

NON-CONSENSUAL PENO-ANAL INTERCOURSE IN MALES: A CASE SERIES HIGHLIGHTING MEDICO-LEGAL CHALLENGES UNDER THE BHARATIYA NYAYA SANHITA, 2023

Mahendra Wankhede¹, Sachin S. Sonawane², Gopika S³, Rajesh B. Sukhdeve⁴, Sarah Al Hinnawi⁵, Shivkumar R. Kolle⁶, Chancey wood⁷

Received : 10/01/2026
Received in revised form : 24/02/2026
Accepted : 13/03/2026

Keywords:

Male sexual assault, anal penetration, forensic medicine, BNS 2023, Section 377 IPC, geriatric sexual assault, POCSO..

Corresponding Author:

Dr. Gopika S,
Email: sgopika1998@gmail.com

DOI: 10.47009/jamp.2026.8.2.66

Source of Support: Nil,
Conflict of Interest: None declared

Int J Acad Med Pharm
2026; 8 (2); 356-361



^{1,2}Additional Professor, Department of Forensic Medicine at H B.T. Medical College & Dr R N Cooper Hospital, Mumbai, India.

³Junior resident, Department of Forensic Medicine at H B.T. Medical College & Dr R N Cooper Hospital, Mumbai, India.

⁴Professor & Head, Department of Forensic Medicine at H B.T. Medical College & Dr R N Cooper Hospital, Mumbai, India.

⁵Assistant Professor, Department of Forensic Medicine at H B.T. Medical College & Dr R N Cooper Hospital, Mumbai, India.

⁶Associate Professor, Associate Professor, Department of Forensic Medicine, MGM Medical College, Panvel, Maharashtra, India.

⁷Senior Resident, Department of Forensic Medicine at H B.T. Medical College & Dr R N Cooper Hospital, Mumbai, India.

ABSTRACT

Background: Non-consensual peno-anal intercourse in males remains underreported and under-documented in forensic literature. The omission of Section 377 IPC under the Bharatiya Nyaya Sanhita (BNS), 2023 has created significant medico-legal challenges in prosecuting adult male accused of sexual assault. **Objective:** To describe clinical, forensic, and post-mortem findings in four cases of alleged non-consensual peno-anal intercourse and to analyze their medico-legal implications under the current legal framework. **Materials and Methods:** A retrospective descriptive case series of four male survivors examined at a tertiary care forensic centre. Cases included geriatric, adult, and paediatric survivors. Clinical examination findings, injury patterns, forensic sample collection, and legal provisions invoked were analysed. **Results:** Injury severity ranged from absent external findings to fatal anorectal tear leading to septicaemia. One geriatric survivor succumbed to septicaemia secondary to peritonitis following forceful anal penetration. Paediatric findings were subtle but consistent with recent penetration. Adult survivors of nonconsensual Peno-anal sexual assault cases filed under BNS lacked specific section for such sexual offence provisions. **Conclusion:** The omission of Section 377 IPC without introduction of gender-neutral sexual assault provisions under BNS has created a legislative vacuum affecting adult male survivors of nonconsensual peno-anal sexual assault. Detailed forensic documentation plays a critical role in bridging this gap.

INTRODUCTION

Historically, sodomy is defined as anal intercourse between two males or between a male and a female. The term itself is derived from the biblical town of Sodom, though it has also been referred to in various forensic and legal literatures as "buggery" or "Greek love."^[1]

Globally, the legal approach to these acts has diverged; while Western and Latin American nations have largely legalized consensual acts following constitutional challenges and UN human rights advocacy, over 60 nations—primarily in Africa and

Asia—continue to enforce criminal penalties rooted in British colonial penal codes.^[2,3]

In India, non-consensual sexual acts against males were historically prosecuted under Section 377 of the Indian Penal Code, 1860, which categorized such acts as "unnatural offences."^[4] This legal framework was significantly refined by the Supreme Court in Navtej Singh Johar v. Union of India (2018). The verdict decriminalized consensual sexual acts between adults but specifically retained Section 377 to penalize non-consensual carnal intercourse, thereby protecting the bodily integrity of male survivors.^[5]

However, following the implementation of the Bharatiya Nyaya Sanhita, 2023, Section 377 has been

omitted in its entirety.^[6,7] The omission of Section 377, combined with the fact that the BNS defines "rape" under Section 63 in gender-specific terms (recognizing only women as victims), leaves a significant legal void for adult male and transgender survivors.^[8] This current framework forces prosecutors to rely on general provisions such as Section 115 (voluntarily causing hurt) or Section 117 (voluntarily causing grievous hurt) of the BNS.^[9,10]

Objective: To describe the medicolegal findings in four cases of alleged non-consensual peno-anal intercourse involving geriatric, adult, and paediatric male survivors, and to analyze the medico-legal implications under the current legal framework.

MATERIALS AND METHODS

Study design: Prospective case series.

Study setting: The department of Forensic Medicine & Toxicology at a tertiary healthcare centre.

Study period: February 2025 – Nov2025

Procedure: This prospective case series was conducted in the Department of Forensic Medicine at a tertiary care teaching hospital. Four cases of alleged non-consensual peno-anal intercourse involving male survivors were analysed. The following parameters were documented:

- General physical examination
- Genital and perianal examination
- Injury documentation
- Photographic evidence
- Forensic evidence collection (swabs, blood, hair, nail clippings)
- Radiological and surgical findings (where applicable)
- Postmortem findings (Case 01)
- Institutional medico-legal protocols were followed in all cases

Case Presentation

Case 1: Geriatric Fatality Following Alleged Forceful Peno-Anal Penetration

A 77-year-old male was allegedly assaulted by a known acquaintance while under the influence of alcohol. He was reportedly beaten and subjected to non-consensual peno-anal intercourse. The survivor presented to the casualty department with complaints of generalized body pain and rectal bleeding. An FIR was registered under relevant provisions of the Bharatiya Nyaya Sanhita (BNS).

Antemortem Examination

On examination, the patient was conscious but disoriented, with tachycardia, hypotension, and abdominal pain. Multiple external injuries were documented, including:

- Periorbital contusion around the left eye
- Contusions and abrasions over the right cheek and chin
- Bilateral peri-areolar contusions
- Multiple contusions and abrasion over the left upper limb

- Edematous anal and perianal region with a muscle-deep laceration measuring 3.5×2.5 cm at the 5 o'clock position, with irregular margins and blood infiltration

CECT abdomen revealed a distal ano-rectal tear. Emergency diversion colostomy was performed. Despite intensive management, the patient deteriorated and succumbed during hospitalization.

Forensic samples including scalp hair, pubic hair, nail clippings, blood (EDTA and NaF), and anal/perianal swabs were collected. Provisional opinion suggested recent forceful anal penetration, pending laboratory confirmation.

Autopsy Findings

The deceased was a moderately built elderly male. External examination confirmed previously documented injuries, including extensive facial contusions, peri-areolar contusions, upper limb injuries, and the muscle-deep anal laceration at the 5 o'clock position.

Additional findings included:

- Approximately 600 ml straw-coloured fluid in thoracic cavity
- Evidence of recent laparotomy and sigmoid colostomy
- Congested internal organs
- Histopathological samples were preserved.

Death was attributed to septicaemia due to peritonitis in an operated case with alleged forceful anal penetration.

Case Significance

This case represents a rare fatal outcome of alleged non-consensual anal sexual assault in a geriatric male. The presence of a full-thickness anorectal tear progressing to peritonitis and septicaemia highlights the potentially life-threatening consequences of forceful anal penetration, particularly in elderly individuals with reduced tissue resilience.

Case 02: Young Adult Male with Alleged Forceful Peno-Anal Penetration

A 22-year-old male pizza delivery worker was allegedly sexually assaulted while on duty. According to history, he stopped to assist an individual with motorcycle trouble and subsequently consumed alcohol with him. An unidentified third party allegedly restrained the survivor, enabling the accused to drag him into a basement and subject him to non-consensual peno-anal intercourse. An FIR was registered under relevant provisions of the Bharatiya Nyaya Sanhita (BNS).

General Examination: On general examination, the survivor was conscious, oriented, and hemodynamically stable.

Multiple extra-genital injuries were documented, including:

- Linear abrasions over the supraclavicular region
- Multiple crescentic abrasions over the left side of the neck
- Oval contusion over the midline of the neck

- Oval healing contused abrasion over the flexor aspect of the left forearm, suggestive of a possible bite mark

Local (Anal) Examination: Perianal examination revealed mucosal breach at the 5, 6, and 7 o'clock positions of the anal canal, measuring approximately 0.5–1 cm in length and mucosal deep.

Sample collection: Biological samples collected included scalp and pubic hair, nail clippings, blood for grouping and chemical analysis urine for toxicological analysis, anal and perianal swabs for detection of spermatozoa, and a swab from the suspected bite mark.

Provisional Opinion: The findings were suggestive of recent forceful anal penetration. Final opinion was reserved pending forensic science laboratory reports.

Case significance:

The distribution and morphology of injuries in this case are consistent with a mechanism involving physical restraint and forceful penetration. The presence of multiple linear and crescentic healing abrasions over the supraclavicular region and left side of the neck, along with an oval contusion over the anterior neck, suggests gripping, compression, or manual restraint, possibly to immobilize the survivor or suppress resistance. The crescentic abrasions are compatible with fingernail marks, while the oval contused abrasion over the forearm with central clearing is suggestive of a possible human bite mark. The anal findings of mucosal fissures at the 5, 6, and 7 o'clock positions localized to the posterior quadrant are significant. Posterior quadrant fissures are commonly associated with forceful dilatation of the anal canal during non-consensual penetration. The multiplicity and sequential clock-position involvement support stretching trauma rather than spontaneous fissuring. Taken together, the extra-genital injuries are indicative of restraint and resistance, while the anal mucosal tears are consistent with recent forceful peno-anal penetration.

Case 03: Adult Male with Alleged Non-Consensual Peno-Anal Intercourse and No Demonstrable Injuries

An adult male alleged that he was sexually assaulted by a friend with whom he had been acquainted since 2023. According to the history provided, the accused

allegedly slapped the survivor and struck him on the back with an elbow, followed by forceful undressing. The assault reportedly involved non-consensual peno-anal intercourse, during which oil was used as a lubricant, with alleged ejaculation inside the anal canal. An FIR was registered under Sections 377, 506, and 323 of the Indian Penal Code (IPC), as the incident occurred prior to the implementation of the Bharatiya Nyaya Sanhita (BNS), 2023.

Clinical Examination

On examination, the survivor was conscious, oriented, and hemodynamically stable. No fresh external bodily injuries or genital/anal injuries were detected at the time of medico-legal examination.

Samples collection: Biological samples were not collected due to significant delay in reporting following the alleged incident.

Opinion given was No signs of recent physical force were demonstrable at the time of examination. However, in the absence of immediate examination and samples, sexual violence could not be ruled out.

Case4: child survivor case under POCSO act

The accused and survivor were neighbours. accused lured the 5-year-old male survivor under the pre-text of watching videos. A cloth was tied around the child's mouth and was sexually assaulted by peno-anal penetration. He gave chocolate to survivor and demanded to remain silent. Despite of all the threats, the survivor disclosed the complete incident to his mother. Subsequently, an FIR was lodged in the nearby police station under section 127(2) BNS and Sections 4, 8, 12 of POCSO.

General examination finding: No evidence of any fresh physical injuries seen on body

On local examination: Fresh 5mm mucosal breach at 6'O'clock position, associated with redness and tenderness.

Samples collected- Scalp hair, Nail clippings of both hands, Blood in EDTA, Anal swab & smear, perianal swab & smear were collected and sent to FSL for analysis through police.

Provisional diagnosis-There are signs suggestive of recent forceful penetration of anus, final opinion reserved pending availability of forensic science laboratory reports. However sexual violence cannot be ruled out.

Table 1: Summary of finding in cases

Parameters	Case 01 (77 yrs)	Case 02 (22 yrs)	Case 03 (26yrs)	Case 04 (5 yrs)
Survivor Category	Geriatric male	Young adult male	Adult male	Paediatric male
Alleged Assailant	Known acquaintance	Known individual + third-party restraint	Friend	Neighbour
Alcohol Involvement	Yes	Yes	Not reported	No
Extra-Genital Injuries	Multiple facial contusions, peri-areolar contusions, upper limb contusions, knee abrasions	Linear abrasions over neck, oval neck contusion, possible bite mark on forearm	No fresh injuries	No external injuries
Defensive/Restraint injuries	Present (upper limb contusions)	Present (neck injuries, bite mark)	Absent	Absent
Anal/Perianal Findings	Edema with muscle-deep laceration (3.5 × 2.5 cm) at 5 o'clock	Mucosal fissures at 5, 6, 7 o'clock positions	No fresh genital findings	5 mm mucosal breach at 6 o'clock with redness and tenderness

Severity of Anal Injury	Full-thickness anorectal tear (radiologically confirmed)	Superficial mucosal tears	No demonstrable injury	Superficial mucosal breach
Radiological Findings	CECT: Distal ano-rectal tear	Not indicated	Not indicated	Not indicated
Surgical Intervention	Emergency diversion colostomy	No	No	No
Samples Collected	Hair, nail clippings, blood (EDTA/NaF), anal & perianal swabs	Hair, nail clippings, blood, urine, anal/perianal swabs, bite mark swab	Not collected (delay in reporting)	Hair, nail clippings, blood, anal/perianal swabs
Legal Provisions	BNS Sections 103, 119(2), 115(2), 117(2), 121(6)	BNS Sections 115(2), 117(2), 126(2), 3(5), 352	Section 377 IPC (pre-BNS)	Section 127(2) BNS + POCSO Sections 4, 8, 12
Medico-Legal Significance	Rare fatal geriatric anal assault	Alcohol-associated restraint assault	Absence of injury does not exclude assault	Subtle paediatric findings with clear statutory protection



Figure 1: Case Periareolar contusion and abrasion

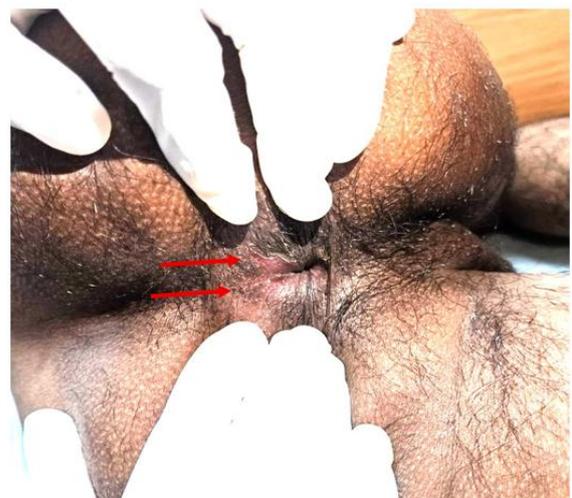


Figure 3: case 2 mucosal breach at 5,6 & 7 O' Clock position



Figure 2: Case one full thickness anorectal tear with laceration

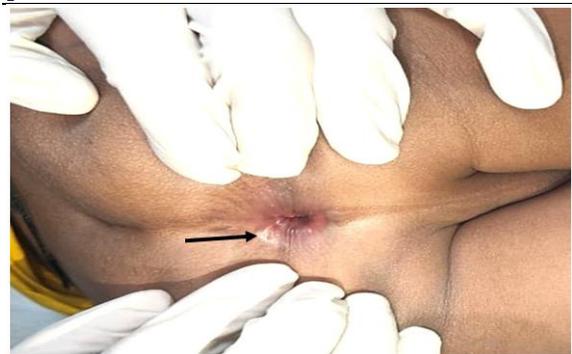


Figure 4: Case 4 mucosal breach at 6 O' clock position

DISCUSSION

Male sexual assault remains a significantly under-recognized public health and legal concern. Although international data suggest rising reporting rates, stigma, delayed disclosure, and gender stereotypes continue to obscure its true prevalence.^[11,12] Recent systematic reviews (2022–2024) indicate increasing acknowledgment of male victimization in both community and custodial settings, yet forensic documentation remains comparatively limited.^[17,18] The present case series demonstrates a broad injury spectrum—from absence of demonstrable trauma to

fatal anorectal perforation—reflecting the well-established variability in anal sexual assault findings. The geriatric fatality (Case 01) illustrates the most severe end of the spectrum. Full-thickness anorectal tears progressing to peritonitis and septicaemia are rare but documented complications of forceful anal penetration.^[1,14] Recent medico-legal analyses emphasize that rectal perforations in assault are more likely when there is forceful penetration, inadequate lubrication, advanced age, or associated blunt trauma.^[19] Age-related tissue fragility and delayed medical intervention may increase mortality risk, making geriatric survivors particularly vulnerable.

Case 02 demonstrated posterior mucosal fissures at 5, 6, and 7 o'clock positions, consistent with stretching trauma. Recent retrospective analyses confirm that posterior quadrant injuries remain the most common location in forceful anal penetration due to biomechanical stress concentration during forced dilatation,^[14,20] the associated neck abrasions and suspected bite mark support restraint and struggle, reinforcing the importance of correlating extra-genital injuries with genital findings.

Case 03 highlights a critical forensic principle reaffirmed in contemporary literature: the absence of physical findings does not exclude sexual assault.^[20,21] Recent clinical forensic studies report that a substantial proportion of adult male survivors show no visible anal injury, particularly when examined beyond 48–72 hours post-assault.^[21] The use of lubricant, as reported in this case, significantly reduces frictional trauma and may prevent mucosal tearing.^[20] Rapid epithelial healing further limits objective findings, underscoring the importance of timely examination and DNA sampling.

Case 04 demonstrates subtle paediatric findings. Recent paediatric forensic guidelines emphasize that most children subjected to anal penetration may present with minimal or nonspecific findings.^[22] Small posterior mucosal breaches, erythema, or tenderness may be the only observable indicators. The absence of extra-genital injuries does not exclude the likelihood of assault, particularly in cases involving coercion without overt violence.

The consistent involvement of posterior clock positions (5–7 o'clock) in this series aligns with established injury patterns. During forced anal penetration, the posterior anal canal undergoes maximal stretching against the relatively fixed coccygeal support, predisposing it to fissures, tears and lacerations.^[20] Contemporary imaging-based forensic reconstructions support this posterior vulnerability model.^[23]

Standardized documentation using the clock-face method enhances reproducibility and medico-legal clarity, particularly in court testimony.

Alcohol involvement in Cases 01 and 02 is consistent with global literature identifying intoxication as a major vulnerability factor in male sexual assault.^[11,17] Substance use impairs physical resistance and judgment and may complicate memory recall, affecting both reporting and investigation. Recent

public health analyses (2024) have emphasized alcohol-facilitated male victimization as an emerging area of concern.^[18]

Fatal complications following anal sexual assault remain sparsely documented. A 2022 forensic pathology review highlighted septic peritonitis as a potential but rare outcome of traumatic anorectal perforation,^[19] the present geriatric case contributes valuable documentation to limited global literature, emphasizing the need for early surgical intervention and aggressive sepsis management.

Legislative Implications under BNS 2023

The transition from Section 377 IPC to the Bharatiya Nyaya Sanhita (BNS), 2023 has introduced a significant statutory gap. While paediatric survivors remain protected under the gender-neutral POCSO Act, adult male survivors lack a specific sexual assault provision under BNS.^[6,8] Recent medico-legal commentaries have debated the implications of this omission, highlighting potential prosecutorial challenges and evidentiary burdens.^[24]

This case series illustrates the practical consequences of this shift:

- Case 03 (pre-BNS) was prosecuted under Section 377 IPC.
- Cases 01 and 02 (post-BNS) were registered under general hurt provisions.

Such disparity underscores the increasing reliance on detailed forensic documentation to establish severity and intent.

CONCLUSION

The enactment of the BNS fails to remedy the long-standing void regarding adult male protection, consequently leaving adult male survivors excluded from the legal definitions of sexual violence. There is a need for the incorporation of provisions within the BNS for adult male survivors of sexual assault.

It necessitates comprehensive legislative reform to ensure all non-consensual sexual acts, regardless of the gender of the individuals involved or the nature of penetration, are criminalized with the seriousness they demand.

Case series highlights there is need of Implementing gender-neutral laws and protection of adult male survivors of non-consensual anal sexual assault in the BNS. It is a fundamental requirement for upholding the human rights and dignity of every citizen, ensuring that no survivor is left without a clear path to justice.

Conflict of Interest: None declared.

Source of Funding: Nil.

REFERENCES

1. Reddy KSN, Murty OP. The essentials of forensic medicine and toxicology. 35th ed. Hyderabad: Jaypee Brothers Medical Publishers; 2022.Pg399
2. Mendos LR, Botha K, Lelis CP, et al. State-sponsored homophobia 2023: Global legislation overview update. Geneva: ILGA World; 2023.

3. Human Rights Watch. This alien legacy: The origins of “sodomy” laws in British colonialism. New York: Human Rights Watch; 2008.
4. Indian Penal Code, 1860 (Act No. 45 of 1860), Section 377.
5. Navtej Singh Johar v. Union of India, (2018) 10 SCC 1.
6. The Bharatiya Nyaya Sanhita, 2023 (Act No. 45 of 2023) Section 115,117,126.
7. Ministry of Home Affairs, Government of India. Notification No. S.O. 850(E). 2024 Feb 23.
8. PRS Legislative Research. The Bharatiya Nyaya (Second) Sanhita, 2023: Bill summary. New Delhi: PRS India; 2023.
9. Gupta S. The omission of Section 377 from the Bharatiya Nyaya Sanhita. *Jus Corpus Law J.* 2024;5(1):761-768.
10. Tiwary A. Omission of IPC Section 377 from BNS: Two steps backwards [Internet]. *The South First.* 2024 Jun 30 [cited 2026 Feb 18]. Available from: <https://www.thesouthfirst.com>
11. Peterson ZD, Voller EK, Polusny MA, Murdoch M. Prevalence and consequences of adult sexual assault of men: Review of empirical findings and state of the literature. *Clin Psychol Rev.* 2011;31(1):1–24.
12. Thomas A, Kopel J. Male victims of sexual assault: A review of the literature. *Behav. Sci.* 2023, 13, 304
13. Tang W, Mahapatra T, Fu G, et al. Adolescent and non-consensual anal sexual debut among Chinese men who have sex with men: a cross-sectional study. *BMC Infect Dis.* 2020 ; 20(1):732.
14. Buswell J, et al Identifying the prevalence of genito-anal injuries amongst clients attending St Mary's Sexual Assault Referral Centre following an allegation of anal penetration. *J Forensic Leg Med.* 2022; 90:102306.
15. McLean I, Roberts SA, White C, Paul S. Forensic medical aspects of male-on-male rape and sexual assault in Greater Manchester. *Med Sci Law.* 2004;44(2):165–169.
16. Hobbs CJ, Wright CM. Anal signs of child sexual abuse: A case–control study. *BMC Pediatr.* 2014; 14:128.
17. Javaid A. Male rape victimization: A review of global prevalence and reporting barriers. *Trauma Violence Abuse.* 2022;23(5):1605–1618.
18. World Health Organization. Sexual violence against men and boys: Emerging global evidence. Geneva: WHO; 2023.
19. Saukko P, Knight B. *Knight's forensic pathology.* 5th ed. Boca Raton: CRC Press; 2023.
20. Adams JA, Kellogg ND, Farst KJ, et al. Updated guidelines for the medical assessment of suspected child sexual abuse. *J Pediatr Adolesc Gynecol.* 2023;36(2):107–118.
21. White C, McLean I. Anogenital injury patterns in sexual assault examinations: Recent clinical perspectives. *Med Sci Law.* 2022;62(4):276–284.
22. Royal College of Paediatrics and Child Health. The physical signs of child sexual abuse: Updated evidence review. London: RCPCH; 2024.
23. Green MA, et al. Biomechanical considerations in anal trauma: Implications for forensic evaluation. *J Forensic Sci.* 2023;68(3):845–852.
24. Singh R. Decriminalization and its unintended consequences: Legal vacuum post Section 377 repeal. *Indian J Criminol Justice.* 2024;52(1):45–58.