



Similar mechanisms of traumatic rectal injuries in patients who had anal sex with animals to those who were butt-fisted by human sexual partner



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ABSTRACT

Sexual pleasure comes in various forms of physical play, for many it involves stimulation of the vagina, while the anus for others; some enjoy both. A recent report by Cappelletti et al.¹ shows a meta-analysis of cases describing anal trauma due to sexual fisting in human partners. This clinical article reports four cases of males diagnosed with zoophilia, and who received anal sex from animals, resulting in injuries. Surgical and psychiatric evaluations are summarized. Unusual etiology of sexual activity with animals caused peri-anal trauma in men who engaged in anal sex with dogs and farm animals. Injuries to patients who receive anal sex from animals are mechanistically similar to fisting-induced rectal damage. Among zoophiles, the mode of harm occurs through blood-engorged, interlocked penis that causes tissue lacerations upon retraction from an anus. In people experimenting with fisting, repetitive stretching within anal canal and of external sphincter causes the internal injuries. The mode of physical stimulation explains the extent of injuries in fisters vs. zoophiles: in fisting, the pressure applied by hand is controllable proximally around and within anal sphincter, while penetration by the animal penis is unpredictable and occurs within the proximal anal canal. Forensically, the findings presented in this article describe a significant mechanism of injury in fisters versus passive zoophiles. These descriptions may aid in clinically differentiating pleasurable and pathological rectal stimulation.

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1. Introduction

The etiology of peri-anal injuries reported in the article by Cappelletti et al.¹ reflect few clinical characteristics of the patients recently treated in the psychiatric clinics of our university hospital.

1.1. Defining sexual assault

Sexual assault through penetration of anorectal structures may lead to many physical and emotional consequences, including HIV transmission,² decreased immunological state,³ sexually transmitted infections,⁴ and visible trauma of extremities.⁵ Perpetrators penetrate victims through forced insertion of the penis, foreign body, or digital/fisting.⁶ The extent of injury to proximal and distal

parts of the anus depend specifically on the mode of injury and physical force. Understanding of these mechanisms is crucial in the forensic evaluation of the abused.

The analysis of clinical cases presented here shows that while some injuries may appear to be a result of sexual assault, they may, in fact, be a product of solicited sexual play. The extent of existing literature on assessing sexual victims, in comparison to our data, and that of Cappelletti et al.,¹ point out to a new type of forensic differentiation. In assessments of suspected sexual assault, we should differentiate injuries resulting from forced vs. pleasurable play. An example of a clinical dilemma may be a patient who enjoys bondage, but over the course of the sexual play, he or she experiences injuries that may have been enforced by dominating partner. The BDSM community (a group of people who enjoy sex with elements of bondage, power-play, and light pain) has inclination toward having spoken, or implied, “contracts” for the rules of sex play. When these behavior result in injuries, forensic evaluators might be faced with the problem of differentiating what both parties agreed on vs. what happened (injuries). For instance, both men agree that one is to be fisted, but during sex play the

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aggressive partner causes injuries. The resulting dilemma for a clinician and a legal system is how to report the extent of injuries – was it sexual assault if BDSM practices *imply* that boundaries will be pushed one step at the time? Similarly, in acts of zoophilia, we have a new level of complexity – animal rights.

In sexology practice, we may occasionally see patients who are penetrated by animals that cause perianal injuries. In such cases, it is important to determine appropriate steps for ensuring the safety of the animal and the patient. If the animal is unharmed, do animal rights still apply? Should police be informed? Alternatively, does patient-doctor privacy stop clinicians from reporting these incidents outside of the consultation room? These questions necessitate establishment of common grounds for the interpretation of such clinical and legal dilemmas. Furthermore, the law remains unclear about the physician's obligation to report suspected instances of bestiality of patients who have sex with animals. Such acts may be illegal in a given country (e.g. Poland, Germany), while remain unregulated in others (e.g. about half of the federal States of the United States). A careful consideration of ethical, moral, and legal aspects should guide future research on the matter of human-animal sexual relationships.

1.2. Violent porn in Australia and the U.S.

The practice of anal fisting is popular in the community of sadomasochists, causing either pleasure or distress, depending on participant gender, a level of sexual arousal, and quality of orgasm.⁷ Whether fisting is pleasurable or distressing relies heavily on the verbal or written agreement between sex partners, and the extent of sexual experimentation that they agreed on. While fisting is typically intended to cause pleasure, people who are to be fisted may be encouraged or even forced, to do the act as part of the sadomasochistic culture.

In Australia, the law on pornography defines what types of sexual content can be sold and distributed.⁸ Banned are sexually violent porn movies (even if fully authorized by porn actors) in an effort of promoting healthy and risk-free sex. In the United States, no laws limit the extent of porn types. The most recently proposed legislations suggest enforcing condom use among porn actors.⁹

The comparison of laws on porn distribution in Australia and United States posits a particularly challenging question of defining features of consensual vs. non-consensual violent sex. Within the BDSM community, such distinction is particularly difficult to determine, because the whole culture of sadomasochism promotes continued pushing of sex boundaries as means of exploring kink.

1.3. Consensual and non-consensual ano-rectal injuries

The diagnostic criteria of sexual abuse in children and adults are well established. In children under 12 years old, assessment of signs of sexual assault differs between boys and girls. In females, the primary diagnostic criteria are ruptured hymen, while for males recent anal or perineal lesions.¹⁰ In adults, diagnostic criteria are based on examination of external anatomical injuries, serological testing, and in-depth clinical interview.¹¹ Classification of injuries resulting from fisting as consensual or non-consensual may be diagnostically challenging, as the mechanisms of injury are nearly identical.¹²

In the meta-analysis of Cappelletti et al.,¹ it becomes evident that forensic evaluation should look at presentation of injuries in comparison to self-reported types of sexual acts. The results show that anorectal trauma due to fisting is reported in 22.2% and 88.8% of consensual and non-consensual instances, respectively, and internal injuries were noted in all cases. However, secondary trauma, such as a presence of extensive fractures or bruising were typically

noted for cases of sexually abused individuals. These observations are important for forensic evaluations. Primary and secondary causes of injuries should always be surveyed in relationship to patient interview. Fractures, lacerations on the body, and more extensive physical damage may serve as physical landmarks that differentiate consensual from non-consensual sexual play.

2. Methods

2.1. Patient characteristics

The patients that we are seeing (n = 4, age range 14–46) are hypersexual (except for the youngest man) and are co-morbid with a paraphilia (zoophilia) as well as mild depression. These men appeared in the clinic for court-enforced treatment on counts of battering animals, because they engaged in sex with them. These encounters resulted in peri-anal injuries. Distress in animals (trauma, death) was not reported by investigating police unit. Each man tried receiving anal sex, leading to urologic injuries presenting as tears of the anal sphincter and the proximal part of the canal and were successfully treated by the surgical team. Three of four men received psychiatric counseling for hypersexuality and depression. Further details of the sample are outlined in [Table 1](#).

2.2. Ethics

The institutional review committee approved publication of treatment results of patients undergoing consultation in our university clinics. The condition of patient anonymity is required to discuss and publish such cases. All personally identifying features of each patient are adequately obscured and satisfy requirements set forth by the ethics review committee.

3. Results

In the last 2 years, four male patients, ranging in age from 14 to 46 years-old were admitted for outpatient psychiatric consultation. Each patient was acquitted in the local court for engaging in sex with animals, which violates Polish laws on animal protection. As part of the plea deal, each man was allowed to undergo psychiatric evaluation in exchange for avoiding jail time.

3.1. Clinical evaluation

The oldest two men are farmers and admitted to having had sexually experimented with animals in the past. The extent of these experiences remain elusive because patients are worried to speak about these ordeals in light of the ongoing investigation. The two men also reported a history of having multiple human sex partners extramarital. Patients admitted to having had at least five different partners within the timeframe of feeling miserable, which has now lasted for over 4 years. These experiences caused distress lasting at least a year prior to consultation in our clinic, leading to the diagnosis of hypersexuality at the time of treatment planning. The patients had no other significant psychiatric or legal problems in the past. They have never been treated in the hospitals before this incident. Both did not have a regular family physician, suggesting that they may have avoided health evaluations for an extended period.

The third patient is an underage boy who has been experiencing a significant distress due to puberty and decided to relieve sexual tension with a house dog. It was his first sexual encounter of any kind. Before that experience, he had been regularly masturbating. Browsing through the web, the boy encountered pornography featuring a sexual play with animals, inspiring him to experiment

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