



Case Report

A case of severe anal injury in an adolescent male due to bestial sexual experimentation

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ABSTRACT

This report delineates a case of anal injury in a 12-year-old boy who gave a detailed history of bestial behavior with a male bulldog. The child described how he had seen this behavior modeled on the internet and subsequently initiated contact with his own dog, causing the dog to penetrate him anally. This type of juvenile bestial behavior with injury has only been reported once previously in the medical literature. Zoophilia, along with a number of other paraphilias, frequently has its onset in the adolescent age group. Adolescents evidencing paraphilic behaviors require thorough psychological evaluation. Spontaneous sexual assault of a human by a canine has never been described in the human or veterinary medical literature, nor is such a thing likely. A clinician involved in evaluating serious ano-genital injury in a child reportedly due to spontaneous canine sexual assault must consider other possible traumatic etiologies including sexual abuse. Investigation in any such case is essential.

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1. Introduction

A 12-year-old, male Caucasian was presented by his stepfather to the emergency department of a local, rural, hospital with marked ano-rectal trauma. Both the mother and stepfather stated that neither was at home on the day of admission but that the boy had brought the injury to the stepfather's attention when he came home to check on the child. There were no other children or adults in the home at the time. Upon noting blood in the youngster's underwear and on the floor of their bathroom, the stepfather notified the mother of the injury and met her at the emergency department.

On admission, the emergency department physician found the child to have significant anal bruising and tears and sent the youngster to a tertiary care center for further evaluation and surgical consult. Initially the 12 year old stated that he had "set on a paring knife" in explanation of his injury; however, no knife was noted at the scene, and his mother was not convinced. After some discussion with the boy's mother and later with investigators, the patient disclosed "doing" the male bulldog in their home. He was subsequently taken to surgery where an exploration of his injuries was performed, the extent of which did not require surgical repair. Photo documentation of the injuries was obtained in the operating room, and sexual assault evidence collection was performed. The

sexual assault evidence was not processed at the discretion of investigators.

In the operating room, the youngster was noted to have severe circumferential bruising of the anus along with minor tears at 6 o'clock, 3 o'clock, and 11 o'clock. He was found to have no significant internal injuries or other associated injuries to the legs, thighs, genitalia, or other parts of the body and was returned to the general pediatric unit while an investigation began. The author was requested by both medical staff and the investigators to consult regarding possible child sexual abuse the following morning, by which time he had spoken at some length with the law enforcement investigators in the case.

According to the investigators, they completed the scene investigation the preceding evening while the youngster was in surgery and prior to the parents returning to the home. At the scene, they found blood spattered on the bathroom floor as well as otherwise intact, but bloody, underwear in the room. As previously noted, the youngster had disclosed to investigators during his initial emergency room admission that his injuries had occurred when he had "screwed the dog." Parents were bulldog breeders, and their breeding pair of animals was found in the home. The male dog was estimated to weigh about 80 lbs.

During the medical history-taking interview, the author asked the youngster if he could tell him how he had come to injure his "behind." With some reluctance, the youngster stated, "I did the dog." When asked if he could describe what "doing the dog" meant, the child went on to say that he had "put the dog's penis in my

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butt.” On further questioning regarding what had prompted him to do this, the youngster stated that he had seen “a guy on the internet “doing it in a “pop up.” Subsequently he had decided to try it himself while giving his dog a bath. He then elaborated that the bulldog had developed an erection during the bath and that he had removed the dog from the bathtub and turned him onto his back on the floor. Thereafter he had straddled the animal and put the dog’s penis in his anus. When asked how that had felt, the young man stated “weird” and then went on to say that he had become “scared” when the dog “got locked to me like he does with X” (the female dog). He then said that he “jumped up and pulled him out” with resultant pain and bleeding.

The young boy had past medical history remarkable for moderate asthma, which required several medications to control, and for attention deficit hyperactive disorder (ADHD), for which he was being treated with Concerta. There were no mental health problems related, and the boy had never demonstrated sexualized behavior previously, nor had he disclosed any sexual victimization. The boy’s social history was remarkable in that the mother was a recovering methamphetamine addict, and he had been in foster care while she was incarcerated. He had been returned to her custody thereafter and had been in her custody for the preceding 2–3 years. The stepfather had been in the home for about the same amount of time. Investigators determined that he did not have any history of sexual perpetration or domestic violence.

2. Discussion

Human history is replete with documentation and archeological evidence of sexual activity between humans and animals. Though a discussion of the history of bestiality is far beyond the scope of this paper, Miletski¹¹ provides an extensive, scholarly review of the practice. While many cultures continue to condemn human–animal sexual relations, such behavior is treated with bemused tolerance by others, particularly in adolescent males, and is an accepted practice in some specific instances.¹¹ Specific sexual acts with animals run a gamut from practices, which result in little or no physical injury to the animal, to those that cause severe injury and death. Beetz⁴ describes various bestial acts, including the human penile penetration of the cloacae of geese and chickens. When nearing sexual climax, the human participant may break the neck of the animal leading to spasm of the cloacae, thus heightening the human’s sexual stimulation. Of course, physical damage to the bird is immense with death being at least an end to its severe suffering.

The terminology related to human–animal sexual activity is somewhat confusing, and some terms, derived from different academic fields, are used interchangeably. Further, diagnostic terminology used in psychiatric medicine has been adopted by proponents of human–animal sexual relations to denote their sexual interest in animals in a cultural context. In common use, the term *bestiality* is usually employed to denote sexual activity between humans and animals, most often some form of penetrative genital–genital contact. Zoophilia is a psychiatric diagnosis listed under 302.9 in the *DSM 4 TR*³ as a “Paraphilia Not Otherwise Specified.” *The DSM 4 TR* describes the essential features of a paraphilia as “recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors generally involving nonhuman objects, the suffering of one’s self or partner or children, or other non-consenting persons that occur over a period of at least 6 months (Criterion A)” (p. 566). In some individuals, the paraphilia may be obligatory for sexual activity, whereas others may be able to function normally without it, only employing it in certain circumstances. The *DSM 4 TR* also gives a second criterion for diagnosing the paraphilias other than pedophilia, sexual sadism, voyeurism, exhibitionism, and frotteurism. This criterion (Criterion B) states that the diagnosis

may be made if the “behavior, sexual urges, or fantasies cause clinically significant distress or impairment in social, occupational, or other important areas of functioning” (p. 566). For pedophilia, voyeurism, exhibitionism and frotteurism, the diagnosis may be made if the “person has acted on these urges, or the urges or sexual fantasies cause marked distress or interpersonal difficulty” (p. 566). Sexual sadism may be diagnosed if “the person has acted on these urges with a non-consenting person or the urges, sexual fantasies or behaviors cause marked distress or interpersonal difficulty” (p. 566). Paraphilias are further noted to first present in later childhood or adolescence and to develop over the lifetime of the individual, with multiple paraphilias frequently being present over time.

Beetz⁴ identifies a group of human–animal sexual proponents who refer to themselves as “Zoophiles” or “Zoos” thus taking psychiatric terminology into the cultural realm. This particular faction is said to espouse an emotional attachment to the animals with which they perform sexual acts, not unlike the rhetoric often heard from pedophiles.

From a sociological perspective, Beirne⁵ has suggested the term “interspecies sexual assault” be used to describe the act of human–animal sexual relations, noting that coercion is almost always an element in the act, that the animal is unable to give consent and that the act itself frequently causes severe pain and may lead to the death of the animal. In this light, Beirne likens human–animal sexual acts to the sexual assault of women and children.

The veterinarians Munro and Thrusfield¹² have coined the term “animal sexual abuse” taking cues from human medical terminology related to child sexual abuse. They cite Beirne⁵ observations regarding coercion, inability of the animal to consent, and likelihood of suffering and death of the animal, but express reservations about the term “interspecies sexual assault.” Their disagreement stems from the unlikely possibility that one nonhuman animal species might sexually assault another, thus obscuring the point of having terminology specific to human–animal sexual assault. They go on to state, “It is the very fact that the abuse involves either the sexual organs, or the anus and rectum that classifies the abuse as sexual in nature.”^{12(p78)} Unfortunately, this reasoning does not take into consideration the motivation of the perpetrator for inflicting an injury to the genitals of an animal. It would seem more appropriate to use the term “animal sexual abuse” only if an attack or injury to an animal’s genitalia or anus were sexually motivated, as opposed to being inflicted in anger, or as a means of torture that is acted out for reasons other than sexual stimulation of the perpetrator.

It may be advantageous to think of the term “bestiality” as denoting any act of human–animal sexual contact, and the term “animal sexual abuse” as the term for the victim–animal’s perspective of the act when it is perpetrated by a sexually motivated human. All other forms of animal genital or anal injury inflicted by humans may then be thought of as “nonaccidental injury,” or “NAI.”¹² Obviously, the term “zoophilia” remains the psychiatric diagnosis for a human who fantasizes or engages in sexual activity with animals. Though the *DSM 4 TR* places zoophilia in the “Paraphilia Not Otherwise Specified Category” it is apparent that pedophilia, exhibitionism, voyeurism, frotteurism, and sexual sadism are all generally thought of as sexual criminal activity and involve human victims who undergo distress or injury because of the act. In light of the fact that zoophiles routinely coerce, injure, and kill nonhuman beings in the practice of their paraphilia and that those beings are unable to consent to, or even fathom, the act being perpetrated on them, it may be useful to reclassify zoophilia among the “victimizing” paraphilias.

This paper describes a particular pattern of anal injury related to bestial behavior with a canine that has been described only once before in the medical literature. In that instance, Weigand et al.¹⁵

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