Sexual abuse in children and teenagers

A perspective from Portugal

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Cultural and social differences amongst European countries lead to different patterns of abuse and also different ways of approaching the problems. The following describes a community pediatrician’s view on sexual abuse in children and teenagers in Portugal.

The ethical aspects of interventions, as well as the side-effects – at times “perverse” – should always be considered. On many occasions well-intentioned intervention may not be recommended, as cultural traditions, even when they seem erroneous and anomalous, are part of the daily life of a community. Tradition may e.g. demand that a bride-to-be must have her first sexual intercourse with her father, to prove the quality of the product her future husband (the customer) will receive from her father (the salesman). Introducing change to families and the population in general must therefore be done in a very smooth and non-aggressive way.

In Portugal, a state party to the Convention on the Rights of the Child, reported cases represent only the tip of the iceberg, in spite of a recent increase in reports (by 33% in Greater Lisbon in 1992). Sexual abuse is most frequently reported after the first five years of age, 40% of all cases are thought to occur before the age of twelve. Ninety percent of abuse cases happen within the family. The geographic areas where known sexual abuse is more prevalent correspond to areas with greater percentages of slums, poor housing and promiscuity. Families that have been more frequently identified are those most unbalanced and vulnerable in economic and psychological terms. In Portugal an increase during the hot season has been observed, perhaps due to an increased number of opportunities or of higher alcohol consumption in summer. Some authors indicate the use of summer clothes (T-shirts, mini-skirts etc.) in girls, particularly teenagers as a trigger factor. This argument does not carry scientific weight and may in an unfortunate way shift the responsibility from the perpetrator to the victim. When the concept of “woman’s facilitation” or “motivation” as an attenuating factor was introduced in the Government’s proposal for revision of the Penal Code, reactions came from many sectors of the Portuguese society.

Sexual abuse of children and teenagers includes harassment, petting,
molestation and various forms of sexual behavior. Also, the use of children
in the production of pornographic material and in prostitution is becoming
more common. In Portugal the growing problem of drug intake is associated
with an increase of teenage prostitution as well as, in some tourist areas, the
use of children to satisfy tourists' sexual phantasies, in many cases stimu-
lated by parents who need the income. Sexual abuse is also associated in
most cases with physical and psychological abuse. In known cases the factors
that contribute most to sexual abuse are low socio-economic level, lack of
education, unemployment and poor housing. The profile of victims includes
features of vulnerability, immaturity, isolation, prolonged absences of the
mother from the household and a dependency characterized by total submis-
sion and obedience. The perpetrator varies from the well-defined pedophile
or psychotic patient to the normal person under the influence of alcohol. Sexual
immaturity and social non-integration are common characteristics. Other factors
that should be taken into account include the use of violence as an argument
and insensitivity to the pain caused to other people, religious inhibitions,
various forms of childhood and infant frustrations, dissatisfactions, a personal
history of abuse, stress, wrong concepts about sexuality, lack of respect towards
other people, lack of feeling and little or no capacity to feel or express love
and affection.

With the positive and rapid evolution of health indicators and growing
awareness of general well-being, an increasing number of sexual abuse cases
are coming to light. In the early 1980s, a movement of Portuguese pediatri-
cians, judges and other professionals and institutions raised the level of
technicians and public attention to the problem. In the pediatric department
of Lisbon University Hospital (Hospital de Santa Maria), an informal group
was formed integrating three pediatricians, a pediatric nurse and a social
worker, interfacing with a juvenile judge, a child psychiatrist and others. The
aims of this group were mainly to detect new cases, treatment of detected cases,
to train professionals, to define guidelines for hospital management, facili-
tate interprofessional collaboration, research and to stimulate other departments
to start similar projects.

Very rapidly other pediatric departments adopted the same methodology and
more and more informal groups were created. Simultaneously other parts
of society started to organize services and approaches to the problem. In
1991, local Commissions for Child Protection were formed, based on local
judicial areas, integrating elements from local authorities, police departments,
representatives of health and education and citizens "above any suspicion",
as defined by a specific Governmental Act. In August 1992, another Govern-
mental Act stated that all hospital pediatric departments should have a Group
whose aims and methods were identical to those adopted eight years earlier
by the pioneer group. This Act also foresees the creation of special support
at the primary care level.

Child abuse is a well recognized problem in Portugal. The aim of inter-
vention is based on working with the family so that the child can safely stay