Accidental death in autoerotic maneuvers: Case series

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Abstract: Literature describe relatively few studies about accidental death in autoerotic maneuvers. Authors report three new cases on this topic that involved adult male individuals. The purpose of the paper is to increase the knowledge and the classification of the phenomenon and give a contribution for the forensic medicine and psychiatric implications. The dynamics of the investigation of the scene, the autopsy finding and the examination of the medical history are particularly important for forensic professionals that must classify the event as a suicide, homicide or as an accidental event. The Authors describe the phenomenon also from the epidemiological point of view that shows a high prevalence of men, even if in Italy there are not official estimates. Last but not least the Authors and take in consideration and discussed about the existence in the subject of a para-physiological habituete or a real type of pathology as paraphiliac disorders (masochism, fetishism, travestic fetishism).

Key Words: autoerotic maneuvers, cases, accidental death, difficulty investigation.

INTRODUCTION

The term “accidental death in autoerotic maneuvers” or AAD means a fatality unintended in the progress of a solitary erotic activity wherein the means used by the victim to increase stimulation and sexual pleasure becomes the unexpected cause of death [1].

There are relatively few studies on this topic [2], which is widely underestimated because of inexperience on the part of whoever carries out survey at the place of death, which is often understood as homicide or suicide; and because often the family interfere with the scene of death, out of shame and decency, hiding the details that could confirm autoerotic manoeuvres.

According to what has been previously reported [1], three cases of ADD that seem worth of mention as a contribution to the knowledge and classification of the phenomenon, both from the forensic medicine and psychiatric implications are reported.

CASE REPORTS

Typical ADD
Case 1
Case history
Man of 52 years old, bisexual with unknown psychiatric case history, found in an advanced state of putrefaction inside his home. The victim, wearing a cap, a cardigan, a white sweater, joggers and socks, he was in the loft of a room where music and lights were still on.

The corpse was partially hung through an elaborate system, which suspended neck and ankles with a rope fixed ‘intricately’ to a hook in the ceiling (Figs 1-2). The victim’s feet were tied separately at the ankles. Around the neck there was a noose made of leather consisting of a studded collar that connected a rope both to a strong iron hook fitted to the ceiling and to the feet themselves, in this way forming a potentially flowing system.

At the moment of discovery the victim had his right leg bent and resting on the floor, his left leg flexed
with the knee toward the floor and the foot raised toward
the ceiling, the chest lifted from the noose, and arms
free, dangling at the front touching the floor. Near the
hands was a small wooden table on which rested a large
wooden spatula; on another table was found a phallic
object, made of wood, and creams, presumably used for
anal penetration; on the walls hung nude pictures of a
young male.

Autopsy findings
During the autopsy the presence of a soft
furrow of skin in the neck was found, compatible with
the collar that was found. Macroscopic, histological and
immunohistochemical characteristics confirm the vitality
of the lesion. Death was caused by cardio-respiratory
arrest as a result of mechanical asphyxia by hanging.

The homicidal hypothesis was not probable
because the door was locked from the inside, there was
no sign of forced entry, and the apartment was found in
good order; investigators for the evidence found in the
scene excluded even the suicidal hypothesis. Instead, the
evidence related to autoerotic fatality was obvious: the
strangeness and cumbersome nature of the instrument
used; the permanent hook that showed repetitiveness
of practice; the incomplete hanging; the proximity of
the body to the floor so that rescue mechanisms could
be put in place; the presence inside the collar of black
felt cladding, soft and slightly abrasive; pornographic
pictures hung in the room; the absence of a suicide note
and the testimonies of friends and relatives about the total
lack in the victim of mental diseases or self suppression
intention, ruled out the possibility of a suicidal act.

Atypical add
Case 2
Case history
Man of 31 year-old, heterosexual convicted, with an
unknown psychiatric case history, found dead on the
bed, wearing shorts, lowered with his genital organs
exposed, and socks. Next to the body there was a nylon
bag, a canister of butane gas and numerous pornographic
magazines.

Autopsy findings
During the autopsy fluid blood, a poly-visceral
congestion, subconjunctivae, subepicardium and
mesothelium petechial, were detected: the cause of death
was attributed to an acute asphyxia. Because the man was
found locked inside his cell, the homicidal hypothesis
was excluded, the evaluation of an eventual suicidal
hypothesis remained with, of a no sexual fortuity or of an
AAD: the unnecessary use of gas by inhalation is in fact
quite common in prisons, both for suicidal purpose and
as a sniffing method in the absence of other illegal drugs,
and during autoerotic manoeuvres too [3,4].

From the circumstances of the discovery of the
corpse, the objects discovered and the findings of the
autopsy, the dynamic of the event was reconstructed: the
plastic bag was used as a woven-wire ’tube’ between the
cylinder and the breathing cavity, a fact that deposed in
favour of the accidental death.

As for the differential diagnosis between sniffing
and AAD, the presence of pornographic magazines and
the discovery of seminal fluid that was found on his
trousers, did suggest for this second hypothesis.

Case 3
Case history
Man aged 52 years, heterosexual, separated from
years, found dead in the living room of his home, where
he lived alone. The victim, dressed in pyjamas, woollen
sweater and socks, was sitting on the couch with chest
bent to the left resting on a stack of magazines.

On a table closer of sofà were found two used
syringes, with the respective needles, and a used syringe,
without a needle, a ’butterfly’ with its needle and its
relative tube containing a haematic substance; two syringe
needles; four thermo settled enclosures open; a pot of
water and two teaspoons blackened from the residual of
flames and dirtied presumably by drugs. On the man’s
arms were found several acupuncture wounds. In his
hands there were a pair of glasses and a television remote
control, while on the floor there were two DVD cases
containing pornographic films. Between the deceased’s
legs, pubic-deep, there was a kitchen towel, and on the floor next to the corpse were found a package of Viagra, two open vials of Valium and numerous medicines, mostly downers.

Autopsy findings

Death was caused by an overdose of psychotropic substances introduced intravenously.

The presence of another person was excluded because the door was locked from the inside. Also ruled out was the possibility of suicide, because any proof of self-suppressive wills was found by the operators on the scene or through the testimony of the relatives.

From the evidence found in the apartment it is clear that the victim usually used drugs and the abuse of downers. This could suggest accidental death caused by drug abuse, not directly connected with the erotic activity that presumably the victim was acting out. However, although usually in cases of autoerotic fatality chemical substances are taken by inhalation [5-10], the literature reports cases of AADs caused by drugs such as LSD, cocaine or cannabis [11]. So it was assumed, due to the discovery on the scene of pornographic material, the towel on the inguinal region and the packet of Viagra, that the victim had used the psychotropic substance with the intent of provoking a state of euphoria to increase sensations and sexual pleasure. Therefore, in this case it is possible to classify the death as an autoerotic fatality where the direct cause of death, was drugs, used as a tool to intensify sexual pleasure during masturbation.

**DISCUSSION**

In psychiatry, cases which were classified as lethal outcomes of sexual paraphilia, are defined by the DSM IV [12] as fantasies, sexual impulses, or recurring behaviour and intensely exciting sexually, that generally involve 1) inanimate objects; 2) the pain or the humiliation of oneself or one's partner; 3) children or other people against their will.

According to DSM-V [13], however, paraphilic disorder is reserved an appropriate section where stands the Paraphilic (instincts, fantasies or behaviours) from Paraphilic Disorders itself (instincts, fantasies or behaviours and discomfort, impairment). Paraphilia then turns out to be a necessary but not enough condition for having a paraphilic disorder, and as such no longer needs psychiatric intervention.

As already reported elsewhere [2], the elements that characterize these practices are fetishism, transvestism fetishism and masochism that assume characteristics of real ritual in the preparatory activity of the experience that is to take place, usually in isolated environments, 'adorned' by elements that stimulate the perverse sexual fantasy.

The fetish is specific, unchangeable and generally necessary for sexual arousal and its lack can cause erectile dysfunction. The most common fetishes, as well as specially designed items for sexual stimulation such as dildoes, are panties, bras, stockings, shoes, or boots that the fetishist uses during the act of masturbation [3]. A particular form of fetishism is transvestic fetishism, a perversion that concerns the heterosexual male who uses transvestism in a fetishist way for sexual stimulation.

Usually the transvestic fetishist collects women's clothing with which to disguise themselves, but there are also individuals who only wear a part of women's clothing under their masculine dress, or who wear only female clothes and make-up.

The selected item of clothing becomes an erotic object that the person uses before and during masturbation, a phase in which he imagines to be both the manly male and the woman object of his sexual fantasy. In psychoanalytical terms, fetishists and transvestites are people with an incomplete development of the self. They don't identify themselves as being male with a separate existence; manly power still belongs to the phallic mother and their problems are due to the need to tear the phallic power away the mother take possession of it to placate the distress of neutering [14].

Psychiatry and psychoanalysis have always been considered as crucial to the comprehension, and possible explanation, of the ambivalence of dress-identity, where the dress can be used by the subject as a sort of 'mask' that both hides and at the same time reveals the confusion and ambiguity of the type of identity present in the subject. At the moment when the clothing is seen as the solution to an interior fight, one then starts to talk about the perversity of the phenomenon [15].

From the epidemiological point of view most cases have been described by American authors [16, 17], with an incidence in the USA of 1 to 2 deaths in every one million habitants; in Canada the incidence seems to be decreasing [18], but a higher prevalence in women has been noticed. A recent study in Australia showed a rate of 0.3 cases per million inhabitants per year [19]; the same study showed a rate of 0.1 cases in Sweden; in Germany the estimated incidence is equal to 0.49 cases, while in Scandinavia it is about 1 to 2 per million inhabitants [20]. In Italy there are not official estimates, but it is still estimated that the incidence is low. It was also noted that there are a higher number of cases in big cities compared with rural areas [18, 21-23].

In more recent years, the number of AADs seems to have progressively grown, with increased reporting by the scientific community, but that, as noted by McGrath and Turvey [23] could, be related to an increase in the reposting or identification of cases. Moreover, such variable incidence between populations could also be explained by varying cultures, religious and/or social mores of the populations studied, or even by different methods of data collection to be analysed [19].

Regarding victimology, AADs are predominantly...
a male practice. The literature provides ample data variability: from M: F ratio of 21:7 reported by Sauvageau and Racette [24], we come to the recent data of 50:1, reported by Gosink and Jumbelik [25]. However it is not clear whether the fact that fewer women are involved is linked to a more cautious attitude of the same or even to an erroneous interpretation at the scene of death. Even Kraft-Ebing questioned on this point [26] and when he discovered that, after fetishism, sexual masochism was the most prevalent perversion among males, he wondered why there were only two ‘scientifically ascertained’ cases of women's sexual masochism. The author argued, in this regard that: ‘in women, the voluntary submission to the opposite sex is a physiological phenomenon. Due to the passive role in procreation and in the social conditions existing for a long time, the ideas of submission are, in women, usually related to the idea of sexual relationship’. Therefore, sexual slavery ‘isn't a perversion and is not a disease’; it is actually the aberration of a normal female tract and only in this sense should be considered abnormal.

According to the literature the age range involved in such practices is between 16 and 74 years (mean 33 ± 12) [18]. In a Uva's review [17], 71% of the victims were under the age of 30 years old. In adolescents this practice seems relatively common, although the differential diagnosis with another typical practice of the adolescent world that has nothing to do with sexual pleasure must always be taken into consideration, and that is the ‘choking game’ [27, 28]. This practice involve asphyxiation (by neck compression with hands and/or ropes or by chest compression), that creates a feeling of well-being and light headness [29]. In ADDs, different ways of implementation are described in adolescents compared to adults: the latter, in fact, are more sophisticated in masturbatory rituals and more aware of the danger they face, probably due to accumulated experience, and a desire to experience more pleasure can seduce them to increase the risk, leading them to lose control (or at least, the self-control ability) of the used apparatus.

The Caucasian race is much more involved [30] and the chosen place is usually secluded; in addition to the home, forested areas, cells or other enclosed places of their entourage are reported [31]. The forensic profile, however, as shown by several studies [18, 32] is that of a middle-class male, between 25 and 30 years old, of Caucasian race, heterosexual, single, with no previous history of psychiatric problems, with an above-average IQ.

In most cases of AAD the cause of death is due to self-induced asphyxia to its extreme consequences (AAD character) and the most common method used is neck compression using rope, with secondary hanging or strangling [33, 34]; the second method is represented by asphyxia from plastic bags [35] or gas masks [36]. Then follows chemical asphyxia, in which the oxygen deprivation is achieved through anaesthetic gas inhalation [36] or other toxins [4, 37]. The death in these cases occurs: 1) because the victim underestimates the state induced by hypoxia and time required to reach orgasm; 2) due to the malfunctioning of the apparatus used to induce hypoxia (such as too strong an application of bindings); 3) because of the failure of a safety system to prevent death. In fact, the period between the loss of consciousness, which occurs usually after about ten seconds after a cessation of cerebral blood flow, and death is very short: the paralysis of the respiratory centre comes after about four minutes, which inevitably follows a cardiac arrest.

Instead, the literature defines as ‘atypical’ [38] those fatalities caused by mechanisms not associated with asphyxiation, such as electrocution [39], in which death is due from cardiac arrhythmia or respiratory arrest [40], very often as a result of the malfunction of electrical devices or from accidental contact with the most active parts of the circuit [41]; the inclusion of foreign objects, due to infections [42], embolisms [43] or haemorrhages [44]; other mechanics such as body wrapping (total enclosure of the body with adhesive tape [45] or other materials [46]; or ways not related in categories, [47] such as masturbation with unusual means (vacuum) or Russian roulette cases [48].

The evaluation of circumstances and the forensic investigations might help to differentiate homicides and ADD [49; 50]. The diagnosis is facilitated by the presence of objects or accessories present at the scene of death, such as fetishes (women's clothing [51], phallic tools), pornographic materials [52], or objects used during practices of ‘bondage’ such as handcuffs or chains, mirrors, video cameras or other recording materials [53]. The implementation of specific methods in order to achieve sexual pleasure has for some time been a documented practice in the literature and in the scientific community [54], but cases that come to the forensic observation are relatively small.

The three cases presented have involved adult male individuals, in agreement with epidemiological data that show a high prevalence of men.

Of the above cases (Table 1), in front of paradigmatic situations (case 1 - previous reporting) in which are found the peculiar characteristics reported in the literature, the characteristics and circumstances in which the body was found enabled forensic operators to reach in an almost unique way the classification of the case as ADD; in cases 2 and 3 the differential medico-legal diagnosis among accidental event, suicide or homicide was particularly difficult [54, 55].

These last cases need particular attention and investigation because of fundamental importance for forensic professionals. In fact, in front of a relative rarity of typical cases in which there is a coexistence of many elements that characterize ADDs, the best knowledge
on the spread of the phenomenon could move from a constant depth examination of cases of deaths apparently classifiable as suicide or accidental events. In these circumstances, the case could not be attributable to ADD because of the absence of a typical element, but, as already mentioned, not exclusive (transvestism, fetishism, pornographic materials, and the like). It's worth noting that, according to some authors [19], the rarity of the phenomenon in women should suggest, in such events, the real possibility of homicide.

**CONCLUSION**

In cases such as those presented, and in the absence of a variety of characteristics, a careful study of the event scene, the autopsy finding and a careful examination of all the medical history, involving more professionals, could allow a correct diagnosis of many events that at first, are registered differently. The special event might lead, in addition, to significant problems in terms of compensation, in terms of possible insurance policy. The identification of the phenomenon that lies behind the event, on the borderline between a para-physiological habit and a true pathology, makes the dynamics of these investigations particularly complex often with no medical history references and only indicative or hint of suspicion.

**Conflict of interest.** The authors declare that there is no conflict of interest.

**References**