AUTOEROTIC DEATH

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Introduction

Autoerotic death is a term used when an individual has died during some form of solitary sexual activity from an accident caused by associated materials or equipment. A variety of terms have been crafted to describe this type of death including sexual asphyxia, sex hanging, asphyxiophilia, Kotzwarrism, auto-asphyxiophilia, hypoxyphilia, and erotized repetitive hanging. Many of these terms emphasize the role that induced hypoxia from hanging often plays; however, death may also result from a variety of other traumatic events, including drowning, electrocution, crush asphyxia, and exsanguination, or more rarely from air embolism or volatile substance toxicity.

Although deaths from autoerotic activity have been reported for many years from a wide variety of cultures, there remains considerable confusion in recognizing cases and also in accurately determining the manner of death. Frequently articles in newspapers, often describing cases of adolescent boys in boarding schools, refer to bizarre "fainting games" with no acknowledgment of the likely sexual basis of the activity. Cases have also been presented at professional meetings where the use of bondage equipment in

which the deceased become entangled was attributed to "Harry Houdini" escapology activity. Such deaths have also been incorrectly attributed to suicides and homicides. Certainly there are cases in which the manner of death is unclear; however, the majority of cases have readily identifiable features that enable an accurate diagnosis to be made.

One of the characteristic features, particularly in male practitioners, is evidence of concomitant paraphilias such as fetishism, bondage, or masochism. While these may provide useful clues as to the events leading up to death, they also demonstrate that the psychopathology underlying this behavior is complex, idiosyncratic, and often ill-understood.

Definition

Autoerotic death has been defined as accidental death occurring during solitary sexual activity in which some type of apparatus, material, or substance that was used to enhance the sexual stimulation of the deceased caused unintended death. Autoerotic asphyxial death then refers to the subset of cases where hypoxia is used to enhance orgasm. This definition precludes the use of the term for cases of natural death due to organic disease, where the intention has been to end life, where life has been terminated by another, or where more than one person is involved in the sexual activity, that is, in typical cases death is accidental, unexpected, and solitary.

Historical Background

Stimulation of sexual arousal by inducing cerebral hypoxia has been recorded in many societies for centuries. The Romans reported this type of activity among the Celts, and tribal groups as geographically separate as the Yaghans of Tierra del Fuego and the Inuit of northern Canada have engaged in similar behavior. It has been suggested that the Maya of Central America may also have known of this activity given that one of their goddesses, Ixtab, was a goddess of the hanged.

In the Middle Ages, the association between hanging and penile erection and ejaculation was well appreciated, as this was often seen at public executions. A folk superstition of the time held that mandrake plants grew under gibbets where the semen from hanged men had fallen and an etching attributed to Dürer shows a hanged man ejaculating. Reznick quotes an old English poem that graphically illustrates this event:

> In our town the other day
> They hanged a man to make him pay
> For having raped a little girl.
> As life departed from the churl
> The townsfolk saw, with great dismay
> His organ rise in boldest way
> A sign to all who stood around
> That pleasure e'en in death is found.

De Boisment, who described the first case in the medical literature in 1856 – that of a 12-year-old boy – also conducted a study of hanging executions in France. He found that 30% of the male prisoners either had erections or had ejaculated in their terminal moments. This may, however, merely represent a terminal neurophysiological reflex rather than an indication of sexual arousal as has been suggested.

Prior to this, considerable attention had been focused on the phenomenon by De Sade in his 1791 novel *Justine* and by the death of Frantisek Kotzwarra under unsavory circumstances. Kotzwarra was regarded as one of Europe's finest bass players and composed *The Battle of Prague*. He was found dead in a brothel having been left suspended by a prostitute for too long a time. A popular publication at the time entitled *Modern Propensities: or an Essay on the Art of Strangling* described such activities. Suspension has been a common practice in brothels since then, and hypoxia has been used as a treatment for impotence. The "Hanged Mans Club" in Victorian England dealt specifically with assisted sexual asphyxia. Peter Motteux, who translated Cervante's *Don Quixote* and Rabelais' *Gargantua and Pantagruel* around the turn of the eighteenth century, was also thought to have expired at the hands of a prostitute during an episode of assisted erotic asphyxia.

In the mid-twentieth century asphyxia during sex with a partner was allegedly popularized in parts of Europe by soldiers of the French Foreign Legion returning from war in Indochina. The general population was also introduced to the features and dangers of solitary sexual asphyxia in popular magazine articles with titles such as "The Orgasm of Death." Although there are numerous underground magazines, clubs, and brothels that deal with this activity the dangers are well recognized, with names such as "terminal sex" being used. It has been suggested that publicizing these deaths may result in clusters of cases due to adolescent copycat activity.

Autoerotic misadventure has also featured in popular literature in the writings of Beckett, Joyce, and Burroughs and has appeared in films such as *The Ruling Class*. Descriptions may be found on many Internet sites.

Psychological and Physiological Background

Autoerotic asphyxiation is classified as one of the paraphilias, disorders in which an unusual act or

imagery is necessary to achieve sexual gratification. Other examples of paraphilias include masochism, sadism, pictophilia (using pornographic or obscene films or images), transvestophilia (cross-dressing), rapism (violent assault), kleptophilia (theft), telephone scatophilia (obscene phone calls), and klismaphilia (enemas). There is however, considerable overlap between autoerotic asphyxiation and certain of the other paraphilias. This reflects the complexity of the underlying psychopathology and demonstrates that human behavior represents a continuum and not a series of discretely packaged diagnostic entities. While voyeurism, pedophilia, coprophilia (preoccupation with feces), and mysophilia (preoccupation with filth) have been reported in practitioners of autoerotic asphyxia this appears to be coincidental, with no higher rates than in the general population.

Cross-dressing in cases of autoerotic practice varies considerably from a fetishistic obsession with a single item of female clothing such as underwear or shoes to complete transvestism with the wearing of panties, padded brassieres or clothing, female outer clothes, shoes, mascara, wigs and jewellery. Practitioners may have large collections of clothing that may also involve cisvestism, or the dressing in clothes that are archetypal to one's own sex. Examples of this include males wearing clothing typical of pilots, cowboys, or soldiers and females wearing harem or French maid outfits.

Although bondage often involves the participation of a second person quite elaborate rope bindings and knots that have been put in place by the victims on their own are often present. Terms such as cordophilia and ligotism have been suggested for cases where physical restraints are needed for sexual stimulation. Restraints have been found in as many as 51% of cases.

A factor in some cases of autoerotic asphyxia is the element of risk taking, with the potential for death being recognized as an added stimulus. Assessment of motives becomes even more difficult in cases where practitioners have been depressed, as suicide then becomes a distinct possibility.

One of the difficulties in determining why this behavior occurs is that most practitioners have no interest, need, or desire to elaborate on their reasons for pursuing what appears to be risky and bizarre activity. Victims have often been socially functional and successful in their careers with no hint of psychiatric illness. Most have been heterosexual with no history of unusual sexual activities; in fact their autoerotic activities have often been so successfully hidden from spouses and children that there may be reluctance to accept that this has occurred. Psychological reviews of fatal cases, while essential in their assessment, often obtain only second-hand or conjectural data, and interviews with practitioners have suffered from small populations and selection bias.

It has been suggested that hypoxia may produce a pleasurable effect and enhance the sensation of orgasm in certain individuals. Slang terms for sexual asphyxia such as "head rushing," "ecstasy," and "flying to the moon" suggest a not unpleasant sensation and Roland's comments in de Sade's *Justine* following a hanging episode support this:

> Oh Thérèse! one has no idea of such sensations, what a feeling! it surpasses anything I know! Now they can hang me if they want!

Incidence

It has been difficult to determine the precise incidence of this type of behavior as pathologists and law enforcement officers are usually only aware of cases where there has been an unexpected outcome. In the USA the death rate has been estimated at between two and four cases and in Scandinavia estimates of one to two cases per million of the population per year have been proposed. There appears to be further regional variability in incidence, however, as the rate in Australia does not appear to approach this. For example in South Australia with a population of 1.5 million there is one case every 1–2 years (a rate of 0.3–0.7 per million per year). This is unlikely to represent underreporting.

It is uncertain how practitioners learn about the various described techniques although fortuitous discovery while experimenting with bondage must account for a certain number of cases. Popular magazines and films have also raised awareness and a number of contact groups advertise through underground bondage magazines and the Internet.

Diagnostic Criteria

Certain characteristic features in typical cases of autoerotic death provide criteria for diagnosis. These are summarized in Table 1. Although all of these features are not always present there should be evidence of solitary sexual activity with death from the unintended effects of a device, apparatus, material, or substance that was integral to the activity. Assessment of the death scene may be compromised if family members or friends have taken steps to conceal the nature of the fatal episode. This usually occurs because of embarrassment about the circumstances of death, or concerns for the potentially damaging

Table 1 Features of fatal autoerotic deaths

Evidence of solo sexual activity
Private or secure location
Evidence of previous similar activity in the past
No apparent suicidal intent
Unusual props including ligatures, clothing, and pornography
Failure of a device or set-up integral to the activity causing death

effects that such a death may have on the reputation of the deceased.

Death Scene Features

While a classic case would be a male aged between 15 and 25 years who is found hanging in a secluded or secure place such as a bedroom, toilet, attic, basement, garden shed, or isolated area of woodland, many variations are now recognized. Males aged between 9 and 80 years, and females from 19 to 68 years have been involved, although female victims are exceedingly rare compared to males, with fewer than 30 cases reported.

Practitioners of either sex certainly have a reasonable expectation of privacy with doors often locked from the inside. There is no evidence of scene disturbance and no signs of inflicted injury from assault. The feet may be resting on the floor or ground.

Unfortunately the secure and secluded nature of the scene often results in delayed discovery of the body with subsequent decomposition. Purging of bloody fluids from the mouth or nose, swelling of subcutaneous tissues, and discoloration of skin have occasionally been incorrectly interpreted as evidence of assault prior to death.

Ligatures around the neck may have been padded with towels or soft material to prevent bruising or abrasions that may draw attention to the activity. Props and equipment used by males may be extremely elaborate and unusual and have included mock gibbets, scuba diving helmets, motor vehicles, tractors, and lifts. A case has been reported of an individual who suspended himself from a backhoe which he had named "Stone" and to which he wrote poetry. In another report, a male victim would chain himself naked to the back of his Volkswagen car and run along behind it. Crush asphyxia ensued when the chain became wrapped around the rear wheel dragging him in to the side of the vehicle. Other unusual devices have included a garbage tin into which a victim used to climb to compress himself.

More usual props include pornographic pictures or literature that have been carefully positioned so that they can be viewed by the victim during sexual activity. Mirrors may be placed so that the victim can also see himself. There is a significant incidence of fetishism amongst male practitioners and victims are often found wearing female underclothes, dresses, or quite elaborate costumes (Figures 1 and 2). One victim had a photograph of a female face glued to his body. Other fetish items have included sanitary napkins, shoes, raincoats, and rubber and leather items. Rubber clothing may consist of rubber sheets or wetsuits, and cases have been described of victims making trousers out of car tire inner tubes or water bed liners. Another effect of wearing such heavy clothing is restriction of movement that may be augmented by other bondage equipment, elastic underwear, or bandages. One practitioner covered himself with mud because of the compressive effects that occurred as it dried. Vibrators and lubricating creams may also be present and a variety of devices including vegetables, shoehorns, wine bottles, traffic cones, and table legs have been used as rectal foreign bodies. Occasionally the victim will have photographs of himself wearing various items such as female clothing, wigs, or bondage gear placed within view of

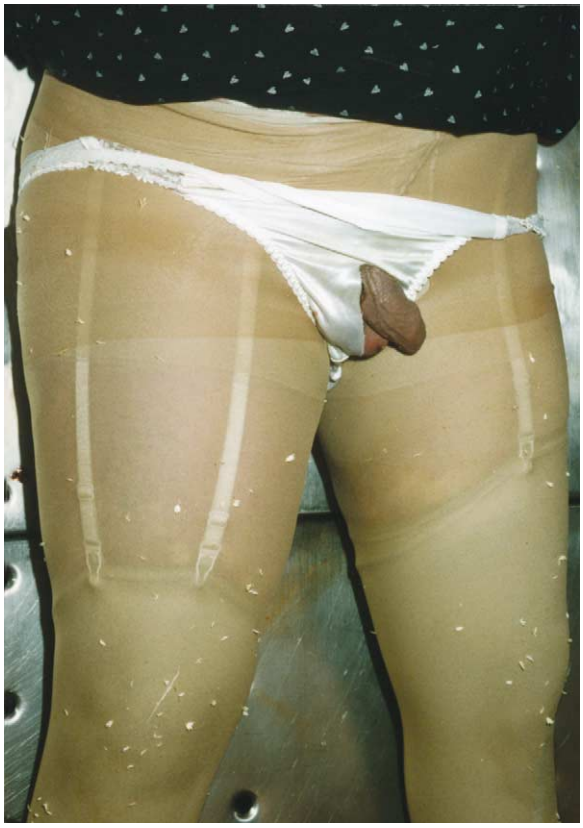

Figure 1 A victim wearing a dress with stockings, suspenders, pantyhose, and female underwear. The underwear and pantyhose had been cut to expose the genitals.

Figure 2 An elaborate mask with a dog collar found on a victim who had accidentally hanged.

Figure 3 An overhead beam taken from a shed where a male victim was found hanging dressed in female underwear. At least six grooves were present from previous episodes.

the suspension point. Cases have also occurred where victims have taken videos of themselves during episodes. This may be particularly useful in assessing the fatal episode if it has been captured on film.

Pornography, unusual clothing, and devices used to cause real or simulated pain are all rare in female victims and bizarre props and fetishism have not been described. The paucity of death scene features in female cases may result in confusion with both suicide and homicide.

Given that the victim has usually engaged in this form of activity before, often for many years, there may be physical evidence of previous episodes at the scene. This may take the form of grooved overhead beams where ropes used for suspension have worn marks (Figure 3), or removed paint. Hooks or pulleys

may be found in the walls or ceiling (Figure 4). One of the most unusual examples where there was clear evidence of similar episodes in the past involved a victim who would dress in female clothing and jump into a canal tied to a stone. He was found drowned tied to a stone; a number of nearby stones with remnants of clothesline attached to them were testaments to prior episodes. His self-rescue mechanism of cutting the clothesline and gaining release had failed when he dropped his scissors.

Figure 4 An elaborate series of chains and ropes attached to a wall hook enabled a victim to suspend himself while surrounded by pornographic pictures attached to the walls of the room. Literature pertaining to autoerotic activity was present in the room along with numerous other bondage items.

Masochism has been found in 12% of cases with features including body piercing, particularly of the nipples, tongue, and genitals, or pinching of the genitals, nipples, or skin by clothes pegs, hairclips, or a rabbit trap (Figure 5). Given the recent popularity of body piercing among young people certain of these features are now less significant as markers of sadomasochism. Ligatures and metal washers may have been placed around the genitals and the buttocks and nipples may have been cut. There may also have been other forms of self-mutilation in the form of superficial stabbing, infibulation of the scrotum, or burning with cigarettes. Antemortem photographs of the deceased may show sadomasochistic features with simulated wounds.

Restraint is a common feature and may be achieved by a complex arrangement of ropes, chains, plastic tapes, or handcuffs which suggest ritualistic behavior (Figures 4 and 6). Cases have occurred where a victim has wrapped his face in plastic tape or rolled himself in plastic sheeting and then been unable to extricate himself from the asphyxiating situation. Devices to deliver electrical stimulation/shocks have been used.

Evidence of antemortem sexual activity may take a variety of forms with exposure of the genitals (Figure 1) and, less commonly, complete or partial nudity. A condom (Figure 7), cloth, handkerchief, or plastic wrap may be covering the penis in an attempt to prevent soiling, and the hands may be touching the genitals. While semen may be present this is not a particularly useful sign, as terminal ejaculation is not uncommonly seen in a variety of natural

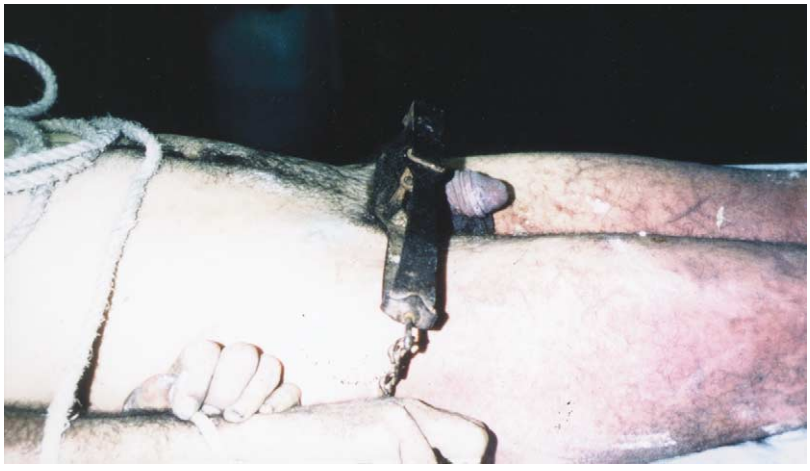

Figure 5 A rabbit trap had been applied to the suprapubic skin by a victim who was subsequently found hanging. There were no injuries to the genitalia.

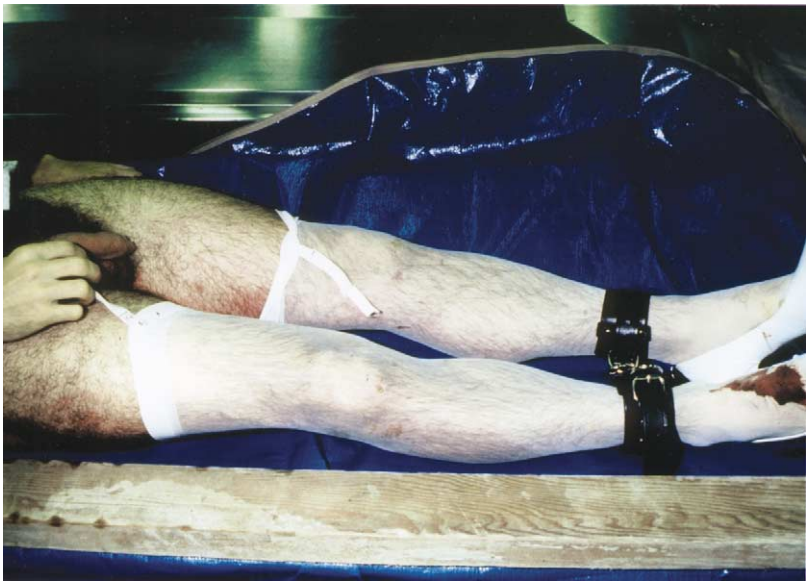

Figure 6 Binding of the legs with a leather belt in addition to the wearing of female underwear in another victim.

Figure 7 A victim was found dead in bed wearing a range of female underclothes beneath which was a condom tied with elaborate knots to the penis by lengths of pantyhose.

and non-natural deaths. Its presence certainly does not confirm that masturbation has occurred.

Fail-Safe Device

An important feature of many scenes may be the presence of a fail-safe mechanism to enable the victim to extricate him- or herself from a potentially dangerous situation. This is not necessarily always present, however, as the potential for a lethal event may not have been perceived. Fail-safe mechanisms may be relatively simple and consist of the ability to stand up, thus relieving pressure around the neck from a ligature placed over the top of a door, or bending the legs, thus taking pressure off a ligature placed around the neck and tied to the ankles. Unfortunately

if unconsciousness supervenes the victim's full body or leg weight may pull continuously on the ligatures maintaining pressure on the neck resulting in death.

Other self-rescue devices have consisted of keys to open locks holding restraining chains, knives to cut constrictive or suffocating plastic sheeting, or scissors or knives to cut restraining or suspensory ropes. Cases have occurred where all of these have failed when releasing equipment has been dropped, possibly as the victim has succumbed to the effects of worsening cerebral hypoxia. Rope nooses have also caught on hair and remained tight, and chairs or objects used to stand on have fallen over or been knocked out of reach.

Lethal Outcomes

Death most often results from cerebral hypoxia due to hanging when neck compression occludes major neck veins and arteries, or blocks the airway, or stimulates the carotid sinus reflex. Asphyxiation may be caused by suspension from abdominal ligatures or result from occlusion of the mouth and nose by rubber masks, tape, or plastic sheeting. Plastic bags have been placed over the head and objects such as plastic balls or sanitary napkins have been held in the mouth by female underwear or dog collars. Positional asphyxia with chest compression may result from wedging of a body into a tight space, and mechanical asphyxia has been achieved by tightly wrapping the body in blankets or sheets of plastic. Cases where death is due to causes other than compression of the neck, chest, or abdomen have been called atypical.

Inhalation of volatile substances such as chloroform, aerosol sprays, and dental anesthetic gas may be used to augment sexual activity and may also cause death from hypoxia due to central respiratory depression or aspiration of gastric contents, or from arrhythmias due to cardiotoxicity. While the container of volatile material may not be obvious at the scene, victims may still be wearing respirators or gas masks. In these cases headspace analyses should be performed on post-mortem blood and tissue specimens to check for volatile substances.

Less commonly, death may occur from exsanguination due to rectal trauma associated with foreign body insertion, or from peritonitis following perforation of the bladder after insertion of foreign bodies into the penis. Lethal trauma has followed the intrarectal discharge of a grease gun and fatal air embolism may occur after intravaginal foreign body insertion.

Electrocution has occurred in cases where a variety of devices have been used to electrically stimulate the victim. Characteristic electrical contact lesions with central areas of blistering surrounded by blanched areas and rims of hyperemic tissue may be useful in establishing the cause of death.

Death due to hyperthermia has occurred in a victim who was wearing a dress, female underwear, and seven pairs of stockings/pantyhose (Figure 8) on a day when the ambient temperature was at least 39 °C (102 °F). Medication which caused anhidrosis and hyperthermia in hot weather also contributed to the terminal episode.

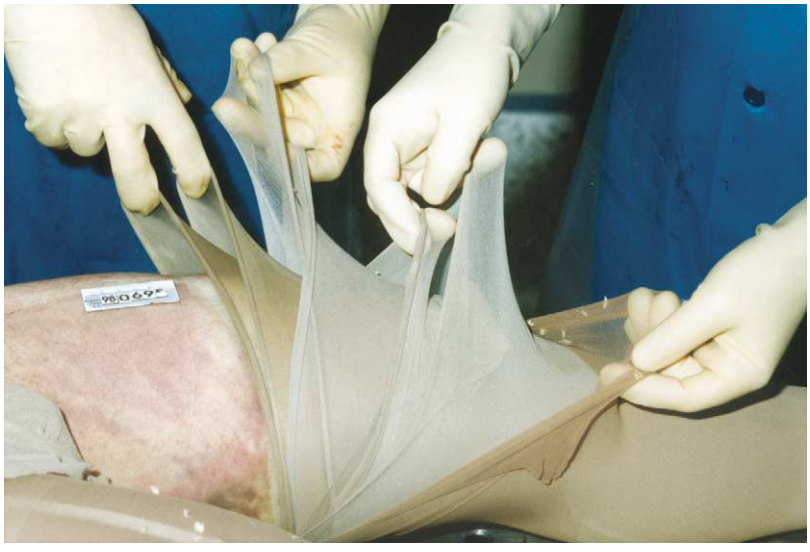

Figure 8 Multiple pairs of stockings and pantyhose worn by a victim who succumbed to hyperthermia.

Diagnostic Problems

One of the earliest problems with autoerotic asphyxial fatalities was confusion with suicide. As this may have considerable ramifications in terms of insurance payments clarification is essential. Usually review of the psychological status of the victim and the circumstances of death reveals no evidence of depressive illness or suicide; however, cases have occurred where practitioners have chosen to commit suicide using typical paraphernalia. Typical death scene features may be of limited assistance as mirrors and neck padding may be found in suicide.

Other difficulties have arisen when cases have been mistaken for homicides. This usually occurs when typical death scene features are not present, as with female victims, or where the death scene has been altered to disguise the true nature of the event. Cases have also occurred where an individual engaged in autoerotic practice was killed by another and where attempts have been made to disguise a homicide as an autoerotic accident.

Another problem that has arisen periodically has been the failure to distinguish deaths due to natural diseases while an individual has been masturbating from genuine cases of accidental death. Sudden death is a well-recognized complication of strenuous activity and cases are not infrequently seen in standard forensic practice where an individual engaged in some form of sexual activity has died. The usual scenario is a middle-aged or elderly male who dies while engaged in consensual sex and is found at autopsy to have extensive coronary artery atherosclerosis producing lethal ischemic heart disease. So well known are these type of cases that they have been termed "coital coronaries" or "la mort d'amour." Cases of natural death during solitary sexual activity must not be termed autoerotic death, no matter how unusual the devices or props may have been, as clear separation of accidental from natural deaths and suicides must be maintained if the term autoerotic death and its association with misadventure is to remain at all useful.

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