



W2 “Will This Leave a Mark?” A Multidisciplinary Approach to Autoerotic Asphyxiation (AeA) Fatalities

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Learning Overview: After attending this presentation, attendees will more comprehensively understand AeA deaths. This multidisciplinary approach will review the literature on circumstances preceding AeA deaths, discuss a practical approach to medicolegal death scene investigation, the certification of cause and manner of death, intentionality versus unintentionality AeA death case reviews, etiological factors, and psychological manifestations of practitioners, as well as stigmatic concerns families face over the loss of loved ones.

Impact on the Forensic Science Community: This presentation will impact the forensic science community by demonstrating techniques in AeA investigations. This is a multidisciplinary process involving medical and non-medical professionals for the correct certification of manner and cause of death in suspected AeA cases.

AeA is the practice of decreasing oxygen flow to the brain, via chemical or mechanical means, for the purpose of increasing the pleasure of a masturbatory orgasm. When the brain is deprived of oxygen, it induces a lucid, semi-hallucinogenic state called hypoxia. When combined with an orgasm, the euphoric state of hypoxia is compared to the effects of cocaine ingestion and can be highly addictive.

Erotic asphyxiation is a sexual practice variously called asphyxiophilia, autoerotic asphyxia, or hypoxyphilia. It includes the practice of intentionally restricting oxygen to the brain of a sexual partner. The term autoerotic asphyxiation is used when the act is performed by a person to themselves for heightened sexual self-gratification.

An AeA death scene is a rare and unique occurrence, and the materials at the scene can mislead the novice death scene investigator. It is also not uncommon for the family of the deceased individual to manipulate or alter the death scene to avoid possible social defamation associated with AeA. It is important for the death scene investigator to recognize an altered death scene and report that to the medical examiner.

The practitioner of AeA is most often revealed at the medical examiner’s office. Death occurs through a fault in the safety mechanism that the practitioner designed to restore normal blood flow to the brain after the sex act is completed.¹ Since a majority of AeA practitioners utilize a ligature around their neck to decrease oxygen flow to their brains, a failure in this safety mechanism resulting in death shares common elements with asphyxial suicides. This can lead to circumstances whereby the AeA death is incorrectly certified as a suicide.² Consequently, most of the epidemiological knowledge of AeA comes from the practitioner who dies because of the act. The intention of the participant is not for a fatal outcome but to achieve a heightened sense of sexual gratification. Insurance companies have successfully argued that AeA is a high-risk act of bravura and therefore beneficiaries should not be granted financial recovery in these cases.³ This type of argument discusses the intentionality of the act leading to death versus the unintentionality of death. Although AeA death is most consistently certified as an accident, the argument persists as to whether the practitioner could reasonably expect death to be a result of the act.

Reference(s):

1. Sauvageau, Anny, and Vernon Geberth. *Autoerotic Deaths: Practical Forensic and Investigative Perspectives*. CRC Press, 2013.
2. Shelig, Sergey, and Edwin Erlich. *Autoerotic Asphyxiation: Forensic, Medical and Social Aspects*. Wheatmark. 2006.
3. Erman, Sam. Word Games: Raising and Resolving the Shortcomings in Accident-Insurance Doctrine That Autoerotic-Asphyxiation Cases Reveal. *Michigan Law Review*. August 2005, 2172-2208.

Autoerotic Asphyxiation (AeA) Death, Equivocal Death, Death Investigators