident or suicide? *Collegium Antropologicum*, 2007. 31(2): p. 625-627.
20. McLennan, J.J., et al., Propane-associated autoerotic fatalities. *American Journal of Forensic Medicine and Pathology*, 1998. 19(4): p. 381-386.
21. Singer, P.P. and G.R. Jones, An unusual autoerotic fatality associated with chloroform inhalation. *Journal of Analytical Toxicology*, 2006. 30(3): p. 216-218.
22. Püschel, K. and R. Block, Accidental autoerotic death with cheese. *Autoerotischer Unfall: "Alles Käse"*, 2007. 17(6): p. 387-388.
23. Sauvageau, A. and S. Racette, Autoerotic deaths in the literature from 1954 to 2004: A review. *Journal of Forensic Sciences*, 2006. 51(1): p. 140-146.
24. Hazelwood, R.R., A.W. Burgess, and A.N. Groth, Death during dangerous autoerotic practice. *Social Science and Medicine - Part E Medical Psychology*, 1981. 15(2): p. 129-133.
25. Madea, B., Death in a head-down position. *Forensic Science International*, 1993. 61(2-3): p. 119-132.
26. Erikson, A., C. Gezelius, and G. Bring, Rolled up to death. An unusual autoerotic fatality. *American Journal of Forensic Medicine and Pathology*, 1987. 8(3): p. 263-265.
27. Thibault, R., et al., An unusual autoerotic death: Asphyxia with an abdominal ligature. *Journal of Forensic Sciences*, 1984. 29(2): p. 679-684.
28. Minyard, F., Wrapped to death. Unusual autoerotic death. *American Journal of Forensic Medicine and Pathology*, 1985. 6(2): p. 151-152.
29. Sauvageau, A. and S. Racette, Aqua-eroticum: An unusual autoerotic fatality in a lake involving a home-made diving apparatus. *Journal of Forensic Sciences*, 2006. 51(1): p. 137-139.
30. O'Halloran, R.L. and P.E. Dietz, Autoerotic fatalities with power hydraulics. *Journal of Forensic Sciences*, 1993. 38(2): p. 359-364.

31. Contostavlos, D.L. and R.L. O'Halloran, Commentary on, 'autoerotic fatalities with power hydraulics' [1]. *Journal of Forensic Sciences*, 1994. 39(5): p. 1143-1144.
32. Focardi, M., B. Gualco, and G. Norelli, Accidental death in autoerotic maneuvers. *American Journal of Forensic Medicine and Pathology*, 2008. 29(1): p. 64-68.
33. Byard, R.W., S.J. Hucker, and R.R. Hazelwood, Fatal and near-fatal autoerotic asphyxial episodes in women: Characteristic features based on a review of nine cases. *American Journal of Forensic Medicine and Pathology*, 1993. 14(1): p. 70-73.
34. Behrendt, N., N. Buhl, and S. Seidl, The lethal paraphiliac syndrome: Accidental autoerotic deaths in four women and a review of the literature. *International Journal of Legal Medicine*, 2002. 116(3): p. 148-152.
35. Sauvageau, A. and V.J. Geberth, Elderly victim: an unusual autoerotic fatality involving an 87-year-old male. *Forensic Science, Medicine, and Pathology*, 2009: p. 1-3.
36. Cooke, C.T., G.A. Cadden, and K.A. Margolius, Autoerotic deaths: four cases. *Pathology*, 1994. 26(3): p. 276-280.
37. Frazer, M. and S. Rosenberg, A case of suicidal ligature strangulation. *American Journal of Forensic Medicine and Pathology*, 1983. 4(4): p. 351-354.
38. Watanabe-Suzuki, K., et al., 1. A curious autopsy case of a car crash in which self-strangulation and lung collapse were found: A case report. *Medicine, Science and the Law*, 2002. 42(3): p. 261-264.
39. Behrendt, N. and J. Modvig, The lethal paraphiliac syndrome: Accidental autoerotic deaths in Denmark 1933-1990. *American Journal of Forensic Medicine and Pathology*, 1995. 16(3): p. 232-237.
40. Burgess, A.W. and R.R. Hazelwood, Autoerotic asphyxial deaths and social network response. *American Journal of Orthopsychiatry*, 1983. 53(1): p. 166-170.
41. Dietz, P.E. and R.R. Hazelwood, Atypical autoerotic fatalities. *Medicine and Law*, 1982. 1(3): p. 307-319.
42. Hazelwood, R.R., P.E. Dietz, and A.W. Burgess, The investigation of autoerotic fatalities. *Journal of Police Science and Administration*, 1981. 9(4): p. 404-411.
43. Resnik, H., Erotized repetitive hangings: a form of selfdestructive behavior. *Am J Psychother*, 1972. 26(4-21).
44. Uva, J.L., Review: Autoerotic asphyxiation in the United States. *Journal of Forensic Sciences*, 1995. 40(4): p. 574-581.