

Accidental strangulation resulted from hypoxyphilia associated with multiple paraphilias and substance abuse: a psychological autopsy case report

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Abstract: We report a case of a 34-year-old male who was found hanged by his neck in his own apartment. The deceased was dressed in women's nylon panties, bra, nylon pantyhose, and a wig. The immediate cause of his death was found to be asphyxia due to hanging but the manner of his death was initially considered to be equivocal.

The psychological autopsy based on the structured interview with the deceased's parents, sexual partner, and closed friends using Beck's Suicide Intent Scale (SIS), Paykel's Interview for Recent Life Events (IRLE), Duke Social Support Index (DSSI), the Structured Clinical Interview for DSM-IV-TR (SCID-I), Hamilton Depression Rating Scale (HAM-D), and our structured suicide information questionnaire based on the pamphlet "Suicide Prevention and Psychological Autopsy" (Department of U.S. Army) and some published articles was performed and the data were analyzed.

The interviews with the informants showed that the deceased was single; was engaged in homosexual behavior; was well educated with a university degree; was employed; has not been diagnosed with any chronic illnesses; never had suicidal attempts in the past; didn't have any history of alcohol and drug abuse; wasn't recently emotionally upset; didn't have any chronic and recent interpersonal problems with his family, sexual partner, and friends; had plans for the future. The deceased has not being diagnosed with any psychiatric illnesses during his life. But the scrupulous crime scene investigation was indicative that diseased was meeting the DSM-IV-TR diagnostic criteria for substance abuse, multiple paraphilias involving sexual masochism (hypoxyphilia), transvestic fetishism, and agalmatophilia (a paraphilia that involves being sexually attracted to a doll, statue or mannequin).

Integration of the psychological autopsy data with the crime scene findings allowed identification of this event as an accidental death (autoerotic asphyxia).

Key Words: hypoxyphilia, autoerotic asphyxia, sexual masochism, transvestic fetishism, agalmatophilia, substance abuse, psychological autopsy

According to Shneidman's definition (1981), the psychological autopsy is a retrospective reconstruction of a decedent's life initiated to get a better understanding of his/her death [1]. The information collected with the psychological autopsy method is of great value to determine and clarify the equivocal death within the Natural, Accidental, Suicidal or Homicidal classification of deaths.

Here we present a case of death due to hypoxyphilia associated with multiple paraphilias which was initially considered to be equivocal.

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Figure 1. The victim was found hanged by his neck being in a kneeling posture.



Figure 2. A doll hanged by its neck with hands tied behind back in the deceased's bedroom.



Figure 3. Gas mask with a "ball gag" sex toy were found in a storeroom.

Case Report

The victim was a 34-year-old male whose body was found partially suspended by the neck in his apartment (Figure 1). The deceased was in a kneeling posture, dressed in women's underwear.

There was a doll hanged by its neck with hands tied behind back in the deceased's bedroom (Figure 2).

Gas masks with a "ball gag" sex toy were found in a storeroom (Figure 3). There were opened bottles of "poppers" and acetone in the deceased's bathroom. No suicide note has been found in the crime scene.

External examination: The victim was wearing women's nylon panties, bra, nylon pantyhose and a wig (Figure 4). There were no signs of ejaculation and urination in the underwear. The noose made of nylon pantyhose was tied tightly around the victim's neck and was attached to the heating pipe. The position of the simple-slip knot was situated over the nape of the neck (Figure 5). Removal of the noose revealed a ligature mark on the neck below the mandible. The ligature mark was approximately 1cm wide and encircles the neck in the form of a "V" on the anterior of the neck above the thyroid cartilage symmetrically upward both



Figure 2. The victim was wearing women's panties, bra, nylon pantyhose, and a wig. There were no signs of ejaculation and urination in the underwear.



Figure 2. The position of the simple-slip knot was situated over the nape of the neck.

sides of the neck to the occipital region and an inverted "V" on the posterior of the neck, consistent with hanging. The skin of the anterior neck above and below the ligature mark shows petechial hemorrhaging.

Internal examination: Subsequent autopsy didn't show a broken hyoid bone. The thyroid and the cricoid cartilages were not fractured as well. Petechial hemorrhaging was present in scleral conjunctiva. There was no obstruction of the airway. Hemorrhaging in the area of the ligature mark penetrated the skin and subdermal tissues of the victim's neck.

There was no evidence of recent anal sexual act. Urine screen was negative for ethanol and illicit drugs. The immediate cause of death was found to be asphyxia due to hanging.

The psychological autopsy based on the structured interview with the deceased's parents, sexual partner, and closed friends using Beck's Suicide Intent Scale (SIS), Paykel's Interview for Recent Life Events (IRLE), Duke Social Support Index (DSSI), the Structured Clinical Interview for DSM-IV-TR (SCID-I), Hamilton Depression Rating Scale (HAM-D), our structured suicide information questionnaire based on the pamphlet "Suicide Prevention and Psychological Autopsy" (Department of U.S. Army) and the data from the published articles by Kølves et al. (2006), Simon (2008), Chan et al. (2007), Arun et al. (2010), and Appleby et al. (1999) was performed and the data were analyzed [2-7].

The deceased grew up in a family with a dominant mother; graduated from a prestigious university; was employed; was satisfied with his job; was engaged in homosexual behavior; has not been diagnosed with any chronic illnesses; never had suicidal attempts in the past; didn't have any history of alcohol and drug abuse; wasn't recently emotionally upset; had good coping style to stressful situations; didn't have any family history significant for suicide and fatal illnesses; didn't have any recent stressful situations in his life; has not been socially isolated; didn't have any chronic and recent interpersonal problems with his family, sexual partner, and friends; had plans for the future.

The deceased has not being diagnosed with any psychiatric illnesses during his life as well. But the scrupulous crime scene investigation was significant that the diseased was meeting the DSM-IV-TR diagnostic criteria for substance abuse, hypoxophilia, transvestic fetishism, and agalmatophilia (a paraphilia that involves being sexually attracted to a doll, statue or mannequin). Absence of suicide note and overt communication of suicidal intent with close friends before death pointed at the lack of a specific suicidal plan.

Integration of the psychological autopsy data with the crime scene findings allowed us to identify this event as an accidental death resulted from hypoxophilia (autoerotic asphyxia).

Discussion

Hypoxophilia is a Paraphilia Not Otherwise Specified (NOS), characterized by intensified "sexual arousal by oxygen deprivation" that is typically self-administered [8-10]. Practitioners of hypoxophilia usually engage in the behavior as a solitary act. They use a variety of techniques to produce the hypoxia like strangulation, suffocation or reduction of the oxygen in the inspired air that may be achieved with plastic bags or gas masks that may allow inhaling some anesthetic gases (chloroform, nitrous oxide) and volatile chemicals (isopropyl nitrite and isobutyl nitrite ("poppers"). Self-hanging is the most common method observed among fatal cases [11-13].

Differentiation between accidental death and suicide often in cases of suspicious for autoerotic asphyxia becomes difficult due to the unusual methods for hypoxophilia used by victims [13]. The possibility of homicide should be ruled out in the cases of unusual suicides as well [6,13].

The psychological autopsy has been generally accepted in the psychiatric field for evaluating suicide cases for better understanding the social, psychological, and physical conditions of suicide [14].

Psychological autopsy is one of the most valuable tools of research on completed suicide [15]. It involves collecting all available information about the deceased via structured interviews of family members, relatives or friends as well as attending health care personnel [16-18]. In addition, information may be collected from available health care and psychiatric records, other documents, and forensic examination.

Correlating the morbid anatomical findings at autopsy with the death scene analysis coupled with psychological autopsy was found to be useful in our case.

There are some limitations of psychological autopsy in such applications mainly due to the lack of the standard procedures [19,20]. Snider et al. (2006) pointed out the need of developing a standardized protocol for a psychological autopsy for legal cases to address the Daubert standard [21].

According to Wrightsman (2001), between 5 and 20 percent of deaths across the U.S. that need to be certified are considered equivocal, but most of them are undetermined between accident and suicide [22]. Further investigation of different standardized psychological autopsy protocols addressing the Daubert standard for determining the manner of death under unusual circumstances (equivocal death) would be a matter of further research.

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