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ACCIDENTAL DEATH DUE TO COMPLETE AUTOEROTIC ASPHYXIA ASSOCIATED WITH TRANSVESTIC FETISHISM AND ANAL SELF-STIMULATION - CASE REPORT

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SUMMARY

A case is reported of a 36-year-old male, found dead in his locked room, lying on a bed, dressed in his mother's clothes, with a plastic bag over his head, hands tied and with a barrel wooden cork in his rectum. Two pornographic magazines were found on a chair near the bed, so that the deceased could see them well. Asphyxia was controlled with a complex apparatus which consisted of two elastic luggage rack straps, the first surrounding his waist, perineum, and buttocks, and the second the back of his body, and neck. According to the psychological autopsy based on a structured interview (SCID-I, SCID-II) with his father, the deceased was single, unemployed and with a part college education. He had grown up in a poor family with a reserved father and dominant mother, and was indicative of fulfilling DSM-IV diagnostic criteria for alcohol dependence, paraphilia involving hypoxyphilia with transvestic fetishism and anal masturbation and a borderline personality disorder. There was no evidence of previous psychiatric treatment. The Circumstances subscale of Beck's Suicidal Intent Scale (SIS-CS) pointed at the lack of final acts (thoughts or plans) in anticipation of death, and absence of a suicide note or overt communication of suicidal intent before death. Integration of the crime scene data with those of the forensic medicine and psychological autopsy enabled identification of the event as an accidental death, caused by neck strangulation, suffocation by a plastic bag, and vagal stimulation due to a foreign body in the rectum.

Key words: *forensic science - autoerotic asphyxia - anal self-stimulation - forensic autopsy - psychological autopsy*

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INTRODUCTION

Autoerotic asphyxia (hypoxyphilia) is a form of sexual masochism characterized by the use of self-strangulation up to the point of loss of consciousness in order to enhance sexual arousal. This paraphilia is not common enough to be included as specific paraphilia within the latest editions of the Diagnostic and Statistic Manual of Mental Disorders (DSM-IV) and International Statistical Classification of Diseases and Related Health Problems (ICD-10), and therefore is coded as paraphilia (deviatio sexualis, respectively) not otherwise specified (World Health Organization 1992, American Psychiatric Association 1994, Meyer 1995). Hypoxyphilia is accomplished by a self-induced or assisted cerebral anoxia, usually by hanging, strangulation, suffocation (e.g. with plastic bags) blocking the respiratory organs, compressing the chest, or chemically through the use of narcotics, usually but not always during masturbation or some other sexual activity (Blanchard & Hucker 1991, Byard 1994, Tournel et al. 2001, Hitchcock & Start 2005, Focardi et al. 2008). Persons with this disorder seldom seek psychiatric treatment, and if they do, it is usually for depression when they are unlikely to reveal their sexual practices unless a therapist very careful investigates their sexual history (Behrendt & Modvig 1995, Sauvageau & Racette 2006). Autoerotic asphyxia is often accompanied with other paraphilias such as bondage and trans-vestism, and a great range of paraphernalia (props and devices involved in paraphilia sexual activities) - sexual aids or pain-stimulating agents, intimate feminine garments, ropes, chains,

bondage, locks, pornographic magazines, condoms, rubber items, and chemical anesthetics (Focardi et al. 2008). Anal self-stimulation with dildos, etc., and self-observation with mirrors or cameras were correlated with transvestism (Sauvageau & Racette 2006). Older asphyxiators are more likely to be simultaneously engaged in bondage or transvestism, suggesting an elaboration of the ritual over time (Blanchard & Hucker 1991, Janssen et al. 2005).

Though autoerotic fatalities may be deliberate they are predominantly accidental as the result of erotic efforts going beyond the narrow envelope of safety (Byard et al. 1990, Tough et al. 1994, Sauvageau & Racette 2006). Victims are typically young heterosexuals, smart males, overachievers, with lots of friends and an otherwise normal life, with a strong religious background (Byard 1994). Autoerotic fatalities are much less frequently seen in females, and the male to female ratio is estimated to be between 50:1 and 96:1, so there is correspondingly less literature on female victims of autoerotic asphyxiation (Dietz et al. 1983, Wesselius & Bally 1983, Byard et al. 1990, Gosink & Jumbelic 2000, Behrendt 2002).

In our country, the cases of death due to autoerotic asphyxia have until very recently been considered extremely rare, presumably due to the still dominating strict patriarchal value system and general social intolerance of sexual paraphilias (Jevtić 1966, Milovanović 1975). However, because of the profound changes in our developing society along with the growing influence that the Internet has on the relative ease in the collection and dissemination of paraphilia, paraphernalia and pornography by both individuals and organized groups, cases of lethal paraphiliac syndromes are very likely to increase in the next decades (Hitchcock & Start 2005).

The fact is that many autoerotic fatalities share common characteristics with suicide and homicide (Hazelwood et al. 1982, Garza-Leal & Landron 1991, Isometsa 2001). Furthermore, crime scene behaviors reflecting paraphilic disturbances in those who commit serial sexual homicides suggest an association between sadistic and asphyxiative paraphilic interests in serial killers who strangle victims (Myers et al. 2008). Given that these cases may pose difficulties to forensic experts in characterizing the case as homicide, suicide or accident, it is mandatory for proper study, evaluation, and interpretation of such cases that there should be: 1) accurate identification, management, and preservation of all physical evidence; 2) complete photographic documentation of the scene and the body; 3) reconstruction of the scene; 4) retrospective analysis (psychological autopsy) of the victim's life history, mental health status and personality through structured interview techniques. This does not only serve the courts but also helps to estimate the preventive potential of health care interventions, which is of paramount interest for preventive psychiatry. (Garza-Leal & Landron 1991, Conwell et al. 1996, Isometsa 2001, Di Maio & Di Maio 2001, Bhardwaj et al. 2004, Folnegović Šmalc et al. 2008).

CASE REPORT

A 36-years-old man was found dead in a locked room of his house in a village near Belgrade. The deceased was found in his poorly furnished and untidy room, locked from inside. His father called the police and they broke the door down to gain entry. The deceased was on the bed lying on his back, dressed in his mother's clothes (roll-neck sweater, two skirts, tights), and with a plastic bag over his head. An elastic luggage rack strap was over the sweater, and continued down his back. The tights and the skirts each had a hole and his penis was poked out of them (Figure 1.).

On the outer skirt there was some sperm surrounding the penis. This was demonstrated microscopically, furthermore acid phosphatase was found. The deceased's hands were tied around the wrists with a sliding loop made of two neckties fixed around his waist and minimally limiting the movements of the hands. Two pornographic magazines were found close to the body, on a chair near the bed, so that the deceased could see them well. During preparations for the body autopsy, the mechanism of the elastic luggage rack straps controlling the autoerotic asphyxia was completely reconstructed. One elastic strap was bound around the deceased's waist and both sides of his genitals, then over the perineum between buttocks up to the lumbar region. The hooks of this elastic strap were clutched to the hooks of the other strap, which stretched along the deceased's back up to the anterior neck, and over the roll neck of the sweater (Figure 2.).

Figure 1. Elastic luggage rack strap - anterior part of the body

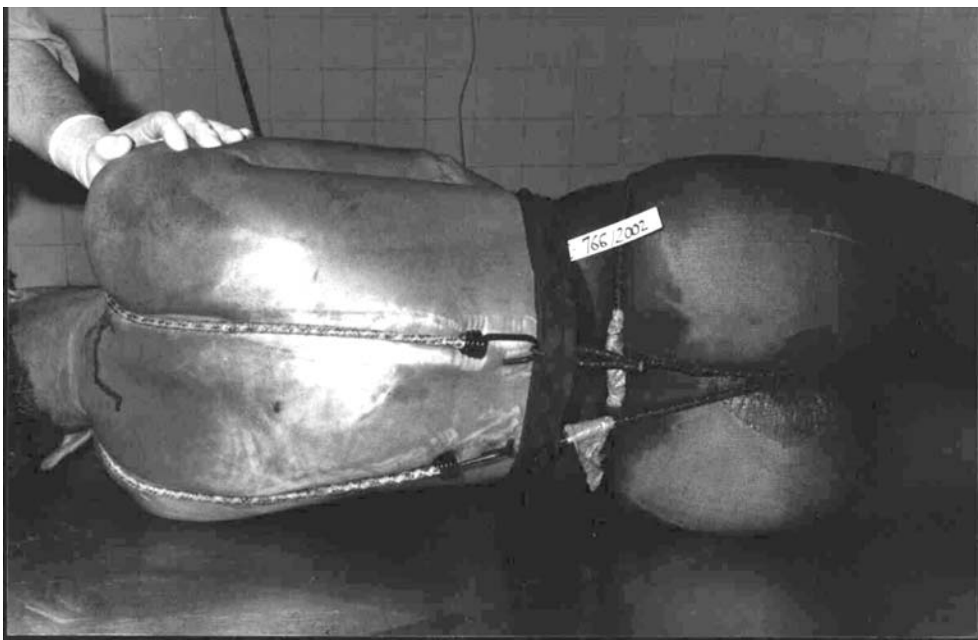

Figure 2. Elastic luggage rack strap - posterior part of the body

The lower elastic strap served as a fixer for the upper one thus controlling the pressure on the neck by the upper body and through neck flexion. Examination and preparation of the neck revealed a pale ligature mark above the larynx, 5x1cm wide with mottled looking hemorrhages of the right neck lymphatics. There were only pale marks on the body along the elastic straps and necktie binding marks on the wrists. The handles of a plastic bag were hanging out of the anus. The plastic bag, together with a barrel wooden cork, was inside the rectum, as a kind of dildo. The cork was 20cm long and 5cm diameter. Injuries to the anus and rectum were not detected. No lubricants were spread over the plastic bag. No defence type or any other injuries were detected on the body and no psychoactive substances were found in the blood. A search of the house revealed no evidence of a third party in the death scene indicated by forced entry or disturbance within the house, other than that caused by the father. A forensic autopsy revealed signs of sudden death and asphyxiation. This was evidenced by subserosal petechial haemorrhages, slight pulmonary oedema and liquid blood.

Psychological autopsy explored the victim's previous mental health status and personality as well as the possibility of suicidal intent. The procedure involved 1) looking at available judicial and forensic medicine autopsy documentation, 2) analysis of the death circumstances based on the Circumstances Subscale of Beck's Suicidal Intent Scale (SIS-CS) (Beck et al. 1974), and 3) a psychiatric interview with the victim's father (supplemented by the data from two acquaintances) based on questions corresponding to the victim's life history, mental health and personality according to the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I-CV) (First et al. 1997[a]) and Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II) (First et al. 1997[b]).

Death circumstances relating to eventual suicidal intent as examined by SIS-CS, included: isolation, timing, precautions against discovery, acting to get help, final acts in the anticipation of death, active preparation for a suicidal attempt, a suicide note and overt communication of suicidal intent. Isolation so that no one was nearby or in visual or vocal contact, timing so that intervention was highly unlikely and active precaution against discovery such as a locked door were demonstrated in this case. However, active preparation was likely to be made with the purpose of pleasuring rather than the purpose of a suicidal act. There was no evidence of acting to get help, final acts (thoughts or plans) in anticipation of death, absence of a suicide note or overt communication of suicidal intent before death. These indicators all ruled out suicidal intent.

According to available heteroanamnestic data the deceased was a single, physical worker without regular employment, with part college education, who had grown up in a poor family with a dominant mother (housewife died of malignant disease six years before the accident) and reserved father (craftsman, mostly absent from home due to seasonal jobs). The deceased did not have a criminal record or history of previous psychiatric treatment. Since childhood, he was emotionally unstable, impulsive, demanding, revengeful and intolerant of others, interested in touching and wearing female clothes and undergarments in spite of occasional physical punishment by both parents. He was intolerant of rejection and separation and at times, "he could cry and scream for hours". During adolescence, he performed badly at school and used to change friends frequently as well as plans about his future. He never dated girls, and he went out at night only in male company. As time passed and he did not get married in spite of his parents' lengthy and desperate insisting, he finally admitted preferring boys to girls and then his father "almost killed him" in a fit of rage. From time to time, he used to "move for several months to a house of some of his friends" though his parents never met any of them. In adulthood, he was irresponsible with his home duties and finances and unable to keep a permanent job due to lack of discipline, and at times problems with alcohol. According to DSM-IV, the deceased was indicative of fulfilling diagnostic criteria for alcohol abuse, paraphilia (hypoxyphilia with transvestic fetishism and anal masturbation) and a borderline personality disorder.

DISCUSSION

The following criteria for diagnosing an autoerotic death have been proposed: a well-defined self-rescue mechanism for obtaining sexual arousal, autosexual activity (autosexualitas), sexual fantasy aids (such as pornographic materials), previous autoerotic practice, and no previous suicide attempts (Hazelwood et al. 1982, Shields 2005). The most frequently encountered method of typical autoerotic activity is asphyxia by hanging or ligature (Sauvageau 2006).

In our case, the mechanism of the asphyxia was combined, involving suffocation by a plastic bag over the head and strangulation by neck ligature. The manner of placing and controlling the ligature was very complex. The controlled flexion of the head and the body caused pressure on the neck commensurate to the level of excitement. It was obvious that control was lost with the loss of consciousness, so that the ligature continued to exert pressure on the neck until death.

The elastic luggage rack strap in the perineum region additionally stimulated the anal region erotically and enforced the stimulating effect of the massive foreign body in the rectum. It could not be excluded that there was significant vagal effect on the heart due to excessive rectal dilatation and distension (Gordon et al. 1988). On the other hand, toxicology analysis provided no evidence to support an incapacitating influence of intoxication

with alcohol and/or drugs. Both the absence of the rectal injuries despite the presence of a large diameter foreign body and the complex mechanism of the autoerotic asphyxia indicated quite a degree of experience, and what is so common to all paraphilias, an elaboration of ritual in paraphiliac pleasuring during this time. The desired psychophysiological effects of autoerotic asphyxia are associated with an insufficient oxygen supply to the brain. In some men this appears to produce a ”hypoxic high” or orgasm-like reaction with dizziness, shivering, palpitation, breathlessness, pain, hallucinations of an erotic nature or even ejaculation (Tournel et al. 2001, Vennemann & Pollak 2006). However, the finding of sperm on the clothes of a deceased, as in our case, is not reliable proof that ejaculation was achieved while the deceased was still alive.

Homicide in this case seemed unlikely considering there was no evidence of a third party in the death such as disturbance in the house or forced entry other than that affected by the father, and there were no defense type injuries.

Considering both the presence of pornographic magazines so that the deceased could see them and other paraphiliac paraphernalia, the death circumstances such as isolation, timing, precaution against discovery and active preparation were more likely to be for providing a secure environment for pleasuring rather than for the purpose of suicide. The lack of evidence of acting to get help, final acts (thoughts or plans) in anticipation of death, a suicide note or overt communication of suicidal intent before death also tended to rule out suicidal intent.

Typical of hypoxyphilia was the accompaniment of other paraphilias - bondage and transvestism that were typical of the victim’s borderline personality to show polymorphous perverse sexual trends involving aggression towards self and/or others. Anal self-stimulation pointed to both masochism (passive pole of subjugation-humiliation axis determined by powerful fantasies deriving from poorly compensated fears of injury and reactive narcissistic rage) and identification with female sexual experience (inwardly oriented and permeated by visceral sensations). Dynamically, cross-dressing serves two functions: expressing both feminine identification and triumph over it. Both of them were strikingly presented in the death scene. The feminine identification served to relieve separation anxiety by symbolic merger with the mother (mother's clothes, anal self-stimulation). Sexualization of consequent castration anxiety was expressed by the penis poked out of a hole in the tights and skirts symbolizing proof of a continued battle against feminine identification. The last of many illusory victories came at the cost of death.

CONCLUSION

The analysis of the death scene, external examination, forensic and psychological autopsy findings in our case, supported the conclusion that, rather than suicide or homicide, this was an accidental autoerotic asphyxiation caused by neck strangulation, suffocation with a plastic bag and vagal stimulation due to a foreign body in the rectum.

The case presented in this paper highlights both the complexity of the procedures involved in the assessment of autoerotic asphyxial deaths (e.g., obtaining data from external sources, team work of various experts in different fields) and ethical considerations, including upsetting a family or local community during investigation and research interviews with the victim's relatives and friends. Finally, this case also raises the important issue of the relatively easy and rapid dissemination of paraphilia and pornography in our developing society which requires further systematic research as well as serious preventive interventions.

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