RESPONDING TO CHILD SEXUAL ABUSE: STEP BY STEP THROUGH STRENGTHS AND BARRIERS. A PORTUGUESE OVERVIEW

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• **AREA**  
  92 090 Km²

• **POPULATION**  
  10 561 614 inhabitants

• **POPULATION <18yo**  
  2 345 288 (22%)

• **NATIONAL HEALTH SERVICES**
  
  226 hospitals
  
  1 601 health centers

• **NATIONAL FORENSIC SERVICES (NILMFC)**
  
  3 branches
  
  33 medico-legal offices

• **NATIONAL PROTECTION SERVICES (NCPCYPR)**
  
  300 CPS
PATHWAYS OF INTERVENTION

→ Protective intervention

→ Criminal investigation
Protective intervention (levels)

1\textsuperscript{st}: informal and corresponds to the involvement of the entities with jurisdiction over children at a level of consensus with parents, legal guardians, or with whoever has custody of the child, as appropriate, in accordance with the Law.

2\textsuperscript{nd}: provided by the CPS for which consent from the child’s legal representative should be obtained, as well as the child non opposition (>12 yo).

3\textsuperscript{rd}: formal and governed by the Family and Juvenile Court system

- whenever the 2\textsuperscript{nd} level has failed to produce the expected outcome
- when caregivers do not give their consent for the intervention or are not complying with the recommended intervention/plan of safety, and also when the child (>12 yo) opposes that kind of intervention
- when the child’s life project is the adoption
Criminal investigation

Public crime (PPO has the duty to investigate the case ex-officio)
Report

Refer to → Entity with jurisdiction over children or CPS

⇒ Protection purposes

Deontological Physicians’ Code → Physicians

Protective Law → Entire community

Denounce to → Criminal Police or NILMFS

⇒ Public Prosecutor Office

⇒ Criminal investigation purposes

Criminal Law → Police and state employees → MANDATORY REPORTERS
WHY NOT REPORT?

• Unawareness
  - of the importance of this step for children’s protection & criminal investigation
  - of the legal obligation to do it

• Fear of making incorrect diagnosis, accusing innocent people

• Lack of formation and experience to perform the report (lack of protocols)

• Alleged issues of confidentiality duty

• Misunderstanding between protective and criminal interventions

• Cultural perspectives
  - denial of certain abuse categories
  - lack of recognition of certain practices as abuse
  - perception that the intervention is an invasion of the family unit

• Fear of getting involved with justice, namely being sued, and having to testify in court

• Fear of losing patients

• Consider the report as not inherent to his/her profession
FORENSIC MEDICAL EXAMINATION

► Mandatory by law

→ Only a written report of the NILMFC has value as legal proof in a Court of Law

→ Can be performed without a judicial order
  - required by any person
  - due to the urgency of evidence collection and preservation
Currently, the main weaknesses of the system are still the absence of:

- an effective collaboration between criminal and protective interventions, or of a unique entity responsible for those procedures

- a unique task force that, on its own, can be responsible for receiving and screening all suspected cases in the proper direction, in order to address therapeutic, forensic, protective, criminal, and preventive aspects of CA through an organized and structured model

- forensic interviews (which as no legal value as proof in Portugal) to avoid testimony contamination and secondary victimization
In the last years, and with some international collaboration, we achieved:

- Several interdisciplinary and inter institutional protocols, namely a national protocol that guarantee a timely and adequate response for the needs of the CA
- Written proposals for the implementations of a national integrated intervention
- Published guidelines to help professionals perform a more comprehensive and correct intervention
- Accredited courses: Course on CA&N; Forensic Interview Training, …
- Important steps towards the FI system implementation: NICHD model translated in Portuguese and validated for our population; Facilities for child interviews and some concrete experiences; Grant project and other research
- A proposal to implement a green-line for victims of violence, at a public hospital, concentrating the most possible number of services at the same place
- Increasing of scientific research on CA in the Portuguese context.
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In the last years, and with some international collaboration, we achieved:

- Several interdisciplinary and inter institutional protocols, namely a national protocol that guarantee a timely and adequate response for the needs of the CA victims. The implementation of such protocols will lead to a comprehensive and effective intervention model on peace and justice for victims of violence.
- Written proposals for the implementation of a national integrated intervention model.
- Published guidelines to help professionals to perform a more comprehensive and accurate intervention. These guidelines will serve as a reference for professionals who work with children and families who have experienced abuse.
- Accredited courses: Course on CA&N; Forensic Interview Training, etc.
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CONCLUSION

√ Professional awareness

√ Knowledge base

√ Pertinent laws

√ Trained professionals

√ Interagency collaboration and communication guarantying a comprehensive multidisciplinary approach

→ Protect children from abuse and manage a case once it is suspected

✓ BUT.... we still need to develop a real national integrated system of intervention on these cases, including the national implementation of the FI model....