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Report of the

Committee to Prevent Sexual Abuse

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EXECUTIVE SUMMARY:

Introduction:

Estimates indicate that approximately a half million children are sexually abused each year in the United States. The problem of sexual abuse is even greater in number when sexual assaults of adults also are considered.

Sexual abuse is a significant problem in Maine. Maine Department of Public Safety reports indicate that as many as 63 juveniles and 283 adults were arrested for a sexual offense in the year 2003. In addition, data provided by the Department of Health and Human Services indicate that, during the year 2003, they received 574 substantiated reports of child sexual abuse.

The emotional cost to people who have been sexually abused, their families, and the communities cannot be quantified. The physical and emotional pain and suffering from sexual abuse may be short-term or last a lifetime. In addition to the physical and emotional costs of sexual abuse, research has demonstrated that the financial costs of sexual abuse to communities and state governments are high.

Maine is working actively to reduce the incidence of sexual abuse in our state. The Final Report of the Commission to Improve Community Safety and Sex Offender Accountability, produced during the 121st session of the Maine Legislature, and the resulting legislation, are important steps in that direction. Yet, as the commission noted, much time and resources have been expended on containing sex offenders, rather than preventing the occurrence of sexual abuse. With this point in mind, the Commission unanimously recommended what resulted in Sec. D-1 of Public Law 2003, chapter 711: *Research and Report Regarding Potential Offenders* which seeks to prevent sexual offending by assisting youths at risk transition to healthy adulthood.

To accomplish this goal, the legislation required that the Department of Behavioral and Developmental Services, the Department of Human Services, the Department of Corrections and the Department of Public Safety, in cooperation with the Child Abuse Action Network (CAAN), work together on this effort. In addition to the aforementioned state agencies and the CAAN committee, the Maine Coalition Against Sexual Assault participated as requested during the deliberations which resulted in the legislation. Thus, a committee, known as the Committee to Prevent Sexual Abuse was formed.

Specific tasks required by Public Law 2003, chapter 711, Section D-1 include:

- Identifying the subpopulation of potential offenders or young persons at risk of offending because they have been sexually or physically abused or face a

significant mental health disability, with recognition of the fact that over 95% of sex offenders are male.
- Identifying the types of prevention and treatment currently known to work with these young persons
- Coordinating prevention and education efforts with the goal of seeking coordinated services to transition at-risk youth to healthy adulthood
- Reporting findings to the joint standing committees of the Legislature having jurisdiction over health and human services matters and criminal justice and public safety matters.

Working together the Committee determined that a public health approach to the problem of sexual abuse was likely to be most effective. This approach requires four key steps:

1. Surveillance (e.g., tracking & monitoring trends, such as incidence & prevalence)
2. Risk factor research (i.e., identifying risk and protective factors associated with sexual offending)
3. Program development and evaluation resulting in "best practice," empirically-supported interventions
4. Dissemination and implementation

Each step informs the next; however, usually they are concurrent. The findings of the present report are presented using a public health framework.

Findings:

Step 1: Surveillance

The first requirement of Public Law 2003, chapter 711, Section D-1 is as follows.

1. With recognition of the fact that over 95% of sex offenders are male, identify the subpopulation of potential offenders or young persons at risk of offending because they have been:

  - *sexually or physically abused*
  - *face a significant mental health disability*

So as to avoid potential negative outcomes associated with false positives and labeling, the Committee to Prevent Sexual Abuse embraced the legislation's goal of assisting all youths who have been challenged by child maltreatment or mental health disabilities in making healthy, transitions into adulthood. By focusing on this positive goal, the secondary prevention goal of preventing sexually abusive behavior by individuals who have risk factors, but who have not engaged in such behavior, could be accomplished by offering and providing appropriate and effective interventions for any individual who has been maltreated or who faces significant mental health disabilities.

The incidence and prevalence data provided in this report clearly indicate that significant numbers of Maine children are sexually abused or experience other forms of child maltreatment each year. Surveillance data is necessary to identify the depth and extent of the problem, allocate resources and interventions appropriately, and to enable us to evaluate the effectiveness of our efforts to prevent sexual abuse and other forms of violence and maltreatment in Maine.

Step 2: Risk factor research

To stop sexual abuse and child maltreatment it is necessary to reduce factors that support or increase the risk of maltreatment, and promote factors that protect against abusive behaviors. Unfortunately, research studies pertaining to the etiology of sexual offending (as well as other forms of maltreatment), are limited in breadth, have methodological problems, and sometimes are contradictory. An effective public health approach to preventing sexual abuse requires a number of research efforts, including the collection of incidence and prevalence rates, identification of risk and protective factors, and program evaluation.

Step 3: Program development and evaluation

The program development and evaluation step of the public health approach to preventing sexual abuse is consistent with the second mandate of Public Law 2003, chapter 711, Section D-1: Identifying the types of prevention and treatment currently known to work with these young persons. Program development and evaluation resulting in effective research or empirically-supported interventions is an important component of a public health approach to the problem of sexual abuse.

Recent years have seen an advent of empirically based interventions. The Committee to Prevent Sexual Abuse identified several reference sources that describe empirically based and empirically promising programs that may help "at risk" youths transition to healthy adulthood. The Committee recognized, however, because empirically-supported interventions are a relatively new development; it is necessary to continue evaluating existing, as well as new, interventions while building on existing research. Program evaluation is necessary so that the most promising and effective interventions are identified, disseminated, and continued.

Step 4: Dissemination and implementation

Consistent with the fourth phase of a public health approach, dissemination and implementation; Public Law 2003, chapter 711, Section D-1's requires the coordination of prevention and education efforts with the goal of providing appropriate services that assist at-risk youth transition to healthy adulthood.

Members of the Child Abuse Action Network and the Committee to Prevent Sexual Abuse noted that Maine has some empirically-supported programs and interventions for reducing risk factors associated with sexual offending and other forms of criminal and

violent behavior. Adequate support for some of these programs, however, may be lacking. Meanwhile, other short-term, cost-effective, empirically-supported interventions, such as Multidimensional Treatment Foster Care, are absent.

Complicating matters further, interventions that have been shown not to be effective, or that lack an empirical base, are thriving. Furthermore, program evaluation efforts that may provide support for the effectiveness of programs or interventions, or find support lacking, are limited or nonexistent.

Recommendations

Specific, detailed recommendations are provided within the full Report of the Committee to Prevent Sexual Abuse and expand upon those presented below. The following recommendations provide an overview of relevant areas and needs.

A Public Health Approach:

- It is recommended that the state of Maine approach sexual abuse as a public health problem and intervene accordingly.
- It is further recommended that the objectives of this legislation be expanded to include primary and tertiary prevention efforts and address all forms of child maltreatment and interpersonal violence.
- To facilitate a solution-focused approach to the problem of sexual abuse, it is recommended that the work of the Committee to Prevent Sexual Abuse be continued through multi-agency, multidisciplinary, public and private sector committees and efforts.
- It also is recommended that an oversight committee be appointed to monitor and facilitate Maine's progress in implementing the public health steps that can facilitate timely, effective, and ethical interventions.

Step 1: Surveillance

- Obstacles to identifying and reporting sexual abuse and other forms of maltreatment are many. Identifying and reporting child maltreatment is vital, however, because early detection and intervention can reduce the incidence of abuse as well as harmful effects associated with child maltreatment. Therefore, it is recommended that state agencies and the community at large remove obstacles that interfere with the reporting of sexual abuse and other forms of maltreatment wherever possible.
- Reliable estimates of the incidence of sexual abuse and maltreatment is required to ascertain the need for programs and interventions; to allocate scarce resources; and to evaluate the ability of provided services to effectively reduce sexual abuse, violence, and child maltreatment. The Committee to Prevent Sexual Abuse recommends that current state agency procedures for tracking the incidence and

prevalence of sex offending continue and include other forms of child maltreatment and violence.

Step 2: Risk Factor Research

The Committee to Prevent Sexual Abuse recommends that the state of Maine support research efforts designed to identify risk and protective factors associated with sexual abuse as strongly as possible.

Step 3: Program Development and Evaluation

- The Committee to Prevent Sexual Abuse recommends the Departments of Health and Human Services, Corrections, Education, and Public Safety work together with the private sector to identify empirically-supported programs and services that protect against and resolve risk factors associated with sexual offending and track the development of new or promising empirically-supported interventions.
- The public health approach to preventing sexual abuse and other forms of maltreatment and violence requires ongoing program evaluation to assure quality interventions and services and, when necessary, to facilitate needed steps to redesign or retune interventions so as to maximize their effectiveness. Therefore, it is recommended that Maine state agencies develop and support ongoing program evaluations efforts to the extent possible.
- Furthermore, recognizing that empirically-supported interventions are a relatively new occurrence that developed from theory, innovation, program development, and program evaluation, refinement, replication, and so forth; the Committee to Prevent Sexual Abuse recommended that the state of Maine encourage efforts to further the development of even more effective interventions that may be more effective for particular individuals, groups of individuals, or families.
- It also is recommended that state agencies contract with agencies and providers that submit measurable treatment plans, progress reports, and outcome data as requested.

Step 4: Dissemination and implementation

Dissemination:

- It is recommended that a coordinated, multi-disciplinary and multi-agency, public-private sector committee facilitate a needs assessment that will identify what interventions are needed in which communities, regions, and counties; and what empirically supported interventions are available to meet those needs. The results of such a needs assessment could be used to disseminate empirically-supported interventions and programs where they are most needed. By pooling resources, building on previous endeavors, and working together, there is less likelihood that there will be a duplication of efforts and a more accurate assessment of what is available versus what is needed is likely.

- It is recommended that a committee, such as the one just described, investigate obstacles for implementing empirically-supported interventions and determine how they can be overcome.
- Health care funding sources for psychotherapeutic and psychoeducational interventions typically do not distinguish between empirically-supported interventions and other, possibly ineffective, approaches. It is recommended that funding sources develop policies that encourage empirically–supported or promising interventions.

Implementation:

Clinical assessment and treatment recommendations

- Being sexually abused or maltreated as a child does not "cause" sexual offending; sexual abuse, especially invasive and repetitive abuse, does appear associated with increased rates of sexual offending. Thus, once empirically-supported assessments and treatment are identified, it is recommended that these services be provided to youths who have been sexually abused or who have experienced other forms of maltreatment, whenever interventions are needed and appropriate.
- Similarly, it is recommended that empirically-supported assessments and treatment be provided to youths and adults who demonstrate behaviors that have been associated with sexual offending (e.g., substance abuse, delinquency, partner violence), to reduce those behaviors, whenever such interventions are appropriate.
- Developmentally appropriate sex education, social and healthy relationship skills programs are recommended for youths and adults who have risk factors that are associated with sexual offending; such as antisocial or criminal attitudes and behaviors, and substance abuse; as well as for youths who have been challenged by child maltreatment, or cognitive, developmental, and psychiatric disabilities.
- Positive parental and family involvement, support, and supervision for children are some of the most important protective factors in reducing the risk of negative outcomes from child maltreatment. It is recommended that parents and families involved in the child protective and juvenile justice system be provided with empirically-supported and culturally sensitive interventions that may increase their ability to communicate, support, and supervise their children, if appropriate, whenever possible.
- Some individuals who are abused do not know of the availability of, or how to access appropriate assessment or treatment services. It is recommended that the Child Abuse Action Network develop a pamphlet describing possible emotional, physical, and behavioral symptoms that may be associated with having been sexually abused, and how to obtain effective interventions when they are needed. It is recommended that the pamphlets be made available at local police stations, district attorney offices, physician offices, and other locations where they may be easily accessed. A brief notice describing when and how to obtain help could be posted in public restrooms as well as other frequented locations.

School-based interventions:

In addition to time spent at home, children spend a substantial portion of their lives in school. Therefore, school environments provide children with substantial information about what is, and what is not, acceptable in our society.

- It is recommended that teachers and other school employees be adequately trained to identify risky attitudes and behaviors and to intervene supportively, yet firmly and appropriately.
- In addition, it is recommended that the Department of Education evaluate the extent to which Maine schools provide developmentally appropriate, empirically-supported or promising school curriculums that promote respectful, rewarding, nonabusive relationships throughout the lifespan.
- It is further recommended that these educational efforts be available for boys and girls, at an early age, and be reinforced over time. It is recommended that, as soon as possible, knowledge gained from such educational curriculums be assessed as part of the Maine Learning Results assessments.

Conclusion:

The emotional cost to people who have been sexually abused, their families and their communities, cannot be quantified. Research studies have shown that the financial costs of sexual abuse to communities and state governments are high.

The Committee to Prevent Sexual Abuse offers the recommendations included in this report mindful of the economic challenges facing our state and country. Although it is possible that some recommendations may require initial or periodic funding, grants and matching funds may be available to supplement state funds. Furthermore, long-term economic benefits from an empirically supported, public health approach to the problem of sexual abuse are likely. As funds from expensive and often ineffective treatments are reallocated to empirically-supported community interventions, treatment expenses can be reduced. Costs associated with child protective and criminal justice system interventions will be reduced as well.

Most importantly,

> "Imagine a childhood disease that affects one in five girls and one in seven boys before they reach 18 (Finkelhor & Dziuba-Leatherman, 1994): a disease that can cause dramatic mood swings, erratic behavior, and even severe conduct disorders among those exposed; a disease that breeds distrust of adults [and other children] and undermines the possibility of experiencing normal sexual relationships; a disease that can have profound implications for an individual's future health by increasing the risk of problems such as substance abuse, sexually transmitted diseases, and suicidal behavior (Crowell & Burgess, 1996);…a disease that replicates itself by causing some of its victims to expose future generations to its debilitating effects." "Imagine what we, as a society

would do if such a disease existed…We would develop and broadly implement preventions campaigns to protect our children. Wouldn't we?"(p. 317)[1]

[1] References are provided within the text of the full report of the Committee to Prevent Sexual Abuse.

INTRODUCTION AND BACKGROUND

Estimates indicate that approximately a half million children are sexually abused each year in the United States.[2] National survey[3] results indicate that 1 in 4 girls and 1 in 7 to 10 boys have reported they have been sexually abused prior to the age of 18. The problem of sexual abuse is even greater in number when sexual assaults of adults are considered. The National Violence Against Women Survey[4] estimated that 302,091 women and 92,748 men were raped in the 12 months prior to the survey administration. In addition victims often experience more than one rape.

Sexual abuse is a significant problem in Maine. Maine Department of Public Safety reports[5] indicate that as many as 63 juveniles and 283 adults were arrested for a sexual offense in the year 2003. In addition, data provided by the Department of Health and Human Services[6] indicate that, during the year 2003, they received 574 substantiated reports of child sexual abuse.

The emotional cost to people who have been sexually abused, their families, and the communities cannot be quantified. The physical and emotional pain and suffering from sexual abuse may be short-term or last a lifetime. In addition to the physical and emotional costs of sexual abuse, research has demonstrated that the financial costs of sexual abuse to communities and state governments are high.[7]

Maine is actively working to reduce the incidence of sexual abuse in our state. The Final Report of the Commission to Improve Community Safety and Sex Offender Accountability produced during the 121st session of the Maine Legislature, and the resulting legislation, are important steps in that direction. The Commission to Improve Community Safety and Sex Offender Accountability noted, however, that:

> Many resources and much time have been focused on the laws and policies regarding sentencing practices for sex offenders and those governing implementation and application for sex offender registration and notification. Work in these areas needs to continue, but that effort

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[2] Finkelhor, D., & Dziuba-Leatherman, J. (1994). Children as victims of violence: A national survey. *Pediatrics, 94*, 413-420.

[3] Ibid.

[4] Tjaden P, & Thoennes N. (2000). Full report of the prevalence, incidence, and consequences of violence against women: findings from the national violence against women survey. Washington (DC): National Institute of Justice; 2000. Report NCJ 183781.

[5] Department of Public Safety, Maine State Police Uniform Crime Reporting Unit (nd). *Crime in Maine* (2003). Retrieved January 2005 from http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

[6] Maine Department of Human Services Bureaus of Child and Family Services, Child Protective Services. (2003, 2002, 2001, 2000). Annual report on referrals. Augusta, ME: Department of Health and Human Services.

[7] Prentky, R. & Burgess, A.W. (1992). Rehabilitation of child molesters: A cost-benefit analysis. In A.W. Burgess (Ed.) *Child trauma I: Issues &research* (p. 417-442). NY: Garland; Prentky, R. & Burgess, A.W. (1990). Rehabilitation of child molesters: A cost-benefit analysis. *American Journal of Orthopsychiatry*, 60(1), 108-117.

> must occur in conjunction with a proactive effort to create prevention strategies. The commission believes that the first step in prevention is identifying those persons who are at the highest risk for offending. Identifying this population and investing efforts in education and prevention practices for them will reduce the likelihood that these high-risk individuals may later commit sexual assaults themselves. Identifying this population and studying persons who have offended is challenging. Research of sex offenders varies in its results. This is true in part because sex offenses are underreported compared to many crimes and because studies regarding recidivism are many years long, which makes it difficult to track offenders and accurately record their social and criminal behavior over time.
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> Clearly, the great majority of survivors of sexual assault do not go on to offend. However, studies have found that children who are sexually or physically abused are at a higher risk for later becoming offenders themselves, and studies further indicate that this is especially true if the victims are boys. The commission believes that prevention is a critically important part of the whole system and that not all resources should be directed at only reactive measures after offenses occur. Investing in prevention programs now and diverting those who are at a high risk for committing sexual assaults will improve public safety and save criminal justice resources. To accomplish this goal, the commission urges State Agencies and other providers to ensure that whatever treatment and prevention programming is employed is research-based and proven effective before the State promotes, funds or implements the treatment.[8]

With these findings in mind, the Commission unanimously recommended what resulted in Sec. D-1 of Public Law 2003, chapter 711: *Research and Report Regarding Potential Offenders.* The primary objectives of this legislation are implementing effective strategies to prevent sexual offending and assisting youths at risk in their transition to healthy adulthood.

More specifically, the legislation requires "The Department of Behavioral and Developmental Services, the Department of Human Services, the Department of Corrections and the Department of Public Safety, in cooperation with the Child Abuse Action Network (CAAN), work together on this effort. CAAN membership includes individuals from the public and private sectors, and includes staff from the following state agencies: the Department of Health and Human Services (DHHS; formerly the Departments of Human Services and Behavioral and Developmental Services), Corrections, and Public Safety. In addition to the aforementioned state agencies and the CAAN committee, the Maine Coalition Against Sexual Assault participated as requested during the deliberations that resulted in Public Law 2003, chapter 711, Section D-1. The

[8] Commission to Improve Community Safety and Sex Offender Accountability (2004, January). *Final Report of the Commission to Improve Community Safety and Sex Offender Accountability,* State of Maine 121 Legislature, First Regular Session, p.8.

Department of Human Services and the Department of Corrections requested that Dr. Sue Righthand, a nationally renowned Maine psychologist with expertise in the areas of child maltreatment and juvenile and adult sexual offending facilitate this legislative initiative.

Specific tasks required by Public Law 2003, chapter 711, Section D-1 include:

- Identifying the subpopulation of potential offenders or young persons at risk of offending because they have been sexually or physically abused or face a significant mental health disability, with recognition of the fact that over 95% of sex offenders are male.
- Identifying the types of prevention and treatment currently known to work with these young persons.
- Coordinating prevention and education efforts with the goal of seeking coordinated services to transition at-risk youth to healthy adulthood.
- Reporting findings to the joint standing committees of the Legislature having jurisdiction over health and human services matters and criminal justice and public safety matters no later than January 30, 2005.

PROCEDURES

1) Meetings and communications:
   a) In response to Public Law 2003, chapter 711, Section D-1, a Committee to Prevent Sexual Abuse was developed.
   b) The Committee to Prevent Sexual Abuse met five times.
   c) In addition, communications between meetings were conducted electronically and provided absent or new members with updates regarding the committee's progress.
2) Literature review:
   a) Dr. Righthand reviewed clinical and empirical literature relevant for preventing sexual abuse. She presented initial findings to a September 2004 meeting of the Child Abuse Action Network, and electronically to members of the Committee to Prevent Sexual Abuse.
   b) Findings from the initial and subsequent reviews are described in this report.
3) Maine data:
   a) The Maine Department of Health and Human Services (DHHS) provided child maltreatment trend data for the years 2000-2003.[9]
   b) Crime in Maine 2003 is a report published by the Maine Department of Public Safety[10] and provides sex offense arrest and information about how many reports of rape were cleared through arrests or other means.

[9] Maine Department of Human Services Bureaus of Child and Family Services, Child Protective Services. (2003, 2002, 2001, 2000). *Annual report on referrals.* Augusta, ME: Department of Health and Human Services.

[10] Department of Public Safety, Maine State Police Uniform Crime Reporting Unit (nd*). Crime in Maine* (2003). Retrieved January 2005 from http://www.state.me.us/dps/cim/crime_in_maine/cim.htm

c) The Maine Departments of Corrections provided *Sex Offending by Maine Youth: Their Offenses and Characteristics: Parts I & II.*[11] This study is presented in Appendix C.
d) Maine Gap Analysis[12] was provided by the Maine Department of Corrections and is available on the World Wide Web.

RESEARCH FINDINGS AND DISCUSSION

The majority of people who experience sexual abuse, other forms of child maltreatment, and significant mental health disabilities do not perpetrate sexual abuse or other forms of maltreatment and violence. Committee members expressed great concern about the possibility of false positives (i.e., identifying someone as a potential offender when the probability of such an outcome actually is relatively small). Interventions that result in labeling someone as a potential offender could unfairly stigmatize people and do more harm than good.

Yet, research studies indicate that some forms of child maltreatment are associated with an increased risk of sexual offending. Research also has shown that child maltreatment victimization increases the risk of other serious negative outcomes; such as substance abuse, depression and suicide, and impaired interpersonal relationships, as well as nonsexual violent and nonviolent criminal offending. Thus, although people who commit sex offenses may have higher rates of childhood maltreatment experiences than many other groups, child maltreatment can result in an array of negative outcomes. These maltreatment experiences frequently include sexual and physical abuse, neglect, and exposure to domestic violence; as well as prolonged separations from primary caregivers and multiple changes in caregivers.

The field of sex offender research is relatively new. It is not a topic that attracts many resources or scholars. Consequently, research pertaining to the etiology of sexual offending is limited in breadth, limited by methodological problems, and sometimes contradictory. The existent research[13] suggests that risk factors for sex offending are interrelated in complex ways and multiple pathways to sexually offending exist. In other words, people who commit sex offenses are a heterogeneous group and may offend for different reasons. Therefore, no single approach to prevent sexual abuse will be effective. To accomplish this goal, it is necessary to develop a comprehensive effort.

Although a comprehensive approach to sex offense prevention can be effective, unfortunately, as has been noted by Victor Vieth (in press), in his "Call to End Child

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[11] Righthand, S., Welch, C., Carpenter, E. M., Young, G. S., & Scoular, R. J. (2001). *Sex offending by Maine youth: Their offenses and characteristics (Part 1 & Part II*). Augusta, Maine: Department of Corrections and Department of Human Services.
[12] Spruance, L. M., & Latessa, E. J. (2004, October). *Gap analysis of programming for offenders across Maine*. Augusta: ME: Maine's Commission to Improve the Sentencing Supervision, Management, and Incarceration of Prisoners. http://www.uc.edu/criminaljustice/ProjectReports/Maine_Gap_Analysis.pdf
[13] E.g., See: Prentky, R. A., Janus, E. S., & Seto, M.C. (2003). *Sexually coercive behavior*: NY: Annals of the New York Academy of Science.

Abuse in the United States[14]; efforts to "end" sexual abuse and other forms of child maltreatment and violence are unlikely to be totally effective. Mr. Vieth pointed out there "may be no way to prevent periodic occurrences of rage, mental illness or other factors from always contributing at some level to" maltreatment (p. 460). Yet, as he also noted, there is every reason to be optimistic. Through comprehensive, concerted efforts; we can "bring about very significant reductions in maltreatment over the long haul" (p.461). A well thought out, research based approach to prevention is required.

The Association for the Treatment of Sexual Abusers[15] defined prevention and the goals of prevention as follows. "Prevention refers to efforts intended to prevent and avoid the occurrence of unhealthy, dangerous, illegal or problematic behavior…The goals of prevention…seek to promote community and individual health, safety, and well-being by helping to develop the necessary attitudes, knowledge, skills, and resources" (p.1).

Comprehensive prevention efforts include a variety of approaches that address diverse groups of people (individuals, families, and communities) according to their experiences and needs. These approaches are called primary, secondary, and tertiary prevention. Briefly, primary preventions efforts involve helping individuals and groups avoid risk factors associated with an illness or problem behavior before experiencing or demonstrating signs or risk factors associated with the illness or problem behavior. Secondary prevention efforts are directed to individuals or groups who have been exposed to the risk factors and are intended to help these individuals avoid the illness or problem behavior (for example, by reducing risk factors and increasing protective factors). Tertiary prevention, in contrast, involves intervening with individuals who already have the illness or have engaged in the target behavior, so as to help them recover from the illness or cease the problematic behavior (e.g., through effective treatment as well as incarcerating people who sexually offend).

Public Law 2003, chapter 711, Section D-1 builds upon other Maine efforts to prevent sex offending, such as the work of the Commission to Improve Community Safety and Sex Offender Accountability and the legislation that followed, as well as the Governor's Advisory Council on The Prevention of Domestic and Sexual Violence and the Prosecution of Related Crimes in Maine. It directs us to yet another important avenue for preventing sexual abuse and related forms of violence; secondary prevention.

Sexual Abuse: A Significant Public Health Problem

Sexual abuse had been identified as a significant public health problem.[16] A public health approach to the problem of sexual abuse emphasizes prevention, involves a multi-

[14] Vieth, V.I., (in press). *Unto the Third Generation: A Call to End Child Abuse in the United States Within 120 Years, Journal Of Aggression, Maltreatment & Trauma*.
[15] The Association for the Treatment of Sexual Abusers' *Sexual Abuse/Assault Prevention Fact Sheet*, Retrieved January 2005 from www.atsa.com
[16] Association for the Treatment of Sexual Abusers (2003, January). Multi-disciplinary approach to public health: Sexual abuse as a public health problem, *Research & Advocacy Digest*, 2-3.

disciplinary approach, and offers a standardized solution-focused prevention methodology.[17] The prevention methodology requires four key steps[18]:

1. Surveillance (e.g., tracking & monitoring trends, such as incidence & prevalence)
2. Risk factor research (i.e., identifying risk and protective factors associated with sexual offending)
3. Program development and evaluation resulting in "best practice," empirically-supported interventions
4. Dissemination and implementation

Each step will inform the next; however, most commonly; they occur concurrently. For example, ongoing evaluation is essential to ensure program effectiveness. Thus, surveillance research will be expected to demonstrate reduced incidence and prevalence. In addition, information gained through program evaluation and implementation may lead to refinements as well as new and promising interventions.

The findings of the Committee to Prevent Sexual Abuse are presented using a public health framework.

Step 1: Surveillance

The first requirement of Public Law 2003, chapter 711, Section D-1 is as follows.

1. With recognition of the fact that over 95% of sex offenders are male, identify the subpopulation of potential offenders or young persons at risk of offending because they:

- *Have been sexually or physically abused*
- *Face a significant mental health disability*

So as to avoid potential negative outcomes associated with false positives and labeling, the Committee to Prevent Sexual Abuse embraced the legislation's goal of assisting all youths who have been challenged by child maltreatment or mental health disabilities in making healthy, transitions into adulthood. By focusing on this positive goal, the secondary prevention goal of preventing sexually abusive behavior by individuals who have risk factors, but who have not engaged in such behavior, could be accomplished by offering and providing appropriate and effective interventions for any individual who has been maltreated or who faces significant mental health disabilities.

The Department of Health and Human Services provided trend data describing substantiated reports of children maltreatment for the years 2000- by[19], (See Table 1).

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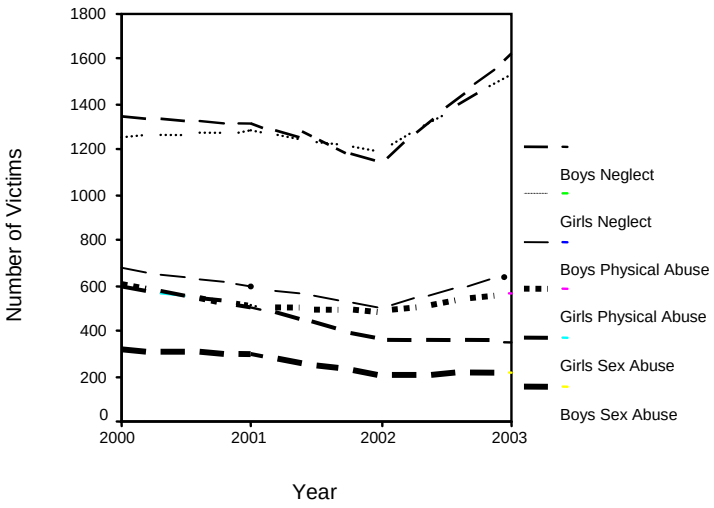
[17] Ibid. p.3.

[18] McMahon, P.M. (2000). The public health approach to the prevention of sexual violence *Sexual Abuse: A Journal of Research and Treatment, 12*(1), 27-36. Mercy, J.A., Rosenberg, M.L., Powell, C.V., Broome, & Roper, W.L. (1993, Winter). Public health policy for preventing violence. *Health Affair*, 8-29;

Figure 1

SUBSTANTIATED CHILD MALTREATMENT VICTIMS BY YEAR



These data reflect fairly consistent rates of substantiated reports of boys who have been sexually abused, and of boys and girls who have been physically abused. Consistent with national trends[20], girls typically are sexually abused more often than boys; although the rates of sexual abuse for girls appear to have declined somewhat in recent years from a high of 593 in 2000 to a low of 354 in 2003. The rate of boys who have been sexually abused also has declined between the years 2000 through 2001 and 2002 through 2003, although not as markedly as it has for girls. The rate of sexual abuse of girls in 2003 differs from the rate of sexual abuse of boys by only 134 cases; whereas, in the year 2000, the rate of substantiated sexual abuse of girls exceeded that of boys by 276.[21]

In contrast to other forms of maltreatment, the DHHS trend data indicate that the rates of neglect have increased substantially from a low of 1147 for boys and 1195 for girls in 2002 to a high of 1623 for boys and 1537 for girls in 2003. It is unclear from this data whether the incidence of neglect has increased, or whether this is an artifact of increased reporting or a greater focus on neglect during child protective assessments.

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[19] Maine Department of Human Services Bureaus of Child and Family Services, Child Protective Services. (2003, 2002, 2001, 2000*). Annual report on referrals*. Augusta, ME: Department of Health and Human Services.

[20] Sedlack A. J., & Broadhurst, D. D. (1996). *Third National Incidence Study of Child Abuse and Neglect*. Washington, DC: United States Department of Health and Human Services.

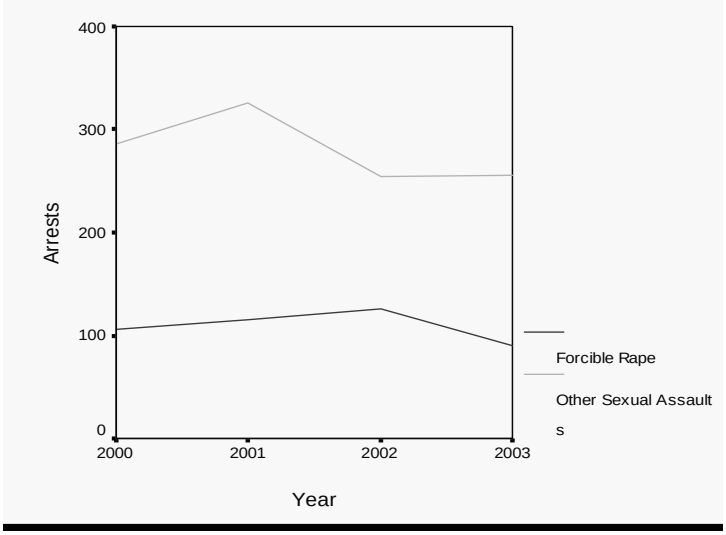
[21] A decline in substantiated reports of child sexual abuse has been observed nationally. Efforts to understand the factors contributing to this decline are underway. [e.g., Finkelhor, D. F., & Jones, L. M. (2004, January). Explanations for the decline in child sexual abuse cases. *Juvenile Justice Bulletin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.]

Clearly these rates, or any rate, of child maltreatment are too many. The fact of the matter is, however, that most incidences of child maltreatment, especially those involving sexual abuse may involve increased secrecy and feelings of shame, and are not reported.[22] Furthermore, even when they are reported, arrests and conviction may not follow.

The Maine Department of Public Safety data, for the years 2000-2003, describe the total number of arrests, in Maine, for crimes of Forcible Rape and Other Sex Offenses (Figure 2). In comparison with the Child Protective Service data, provided above, the Public Safety data reveal lower sex offense rates. As noted above, this finding is not unexpected because reported sex offenses often do not result in arrest.[23] The Public Safety arrest rates are, in fact, substantially lower than reported DHHS sexual offense rate because the Public Safety data include sexual offenses against adults, not just children.

Figure 2

TOTAL NUMBER OF SEX OFFENSE ARRESTS PER YEAR



[22] E.g., Kilpatrick, D.G., Edmunds, C., Seymour, A. (1992). *Rape in America: A report to the nation*. Charleston, SC: National Victim Center & the Crime Victims Research and Treatment Center, Medical University of South Carolina; Kilpatrick, D.G. & Saunders, B.E. (April, 1997). The prevalence and consequences of child victimization. *National Institute of Justice Research Preview*. Washington, DC: US Department of Justice.

[23] For example, only 178 of 351, or 50.7%, reported forcible rapes (Defined in Maine law M.R.S.A. Title 17-A, § 253, as Gross Sexual Assaults) were cleared through an arrest or by other means involving identifying the offender and having enough evidence to charge him or her, but an arrest is not possible because of circumstances beyond law enforcement control [Department of Public Safety, Maine State Police Uniform Crime Reporting Unit (nd*). Crime in Maine* (2003). Retrieved January 2005 from http://www.state.me.us/dps/cim/crime_in_maine/cim htm].

Given the high rates of underreporting, to effectively prevent future occurrences of sexual abuse, and other forms of maltreatment, it is important to reduce the incidence of unreported maltreatment so as to stop those individuals who perpetrate abuse as well as provide effective prevention efforts to individuals who may have been maltreated but who have not been identified as such. Furthermore, it is essential to address existing factors that increase and decrease the risk of sexual offending. Through effective prevention efforts, we may be able to prevent occurrences of sexual abuse even without knowing the risk status of particular individuals. To accomplish this objective we must identify risk and protective factors associated with sexual offending.

Step 2: Risk factor research

As noted above, the field of sex offender research is relatively new; research pertaining to the etiology of sexual offending is limited. Methodological problems and challenges, such as variable and small sample sizes, short follow-up periods, as well as limited access to what may be confidential information, are some of the difficulties that researchers encounter when conducting sexual abuse risk factor research. These difficulties contribute to limitations in our knowledge and can limit our abilities to intervene effectively.

Yet, in spite of these difficulties, some empirical studies[24] provide support for some risk factors and, although less commonly researched, some protective factors[25] as well, for example, the presence of a believing and caring adult who supports a child when he or she is maltreated. Notable risk factors include a complex, severe history of child sex abuse; physical abuse; neglect; and exposure to domestic violence. Others include exposure to a sexualized environment or culture, pornography, attitudes and beliefs supportive of sexual offending (such as misogynistic attitudes or beliefs supporting the use of violence against women), intimacy deficits and relationship problems, as well as delinquency and antisocial attitudes and behaviors.

In addition, some mental health difficulties; such as attachment and social skills deficits, difficulties reading social and emotional cues, emotional and behavioral dysregulation, and substance abuse may increase the risk for sexual offending for some individuals, and

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[24] E.g., Hanson, R. K., & Harris, A. (2000). Where should we intervene? Dynamic predictors of sexual assault recidivism. *Criminal Justice and Behavior, 27*(1), 6-35; Hanson, R. K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis*.(No. 2004-02). Ottawa, Ontario, Canada: Public Works and Government Services, Public Safety and Emergency Preparedness Canada; Johnson, G. M., & Knight, R. A. (2000). Developmental antecedents of sexual coercion in juvenile sexual offenders. *Sexual-Abuse: Journal of Research and Treatment, 12*(3), 165-178; Righthand, S., Prentky, R., Knight, R., Carpenter, E., Hecker, J., Nangle, D. (2005). Factor Structure and Validation of the Juvenile Sex Offender Assessment Protocol (J-SOAP). *Sexual Abuse: A Journal of Research and Treatment;* Worling, J. R; Langstrom, N. (2003). Assessment of criminal recidivism risk with adolescents who have offended sexually: A Review. *Trauma-Violence-and-Abuse, 4*(4), 341-362

25 Egeland, B. (1997). Mediators of the effects of child maltreatment on developmental adaptation in adolescence. In D. Cicchetti & S. L. Toth (Eds.), *Rochester Symposium on Developmental Psychopathology: Vol. VIII. Developmental perspectives on trauma: Theory, research, and intervention* (pp. 403-434). Rochester, NY: University of Rochester Press.

are associated with other negative outcomes as well. Sometimes individuals with mental retardation or other disabilities are not provided with adequate sexual education and appropriate opportunities to engage in healthy, nonabusive, sexual behaviors. A lack of appropriate education and opportunity to engage in consenting, age appropriate sexual behavior may increase the risk of sexually inappropriate or abusive behaviors in some cases.

Also, substance abuse has been identified as a possible contributing factor in some instances of sexual assault.[26] People who substance abuse may be more likely to misread cues, use poor judgment, and act impulsively. Some may erroneously believe that women who drink alcohol are sexually interested and available. In addition, women and men, who are intoxicated, may have diminished coping strategies to fend off unwanted sexual advances and, consequently, may be more vulnerable to sexual assault.

Available research also suggests that girls and women who have been previously sexually abused have an increased risk of being sexually assaulted than others who have not been victimized[27]. Furthermore, women who have been both sexually and physically abused during high school have been found to have even greater rates of sexual victimization in college than those who had been subjected to sexual abuse but not physical abuse as well.[28] Why this is so is not clear, however, research on the effects of child maltreatment suggest that, some people who have been abused may develop cognitive distortions or thinking errors as a result of the maltreatment.[29] In other words, some individuals may erroneously believe that sexual abuse is an acceptable and expected part of life.

Research findings suggest that such views may be shared by others who have not necessarily been subjected to sexual abuse. For example, in 1988 the Rhode Island Rape Crisis Center surveyed 1,700 sixth- to ninth-grade students regarding their attitudes about sex and rape.[30] Sixty-five percent of the boys and 57 percent of the girls responded that they thought it is okay for a boyfriend to force a girl to have sex if the couple dated for six months. Close to half of the students agreed that if a boy spends money on a girl, he has the right to force a kiss. The youngest group determined the amount of money to be $10 to $15. In addition, half of the youths indicated that if a woman walks alone at night, dressed "seductively," she is asking to be raped.

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[26] Rickert, V.J., & Weimann, C.M. (1998). Date rape among adolescents and young adults. *Journal of Pediatric Adolescent Gynecology, 11*, 167-175.

[27] E.g., Koss, M. P; Gidycz, C. A., Wisniewski, N. (1987). The scope of rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical-Psychology 55*(2), 162-170; Rickert, & Weimann (1998).

[28] White, J.W., & Smith, P.H. (2001). *Developmental antecedents of violence against women*. Retrieved January 2005 from www ncjrs.org/pdffiles1/nij/grans/187775.pdf

[29] Righthand, S., Kerr, B., & Drach, K. (2003). *Child Maltreatment Risk Assessments: An Evaluation Guide*, Binghamton, NY: Haworth Press, Inc.

[30] National Coalition Against Sexual Assault (1988, September). Rhode Island Develops Successful Intervention Program for Adolescents. *NCASA News* (26-27. Retrieved January 2005 from http://www.contentwatch.com/learn_center/article.php?id=149

Such attitudes and beliefs are very worrisome and school-based interventions were developed to correct these erroneous beliefs. This study is dated, and hopefully, today's youths do not harbor such attitudes. If such views persist today, clearly appropriate intervention is imperative.

Research findings, such as these, provide us with some guidance as we design prevention efforts. Verifying identified risk and protective factors and discovering others that may be associated with sexual offending and other forms of maltreatment remain important tasks.

Step 3: Program development and evaluation

The program development and evaluation step of the public health approach to preventing sexual abuse is consistent with the second mandate of Public Law 2003, chapter 711, Section D-1: Identifying the types of prevention and treatment currently known to work with these young persons. Program development and evaluation resulting; in effective, empirically-supported interventions; is a key component of a public health approach to the problem of sexual abuse.

Empirically-supported prevention interventions include educational curriculum, clinical assessment and evaluations, and psychotherapeutic interventions that are based upon a "body of science." "The knowledge base is created through the application of scientific methods that examine the impact of certain practices on outcomes…"[31] Committees and organizations, such as the American Psychological Association (APA) have developed standards for evaluating the efficacy of various treatment approaches for children. For example, according to the APA, "For a treatment to be considered "well established, " two or more studies must show that it is superior to medication, placebo, or an alternative treatment or that it is equivalent to an already established treatment, or nine single-subject case studies must be conducted to established its equivalence or superiority." (p. 1180) In contrast, "…to be considered "probably efficacious, " two or more studies must show it to be superior to a wait-list control condition or one experiment must meet the criteria for a well-established treatment, or three single-case studies must be conducted." (p. 1180) Other definitions have been established as well.[32]

As the above criteria reflect, the development of empirically-supported interventions is a relatively new development. It also is important to note that interventions found effective under strict research conditions have not always been successful when applied under "routine practice conditions."[33] Methodological problems, such as inadequate outcome measures or "treatment dropouts," (i.e., people who do not complete the intervention or treatment) confound research efforts. Continued efforts to evaluate our interventions and

[31] Hoagwood, K, Burns, B.J., Kiser, L., Ringeisen, H., & Schoenwald, S.K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric Services, 52(9),* 1179-1189.
[32] Ibid.
[33] Hoagwood, K., Burns, B. J., Kiser, L., Ringeisen, H., & Schoenwald, S. K. (2001). Evidence-based practice in child and adolescent mental health services. *Psychiatric Services, 52*(9), 1179-1189.

build on existing research are essential for identifying and disseminating the most promising and effective prevention efforts.

The Committee to Prevent Sexual Abuse identified several reference sources that describe empirically based and empirically promising programs. For example, recent, published, empirically-supported guidelines for treating child sexual and physical abuse are now available.[34] In addition, controlled research studies on Multisystemic Therapy and group therapies[35] for children with sexual behavior problems have been published and training or training manuals are available. [36] The Blueprints for Violence Prevention[37] and other resources [38]reviews information on empirically-supported and promising programs that are associated with substance abuse as well as violence prevention and other positive outcomes.

Research with parents and families where child abuse or neglect have been of concern have found approaches which combine parental intervention with a wider range of other supportive services that address both the interpersonal and concrete needs of all family members are most successful.[39] For example, intensive group and home-based interventions that provide parental support and instruction in child management and cognitive stimulation have had strong positive effects on parental attitudes and behavior

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[34] Saunders, B.E., Berliner, L., & Hanson, R. F. (Eds.) (2004). *Child Physical and Sexual Abuse: Guidelines for Treatment (Revised Report: April 26, 2004*). Charleston, SC: National Crime Victims Research and Treatment Center. [Also available from on the World Wide Web: http://www musc.edu/cvc/practice_guidelines_10-24-04.pdf]; Chadwick Center for Children and Families. (2004.) *Closing the quality chasm in child abuse treatment: Identifying and disseminating best practices.* Charleston, South Carolina: National Crime Victims Research and Treatment Center (Medical University of South Carolina) , 2004: [Also available from on the World Wide Web: http://www musc.edu/cvc/kauffman html]

[35] Barbara L. Bonner, B.L., and C. Eugene Walker, C.E., Berliner, B. (1999). *Children With Sexual Behavior Problems: Assessment and Treatment*. Final Report, Grant No. 90-CA-1469, National Center on Child Abuse and Neglect Administration for Children, Youth, and Families U.S. Department of Health and Human Services: Retrieved January 2005 from http://nccanch.acf.hhs.gov/pubs/otherpubs/childassessment/index.cfm
Cognitive-Behavioral Group Therapy for Children with Sexual Behavior Problems Barbara L. Bonner, PhD, C. Eugene Walker, PhD, and Lucy Berliner, MSW: Retrieved January 2005 from http://ccan.ouhsc.edu/CSBP%20cognitive-behavioral%20child.pdf; Dynamic Group Play Therapy For Children With Sexual Behavior Problems Barbara L. Bonner, PhD, C. Eugene Walker, PhD, and Lucy Berliner, MSW Retrieved January 2005 from http://ccan.ouhsc.edu/CSBP%20dynamic%20play%20manual.pdf

[36] Letourneau, E.J., Schoenwald, S.K., Sheidow, A.J. (2004). Children and Adolescents with Sexual Behavior Problems. *Child Maltreatment, 9*(1), 49-61.

[37] Blueprint Programs for Violence Prevention: Retrieved January 2005 from http://www.colorado.edu/cspv/blueprints/

[38] E.g., National Mental Health Association (2004). *Mental health treatment for youth in the juvenile justice system: A compendium of promising practices:* http://www nmha.org/children/JJCompendiumofBestPractices.pdf; Center for Disease Control and Prevention, Division of Violence Prevention, National Center for Injury Prevention and Control (2002) *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action (Best Practices).* http://www.cdc.gov/ncipc/dvp/bestpractices/Introduction.pdf.

[39] Cohn, A. H., & Daro, D. D. (1987). Is treatment too late: What ten years of evaluative research tell us. *Child Abuse and Neglect, 11*(3), 433-442.

and overall maternal adjustment.[40] In addition, psychotherapy approaches for children who have been sexually abused, and that involve nonabusive parents, have been found to facilitate positive outcomes.[41] It is recommended that parents and families involved in the child protective and juvenile justice system be provided with empirically-supported and culturally sensitive interventions whenever possible.

A number of documents are available that review empirical approaches that have been found to be effective with youths and adults who have engaged in criminal behavior,[42] risk factors associated with sexual offending. It is important that research findings also have identified intervention programs that "do not work"[43] and that may actually harm, for example by mixing youths with limited delinquent behaviors and risk factors with youths who have more significant and serious criminal histories.

In addition, to be effective, interventions must be specially tailored to the "unique needs and circumstances"[44] of individuals and families, and timed appropriately to maximize their effectiveness. Too many interventions, poor timing of interventions or interventions that are inappropriate to their targets may overwhelm clients, resulting in reduced effectiveness and wasted resources.[45]

It also is necessary to be attentive to the ingredients that may facilitate effective interventions. For example, programs in correctional institutions that use mental health

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[40] Ecobehavioral programs, such as Project 12-Ways (Lutzker, J. R., Bigelow, K. M., Doctor, R. M., Gershater, R. M., & Greene, B. F. (1998). An ecobehavioral model for the prevention and treatment of child abuse and neglect: History and applications. In J. R. Lutzker (Ed.), *Handbook of child abuse research and treatment* (pp. 239-266). New York: Plenum Press.) which targeted 12 areas of interventions (parent-child training, stress reduction, basic skill development for children, money management, social support, home safety training, multiple setting behavior management, health and nutrition, problem solving, marital counseling, alcohol abuse referral, and single mother services) have been found effective in reducing child maltreatment in some studies. Project Safe Care and Project SafeCare is another empirically-supported or promising program that is designed to assist families referred for child abuse and neglect (Gershater-Molko, R.M., Lutzker, J.R., Wesch, D. (2002). Using Recidivism to Evaluate Project SafeCare: Teaching Bonding, Safety, and Health Care Skills to Parents. *Child Maltreatment 7*(3), 277-285)

[41] Cohen, J. A., & Mannarino, A. P. (1997). A treatment study for sexually abused preschool children: Outcome during a one-year follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry, 36*(9), 1228-1235.; Deblinger, E., Lippmann, J., & Steer, R. (1996). Sexually abused children suffering posttraumatic stress symptoms: Initial treatment outcome findings. *Child Maltreatment, 1*(4), 310-321.

[42] E.g., U.S. Department of Health and Human Services (2001). *Youth Violence: A report of the Surgeon General.* Rockville, MD: Department of Health and Human Services, Centers for Disease Control and prevention, National Center for Injury Prevention and Control; Substance abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health [Also available on the World Wide Web: http://www.surgeongeneral.gov/library/youthviolence/report.html]

[43] Ibid.

[44] E.g., Egeland, B., Weinfield, N. S., Bosquet, M., & Cheng, V. K. (2000). Remembering, repeating, and working through: Lessons from attachment-based interventions. In J. D. Osofsky & H. E. Fitzgerald (Eds.), *WAIMH Handbook of Infant Mental Health: Vol.* 4, Infant Mental Health in Groups at High Risk (pp. 35-89). New York: John Wiley & Sons, Inc.

[45] Sedlack A. J., & Broadhurst, D. D. (1996). *Third National Incidence Study of Child Abuse and Neglect.* Washington, DC: United States Department of Health and Human Services..

staff, rather than corrections staff, to provide interventions were more effective.[46] Similar findings[47] have been noted regarding family support programs that are designed to facilitate parents' understanding of child development, positive discipline skills, and positive nurturing strategies that may facilitate healthy development. Programs that used professionals rather than nonprofessionals or paraprofessionals had better outcomes. Other factors that facilitate positive outcome, such as early interventions, also have been noted.

Step 4: Dissemination and implementation

Public Law 2003, chapter 711, Section D-1's requirement to coordinate prevention and education efforts with the goal of seeking coordinated services to transition at-risk youth to healthy adulthood is consistent with the fourth phase of a public health approach: Dissemination and implementation.

Members of the Child Abuse Action Network and the Committee to Prevent Sexual Abuse noted that Maine has some empirically-supported programs and interventions for reducing risk factors associated with sexual offending and other forms of criminal and violent behavior.[48] Yet, adequate support for some of these programs appears to be lacking (e. g., adequate staffing, and staff training, or funding to support treatment fidelity and program evaluation).[49] Other short-term, cost-effective, empirically-supported interventions that may be especially valuable, such as Multidimensional Treatment Foster Care,[50] are absent. Complicating matters further, interventions that have been shown not to be effective or that lack an empirical base are thriving,[51] while program evaluation efforts that can demonstrate the effectiveness of programs and interventions are limited.[52]

The first steps for disseminating and implementing effective prevention efforts involve identifying what interventions are needed by which individuals, families, and groups in which schools, communities, and counties. In addition, it is necessary to identify which

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[46] E.g., see: National Mental Health Association. (2004, August). *Treatment works for youth in the juvenile justice system:* Retrieved January 2005 from www.nmha.org/children/justjuv/treatment.cfm

[47] Virginia Child Protection Newsletter (2004, Fall). *Early Childhood home visitation: A review of research.* Harrisonburg, VA: James Madison University. [Also available on the World Wide Web: http://psychweb.cisat.jmu.edu/graysojh]

[48] E.g., Multisystemic Therapy at Kennebec Valley and Tri-County Mental Health Centers, and Big Brothers Big Sisters of America

[49] E.g, See: Spruance, L. M., & Latessa, E. J. (2004, October). *Gap analysis of programming for offenders across Maine*. Augusta: ME: Maine's Commission to Improve the Sentencing,, Supervision, Management, and Incarceration of Prisoners.

[50] When foster care is absolutely necessary, a short-term, intensive "Blueprint Program" called Multidimensional Treatment Foster (MDTF) may be especially valuable. As part of its comprehensive approach, MDTF works to expedite a child's permanent placement in a safe home by working with the child's family or future family during the foster care placement. MDTF is currently unavailable in Maine.

[51] For an example of such an approach see: Spruance, L. M., & Latessa, E. J. (2004, October). *Gap analysis of programming for offenders across Maine*. Although this survey encountered a number of methodological problems, and was limited in scope, such surveys are an important step for preventing sex abuse and other forms of interpersonal violence.

[52] Ibid.

empirically-supported programs, that increase protective factors and reduce risk factors associated with sexual offending, are available in Maine. A well-organized, coordinated, multi-disciplinary and multi-agency approach will be necessary to support existing empirically-supported interventions and implement additional, empirically-supported programs, where they are needed, and coordinate appropriate services.

Ongoing Evaluation to Ensure Effectiveness

Lastly, but importantly, the public health approach to preventing sexual abuse, and other forms of violence and maltreatment, requires ongoing program evaluation. Although program evaluation was mentioned above as a component of a public health approach to the problem of sexual abuse; it is mentioned again, at this juncture, to stress the importance of ongoing and periodic program evaluation. Too often, program evaluation research is considered a frivolous and unnecessary expense. Program evaluation, however, is required to assure quality. Information provided by program evaluation can provide crucial information that may stimulate steps to refine or even redesign interventions to increase effectiveness. Program evaluation also is essential to ensure that programs and interventions do no harm.

RECOMMENDATIONS

A Public Health Approach:

- It is recommended that the state of Maine approach sexual abuse as a public health problem and intervene accordingly.
- It is recommended that the work of the Committee to Prevent Sexual Abuse continue. The Child Abuse Action Network, the Clinical Best Practices Advisory Committee[53] and the Governor's Advisory Council on The Prevention of Domestic and Sexual Violence and the Prosecution of Related Crimes in Maine are just a few of the committees currently working to prevent sexual abuse and other forms of maltreatment. It is recommended that the various groups be identified and coordinated so they do not duplicate each other's efforts.
- Because of the importance of early intervention, it is recommended that the Maine Department of Education be well represented in appropriate prevention and intervention efforts.
- It also is recommended that private sector representatives be involved. Private sector representatives could include a variety of individuals ranging from members of advocacy groups such as the Maine mental health providers and administrators, to business professionals, to community and faith-based leaders, parents and foster parents, and so forth. Representatives from the Maine Coalition Against Sexual Assault provide a voice for many who otherwise would go unheard. By working together, we can be most effective.
- It is further recommended that the objectives of this legislation be expanded to include primary and tertiary prevention efforts and address all forms of child

[53] PL1997, c. 790, Pt. A, §1 (new); §3 (aff).]

maltreatment and interpersonal violence. For example, primary prevention efforts may include efforts to reduce cultural attitudes that, perhaps inadvertently, support sexual misconduct and violence. Tertiary prevention efforts include providing empirically-supported assessments and empirically-supported treatment to youths and adults who already have sexually offended.

- To facilitate a solution-focused approach to the problem of sexual abuse, it is recommended that an oversight committee be appointed. The primary objectives of this committee would be to monitor and facilitate Maine's progress in implementing the public health steps described in this report and facilitate timely, effective, and ethical interventions.

Using the public health approach described above, specific secondary prevention recommendations related to the Public Law 2003, chapter 711, Section D-1 are as follows.

Step 1: Surveillance

State agencies in Maine are becoming increasingly computerized and more able to collect and track information necessary for developing an effective approach to preventing sexual abuse.

The Committee to Prevent Sexual Abuse recommends that current state agency procedures for tracking the incidence and prevalence of sex offending continue and include other forms of child maltreatment and violence. For example, specific recommendations include:

- The Department of Public Safety explore how data collection procedures may be developed that can provide easily accessible information on the number of reports of sex offenses other than rape (currently this data is available only for the crime of rape), domestic violence, domestic violence incidents that expose children to violence, and incidents of domestic violence combined with sexual assault. By doing so, reductions in new reports can serve as an outcome measure of the effectiveness of prevention efforts and clearance trends can be better monitored.
- It also is recommended that the Department of Health and Human Services further develop their data collection procedures to provide easily accessible information regarding substantiated incidences of child abuse or neglect where exposure to domestic violence has been identified as a safety or risk factor, as well as information about the duration of separations from primary caregivers and number of temporary placements experienced by children in foster care.

High rates of underreporting hinder efforts to prevent future occurrences of sexual abuse. Reducing the incidence of unreported maltreatment is important for stopping individuals who perpetrate abuse as well as providing effective prevention and interventions efforts to individuals who have been maltreated but who have not been identified as such.

Obstacles to identifying and reporting sexual abuse and other forms of maltreatment are many. They include such things as feelings of embarrassment, fear, and shame associated with acknowledging incidents of child maltreatment. Most sexual abuse is perpetrated by someone known to the victim. Concerns about potential negative consequences for the person who has been victimized, his or her family, as well as the perpetrator; as a result of legal interventions, may reduce the likelihood of a report. For example, a child or family member may be fearful about how community registration and notification might affect their family, not just the person who has been abusive.

Other obstacles to identifying and reporting maltreatment include not knowing to whom to report the abuse. Insufficient training and experience among professionals responsible for investigating or reporting child maltreatment, high turnover and vacancy rates within child protective service agencies[54], and a historic lack of a cohesive effort among different state agencies and the private and public sectors regarding a comprehensive approach to preventing sexual abuse and other forms of child maltreatment and violence also contribute to the underreporting of sexual abuse and other forms of maltreatment.

Identifying and reporting child maltreatment is vital because early detection and intervention can reduce the harmful effects of child maltreatment.[55]

Specific recommendations for reducing obstacles to identifying and reporting sexual abuse include:

- Developing a cultural climate that not only facilitates reports of child maltreatment, but encourages and assists all adults to protect children by being attentive to attitudes, behaviors, and situations that may herald inappropriate or abusive behaviors. For example, a number of programs[56] across the country are using media and outreach campaigns to increase public awareness of sexual abuse and help adults to protect children by recognizing and responding appropriately to possible or actual maltreatment. It is recommended that Maine evaluate the appropriateness and feasibility of such a program for Maine and, if utilized, evaluate its effectiveness accordingly.[57]
- It also is recommended that training programs be developed at the college and graduate school levels to prepare individuals to appropriately identify and report

54 For example, over 50% of Maine DHHS Bureau of Child and Family Service staff leaves within the first eighteen months on the job and the average length of stay of new hires for the last ten years is less than 24 months. Peters, Jay (2003). Hiring and Retention of BCFS Staff 1994-2000. Portland, ME: University of Southern Maine.

55 As Victor Vieth (in press) noted, "Even when an investigator successfully substantiates abuse and gets a victim into the system, the child is typically older and it is more difficult to address the physical, emotional and other hardships caused by the abuse." (p. 457). His specific recommendations to facilitate more timely identification and interventions are summarized in this section by items 2-5.

56 Stop It Now an example of nonprofit organization that reaches out to adult family members and friends, as well as individuals who have considered or who have engaged in sexually abusive behavior so as to stop the abuse and support the family and individuals report abuse to appropriate state agencies and get need help and assistance. Retrieved January 2005 from www.stopitnow.com.

57 E.g., Chasan-Taber, L. & Tabachnick, J. (1999). Evaluation of a child sexual abuse prevention program. *Sexual Abuse: A Journal of Research and Treatment, 11*(4), 279-292.

child maltreatment; particularly if they are considering careers in education, human services, criminal justice, law, medicine, or other related fields.
- In addition, it is recommended that appropriate professionals receive relevant and timely pre-service and ongoing education and training.

Child protective caseworkers frequently have limited training and experience working with the complex and difficult issues that are present when working with families where child maltreatment is a problem.[58] Caseworkers are responsible for investigating allegations of child maltreatment and are responsible for child welfare. This would be a very difficult job under the best of circumstances, but complicating matters further, they have large caseloads, multiple work-related demands, and additional stresses, such as an unpredictable schedule, being cross-examined in court, and so forth. High turnover rates and recruitment difficulties are long-standing problems. In some cases, these factors may be obstacles to identifying and substantiating child maltreatment or limit the ability of the child protective and criminal justice systems to take legal action.

- Evaluate the adequacy of current child protection pre-service training and enhance, as indicated, to better prepare new case workers for this important and challenging job.
- Develop strategies to enhance the recruitment and retention of skilled child protective caseworkers.

Step 2: Risk Factor Research

As noted earlier, to stop sexual abuse and child maltreatment it is necessary to reduce factors that support or increase the risk of maltreatment and to promote those factors that protect against abusive behaviors. Also, as noted previously, the field of sex offender research is relatively new. Research pertaining to the etiology of sexual offending (as well as other forms of maltreatment[59]), is limited in breadth, limited by methodological problems, and sometimes contradictory. Yet, an effective public health approach to preventing sexual abuse requires a number of research efforts, including the collection of surveillance data, identification of risk factors, and program evaluation.

The Committee to Prevent Sexual Abuse recommends that the state of Maine support these research efforts as strongly as possible. More specifically, it is recommended that:

- The Committee to Prevent Sexual Abuse recommends that state agency procedures for tracking the incidence and prevalence also track risk and protective factors that have been associated with sexual offending. By doing so, reductions in risk factors, and increases in protective factors, can serve as more readily available outcome measures of the effectiveness of prevention efforts.

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[58] Vieth, V.I., (in press). Unto the Third Generation: A Call to End Child Abuse in the United States Within 120 Years, *Journal of Aggression, Maltreatment & Trauma*.

[59] Righthand, S., Kerr, B., & Drach, K. (2003). *Child Maltreatment Risk Assessments: An Evaluation Guide,* Binghamton, NY: Haworth Press, Inc.

- It is recommended that DHHS seek appropriate research funding to conduct a prospective, longitudinal study of Maine children who have been maltreated to discover what factors are associated with developing sexual abusive behaviors, child maltreatment, partner abuse, or other forms of violence as well as what factors appear to protect youths from developing such negative outcomes. Such research is necessary to develop and facilitate appropriate and effective prevention and intervention strategies.
- It is recommended that state agencies collaborate together and, when possible, with the Child Abuse Action Network, to apply for prevention and intervention grant monies[60].

Step 3: Program development and evaluation

Program development and evaluation resulting in effective, research or empirically-supported interventions is a key component of a public health approach to the problem of sexual abuse. To stop sexual abuse and child maltreatment it is necessary to reduce factors that support or increase the risk of maltreatment and to promote those factors that protect against abusive behaviors.

- The Committee to Prevent Sexual Abuse recommends the Departments of Health and Human Services, Corrections, Education, Public Safety work together with the private sector to identify empirically-supported programs and services that protect against and resolve risk factors associated with sexual offending[61] and track new or promising empirically-supported interventions.
- The public health approach to preventing sexual abuse and other forms of maltreatment and violence requires ongoing program evaluation to assure quality interventions and services and, when necessary, to facilitate needed steps to redesign or retune interventions so as to maximize their effectiveness. Therefore, it is recommended that Maine state agencies develop, facilitate, and support ongoing program evaluations efforts to the extent possible.
- Furthermore, recognizing that empirically-supported interventions are a relatively new occurrence that developed from theory, innovation, program development, and program evaluation, refinement, replication, and so forth; the Committee to Prevent Sexual Abuse recommended that the state of Maine encourage efforts to further the development of even more effective interventions or interventions that may be more effective for particular individuals, groups of individuals or families.
- It also is recommended that state agencies contract with agencies and providers that submit measurable treatment plans, progress reports, and outcome data as requested.

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[60] E.g., Funding may be available from the Office of Juvenile Justice (OJJDP) Title V community Prevention Grants Program or other OJJDP programs as well as other federal agencies and private foundations.

[61] Such as the Blueprint Programs for Violence Prevention, retrieved January 2005 from http://www.colorado.edu/cspv/blueprints/, and those described in *Child Physical and Sexual Abuse: Guidelines for Treatment* retrieved January 2005 from http://www.musc.edu/cvc/practice_guidelines_10-24-04.pdf.

Step 4: Dissemination and implementation

Preventing sexual abuse will require a coordinated effort to assist youths as in transiting to healthy adulthood.

- Therefore, the Committee to Prevent Sexual Abuse recommends that a coordinated, multi-disciplinary, multi-agency, public-private sector, committee, facilitate a needs assessment that will identify what interventions are needed in which communities, regions, and counties; and what empirically supported interventions are available to meet those needs. By pooling resources, building on previous endeavors, and working together, there is less likelihood that there will be a duplication of efforts and a more accurate assessment of what is available versus what is needed is likely.
- It is recommended that findings from the needs assessment, described above, be used to disseminate and implement empirically-supported interventions that reduce risk factors and increase protective factors.
- It is recommended that a committee such as the one described above investigate obstacles for implementing empirically-supported interventions and determine how they can be overcome.
- It also is recommended that programs or service providers who, perhaps because of their status (e.g., solo practitioner) are limited in their ability to use empirically-supported interventions that require multiple staff members, receive appropriate referrals from state agencies, and be required to provided the theoretical and empirical basis for their interventions and document the utility of their approaches through, for example, treatment plans and quarterly progress reports.
- Health care funding sources for psychotherapeutic and psychoeducational interventions typically do not distinguish between empirically -supported interventions and other, possibly ineffective, approaches. It is recommended that funding sources develop policies that encourage empirically –supported or promising interventions.

Clinical assessment and treatment recommendations

- As noted previously, being sexually abused or maltreated as a child does not "cause" sexual offending; sexual abuse, especially invasive and repetitive abuse, does appear associated with increased rates of sexual offending. Thus, once empirically-supported assessments and treatment are identified, it is recommended that these services be provided to youths who have been sexually abused or who have experienced other forms of maltreatment, whenever such interventions are needed and appropriate.
- Similarly, it is recommended that empirically-supported assessments and treatment be provided to youths and adults who demonstrate behaviors that have been associated with sexual offending (e.g., substance abuse, delinquency, partner violence), to reduce those behaviors, whenever such interventions are appropriate.

- Developmentally appropriate sex education, social and healthy relationship skills programs are recommended for youths and adults who have risk factors[62] that are associated with sexual offending, such as antisocial or criminal attitudes and behaviors and substance abuse as well as youths who have been challenged by child maltreatment; or cognitive, developmental, or psychiatric disabilities.
- Positive parental and family involvement, support, and supervision for children are some of the most important protective factors in reducing the risk of negative outcomes from child maltreatment. It is recommended that parents and families involved in the child protective and juvenile justice system be provided with empirically-supported and culturally sensitive interventions that may increase their ability to communicate, support, and supervise their children, if appropriate, whenever possible.
- Some individuals who are abused may not know of the availability or how to access appropriate assessment or treatment services. It is recommended that the Child Abuse Action Network develop a pamphlet describing possible emotional, physical, and behavioral symptoms that may be associated with having been sexually abused and how to obtain effective interventions when they are needed.

School-based interventions:

In addition to time spent at home, children spend a substantial portion of their lives in school. Therefore, school environments provide children with substantial information about what is, and what is not, acceptable in our society.

The Maine Department of Education (2004) has developed Sexual Assault Education: Key Concepts[63] that can be included as part of a comprehensive health education curriculum. These educational concepts are designed to help children develop awareness and understanding of appropriate interpersonal boundaries; positive, effective coping skills; and healthy, respectful, nonabusive relationships. They are directly linked to the Maine Health Education Standards outlined in Maine's Learning Results.

- It is recommended that the Department of Education evaluate the extent to which Maine schools provide developmentally appropriate, empirically-supported or empirically- promising school curriculums that promote respectful, rewarding, nonabusive relationships throughout the lifespan. Such curriculums can help

[62] Developmentally appropriate sex education as well as social and healthy relationship skills programs are recommended for all youths as a primary prevention approach, although the most effective of these programs tend to be associated with increased knowledge of risky situations, preventions strategies, and disclosures of previous abuse, studies have not investigated the direct relationship of such prevention programs and abuse prevalence rates. For more information see: *Prevention Programs Addressing Child Sexual Abuse*: http://www.ucalgary.ca/resolve/violenceprevention/English/reviewprog/childsxprogs htm as well as Davis, M.K., & Gidyez, C.A (2000). Child sexual abuse prevention programs: a meta-analysis. *Journal of Clinical Child Psychology, 29*(2), 257-265 and Finkelhor, D., Asdigian, N, & Dziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instruction: An evaluation of children's responses to actual threats and assaults. *Child Abuse & Neglect, 19*(2), 141-153.

[63] Provided by the Maine Coalition Against Sexual Assault: www.mecasa.org

youths identify what sexually harassing and sexual offending behaviors are, as well as the consequences of such behaviors on the people targeted, their friends and peers, their families, and their communities. These educational efforts can help correct erroneous attitudes and beliefs that support and encourage such offensive behaviors and, similar to anti-bullying interventions, create a positive peer and community culture that will not tolerate such behaviors.[64]

- It is further recommended that these educational efforts be available for boys and girls, at an early age, and be reinforced over time. In the elementary grades curriculum may include Good Touch/Bad Touch programs and anti-bullying efforts. As children near middle school and puberty, information about sexual harassment becomes increasingly important. Clearly, as the studies described above indicate, middle school boys and girls can benefit from programs that address attitudes and beliefs that may support sexual offending. Finally, high school curriculums should include child abuse[65] and dating violence prevention programs[66] as well as curriculums that address effective parenting strategies that facilitate healthy child development and protect children from sexual abuse or other forms of maltreatment. Although such educational efforts could be considered primary prevention (i.e., designed to prevent the occurrence of high risk factors or situations), as the early education Good Touch/Bad Touch programs have demonstrated, such interventions frequently lead to previously undisclosed reports of sexual abuse.[67] When new, previously unreported disclosures of sexual abuse or child maltreatment occur, appropriate interventions and services may be offered.
- When youths are committed to the juvenile justice system or placed in residential placements; these facilities provide age-appropriate and empirically-supported or promising interventions that promote respectful, rewarding, nonabusive relationships throughout the lifespan.
- It is recommended that, as soon as possible, knowledge gained from such educational curriculums be assessed as part of the Maine Learning Results assessments.

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[64] Wolfe & Jaffe (2003) advise, however, that although research findings have shown short-term reductions in attitudes that support sexual violence after such educational interventions, research demonstrating reductions in abusive behavior is required. Wolfe, D. A. & Jaffe, P. G. (2003). *Prevention of domestic violence and sexual assault.* Violence Against Women Online Resources: Retrieved January 2005 from http://www.vaw.umn.edu/documents/vawnet/arprevent/arprevent html

[65] Cindy L. Miller-Perrin, Ph.D, *An Introduction to Child Maltreatment: A Five-Unit Lesson Plan For Teachers of Psychology in Secondary Schools Section on Child Maltreatment*, Division 37: Child, Youth, and Family Services, American Psychological Association. Retrieved January 2005 from http://www.apa.org/divisions/div37/child_maltreatment/child_highschool_curr.html

[66] E.g., Wolfe, D.A., Wekerle, C., Gough, R., Reitzel-Jaffe, D., Grasley, C., Pittman, A.L., Lefebvre, L., Stumpf, J. (1996). *The Youth Relationships Manual: A Group Approach with Adolescents for the Prevention of Woman Abuse and the Promotion of Healthy Relationships*. Thousand Oaks: Sage.

[67] E.g., See: Prevention Programs Addressing Child Sexual Abuse for a review of several programs that have been supported by research: ttp://www.ucalgary.ca/resolve/violenceprevention/English/reviewprog/childsxprogs htm; Also, Finkelhor, D., Asdigian, N, & Dziuba-Leatherman, J. (1995). The effectiveness of victimization prevention instruction: An evaluation of children's responses to actual threats and assaults. *Child Abuse & Neglect, 19*(2), 141-153.

- It also is recommended that teachers and other school employees be adequately trained to identify risky attitudes and behaviors (such as sexually harassing statements, sexual preoccupations, and inappropriate, sexualized behaviors as compared with age appropriate, consensual sexual behaviors) as well as to intervene supportively, yet firmly and appropriately.

Other settings:

- A group of parents who may be able to have a significant positive effect on their children, yet who typically are not considered part of prevention efforts, are incarcerated parents. Incarcerated men and women may be better able to help their children transition into healthy adulthood by participating in programs that educate them about effective parenting strategies that facilitate healthy child development, and protect children from sexual abuse or other forms of maltreatment and violence.

CONCLUSION:

The emotional cost to people who have been sexually abused, their families, and their communities cannot be quantified. Research studies have shown that the financial costs of sexual abuse to communities and state governments are high.

The Committee to Prevent Sexual Abuse offers the recommendations included in this report mindful of the economic challenges facing our state and country. Although it is possible that some recommendations may require initial or periodic funding (for example, for training and other costs not covered by medical insurance or Maine Care, such as start-up costs and program evaluation), grants and matching funds may be available to supplement state funds. Furthermore, long-term economic benefits from an empirically supported, public health approach to the problem of sexual abuse are likely. As funds from expensive and often ineffective treatments[68] (e.g., long-term residential placements) are reallocated to empirically-supported interventions, treatment expenses can be reduced. Costs associated with child protective and criminal justice system interventions will be reduced as well.

Most importantly, however:

> "Imagine a childhood disease that affects one in five girls and on in seven boys before they reach 18 (Finkelhor & Dziuba-Leatherman, 1994): a disease that can cause dramatic mood swings, erratic behavior, and even

[68] For a discussion of ineffective treatments readers are referred to the U.S. Department of Health and Human Services (2001). *Youth Violence: A report of the Surgeon General*. Rockville, MD: Department of Health and Human Services, Centers for Disease Control and prevention, National Center for Injury Prevention and Control; Substance abuse and Mental Health Services Administration, Center for Mental Health Services; and National Institutes of Health, National Institute of Mental Health [Also available on the World Wide Web: http://www.surgeongeneral.gov/library/youthviolence/report.html]Violence (2001)

severe conduct disorders among those exposed; a disease that breeds distrust of adults [and other children] and undermines the possibility of experiencing normal sexual relationships; a disease that can have profound implications for an individual's future health by increasing the risk of problems such as substance abuse, sexually transmitted diseases, and suicidal behavior (Crowell & Burgess, 1996);…a disease that replicates itself by causing some of its victims to expose future generations to its debilitating effects." "Imagine what we, as a society would do if such a disease existed…We would develop and broadly implement preventions campaigns to protect our children. Wouldn't we?"(p. 317)[69]

[69] Mercy, J. A. (1999). Having new eyes: Viewing child sexual abuse as a public health problem. *Sexual Abuse: A Journal of Research and Treatment, 11*(4), 317-322.

Appendix A

Committee to Prevent Sexual Abuse

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Appendix B

Child Abuse Action Network

The Child Abuse Action Network (CAAN) is a multi-disciplinary, public and private sector committee committed to enhancing the professional and public response to child abuse in Maine. CAAN works toward this goal by providing training, helping develop needed resources, and facilitating the inter-disciplinary coordination of the public and private sectors in efforts designed to reduce and eliminate child maltreatment.

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Appendix C

Sex Offending by Maine Youth:

Their Offenses and Characteristics: Parts I & II.

Cataloged separately- see HV9067 .S48 S49 2001 v. 1 & v. 2