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CASE REPORT

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Death by hanging while watching violent pornographic videos on the Internet—suicide or accidental autoerotic death?

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Abstract In deaths by hanging, it may sometimes be difficult to differentiate between autoerotic accident and suicide. Our report deals with a 30-year-old man who was found hanged in the living room of his flat. The deceased was wearing headphones connected to a PC. Within the deceased's view was a computer screen showing the last picture of a video file downloaded from the Internet with the head of an unclothed, allegedly hanged female. The deceased's left hand was inside his trousers in the genital region. The autopsy did not only show findings typical for hanging, but also advanced sarcoidosis, which was known to the victim. Although this basic illness could have been a possible motive for suicide, the circumstances in the presented case pointed more in the direction of an accidental autoerotic death. As far as we know, this is the first description of a death during autoerotic activity in which sexual stimulation was achieved by watching a video file downloaded from the Internet.

Keywords Autoerotic accident · Lethal paraphiliac syndrome · Suicide · Hanging · Internet

Introduction

The forensic literature contains numerous case reports of fatal accidents during autoerotic activity [10, 16], and self-strangulation to achieve sexual stimulation by hypoxia is the most common mechanism. This may unintentionally result in the loss of consciousness and the ability to react, so that the body becomes suspended and death occurs due to hanging.

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There are also reports on lethal autoerotic accidents using nitrous oxide [14] and other anesthetics [3], inhaling solvents, electrical stimulation of the body by fixing electrodes to erogenous zones and various other forms of asphyxia not produced by strangulation [14] or by transurethral insufflation of gas [11].

The situation at the scene of death is often bizarre and may sometimes point to repeated autoerotic practices. Like in other forms of violence, it may occasionally be difficult, however, to differentiate between accidental death and suicide [6, 7, 10, 15], especially if suicide also seems imaginable under the circumstances of the case. The possibility of a homicide simulating an autoerotic situation at the scene must also be kept in mind [8, 9].

Behrendt and Modvig [2] worked out criteria that should be present in the accidental autoerotic death (AAD) and therefore defined death as AAD if it is

1. solitary, i.e. no other person present
2. accidental
3. caused directly by the abnormal mechanism aimed at sexual satisfaction ("lethal paraphilia")

Other authors cite further criteria to differentiate the accidental autoerotic death from suicide, e.g. the presence of safety devices to prevent a lethal outcome, padding of the cervical region under the noose or the fact that the scene was locked from the inside and could not be seen from the outside [16]. Often, the sexual arousal produced by the autoerotic practice is intensified by viewing pornographic material at the same time [16].

The use of modern electronic media has already been reported in context with non-natural deaths. For example, suicide notes have been sent as text messages via the mobile telephone network (SMS) [13]. There are many reports on the use of the Internet in connection with a planned suicide. The spectrum ranges from obtaining advice on how to commit suicide [17] via the exchange of ideas in relevant discussion groups to agreements to commit suicide together or at the same time [1, 12].

The case presented here describes the use of the Internet for sexual stimulation during autoerotic practice. For dif-

ferential diagnosis, the question had to be answered whether suicidal hanging could have occurred in spite of these external circumstances.

Case history

Situation at the scene

The body of a 30-year-old man was found hanged in the living room of his flat on the ground floor. A neighbour had informed the police after seeing the body through the window from outside. The body was dressed with an orange-gray pullover, dark cotton tracksuit pants and a pair of socks. There were no underpants.

Both legs of the victim were touching the floor with the right leg being extended and the left leg bent at the knee joint more or less at a right angle. The left hand was inside the waistband of the trousers close to the genital region (Fig. 1).

The tool used for strangulation was a thick plaited plastic rope (approximately 1 cm in diameter) which formed a slip-knot deeply impressed into the anterior and lateral soft tissue parts of the neck. The knot was at the highest point of the hanging mark on the left side of the nape of the neck behind the left ear. The noose was not padded against the skin of the neck. The other end of the rope had been passed over the upper edge of the door and fastened to the handle on the other side. The deceased was wearing headphones connected to the computer which was running and in full view of the victim. The screen showed the picture of an allegedly hanged female (the last section of a so-called snuff video).

Apart from the rope used for strangulation, there were no other utensils or devices for tying like chains or handcuffs, neither on the body nor in the victim's flat.

Autopsy findings

At the forensic autopsy, the following findings were documented.

Hypostasis was no longer displaceable, and the localization was consistent with a hanging position of the body after death. A 1.5-cm-wide strangulation mark was present rising on both sides of the neck with the highest point being localized at the nape of the neck behind the left ear. On the ligature, peeled off epidermal flakes were found [4]. Hemorrhages caused by strain on the points of attachment of both mm. sternocleidomastoidei were present as a sign of vital hanging.

The skin above the hanging mark and the mucous membranes of the face were pale and free of petechial hemorrhages. The tongue was behind the teeth, and the tissue of the tongue did not show any blood extravasation.

Moreover, advanced sarcoidosis with numerous grayish-white nodules up to 5 mm in size was found in both lungs, especially the upper lobes, as well as the liver and the spleen. In the thorax and the abdomen, further lymph node conglomerates sized up to 5 cm could be demonstrated (Fig. 2). Histologically, there were characteristic epithelioid cell granulomas without central caseation containing numerous Langhans' giant cells with typical nuclei arranged in an arciform manner (Fig. 3).

The alcohol concentration was 0.21 g/l in femoral venous blood and 0.35 g/l in urine.

Fig. 1 **a** Situation at the scene; **b** close-up view of head and neck; **c** ligature with epithelial flakes; **d** switched-on computer screen on the desk

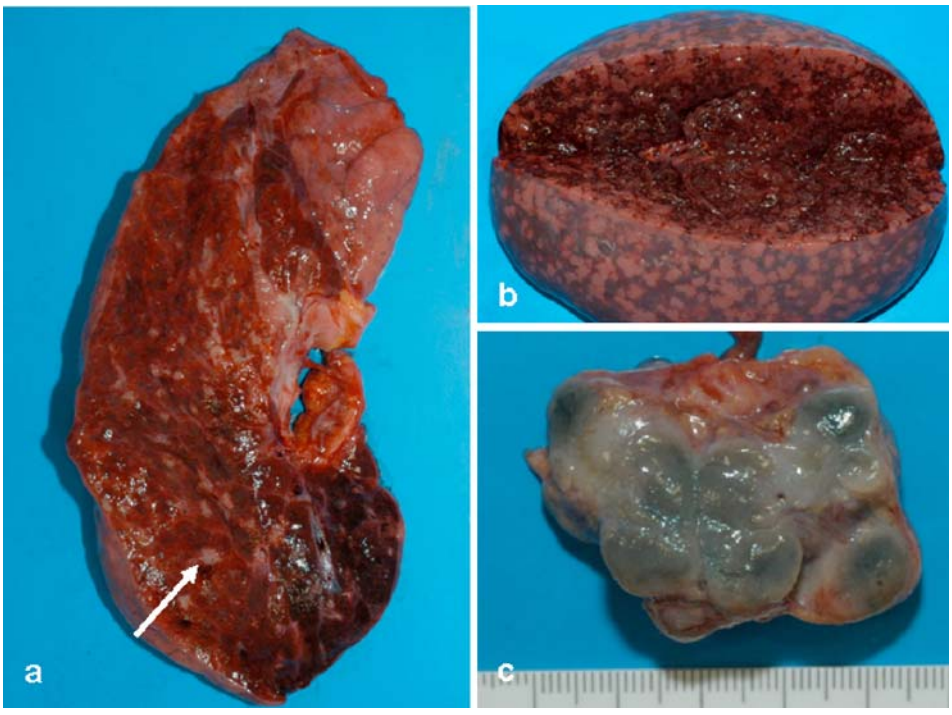

Fig. 2 Sarcoidosis nodules in the lungs (**a**), spleen (**b**) and (**c**) abdominal lymph node conglomerates

Police investigations

The computer found in the deceased's flat was investigated by forensic experts. On the hard disk, there were a large number of picture and video files, mostly of a pornographic and violent content, which had been downloaded via an Internet data exchange program in the preceding days and weeks. Most pictures showed the alleged hanging, suffocation or drowning of partly unclothed females by another person (so-called snuff videos). In addition, there were files with pornographic material involving children.

At the time of death, the deceased's PC was connected to the Internet, and a data exchange program (eMule) was running through which video files with scenes of feigned hanging had been downloaded.

The last video watched by the deceased showed a woman whose hands were tied behind her back and who was forced to climb onto a wooden stool. A ligature was put around her neck and fastened to the ceiling. Then the wooden stool was pulled away from under her feet. The following agonal period due to the hanging, which goes on for several minutes, was obviously simulated (Fig. 4).

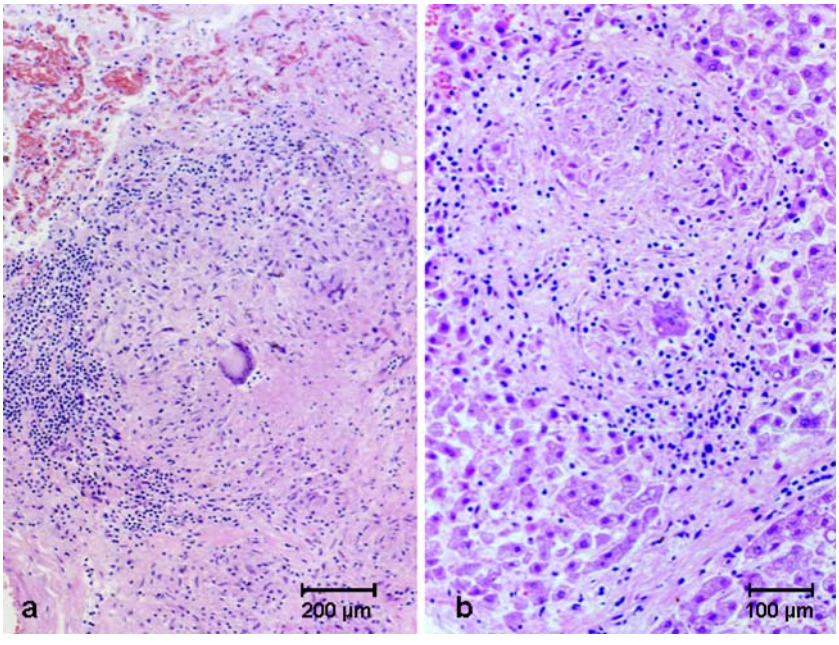

Fig. 3 **a** Epithelioid cell granuloma with Langhans' giant cell in the lung (HE 100×); **b** close-up view of an epithelioid cell granuloma in the hepatic tissue (HE, 200×)

Fig. 4 Scenes from the last video watched by the deceased. **a** Application of the hanging noose to the neck of the unclothed female; **b** pushing away the wooden stool; **c** simulated agony due to hanging

The deceased had been suffering from sarcoidosis diagnosed 1 1/2 years before his death. Apart from a thoracic lymph node enlargement and a pulmonary affection, he had developed iridocyclitis and uveitis, which were treated with systemic and local steroid therapy. He had stopped the systemic steroid therapy 9 months before his death because of unwanted side effects, mainly weight gain. The disease was further complicated by granulomas of the nasal cavity for which a surgical therapy was planned. A few weeks before his death, he had lost his job, partly due to his physical condition.

Discussion

Typical accidental autoerotic deaths occur primarily in males and are, by definition, the immediate consequence of paraphiliac behavior with an unintentional fatal outcome [2]. While this paraphiliac behavior, in which self-strangulation is the most common method, has been known in males for a long time and has also been described in the literature, accidental autoerotic deaths in females were reported for the first time in 1971 [5].

Behrendt and Modvig [2] found additional utensils for sexual stimulation in 67% of the victims investigated and pornographic material in 39% of the cases. In 43% of the cases, the persons had tied themselves. Altogether, 64% of the study material also showed so-called non-lethal paraphilias such as transvestism and/or self-tying. Under such circumstances at the scene, and if there are clues pointing to repeated autoerotic practices, e.g. permanent hooks on the wall to fasten chains, it is mostly easy to classify the case as an autoerotic accident [10].

In the case presented here, some of the typical characteristics of accidental autoerotic deaths are missing. The scene was obviously visible from the outside, so that a neighbour noticed the death. There was no padding between the skin of the neck and the noose and the body was normally clothed, although the deceased was not wearing underpants. No other utensils or devices pointing to any preceding autoerotic practices were found in the room (Table 1).

If suicide is to be assumed, this could have been provoked by the advanced sarcoidosis, for which the prognosis was rather poor because of the accompanying chronic uveitis and the nasal granulomas. The side effects of the systemic steroid treatment had prompted the man to dis-

Table 1 Criteria for the differential diagnosis of the two opposing hypotheses

Accidental autoerotic death	Suicide
Left hand in the genital region, no underpants	Scene visible from outside
Computer screen in full view of the deceased	Noose not padded
Violent pornographic video	Normal outer garments
Wearing headphones	No tying utensils, chains or handcuffs
Active Internet connection at the time of death	Possible motive for suicide (advanced sarcoidosis)

continue the medication against medical advice, which presumably led to a progression of the disease during the last 9 months before his death. The situation was further complicated by the recent job loss and may altogether constitute a possible suicide motive.

A remarkable feature, which to our knowledge has never been described in the medical literature before, was the active Internet connection at the time of death, through which the video file showing the simulated hanging of an unclothed female by another person had been downloaded shortly before and which the man had presumably been watching until he lost consciousness. The large number of picture and video files with similar content downloaded from the Internet in the days and weeks before also pointed to repeated sexual stimulation by looking at such material. Whether a state of hypoxia had already been brought about on previous occasions cannot obviously be concluded. With the set-up found at the scene, the intensity of the strangulation could have been controlled by bending or extending the knees. This finding is thus consistent with the assumption of an autoerotic accident.

In our opinion, it is more likely that the presented case was an autoerotic accident than a suicide. The left hand, which was in the genital region below the trousers, suggests an autoerotic manipulation shortly before death, although there was no evidence of an ejaculation.

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