Accidental Autoerotic Death

A Review on the Lethal Paraphiliac Syndrome

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Summary

Accidental autoerotic death (AAD) is defined as a solitary, accidental death caused by a lethal paraphilia including hanging, strangulation, invert suspension, plastic-bag asphyxiation, electrophilia, and anesthesiophilia. Young white men comprise the largest group of victims, whereas the number of female AADs reported in literature is extremely small. In both sexes, AAD is most often seen in young to middle-aged adults. Practitioners tend to utilize a great range of elaborate devices and props, often designed to cause real or simulated pain, with pornographic material and evidence of cross-dressing and fetishism like intimate feminine garments. The absence of typical props in the majority of female AADs may impede the differentiation of AADs from suicides or homicides. To exclude the possibility of sexual homicide or suicide, investigators must establish the presence of key death scene characteristics before the death can be appropriately classified as an autoerotic fatality. The location elected for the autoerotic performance is usually secluded, often with evidence of repeated autoerotic behavior. Bondage is common, and death
scene investigators must ensure that any bondage could have been secured by the deceased himself. Padding of the rope, especially in neck ligatures, to prevent subsequently detectable abrasions or bruises is regularly found. Because of the accidental nature of AAD, a failed rescue mechanism is usually evident. A lack of features of suicide with no antemortem evidence of suicidal ideation or depression is diagnostic for AAD; an overt suicide note is usually not present. Thorough investigations regarding life and environment of the victim and the circumstances of death may be effective in the determination of the manner of death in equivocal cases. Twelve general behavioral characteristics that investigators can look for to help them identify autoerotic death scenes are listed.

Key Words: Accidental autoerotic death (AAD); autoerotic asphyxia; hypoxophilia; lethal paraphiliac syndrome; paraphilia; asphyxiophilia; anesthesiophilia; electrophilia.

1. INTRODUCTION

Sexual “normality” and “deviancy” vary with the accepted moral attitudes of the particular society and with the particular times in which these societies are living. Inducing cerebral hypoxia for sexual gratification has been described by anthropologists and literates for centuries (1–6). Pressure on the neck during sexual activity was a common practice of Eskimos and Southeast Asians (1,4,5,7,8). Prostitutes have been experts in sexual asphyxiation for a long time, and during the Victorian era in London, men could satisfy their sexual urges through controlled hangings in the “Hanged Men’s Club” (6,9). Both the classical writer Peter Anthony Motteux and Frantisek Koczwara, composer of “The Battle of Prague,” died in the 18th century because of sexual asphyxia assisted by a prostitute (10,11). The death of Koczwara led to the suggestion of the term “Koczwarraisim” for behavior utilizing asphyxial augmentation for the sexual response (2,12). Despite a strong tendency toward sexual repression in Western cultures, as early as in 1791, the year of Koczwara’s death, the Marquis de Sade described altered sexual behavior with self-induced asphyxia for the purposes of sexual gratification in his book Justine (4).

Autoerotic behavior is any act that is sexually self-gratifying. An accidental autoerotic death (AAD) may occur during autoerotic behavior in which a device, apparatus, prop, chemical, or behavior that is engaged to enhance sexual stimulation causes death, if there is failure of the various self-rescue mechanisms that are specifically aimed at preventing such an occurrence (2,3,13–15). Scientific analyses of autoerotic deaths were not published in the