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RESEARCH ARTICLE

Intra and extrafamily sexual abuse violence against children and adolescents resulting in pregnancy attended at a health reference service, São Paulo, Brazil

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Abstract

Objectives: To analyze cases of pregnancy resulting from intrafamily and extrafamily sexual violence against children and adolescents. **Methods:** Transversal study with 531 children and adolescents between 10 and 18 years old and attended at the Hospital Pérola Byington, São Paulo,Brazil, from 1994 through 2014, alleging pregnancy due to sexual abuse. The statistical analysis was carried out by the Pearson's chi-square test and the 95% Confidence Interval. **Results:** There were 401 pregnancy cases resulting from extrafamily and 130 intrafamily sexual abuses. In the extrafamily the approach in public spaces was significantly more frequent(73.5%) through physical violence/ threats(71.5%); spontaneous search for care(6.2%); gestational age ≤ 12 weeks(48.4%); abortion withdrawal(6.5%),and non-approval of the abortion due to early or post gestation as regards the rape(25.8%). In the intrafamily the arrival at the reference care unit after 22 weeks of gestational age was the main issue(19.2%), which was the impending factor for non-abortion. **Conclusions:** In the intrafamily pregnancy cases resulting from sexual abuse, it were noted indicators suggesting that the child and the adolescent's vulnerability and their close relationship with the author imply in the late arrival at the health care unit, thus negatively interfering in the assistance to the legal abortion allowed by the Brazilian legislation.

Keywords: incest; rape; children; adolescents; sexual abuse; legal abortion.

Introduction

Sexual violence in childhood and adolescence is being increasingly regarded as a priority in the health field agenda. It is being featured as an increasing and significant issue in the Brazilian contemporaneity, thus, a public health issue.[1] Regarding the right of all children and adolescents to have a healthy and non-violent life, the present study has as premise to show the various cases of rape pregnancy against children and adolescents under 18 who were treated in a public referral service on sexual abuse.

Child sexual violence is a highly complex subject, most of the sexual abuse cases occur between close people, particularly between members of the family, configuring themselves in incestuous relationships.[2] In this scenario, one might take into account that rape, either extrafamily or intrafamily, and although affecting both genders, different ages, social classes and various levels of education, women are the most threatened.[1]

To respond to sexual violence, there has been a collective positioning in the last decades that is increasing visibility aiming at a greater awareness about the right to life without violence. Therefore, there is a need for a continued commitment to thoroughly discuss this matter,[3] claiming that every person has the right to have his or her sexual life and options duly respected, the State being incumbent to assure the appropriate means.[4]

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Sexual violence has, as a means of intimidation, the serious threat or use of physical strength, as well as the vulnerability of the child or the adolescent up to 14 years old. The sexual abuse is typified in the Brazilian Penal Code as an offense against Social Dignity, including rape (Article 213) and rape of vulnerable (Article 217-A). The latter article (217-A) is intended for people under the age of 14, with vulnerabilities such as mental health problems or unable to resist.

In Brazil, the current criminal conduct of rape is "to embarrass someone, violence or serious threat to have sexual intercourse/vaginal penetration or to practice or allow another act of libidinous to be practiced with someone"[5]. Therefore, any type of sexual contact with a child or adolescent of any gender, even without penetration acts, is deemed as rape under the penal legislation.[6]

The extrafamily rape is regarded as the sexual violence performed by someone unknown or not close to the family. The intrafamily or incestuous rape is the sexual violence occurred within the family environment, including close relatives and those with affective bonds such as parent, stepfather, uncle, brother, brother-in-law and cousin, among others.[2]

Incest is defined as the sexual relation between members of the same family, except spouses, said relationship being granted by the kinship social function carried out by people within the group, regardless of the existence of consanguinity.[2]

Among the damages of sexual abuse, pregnancy stands out due to the complexity of its outcomes. Furthermore, the forced and undesired pregnancy under these circumstances has influence in the legal legislation of each country, with different laws allowing the abortion, or not.[6] In Brazil, although abortion is deemed as an offense, it is allowed, provided it has resulted from sexual abuse, incestuous or not, upon the woman's consent or her legal representative, as established by Article 128 of the Penal Code.[5]

However, by reviewing the literature, it is noted the scarce scientific production regarding the choices for pregnancy due to rape; this is a paramount road to be explored. The Brazilian norms to attend to pregnancy cases resulting from rape establishes that the health care units should provide three definitive options: to maintain gestation till the end and include the newborn in the family, to maintain gestation till the end and deliver the newborn for adoption, or to require abortion under the law.[7]

Therefore, the object of this study is to compare the options chosen depending on the type of rape, either extra or intrafamily, and improve knowledge about the sexually abused children and adolescents'conditions.

Materials and methods

After approval by the Research Ethics Committee of the Medical Sciences of the São Paulo University(USP), the study was conducted with 531 children and adolescent between 10 and 18 years old,[7] with allegation of pregnancy resulting from sexual violence assisted at the Hospital Pérola Byington, at the State of São Paulo public health care, between August of 1994 to January 2014.

This descriptive and comparative transversal study was conducted using an electronic database that included patients attended at Pérola Byington. The sample was selected on the basis of convenience sample, gathered from an accessible database to the researcher and selected according to the inclusion criteria: patients with allegation of pregnancy resulting from sexual violence. Of this total(531), two groups of sexual abuse were compared: extrafamily and intrafamily.

The concept of incest was adopted as the manifestation of sexual relationship between members of the same family (except spouses) and the family concept was defined by both consanguinity and the kinship affinity and social function performed by the subject within the group.[8] Therefore, gestations resulting from incestuous sexual abuse were those committed by the father, stepfather, brother, uncle, cousin or brother-in-law of the person who suffered the violence.

The study variables were analyzed according to the two categories of sexual violence. The characterization of sexual offense and the characteristics of gestational age in the two groups evaluated, as well as the outcome of pregnancy

The data were obtained from database in the Microsoft Excel 2010 program. The database was fed by means of a complementary data sheet pre-coded. The analyses were performed in the software Epi Info for Windows, Version 7.2.

For the statistical analysis, frequencies and percentages were issued to describe the study variables in both groups. The relation between intrafamily and extrafamily rape-related pregnancy and the study variables was investigated by the Pearson's Chi-Square Test due to the prevalence and the 95% Confidence Intervals(IC).

Results

The study evaluated 531 children and adolescents experiencing rape and pregnancy, with 401 cases (75.5%) were from extrafamily and 130 cases (24.5%) from the intrafamily/incest.

The abuse women' age varied between 10 and 18 years old, averaging 15.4 ± 2.0 years in the children and adolescents experiencing extrafamily sexual violence and 14.2 ± 1.6 years in the intrafamily group. In the extrafamily group, the author of the violence was indicated as unknown in 216 cases (53.9%); a community resident in 133 cases (33.2%); sexual partner in 45 cases (11.2%); and coworker in seven cases (1.7%). In the intrafamily sexual violence group the author was indicated as the stepfather in 40 cases (30.8%); biological father in 28 cases (21.5%); uncle in 21 cases (16.2%); brother in 20 cases (15.4%); cousin in 12 cases (9.2%); and brother-in-law in 9 cases(6.9%).

The characteristics of sexual violence against children and adolescents identified for each group are shown on Table 1 and the characteristics of gestational age in the two groups evaluated, as well as the outcome of pregnancy are described in Table 2.

Table 1. Characteristics of sexual violence against children and adolescents alleging pregnancy according to the type of offense, Hospital Pérola Byington, 1994 - 2014, São Paulo, Brazil

Characteristic	Sexual violence				Total		*p**
	Extrafamily		Intrafamily				
	(n = 401)		(n = 130)		(n = 531)		
	n	%	n	%	n	%	
Approach							
Public space	295	73.5	9	6.9	304	57.3	**<0.001**
Private space	106	26.5	121	93.1	227	42.7	
Referral							
Protection or security institution	288	71.8	101	77.7	389	73.2	0.188
Health service	74	18.4	26	20.0	100	18.8	0.695
Spontaneous search	25	6.2	2	1.5	27	5.1	**0.034**
Other	14	3.5	1	0.8	15	2.8	0.103
Type of intimidation							
Physical violence and/or serious threat	287	71.5	75	57.7	362	68.2	**0.003**
Rape of vulnerable	114	28.5	55	42.3	169	31.8	
Rape of vulnerable							
Age <14 years	70	61.4	43	78.2	113	66.9	**0.029**
Intellectual disorder	24	21.1	7	12.7	31	18.3	0.190
Alcoholism	12	10.5	2	3.6	14	8.3	0.127
Substance affecting the CNS	8	7.0	3	5.5	11	6.5	0.699
Total	114	100	55	100	169	100	
Filing out of Police Report (PR)							
Yes	358	89.3	116	89.2	474	89.2	0.988
No	43	10.7	14	10.8	57	10.8	
Exam at the Forensic Institute (IML)							
Yes	349	87.0	116	89.2	465	87.6	0.509
No	52	13.0	14	10.8	66	12.4	

*Pearson's chi-square test. CNS: Central Nervous System; PR: Police Report of the violence; IML: Forensic Institute.

Table 2. Gestational age and outcomes from gestation among children and adolescents alleging pregnancy resulting from sexual violence, according to the type of offense attended at the Hospital Pérola Byington, 1994 - 2014, São Paulo, Brazil

Age and gestational outcome	Sexual violence				Total		*p**
	Extrafamily		Intrafamily				
	(n = 401)		(n = 130)		(n = 531)		
	n	%	n	%	n	%	
Gestational age (weeks)							
≤ 12	194	48.4	43	33.1	237	44.6	**0.002**
13 a 22	168	41.9	62	47.7	230	43.3	0.246
≥ 23	39	9.7	25	19.2	64	12.1	**0.003**
Total	401	100.0	130	100.0	531	100.0	
Choose from the three options							
Abortion provided by law	343	85.5	117	90.0	460	86.6	0.194
Lost accompanying	32	8.0	11	8.5	43	8.1	0.861
Insert the newborn baby in the family	25	6.2	2	1.5	27	5.1	0.034
Newborn baby placed for adoption	1	0.2	0	0.0	1	0.2	0.569
Total	401	100.0	130	100.0	531	100.0	
Gestation outcome							
Abortion concluded	246	61.3	86	66.1	332	62.5	0.325
Non-approval of application	97	24.2	31	23.8	128	24.1	0.936
Lost in follow-up	32	8.0	11	8.4	43	8.1	0.861
Giving up following approval	26	6.5	2	1.5	28	5.3	**0.028**
Total	401	100.0	130	100.0	531	100.0	
Reason for non-approval of abortion							
Gestational age ≥ 23 weeks	39	40.2	25	80.6	64	50.0	**<0.001**
Gestation not associated with violence	33	34.0	5	16.1	38	29.7	0.057
Previous/posterior gestation to rape	25	25.8	1	3.3	26	20.3	**0.006**
Total	97	100	31	100	128	100	

*Pearson's Chi-Square test.

Discussion

Most reported cases of sexual abuse occur between close individuals, mainly members of the family, thus configuring themselves in incestuous relationships.[2] Although including different factors, the incest causes several damages to the healthy, cognitive and emotional development of the subjects involved.[3] Success in preventing child abuse can lead to reductions in the prevalence of posttraumatic disorders and unplanned pregnancy.

Child abuse is an important public health problem globally such as in Brazil. In this sense, the present study is corroborated by the research carried out by Temple et al.[9] with adolescents in Houston and that found out implications following violence episodes that are reflected in the subject's adult life relationships, particularly when associated with interparental violence and perpetration of the physical and psychological violence by the close partner (*Teen Dating Violence*) unveiling himself in attitudes mediated by the acceptance of violence. In Canada, Afifi et al.[10] estimate that 10% of adults sexually abused before reaching their 16 years old, manifest several negative effects to their mental

health later. Similarly, Bonfim et al.[11] found out a significant association between intrafamily violence against children and the prevalence of asthma, particularly in populations exposed to dysfunctional familiar relations, regardless of their socioeconomic status.

The current study described that the most of the records points out to the predominance of these offenses against subjects aged 17 and 18 years old for extrafamily sexual violence and against subjects aged 12 to 14 years old for intrafamily sexual abuse. Interestingly, even if these age parameters put adolescents in risk of getting pregnant due to their childbearing period, most of the intrafamily sexual abuse cases is performed by means of libidinous acts, without vaginal penetration.[12,13]

It is necessary to be aware of the care and prevention of child abusive relationships, especially within the family itself. Incest involves the whole family and is guarded as a secret, as well as its frequency in the family dynamics. Therefore, the incestuous relationship lasts for a long time as a "marital" relationship between those involved, showing the change of roles within the familiar group.[2,13] A study developed by Yildirim et al. (2014)[14] has found a chronicity of sexual abuse in these relationships, with one third of the incestuous cases lasting for more than one year till its disclosure. It is therefore appropriate to consider that the majority of intrafamily sexual violence cases exclusively involving touches and caresses do not lead to pregnancy as outcome, even when repeated for a long time.[2]

A contributory aspect regarding prevention of the intrafamily sexual abuse was noted by MacMillan et al.[15] on a research carried out in Ontario, Canada, signaling that, once the incest is disclosed, one should have the concern, usually neglected, to check the risks to which the other siblings were exposed, by offering them comfort, listening and therapy to avoid the reproduction of the violence experienced in other moments of their life.

These issues arisen from the analysis of the sexual offense variables in the categories of extra and intrafamily sexual violence. In the approach of the child or the adolescent, it is noted that the spontaneous search for care had a 4.1 times less frequency in the intrafamily group, suggesting that the silence imposed by the incestuous dynamics may inhibit the search for care without the need of the institutional intervention, thus protecting the offender. The search for secrecy about the incest and the apparent normalcy of the family may be also linked to the results found as regards intimidation by the offender. In the intrafamily group, it was clearly noted the rape of vulnerable subject; in these cases, the sexual abuse occurs without physical strength or threat, similarly to what has been noted by Blake et al.,[13] in our environment. In fact, by avoiding physical violence, the offender reduces the risk of injuries that could reveal the sexual abuse, thus favoring the maintenance of the incest.

Yet, there is no consensus about the role of physical resistance during the sexual abuse act in the physical damage etiology. While Atekson et al.[16] have found out a major frequency of physical trauma among women who resisted to the offenders, known or related, Zoucha-Jensen and Coyne[17] did not noted difference in the occurrence of physical damages among those who faced the offender under similar circumstances. On the other hand, Riggs et al.[18] noted genital injuries in about half of the women experiencing sexual violence by unknown offenders who used physical violence.

In this study, the vulnerability condition of children under the age of 14-years old, not associated with physical strength or threat, showed to be the most frequent type of rape of vulnerable persons in the intrafamily sexual abuse group (78.2%), pointing out that the offender has other resources to perform such abuse under this vulnerability condition. The offender takes advantage of his privileged position as adult before the child's minor psycho-social development.[1,13]

Even so, other forms of rape of vulnerable children were found in relevant percentages in both groups studied. The sexual violence against mentally disabled children and adolescents corresponded to 18.3% of the cases studied. It is estimated that almost half of the women bearing a severe mental disorder may experience sexual violence at least once in her life.[19] It is possible to suppose that the minor autonomy of these patients and the frequent relationship with family offenders represent facts that collaborate to turn the sexual violence into a chronic and less reported condition, and thus increasing the pregnancy risk.[20]

As regards the offender accountable for the intrafamily sexual abuse and the pregnancy, a trust tie was noted. More than half of the incest cases were performed by the biological father or by the stepfather (52.3%), similar to findings disclosed by Gobbetti,[12] with Brazilian children and adolescents who did not get pregnant. The majority of the studies points to similar data, indicating that known offenders are reported in most of the sexual offenses against young adult women.[13,21]

In the extrafamily sexual violence group the unknown offenders prevail (53.9%), although a significant portion of these offenders encompasses subjects known by and close to the children or adolescents. At this point, the relationship of children and adolescents with other known people may be understood as an incestuous equivalent,[8] denoting a link which is sustained by the asymmetry of power.[8,12] The sexual desire actuation between these partners characterize a perversion of these functions and is being named as polymorph incest,[8] as well as in the incestuous sexual relationship the actuation of the incestuous desires reflects the offender's inability to postpone his instinct, thus featuring the lack of structure of the mental apparatus.[8,12]

The family circumstances hide situations of violence, which are preserved by the familiar secrecy, postponing the protective measures to be taken. Although it is evident the increase in sexual violence cases reported against children and adolescents, it is estimated that in Brazil only one case out of 20 of sexual abuse is officially reported[22] and that in up to 7% of sexual violence cases in Brazil the outcome is pregnancy,[23] and the child or the adolescent is kept as an object of satisfaction and sexual desire of an adult in whom they can trust.[1,8,12]

The underreporting reflects the existence of the family secret, which is contradictory to the parents' duty as accountable for the integral protection of these children and adolescents.[4,6,7] Furthermore, the child or adolescent's mother under an incestuous sexual abuse situation does not show up as a co-offender and few times is responsible for the complaint. Her participation and accountability in the incestuous dynamics are little socially recognized, even in situations where her daughters get pregnant by her partner.[12]

This is a conflicting situation in which the incestuous sexual abuse discloses the prevalence of feelings of anger and contempt,[12] according to the proposal by Ferenczi[24] about the traumatic and psychic factor involved. In his opinion, sexual abuse occurs, among other reasons, due to the force of love and/or lack of love, with seduction experiences between children and adults that may or may not lead to libidinous acts and carnal conjunction. These are seductions from the erotic game under the effects of tenderness, leading the child to confound children's play with unrepressed adult instincts.[24]

In this study, the option for legal abortion due to pregnancy resulting from sexual offense and manifested at the admission by the victims and/or their legal representatives was not accomplished in almost 25% of the cases. However, the impeditive reasons for legal abortion were different in both groups. Non-approval of abortion due to a gestational age over 22 weeks and/or the estimate of fetal weight over 500 grams were significantly more frequent in the intrafamily sexual violence (80.6%) when compared with the extrafamily group (40.2%). In these cases, the gestational age and fetal weight limits to perform the legal abortion were exclusively technical, based on the World Health Organization (WHO) definition that separates abortion from delivery anticipation.[7]

The reasons leading a portion of the Brazilian women to be late in looking for health services to interrupt gestation arisen from sexual offense are barely known. A study developed by Blake et al.[23] demonstrated that the most significant factor leading the woman to arrive late at the health care unit with high gestational age was the kinship with the offender. This condition was found out in this study and added that the lower rate of arrival of children and adolescents with gestational age below 13 weeks occurred in the intrafamily sexual abuse group (33.1%), compared with the extrafamily sexual violence group (48.4%).

In the group of pregnancy resulting from extrafamily sexual violence, the non-approval of abortion due to gestation previous to or post sexual violence was significantly more frequent (25.8%), compared to the intrafamily group (3.3%). The criterion adopted to define this situation took into account the inconsistency between gestational age measured by the obstetric ultrasonography and the correct date of the abuse, when known. Similar outcomes were noted by Abeyasinghe et al.[25] among women looking for abortion in Sri Lanka, whose performance depended not only on these women' desire, but also on the legal circumstances and interpretation of its applicability.

Notwithstanding the fact that in both studied groups the arrival at the health care unit was followed by manifestation of the desire to abort, part of the applicants has given up to undertake the procedure after its approval (5.3%).

This finding deserves a careful interpretation. It seems reasonable to suppose that for children and adolescents, as well as for their legal representatives, it may be less tolerable to keep gestation resulting from incest, leading to lesser giving up of abortion. This lesser tolerance may include social and cultural factors, such as the findings of the Ramakuela et al.[26] study, concluding that incest was decisive for the option to abort among South Africa adolescents, as some of the girls believed that to keep gestation would bring curse and break to the family.

A few studies have evaluated choices and outcomes of pregnancy resulting from sexual violence among children and adolescents, particularly the incest cases, and this fact poses the present research in an important position to contribute to the knowledge of this phenomenon. It should also be stressed the relevance of data found for a transdisciplinary dialogue on prevention and health promotion strategies for children and adolescents, aiming at the right to a life without violence, specially the sexual one.[13] This study signalizes the lack of such efficient strategies to prevent the childhood and adolescence sexual abuse and pregnancy, particularly those occurring in the intrafamily sexual abuse group. It is inevitable to try to reverse this vulnerability scenario involving children and adolescents.

However, it is also important to recognize the limits of this research, taking into account variations in penal legislation in different countries for incest and sexual offenses against children and adolescents, as well as to accomplish the legal and safe abortion. Furthermore, the variables under analysis are certainly subject to change its results in other cultures, mainly those where it is noted a greater gender inequality or greater tolerance to violence and sexual abuse.[1]

Notwithstanding the fact that we recognize the importance of a documentary study of 20 years, it should be considered possible or potential biases arising from the convenience sample centered on the experience of an institution, even

if it is a reference for this kind of service. Similarly, the legal age limits of the sample subjects we employ may conflict with both other criminal laws and with the social, biological, and emotional foundations that define adolescence as proposed by the World Health Organization. Another limitation to be noted is to the outcome of these pregnancies, since in a considerable part of the cases there was loss of follow-up and consequent lack of information. Although there is a possibility of generalization of most of the results, these factors may limit the external validity of this study.

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Authors contribution

VSP wrote the manuscript in all its stages. GG contributed in all stages of the process, writing, reading, discussion and correction the text. CC review and guidance. JD contributed to the accomplishment of statistical analyzes, discussion and review.