

Case Study

An Adolescent with Bestiality Behaviour: Psychological Evaluation and Community Health Concerns

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ABSTRACT

Bestiality is a serious but less commonly reported form of animal cruelty occurring in a society. It is a punishable sexual offence in India. Bestiality has received little attention in recent psychiatric literature, and even though case reports have been published, an elaborate psychological assessment is often missing. This case report of 18 year old male presented here highlighted the importance of psychological assessment to emphasize on its implications for the further risk assessment of the person, family psycho-education and non-pharmacological intervention for bestialists. The overall assessment suggested of absence of any brain dysfunction and active psychopathology, average intelligence (IQ) and intact cognitive functioning. The findings portrayed physical and sexual inadequacies, emotional and sexual immaturity, difficulty in emotional attachment, internalized hostility, voyeuristic tendencies and infantile social behaviour, excitement seeker, inability to delay gratification of impulses, lacks empathy, poor self-discipline, less conscientiousness and less sensitive to criticism. The report also emphasized the role of child sexual abuse on sexual behavior later life. The importance of including the topic within the community health/sexual and reproductive health education programmes was highlighted.

Keywords: Bestiality, community health, psychological profile, unnatural sexual offence

Introduction

Bestiality is a type of sexual offence in which animal is used as a medium for satisfying sexual desire without developing any kind of emotional bonding.⁽¹⁾ Bestiality is perceived in some society as a modality to cure sexually transmitted disease but in reality it is a punishable offence as per Indian legal system (Sec 377 IPC).⁽²⁾ Moreover, a person who had engaged in childhood bestiality is more likely to commit adult interpersonal crimes and should be taken as a warning signal by the society.⁽³⁾ Early identification of risk factors and psychopathology in

bestiality case by psychological analysis are lacking in India, making this case worth to publish.

Case report

An 18-year old unmarried, non-literate male of low socioeconomic status brought to the emergency department for medical examination with an alleged history of bestiality. The patient had 6 siblings and he was 3rd in birth order. The family lived in an unhygienic location

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where dairy farms are being operated. He had committed sexual intercourse with two calves and during the act one calf died. Human DNA was detected from the anal and vaginal swabs of calves in a forensic science laboratory which confirmed the allegation. The patient had not shown any feeling of guilt or remorse associated with the death of a calf and admitted about the heterosexual practice which listed the case in the category of bestiality.

As reported by the patient, the significant life events during his childhood and adolescence contained witnessing domestic violence (father and brother beating their wives), death of mother when he was 13 years old, and started consuming alcohol at the age of 16 years. Another key life experience warranted a special mention was that he was sexually abused (sodomy) by adult males multiple times at the age of 10-11 years.

After taking written consent (left thumb impression after patient information sheet), the interviews and psychological assessments were carried out. For cognitive functioning, PGI Memory Scale, Bhatia Short Battery of Performance-Revised, and Verbal Adult Intelligence (VAIS), were used. Along with that Draw a Person Test 16 Personality Factors (16-PF), Millon's Clinical Multiaxial Inventory-III (MCMI-III) were administered as part of personality test (both objective and projective). The person was conscious, communicative, motivated and cooperative during the assessments. He reported full comprehension of the test instructions.

Results

During interview it was reported by the patient and his father, that nobody except the patient in the existing family had a habit of alcohol consumption. Besides being a victim of child sexual abuse at the age of 10-11 years, patient also reported to have been engaged in an illicit (as considered socially in India) sexual relationship (first attempt force sexual intercourse and then consensual sexual intercourse)

within the family and also continued having sexual intercourse (infrequently) with a female in his village since when he was 14-15 years old. He had watched people engaging in penile-vaginal intercourse (sexual voyeurism) many times. He visits Internet café very regularly to watch pornographic movies and pictures; however, he preferred to watch sexual activities of animals (only of cow, dog, and hen).

Cognitive functioning by PGI- BBD (PGI Battery of Brain Dysfunction) revealed no cognitive dysfunction. The overall assessment suggested of absence of any brain dysfunction and active psychopathology, average intelligence (IQ) and intact cognitive functioning. The drawing of a male figure aged 25 years in the first attempt [Figure 1], while administering Draw A Person Test (DAPT), indicated good gender identification. The type of figure revealed feelings of physical inadequacy, rejection, internalized hostility, low self esteem, immaturity and self-contempt. Mild pressure on the drawn line indicated possible acting out tendencies and mildly vacillating directions of the line stroke indicated insecurity and vacillating tendencies. In addition, a very small figure drawing presented feeling of inferiority, ineffectiveness or inadequacy, insecurity, regressive tendencies. The picture was high on the page, which indicated lack of insight and unjustified optimism. While large eyes without pupil portrayed voyeuristic tendencies, childlike facial features suggested infantile social behaviour and passive dependency was evident from concave mouth. In this line, long and weak arms revealed dependency and nurturance needs and petal like fingers also indicated infantile traits. Demarcation in hair area was indicative of virility striving. Lot of other features in the drawing (emphasis on nose and triangle shaped nose, distorted mouth, etc.) presented sexual difficulties, sexual immaturity and sexual insufficiency. Nevertheless, the patient's drawing of a proportionate head indicated absence of any brain damage, which was corroborated with the PGIBBD findings. While asked to draw a female figure [Figure 2], the patient first refused, however, with request

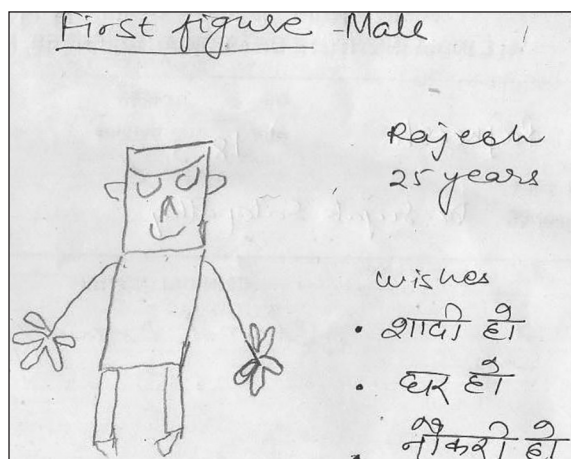


Figure 1: Draw a person test for a male figure

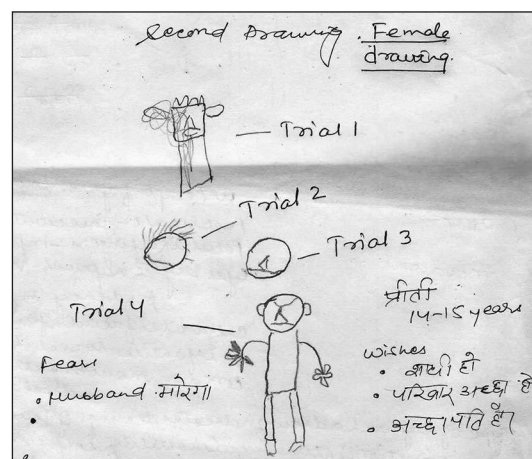


Figure 2: Draw a person test for a female figure

he attempted three times but failed to draw anything meaningful. However, on the 4th attempt, he drew a very unkempt and vague figure, which did not have any female like feature. This indicated that the person is currently having difficulties with the opposite sex and felt physical and sexual inadequacies with females. This also may indicate difficulty in establishing emotional and sexual intimacy with the sexual partner. On 16-PF global factors, it was found that he may focus on cold, hard facts than on subjective or emotional considerations. He possessed very poor self-discipline, less and conscientiousness and was also rigid although shown respect to externally imposed rules and conventions.

On administering MCMI-III it was found that he is untrustworthy, attention and excitement seeker, passive aggressive, impulsive and uncontrollable, restless, duplicitous (illegal behaviour designed to exploit the environment for self-gain), violent, exhibitionistic and often engaged in self-dramatizing behaviour. He lacked empathy and remorse and was mistrustful, and suspicious. Also, there were features suggestive of defensive and concealing personality.

Discussion

In this current case report, we have analysed psychological abnormality and different contextual factors which could explain the development and sustenance of bestiality behaviour. There is a varying degree of perception regarding bestiality in the society. Some perceived it in a very stigmatized way while other as a modality to cure sexually transmitted disease in Indian context. But as reported earlier, it is a sexually deviant behaviour found highest among rural males with low level of education and working in farms where animals are staying.^(4,5) Usually the person has low education level, have low social control and less social attachment, hence more likely to engage in sexual deviant behaviours like bestiality.⁽⁶⁾ Peretti and Rowan have pointed out various possible reasons behind such type of behaviours, like abnormal sexual expression, abnormal sexual fantasy, doesn't require any human interaction, financial reason and emotional involvement.⁽⁷⁾ Person staying near diary farm or going out to graze animal in the field may be excited or novelty seeking when left alone with the animals.

This was a case of an illiterate adolescent male, from a low socioeconomic status and living arrangements near a rural diary farm. The physical and social access of the patient to larger community was minimal. Choice of bestiality in this case was deliberate, situational and preferential. Alcohol may have been a contributing factor which caused loss of insight in this specific incident of bestiality, which resulted in a serious outcome of

death of a calf. This finding was in line of study which reported substance abuse as an associate factor in case of bestiality.⁽⁸⁾

The childhood sexual abuse, exposure to various internet based pornography sites containing bestiality and voyeurism contents, could have strongly affected his psycho-socio-sexual and personality development. Repeated sexual abuse in a pre-pubertal stage could have been the culprit for the patient's internalized aggressive behaviour, which in turn might have resulted in the adopting displacement defence mechanism by the patient i.e. displacing his internal anger towards the animals. This, in turn, could have resulted in the forceful sexual imposition and committing injuries to the calves to such an extent.

Sexual abuse in early relationships could manifest itself as subsequent problems in the ability to establish and maintain healthy intimate relationships. This was also reflected in the personality analysis, which outlined him as a highly vigilant and less trusting person. Instead, the patient sought to satisfy sexual urges through pseudo-relationships (e.g., Voyeurism) or relationships with partners that are based on disproportionate power (e.g., bestiality, pedophilia).

During psychological analysis, the findings such as physical and sexual inadequacies, emotional and sexual immaturity, difficulty in emotional attachment, low self-esteem, voyeuristic tendencies, infantile social behaviour, excitement seeker, inability to delay gratification of impulses, aggressiveness, very poor self-discipline, less conscientiousness and less sensitive to criticism are revealed in the present case which were in accordance to findings of study by Beetz.⁽⁹⁾ In addition, the findings of this present case also revealed the absence of any current mental illness or underlying psychopathology, although Axis-I and II traits were qualifying antisocial personality disorders as reported by Reiss *et al.*⁽¹⁰⁾ were evident from the assessments. This was a very warning signal for the community the patient belonged to, as bestiality may be associated with psychological disorder, including aggressive tendencies and behaviours towards children and other human. Children or less powerful individuals may be at a heightened risk of being sexually abused or interpersonal violence in later life.⁽¹¹⁾

Miletski⁽¹²⁾ has reported that people with bestiality interests have average sociability, in our case too, the patient was having low social interaction, but he was comfortable in talking to the interviewer. This was helpful in psycho-educating the person on the risks (legal and health) of bestiality. The father of the patient was also psycho-educated. They were also asked to opt for cognitive behavioural therapy sessions for the patient, which may

help him in dealing with alcohol as well as with current sexually deviant behaviour and associated issues.

Sexual deviant behaviour is an important community health concern as it is a preventable offence. To understand a sexual deviant behaviour one should see the perspective as a whole rather than the psychological factors alone or contextual factor alone. Early identification of risk factors by various cognitive and psychometric testing may help to prevent future offences through various hospital or community based psychotherapeutic interventions for such people. Awareness and appropriate psycho-education, of community youths residing in and around isolated farming areas, focusing on bestiality and other associated health concerns such as alcoholism, child sexual abuse, personality disorders, and other mental illnesses which can pose threat to the cohesiveness, safety and security of a particular community. Although, bestiality no longer remained as an important mental health concerns it still can be considered as a crucial community health concern.

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Conflicts of interest

There are no conflicts of interest.

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