

## CASE REPORT

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### An Unusual Autoerotic Death: Asphyxia with an Abdominal Ligature

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**ABSTRACT:** A case of accidental death resulting from an autoerotic episode involving a high abdominal ligature is reported. Pathologic findings, physical evidence, and the psychological investigation are discussed.

**KEYWORDS:** pathology and biology; psychiatry; asphyxia; autoeroticism; high abdominal ligature

Sexual asphyxia or death during autoerotic activity is a well recognized phenomenon to death investigators. The psychological aspects and the investigation of such deaths are thoroughly reviewed in the forensic science literature [1,2]. In consultation, the Armed Forces Institute of Pathology sees between eight and ten cases of sexual asphyxia each year. The reported case is the first autoerotic death reviewed by, or reported to, the Institute, in which asphyxia was caused by a high abdominal ligature.

#### Case History

The victim, a 27-year-old white male, was reported missing by his wife. About 36 h after he was last seen alive, he was found dead by a co-worker, in a little used storage room adjacent to their work area. Subsequent investigation revealed that this was a case of sexual asphyxia involving a high abdominal ligature. The mechanism of death was not unlike that of cases in which mountain climbers have fallen, to be suspended by their safety lines, and have died by asphyxiation. Diaphragm movement was restricted, resulting in asphyxia.

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### Scene Investigation

The scene presented was bizarre, even for a death resulting from an autoerotic episode. The victim was found nude, suspended by an apparatus that involved a heat transfer (steam) pipe, a hand-operated winch ("come-along") and various ropes (Fig. 1). One end of the winch was hooked to a rope looped over the steam pipe. Another rope, tied to the other end of the winch, was hooked to the abdominal ligature of multiple turns of rope. Two additional lengths of rope were involved: both were entwined around the right thigh; one was tied off on the abdominal ligature and extended to a corner of the room where the other end was secured to a nail driven into the baseboard. The loose end of the other rope, which was on the floor under the victim, had apparently been secured to a nail in the opposite end of the baseboard. (A small knotted loop was at the loose end, a nail hole in the baseboard, and a bent nail hidden by an overturned boot on the floor [Figs. 1 and 2]). Along with a hammer (Fig. 2), the victim's clothes were found in the room. Fecal material was on his feet, on the floor under the body, and on the wall (Fig. 1). There was no evidence to indicate that anyone had been in the room with the victim. Finally, there were several marks on the steam pipe. These marks were consistent with having been made by the rope's being looped over the pipe and attached to the hook on the upper end of the winch (Fig. 3).

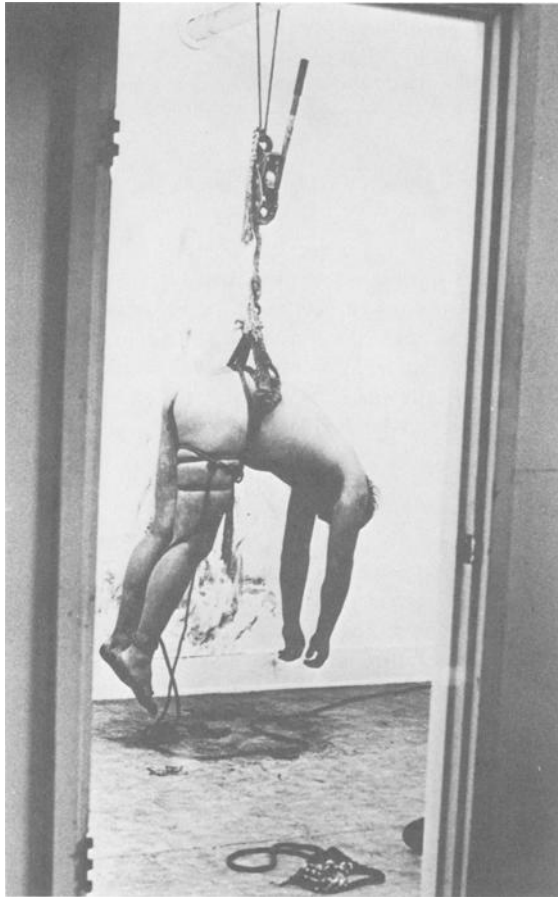


FIG. 1—Body as found at the scene. Note fecal material and rope arrangements. (Locked door removed from door jamb.)



FIG. 2—Ancillary rope nailed to baseboard, hammer, and one of victim's shoes.

Based on the findings at the scene, a controlled reenactment of the agonal event was attempted by a volunteer of similar build and stature to that of the victim. He was able to get himself into an apparatus like the one found at the scene and hoist himself up and, with some difficulty, to lower himself and get out of the apparatus. Based on accounts of witnesses and findings at autopsy, the victim was moderately intoxicated when he was last seen alive. It was estimated that he died shortly afterward. His intoxication probably accounted for his losing control of his activity and his inability to escape from the apparatus. While hoisted as in the position the victim was found, the volunteer showed that the marks on the steam pipe could have been produced by swinging from side to side and attempting to climb the wall. Because of this demonstration, the marks were not considered as evidence of repetitive autoerotic activity.

Evidence of past repeated masturbatory activity, possibly associated with suspension, was found in a shed behind the victim's home, where, his wife said, he spent a considerable amount of time. In the shed, a grappling hook was found suspended by a steel cable from a wooden crossbeam (Fig. 4). Numerous notches were noted on the crossbeam. They were consistent with having been caused by a weight similar to the victim's suspended from the grappling hook. Additionally, numerous stains, which proved to be semen of the victim's ABO blood group, were found on the floor along the course of the crossbeam (Fig. 5). Various lengths of rope like that used in the victim's suspension apparatus were also found in the shed.

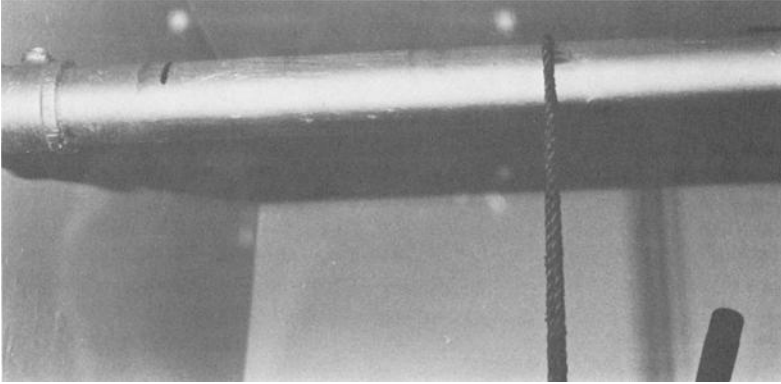


FIG. 3—Marks on heat transfer pipe from which the victim was suspended.



FIG. 4—Grappling hook hanging from crossbeam in shed behind victim's house.

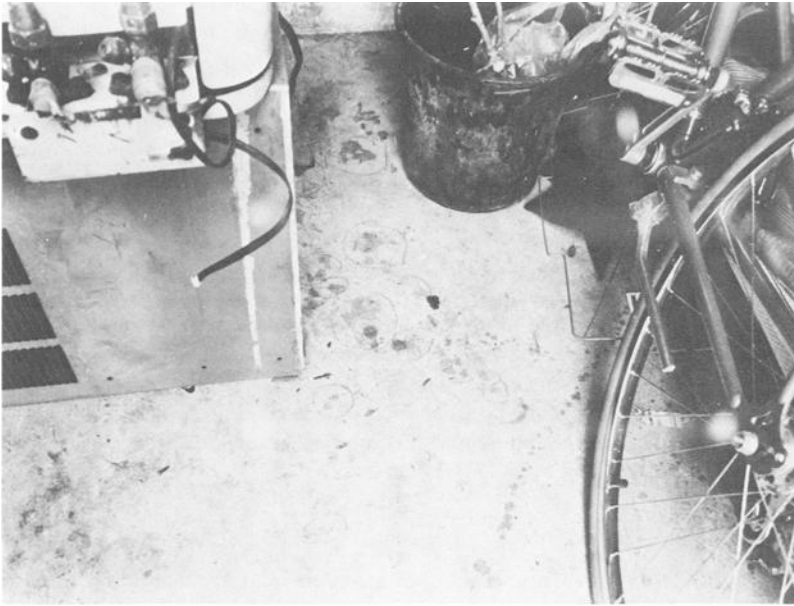


FIG. 5—Semen stains on the floor along the course of the crossbeam in shed.

Further investigation revealed that the victim had personally acquired all the materials used in the suspension apparatus at the scene of his death and the suspected suspension apparatus found in the shed behind his home.

### Psychological Autopsy

A psychological autopsy of the victim revealed he had experienced some difficulty in coping, but he was probably not suicidal. He was well liked by his co-workers but considered a "workaholic," frustrated by supervisory responsibilities, overly concerned about projected work assignments, and disappointed about recently being passed over for an opportunity for job enrichment. He had also demonstrated a lack of self-confidence and was concerned that his wife might "seek the favor" of someone more competent. (Nothing indicated that she was dissatisfied.) Though experiencing increasing frustration in all facets of his life, he managed to work through his problems on a day-to-day basis. Incidentally, his wife was not aware of his being involved in any unusual sex practices. About two weeks before his death, however, the victim watched a sexually oriented television program with a co-worker. The program included a 5-min segment on sexual asphyxia with comments about the possibility of accidental death resulting from such practices. The victim reportedly remarked, "Wow, how could someone die from that?" He also reportedly later made repeated references to the television program, inquiring about how such "hanging" could cause death. On the day of his death, in conversation with a co-worker, he made a bizarre reference to hanging one's self as a means of venting frustration.

### Discussion

This case demonstrates many of the features commonly associated with sexual asphyxia. The victim was found nude, in an isolated location, and hanging in an apparatus from which he could have escaped had he not lost control of the situation. There was no way to determine

whether or not he had engaged in masturbatory activity during the fatal event. Further, there was no evidence to indicate he had previously practiced autoeroticism at the location where he died, but there was significant evidence that he had been involved in autoerotic activities, including masturbation, in the shed behind his home. Evidence was also reported of previous expressions of interest in asphyxial techniques. Further, the suspension apparatus provided a physical restraint that had the potential for sexual significance ("bondage"), and, although padding was not used in the ligature, the multiple turns of heavy rope could have resulted in a padding effect. Also, it should be noted that no sexual paraphernalia or erotic materials were found at the scene. (A vacuum cleaner in the room was carefully examined.) On the other hand, the victim's nudity in association with his bondage could easily have been a substitute for such items.

On consideration of the autopsy findings which were consistent with asphyxial death, the abundance of physical evidence supportive of autoeroticism, the psychological autopsy indicating that the victim was not suicidal and could have resorted to autoerotic activity as a means of coping, and the lack of evidence to support either suicide or homicide as a manner of death, the ruling in this case was abdominal strangulation during an autoerotic episode (sexual asphyxia), manner of death, "accidental."

### Conclusion

Asphyxia in this case probably resulted from a combination of ethanol intoxication and pressure on the diaphragm. The ethanol level was high (0.24%), but some of it could have been produced by postmortem bacterial activity. The upper abdomen was tightly bound by the ligature, which would have impeded adequate excursion of the diaphragm. The victim's suspended, head-down position would ultimately have also contributed to the development of hypoxia, unconsciousness, and death.

The significance of the fecal material on the feet of the victim, the floor, and the wall is uncertain. The presence of the fecal material may indicate some form of coprolagnia. On the other hand, it may only represent defecation during efforts by the victim to free himself from his predicament.

This unusual case contains elements of asphyxia through chest compression and, possibly, elements of coprophilia. Hazelwood et al [3] reported in their recently published study on autoerotic fatalities only two other cases of autoerotic asphyxia through chest compression (one by suspension and one by the victim's squeezing into a garbage can with knees pressed tightly to the chest). They also found that of 127 autoerotic asphyxial deaths among men only 6 death scenes included suggestive evidence of coprophilia.

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### Reference

- [1] Walsh, F. M., Stahl, C. J., Unger, H. T., Lilienstern, O. G., and Stephens, R. G., "Autoerotic Asphyxial Deaths; a Medicolegal Analysis of Forty-Three Cases." *Legal Medical Annual*, 1979, pp. 155-182.
- [2] Hazelwood, R. R., Dietz, P. E., and Burgess, A. W., "The Investigation of Autoerotic Fatalities," *Journal of Police Science and Administration*, Vol. 9, No. 4, Oct. 1981, pp. 404-411.
- [3] Hazelwood, R. R., Dietz, P. E., and Burgess, A. W., *Autoerotic Fatalities*, Lexington Books, Lexington, MA, 1983, pp. 55-100.

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