

# Accidental Asphyxiophilia Or Suicidal Hanging? - A Case Report



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## Abstract

**Background** Suicide is the act of taking one's own life. It is often related to severe distress, the aetiology of which is mostly attributed to psychosocial stressors. Autoerotic asphyxia is a paraphilia and category of sexual masochism characterised by self-strangulation up to the point of loss of consciousness to elicit or enhance sexual arousal. It is an accidental lethal sexual practice in which hypoxia is used to enhance orgasm by strangulation, hanging or suffocation/ exclusion of oxygen with plastic bag. It is often accompanied with other paraphilias such as transvestism and bondage, a great range of paraphilias, sexual aids or pain stimulating agents, pornographic magazines, intimate feminine garments, ropes, bondage, locks, chains, condoms, rubber items and chemical anaesthetics. This case report aims to provide an insight into such cases which are brought for autopsy. Establishing the cause and manner is a challenging task. It will provide important insight into the management of similar cases.

**Case Presentation** We report a case in which conflicting statements and postmortem examination helped to uncover the actual manner of death in a young male found with ligature tied around his neck. Crime scene examination led to the reconstruction of the circumstances of death.

**Conclusion:** A case having both the characteristics of suicidal hanging and autoerotic death may lead to confusion in the mind of the forensic pathologist. It is especially important to distinguish from suicidal attempt, as it will be important in diagnosis of future care or management in living persons. In the present case, because of absence of certain characteristic findings as well as the history, the death was designated as accidental. The possibility of suicide must always be entertained even in cases which have typical appearance.

**Keywords:** Hanging, Asphyxiophilia, Autoerotic Death, Transvestism.

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## INTRODUCTION

Suicide is the act of taking one's own life intentionally or causing one's own death. It may be due to severe distress like psychosocial stressors or mental illness. The common methods in India are by hanging followed by poisoning. Autoerotic asphyxia is a paraphilia or a type of sexual masochism where sexual arousal is enhanced by hypoxia by any means till the point of loss of unconsciousness. It may be accompanied by transvestism or bondage.<sup>1</sup>

The earliest definition of autoerotic practices was given by Byard and Bramwell in 1991 as "accidental deaths that occur during individual usually solitary, sexual activity in which some type of apparatus or instrument that was used to enhance the sexual stimulation of the deceased caused unintentional death".<sup>2</sup> The only change that was made in the definition is that the word "usually solitary" has been replaced by "always solitary". If there was any other person involved then it would not be autoerotic in nature. If the autoerotic activity is used to cause asphyxia, then it is known as autoerotic asphyxia. Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) has classified the need of oxygen deprivation to enhance sexual pressure as hypoxiphilia under 302.83 (sexual masochism).<sup>3</sup>

The mechanism by which sexual arousal is produced through asphyxia is the decrease of cerebral oxygenation which induces a hallucinogenic and euphoric state with subsequent increase in sexual response.<sup>4</sup> Hypoxia leads to a very early alteration of central sexual inhibitor areas from hippocampus and the limbic system. Also, sympathetic neurons, who are involved in penile erection and ejaculation are activated through mechanical, chemical, or electrical stimulation.<sup>5</sup>

In such cases, establishing whether the death was accidental or suicidal is quite challenging for the forensic professionals.

## CASE REPRESENTATION

A 20-year-old male unmarried and studying in a college was found dead in his own home. The body was found by his parents and sister in the bathroom. They had gone for a wedding in a nearby town. When they returned the door had been bolted from inside and he was not responding to knocks so with the help of neighbours they had broken down the door.

He was found in a hanging state in the bathroom of the one room accommodation. The ligature material used was a legging belonging to his sister. A slipknot was around the neck and the other end of the legging was tied to the metallic towel rack which was fixed to the bathroom wall. The legs were semi flexed with the feet touching the floor. The hanging was incomplete as the body was not completely suspended from the ground. He was hanging from a lower level of suspension than the length of the body.

He was found dressed in a female kurta belonging to his sister wearing her pyjamas and also a white brassiere padded with cloth. There was no evidence of masochism or pornography. A suicide note was not found at the crime scene. Family has given history of similar acts in the past. There were no signs of struggle over the body or at the scene.

## AUTOPSY FINDINGS

The deceased was a young male averagely built and nourished lying in the supine position on the autopsy table. Both eyes and mouth were closed. Rigor mortis was well marked and generalised. Post-mortem lividity was present over-dependent parts except for pressure areas.

On external examination, there was evidence of pressure abrasion in the form of ligature mark above the level of the thyroid the neck directed upwards and backwards towards mastoid process on both sides. It was brown, superficial, and faint. On neck dissection by taking Y shaped incision, the underlying tissues were pale, dry and glistening. The neck vessels and thyro-hyoid complex were intact and there was no evidence of haemorrhage in underlying strap muscles.

There was no presence of any other external surface injuries. All other organs were congested. Viscera was preserved. There were no other significant findings. Toxicology reports were also negative for any drugs or alcohol. Thus, the cause of death based on crime scene visit and post-mortem findings was given as "Asphyxia due to Antemortem Hanging by means of Ligature".

## DISCUSSION

In cases having characteristics of both suicide and autoerotic death, it creates a query in the mind of the forensic pathologist. There were no signs of struggle on the person of the deceased or at the crime scene, the entry point of the house was closed and there was no evidence of a third party at the scene, hence homicide had already been ruled out.

On the basis of testimony and interview with family and close friends as well as hypothesis by investigators, suicide seemed less probable. Other than the paraphilia, he was a college student doing well in college and did not have any psychiatric case history. He had been close to his family members and had not shown any homosexual tendencies.

In Autoerotic Fatalities, which was a book published in 1983 written by the Federal Bureau Of Investigation (FBI) Agent Hazelwood, Dr. Ann Burgess and Psychiatrist Park Dietz<sup>6</sup> outlined the criteria to correctly diagnose autoerotic accidental death (AAD): (1) the asphyxiation should be caused by hanging or strangulation, body positioning that favours asphyxiation as the cause of death, and the asphyxiation

death should be accidental; (2) evidences at the crime scene proving that the lifesaving system or safety mechanism failed; (3) proof that the sexual activity was solitary in nature (if not solitary it would be then characterized as homicide or assisted suicide); (4) proof of sexual fantasy materials at the scene such as pornography; (5) proof of previous acts of autoerotic asphyxiation; and (6) missing or absent intent of an apparent suicide.

In the current case, (1) death was caused by mechanical asphyxia acute action of a noose tied around the neck in the form of the leggings belonging to a female; (2) the suspension of the body was less than the height of the deceased such that flexing the legs would have voluntarily and independently caused the progressive and gradual tensioning and tightening of the noose tied around the neck, checking the asphyxia exerted by the loop itself. While on the other hand, the extension or straightening of the lower limbs would have allowed reducing the asphyxia, thus representing a mechanism of self-protection, but hypoxia had probably already generated a loss of consciousness and muscle relaxation, which prevented maintaining the voluntary control of self-induced condition with the consequent lowering of the body and closing of the noose around the neck. (3) The investigations excluded the presence of the other people in the place of death, suggesting a sexual activity alone. (4) From the crime scene, the clothes of the opposite gender i.e., the ladies dress, gloves and the padded brassiere can be an important element of a sexual fantasy. (5) On further questioning, his parents and sister had also given history of 2-3 incidences of similar acts in the pasts for which he had been admonished (6) An apparent suicidal intention was missing (absence of a suicide note or any other stressors on interviewing close friends and family).

Transvestism is defined as the wearing of clothes of the opposite sex for sexual purposes.<sup>7</sup> It is seen in both sexes. Autoerotic deaths and transvestism are reported in young males.<sup>8</sup> Cross dressing serves two function: expressing feminine identification and triumph over it.<sup>9,10</sup>

In the present case, the circumstantial evidence showed that death was accidental and occurred while the subject was enacting autoerotic manoeuvres. Deaths occurs due to asphyxia secondary to constriction of the neck which was used in order to attain sexual gratification. Hanging is also the most frequent method of autoerotic stimulation. Such cases are always underestimated because they are often reported as suicide due to a variety of reasons. The most common is the stigma associated with such deaths. The relatives are embarrassed. The insurance companies are also not liable to pay money in case of suicide. There is also judgement attached to such cases.

## CONCLUSION

Death due to auto erotic asphyxia is a highly unaddressed issue due to the social stigma attached. So, exact statistics regarding the number of cases are not available and it may be highly underestimated in Indian context. The relatives also try to hide the evidence before the investigators reach the scene due to the negative perception in society. There is also no classification in the International Classification of Diseases-10 hence these deaths maybe wrongly classified as accident, suicide or homicides. Cause of death is determined through evidence and accounts from a variety of sources like examination of the crime scene and a complete psychosocial history of the deceased. There should also be awareness created about the extreme danger of autoerotic asphyxia and its use as a means of sexual gratification.

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