

DEATH DURING DANGEROUS AUTOEROTIC PRACTICE

ROBERT R. HAZELWOOD*, ANN WOLBERT BURGESS† and A. NICHOLAS GROTH‡

*Behavioral Science Unit, Federal Bureau of Investigation Academy, Quantico;

†Department of Nursing Research, Boston University School of Nursing, Boston; and

‡Sex Offender Program, Connecticut Correctional Institutions at Somers, Somers, U.S.A.

Abstract—A study of 70 reported deaths during dangerous autoerotic practice revealed that while 21 were accurately initially classified as accidental deaths, 19 were first misclassified as suicide, 7 as murder and 23 as undetermined cause. Five criteria for death during dangerous autoerotic practice includes evidence of: apparatus to alter physiological status coexisting with a self-rescue mechanism; solo sexual activity or intent; sexual fantasy aids; prior dangerous autoerotic practice; and no apparent suicidal intent. Findings suggest education regarding this type of death to determine more reliable statistics and further study regarding child and adolescent males as high risk for this practice and the relationship of this practice to gender and developmental sequence.

Autoerotic death is a rather obscure type of death which results from solo sex-related activities in the context of a life-jeopardizing practice. It has been difficult to gather dependable statistics on the number of people who die this way for three reasons; (1) lack of established criteria to identify and label this type of death; (2) problems in categorizing the mode of death; and (3) lack of access to large numbers of cases to be able to study the phenomenon. The diagnostic dilemma exists because the victims represent a neglected population group for epidemiologists, clinicians and law enforcement all of whom may encounter such a case in their daily work.

There is no consensus of consistency as to a label for this type of death. Documentation of death during dangerous autoerotic practice was made as early as 1791 [1]. Since that time, the terminology used in the professional literature to describe and discuss this type of death has included sudden death [2], suicide without motivation [3], sex hanging [4], plastic bag asphyxia [5], sexual asphyxia [6, 7] and autoerotic death [8]. Among the bondage practitioner community, the term used is "terminal sex" [9]. The most comprehensive historical review of the topic was by Dietz [1] who suggests that the phenomenon deserves a proper historical name and proposes Kotzwarraism after an 18th century musician who could not be revived following his participation in an autoerotic episode during hanging.

There is difficulty in interpreting the mode of death intended by the victim. For example, a man is found hanging and the cause of death is determined to be asphyxiation but the mode could be suicide or a sexual accident during a dangerous autoerotic act. Also, there are several possible categories for classification of the death. For example, Rosenblum and Faber [9] observe that within the *International Classification of Diseases*, used by most United States agencies to classify deaths, there were a minimum of 5 categories under which sexual asphyxia deaths could be listed.

There are methodological problems in researching this type of death in terms of gathering sufficient number of cases in an unbiased manner. Dietz [1]

cautions that there is a tendency to get biased samples when cases are collected unsystematically due to the unusual and dramatic features found in the deaths. The cases reported in the literature have most often been obtained from the Registry of Forensic Pathology [10], medical examiner records [11] or clinical practice. Clinicians writing on sexual asphyxias have reported statistics within their own jurisdiction, such as Stearns [3] estimating 1–2 per year in Massachusetts between 1941–1950 and Litman and Swearington [12] reporting 25 cases in Los Angeles between 1958–1970. Her Majesty's coroner, Sir David Paul [13] estimates 4 deaths per year from a population at risk of over two million. In projecting United States national statistics, Rosenblum and Faber [9] estimate 250 deaths per year while law enforcement investigators suggest the number is at least 500 and increasing [14].

One can speculate that as people become more knowledgeable on the subject and less secrecy and taboo exist regarding this type of sexual practice, more cases may be reported. The purpose of this paper is to report on a pilot study initiated through the Behavioral Science Unit of the Federal Bureau of Investigation Academy with the intent to analyze common characteristics of the deaths and to begin to describe themes and patterns.

METHOD

The Training Division of the Federal Bureau of Investigation issued a mandate to its staff in the Spring of 1978 to initiate original in-depth research as one method of increasing the Bureau's knowledge base in areas relevant to the law enforcement community. In response to this directive, Special Agent Robert R. Hazelwood undertook a project to study autoerotic death. Over a one year period all FBI agents and law enforcement officers attending the various training classes at the Academy were briefed on the subject of autoerotic death and requested to send cases from their jurisdiction from the time period 1970–1980 to the Unit. The first 70 cases to be

received were analyzed for this paper. Of these 70 cases, the majority were white males [63] with three black males, three white females and one black female. The victims ranged in age from 9 to 77, with the majority being between the ages of 9 and 29 and slightly less than one-third of the sample ranging from 30 to 77. Over half were reported never to have been married, while 40% were reported to have been married at least once. More victims were regarded as middle class than as lower socio-economic class. Data collection included death scene photographs, a death or autopsy report, and the police report. In all instances, the deaths were ruled auto-erotically related either by a medical examiner or coroner.

FINDINGS

Dangerous autoerotic activities combine ritual and endangerment with erotic gratification through fantasy. This behavior is complex because it requires an apparatus to alter the physiological status and, because of its potential lethality, a self-rescue mechanism relying on the practitioner's judgment. Death during such activity may result from: (1) a failure with the physiological mechanism, (2) a failure in the self-rescue device, or (3) a failure on the part of the victim's judgment and ability to control a self-endangering fantasy scenario.

The analyses of data from 70 cases suggest five criteria for determining death during dangerous autoerotic practice:

1. Evidence of a physiological mechanism for obtaining or enhancing sexual arousal and dependent on either a self-rescue mechanism or the victim's judgment to discontinue its effect;
2. Evidence of solo sexual activity;
3. Evidence of sexual fantasy aids;
4. Evidence of prior dangerous autoerotic practice;
5. No apparent suicidal intent.

Apparatus altering physiological status

In each sample case, an apparatus or device was identified as being used by the victim to heighten the erotic sensation and/or to alter the stream of consciousness in order to expand the sexual fantasy. In hanging an alteration in pressure to the neck (via the carotid arteries or vagus nerve) is created, interfering with the blood flow to the head producing a transient hypoxia. The danger is that while the pressure to the neck may increase sexual sensations, "bilateral pressure upon the carotid sinuses will result in immediate unconsciousness due to a reflex drop in blood pressure mediated by the carotid baroreceptors" [9]. While the most common method utilized by the victims in this study was hanging [44], other more exotic and bizarre means were identified. These included: neck compression involving bondage activity (6); airway obstruction [12]; electrocution [5]; chest compression [4]; and oxygen exclusion with gas or chemical replacement [2]. The materials used by the victims in their death-producing activity included ropes, chains, plastic bags, masks, hoods, restrictive containers, chemicals and electrical devices. Also, elaborate self-

bondage may be employed in combination with ligatures.

The self-rescue mechanism is important to identify. It may involve nothing more than the victim's judgment to stand erect, thereby lessening the pressure around his neck; or it may be as involved as an interconnection between the binding ligatures and those around the neck, thereby allowing the victim to control the physiological mechanism by moving his body in a particular way or by pulling on a key point. The danger is that the practitioner, although taking careful precautions not to block the airway, may unintentionally apply slightly too much pressure to his neck, resulting in a vicious cycle of baroreceptor reflex, unconsciousness, complete hanging, asphyxia, and death [9].

The following case illustrates death by a chemical inhalant, self-bondage, and failure in judgment.

A 23-year-old single white male college student was discovered in an apartment he shared with another male. At the time of his death he was wearing only a pair of athletic shorts. His hands were secured in a "yoke" which rested across his shoulders. This restraining device consisted of two pieces of $1\frac{1}{2} \times 4\frac{1}{2} \times 37"$ wood secured at one extreme by a spring-load hinge. Two holes measuring $2\frac{3}{4}"$ each had been cut to accommodate the neck. These holes were lined with gray rubber stapled to the wood. Situated between the large hole and one of the wrist holes was a hasp and padlock. Approximately $2\frac{1}{2}$ feet from the victim's body was a set of keys, one of which fit the padlock securing the yoke.

The victim was wearing a full gas mask with a hose leading from the mask to a metal canister. The canister bottom had been pried open and taped over with masking tape. The canister contained 13 cotton balls, one wadded wash cloth, two sheets of toilet paper, and a small bottle containing chloroform. The victim had depended on his ability to unlock the padlock securing the yoke which he wore, but apparently lost consciousness or dropped the keys prior to releasing the yoke mechanism.

Evidence of solo sexual activity

Secrecy appears to be an important dynamic in dangerous autoerotic practice. Many victims engaged in the practice away from their personal residence (motel, wooded area), but those who practiced in their own home took added precautions by locking doors, waiting until family members were out of the home, or selecting a seldom used part of the home. The father of one victim stated:

Four or five months ago my son had locks installed on his door. It was common for him to go upstairs every night after work and before dinner and lock his door.

The presence of ejaculate, while not conclusive, may indicate masturbatory activity. The victim may be nude or partially nude with the genitals exposed and/or tissue or cloth wrapped around the penis. Sexual stimulators found in this sample included vibrators, dildos, a table leg, tampons, shampoo tubes, and suppositories. The practice of auto-sadistic acts included infibulation involving attachments piercing or otherwise inflicting pain on the genitals and/or breasts. The examination of one man's penis revealed a surgical-like incision in the foreskin to accommodate a washer-type device which was in place at the time of his death.

Evidence of sexual fantasy aids

Fantasy plays a key role in dangerous autoerotic practice. Three indicators of ritualistic fantasy were noted in this sample: attire of the victim, props found either at the death scene or victim's residence; and the use of bondage.

Attire. All of the victims in this sample were classified according to their attire when discovered dead: normative attire [20]; non-normative attire [30] such as opposite sex clothing, uniform or costume; or no attire [20]. The fairly equal numbers of victims in each of the attire classifications suggests a wide variance that attire serve in the practitioner's sexual fantasies. The attire or lack of it may be viewed as a means to communicate a character, situation, or role. The character may be realistic, idealized, or alien to the victim. The role may be that of her, villain, or victim; or one's self-image may be enhanced (an aviator's suit), reduced (nudity), or changed (opposite sex clothing) to suit the victim's particular desires. The following case illustrates a fantasy that changes gender role:

A 40-year-old married salesman was discovered in the basement of his residence totally suspended from a floor joist with a large piece of rope ending in a hangman's noose encircling his head. The body was dressed in a white T-shirt, a white panty girdle with nylons, and a pair of women's open-toed shoes. A woman's girdle was over the victim's head and his hands were bound with a belt.

Props. A wide variety of props were utilized by the victims in this study and are believed to be related to either the practitioner's fantasy (erotic literature, diaries, films) or to the practice (handcuffs, knives, ropes). Visual aids included opposite sex and same sex photography and photographs. One victim took photos of friends and relatives and superimposed them on nudes in magazines. Reflective devices serve to allow the victim to observe self in a specific role, plot, or character of a fantasy scenario and a positioned camera will document the scene. In one instance, a 15-year old boy was found hanging, and around his neck, a miniature knife and scabbard were attached with a string, while a larger version of the knife was on his waist belt. Near his body lay two western style CO₂ BB guns. His parents reported that he loved to play cowboy but because his friends were no longer interested in participating, he often played (and fantasized) by himself.

Book titles may explain a special interest (escapology) and records ("Staying Alive") or games (Risk) may underscore an issue. Sketches and diaries belonging to the victim may illustrate the detail and development of the fantasy and may indicate the sadistic component as in a victim's sketchbook depicting women being shot or stabbed. An unusual amount of specific clothing, shoes, or other articles suggests a fetish potential and was often in evidence in this sample.

Bondage. The use of materials or devices to physically or mentally restrain or humiliate oneself for erotic arousal is sometimes referred to as a subculture of masochism and those individuals who involve themselves in this activity are known as discipline or bondage practitioners. Bondage was present and/or practiced in two-thirds of this sample, which suggests the

importance of the behavior to fantasy reconstruction. One victim's wife stated that her husband was tied in ritualistic conformity to his favorite bondage picture, duplicating every twist, knot, and wrapping of the rope. The bondage materials utilized by the victims in this sample included ropes, handcuffs, chains, hoods, leather, rubber, gags, blindfolds, wire and belts. The following case illustrates the use of attire, props and bondage.

The victim, a 32-year-old married father of three, was discovered dead on his bed by his 11-year-old daughter. The victim was dressed in pantyhose, a lady's sweater, and a brassiere. His hands were restrained to his sides by a soft belt. A sanitary pad was in his mouth and a pink brassiere was wrapped over the mouth and around the head. His scrotum was swollen and exhibited two round areas resembling old cigarette burns. A similar type burn was located on the inner aspect of the left thigh near the scrotum. The cause of death was determined to be accidental asphyxiation due to mechanical obstruction of the nasal pharynx and oral cavity. Because of the slack in the belt restraining his wrists, it would have been possible for the victim to slip his feet between his arms thereby allowing him to remove the gag. Apparently his judgment was impaired due to his asphyxial stage.

Evidence of prior autoerotic practice

Prior dangerous autoerotic practice may be documented by the following factors:

1. In those instances where hanging (neck compression) is the apparatus utilized to alter the physiological status of the victim, abrasions from previous episodes may be noted on the suspension point.
2. The complexity of the physiological apparatus suggests prior practice. In several instances, the victims had permanently affixed padding to the ligature or device to preclude trauma to the practitioner's neck during the activity.
3. Confirmed victim practice of autosadistic activities are another clue. One victim's wife reported that her husband practiced bondage and requested her participation which included the use of restraints and flagellation.
4. Additional fantasy props or apparatus located in the victim's automobile, residence, or place of employment indicates a ritualistic devotion to such activity.
5. Confirmation by family members or friends of prior practice has been reported in the literature [9]. In speaking with family members of this sample of victims, three patterns were noted: (1) denial of any knowledge of such practice; (2) denial with qualification; and (3) acknowledgment of such practice. Several family members were aware that the victim was involved in some type of non-normative activity but may not have related it to autoerotic practice. One father noted that his son was always tying knots and doing tricks. The brother of another victim commented on his brother's death: "As long as I could remember, he had a rope next to his bed".

No apparent suicidal intent in the victim

Usually, there is no apparent indication of suicidal intent and the death surprises friends, relatives, and associates. In resolving questionable modes of death, the psychological autopsy [15] is useful in providing

data. More often than not the victim is described as being in good spirits and having a future orientation. Victims also are described as being in good physical health, physically active, as well as being intelligent and independent. Autopsy findings rarely reveal the presence of drugs or alcohol in the victim's body. In a few cases an insignificant amount of alcohol was present, and in several cases, marijuana in small amounts was located.

DISCUSSION

A major finding of this pilot study was the difficulty in classifying the mode of death. A death certificate, by law, must contain a statement about the *cause* of death—for example, asphyxia. Additionally, most states require that the *mode* of death be certified as natural, accidental, suicidal or homicidal—usually abbreviated as NASH. The cause of death is unrelated to the mode of death and a death in which mode is unclear is described as equivocal [16].

Two cases illustrate an equivocal suicide and an equivocal homicide with the criteria applied to determine the deaths were autoerotic related.

Equivocal suicide. A 22-year-old man was found partially suspended in the bathroom of his apartment by the security police called to investigate his failure to report to work. He was fully dressed with trousers zipped and buttoned. A bath towel and rope were around his neck and tied to a water pipe. Ropes hung down on either side of the victim. He was found leaning against the wall and not totally suspended in the air. The bathroom mirror was propped open so he could view himself.

The hanging was considered equivocal for four reasons: he had recently sought psychiatric evaluation; his mother was diagnosed with terminal cancer; he had recent news that a girlfriend had married; and he had recently failed to obtain a car loan.

The case was determined to be autoerotic death because of the hanging to enhance sexual arousal and the escape mechanism of the ropes to be used to regulate the pressure to the neck; the solo nature of the activity; the mirror prop as a fantasy aid; neck padding indicating prior practice; and no confirmation of suicidal ideation in the psychological evaluation.

Equivocal homicide. The victim, an 18-year-old white male, residing in his parents' home, was discovered dead in a 30-pound garbage can located in his garage. His parents and brothers were away on vacation at the time of his death. In order to extricate the body from the garbage can, it was necessary to utilize a hammer and chisel. The body, when freed from the can, was clothed in a T-shirt, a pair of jockey shorts, and sneakers. The victim's hands were loosely bound with buckled roller skate straps and rested between the back of his feet and his buttocks. Abrasions were noted on his knees and around his mouth. There was no evidence of alcohol or drugs contained in the body and no other trauma was present. The victim was determined to have died from suffocation caused by the compression of his lungs and contributed to by his panic.

The parents of the victim refused to accept his death as being accidental and were of the opinion that it was murder in connection with a robbery. The investigating agency reenacted the scene on two occasions, having an officer of the same build and weight insert-

ing himself into a similar garbage can by placing the heels of his feet on one lip of the can and the buttocks on the opposite lip of the can and pulling the knees to the chest thereby slipping into the can. The officers accounted for the abrasions on the knees as being caused when the victim slipped into the can. The abrasions around the mouth were accounted for by the fact that a roll of chicken wire was lying on its side beside the garbage can and a portion of the wire extended partially over the mouth of the can.

The case was determined to be autoerotic death because of evidence of self-immobilization for sexual arousal and endangerment and an escape mechanism whereby the victim intended to grasp the chicken wire with his mouth and tip the can over; the solo nature of the act; evidence of roller skate straps and a book on escapology found in the victim's room; and no suicidal ideation. It is hypothesized that the victim intended to grasp the chicken wire with his mouth and tip the can over, however, the role of wire did not support his efforts.

It is essential that deaths attributable to dangerous autoerotic practices be recognized and accurately reported if the true magnitude of this problem is to be determined. In only 21 of the cases in this sample was the death initially classified as accidental. The death was misclassified as suicide [19] when hanging was the physiological mechanism used. Murder was the original classification [7] when body compression or bondage activities were employed. In 23 cases, the deaths were initially reported as undetermined or sudden death.

The second major finding relates to the gender and age focus of the victims. The extraordinary prevalence of males practicing dangerous autoerotic acts, a fact also supported in the literature [9], is consistent with the general observation that males more than females participate in a wide variety of unconventional sex practices. We can speculate that gender role identity is less well defined for males and that sex and aggression are not well integrated life issues. For example, men commit more crimes of aggression than women, are more involved and interested in pornography, and commit suicide more frequently than women.

Many of the victims in this sample were in the child or adolescent age range. Adolescence is marked by sexual maturation and therefore sexual outlets become avenues of expression of aggressive interests and activities at this age. Conventional masculine daredevilness may be viewed as normative male behavior. Adolescence is also a developmental period of testing out one's independence, adventure seeking and exploration, however, without necessarily the wisdom and maturity to fully appreciate the risks involved. To the extent that risky, thrill-seeking behavior may be normal for males, Rosenblum and Faber suggest the possibility of a "developmental sequence in which childhood preoccupation with ropes develops into asphyxially oriented adolescent masturbation, eventually resulting in a full-blow adult sado-masochistic bondage syndrome" [9].

In summary, we believe that male children and adolescents are a high risk population for this type of sexual behavior and that research should be directed to gain an understanding of the origin of dangerous autoerotic practice and to determine linkages between

ritual fantasy and dangerous behavior. Also, we hope that by addressing this issue the secrecy around the topic will be diminished so that not only will there be accurate identification of such deaths but that practitioners of this activity can become more accessible to clinicians prior to a fatal accident.

Acknowledgements—The authors wish to thank the contributors who provided the sample for this study and wish to acknowledge the assistance of Thomas S. Gary and Fred Hosea in tabulating one phase of the data.

REFERENCES

1. Dietz P. E. Kotzwarraism: sexual induction of cerebral hypoxia. Paper presented at the *American Academy of Psychiatry and Law*, annual meeting, Baltimore, Maryland, November 1979.
2. Garder E. Mechanism of certain forms of sudden death in medico-legal practice. *Medico-Legal Rev.* 10, 120, 1942.
3. Stearns A. W. Cases of probable suicide in young persons without obvious motivation. *J. Maine Med. Ass.* 44, 16, 1953.
4. Ford R. Death by hanging of adolescent and young adult males. *J. Forensic Sci.* 2, 171, 1957.
5. Johnston J. M., Hunt A. C. and Ward E. M. Plastic-bag asphyxia in adults. *Br. Med. J.* 2, 1714, 1960.
6. Brittain R. The sexual asphyxias. In *Gradwohl's Legal Medicine* 2nd edn (Edited by Camps F. E.), pp. 549–552. Williams & Wilkins, Baltimore, 1968.
7. Coe J. I. Sexual asphyxias. *Life-Threatening Beh.* 4, 171, 1974.
8. Gregersen M. Autoerotische todesfalle. *Sexualmedizin.* 4, 690, 1975.
9. Rosenblum S. and Faber M. M. The adolescent sexual asphyxia syndrome. *Am. Acad. Child. Psychiat.* 17, 546, 1979.
10. Walsh F. M., Stahl C. J. and Unger H. T. Autoerotic asphyxial deaths: a medico-legal analysis of forty-three cases. In *Legal Medicine Annual: 1977* (Edited by Wecht C. H.), pp. 157–182. Appleton Century Crofts, New York, 1977.
11. Office of the Chief Medical Examiner, Department of Health, Commonwealth of Virginia. Accidental strangulation during perverse sexual activity. Bulletin No. 38, 1955.
12. Litman R. E. and Swearingen C. Bondage and suicide. *Archs gen. Psychiat.* 27, 80, 1972.
13. Paul Sir D. Personal communication, January 29, 1980.
14. Pope D. H. Personal communication, April 21, 1980.
15. Hibbler N. The psychological autopsy. *Forensic Sci. Digest.* 5, 42, 1978.
16. Hatton C. L., Valente S. M. and Rink A. (Eds) *Suicide: Assessment and Intervention*, p. 134. Appleton Century Crofts, Englewood Cliffs, NJ, 1977.