

CASE REPORT

GENERAL

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A Case of Extreme Sexual Self-Mutilation

ABSTRACT: We report on a case of extreme sexual self-mutilation in which the subject inflicted severe trauma to his genitalia and then falsely reported a sexual assault. The 30-year-old white male did not report the incident for 10 days and then checked into a hospital. The hospital called the Westminster Police Department after the subject reported that he was the victim of a sexual assault in our city. This case is unusual in that the subject's initial behavior and story did not indicate deception. It was not until the subject's computer was searched that investigators determined that the injuries were self-inflicted. Without this critical information the case might still remain open as a sexual assault. This case is reported to broaden our understanding of this behavior and inform investigators of the potential for this type of self-inflicted injury.

KEYWORDS: forensic science, sex crime, sexual assault, sexual mutilation, self-mutilation, self-emasculation, genital mutilation, autocastration

Several authors have reported on cases of sexual self-mutilation (1–6). Catalano et al. (1) indicate that less than 100 cases have been reported in the literature to date. Self-mutilation can be described as the intentional injury or modification of an individual's body tissue without any suicidal intentions. Several reasons are given for autocastration including religious, depressive, or sexual themes. Hemphill (2) reviewed 10 cases of genital mutilation from Indochina. It was noted that these incidents were performed to avoid incest, to prevent immoral acts, and to atone for indulgence of sexual thoughts. Hall et al. (3) reports that individuals performing genital mutilation often exhibit dramatic changes in their appearance immediately prior to the act. These changes include changes in hair styles, flashy jewelry, or clothing styles. Catalano recognized one critical aspect of this behavior from the reviewed literature. Namely, that if an individual has performed self-mutilation on at least two previous occasions he is almost certain to repeat the act. The literature also indicates that as the frequency of past self-mutilation increases, so does the probability of future self-mutilating acts. Blacker and Wong (4) found six common traits among the cases they reviewed which included severely impoverished childhood experiences, long and intense sexual confusion, submissive masochistic relationships with women, relieved depression from genital mutilation, strong feminine identifications, and repudiation of their male genitals.

Case Overview

In January of 2008 a male subject Mr. "M" arrived at a hospital in northern Colorado complaining of genital pain. Mr. M resided in an adjoining state and indicated that he thought he would get better care at the Colorado hospital. The patient presented with inverted scrotal infection and severe testicular damage in which one testicle had to be surgically removed (Fig. 1). Mr. M indicated that the injuries occurred 10 days earlier and that he had attempted to treat

the injuries at home. Hospital staff became suspicious of the injuries and questioned Mr. M about the nature of the events surrounding his injuries. Mr. M told hospital staff that he had been sexually assaulted in the City of Westminster, Colorado approximately 10 days earlier. Hospital staff then contacted the Westminster Police Department for follow-up.

Detectives contacted Mr. M at the hospital and gathered some preliminary information but the patient was heavily medicated. Detectives made numerous attempts to contact Mr. M after he was released from the hospital. Mr. M was unresponsive to detectives. After approximately 1 month detectives sent a letter to Mr. M's home address informing him that the case was going to be closed if he did not respond to a request for further interview. Mr. M phoned detectives the following day to set up an interview.

Mr. M is a 30-year-old white male hair dresser who lived with his mother and brother. Mr. M is an open homosexual. Mr. M stated that he was very uncomfortable talking about the incident with male detectives. Mr. M stated that he had met an individual identified as "Eric" whom he met in an internet chat room called "tops and bottoms." The chat room is frequently visited by homosexual men. The two men corresponded for approximately 2 days before agreeing to meet at the Westin hotel in the City of Westminster for drinks. Mr. M described Eric as charming, charismatic, and very good looking. Mr. M stated that he planned to have sex with Eric that night. Mr. M also stated that Eric asked him many personal questions which he thought was very flattering. After spending about an hour in the hotel bar Mr. M agreed to follow Eric back to his residence in his vehicle.

Mr. M stated that Eric seemed to lead him on a very circuitous route to his residence. Mr. M felt this was an effort to conceal the true location of his residence. While at the residence Mr. M stated that he allowed Eric to restrain him in a naked supine "spread eagle" position on the bed. After some initial fondling Mr. M stated that Eric performed anal intercourse by slipping his body underneath the victim's body. Eric then reportedly stated to Mr. M that he wanted to "expand his (Mr. M's) horizons" but that he would not do anything Mr. M didn't want to do. Eric then produced an elastator and affixed small rubber bands over Mr. M's scrotum.

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Received 8 Oct. 2008; and in revised form 15 Dec. 2008; accepted 23 Dec. 2008.



FIG. 1—Photograph of victim's injured genitalia at hospital admission.

An elastrator is a tool commonly used in bloodless castration of livestock. The method involves the banding of the testicles until they fall off. Eric then reportedly retrieved a razor blade and cut open Mr. M's scrotum and removed his testicles. The suspect performed similar banding and cuttings on Mr. M's penis. Mr. M reportedly screamed for Eric to stop throughout the torture. The suspect replied that "every boy needs to be punished when they do something wrong." Mr. M remained tied to the bed for approximately 6 hours. He was released at about 3 AM and left "Eric's" home in his own vehicle. The victim then returned to his home residence several hours away.

Eric reportedly told the victim not to remove the bands until he got home. Mr. M complied and kept the bands in place until he got home. The victim did not seek medical attention for approximately 10 days. He claimed that he delayed seeking treatment in order to self-medicate and in the hope that the condition would "go away." Mr. M told investigators that Eric had videotaped the torture. He claimed that the video camera was suspended above the bed. Mr. M stated that he believed the incident may have been broadcast over the internet but that he did not have a copy. Detectives requested the clothing the victim was wearing that evening but he stated that the clothing had been laundered several times.

Detectives met with Mr. M and attempted to locate the suspect residence by driving in neighborhoods in and around the hotel. The victim had described the home as having a detached two car garage which greatly limited the possible homes in the area. After a long search no residence could be located matching the description given by Mr. M. Detectives requested the victim's computer hoping that an analysis of the hard drive would reveal identifying information of Eric. Mr. M told investigators that he had deleted the files and e-mails pertaining to Eric and was reluctant to turn over his computer.

Mr. M produced the computer he reportedly used to communicate with the suspect. He also provided written permission to search his Yahoo profile and other accounts and chat room entries. The victim also provided the password "FUCKMERAW" to access these accounts. Mr. M also gave written permission to view his medical records. There was no evidence of mental disorder or previous psychiatric care. Doctors did note evidence of prior sounding to the



FIG. 2—Screen capture from victim's video of genital mutilation.

penis. Mr. M told doctors that he had used a pencil to perform this act. Mr. M's brother indicated that the victim had performed prior "cuttings" to himself in the past but did not have any detailed information relating to the location or time of these injuries.

An examination of the victim's computer revealed several interesting pieces of information. Numerous chats were recovered under the profile "worthlessfatpig." The content of the chats indicated that Mr. M frequently engaged in self-inflicted genital mutilation while corresponding with chat room members via a web camera. On the day before the alleged rape Mr. M describes using methamphetamine intravenously and performs a penile sounding with a pencil while chatting on-line. While chatting, Mr. M asked one of the participants "what if I were to cut off my balls?" One of the chat room participants stated "I'd like that and send me ur balls via mail." He then discusses going to a feed store to purchase an elastrator. Two days after the alleged rape Mr. M states "I have my right ball exposed and I'm willing to go a hell of a lot farther." During his chat Mr. M mentioned a website <http://body-modificationsgalore.ning.com>. When detectives researched this site they found a profile page for the victim along with his picture and video attachments. Detectives opened a video clip with Mr. M's voice and a man performing a genital mutilation that appeared very similar to the resulting injuries to Mr. M. The hands in the video clip also displayed distinctive jewelry which was present on Mr. M's hands while he was interviewed by detectives (Fig. 2).

After reviewing the data on the computer detectives had a final interview with Mr. M. The suspect admitted to falsifying the story about the rape and kidnapping. Mr. M admitted to being a methamphetamine addict and frequently engaging in self-mutilation. Mr. M stated "I did all of this to myself. I showed off on camera to all these people. I have a really unhealthy view of who I am sexually." The injuries were sustained in another state but Mr. M said that he chose the false attack site as the City of Westminster because he had once met someone at the hotel mentioned in the ruse. He stated that he was embarrassed by the whole incident and didn't want to report the events in his home town. Detectives reminded Mr. M that they would have closed the investigation if he had not insisted on pursuing the case. Mr. M stated that he requested an investigation hoping that an investigation would lead to him not hurting himself anymore.

Discussion

Genital self-mutilation is rarely encountered by law enforcement agencies. The literature cited seems to suggest that most reports are

initiated to medical personnel without any report of criminal activity. In this case the suspect waited approximately 10 days following his injuries before seeking medical attention. Upon questioning by hospital staff the suspect then falsely reported the rape and kidnapping. The suspect told detectives that he had planned the story prior to arriving at the hospital. Interestingly, Eric's home as described by the suspect was very similar in appearance to the homes in the suspect's neighborhood but very dissimilar to those found in the area of the alleged crime. While the medical history and condition of Mr. M's injuries suggested past acts of self-mutilation, there was no documented history of mental disorder. Obviously, these types of injuries are difficult for a subject to repeat; however, injuries to the genital area can increase in severity. The literature suggests that individuals engaging in this type of behavior are very likely to continue. There may also be a possible relationship between amphetamine use and this type of behavior. This case is intriguing aside from the mental, social, or cultural conditions attributing to this behavior. From a crime scene investigation point of view this behavior could easily be confused with criminal acts of torture. Had the subject in this case died from his injuries, or associated act such as an accidental fall or suicide, detectives would likely suspect foul play. In this case detectives had the benefit of a living victim and evidence found on his computer. Absent those conditions, the proclivities of these acts are unusual and not commonly encountered by law enforcement professionals. In fact, evidence of depression or embarrassment exhibited by the subject for his actions would seem equally plausible side effects of being a victim of a brutal sexual mutilation. It is not surprising that many law enforcement personnel do not have experience with individuals displaying

these behaviors. When investigating deaths or subjects with these injuries investigators would be wise to consider the possibility of self-infliction. Practitioners of these acts seem to seek out their peers for further gratification and "normalizing" their behavior. Detectives should seek out computer records, financial records, or similar known groups in an attempt to investigate any subject involvement.

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