



FACULDADE DE MEDICINA
UNIVERSIDADE DO PORTO

MESTRADO INTEGRADO EM MEDICINA

2012/2013

Bárbara Lima Rosa Mendonça e Almeida
Characterization of Extra-Familial Sexual Offenses in Children

agosto, 2013

FMUP



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Characterization of Extra-Familial Sexual Offenses in Children

Mestrado Integrado em Medicina

Área: Medicina Legal

Trabalho efetuado sob a Orientação de:

Doutora Teresa Magalhães

E sob a Coorientação de:

Mestre Patrícia Jardim

Trabalho organizado de acordo com as normas da revista:

Child Abuse & Neglect

agosto, 2013

FMUP

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Título da Dissertação: Characterization of Extra-familial Sexual Offenses in Children

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Ano de conclusão: 2013

Designação da área do projeto: Medicina Legal

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Faculdade de Medicina da Universidade do Porto, 30/08/2013

Assinatura: Bárbara Lima Rosa Mendonça e Almeida

Ao meu filho, Sebastião, com o desejo de que ele seja sempre feliz e livre

A todos os meninos e meninas vítimas de maus tratos

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Full Title: CHARACTERIZATION OF EXTRA-FAMILIAL SEXUAL OFFENSES
IN CHILDREN

Running Head: Extra-familial sexual abuse

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1 **ABSTRACT**

2

3 Extra-familial sexual abuse is the most common form of children sexual abuse
4 with health, social and legal relevance. The general objective of this study was to
5 contribute to an earlier and ever-improving detection of extra-familial sexual abuse,
6 through the characterization of its determinants from a forensic point-of-view, focusing
7 on the circumstances of the first contact between victim and alleged abuser, an aspect
8 that had never been previously studied in the Portuguese context. For this purpose, a
9 retrospective study was conducted, through the analysis of forensic medical reports of
10 the alleged of victims under 18 years old that were simultaneously submitted to
11 forensic psychological exam (n=97) observed at the north branch of the Portuguese
12 National Institute of Legal Medicine from 2004 to 2011.

13 The majority of the victims were female (62.9%), with a mean age of 12.27 years
14 old. All the alleged abusers were men with a mean age of 28.93 years old. Concerning
15 the first contact between victim and alleged abuser, 17.5% was in school, 15.5% was
16 through friends or family, 12.4% were neighbors and in 10.3% of the cases the victim
17 declared having a relationship with the suspect. In 9.2% the abuse occurred through the
18 use of communication systems: internet (Facebook), broadcast teletext and telephone
19 SMS. Penetration (vaginal, anal and/or oral) was the most commonly described practice
20 (56.7%). The abuse occurred most frequently at the victim's or the abuser's home
21 (46.4%) and 13.4% occurred in foster care institutions, between male colleagues, with
22 anal penetration in most of the cases (69.2 %). Physical violence and verbal threats
23 were present in 33% and enticement in 14.4% of all the cases. Taking into account all
24 the available information, forensic medical examination (FME) report conclusions
25 mainly considered that the findings were unspecific for diagnosis of sexual contact

1 (79.3%); findings were considered suggestive in 18.6% of the cases and diagnostic in
2 2.1%. Forensic psychology showed clinical indicators consistent with an experience of
3 sexual abuse in 40.2% of the cases.

4 In conclusion, extra-familial sexual abuse is a very concerning topic in children abuse
5 research, with many variants and serious consequences for the victims. This study is the
6 first Portuguese forensic approach on the context where victim and abuser met and can
7 contribute to promote further studies which are needed to better understand and prevent
8 this kind of abuse.

9

10 **KEYWORDS:** Sexual abuse; children; extra-familial; forensic medical examination;
11 forensic psychological evaluation.

12

13

14 **INTRODUCTION**

15

16 Children sexual abuse is the involvement of a child in sexual activity that he or she does
17 not fully comprehend, is unable to give informed consent to, for which the child is not
18 developmentally prepared, or that violates the laws or taboos of society, perpetrated by
19 an adult or another child who is in a relationship of responsibility, trust or power (World
20 Health Organization, 2003). It is worldwide phenomenon that affects both genders, yet
21 still underestimated because it is usually a hidden offense, surrounded by a universal
22 taboo (Finkelhor, 1994).

1 The abuse may be intra- or extra-familial (IF or EF). In extra-familial cases, children
2 are victimized by someone with no parental connection. Recent studies in Portugal
3 revealed that extra-familial abuse represents almost 60% of the reported child abuse
4 (Magalhaes et al., 2009). Nevertheless, IF cases are generally incorporated into a
5 situation of higher secrecy and low visibility that inhibits the detection of the abuse
6 underestimating the real number of IF cases (Magalhaes et al., 2009). Although extra-
7 familial sexual abuse is physically more violent, intra-familial abuses are considered to
8 be more serious in their consequences because they include younger victims, more
9 emotional violence, a greater delay between the last abuse and the FME and fewer
10 physical signs or trace evidence which leads to a later disclosure of the abuse (Gomes et
11 al., 2013; Magalhaes et al., 2009). Nevertheless, EF sexual abuse has also been found to
12 bring deleterious significant outcomes, which may extend into adult life, such as
13 developing mental health problems, social isolation, post-traumatic stress disorder,
14 substance abuse and suicidal ideation and behavior, which are transversal to all the
15 types of children sexual abuse (Astbury, Bruck & Loxton, 2011; Briere & Elliott, 2003;
16 Ligezinska et al., 1996; Manion et al., 1998; National Suicide Research Foundation,
17 2007; Swanston et al., 2003). In fact, some authors related negative responses from
18 parents in EF abuse, similarly to IF abuse, which increases the victims vulnerability
19 when faced with abusive situations (DeAntoni et al., 2011).

20 In the last few years, internet with blogs, social networks, chat rooms, emails, instant
21 messaging, and other social media have developed into a fully integrated component of
22 the lives of children, especially teenagers. Many studies have tried to evaluate the level
23 of online sexual solicitation with numbers reaching the 15% between internet users each
24 year (Mitchell, Finkelhor & Wolak, 2007; Ybarra & Mitchell, 2008). Some authors
25 consider that relationships created online can easily become more intimate than

1 relationships formed offline (McKenna et al., 2002) making children vulnerable to
2 sexual solicitation (Dombrowski, Gischlar & Durst, 2007).

3 Sexual abuse in foster care institutions represents also an important percentage of child
4 abuse worldwide with devastating consequences for the victims and to other children in
5 the institution (National Suicide Research Foundation, 2007). Authors report loss of
6 trust in the institution, shame and humiliation, fear or disrespect of authority, and
7 vicarious trauma from disruption to their families and personal relationships in victims
8 of institutional sexual abuse (Wolfe et al., 2003).

9 Even in the presence of suggestive signs, there are only a few diagnostic evidence of
10 sexual contact, such as the presence of semen on the victim's body or pregnancy
11 (Adams, 2008). Nevertheless, the absence of physical signs or biological evidence does
12 not mean the absence of abuse (Beitchman et al., 1992). In these cases, the forensic
13 interview as well the forensic psychological evaluation of the child plays a crucial role
14 by providing both verbal and non-verbal information and by evaluating the validity of
15 the testimony, which can constitute evidence for the courts (Magalhaes et al., 2009). As
16 the investigation of these cases is, in fact, multidisciplinary, it is very important to
17 articulate the role of each professional to avoid secondary victimization of the child
18 (Magalhaes et al., 1998).

19 The general objective of this study is to contribute to an earlier and ever-improving
20 detection of the EF sexual abuse of children through the characterization of its
21 determinants from a forensic point-of-view, focusing on the circumstances of the first
22 contact between victim and alleged abuser, which had never been studied in Portugal.

23

24

1 MATERIAL AND METHODS

2

3 A retrospective study was performed based on the analysis of forensic medical and
4 psychological evaluation reports related to alleged cases of EF sexual abuse of children
5 (less than 18 years old). The victims were evaluated by forensic medical north services
6 of the National Institute of Legal Medicine of Portugal (INML), from 2004 to 2011.
7 After reviewing 911 reports of alleged sexual abuse of children, 462 cases of EF sexual
8 abuse were found (50.7%) and the cases including forensic psychological evaluation
9 were selected (n=97).

10 A specifically customized data collection form was used and applied always by the
11 same investigator, who was previously trained, to guarantee data repeatability and
12 reproducibility. Data aimed to characterize the victim, their family context, the alleged
13 abuser, the alleged abuse, the forensic psychological evaluation and the forensic
14 medical conclusions. Due to the retrospective nature of the study, it was not possible to
15 collect all data regarding all different variables.

16 For cases involving multiple abusive sexual practices, only the most physically
17 intrusive was considered. The classification of the evidence as diagnostic, suggestive or
18 unspecific was made according to the “Guidelines for Medical Care of Children
19 Evaluated for Suspected Sexual Abuse” (Adams, 2008).

20 The database was built using the *Excel* 2010 spreadsheet software and the
21 descriptive statistical analysis was carried out using PASW18 for *Windows* (IBM SPSS
22 software) for Windows.

23

1 **RESULTS**

2

3 From the 462 cases of forensic medical examination (FME) related to EF sexual
4 abuse against children, we selected 97 cases also including forensic psychological
5 evaluation, which correspond to 10.6% of all suspected sexual crimes against children
6 reported to the INML during the studied period.

7

8 ***Characterization of the alleged victim***

9 Most alleged victims were female (n=61, 62.9%). The average age for both
10 genders was 12.27 years old (min=2; max=17; SD=3.55). Regarding the occupational
11 activity, 85.6% were students (n=83), 4.1% (n=4) hadn't started an activity yet, 4.1%
12 (n=4) were in daycare and 3.1% (n=3) were unemployed. Sixteen children (16.5%), 14
13 boys and 2 girls, were living in an institution at the time of the supposed abuse.

14 Global developmental delay was found in 11 children (11.3%) with mild mental
15 retardation (three girls of 11, 15 and 16 years old and one 16 years old boy), fetal
16 alcohol syndrome (7 years old boy) to Down syndrome (12 years old boy) and
17 Williams syndrome (15 years old girl). Alcohol or drug abuse was found in 7 children
18 and prostitution was found in 1 institutionalized 13 year old boy. School failure was
19 found in 20.6% of the cases (n=20).

20

21 ***Characterization of the alleged abuser***

22 Regarding the abusers' sex, all of the identified suspects (87.7%, n=87) were men.
23 Since this information was provided by the victim and/or his/her representative, in

1 37.1% (n=36) it not possible to obtain any information about the alleged abuser age; the
2 average age was 28.93 (min=12; max=67; SD=15.54). In most cases, no information
3 about occupational activity was available (n=61, 62.9%); of the remaining, 13 cases
4 were students, 16 had a professional activity, 2 were unemployed and 5 were retired.

5 With regard to prior instances of deviant behavior, it is important to indicate that in
6 89.7% (n=87) of cases it was not possible to obtain information; in the remaining cases
7 (n=10), 6 alleged abusers had history of alcoholic, drug addiction and/or delinquent
8 behavior, in 4 cases there was history of previous sexual crimes against children. A
9 psychiatric background (non-specified psychiatric pathology) was registered in 6 of the
10 alleged offenders.

11

12 *Characterization of the alleged sexual abuse*

13 Concerning the first contact between victim and alleged abuser, 17.5% was in
14 school (n=17), 15.5% (n=15) happened through friends or family; 12.4% (n=12) were
15 neighbors, in 10.3% of the cases (n=10) the victim declared to have a relationship with
16 the alleged abuser; 5.2% happened in the street (n=5, 2 of which in the front of the
17 school) - Table 1. In 9.2% of the cases (n=9) it occurred through the use of
18 communication systems: three girls, aged 12, 13 and 16 met the supposed abuser
19 through the internet (Facebook), 2 girls aged 14 and 17 met the supposed abuser
20 through broadcast teletext and 4 girls aged 12, 15 and 16 were first contacted by
21 telephone SMS. In one internet case the 12 year old revealed that that they exchanged
22 photos of their naked bodies by MMS prior to the abuse.

23 Sexual practices consisted mostly in vaginal, anal and/or oral penetration (56.7%),
24 followed by explicit fondling (15.5%), and attempts of vaginal, anal or oral penetration

1 (2.1%) – Table 1. In the majority of cases (46.4%, n=45), the alleged abuse took place
2 in the complainant’s and/or the alleged abuser’s home – Table 1. Thirteen of the
3 supposed abuses (13.4%) occurred in foster care institutions, between colleagues, only
4 boys, with anal penetration in 69.2 % of the cases. Penis was used to commit the abuse
5 in 67% of the cases (n=65), alone or together with finger or mouth. The concomitant
6 use of foreign objects was described in one case of a 16 year old girl, enticed through
7 Facebook by a 23 year old men to do photographic model works, that described vaginal
8 penetration with her underpanties, a wallet, a lighter and anal and vaginal penetration
9 with billiard balls, under verbal threats. Concerning the 8 other cases of internet,
10 teletext and SMS, 2 girls denied the abuse and the others stated that sexual practices
11 consisted in vaginal penetration under physical violence (n=4) or “consented” (n=2).

12 Considering the frequency of the alleged abuse, it happened only once in most of
13 the cases (51.5%, n=50) and it was persistent in 23.7% (n=23) with the period of the
14 abuse ranging from 2 days to 8 years (average of 2.9 months). In 21.6% of the cases the
15 alleged abuse was “consented” (n=21). Physical violence was reported in 26.8% of the
16 cases (n=32) with the use of a knife in one case. Verbal threats were described in 6.2%
17 of the cases (n=6); enticing the victims with money, sweets and others in 14.4% of the
18 cases (n=14) – Table 1. In 2 cases the victims were under the effect of alcohol.
19 Concerning the abuse occurred in institutions, physical violence was reported in 30.8%
20 of the cases (n=4).

21 In the majority of the cases (n=54, 55.7%), the child disclosed the abuse by his/her
22 own will or after being directly questioned about its eventual occurrence. Family
23 members were the first to whom the abuse was disclosed (n=30), followed by teachers
24 (n= 10, 6 of which were institutionalized children cases). The first suspicion was also
25 raised by family members (40.2%), who reported the case – Table 2. Teachers raised

1 the suspicion in 16.5% of the cases (n=16), 9 of which referred to institutionalized
2 children. The Police station was the main location where the cases were first identified
3 (n=29, 29.9%), followed by healthcare facilities (n=8, 8.2%).

4

5 ***Characterization of the forensic medical examination***

6 In the majority of cases (67%), FME was performed more than 72 hours after the
7 last alleged sexual contact; this group also includes those in which the time elapsed was
8 unknown (n=21, 21.6%) – Table 3. The FME did not reveal any injuries in 61.9% of the
9 cases (n=60). In 18 (18.6%), there were suggestive lesions: 7 cases with healed
10 lacerations of the hymen suggesting non-recent sexual contact, 3 cases with recent
11 laceration of the hymen, 5 recent abrasions on the labia minora, labia majora or
12 posterior fourchette, 2 cases with a scar of posterior fourchette, and 1 case with an
13 acute anal laceration. In 17 cases, the observed signs were unspecific: Bruises and
14 abrasions in several areas of the body surface of 6 victims, wart-like lesions in the anal
15 area of 3 children, 2 cases with vulvar erythema and 5 cases of anal fissure in victims
16 with history of constipation. In 30 cases it was considered adequate to collect samples
17 for DNA studies from the oral/genital/anal areas and/or pieces of clothing and 10 (9.2%)
18 showed a heterologous genetic profile with 1 case of positive match with DNA from the
19 supposed abuser. Toxicology studies were requested in 3 cases with one positive result
20 for ethanol (0.61 g/dL). Microbiological and virology studies were requested in 10
21 cases, with 3 positive results, including HPV in a 5 year old girl with anal warts and
22 HPV and HIV in a 15 year old girl. Pregnancy also occurred in this 15 years old girl that
23 was submitted to abortion.

24 Taking into account all the available information, FME report conclusions mainly
25 considered that the findings were unspecific for diagnosis of sexual abuse (n=77,

1 79.4%). Findings were considered suggestive in 17 cases (17.5%) – Table 3: in 3 cases,
2 healed lacerations of the hymen were found; in 1 case, there was a recent laceration of
3 the hymen; in 2 another cases the rectal region revealed an acute laceration; vulvar
4 abrasion was present in 3 cases and vulvar erythema in 1 case, finally, in 8 cases there
5 were no physical injuries, but DNA studies from the genital/anal areas showed a
6 heterologous genetic profile in 2 cases and forensic psychological evaluation showed
7 clinical indicators consistent with an experience of sexual abuse in 4 cases. In 2 cases,
8 findings were considered diagnostic of sexual abuse: positive match in comparative
9 DNA studies and pregnancy.

10

11 *Characterization of the forensic psychological evaluation*

12 In most of the cases, evaluation by forensic psychology was conducted after the
13 FME (n=93, 95.9%). The victims verbalized the abuse in 68% of the cases (n=66).
14 Clinical indicators consistent with an experience of sexual abuse were present in 39
15 cases (40.2%), 13 of which were considered suggestive or diagnostic in the FME
16 conclusions (72% of suggestive or diagnostic FME reports conclusions) – Table 4.

17

18 **DISCUSSION**

19

20 This study aimed to contribute to an earlier and ever-improving detection of extra-
21 familial sexual abuse, through the characterization of its determinants from a forensic
22 point-of-view. Similarly to other studies (Magalhaes et al., 2009), results pointed out
23 that females represented the majority of the victims (73.5%). Also, the average victims'

1 age (12.27 years old) was comparable to previously reported (Magalhaes et al., 2009).
2 As expected by the age of the alleged victims, most of them were students. Global
3 developmental delay found in 11.3% of children including mental handicap, fetal
4 alcohol syndrome, Down syndrome and Williams syndrome, may render victims more
5 vulnerable. Deviant behaviors were found in 29% of the victims being an important
6 risk factor for the abuse (Finkelhor, 1994). Children separated from their parents are
7 considered to be one of the most important markers to look for in identifying potential
8 risk for sexual abuse (Finkelhor, 1994). In this study, 16.5% of the victims were living
9 in a foster care institution at the time of the supposed abuse.

10 Concerning the alleged abusers, our data is scarce, as the analysis was
11 retrospective and based solely on information provided by the victims and/or her/his
12 accompanying person. Males accounted for all the alleged abusers and the mean age
13 was 28.93 years old with the younger having 12 years and the older 67 which is a
14 concerning finding showing that extra-familial sexual abuse is transversal to many ages
15 and emphasizing the need to promptly detect the cases allowing for early therapeutic
16 intervention with the young abuser.

17 The majority of first contact between victim and alleged abuser happened in school
18 (17.5%), followed by acquaintances through friends or family (15.5%), neighborhood
19 (12.4%), 10.3% of victims declared to have a relationship with the alleged abuser, in
20 9.2% of the cases it occurred through the use of communication systems as internet
21 (Facebook), broadcast teletext or telephone SMS and in 5.2% it happened in the street.
22 Accordingly to other studies (Magalhaes et al., 2009) this results show that most of the
23 extra-familial sexual abuse in children is perpetrated by acquaintances of the victims
24 and only a small part by someone unknown to the victim.

1 Penetration (vaginal, anal and/or oral) was the practice most commonly described
2 (56.7%), which is comparable to other studies (Magalhaes et al., 2009). The abuse
3 occurred in the secrecy of victim/abuser's home in the majority of cases (46.4%) which
4 is higher than in previous studies (Magalhaes et al., 2009). This results support the idea
5 that, similarly to intra-familial sexual abuse this can be also a hidden type of abuse with
6 challenging detection. Physical violence and verbal threats and were described in 33%
7 of cases which is lower than in previous studies and inducement in 14.4% of the cases
8 which is higher (Magalhaes et al., 2009). The alleged abuse was persistent in 23.7% of
9 the cases with the period of the abuse ranging from 2 days to 8 years. This long
10 duration of the abuse period reported in some cases represents a concerning finding for
11 constituting another factor of trauma exacerbation (Wolfe et al., 2003), thus stressing
12 the importance of its early detection and report.

13 In 13.4% of the cases, the alleged abuse occurred in foster care institutions,
14 between colleagues, only boys, with anal penetration in 69.2% of the cases and
15 physical violence was reported in 30.8% of the cases. Within foster care institutions,
16 child abuse by peers is an important social problem which has that has long been
17 ignored, denied or minimized with serious deleterious consequences for children that
18 are already at risk, and by promoting their loss of trust in the institution (Wolfe et al.,
19 2003). There is evidence that childhood sexual abuse perpetrated by peers has similar
20 long-term effects to abuse by adults (National Suicide Research Foundation, 2007).
21 That type of abuse calls for particular attention because of the need to implement
22 adequate measures with a view to the abuser's rehabilitation and the abuses'
23 prevention.

24 In 9.2% of the cases, the alleged abuse occurred through the use of communication
25 systems. Internet (Facebook) but also broadcast teletext and telephone SMS constitute a

1 blind way of communication that can lead to a fast and almost imaginary intimacy
2 between victim and abuser making children but mostly adolescents more vulnerable to
3 sexual solicitation. All the victims that verbalized the events reported vaginal
4 penetration under physical violence, enticement or “consent” and in one case vaginal
5 and anal penetration with foreign objects under verbal threats was described. These
6 results show highly physically intrusive practices with further studies being necessary
7 to better understand this important and ongoing aspect of extra-familial sexual abuse.

8 This study shows the importance of the family in raising the first suspicion
9 (40.2%) and reporting the case. Also, teachers take a preponderant role, especially in
10 what concerns institutionalized children, by being in an ideal position to raise the suspicion
11 of abuse, as most of the times they are the closest adults to whom the victim can appeal. The
12 Police station was the main location where the cases were first identified followed by
13 healthcare facilities. This highlights that all health professionals who deal with children
14 must be aware of sexual abuse, so they can early detect and cooperate with forensic
15 specialists in the preservation and timely collection of evidence, as well as in giving the
16 adequate support to the victim.

17 According to the recommendations of the American Academy of Pediatrics
18 (American Academy of Pediatrics Committee on Child Abuse and Neglect, 1999), the
19 search for biological evidence should be accomplished in the first 72 hours after the last
20 abuse. In this study, FME occurred more than 72 hours after the last abuse in 67 % of
21 cases compromising the quality of the FME and, consequently, of the conclusions. The
22 FME did not reveal injuries in 61.9% of cases which does not mean the absence of
23 abuse and DNA studies showed a heterologous genetic profile in 9.2% with 1 case of
24 positive match with DNA from the supposed abuser, which was considered diagnostic
25 of sexual abuse.

1 Given the high rate of absent injuries and biological evidence, evaluation of the
2 child by forensic psychology assumes a prevailing role, as it is often the sole proof of
3 the abuse, but this is not yet a current practice in Portugal. In fact, our sample
4 corresponds to only 21% of the extra-familial sexual abuse, being obviously the
5 tendency to increase these evaluations in the most recent cases, which is expected and
6 desired to keep rising. In most of the cases (95.9%) forensic psychology exam was
7 conducted after the FME and the victims verbalized the abuse in 68% of the cases. The
8 psychological diagnosis of sexual abuse returned positive results in 40.2% of the
9 assessed victims and influenced the forensic report conclusions.

11 **Conclusions**

- 12
- 13 **a)** The alleged EF sexual abuse represented 50.7% of all suspected sexual crimes
14 against children registered by the north forensic medical services of the INML
15 in the studied period;
- 16 **b)** Results highlight some particular characteristics that contribute to the severity
17 of these cases: victims' young age, with a power differential with the alleged
18 abuser, physically intrusive practices and high rates of physical violence;
- 19 **c)** The results show that most of the EF sexual abuse in children is perpetrated by
20 acquaintances of the victims and only a small part by someone unknown with
21 the majority of first contact between victim and alleged abuser happening in
22 school;
- 23 **d)** Sexual abuse, by peers, in foster care institutions, occurred in 13.4% of the
24 cases with high rates of physically intrusive practices highlighting the need to

1 implement adequate measures in foster care facilities that can early detect and
2 prevent this type of abuse;

3 e) In 9.2% of the cases, sexual solicitation prior to the abuse occurred through the
4 use of communication systems, namely internet (Facebook), broadcast teletext
5 and telephone SMS. Further studies are necessary in order to better
6 characterize this emergent form of extra-familial sexual abuse;

7 f) Injuries are absent in 61.9 % of cases, which is related, among others, to the
8 delay in reporting the case for FME (67% performed more than 72 hours after
9 the last alleged sexual practice);

10 g) Given the high rate of absent injuries and biological evidence, evaluation by
11 forensic psychology, conducted in 21% of the EF sexual abuse cases during the
12 studied period, assumed an important role in the forensic report conclusions.

13

14

15 **ETHICAL APPROVAL**

16 This study has been carried out in accordance with ethical rules. It has not been
17 submitted to Ethical Approval because it is a retrospective study based on medical
18 reports and identification of the individuals was not given.

19

20 **DECLARATION OF INTEREST**

21 The authors report no declarations of interest.

22

1 **SUBMISSION DECLARATION**

2 The authors confirm that the material presented in this manuscript is original and
3 has been submitted solely to this journal. All authors have approved the submitted
4 version of the manuscript.

5

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1 **TABLES AND LEGENDS**

2

3 **Table 1** – Characterization of the alleged abuse (n=97).

		n	%
Context of first contact between victim and alleged abuser	School	17	17.5
	Through friends or family	15	15.5
	Neighborhood	12	12.4
	“Relationship”	10	10.3
	Street	5	5.2
	Telephone SMS	4	4.1
	Internet (Facebook)	3	3.1
	Broadcast teletext	2	2.1
	Leisure activities	2	2.1
	Kidnapping	2	2.1
	Suspect’s workplace	2	2.1
	Home invasion	1	1.0
	Bus (bus driver)	1	1.0
	Popular festivities	1	1.0
	After escaping foster care facilities	1	1.0
Unknown	19	19.6	
Type of abuse	Vaginal/anal/oral penetration	55	56.7
	Fondling	15	15.5
	Vaginal/anal/oral penetration attempt	2	2.1
	Unknown	25	25.7
Place of occurrence	complainant’s or abuser’s home	45	46.4
	Foster care institutions	13	13.4
	Public place	13	13.4
	Car	7	7.2
	Suspect’s workplace	2	2.1
	Unknown	17	17.5

Frequency	Once	50	51.5
	Sporadically	12	12.4
	Regularly	11	11.3
	Unknown	24	24.7
Circumstances of occurrence	Physical violence	26	26.8
	Victim consent	21	26.9
	Enticement	14	14.4
	Verbal threats	6	6.2
	Victim consent under the effect of alcohol	1	1.0
	Unknown	29	29.9

1

2 **Table 2** – Report of the suspicion (n=97).

		n	%
Who raised the suspicion?	Parents or siblings	39	40.2
	Teachers	16	16.5
	Health professionals	12	12.4
	Known person	6	6.2
	Other family members	2	2.1
	Others	2	2.1
	Unknown	20	20.6

3

4 **Table 3** – Characterization of forensic medical evaluation (n=97).

		n	%
Elapsed time between the occurrence and forensic evaluation	≤ 72 hours	32	33
	>72 hours	44	45.4
	Unknown (but >72 hours)	21	21.6
Signs of sexual contact reported after physical forensic evaluation	Without	59	60.8
	Suggestive	18	18.6
	Unspecific	17	17.5
	Inconclusive (physical examination not performed)	3	3.1

Forensic medical conclusions	Unspecific	77	79.3
	Suggestive	18	18.6
	Diagnostic	2	2.1

1

2 **Table 4** – Characterization of the forensic psychological evaluation (n=97).

		n	%
When was the psychological evaluation conducted?	After the FME	93	95.9
	Before the FME	4	4.1
Did the children verbalize the abuse?	Yes	66	68
	No	20	20.6
	Unknown	11	11.3
Clinical indicators consistent with the experience of sexual abuse	Absent	41	42.3
	Present	39	40.2
	Inconclusive	9	9.3
	Unknown	8	8.2

3

AGRADECIMENTOS

Um agradecimento especial à **Professora Doutora Teresa Magalhães** por ter aceitado tão prontamente a orientação deste estudo e pela sua incrível dedicação.

À **Mestre Patrícia Jardim**, pela sua constante disponibilidade, incansável apoio e por todos os esclarecimentos imprescindíveis à realização do trabalho.

À **Professora Dra. Fernanda Rodrigues**, Diretora do Serviço de Clínica Forense da Delegação Norte do Instituto Nacional de Medicina Legal, por ter autorizado a realização do estudo naquele Serviço.

A **todos os profissionais do Serviço de Clínica Forense** pela disponibilidade, paciência e simpatia que tanto me ajudaram na elaboração deste trabalho.

ANEXOS



CHILD ABUSE & NEGLECT

The International Journal

AUTHOR INFORMATION PACK

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ISSN: 0145-2134

DESCRIPTION

Historically, child protection has been commonly perceived to be a matter of concern to professionals in specialized social service, health, mental health, and justice systems. However, *Child Abuse & Neglect: The International Journal* also welcomes contributors and readers interested in children's safety in the settings of everyday life - homes, day care centers, schools, playgrounds, youth clubs, health clinics, places of worship, and so forth. *Child Abuse & Neglect* also invites the engagement of other social scientists (e.g., anthropologists, economists, historians, planners, political scientists, and sociologists) and humanists (e.g., ethicists, legal scholars, political theorists, and theologians) whose studies may contribute to an understanding of (a) the evolution of concepts of - and strategies for - child protection and (b) the responsibilities of individual adults and the institutions of which they are a part to ensure children's safety and their humane care.

Limited by neither geography, profession, nor setting, the readers of *Child Abuse & Neglect* have diverse education, experience, interests, and needs for information. Accordingly, the journal seeks the expression of authors' ideas and their empirical findings clearly and cogently, so that articles are accessible to a broad audience. The journal also expects authors to approach problems of child abuse and neglect with a level of care commensurate with the fundamental importance of children's rights to the protection of their personal security, the promotion of their sense of dignity, and the assurance of love and respect in the relationships most important to them.

Toward those ends, *Child Abuse & Neglect* invites research and commentary on the following topics, among others:

- the conditions that foster or threaten children's safety and sense of personal security in their homes and other settings of everyday life;
- the conditions that enable or hinder parents', extended family members', other caregivers', and other community members' efforts to ensure children's personal security;
- programs and practices to facilitate children's protection from harms or wrongs, their recovery from violations of their personal security, or both;
- community, societal, and international systems to promote children's safety, enhance the quality of their care, and/or facilitate the mitigation of harms and wrongs that they may suffer;

•children's, parents', and other caregivers' own experiences, attitudes, and beliefs in regard to all of these topics.

Child Abuse & Neglect recognizes that child protection is a global concern and that the state of the art continues to evolve. Accordingly, the journal is intended to be useful to scholars, policymakers, concerned citizens, and professional practitioners in countries that are diverse in wealth, culture, and the nature of their formal child protection system. Thus *Child Abuse & Neglect* welcomes contributions grounded in the traditions of particular cultures and settings. However, international and cross-cultural studies and commentary are of special interest.

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