

LEGAL AND PUBLIC-POLICY PERSPECTIVES. Child sexual abuse is simultaneously a criminal, public health, and human rights issue. Worldwide, sexual abuse is associated with war crimes, genocide, abduction, and child trafficking. Perpetrators of child rape during war have been brought to justice through international war crime tribunals and can be prosecuted through the International Criminal Court. The United Nations Convention on the Rights of the Child includes protection from sexual abuse, but the United States has not signed the treaty, and inconsistent implementation worldwide limits its effectiveness.

The World Health Organization's (WHO's) definition of sexual abuse focuses on activity for which children are unable to give consent, activity that is designed for the gratification of an older or more powerful person, and activity that is "against the social taboos of society." Any official definition leaves considerable room for religious, ethnic, and cultural disagreements in the areas of nudity, the age of consent, the appropriateness of arranged marriages, female genital mutilation, and sexually explicit interaction on the Internet.

WHO and other scientific reports indicate that 8% of boys and 25% of girls worldwide experience sexual abuse by age 18, with rates for sexual abuse involving physical contact only slightly lower. Surveys likely underestimate true prevalence due to underreporting attributable to traumatic memory loss, not recognizing events as abusive, and unwillingness to disclose incidents of abuse to researchers. The abuser is most often male and known to the victim. The available evidence suggests that minority children are no more likely than others to experience sexual abuse. Children of lower socioeconomic status are not at significantly higher risk for sexual abuse, but victims of low socioeconomic status are more likely to be identified by child protective services.

SPHERES OF SEXUAL ABUSE

Legal responses to sexual abuse have met with mixed success because the child is often in the custody of a trusted caregiver. As victims of betrayal trauma, sexually abused children frequently deny or forget about the abuse in order to maintain necessary attachments to their abusive caregivers. Family members may be reluctant to report abuse out of fear of legal consequences for offenders or of losing custody of their children. Children reporting abuse who are not believed or are blamed for the abuse may run away, be sent away, or continue to live with abuse at home.

In the 2001 American Association of University Women report *Hostile Hallways*, 85% of 8th through 11th graders said students sexually harass other students, and 38% said school employees harass students at their school. Nearly 10% of youth report unwanted sexual harassment or abuse by a school employee. Many state laws require background

checks for teachers upon applying for a license or at the beginning of employment. These laws do not always pertain to other school employees, and the thoroughness of the checks varies. As of 2005, school officials in 17 states must notify the state board of education when an employee is dismissed or resigns after an allegation of misconduct. In addition, as of 2003, 27 states had "position of trust" laws that increase the age at which children can consent to sexual activity with an adult in a position of authority.

Accurate estimates of sexual abuse by clergy are exceedingly difficult to obtain because of some churches' efforts to cover up abuse. Until recently, some Catholic clergy felt that their privilege exceeded the authority of state-mandated reporting laws and that the church was in a better position to treat offenders and victims than were government agencies. Approximately 1% of Catholic priests have been formally accused of sexual abuse. It is not known how many abusive priests were never charged. Available evidence suggests sexual abuse is at least as prevalent in other churches and that perpetrators include volunteers and youth members as well as paid staff.

CHILD PROTECTIVE SERVICES

Fewer than 10% of substantiated child protective cases in the United States involve sexual abuse. The number of these cases has decreased over recent years. Experts disagree whether this reflects an actual reduction or rather differences in reporting and record keeping.

While states administer child protective services locally, these efforts are supported by the federal government. The federal Child Abuse Prevention and Treatment Act (CAPTA) was originally signed into law in 1974 and most recently was amended as the Keeping Children and Families Safe Act of 2003. Administered by the Office on Child Abuse and Neglect, CAPTA sets minimum standards for how child protective services respond to abuse and neglect by tying federal money to minimum standards in state child protective services. CAPTA set a minimum definition of sexual abuse to include rape, molestation, prostitution, pornography, or incest involving children. Most states have gone further to include noncontact abuse, such as exposing one's genitals to a child, as both a crime and a cause for child protective action.

CAPTA established mandated reporting laws in all 50 states. Exactly what must be reported differs by state. In some states, all adults must report suspected abuse. In other states, only people who are likely to detect abuse, such as teachers and doctors, are mandated reporters. After Catholic clergy abuse became public, many states amended their laws to include clergy as mandated reporters. Other countries approach reporting differently, preferring to encourage parents to seek help voluntarily over more punitive strategies. In the Netherlands, for example, offices staffed

by family doctors take reports of abuse and assist families in accessing social services in the community.

CRIMINAL LAWS

Sexual contact between an adult and a minor is a crime in every state, although laws vary in detail. Child molestation laws protect children from birth until early adolescence, (usually age 13). Laws generally punish two kinds of child molestation: first degree (which involves penetration) and second degree (which does not). Strict penalties are available under all state laws. Sentencing studies indicate average sentences are often moderate. Most states require that criminal child sexual abuse charges be brought within a few years of the crime, but criminal charges can be brought years after the crime in a handful of states. Many states still have incest laws on the books that allow for more lenient sentences for parents who abuse their children than for other abusers. In recent years, some states have closed this loophole.

In most states, statutory rape laws cover sexual contact between adults and young teens, age 14 and 15 (up to age 18 in some states). They are designed to prevent adults from exploiting youth who are unable to recognize the manipulative tactics and power dynamics involved. Some perceive these laws to unfairly punish the older partner in romantic relationships between young people who are relatively close in age (e.g., a 17- and a 19-year-old). The few existing empirical studies indicate that much larger age differences tend to be involved, statutory rape cases are brought infrequently, and penalties tend to be lenient.

Many states reformed criminal procedure laws, largely in the 1980s, to accommodate children as complainants in sexual abuse cases. The requirement that a child's word be corroborated by additional evidence was eliminated in virtually all states, as were restrictions that prohibited children younger than a certain age (often 7 or 8) from testifying. Hearsay exceptions allowed parents and medical professionals to testify about children's "excited utterances." Many states provided for children to testify through closed-circuit television. The effects of these reforms are uncertain. The hearsay exceptions have been scaled back by courts. The use of closed-circuit television was never widely adopted. The requirement to prove through a hearing that children would be traumatized without such accommodations was ultimately seen as equivalent to testifying at trial. And while preschoolers might be deemed competent to testify, there are relatively few cases brought involving children younger than the previous age limits of 7 or 8.

As of 1994, the federal government requires states to keep registries of sex offenders. In 1996, Congress enacted Megan's Law, which requires states to disclose publicly information about sex offenders. Beginning in 2000, the Federal Campus Sex Crimes Prevention Act requires colleges to disclose the names of registered sex offenders who work,

volunteer, or enroll in courses on campuses. Many cities bar sex offenders from living near schools and other places where children are present. These laws are controversial, as they bring hardship to offenders' families and have led to clusters of sex offenders living in the only parts of town open to them.

CIVIL LAWS

Civil laws have been modified to facilitate adult claims for monetary damages from child sexual abuse. Virtually all states have adopted minority-tolling statutes that allow civil claims to be brought within a few years of becoming an adult. Many states have extended their statutes of limitation further, sometimes to accommodate recovered-memory cases. A few courts have ruled that recovered memories are too unreliable to be allowed in court, although a larger number have allowed the judge or jury to evaluate this evidence. Corroborated cases of recovered memory in those states challenge the position that such cases do not exist. More common than recovered-memory exceptions are comprehension-based exceptions to the statute of limitations, which allow adults to bring suit within a specified time of their coming to understand the damage done to them as children.

Civil laws have also been invoked in numerous states to confine child sex offenders after the completion of their criminal sentence. Upon a sufficient finding of dangerousness, this civil proceeding results in civil commitment, which is confinement in a facility devoted exclusively to sex offenders that includes some kind of therapy. In *Kansas v. Hendricks* (1997), the U.S. Supreme Court upheld the constitutionality of the state's civil confinement statute. Sixteen states have adopted the practice to date. Few offenders are confined under these laws, in large part because it is even more expensive than prison.

PREVENTION AND TREATMENT

Child sexual abuse is a substantial risk factor for a host of negative outcomes, including depression, HIV risk, suicide, substance abuse, and criminality. While many victims avoid the worst of these problems, child sexual abuse is a profound public-policy problem because it puts people at risk for so many serious negative outcomes.

The U.S. Department of Justice estimates rape and sexual abuse of children costs \$24.5 billion per year. However, whereas \$2 is spent on research for every \$100 in costs for cancer, only 5 cents is spent for every \$100 in costs for child maltreatment. There are practical avenues for addressing this shortfall. The National Child Traumatic Stress Network is a federally funded network of 54 sites that provide community-based treatment to children and their families exposed to a wide variety of trauma. The public health problems of child abuse and interpersonal violence are of such a magnitude that a national institute has been proposed to

focus and coordinate research on causes, consequences, treatment, and prevention.

As only a small minority of sexual abuse cases come to the attention of authorities, community prevention and intervention strategies are promising. All 50 states have sexual assault support agencies or coalitions, which typically provide advocacy during medical exams and legal proceedings for victims and survivors, as well as prevention and education programs.

In the end, a broad spectrum of community intervention and prevention strategies, as well as civil and legal proceedings, are necessary to deal with this complex problem. Recent innovative approaches focus on adult responsibility to prevent child sexual abuse rather than on child responsibility to avoid or report it. These programs provide written information and phone support to people who are at risk of offending or concerned about abuse potential in others. These types of preventive programs are more in line with public health approaches in other countries that emphasize treatment over legal action in cases of sexual abuse.

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SEE ALSO: Abuse and Neglect; Incest; Rape; Rights, Termination of Parental; Witnesses, Children as Legal

FURTHER READING: J. J. Freyd, *Betrayal Trauma*, 1996. • Jon Conte, ed., *Critical Issues in Child Sexual Abuse: Historical, Legal, and Psychological Perspectives*, 2001. • World Health Organization, *World Report on Violence and Health*, 2002. • A. Salter, *Predators: Pedophiles, Rapists, and Other Sex Offenders: Who They Are, How They Operate, and How We Can Protect Our Children*, 2003.

SEXUAL DEVELOPMENT

Physiological Development

Sexual Desire and Behavior

Historical and Cultural Perspectives

PHYSIOLOGICAL DEVELOPMENT. The human embryo is sexually undifferentiated physiologically prior to the seventh week of gestation; by about the eighth week, the sex-appropriate gonad, ovary or testis, develops. From there on, hormones from the functioning gonad, particularly androgens from the testes, govern most prenatal development, including that of the internal and external genitalia. In each case, male development represents the diverted course away from the primary, or default, female development. Cellular receptors capable of responding to the stimulating effects of androgens are critically important, altering cellular structures to differentiate the genitals.

These processes not only determine physical sex characteristics but also exert effects on the brain that regulate reproductive functioning postpubertally and that may play a role in the establishment of various behavioral preferences and gender identity. After a period of relative quiescence from birth to puberty, the gonad again becomes functional

in response to the hypothalamic factors that regulate pituitary hormones. The gonad itself produces and releases hormones that induce and maintain the secondary sex characteristics and contribute to sexual drive and functioning.

GENETIC FACTORS AND SEX DETERMINATION

The genes that regulate sex determination are not fully understood. Although the typical 46, XX and 46, XY karyotypes (indicating 23 pairs of chromosomes, with the sex chromosomes designated either X or Y) and their association with female and male phenotypes, respectively, have long been known, the specific genes on the X and Y chromosomes responsible for male and female determination—specifically, induction of either testicular or ovarian tissue—are yet being characterized.

Not until the 1950s when unusual karyotypes were identified, such as 47, XXY (Klinefelter syndrome of persons appearing male) and 45, X (Turner syndrome of persons appearing female), did the process begin to reveal itself. In order to produce a male, the Y chromosome was necessary, no matter how many X chromosomes were present. This pattern implicated the presence of a testis-determining factor on the Y chromosome since it was lack of the Y that produced a female, not (presumably) the presence of something on the X. Further clarification came about with the identification of rare sex-reversal pathologies of sex determination, in which the person's sexual appearance was opposite the chromosomal karyotype: specifically, XX males, XX hermaphrodites having both ovarian and testicular tissue, and XY females with incompletely developed gonads. Study of these anomalies eventually revealed that portions of the (absent) Y chromosome responsible for testis development were attached to an X chromosome (XX males) or, in the case of female appearance (XY females), that the relevant testicular-inducing portion on the Y chromosome was absent.

The sex-determining region of the Y chromosome (known as the SRY gene) responsible for these anomalies (and therefore contributing to the development of testicular formation) was first identified in the 1990s. SRY is also expressed in nongenital tissue, including various brain structures related to motor and cortical function, but its effect on these structures with respect to sex differences in cognition and general behavior, sexual behavior, and sexual function is unknown.

Although the study of sex-reversed individuals (e.g., XX males or XY females) has resulted in a better understanding of sexual (gonadal) development, not all sex-reversed individuals conform to the SRY-present or absent scheme, indicating that other factors are at work. In fact, a number of non-Y genes have been implicated in sex determination. For example, the SOX9 gene binds to the same DNA targets as SRY and has been associated with sex reversals in both XY females and XX males. Another gene,