Sri Lanka Journal of Forensic Medicine, Science & Law — May 2025;16(Special Issue):31-33
DOI: https://doi.org/10.4038/sljfmsl.v16i5.8029

CASE REPORT

ERECTILE DYSFUNCTION AS A DEFENCE IN SEXUAL ABUSE: HIGHLIGHTING MEDICO-LEGAL ISSUES IN A CASE REVIEW

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ABSTRACT

Erectile dysfunction (ED) is a complex condition that has significant medico-legal implications, particularly when presented as a defence in cases of sexual abuse. This report discusses a case involving a 52-year-old male labourer accused of sexually abusing his 12-year-old daughter in 2019. The examinee claimed that burn injuries sustained in 2008, following a seizure, resulted in ED, rendering him incapable of committing the alleged act. Examination revealed scarring on the anterior chest, abdomen, thighs, and genital region, although the penile tissue was minimally affected. Multidisciplinary assessments, including a papaverine test, urological, neurological, and psychiatric evaluations, were inconclusive in confirming or refuting the claims. The findings underscore the challenges in correlating ED to allegations of sexual incapacity during the specific period. This case highlights the complexities of evaluating ED in a legal context, emphasizing the interplay of organic and inorganic factors. It underscores the need for comprehensive clinical and investigative evaluations to aid in the diagnosis or exclusion of ED, which contributes to arriving at medico-legal conclusions in such contexts.

Keywords: *Erectile dysfunction; sexual abuse; papaverine*

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ARTICLE HISTORY
Received: 31.12.2024
Received in revised form: 13.03.2025
Accepted: 14.03.2025
Available online: 30.05.2025

INTRODUCTION

Erectile Dysfunction (ED) is a common complaint among men over 40 years of age, and the prevalence increases with age[1]. The Massachusetts male ageing study, conducted from 1987 to 1989 in men aged 40 to 70 years, concluded that impotence is strongly associated with age, has multiple determinants, including some risk factors for vascular disease, and may be due partly to modifiable para-ageing phenomena[2]. In the medico-legal setting, ED can be presented as a defence in sexual offence cases, where the accused claims an inability to perform sexual intercourse. Such cases pose significant challenges for medico-legal practitioners, as ED has a multifactorial aetiology that can include physical factors such as chronic illnesses, psychological factors such as anxiety and depression, lifestyle factors such as alcohol and/or substance use and other situational factors such as stress/pressure from the alleged abuse in this case, relationship problems, being in an uncomfortable/ unfamiliar setting and cultural/social stigma[3,4]. Proper evaluation of these claims requires a multidisciplinary approach and careful correlation of clinical findings with the timeline of an alleged event. This report elaborates on medico-legal evaluation to address the credibility of the ED as a defence in sexual abuse.

CASE HISTORY

A 52-year-old married male, who works as a labourer, was accused of sexually abusing his 12-year-old daughter in 2019 and was produced to the Office of the Judicial Medical Officer at Teaching Hospital Ratnapura, through the High Court Ratnapura in August 2023. The examinee reported having a history of seizures without documented evidence. He stated that in 2008, following a seizure episode, he fell onto a fire pit, sustaining burns over the anterior chest, abdomen, thighs, and genital area. He claimed these injuries caused permanent inability to perform sexual intercourse and also resulted in a complete loss of interest in sexual activity.

General examination revealed an averagely built and moderately nourished adult male, who was conscious and rational. He was oriented in place, time and person. There was no sub-normality in his general physical status. Basic systemic examinations were unremarkable. Irregularly shaped scars over the anterior chest and abdomen, with areas of wrinkling and hyperpigmentation interspersed with hypopigmented patches and absent body hair. The scars occupied a body surface area (BSA) of 8.5%. The scars over the chest displaced both the nipples downwards. The anterior aspect of both thighs and the pubic area also showed similar scarring with absent hair growth in affected regions, involving a BSA of 8%. These scars were consistent with deep partial-thickness burns. The scars in the genital region were limited to the anterior scrotum and base of the penis, with less than 5mm linear extensions to the penile shaft. No deformities or significant abnormalities were noted in the shaft of the penis. The rest of the genital examination including the glans penis, prepuce, external urethral meatus, frenulum, both testes, epididymis and spermatic cords was unremarkable. Other than the scars described above, there were no other scars indicative of an accidental fall on the body of the examinee.
Despite these findings, the lack of documented evidence of seizures or burn injuries complicated the case further. No corroborative medical records were available to validate the examinee's claims of sustained injuries and their subsequent impact on sexual function.
Referral to the consultant physician yielded unremarkable results. Neurological evaluations indicated no signs of neurogenic ED, while psychiatric assessment suggested the possibility of psychological stress contributing to sexual dysfunction. A papaverine test conducted by the consultant urological surgeon, which failed to produce an erection, raised questions about potential physiological or psychological causes.

DISCUSSION

The papaverine test, while useful, has limitations due to potential false negatives or underlying vascular conditions. It is important to first understand the significance of a positive test versus a negative one. In the past, a positive papaverine test was presumed to indicate normal erectile hemodynamics. However, recent studies have revealed a positive test even in patients suffering from penile arterial insufficiency. Therefore, a positive intracavernous papaverine test may indicate veno-occlusive dysfunction, but does not necessarily signify a normal penile arterial system[5]. On the other hand, a negative test indicates a variety of underlying causes, including vascular pathologies, which might be otherwise excluded with a positive test, that need to be evaluated. It is also important to be mindful of the possibility of false negatives caused by improper technique, psychological stress, variations in individual metabolism, pain and scar tissue formation among other factors.
The papaverine test on its own is also not considered the gold standard in diagnosing ED. The Combined Intracavernous Injection and Stimulation (CIS) test is the most accepted test for evaluating and diagnosing erectile dysfunction. It should be combined with colour Doppler ultrasonography to determine the vascular component of ED, as it is otherwise not possible to differentiate between slight penile arterial insufficiency and neurogenic or psychogenic ED with the CIS test alone[5].

Considering the fact that the examinee was produced for medico-legal examination in 2023, it is very difficult to make a diagnosis of ED retrospectively. Therefore, it is not possible to

comment on his ability to have performed sexual intercourse during the period of the alleged sexual abuse in 2019, Delayed examination, lack of evidence that the burns were caused before the alleged incident of sexual abuse, and unreliability of the intracavernous papaverine injection alone are factors affecting the conclusions of this case. Therefore, the medico-legal opinion following clinical forensic examination is that his claim of having had ED since the accidental fall cannot be confirmed or excluded at the time of examination. If ED is confirmed in a sex offender, then the treatment of such a person poses legal and ethical dilemmas that the current Sri Lankan framework is not yet equipped to handle[6].

CONCLUSION

This case underscores the challenges in using ED as a defence in sexual abuse allegations. A multidisciplinary approach is essential for thorough and objective medico-legal assessment, including awareness and implementation of the currently accepted gold standard testing of CIS and Color Doppler ultrasonography to diagnose ED.

ACKNOWLEDGMENTS

The authors acknowledge the support extended by Dr. Nishantha Weerasinghe (Consultant Urological Surgeon), Dr. K. Jeganathan (Specialist in Internal Medicine), Dr. Champika Gunawardhana (Consultant Neurologist), Dr. Surath Munasinghe (Consultant Neurosurgeon), and Dr. Indu Maheshika (Acting Consultant Psychiatrist) of the Teaching Hospital, Ratnapura, in preparing this manuscript.

CONFLICTS OF INTEREST

The authors declared no conflicts of interest.

ETHICAL ISSUES

The presented case was conducted for medico-legal purposes, and the findings were used for academic purposes, according to the institutional guidelines, without divulging the identity of the individual.

SOURCES OF SUPPORT

None.

AUTHOR CONTRIBUTIONS

UA: Conception and design of the work; the acquisition, analysis, and interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and final approval of the version to be published. **CNP:** Conception and design of the work; the acquisition, analysis, and interpretation of data for the work; drafting the work and revising it critically for important intellectual content; and final approval of the version to be published.

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