



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

Table 1
Patient characteristics and possible legal consequences.

Patient ID	Age, gender, marital status, & occupation	Primary diagnoses ^a	Legal consequences, as per Polish criminal penal code ^b	Projected therapeutic and legal outcomes ^c
1	14, M, single, high school student	Depression associated with ongoing conflict with father	Juvenile court supervision + periodical psychiatric counseling	Pt is going through puberty which elicited sexual experimentation with house pet; on course to recovery without legal consequences
2	26, M, unemployed, lives with parents	mild depression	Court-enforced treatment, financial penalty; has history of forging signature to obtain a loan from bank at age 23 which may result in jail time.	Pt shows strong inclination toward developing antisocial personality; has little support from family or friends.
3	38, M, married, farmer	Hypersexuality, zoophilia, depression	Court-enforced treatment, financial penalty	High-risk for re-engaging in sex with animals, may face jail time if behavior re-appears
4	46, M, married, farmer	Hypersexuality, zoophilia, depression	Court-enforced treatment, financial penalty	High-risk for re-engaging in sex with animals, may face jail time if behavior re-appears

Explanations:

^a Diagnoses determined using DSM-5; Diagnosis of hypersexuality determined based on presence of distress accompanying addiction to sex, presence of more than 5 sexual partners within the last year (including animals).

^b Legal consequences determined based on 2016 Polish Penal Code, and consultation with Police Department.

^c Determined based on subjective clinical assessment. Actual outcome will depend on scope of legal consequences and availability for court-enforced treatment.

with the dog. He admitted that he did not foresee consequences of his behavior. The boy was admitted to hospital after he made a call for an ambulance after discovering blood in underwear. After he revealed the etiology of injuries to treating physicians, police were notified on the grounds of animal abuse and poor parental supervision. During the psychiatric consultation, the teenager reported being in conflict with the father, which evoked ongoing tension. There is no evidence of family violence or other kinds of behavioral pathology. The patient regularly attends school and does not have trouble socializing with peers.

The fourth man is in his late twenties and presented as low energy, antisocial person, complaining a lot about the lack of money. He does not seem to be interested in working full time. During clinical interview, we learned that he has past conflict with the law because he forged signatures of his neighbors to take out a loan to support himself financially. The scheme worked because the person providing the loan was his close friend, who affirmed the identity of co-signers. After the man had failed to make payments on the loan, the bank contacted the person whose signature was forged, leading to the discovery of identity theft and investigation of the patient. He was briefly incarcerated. Ever since serving jail time, the man has been dealing with stress, insomnia, and general distress. We have no information regarding his family background. The man reported having had fantasies about having sex with a female dog for some time before the dangerous encounter. He never had a romantic partner, and reports that he lost virginity to a female in high school. He has not been sexually active with anyone for at least two years.

None of the four men report taking any medications either for pain, psychiatric, or otherwise.

3.2. Detailed clinical presentation

The first patient (#1, please refer to [Table 1](#) for short summary) is an adolescent male, Tanner stage 4 in development. On psychiatric evaluation, the patient presented distress. He expressed concern with receiving a psychiatric diagnosis, as in Poland such diagnosis might prohibit him from getting certain jobs in the future. Patient admitted to having seen pornographic movies involving people and animals on the Internet, and decided to experiment. He reported having a healthy relationship with his dog, not involving any sexual

play prior to the incident that left him bleeding. Patient has difficult relationship with father (possibly step-father). The patient could not recall any specific details about father, including date of birth, or any characteristic features. These observations prompted us to believe that the boy's mother might have remarried, which created tension between the patient and a new head of household. He exhibited normal physical development, without prior history of trauma or invasive medical treatment. As such, the extend of perianal injuries was clearly associated with first-time penetrative sexual play. On a macro level, the injury included bleeding with fresh-looking blood from the rectum. The area around the anal orifice looked inflamed, but otherwise without significant trauma to the tissue. Upon examination of the intra-anal space, it was evident that injuries affected the 4–5 cm of the canal space, proximal to the anal orifice of the rectal canal. Two minor hemorrhages were noted by attending urologist, and local anesthetic relieved pain. There was no requirement for the histopathological examination as there was no suspicion of other complications other than bleeding.

The second patient (#2, please refer to [Table 1](#) for short summary) is a young men, who physically appeared pale and skinny. He does not have full-time job, which may explain why he is malnourished due to lack of money for food. On psychiatric assessment, the patient presented irritable but cooperative. On physical exam, the patient showed injuries around the anal orifice, including: scratches of the anal sphincter, minor bleeding in the proximal 2 cm, one bruise on the middle right buttock. The patient was managed prophylactically, including pain medications and local anesthesia. He received a CT scan to rule out other internal trauma, and results returned negative.

The third patient (#3, please refer to [Table 1](#) for short summary) is a middle-aged, married. At physical exam, aside from peri-anal injuries, he appeared normal, without any external trauma or significant medical history. The patient reported that he tried penetrative sex with a small farm animal of unspecified kind. It appears that the animal was recently acquired, as the man referred to it in a slang as a “youngster.” On history, the man reported that he had tried sex with animals in the past, but that he never experienced any trauma. He described the process as having animal lay down, or on the back, while he'd sit on the erect penis. During psychiatric evaluation, he further clarified that he thought that a “small penis”

cannot cause any harm. The patient implied that wife was aware of his sexual play, but that she always thought he was joking. A CT scan showed punch-in laceration 3 cm proximally to rectal orifice, which was cleaned and sewn by a surgeon on call. No other complications were noted.

The last patient (#4, please refer to Table 1 for short summary) is a middle-aged, married man, and a full-time farmer. The man presented with most extensive of all four cases peri-anal trauma, including skin paleness, feeling tired. Initially, the clinical team thought that he might be anemic, but a complete blood count appeared normal. Patient reported no history of gastrointestinal problems, history of cancer in the family, or smoking or drinking habits. However, he has been dealing with depression for at least 2 years, affecting quality of his diet. An intra-abdominal ultrasound examination ruled out abdominal bleeding, but a follow up with a CT scan showed damage of proximal rectum, 7–10 cm away from rectal orifice. On physical exam of the perianal region, fresh blood within the rectum was detected on sigmoidoscopy. No nerve damage was apparent at initial examination, as patient showed normal response to pain, and no signs of incontinence or other abnormalities. The cause of the minor rapture in rectum at point of physiological flexure was due to insertion of small farm animal's penis. The patient did not want to specify the type of animal that was involved, nor specific mechanisms of sexual encounter. All we know is that it was a medium-size farm animal, possibly a donkey. Besides paraphilic disorder and major depression, the patient reported that he's been in a conflict-driven relationship with wife of 17 years. It was unclear whether she was aware of the patient's ordeal involving animals.

3.3. Treatment progress

None of the patients receives pharmacologic treatment, and all participate in individual therapy. Physically, the patients have recovered from injuries. All men continue regular psychiatric consultations. As of recent encounter, two oldest men indicate the desire to repeat anal sex with animals in the future. It is hard to determine the reasons for having the interest in repeating these experiences, given the risk of re-exposure to injuries and legal consequences.

4. Discussion

4.1. Fisting-induced injuries

Injuries described by Cappelletti et al.¹ are mechanistically similar to our patients. While the meta-analysis describes peri-anal injuries due to fisting-induced tissue ruptures, the patients in our clinic had trauma as a result of animal-solicited anal sex. Dogs were responsible for damage in three patients (two younger adults and a teenager), while a medium-sized farm animal caused damage in the fourth (oldest) man. The mechanism of injury is surprisingly simple: insertion of the animal's penis locked-in inside of each patient; during forceful retraction at the end of the copulation, the engorged with blood penis caused tearing of anal musculature since space is narrow. Reports of similar colorectal injuries appeared in the recent literature by surgeons in Italy.¹³ Therefore, peri-anal injuries are more common than one may think, and causes of damage are remarkably comparable between causative agents - fist or animal penis.

4.2. Evaluating peri-anal injuries in zoophiles

Every patient suspected of having received anal sex from animal requires comprehensive physical and psychiatric evaluation.

During physical exam, the clinician should carefully inspect perianal injuries. At first sight, the mode of damage to rectum should be determined. Likely causes might be sex with animal, insertion of a foreign object, a traumatic incident, or involvement of a sexual partner who fists or inserted a sex toy. Typically, a controlled trauma due to willing insertion of an object/fist will result in confined injury around and within the anus. An injury involving animal's penis would involve bleeding and ulcerations 2–3 cm proximally to rectal orifice. Signs of scratches or bruises might be present around the anus due to animal's panicky retraction during copulation. All patients should receive two imaging modalities to detect signs of bleeding: a CT scan of the abdomen and pelvis, as well as ultrasound. Ultrasound offers a quick and cheap testing capacity to rule out life-threatening bleeding. A CT scan can show the extend of intra-rectal injuries, including tears of soft tissue, musculature, and nerve damage. Rectal occult test as well as blood culture should be performed to rule out possible post-exposure bacterial infection. Ideally, the patient should undergo a comprehensive physical, blood, and microbiological assessment 2–3 months after initial incident.

In performing forensic evaluations of patients suspected of penetrative anal sex involving animals, we need to consider several factors. First, patients might refuse to provide clinicians with details about the mode of injury, fearing legal consequences. Second, the patients presented in this article appeared uncomfortable on urologic and psychiatric consultations. Therefore, patients might misrepresent parts of the information given to the clinician. Third, during treatment, it is advisable to keep treatment execution private. During evaluation of the youngest patient, police was present in the examination room which made the boy very uncomfortable. Clinicians should strive to convince the law enforcement officers to remain outside of the consultation room, at least at the beginning of the exam. These measures ensure doctor-patient privacy, which is beneficial for obtaining medical data. Fourth, patients presenting with perianal trauma might show signs of past sexual experiments involving animals. Therefore, it is important to holistically assess patient's entire body for signs of bites or scratches. Also, clinicians should order comprehensive blood and bacteria culture work to rule out post-exposure infections. Likewise, an assessment for the presence of drugs in urine may rule out possible involvement in sex with animals under the influence of narcotics.

During psychiatric evaluation, the patient needs to understand her or his rights. Depending on legal provisions of a given state or country, the results of psychiatric evaluation might be used against patients in the criminal court. Therefore, most patients will likely refuse to make confessions to clinician, or will provide false information. Forensic psychiatrists are obligated to consider legal and ethical norms prior to conducting interviews, which will ensure patient safety.

4.3. Diagnosis of hypersexuality

Hypersexual behavior is not uncommon in the psychiatric patient population.¹⁴ While there is no formal DSM-5 diagnosis for hypersexuality — ongoing research supports existence of the phenomenon, especially when addiction to sex causes distress.^{14,15} Distress can have various forms: depressive states, anxiety. Patients experiencing hypersexuality might be distressed because their infidelity could ruin their marriage, family and social standing.

Some scientists might call into question feasibility of using the diagnosis of hypersexuality in describing clinical cases. The reason is that the available literature on the phenomenon of sex addiction has been inconclusive, largely due to research subjects reporting distress using subjective, self-rated measures.¹⁶ Neuroimaging

studies largely agree that hypersexuality is a valid diagnosis to be given to patients experiencing distress due to infiltrating thoughts about sex, and leading to behavioral change involving acting on these urges.^{17–19}

In the sample described, the diagnosis of hypersexuality was made on the basis of (a) self-reported distress, and (b) having 5 different sex partners in the last two years prior to diagnosis. We know from psychiatric epidemiological studies that addiction to pornography and accompanying distress may also, under certain circumstances, qualify a patient for a diagnosis of hypersexuality. In order to write a report for law enforcement, a diagnosis had to be made to show that sex with animals was accompanied by distress. Otherwise, the patients would not qualify for a treatment and would remain mislabeled as perpetrators who abuse animals. However, their behavior was driven by sexual urges, and hypersexuality denotes such circumstances. In terms of the number of sexual partners required to make the diagnosis, it has been decided to qualify animals involved in sex as such sex partners. While each individual admitted to having sex with at least one animal, it should be assumed that they might have had more encounters.

5. Conclusion

The study of Cappelletti et al.¹ and experiences in our clinic indicate the existence of the sexual play involving pathological stretching of the anal canal that may cause severe anatomic injuries.²⁰ These behaviors, while pleasurable for some, may lead to long-term health problems, including rectal prolapse, bleeding, psychological problems, as well as legal ramifications.^{21–23} From a legal and provider perspective, we have to remember that in evaluating individuals abused sexually, they often present to hospitals with injuries comparable to those described by Cappelletti et al.¹ and this paper. Therefore, it is important to distinguish between forced (as in abuse, or rape) versus solicited (sadomasochistic fisting for pleasure, or zoophilia) etiology of injurious anal play. Such determination is important in treatment planning and legal proceedings.²⁴

Conflict of interest

The author reports no conflict of interest.

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