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# Young Sex Offenders



# in Maine

Committee on Child Sex Abuse Research Task Force

Sponsored By  
Children's Policy Committee



# **Young Sex Offenders in Maine**

September, 1989

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A project of the Committee on Child Sex Abuse  
Research Task Force

Sponsored by the Children's Policy Committee

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# Summary of Findings

The study was commissioned to assess the number and characteristics of Maine's young sex offenders and the treatment resources available. The Research Task Force of the Committee on Child Sex Abuse surveyed young sex offenders on Department of Human Service, Probation and Parole, and Maine Youth Center caseloads between July 1988 and June 1989. The results indicate that young sex offenders do present a significant problem in Maine.

- ◆ Over 350 young sex offenders were identified, yet respondents reported that this is an underestimate of the actual number.
- ◆ Almost 90 percent of the offenders were male.
- ◆ The most frequent age of male offending was 14 years old.
- ◆ The most frequent age of victimization was five years old for girls and eight years for boys.
- ◆ Over half of the abusive acts involved oral-genital contact and/or attempted or actual penetration.
- ◆ Ninety-nine percent of the offenders were known to their victims; the majority of them were family members.
- ◆ The majority of the offenders were not involved in specialized sex offender treatment programs.
- ◆ A continuum of care for Maine's young sex offenders does not exist.

Young sex offending must be recognized as a serious problem. The importance of early intervention must not be minimized.



# Introduction

The behavior of children and adolescents who commit sex offenses has often been excused. Members of the National Adolescent Perpetrator Network (1988) observed that sometimes clearly abusive behavior is explained away as innocent childhood exploration. Comments such as "boys will be boys" or "he'll grow out of it" are not uncommon.

Our society's discomfort with sexual matters has been longstanding. As Bengis (1986) observed, this discomfort is magnified intensely when unthinkable sexually deviant behavior, such as adults sexually abusing children or children sexually assaulting other children, is involved.

Denial and minimization are common reactions when people are confronted with shocking, abhorrent, and/or painful events. It is not surprising that our society has been reluctant to acknowledge that sex abuse permeates the lives of so many people. It is also no surprise that we have been slow to recognize that sex offenders are not just adults, but also adolescents and children.

In the 1950's, the public began to acknowledge child sex abuse, by adult offenders, as a real problem (Johnson, 1988). However, it was not until the 1970's that there was a dramatic increase in adult sex offender treatment programs (Knopp, 1985). In spite of this development, substantial underestimates of adult perpetrated sexual assaults continue (Finkelhor, 1984). Sexual assaults by adolescents, as well as younger children, are even further underestimated (Knopp, 1982; Johnson, 1988; Finkelhor, 1981).

Bengis (1986) and Knopp (1982) discuss many of the factors contributing to these underestimates. For example, the victims of young offenders are often very young and may not be able to communicate the abusive experience. Even if they are able to describe what happened, they may fear parental reactions, and/or those of the perpetrator. As a consequence abuse may be kept a secret.

Sex offenders, including adolescent and child offenders, seldom voluntarily report their abusive behavior. They tend to minimize and outright deny their offensive acts (e.g., Abel, 1987; Bengis, 1986; Johnson, 1988). Young sex offenders, like their victims, may fear parental reactions, as well as those of others, such as their friends, teachers, or the legal system. They may feel isolated and different from their peers who they recognize do not experience sexually deviant thoughts, fantasies and behavior as part of their everyday life. Some of these offenders may see themselves as perverts and/or "crazy," and act to hide these characteristics. Furthermore, some young sex offenders may feel ashamed and even guilty about their abusive behavior.

Young offenders are infrequently adjudicated delinquent or convicted for their sex crimes (Wasserman & Kappel, 1985). Instead, they often are dealt with informally, if at all

(Johnson, 1989). Thus, because of their nonadjudicated status, their existence may not be reflected in official statistics. In some cases, these youngsters have been arrested and even adjudicated, but their charges do not reflect the sexual nature of their offense. As Bengis (1986) observed, police officers may want to avoid stigmatizing a child as sexually deviant, and may charge him or her with a non-sexual crime instead. Furthermore, if the youngster has been charged with a sexual crime, the charge may be reduced to a less serious nonsexual offense through plea bargaining procedures, as Ryan noted (cited in National Adolescent Perpetrator Network, 1988).

As Bengis (1986) noted, mental health professionals have also contributed to underestimates of young sex offenders. Many of these professionals have been especially concerned with the negative effects of labeling children and adolescents as sex offenders. Unfortunately, unless sexually abusive behavior is identified for what it is, and until those who perpetrate these offenses are held accountable for their abusive behavior, intervention strategies will be limited in scope and effectiveness.

One of the significant outcomes of adult sex offender treatment programs has been the accumulation of information about adult offenders' childhood and adolescent deviant sexual thoughts and behavior. For example, Groth, Longo and McFadin (1982) found that approximately 50 percent of 500 adult offenders attempted or committed their first offense by age 16; child molesters attempted or committed their first offense as early as eight years old and rapists as early as nine. Longo and Groth (cited in Knopp, 1985) also found that 35 percent of their incarcerated adult sex offender sample reported they had progressed from compulsive masturbatory activity, repetitive exhibitionism, and/or recurring voyeuristic activity to the more serious offenses that resulted in their convictions as adults.

Similar findings were revealed in a study conducted by Abel, Mittelman, and Becker (1985). These authors obtained waivers of prosecution and assured their clients of confidentiality in an effort to obtain reliable sex offense data. Forty-two percent of their 411 outpatient sample reported experiencing deviant arousal by the time they were 15 years old. Fifty-seven percent reported deviant arousal by age 19. The authors noted many potential offenders have deviant interests and fantasies as early as age 12 and 13, but have not yet committed an offense. However, the work of Johnson (1988) supports Groth, Longo and McFadin's (1982) findings and indicate that some offenders do begin their abusive behavior during their childhood. In fact, in some cases clearly abusive behavior was evidenced as early as age four and five.

At the 1987 Bethel Conference sponsored by the Committee on Child Sex Abuse, Dr. Gene Abel presented research results that were shocking and unsettling. During his keynote address, Dr. Abel reported that in a large sample of adult sex offenders, slightly more than half reported deviant sexual interests occurring before age eighteen. On the average, these offenders reported committing more than one type of sexual offense, for example child molestation and rape, or exhibitionism and rape, as well as committing an average of 380.2 sex offenses by the time the offenders reached adulthood. In contrast, Abel also noted that data available from adolescents under age 18 revealed an average of 6.8 sex offenses per offender, indicating a 55-fold increase in the number of offenses as the offender enters adulthood.

Findings reflecting the prevalence of child and adolescent sex offending are not limited to a few isolated studies. Davis & Leitenberg (1987) conducted a literature review and found that recent arrest statistics and victim surveys across the country indicate that at least 20 percent of all rapes and 30 to 50 percent of all cases of child sex abuse can be attributed to young offenders.

Given the research findings revealing the progressive nature of sex offending, both in terms of the dramatic increase in the number of offenses as well as their increased level of violence, the importance of early intervention is clear. Because of their youth, young sex offenders may be more amenable to interventions which can interrupt the development of deviant thinking and behavior patterns before they become embedded. Adolescent sex offender treatment programs have presented research findings which suggest that intervention with young sex offenders can be successful (Bengis, 1986). Early intervention with young offenders may significantly reduce instances of victimization as well as the pain and suffering that result. Early intervention also makes sense from a fiscal perspective as the cost of future prosecutions, forensic evaluations, incarcerations, etc. would be avoided.

As this review has indicated, the problem of young sex offenders appears substantial. Yet there are no data that document whether young sex offenders really pose a significant problem in Maine. This is not to say that the victimization of a single person by a child or adolescent sex offender is not significant. Simply, data reflecting the number and characteristics of young sex offenders in Maine are lacking. Until this time, information about the needs of identified young sex offenders, from the professionals who work with them, has been limited to anecdotal accounts and has not been studied in a systematic fashion.



# Methodology

Aware of the lack of information, as well as the importance of early intervention, the Children's Policy Committee of Maine's Interdepartmental Council authorized the Committee on Child Sex Abuse to conduct a statewide needs analysis of Maine's young sex offenders. A research task force was formed to plan the study, and the services of the University of Southern Maine's Human Services Development Institute (HSDI) were enlisted to conduct the research project. The study had two major objectives: first to assess the number and characteristics of young sex offenders, and second to assess available treatment resources.

## *Young Sex Offenders*

The Research Task Force reviewed young sex offender studies that were conducted in several states throughout the country. Of all these research projects, the Vermont study's emphasis on describing the characteristics of their young sex offender population was considered most similar to the intent of this study. The Vermont data collection instrument was revised to be specific to this study's objectives as well as those of Maine's legal and social service system. The Maine questionnaire focused on selected historical data about the offender, crime and victim characteristics, case dispositions, treatment utilization, and perceived treatment needs. A copy of the Young Sex Offender Questionnaire is presented in Appendix A.

The problem of under-reporting offenses committed by young sex offenders has already been discussed. With this difficulty in mind, Department of Human Services caseworkers and Department of Corrections Juvenile Service workers, as well as Maine Youth Center caseworkers, were selected as the most reliable sources of information about the characteristics of Maine's young sex offenders. These caseworkers have received specialized training and are experienced in assessing sexually abusive behavior. This expertise enables them to identify the young sex offenders on their caseloads.

For the purpose of this study, a young sex offender was defined as a male or female under the age of eighteen who has committed a sex offense, regardless of whether the individual was arraigned, adjudicated, or convicted. Sex offenses were defined in descriptive rather than legal terminology. The questionnaire included a listing of the defined sex offenses which ranged from non-contact offenses, such as voyeurism, to physically intrusive offenses involving penetration (see Appendix A). Respondents were asked to complete the questionnaire by focusing on the most serious offense they knew the offender had committed. For the purpose of this study, "most serious offense" was defined as the most invasive and most physically violent. In the case of multiple victims, respondents were asked to answer questions pertaining to the victim by focusing on the victim who was most severely abused. Although this approach results in skewing the data in a way that emphasizes the most serious behavior of these young offenders, it reflects the seriousness and gravity of this problem and is consistent with the approach used in other states such as Vermont, Ohio and Oregon.

Questionnaires and explanatory letters were sent to Department of Human Service casework supervisors, Probation and Parole district supervisors and the Maine Youth Center unit directors via their respective superiors, for distribution to the caseworkers or other appropriate personnel. The letters (see Appendix A) explained the objectives of the study, emphasized its importance, and encouraged respondents to complete the questionnaires as accurately as possible.

Respondents were asked to complete a questionnaire for every young sex offender on their caseload between July 1, 1988 and June 30, 1989. Completed questionnaires were returned to supervisors for mailing to HSDI. Although a two-week turn-around time was allotted, it was extended to include the large number of questionnaires that were returned after the due date.

Over 400 questionnaires were received. They were inspected for completeness, inconsistencies and duplicate reports. Duplicate questionnaires were identified by matching identifiers (birthdate, first and last initial, and sex) included in the survey for this purpose. Computer analysis of the questionnaires revealed 48 duplicate questionnaires which were pulled from the analysis. There were 353 questionnaires included in the final analysis.

Frequency distributions and cross-tabulations demonstrated the significance in the relationships between variables. Some variables could not be analyzed due to incomplete and/or inconsistent responding.

### ***Treatment Resources***

An essential part of a needs analysis is comparing identified needs with available resources in order to evaluate what resources and/or strategies must be developed to meet identified needs. Although an in-depth needs analysis involves identifying potential and needed resources as well as existing services, time and fiscal constraints restricted the scope of this investigation. Furthermore, these constraints precluded an analysis of the identified offenders' specific treatment needs such as the need for residential versus community-based treatment. However, a survey of existing treatment programs was conducted.

Although the study of treatment effectiveness with sex offenders is in its infancy (Furby, Weinrott & Blackshaw, 1989), the majority of professionals experienced with this population consider specialized sex offender group therapy the treatment of choice (Knopp, 1982). With this position in mind, for the purpose of this study, sex offender treatment programs were defined as programs that utilize specialized group therapy as a treatment modality.

Sex offender programs in Maine were identified through the following process. First, the State Forensic Service Resource Survey (1989) was utilized to identify programs that, in 1988, were identified as providing group therapy for young sex offenders. In addition, the contact persons from identified programs were asked to name programs they knew provided young sex offender treatment. This word-of-mouth procedure is not scientific and other Maine young sex offender "programs" may exist.

The principal investigator developed an interview schedule based on an Ohio resource survey that assessed identified treatment programs along a continuum of care ranging from assessment to secure residential treatment. Telephone interviews were conducted with contact persons from identified treatment programs. Responses regarding their respective programs were reviewed and are reported descriptively.

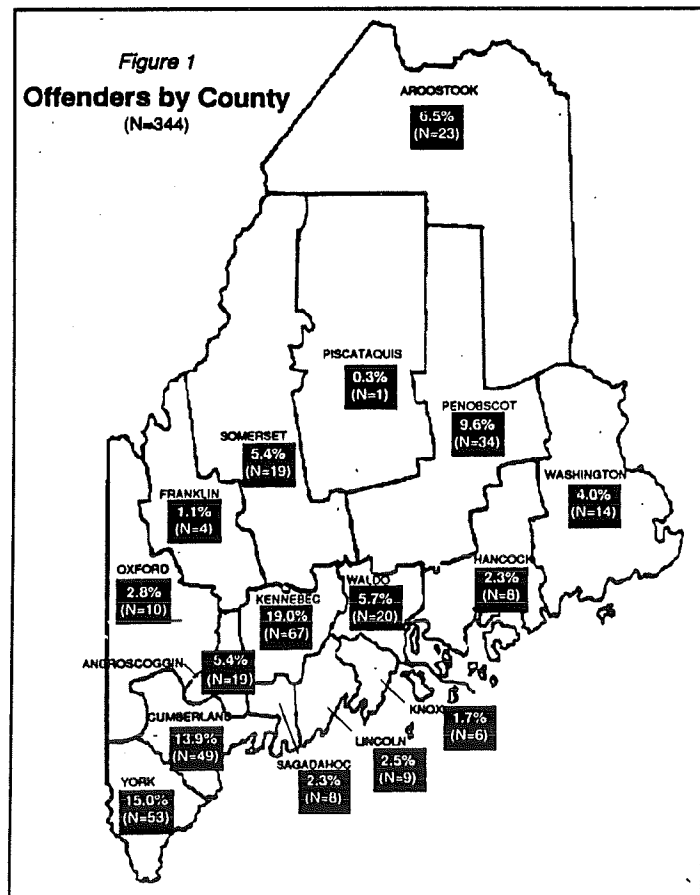
# Results

## Young Sex Offenders

Of the 353 cases available for analysis, 165 were identified by the Department of Human Services and 174 were reported by the Department of Corrections. The origin of an additional 14 surveys was unclear.

Both Departments indicated that the 353 reported cases underestimate the actual number of Maine's young sex offenders. A portion of respondents reported that due to time constraints they were able to complete surveys on only some of their known sex offenders. Accurate information reflecting the extent to which reported cases were underestimated was not available. Much variability in response accuracy between counties was reported.

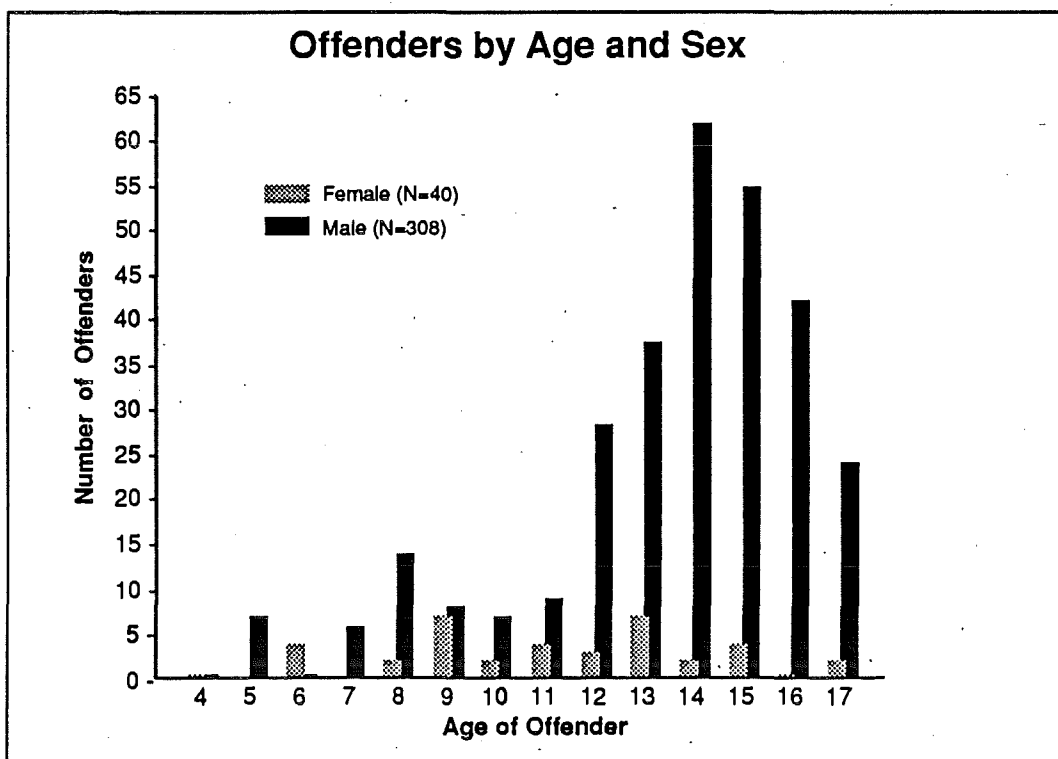
Data reflecting the number and percent of reported young sex offenders by county are presented in Figure 1. The counties reporting the largest number of cases were Kennebec, York and Cumberland. However, because underestimates varied by county, the data presented in Figure 1 may not accurately reflect the number of identified young sex offenders in a particular region — comparisons between counties may be misleading.



Data on the ages and sex of the young offenders were available on 348 cases.<sup>1</sup> Eighty-nine percent, or 308 offenders, were males, with a median age of fourteen. The most frequent age of offending for boys also was fourteen. Although peak years for male offending were between age 12 and 17, the male offenders' ages ranged from four to 17, the oldest age included in this study.

Eleven percent, or 40 cases, were female offenders. Although the median age for female offenders was 11, there was no peak age for offending. Instead, individual cases were scattered among the different ages, and ranged from age four through 17. The data on offenders by age and sex are presented in Figure 2.

Figure 2



<sup>1</sup> Throughout the study, cases with missing data were excluded, whenever necessary, in the analysis of a particular variable.

Data on the ages and sex of the victims were available on 329 cases. Sixty-eight percent, or 224 victims, were female. Their ages ranged from one to 38 with a median age of seven. Almost a third of the victims, i.e., 31 percent or 103 cases, were male. Their ages ranged from two through 13, with a median age of seven. The data for both males and females revealed that the largest proportion of victims were between three and ten years old. Although male victims, as a group, tended to be slightly younger than the females, the most frequent age of victimization for boys was eight whereas for girls it was five years old. Data on the number of victims by age and sex are presented in Figure 3.

Figure 3



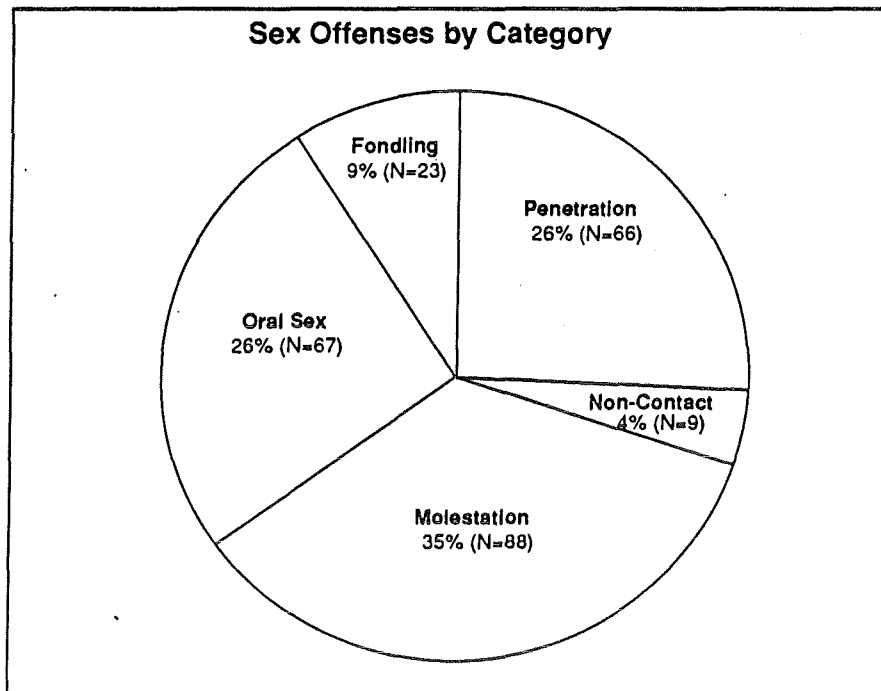
Table 1 reveals that male offenders abused female victims in 71 percent (208) of the offenses, and abused other males in 29 percent (87) of the offenses. Female offenders victimized equal numbers of boys and girls.

Table 1

<b>Sex of Victims by Sex of Offender</b>		
	<b>Male Offender</b>	<b>Female Offender</b>
<b>Male Victim</b>	29% (87)	50% (19)
<b>Female Victim</b>	71% (208)	50% (19)

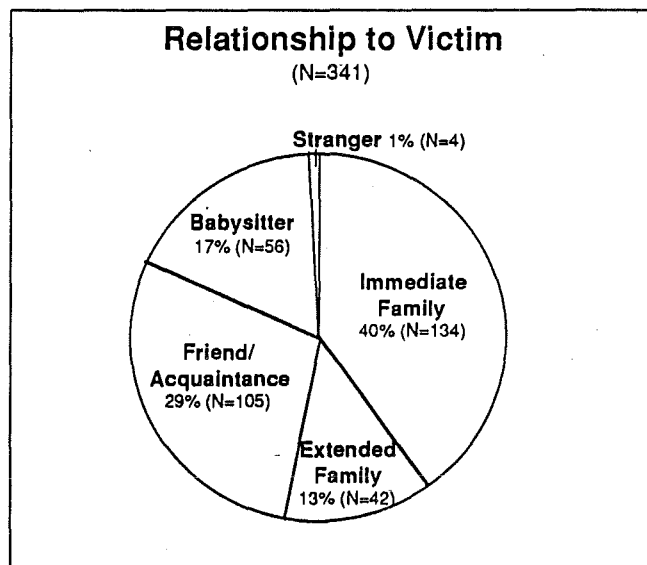
The data in Figure 4 reveal that these young offenders did not limit their offenses to non-contact sexual acts, such as exposing themselves or viewing each other's bodies. Offense data was available on 253 cases. Thirty-five percent (88) of these youngsters engaged in molestation, defined as touching the victims genitals with the hand. Over half of the offenders (133), engaged in oral-genital contact, and/or attempted or actual vaginal or anal penetration. Even four and five year olds engaged in such offensive behavior.

Figure 4



Only one percent of the offenders were strangers to their victims. Family members were most likely to abuse family members. The relationships between offenders and victims are described in Figure 5.

Figure 5



The pattern of offending, in terms of the type of offense, varied little whether the offender was a friend, an acquaintance, or an extended or immediate family member of the victim. Each of these groups engaged in molestation most frequently, then fondling, oral-genital contact, attempted or actual penetration, and lastly non-contact offenses. The pattern of offending among babysitters appears more invasive. Oral-genital contact occurred most frequently in babysitter-victim relationships. Figure 6 describes the type of offense by the offender's relationship to the victim.

Figure 6

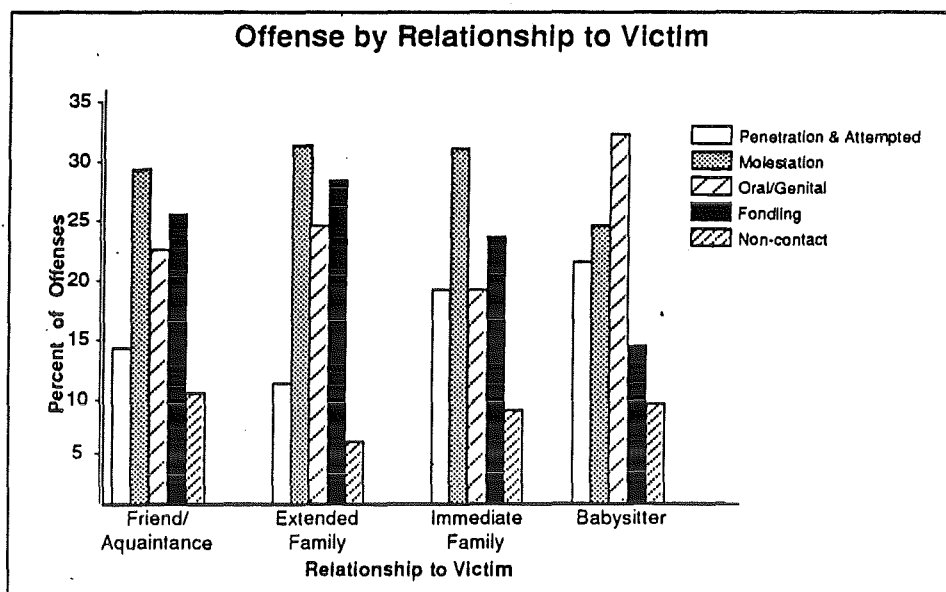
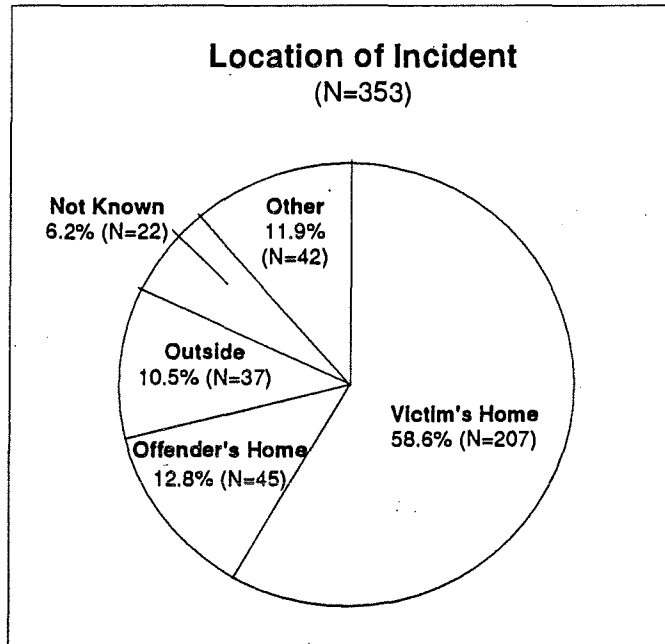


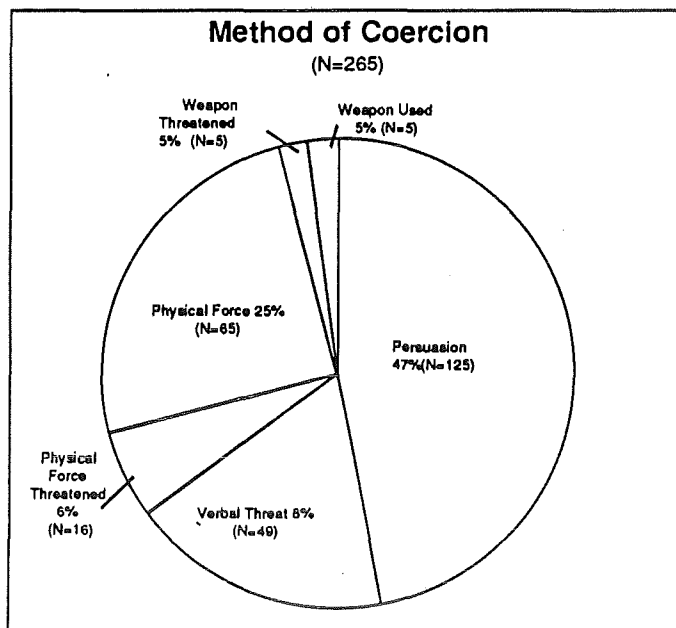
Figure 7 depicts the location of the offense. The results are consistent with the data describing family members as the most common perpetrators. Over 58 percent of the victims were assaulted in their own homes which, in many cases, was also the offender's home.

Figure 7



The type of coercion used in the offenses by the perpetrators ranged from persuasive manipulations to using a weapon. Forty-seven percent of the offenders used persuasion. However, one quarter of the young offenders used physical force. Figure 8 describes the young sex offenders' coercive methods.

Figure 8

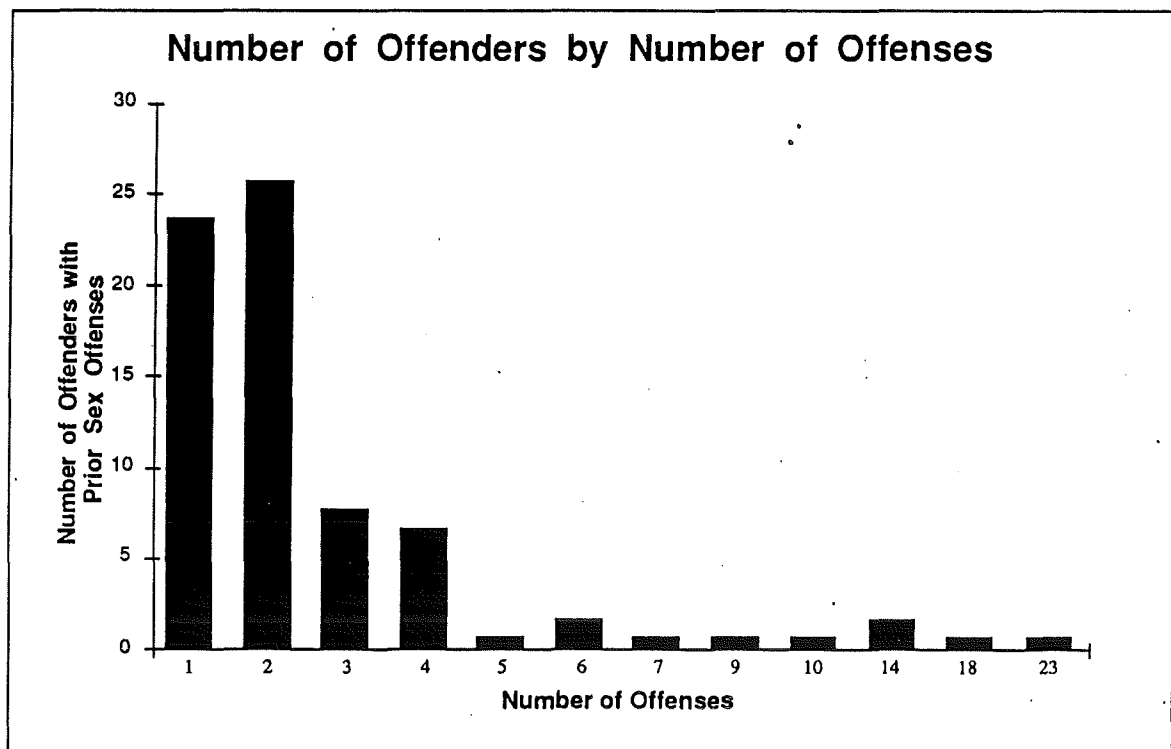


Drugs and alcohol were rarely involved in the offenses. Less than three percent, or ten of the offenders, had abused alcohol and only .9 percent, or three of the offenders, had used drugs. Less than one percent of the victims had abused any substances at the time of the offense.

Twenty-four percent, or 84 of the young sex offenders, were known to have committed additional sexual offenses. Respondents reported that to their knowledge 51 percent, or 180 of the offenders, had not committed additional offenses. Information about additional offenses was reported as unknown in 25 percent, or 89 of the cases.

Data on the number of additional offenses offenders committed were available in 68 cases. The results indicate that most offenders who committed additional offenses were known to have offended one or two other times. Ten young sex offenders were known to have committed a total of 112 offenses. One offender was responsible for 23 of these offenses. Figure 9 presents the number of offenders by the number of offenses.

Figure 9



## *Treatment Programs*

Ten programs met this study's criteria as young sex offender treatment programs. The programs, their locations, contact persons, and phone numbers are listed in Appendix B. They are located in the following communities: Saco, South Portland (Maine Youth Center), Portland, Lewiston, Augusta, Waterville, Rockland, Glen Cove, Bangor and Ellsworth. None of the programs automatically exclude offenders because their residence is located outside the local area. For the sake of brevity, the communities listed above will be used in this report to identify each young sex offender program.

Several other agencies were identified as providing treatment for young sex offenders, e.g., the Community Counseling Center in Portland, Shorecare Health Systems in Brunswick, Aroostock County Mental Health Center in Caribou, and Sweetser Children's Home in Saco. However, staff members from these programs reported that due to financial and staff availability constraints and/or few young sex offender referrals, their programs are presently unable to provide appropriate young clients with specialized sex offender group therapy. Instead they treat these clients individually and with their families. These programs were not included in the analysis.

Selected program characteristics are presented in Table 2. All of the identified young sex offender programs, with the exception of the Maine Youth Center's Juvenile Violent and Sex Offender Program, are community-based. Maine does not have any day treatment centers, group or therapeutic foster homes, or non-secure residential treatment centers that provide sex offender treatment as defined in this report.

Seven of the programs provide treatment for children between the ages of 12 and 17 years old. The Maine Youth Center program provides services for adjudicated juveniles between 12 and 21 years old and a Glen Cove program primarily consists of adolescents who are 15 through 17 years old. Only one program, in Rockland, has a group specifically for children under age twelve.

Five programs reported they treat female juvenile offenders, but only one, in Waterville, noted they had enough female clients to begin a group. Six programs reported they provide services, on an individual basis, for mentally retarded and/or developmentally disabled offenders.

Three of the ten programs exclude young offenders who have not been adjudicated. All of the community-based programs exclude offenders who persistently deny their offenses. Most of the programs require offenders to accept some responsibility for their offenses before beginning group therapy. Two programs attempt to break down denial within the group context, but expel denying members after one to three months if their denial continues. A couple of other programs, e.g., Saco and Bangor, noted they attempt to break through denial either during an assessment period or through individual therapy. It is possible that other programs use individual approaches with denying offenders, but because they were not asked this question directly, this information was not obtained.

Additional program exclusion criteria include the following. Three programs (Saco, Rockland and Ellsworth) will only work with offenders whose parents or parent substitutes are involved. The Saco program reported this restriction is limited to the older adolescents. Some programs also exclude offenders who are considered high risks for further abusive behavior, e.g. compulsive, repetitive, violent offenders. Other characteristics which could result in program exclusion were psychosis, mental retardation, lack of motivation for treatment, and suicidal thoughts or behavior.

**Table 2  
Treatment Programs**

	<u>Type of Program</u>	<u>Age Range</u>	<u>Female Offenders</u>	<u>Mentally Retarded/ Developmentally Disabled</u>	<u>Exclusion Criteria for Group Therapy</u>	<u>Program Capacity</u>	<u>Number Presently In Program</u>	<u>Number on Waiting List</u>	<u>Assessment Procedures</u>	<u>Formal Program Evaluation</u>
Saco	C	12-17	—	+	D, O	15 (2 groups)	12 (2 Groups)	0	I, T	—
So. Portland (MYC)	SR	12-21	—	+	A	25	25 (Cottage Capacity)	5		—
Portland	C	12-17	+	—	A, D, O	6	5	0	I, T	—
Lewiston	C	12-17	—	—	D, O	10	5	3	I	—
Augusta	C	12-17	—	+	D, O	8	5	0	I, T	—
Waterville	C	12-17	+ (group)	+	D (after 1 month)	23	23	3	I, T	—
Rockland	C	12 and Under	+	—	D, O	5	4	5	I	—
Glen Cove	C	15-17	+	+	D, O	8	5	0	I	—
Bangor	C	12-17	+	+	D	10	6	0	I	—
Ellsworth	C	12-17	—	—	A, D (after 3 months)	6	1	0	I	—

1 Type of program: C = Community based, SR = Secure residential  
2 + = Available; — = Absent  
3 Exclusion criteria: A = Must be adjudicated, D = Total denial, O = Other  
4 Bold = Data for group therapy. If not bold, may include other aspects of treatment program.  
5 I = Clinical interview with at least the child and possibly family  
T = Psychological and/or sex offender specific testing

The difference between the numbers listed under Program Capacity and Number Presently in the Program indicates that only two programs, one of which is the Maine Youth Center, Maine's only residential program for young offenders, are full to capacity. Only four out of the ten programs have waiting lists.

Questions regarding assessment and treatment procedures reveal Maine's young sex offender programs incorporate many "state-of-the-art" approaches, e.g., offense responsibility, victim empathy, sex education, etc. Approaches tended to be eclectic, although none of the programs utilized aversive conditioning or hormonal therapy with young offenders. None of the programs use the polygraph for assessment or treatment purposes. Three programs (Saco, Rockland, and Bangor) reported they have referred clients for penile plethysmography.

In addition to reviewing records, all of the programs except the Maine Youth Center's have formal intake assessment procedures. (Juvenile offenders at the Maine Youth Center tend to be administratively assigned to the Violent and Sex Offender Program.) The programs reported that they typically limit their intake/assessment procedures to clinical interviews with the offender. Some programs indicated that the offenders' parents were interviewed as well. One program, in Augusta, utilizes the Multiphasic Sex Inventory in addition to clinical interviews. Three programs (Saco, Portland and Waterville) utilize psychological testing and at least two of these programs (Portland and Waterville) use sex-offender-specific paper and pencil tests.

All of the programs surveyed emphasize sex-offender-specific group therapy. Typically groups meet once a week for one or one-and-a-half hours. One program, in Ellsworth, conducts groups for two to two-and-a-half hours because of traveling distances. Only the Maine Youth Center provides groups more frequently. There, on the average, the boys have at least one treatment group a day.

The structure and frequency of family involvement varies among programs. A few programs require formalized parental involvement (e.g., Saco for the older adolescents, Lewiston, Waterville, and Rockland). Other programs may involve families periodically, but their involvement is not mandated as part of their child's treatment program.

Most respondents were unable to provide accurate information about their clients' average length of program participation. Some of the programs have not been in operation long enough to have graduated clients. However, even when such information was available, it appeared unreliable as a measure of client needs. Length of treatment participation frequently is determined by the offender's juvenile sentence structure, i.e., time-limited probationary periods. Offenders who are not legally mandated to be in treatment are described as tending to terminate treatment prematurely.

None of the programs utilize formal program evaluation procedures. Neither have any of the programs conducted follow-up studies. Two programs (Rockland and Bangor) reported some plans for follow-up. The Maine Youth Center indicated that some short-term follow-up data is available, but has not been analyzed. All of the respondents appreciated the importance of program evaluation. However, staffing and fiscal constraints were cited as factors that preclude this quality assurance activity.

Respondents reported that unmet client needs include day treatment programs for children who require a specialized structured setting during the day, but who have resources and support at night. Group homes and therapeutic foster homes, that do not provide access to victims, were cited as necessary for those offenders who do not require the structure of a residential treatment center but need placement outside of their homes. Other perceived

needs include increased programming for intellectually limited and for older, high-risk adolescents, such as aversive behavioral techniques and penile plethysmography. Programs also cited additional family involvement as a programmatic need. Increased funding was considered necessary for treatment, client transportation, research and program evaluation.

Respondents advocated for probation officers receiving further training in relapse prevention methods as well as increased interdisciplinary team efforts. They also recommended increased communication with prosecutors, defense attorneys and judges about the severity and seriousness of childhood sex offending and the importance of early intervention. The respondents indicated that they believed the legal system was not very aware of the role that legal intervention and adjudication can have in facilitating offender treatment and breaking the cycle of juvenile offending.



## Discussion

As noted earlier, this study indicates that Maine does have a substantial number of children who have committed sexually abusive acts. Three hundred and fifty-three cases were identified on Department of Human Services and Department of Corrections caseloads. This figure underestimates the extent of the problem. The data reveal that young sex offending is not limited to consensual, experimental sexual activities. More than half of the youngsters engaged in oral-genital contact, and attempted or actual penetration. Even four and five year olds engage in such intrusive, abusive acts. One quarter of the young sex offenders used physical force.

Treatment programs and options for Maine's young sex offenders are limited. A continuum of care is nonexistent. All but one of the programs, the Maine Youth Center, are community based, are for teenagers, and provide group therapy sessions once a week. Additional treatment approaches sometimes are utilized.

Results indicated that in spite of the large number of young sex offenders in Maine, and the relatively few specialized treatment programs, most of the programs were not filled to capacity and had few, if any, offenders on waiting lists. A primary reason cited for this discrepancy was that offenders, who were not legally mandated to be in treatment, tended to terminate treatment prematurely. As a result, the majority of young sex offenders are not involved in specialized treatment programs.

Responses indicated Maine's treatment programs incorporated many "state of the art" approaches, but none of the identified young sex offenders programs utilized formal program evaluation procedures. In fact, no follow-up studies had been conducted. Staffing and fiscal constraints were cited as factors which preclude quality assurance endeavors that can facilitate cost effective sex offender treatment.

Treatment providers perceived their young sex offender clients as needing a wider range of services, such as day treatment, group homes, therapeutic foster homes, and residential settings. Other client needs were described, such as increased services for intellectually limited as well as older, high-risk offenders. Increased funding was considered necessary for treatment, client transportation, research, and program evaluation. However, there were no available data on the extent to which additional services are required.

It is recommended that the results of this study be distributed to a wide audience, including lawyers, judges, legislators, etc. in order to communicate the severity of the problem of childhood sex offending among Maine's youth. This information can assist professionals, as well as non-professionals, to help young sex offenders through early identification and intervention.

Sexually abusive behavior must be identified for what it is. Those who perpetrate these offenses, regardless of their age, must be held accountable for their abusive behavior. Otherwise intervention strategies will be limited in scope and effectiveness. Information concerning the extent of the problem of Maine's young sex offenders, their needs, and the resources available to meet their needs, is necessary for our state to develop effective strategies that assist not only offenders, but also their victims. This study is an important step.

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# APPENDIX A YOUNG SEX OFFENDER QUESTIONNAIRE

(1-3)

(4-7)

NAME \_\_\_\_\_ POSITION \_\_\_\_\_

AGENCY \_\_\_\_\_ PHONE \_\_\_\_\_

## Survey Instructions

The following are some guidelines for filling out the questionnaire:

1. Fill out 1 questionnaire for every young sex offender who is presently or who was on your caseload during the past twelve months (July, 1988 through June, 1989). Include each of these children, regardless of whether they have been arraigned, adjudicated, or convicted.
2. For the purpose of this study, a young sex offender is defined as a male or female child under 18 years of age who has committed one or more of the sex offenses listed in question B1., regardless of whether the child has been adjudicated or convicted for the offense. The child may be of any age under 18 years, including those who are four and five years old, or even younger.
3. If the client has committed more than one offense, fill out the questionnaire on the offense that was most serious. For the purpose of this study, most serious offense is defined as most invasive and most physically violent.
4. If there were multiple victims, fill out the victim questions on the primary victim, i.e., the one who was most severely abused.

Questionnaires should be returned to your supervisor by July 31, and any questions referred to Sue Righthand at 594-9583, or Sarah Vreeland, 780-4430

## A. OFFENDER BACKGROUND INFORMATION

Do Not Write  
in This Space

1. Birthdate \_\_\_\_\_
2. Sex ☐ male ☐ female
3. First and last initials: \_\_\_\_\_
4. County & city/town of current residence: \_\_\_\_\_
5. Race: ☐ Caucasian ☐ Native American ☐ Black ☐ Other (Specify): \_\_\_\_\_

\_\_\_\_\_  
(8-13)  
1 3 9 (14)  
\_\_\_\_\_  
(15-18)  
\_\_\_\_\_  
(19-23)  
1 2 3 9 (24)

## B. OFFENSE DATA (on most serious offense known to you)

1. Sex offense: (Check any that apply and circle mode(s) of offense.)
  - ☐ vaginal penetration with: penis finger object unknown
  - ☐ attempted vaginal penetration with: penis finger object unknown
  - ☐ anal penetration with: penis finger object unknown
  - ☐ attempted anal penetration with: penis finger object unknown
  - ☐ fellatio: oral stimulation of penis ☐ by victim ☐ by offender
  - ☐ cunnilingus: oral stimulation of vagina ☐ by victim ☐ by offender
  - ☐ molestation: genital contact over clothes with hand
  - ☐ fondling: no genital contact, but sexual touching such as of breasts, thighs, buttocks
  - ☐ exposing genitals (flashing)
  - ☐ voyeurism (peeping)
  - ☐ sexual exploitation (pornographic photographing, pandering for prostitution purposes, exposing child to sexual acts, etc...)
  - ☐ other (stealing underwear, obscene phone calls, etc.)  
(Specify): \_\_\_\_\_
2. Age of young offender at time of the offense: \_\_\_\_\_ years
3. County where offense occurred: \_\_\_\_\_
4. Source of information regarding offense: (Check all that apply.)
  - ☐ victim report ☐ police report ☐ report by family member of victim
  - ☐ not known ☐ other (Specify): \_\_\_\_\_

\_\_\_\_\_  
(25-27)  
\_\_\_\_\_  
(28-30)  
\_\_\_\_\_  
(31-33)  
\_\_\_\_\_  
(34-36)  
\_\_\_\_\_  
(37-38)  
\_\_\_\_\_  
(39-40)  
\_\_\_\_\_  
(41)  
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(42)  
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(43)  
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(44)  
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(45)  
\_\_\_\_\_  
(46-47)  
\_\_\_\_\_  
(48-49)  
\_\_\_\_\_  
(50-51)  
\_\_\_\_\_  
(52-54)  
\_\_\_\_\_  
(55-56)

5. Is this case currently open in your agency?	<input type="checkbox"/> yes	<input type="checkbox"/> no	1 3 9 (57)
If yes, designate status: _____			_____ (58-59)
6. Is this case currently open with any other agencies? (Check all that apply.)			_____ (60-61)
<input type="checkbox"/> DHS Protective Services	<input type="checkbox"/> Law Enforcement		_____ (62-63)
<input type="checkbox"/> DHS Substitute Care	<input type="checkbox"/> District Attorney		_____ (64-65)
<input type="checkbox"/> DOC (Probation & Parole or Maine Youth Center)	<input type="checkbox"/> Court		_____ (66-67)
<input type="checkbox"/> Community-based treatment program	<input type="checkbox"/> Not Known		_____ (68-69)
<input type="checkbox"/> Residential children's facility	<input type="checkbox"/> Other (Specify): _____		
7. Location of incident:	<input type="checkbox"/> victim's home	<input type="checkbox"/> outside (Specify): _____	1 _____
(check only one)	<input type="checkbox"/> car	<input type="checkbox"/> public building (Specify): _____	2 _____ (70)
	<input type="checkbox"/> offender's home	<input type="checkbox"/> other (Specify): _____	3 _____
	<input type="checkbox"/> not known		5 _____
8. Type of coercion used in offense: (Check all that apply.)			_____ (71-74)
<input type="checkbox"/> persuasion	<input type="checkbox"/> physical force threatened	<input type="checkbox"/> weapon threatened (Specify weapon.) _____	_____ (75-78)
<input type="checkbox"/> verbal threat	<input type="checkbox"/> physical force used	<input type="checkbox"/> weapon used (Specify weapon.) _____	
<input type="checkbox"/> not known			
9. Alcohol involved?	Offender: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known		_____ (79)
	Victim: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known		1 3 5 9 (80)
	Did the offender supply the substances to the victim: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known		1 3 5 9 (81)
10. Drugs involved?	Offender: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known		1 3 5 9 (82)
	Victim: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known		1 3 5 9 (83)
	Did the offender supply the substances to the victim: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known		1 3 5 9 (84)
11. Relationship of offender to victim:			1 3 5 9 (85)
<input type="checkbox"/> stranger	<input type="checkbox"/> casual acquaintance	<input type="checkbox"/> immediate family	<input type="checkbox"/> neighbor
<input type="checkbox"/> babysitter	<input type="checkbox"/> friend	<input type="checkbox"/> other relative	<input type="checkbox"/> not known
<input type="checkbox"/> date	<input type="checkbox"/> other (Specify): _____		
If offender is a relative or immediate family, specify the family relationship of the offender to the victim.			_____ (86-87)
The offender is a :	<input type="checkbox"/> sister	<input type="checkbox"/> aunt	<input type="checkbox"/> step-sister
	<input type="checkbox"/> brother	<input type="checkbox"/> uncle	<input type="checkbox"/> step-mother
	<input type="checkbox"/> mother	<input type="checkbox"/> niece	<input type="checkbox"/> step-brother
	<input type="checkbox"/> father	<input type="checkbox"/> nephew	<input type="checkbox"/> step-father
		<input type="checkbox"/> cousin	<input type="checkbox"/> not known
		<input type="checkbox"/> other (Specify): _____	
			1 3 5 9 (90)
			_____ (91-92)

**C. VICTIM DATA (If there were multiple victims of this incident, fill out the question for the primary victim.)**

1. Sex of victim:	<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> not known	1 4 9
2. Age of victim at time of offense:	_____ years			2 5 (93)
3. Physical injuries to the victim as result of the offense:				3 6
<input type="checkbox"/> no physical injury	<input type="checkbox"/> minor physical injury			1 9
<input type="checkbox"/> none reported	<input type="checkbox"/> moderate physical injury (physician/emergency room treatment)			2
<input type="checkbox"/> not known	<input type="checkbox"/> major physical injury (required hospitalization)			3 (94)
4. If there were injuries, were they:				4
	<input type="checkbox"/> injuries sustained from the sex act itself?			
	<input type="checkbox"/> injuries sustained from the use of physical force?			
	<input type="checkbox"/> injuries sustained from both?			
	<input type="checkbox"/> not known how injuries were sustained			

5. Is the victim receiving or has the victim received any professional counseling as a result of this offense?  
☐ yes ☐ no ☐ not known  
 If yes, is this specialized sex abuse treatment? ☐ yes ☐ no ☐ not known
6. Were other individuals involved in this incident? ☐ yes ☐ no ☐ not known  
 If yes: Number of victims \_\_\_\_\_ male(s) \_\_\_\_\_ female(s) \_\_\_\_\_ not known  
 Number of offenders \_\_\_\_\_ male(s) \_\_\_\_\_ female(s) \_\_\_\_\_ not known
7. Did the primary victim's residence change as a result of this offense? ☐ yes ☐ no ☐ not known  
 If yes, check all that apply:  
☐ not known ☐ moved from family to foster home  
☐ moved to different residence in same town ☐ moved from family to relative  
☐ moved to different town ☐ moved to group home  
☐ other (Specify): \_\_\_\_\_ ☐ moved to residential facility

1 3 5 9 (95)  
 1 3 5 9 (96)  
 1 3 5 9 (97)  
 \_\_\_\_ (98-99)  
 \_\_\_\_ (100-01)  
 1 3 5 9 (102)  
 \_\_\_\_ (103-04)  
 \_\_\_\_ (105-06)  
 \_\_\_\_ (107-08)  
 \_\_\_\_ (109-10)

## D. OFFENDER DISPOSITION DATA

1. Did the offender's residence change as a result of this offense? ☐ yes ☐ no ☐ not known  
 If yes, check all that apply:  
☐ not known ☐ moved from family to foster home  
☐ moved to different residence in same town ☐ moved from family to relative  
☐ moved to different town ☐ moved to group home  
☐ other (Specify): \_\_\_\_\_ ☐ moved to residential facility
2. Has the offender been prosecuted for this offense? ☐ yes ☐ no ☐ not known  
 If no, is prosecution pending? ☐ yes ☐ no ☐ not known  
 If yes, was the offender adjudicated/found guilty? ☐ yes ☐ no ☐ not known  
 If yes, what sentence did the offender receive? (Check all that apply.)  
☐ Maine Youth Center incarceration  
     If committed, was the sentence: ☐ indeterminate ☐ committed to age \_\_\_\_\_  
☐ Maine Youth Center suspended sentence  
     If suspended, was MYC sentence: ☐ indeterminate ☐ committed to age \_\_\_\_\_  
☐ county jail incarceration. Specify length of sentence \_\_\_\_\_ month(s)  
☐ county jail suspended sentence. Specify length of sentence \_\_\_\_\_ month(s)  
☐ probation with conditions. Specify length of probation \_\_\_\_\_ month(s)  
 (Specify conditions.): \_\_\_\_\_  
☐ other (Specify): \_\_\_\_\_  
☐ none ☐ not known
3. Offense for which sentence was given: (Check all that apply.)  
☐ assault ☐ gross sexual misconduct ☐ rape  
☐ unlawful sexual contact ☐ indecent exposure ☐ not known  
☐ other: (Specify) \_\_\_\_\_
4. Was a mental health evaluation ordered prior to disposition? ☐ yes ☐ no ☐ not known  
 If yes, was it conducted by the: ☐ State Forensic Service ☐ Maine Youth Center  
☐ other (Specify): \_\_\_\_\_

1 3 5 9 (111)  
 \_\_\_\_ (112-13)  
 \_\_\_\_ (114-15)  
 \_\_\_\_ (116-17)  
 \_\_\_\_ (118-19)  
 1 3 5 9 (120)  
 1 3 5 9 0 (121)  
 1 3 5 9 0 (122)  
 \_\_\_\_ (123-24)  
 \_\_\_\_ (125-26)  
 \_\_\_\_ (127-9)  
 \_\_\_\_ (130-2)  
 \_\_\_\_ (133-5)  
 \_\_\_\_ (136-37)  
 \_\_\_\_ (138-39)  
 \_\_\_\_ (140-41)  
 \_\_\_\_ (142-43)  
 \_\_\_\_ (144-6)  
 \_\_\_\_ (147-9)  
 \_\_\_\_ (150)  
 1 3 5 9 (151)  
 1 2 \_ 9 0 (152)

## E. OFFENDER TREATMENT

1. Was specialized treatment given to the offender? ☐ yes ☐ no ☐ not known  
 If yes, specify type of treatment: ☐ individual therapy/counseling ☐ group therapy/counseling  
 (Check all that apply.) ☐ family therapy/counseling ☐ not known

1 3 5 9 (153)  
 \_\_\_\_ (154-55)  
 \_\_\_\_ (156-57)

If yes, was treatment appropriate/adequate? ☐ yes ☐ no ☐ not known  
 If no, why not? (Check all that apply.) ☐ no suitable specialized residential program available  
☐ no suitable specialized community-based program available  
☐ other (Specify): \_\_\_\_\_  
☐ no treatment of any kind given  
☐ not known

2. Was any non-specialized treatment given to the offender? ☐ yes ☐ no ☐ not known  
 If yes, specify type of treatment: ☐ individual therapy/counseling ☐ group therapy/counseling  
 (Check all that apply.) ☐ family therapy counseling ☐ not known
3. What treatment/services would you like to see available for this offender? (Check as many as you want.)  
☐ satisfied with current resources  
☐ specialized sex offender community-based program offering individual, group and family therapy, etc.  
☐ specialized sex offender group home  
☐ specialized sex offender residential treatment program  
☐ specialized secure sex offender residential treatment program in addition to Maine Youth Center  
 (Specify): \_\_\_\_\_  
☐ other (Specify): \_\_\_\_\_

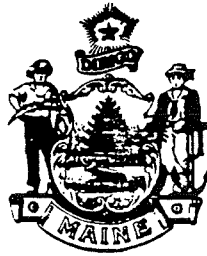
1 3 5 9 0(158)  
 \_\_ (159)  
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 \_\_ (162)  
 \_\_ (163)  
 1 3 5 9 (164)  
 \_\_ (165-66)  
 \_\_ (167-68)  
 \_\_ (169)  
 \_\_ (170)  
 \_\_ (171)  
 \_\_ (172)  
 \_\_ (173)  
 \_\_ (174)

## F. OTHER OFFENDER DATA

1. Has this individual been reported to any state or local agencies for any other sex offenses?  
☐ yes ☐ no ☐ not known  
 If yes, how many offenses? \_\_\_\_\_  
 If yes, what is your source of information? (Check all that apply.)  
☐ reported by offender ☐ reported by offender's family  
☐ reported by an agency ☐ not known ☐ other (Specify): \_\_\_\_\_
2. What was the least serious known sex offense committed by this offender? \_\_\_\_\_
3. How old was this offender at the time of first known offense? \_\_\_\_\_ years
4. Age range of this offender's known victims? \_\_\_\_\_
5. Sex of victims for all known offenses: ☐ male ☐ female ☐ both
6. Relationships between the offender and all known victims: (Check all that apply.)  
☐ relatives ☐ strangers ☐ acquaintances ☐ not known
7. Has this individual ever been a victim of sexual abuse? ☐ yes ☐ no ☐ not known  
 If yes, what is your source of information? (Check all that apply.)  
☐ reported by offender ☐ reported by offender's family  
☐ reported by an agency ☐ not known ☐ other (Specify): \_\_\_\_\_
8. How many victimizers abused this offender? \_\_\_\_\_ ☐ not known
9. Sex of victimizer(s) ☐ male ☐ female ☐ both
10. How old was the offender when first victimized? \_\_\_\_\_ years

1 3 5 9 (175)  
 \_\_ (176-77)  
 \_\_ (178-79)  
 \_\_ (180-2)  
 \_\_ (183-84)  
 \_\_ (185-86)  
 \_\_ (187-90)  
 1 3 5 9 (191)  
 \_\_ (192-95)  
 1 3 5 9 (196)  
 \_\_ (197-98)  
 \_\_ (199-201)  
 \_\_ (202-03)  
 1 3 5 9 (204)  
 \_\_ (205-06)

COMMENTS ARE WELCOME. THANK YOU FOR YOUR CONTRIBUTION TO THE  
 RESEARCH ON YOUNG SEX OFFENDERS IN MAINE



INTERDEPARTMENTAL COUNCIL

State House Station #146

Augusta, Maine 04333

July 6, 1989

Dear Participant:

The Children's Policy Committee (CPC) of the Interdepartmental Council, of which this Department is a member, is conducting a study of young sex offenders and wishes to commend you for participating.

While the Child Sex Abuse (Treatment) Sub-committee of the CPC has been charged with the responsibility for developing the questionnaire and authoring the forthcoming report, the Human Services Development Institute is implementing the study. Confidentiality is ensured, so please answer the questions as fully as possible. Sue Righthand at 594-9583 or Sarah Vreeland at 780-4430 will be happy to answer any questions you may have.

This is an important study as it is the first of its kind in Maine. Information gathered will provide baseline data relative to the scope of the problem and, thereby, assist the Committee in planning strategies for intervention and treatment programs for both abusers and victims.

Your help in ensuring the timely completion of the questionnaires is greatly appreciated.

Yours sincerely,

Robert Durgan, Ph.D., Director  
Bureau of Children with Special Needs  
Chair, Children's Policy Committee

Peter Walsh, Director  
Bureau of Social Services  
Chair, Child Sex Abuse (Treatment)  
Sub-committee

David Stockford, Director  
Division of Special Education

Gerard Samson, Director  
Community Correctional Services



John R. McKernan, Jr.  
Governor

Rollin Ives  
Commissioner

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

MEMO TO: Casework Supervisors  
FROM: Peter Walsh, Director *PW*  
SUBJECT: Survey of Young Sex Offenders  
DATE: July 17, 1989

As part of a larger effort to address the problem of sexual abuse in Maine, the Child Sexual Abuse Subcommittee is conducting a study of youthful sex offenders. Attached is a copy of the questionnaire and the letter from the Executive Committee of the Children's Policy Committee which explains the purpose and use of the survey.

Research suggests that youthful sex offenders are significantly more treatable than adults whose deviant behaviors tend to become reinforced and habitual with time. Treatment in the form of early intervention has been shown to be effective in arresting the behavior in adolescents. The importance of this study is to develop an accurate picture of this problem so that our state can implement appropriate intervention strategies. Until now there has been no attempt to systematically study the problem of youthful sex offending in Maine. Although some treatment programs for young sex offenders have been developed, there is still little official recognition of the seriousness of the problem. Data from this study will show us the scope of the problem and the kinds of treatment needed for this population.

The survey will focus on young people known to the Departments of Human Services and Corrections during the fiscal year July 1988 through June 1989. The long-range goal of this effort is the prevention of sex abuse and the data will be utilized in the planning of future programs. The information from the questionnaires will be compiled and a written report will be distributed to the agencies participating in this study as well as to those responsible for making policy and funding decisions.

Please distribute copies of the questionnaire to caseworkers, asking them to review their caseload for the past year and identify all young sex offenders. Ask them to complete one questionnaire for each offender according to the instructions on the first page. Make additional copies if you need them.

Please encourage all caseworkers to complete and return questionnaires by the deadline of July 31.

Thank you for your assistance in this important effort.



DEPARTMENT OF CORRECTIONS  
Telephone (207) 289-2711

July 11, 1989

To: District Supervisors, Probation and Parole

From: Peter J. Tilton, Director

Subject: Survey of Young Sex Offenders

Attached please find copies of a survey questionnaire developed by the Child Sex Abuse (Treatment) Subcommittee in its effort to document the number and types of young sex offenders in Maine. Also attached is a copy of the letter from the Executive Committee of the Children's Policy Committee which explains the purpose and use of the survey.

Please assure that all juvenile caseworkers review their caseloads for the past year and identify all juvenile sex offenders. Unless the juvenile was sentenced to spend some time at the Youth Center, the caseworker should complete one form for each sex offender according to the instructions on the first page.

I realize that the turnaround time is very short, but it is very important that the information be both accurate and complete. If you have any questions or problems, please feel free to call me, or Roxy Hennings who also serves on the Committee.

PJT:rh:rer

cc: Juvenile Caseworkers  
A.L. Carlisle, Associate Commissioner  
Roxy Hennings, Planning Coordinator  
Mark Boger, Assistant Director, Juvenile Services

July 11, 1989

To: Unit Directors, Maine Youth Center  
From: Richard Wyse, Superintendent  
Subj: Survey of Young Sex Offenders

Attached please find copies of a survey questionnaire developed by the Child Sex Abuse (Treatment) Subcommittee in its effort to document the number and types of young sex offenders in Maine. Also attached is a copy of the letter from the Executive Committee of the Children's Policy Committee which explains the purpose and use of the survey.

Please review all juveniles admitted in your units during the past year and identify all sex offenders sentenced to the Youth Center. Please complete one of the forms for each sex offender according to the instructions on the first page. The Juvenile Caseworkers will be reviewing their cases for the same time period and will be completing forms for each sex offender unless the juvenile was sentenced to spend some time at the Youth Center.

I realize that the turnaround time is very short, but it is very important that the information be both accurate and complete. If you have any questions or problems, please feel free to call me, or Roxy Hennings who serves on the Committee.

cc: A.L. Carlisle, Associate Commissioner  
Roxy Hennings, Planning Coordinator

APPENDIX B

## MAINE YOUNG SEX OFFENDER TREATMENT PROGRAMS

<u>Program</u>	<u>Location</u>	<u>Contact Person</u>	<u>Telephone Number</u>
York County Counseling Center	Saco	Jane McCarty, LCSW	282-7508
Maine Youth Center	South Portland	Richard Kauffman, M.S.	879-4123
Supervised Community Treatment	Portland	Steve Thomas, LCSW	879-4800
Tri-County Mental Health Center	Lewiston	Scott Efland, LCSW	783-4661
Same	Augusta	Kay Landry, LCSW	622-0026
Kennebec Valley Mental Health Center	Waterville	Jim Jacobs, Ph.D.	873-2136
Same	Rockland	Jo-Ann Cook, LMSW	594-1000
Same	Glen Cove	James M. Thomas, LCSW	594-7161
Community Health and Counseling Service	Bangor	Debbie Reynolds, BSW	947-0366
Hancock Adolescent Sex Offender Program	Ellsworth	Peter Rees, Ed.D.	667-2358

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Human Services Development Institute

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University of Southern Maine

