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Characterization of Stepfather Incest in Northern Portugal

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Characterization of Stepfather Incest in Northern Portugal

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ABSTRACT

Stepfather incest is an increasing problem in our society. As the number of recombined families increases, more children will be vulnerable to this type of sexual abuse. Studies have demonstrated a strong positive association between having a stepfather and the risk of sexual abuse. The aim of this study is to contribute to a better characterization of the determinants of stepfather incest in Northern Portugal from a forensic point-of-view.

A retrospective study was performed, based on forensic medical reports and legal outcomes of alleged cases of stepfather incest on victims under 18 years old (n=139) from 2004 to 2011.

The selected cases represent 7.2% of all suspected sexual crimes against children, and it was found that in most cases: the victims were female; the abuse began at an early age; occurred repeatedly and for a long period of time; sexual practices were more physically intrusive than in indiscriminate intra-familial cases; implied great emotional violence; the delay between the last alleged abuse and the forensic medical examination was more than 72 hours; there was frequent absence of physical and biological signs.

The judicial decisions were obtained in only 15.8% of cases; about half of these went to trial.

By all its characteristics, stepfather incest poses a major problem to early detection and signaling, implying serious psychosocial consequences.

RESUMO

O incesto perpetrado pelos padrastos constitui um problema que assume crescente importância na nossa sociedade. À medida que o número de famílias recombinadas aumenta, maior número de crianças ficará vulnerável a este tipo de abuso sexual. Estudos demonstraram uma forte associação positiva entre ter um padrasto e o risco de sofrer abuso sexual, sendo o objectivo geral deste estudo contribuir para uma melhor caracterização dos determinantes do incesto perpetrado pelos padrastos no Norte de Portugal.

Foi realizado um estudo retrospectivo baseado na análise dos relatórios periciais e respectivas decisões judiciais, relativos aos casos de alegado incesto perpetrado pelos padrastos em vítimas menores de 18 anos de idade (n=139) entre 2004 e 2011.

Os casos seleccionados correspondem a 7.2% do total das suspeitas de crimes sexuais contra crianças, tendo-se verificado que numa grande parte dos casos: as vítimas eram do sexo feminino; o abuso iniciou-se numa idade precoce; ocorreu de forma reiterada e por um longo período de tempo; as práticas sexuais foram fisicamente mais intrusivas às verificadas no abuso intrafamiliar indiscriminado; implicaram grande violência emocional; o intervalo entre o último suposto abuso e o exame médico-legal foi superior a 72h; verificou-se ausência de vestígios físicos ou biológicos.

As conclusões judiciais foram obtidas em apenas 15.8% dos casos, sendo que cerca de metade foi submetida a julgamento.

O incesto perpetrado pelos padrastos, pelas suas características, coloca grandes entraves à detecção e sinalização precoces implicando, assim, graves consequências psicossociais.

KEYWORDS

Incest, children, intra-familial, stepfather, forensic medical examination, judicial outcome.

PALAVRAS-CHAVE

Incesto, criança, intrafamiliar, padrasto, exame médico-legal, conclusões judiciais.

INTRODUCTION

Child sexual abuse (SA) are practices intended to give sexual gratification to an adult or any other person of a higher age in a position of power or authority (1). It includes exposure (pornographic photography or indecent acts by others, whether in their actual presence or in film), contact (indecent fondling of the child, masturbation of the adult by the child or intercrural intercourse), and/or penetration (oral, vaginal and/or anal) (2) and might occur in an intra or extra-familial setting. Within the intra-familial cases, incest, defined as sexual relations between close blood relatives or, in its broad sense, between a child and a stepparent or stepsibling (3), assumes great clinical, social and legal relevance. Regardless its universality, this phenomenon is surrounded by substantial social taboo and secrecy, and so, the real prevalence is not known (4).

Despite in most studies the greatest number of incest cases involve natal family members, approximately 10% of children live in stepfamilies and, as its prevalence increases, more children will be exposed to stepparents in the future (5, 6). Reporting inconsistencies and a lack of common definitions limit the quality of information on rates of child abuse in stepfamilies (6). However, some studies based on general populations found a strong association between having a stepparent and SA (7).

The factors increasing the risk for SA in stepfamilies are the same factors that put other children at risk, but usually these families experience higher levels of stress, conflict and less cohesion (6). Associated to this, biosocial theories hypothesize that the lack of investment on children, such as time, energy, care and financial assets, leads to higher rates of abuse among stepparents (6).

The cognitive, emotional, behavioural and psychological consequences of SA tend to be more serious when the abuser is a family member (8). Low self-esteem, resulting in self-blame, guilt and vulnerability towards further victimization is common among most of the victims. Depression, anxiety disorders, substance abuse, poor academic outcome, job failure and difficulty in sustaining relationships are also important consequences (9).

The fact that victim and abuser share a close relationship leads to a continuous abuse, in the secrecy of home, with less physically intrusive practices, but greater level of psychological violence (8, 10). The child faces a total loss of a safe home environment (8), which causes an ambiguous and difficult interpretation of the situation (11). As a consequence, child's disclosure or detection by a third party may be more difficult, delaying the forensic medical examination (FME) and the initiation of protective intervention. This delay decreases the probability of proving abuse, since FME is generally performed more than 72 hours after the occurrence. Physical signs or other related evidence might not be found (2, 8, 12). However, the absence of physical or laboratory findings cannot exclude the possibility of SA. Interestingly, some studies demonstrate that the legal response and the criminal prosecution rely heavily on abnormal physical examination findings and forensic conclusions (13, 14). Therefore, it is of paramount importance to collect a clear and spontaneous statement by the victim and to provide a systematic forensic psychological examination. Psychological assessment is often the sole proof of SA and so, it is crucial to evaluate verbal and non-verbal information, as well as the validity of the testimony (8, 15).

There are no published studies in Portugal about stepfather incest. Therefore, the aim of this pioneer study is to characterize the determinants of stepfather incest in the

Northern Portugal from a forensic point-of-view, in order to contribute to an earlier and greater detection of future cases.

MATERIAL AND METHODS

A retrospective study was conducted based on the analysis of FME reports and respective legal outcomes related to alleged cases of stepfather incest of children and adolescents (under 18 years of age), which were observed by the forensic medical north services of the National Institute of Legal Medicine of Portugal (INML), from 2004 to 2011.

After reviewing 1940 reports of alleged SA of children and adolescents, 139 cases of alleged stepfather's SA were selected. The respective legal outcomes were requested to the Public Office and Court regarding the cases until 2010 in order to give enough time to have available judicial outcomes. Twenty two judicial outcomes were obtained (15.8%).

A specifically customized data collection form was used and applied always by the same investigator, who was previously trained, to guarantee data reliability. Data aimed to characterize the victim, their family context, the alleged abuser, the alleged abuse, the forensic medical conclusions, and the legal outcome. Due to the retrospective nature of the study, it was not possible to collect all data regarding all different variables.

For cases involving multiple abusive sexual practices, only the most physically intrusive was considered.

The classification of the evidence in diagnostic, suggestive and unspecific was made according to the *Guidelines for Medical Care of Children Evaluated for Suspected Sexual Abuse* (16).

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

RESULTS

During the period of analysis, 139 cases were collected, corresponding to 7.2% of all suspected sexual crimes against children, reported to the forensic medical north services of the INML.

1. Characterization of the alleged victim

The majority of the alleged victims were female (84.9%, n=118). The average age for both genders was 10 years old (min=2.2; max=16.4; SD=4.2).

Regarding occupational activity, 72.7% (n=101) were students while 25.2% (n=35) had not yet reached school age. A small number of individuals (2.2%) were unemployed (2 of them were 13 years old and the other one was 15 years old) and have already left school.

Concerning to pathological background, 3 children had a history of mental handicap, ranging from learning disabilities (6-year-old boy) to epilepsy (6-year-old girl) and Turner Syndrome (14-year-old girl). Other 4 children presented a history of

physical handicap, from asthma (2 girls of 6 and 8 years old) to congenital heart disease (two 5 years old twin boys).

Drug abuse was identified in only one child (a 15-year-old girl).

In the majority of the cases (82.0%), the victims were part of a stepfamily at the time of the alleged abuse. In some cases, the victim's family was monoparental (7.2%): 8 of these families were maternal monoparental, with the mother's boyfriend regularly visiting the child, and 2 were father monoparental, with the child regularly visiting the mother and stepfather, usually on weekends (Table I).

2. Characterization of the alleged abuser

The alleged abuser was the stepfather and, in 2 cases, the abuse was simultaneously perpetrated by the stepfather and the mother.

Since information was provided by the victim and/or his/her representative, it was not possible to obtain data regarding the offender's age in a large number of cases (54.7%, n=76). Of the remaining 63 cases, the most prevalent age group was between 41-50 years old, representing 12.9% of the total cases.

In over half of all cases (58.3%, n=81) no information concerning professional activity was reported; 10.1% (n=14) were unemployed and 28.8% (n=40) were employed.

In 82.7% of the cases (n=115) information towards previous deviant behaviour was not available. In just one case it was referred a history of activities related to prostitution. In 12.9% (n=18), history of alcohol or drug abuse and delinquent behaviour

was reported. One case had a documented HIV infection and 2 cases had previous psychiatric history, which was not specified

History of prior sexual crimes against children was reported in one case: a 15-year-old girl who had already been abused by her stepfather by the age of 6-7 years old. The stepfather was acquitted of all charges due to lack of evidence.

It was documented a past or current history of domestic violence (physical and/or psychological abuse) committed by the stepfather against his wife/partner and/or children in 30.2% (n=40) of the cases.

In 61.1% (n=85) of the cases, victims had one or more siblings and there were simultaneously suspicions of SA on 23.5% (n=20) of them.

3. Characterization of the alleged abuse

Regarding the frequency of SA, 25.2% were persistent during a period of time, with regular periodicity in 17.3% and an average duration of 15.4 months, followed by 23.7% of single events. (Table II).

The first abusive event took place between 6 to 10 years old for 34.5% of all cases, and between 11 to 14 years old for 30.2% of the cases.

The abuse was perpetrated at the victim and/or abuser's home in 77% of all cases, and 7.2% occurred outside home (desert place, car) (Table II).

Mostly described sexual practices were vaginal, anal and/or oral penetration (36.7% of all cases), followed by fondling (23.7%) and penetration attempts (9.4%) (Table II).

In 57.6% of the cases, it was not possible to obtain information about the circumstances in which abuse occurred. In 15.1% it occurred under armed threats and

physical violence and 12.2% under verbal threats. In 9.4% of the cases, victims were enticed with money and gifts (Table II).

Concerning to the "instrument" of abuse, penis was the most commonly used, being described in 26.6% (n=37) of the cases. Fingers were used in 22.3% (n=31) of the cases. In 20.1%, abuse with multiple instruments, like fingers, mouth and penis, was described. A 7-year-old boy described anal penetration with a wooden stick.

The first suspicion was most commonly raised by family members (43.2%), a slightly greater part (25.2%) by close relatives – mother, father, stepmother (Table III). In most cases, the suspicion was based on the disclosure made by the victim (35.3%) or by physical/biological signs and symptoms (14.4%) (Table III). The most common were anal/genital erythema, bruises and bleeding, as well as anal/genital pain and discomfort, respectively. Other facts that raised suspicion were unexplained home escapes (in 3 cases), sexualized behaviour in a 7-year-old boy (attempted oral sex with a schoolmate) and in two girls of 3 years old (masturbatory maneuvers) as well as behavioural changes like aggressiveness, sadness and changes in diet habits, in several cases.

In 69 cases (49.6%), the child disclosed the abuse by his/her own will or after being directly questioned about its occurrence. Close relatives (mother, father or stepmother) were the people to whom the abuse was disclosed more often (13.7%, n=19), followed by other family members (10.8%, n=15).

The reporting of the SA was made by family members in 36.7% of the cases (n=51). The first notification was mostly made to health care facilities [hospital/ health centre (24.5%, n= 34)], followed by Police (12.2%, n=17) and child protective services (10.8%, n=15). None of the cases were first reported to the forensic medical services.

In 27.3% (n=38) of all cases, the alleged victims received medical care following the alleged abuse.

4. Characterization of the FME

In 19.4% of the cases (n=27), the alleged victim did not disclose the abuse or denied it, and the FME was carried out on the basis of abuse suspicion raised by others. In many other cases (30.9%), the information given by the alleged victims or their caregivers was insufficient and vague or even inexistent.

In the majority of cases (91.4%), FME was performed more than 72 hours after the last alleged sexual contact; this group also includes those in which the time elapsed was unknown (n=73, 52.5%).

No injuries were found during the FME in 64.0% of the cases. From all physical finding cases, only 13.7% (n=19) were suggestive of sexual contact: 12 cases of healed lacerations of the hymen suggesting non-recent vaginal penetration, 1 case of abrasion on the labia minora, 1 case of perivulvar abrasion, 1 case of bruises on the labia majora and minora and 1 case of penis laceration. The anal region also revealed injuries: 1 case of perianal bruises, 1 case of anal laceration and 1 case of anal scar.

Among nonspecific lesions of SA, bruises and abrasions were described in several areas of the body surface, as well as healed lacerations of the hymen in the context of previous history of sexual activity, and vulvar and anal erythema.

Forensic genetic studies took place in only 12.2% of all cases (n=17), in which, 4 cases had positive results: 3 showed a heterologous male genetic profile on the pieces of

clothing and the other revealed microscopic study of sperm, as well as a heterologous male genetic profile in the vaginal exudate.

Microbiological studies were requested in 15 cases (10.8%), but results were negative. No toxicology studies were requested.

Pregnancy occurred in a 13 year-old-girl, which had already done voluntary abortion by the time of the FME. The victim had healed lacerations of the hymen and denied consensual sexual practices apart from the alleged abuse.

Psychological assessment was performed in 23.7% (n=33) of the cases: 9.4% (n=13) showed consistent clinical indicators with an experience of SA, while in 10.1% (n=14) it was not possible to assess about the presence of compatible clinical indicators.

Taking into account all the available information, the FME report conclusions were unspecific for the diagnosis of SA in 87.1% of the cases, suggestive in 10.1% and diagnostic in only 2.9%.

5. Judicial outcomes

Information about the judicial criminal decisions was only available in 22 cases (15.8%). From these, 50% (n=11) were filed because there was not enough data to go forward with prosecution at the prosecutor office level. One case was temporarily suspended for three months. The remaining 45.5% of the cases (n=10) went to trial, 7 (70%) being convicted for child SA (article 171º of the Portuguese Penal Code) and 3 were acquitted. From the convicted cases, defendant was incarcerated in 4 cases (2 of them for 48 months, 1 for 53 and the other for 132 months) and sentence was suspended in 3 cases.

The concordance assessment between the FME findings and legal outcomes was not performed due to small number of judicial decisions obtained.

DISCUSSION

Stepfather incest seems to be an increasing problem, as the number of stepfamilies become more and more frequent. In this study, the number of reported cases increased over the years: 18.7% (n=26) of all selected cases occurred during 2004-2005, while 29.5% (n=41) occurred during 2010-2011 (Chart 1). Despite its seriousness, there is not enough knowledge about this problem. With this study, a broad characterization of stepfather incest in the Portuguese setting was achieved.

Gender influences the rates of SA in stepfamilies (6), with girls being the main victims of stepfather abuse and boys less prone to intra-familial SA (17-19). When the perpetrator is a family member, boys are more likely to be victimized by someone closer in age (cousin, sibling, young uncle) (18). However, the fact that the sexually abusive stepfather-stepson relationships are simultaneously perceived as incest, pedophilia and homosexuality, may be contributing to lower documented prevalence of stepfather-stepson incest (20).

Although an unique incestuous stepfather profile does not exist and incest may occur in the absence of discernable previous risk factors, stepfathers are significantly more likely to have alcohol or drug abuse history and delinquent behavior. Personality traits related to serious difficulties in interpersonal relationships and tendencies to act on their feelings in destructive ways, as well as prior convictions for sexual offenses, also predispose them to commit SA (21). Since the collected data relied on the victim's

testimony or accompanying people, there is lack of information concerning the characteristics of the alleged offender in this study, which may explain the low rates of documented alcohol or drug abuse and delinquent behaviour. Only one case had prior sexual crime reports.

Other available studies indicate that mental illness characterizes a minority of the cases (6). In this study, only two cases had previous psychiatric history.

Like other forms of intra-familial abuse, stepfather incest has additional immediate and long-term traumatic consequences, threatening child's well-being and safety (22, 23).

In this study, the average age of child at the time of forensic examination was 10 years old, which is comparable to the average age found in published literature on indiscriminate intra-familial SA and less than the average age for extra-familial SA (8).

Literature data concerning the duration of abuse is scarce. A stepfather incest retrospective study found a slightly higher duration of abuse (24), compared to the duration described in this study (19.4 vs 15.4 months). However, taking into account its smaller sample size (n=24), no extrapolations can be made to our study. This question needs further research.

Like in other studies (8, 23), these abusive practices mostly occurred at the victim and/or offender's homes, involved in great secrecy, which justifies the high frequency of abuse episodes and its continuous nature (8, 23).

Given the close relationship between the victim and abuser, there is a great degree of emotional violence associated to these cases (8, 22, 23). In order to make disclosure even more difficult, the abuser enhances his/her power through threats against the child or the child loved ones (22) ,which is in accordance to the findings in

this study. Also, some studies refer that stepparents tend to be more authoritarian and use coercion more than biological fathers (6), corroborating the findings of past or current history of domestic violence in these dysfunctional families (25).

In this study a frequent involvement of more than one stepson/stepdaughter in the process of abuse is described, but the published literature concerning stepfather incest does not contemplate this point; this fact is only described in studies of biological father incest. Therefore, this study gives a step forward, contributing with new data to the stepfather incest literature.

The traumatogenic impact of abuse shows a positive correlation with the severity and intrusiveness of practices (11). It is known that intra-familial abuse is commonly associated with less intrusive practices (8). Nevertheless, controversy exists about comparative intrusiveness of SA occurring in stepfamilies and in natal families (6). A study indicates that intrusiveness is greater in stepfamilies than in natal families (26) while another indicates the opposite (24). The findings in this study present higher rates of penetration/penetration attempt and lower percentage on fondling, similar to rates of extra-familial abuse studies (8). On one hand, many children describe the abuse practices as "penetration" but it is possible that they haven't often occurred. Perhaps, the best explanation for this is the misinterpretation of simulated intercourse as either penile-vaginal or penile-anal penetration (26). On the other hand, the higher rates of intrusiveness, if effectively occurring, may be associated with the average age of the victims found in this study: older children may feel more secure to disclose a more violent abuse (26). Likewise, the long duration of the abuse is generally linked to progression of intrusiveness, from fondling to penetration (26).

Sexually abused children face a serious dilemma in deciding whether or not to disclose (20). As in other contexts of intra-familial abuse, the emotional bond between the victim and the abuser, as well as the low visibility of it, makes disclosure or detection by a third person more difficult (8, 23), with studies demonstrating higher rates of either delayed disclosing or no disclose at all, comparing to extra-familial cases (27, 28). These victims may be more concerned about potential punishment and family disruption, once they feel at least partially to blame for the abuse (29). However, in this study, approximately 50% disclosed, which can be related, as mentioned above, with the average age of the victims at the time of FME.

The first suspicion of SA, as well as the reporting to authorities, was most commonly raised by close relatives – mother, father, and stepmother. Literature indicates that victims living in monoparental maternal families are at most risk of receiving poor support for their emotional and psychological reactions to incest. Mothers might feel some conflict of emotional allegiance between her child and her current partner (24).

Due to the particular characteristics of stepfather incest, there is a significant delay in performing the FME (8), compromising the documentation of injuries on the physical examination and decreasing the likelihood of evidence collection.

One of the main goals of the forensic medical assessment is to collect biological evidence to carry out genetic exams. It should occur in the first 72 hours after sexual contact, in order to enable studies to be performed (30).

In this study, in only 8.6% of the cases the FME was performed less than 72 hours after the last alleged abuse. Moreover, semen is not often deposited inside the vaginal vault (ejaculation may occur in the child's mouth, abdomen or between the buttocks and

is not easily collected) and healing of anogenital lesions is fast and sometimes complete in children, hampering, if not precluding, the documentation of physical injuries or evidence related to SA (22, 30). These aspects explain the absence of injuries during FME in most of the cases, as well as the low rates of DNA studies performed. Despite that, the absence of physical and/or biological indicators does not exclude the possibility of SA to have occurred (26, 30).

One study found that 10% of sexually abused children had positive results for illicit drugs, supporting the need of drug testing in order to provide proper treatment (31). Despite its importance, no toxicology studies were requested in these cases. This fact may be explained by the delayed presentation to the FME, as well as the absence of signs and symptoms suggesting drug influence.

Microbiological studies performed had no positive results. Despite that, these exams should always be performed because they may help in the forensic medical diagnosis, as sexually transmitted infections, in the proper context, may be diagnostic or suggestive signs of SA (16, 32) .

Research indicates that medical and legal experts have relied too heavily on the medical examination in diagnosing child SA (26). However, because there is often little, and sometimes none, forensic medical evidence of abuse, child's testimony remains the single most important instrument in child SA assessment and diagnosis (26). Therefore, it is of paramount importance to perform psychological assessments in all suspected cases of SA, evaluating and interpreting verbal and non-verbal information, symptoms, developmental levels, behavioural and emotional status and the validity of the testimony. A psychological assessment is particularly complex, which reinforces the importance of a careful approach to the alleged victims, so as not to incur in the process

of secondary victimization and report contamination, invalidating the proof (15). In this study, only 23.7% of the alleged victims were submitted to psychological assessment. In 14 of these cases, it was not possible to assess about the presence of compatible clinical indicators with abuse. This may be explained by the long period of time between abuse and the evaluation, resistance to disclosure/fear of disclosing, or even due to contamination and consequent invalidation of the testimony, making the collected information not valid to draw conclusions.

The forensic medical report conclusions, based on the assessment of all available data, were unspecific in most of the cases, which may result on the combination of all the stepfather incest features described above. The social taboo and delay in disclosure hinder a definitive diagnosis in almost all studied cases.

As the first notification of alleged abused was mostly made to health care facilities, healthcare professionals must be increasingly vigilant and aware of a situation of possible SA. This will enable them to have a more effective intervention, promoting faster contact to forensic medical services and better treatment, safety and protection of the victims.

Finally, this study intended to assess the importance of the FME in terms of the judicial outcomes. Nevertheless, it was only possible to obtain results in 22 cases (15.8%), which do not allow us to take secure inferences about the concordance between FME conclusions and judicial decisions. Further studies are necessary.

CONCLUSIONS

1. The alleged stepfather incest accounts for 7.2 % of all suspected sexual crimes against children reported to the forensic medical North services of the INML in the studied period.

2. Some particular characteristics, responsible for exacerbating the consequences of abuse, were identified in this study: victim's young age; long duration and high reiteration of the abusive practices; high rates of physical and emotional violence.

3. The degree of intrusiveness was slightly higher compared to another intra-familial study, and similar to the findings of extra-familial SA studies. Despite that, there were no injuries at the time of FME in 64% of the cases. Further studies are needed to better understand this aspect.

4. The absence of injuries or biologic evidence may, in part, be related to the delay in reporting the case for FME (only 8.6% performed less than 72 hours after the last alleged SA).

5. This delay is not only due to the non-disclosure or late disclosure by the victim, but also due to failure to report or late report by those to whom the disclosure is made, or that suspect it. In this study, family members were the first to raise suspicion (43.2%) and the first to report the case (36.7%). Most cases were reported to healthcare facilities (24.5%), being healthcare professionals the first ones regarding the possibility and responsibility of detecting and correctly orientating these cases.

6. This reporting delay, and subsequently the absence of injuries, explains the low number of genetic, microbiological and toxicological studies requests.

7. Most of the forensic report conclusions were unspecific, which may be due to all the characteristics mentioned above.

Despite the increasing awareness that stepfather incest is a major public health problem, there continues to be relatively little information about its distribution and determinants, namely in Portugal. This study is the first Portuguese approach on the issue, highlighting the need for further studies, to a better understanding and prevention of this type of abuse.

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REFERENCES

1. Dias I, Ribeiro C, Magalhães T. A construção social do abuso na infância. In: Magalhães T, editor. Abuso de Crianças e Jovens Da suspeita ao Diagnóstico Lisboa: Lidel; 2010. p. 8.

2. Magalhaes T, Carneiro de Sousa MJ, Gomes da Silva A, Pinto da Costa D, Grams AC, Ribeiro C, et al. Child sexual abuse: a preliminary study. Journal of clinical forensic medicine. 1998 Dec;5(4):176-82.

3. Bernet W. Child maltreatment. Kaplan and Sadock's comprehensive textbook of psychiatry. Sadock B, Sadock V. ed. Philadelphia, PA: Lippincott Williams and Wilkins 2000. p. 2878-89.

4. Finkelhor D. Current information on the scope and nature of child sexual abuse. The Future of children / Center for the Future of Children, the David and Lucile Packard Foundation. 1994;4(2):31-53.

5. Bumpass L, Sweet JA, Cherlin A. The role of cohabitation in declining rates of marriage. Journal of Marriage and the Family. 1991;53:913-27.

6. Giles-Sims J. Current Knowledge About Child Abuse in Stepfamilies. Marriage & Family Review. 1998;26(3-4):215-30.

7. Finkelhor D, Baron L. Risk factors for child sexual abuse. Journal of Interpersonal Violence. 1986;1(1):43-71.

8. Magalhães T, Taveira F, Jardim P, Santos L, Matos E, Santos A. Sexual abuse of children. A comparative study of intra and extra-familial cases. Journal of forensic and legal medicine. 2009;16(8):455-9.

9. Markham U. Childhood Trauma: Your Questions Answered Vega Books; 2002.

10. Fischer DG, McDonald WL. Characteristics of intrafamilial and extrafamilial child sexual abuse. Child Abuse Negl. 1998 Sep;22(9):915-29.

11. Peixoto C, Ribeiro C. Indicadores psicológicos de abuso. In: Magalhaes T, editor. Abuso de Crianças e Jovens da suspeita ao diagnóstico. Lisboa: Lidel; 2010. p. 39-49.

12. Berenson AB, Chacko MR, Wiemann CM, Mishaw CO, Friedrich WN, Grady JJ. A case-control study of anatomic changes resulting from sexual abuse. American Journal of Obstetrics and Gynecology. 2000 4//;182(4):820-34.

13. Palusci VJ, Cox EO, Cyrus TA, Heartwell SW, Vandervort FE, Pott ES. Medical assessment and legal outcome in child sexual abuse. Archives of pediatrics & adolescent medicine. 1999 Apr;153(4):388-92.

14. Sugue-Castillo M. Legal outcomes of sexually abused children evaluated at the Philippine General Hospital Child Protection Unit. Child Abuse Negl. 2009 Mar;33(3):193-202.

15. Magalhaes T, Ribeiro C, Jardim P, Peixoto C, Oliveira R, Abreu C, et al. Da investigação inicial ao diagnóstico de abuso. In: Magalhaes T, editor. Abuso de Crianças e Jovens Da suspeita ao diagnóstico. Lisboa: Lidel; 2010. p. 147-87.

16. Adams JA. Guidelines for medical care of children evaluated for suspected sexual abuse: an update for 2008. Current Opinion in Obstetrics & Gynecology. 2008 Oct;20(5):435-41.

17. Finkelhor D. Current Information on the Scope and Nature of Child Sexual Abuse. Future of Children. 1994 00/00;4(2):31-53.

18. Gordon M. Males and females as victims of childhood sexual abuse: An examination of the gender effect. J Fam Viol. 1990 1990/12/01;5(4):321-32.

19. Kendall-Tackett K, Simon A. A comparison of the abuse experiences of male and female adults molested as children. J Fam Viol. 1992 1992/03/01;7(1):57-62.

20. Goodman-Brown TB, Edelstein RS, Goodman GS, Jones DPH, Gordon DS. Why children tell: a model of children's disclosure of sexual abuse. Child Abuse & Neglect. 2003;27(5):525-40.

21. Erickson WD, Walbek NH, Seely RK. The life histories and psychological profiles of 59 incestuous stepfathers. The Bulletin of the American Academy of Psychiatry and the Law. 1987;15(4):349-57.

22. Magalhães T, Carneiro de Sousa MJ, Gomes da Silva A, Pinto da Costa D, Grams AC, Ribeiro C, et al. Child sexual abuse: a preliminary study. Journal of clinical forensic medicine. 1998 12//;5(4):176-82.

23. Gomes V, Jardim P, Taveira F, Dinis-Oliveira RJ, Magalhães T. Alleged biological father incest: a forensic approach. Journal of Forensic Sciences. 2013.

24. Cyr M, Wright J, McDuff P, Perron A. Intrafamilial sexual abuse: brother-sister incest does not differ from father-daughter and stepfather-stepdaughter incest. Child Abuse Negl. 2002 Sep;26(9):957-73.

25. Faust J, Runyon MK, Kenny MC. Family variables associated with the onset and impact of intrafamilial childhood sexual abuse. Clinical Psychology Review. 1995 //;15(5):443-56.

26. Heger A, Ticson L, Velasquez O, Bernier R. Children referred for possible sexual abuse: medical findings in 2384 children. Child Abuse Negl. 2002 Jun;26(6-7):645-59.

27. Sauzier M. Disclosure of child sexual abuse. For better or for worse. The Psychiatric clinics of North America. 1989 06/;12(2):455-69.

28. Smith DW, Letourneau EJ, Saunders BE, Kilpatrick DG, Resnick HS, Best CL. Delay in disclosure of childhood rape: results from a national survey. Child Abuse Negl. 2000 Feb;24(2):273-87.

29. Quas JA, Goodman GS, Jones DPH. Predictors of attributions of self-blame and internalizing behavior problems in sexually abused children. Journal of Child Psychology and Psychiatry. 2003;44(5):723-36.

30. Jardim P, Magalhaes T. Indicadores físicos e biológicos de abuso. In: Magalhaes T, editor. Abuso de Crianças e Jovens Da suspeita ao diagnóstico. Lisboa: Lidel; 2010. p. 109-18.

31. Oral R, Bayman L, Assad A, Wibbenmeyer L, Buhrow J, Austin A, et al. Illicit drug exposure in patients evaluated for alleged child abuse and neglect. Pediatric emergency care. 2011 Jun;27(6):490-5.

32. Bechtel K. Sexual abuse and sexually transmitted infections in children and adolescents. Current opinion in pediatrics. 2010;22(1):94-9.

TABLES AND FIGURES

Table I – Characterization of the type of family (n=139).

	n	%
Recombined	114	82.0
Maternal monoparental	8	5.8
Paternal monoparental	2	1.4
Extended	12	8.6
Institutionalization	1	0.7
No information	2	1.4

Table II – Characterization of the alleged abuse (n=139).

		n	%
Type of abuse	Fondling	33	23.7
	Vaginal penetration attempt	8	5.8
	Anal penetration attempt	3	2.2
	Oral penetration attempt	2	1.4
	Vaginal penetration	21	15.1
	Anal penetration	12	8.6
	Oral penetration	7	5.0
	Vaginal and anal penetration	4	2.9
	Anal and oral penetration	7	5.0
	Unknown	42	30.2
Place of occurrence	Home	107	77
	Isolated place	10	7.2
	Unknown	22	15.8
Frequency of abuse	Once	33	23.7
	Regularly	24	17.3
	Sporadically	11	7.9
	Unknown	71	51.1
Abuse circumstances'	Verbal threats	17	12.2
	Physical violence	21	15.1
	Inducement	13	9.4
	Victim consent	8	5.8
	Unknown	80	57.6

Table III – Report of the suspicion and its rational (n=139).

		n	%
Who raised the suspicion?	Close relatives	35	25.2
	Other family members	25	18.0
	Known person	3	2.2
	Kindergarten/teacher	14	10.1
	Health professionals	15	10.8
	Unknown	47	33.8
Rational that leads to suspicion	Disclosure by the victim	49	35.3
	Testimony of abuse	4	2.9
	Physical/biological signs	20	14.4
	Symptoms	0	0
	Behavioural changes	7	5.0
	Other	18	12.9
	Unknown	41	29.5

Chart 1 – Number of cases of stepfather incest per year (n=139).