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Sex Offending by Maine Youth
Their Offenses and Characteristics

Part II

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October 2001

Acknowledgements

First, we would like to acknowledge and thank Sandra Hodge, Director of Child Welfare in the Maine Department of Human Services, and former Associate Commissioner for Juvenile Corrections, in the Maine Department of Corrections, Mary Ann Saar for their vision and recognition of the importance of implementing this project. In addition to Ms. Hodge and Ms. Saar, we would like to thank Karen Westberg, Department of Human Services Director of the Bureau of Child and Family Services, and Associate Commissioner for Juvenile Corrections Bartlett Stoodley for their support of this work.

Many individuals contributed to this effort and we are grateful for their assistance. We extend our thanks to all of those who have assisted with this project. In addition, we want to acknowledge Dr. Jeffrey Hecker who provided consultation regarding the research design and methodology. Also, Roxann Roberson-Nay began the work necessary for the statistical analyses and Won Mee Loken provided essential technical assistance as we completed this report of our findings.

We are very thankful to Mary Teleha who served as the chief coder throughout the project and helped manage the data collection process. We also greatly appreciate the work of all the coders who often spent long hours, reading and recording the detailed and complex information that is summarized in this report.

We also want to recognize and appreciate the efforts of the caseworkers and supervisors in the Departments of Human Services and Corrections who facilitated the work of the project.

Preparation of this document was supported by a joint grant from the Maine Departments of Corrections and Human Services and a federal child abuse and neglect grant from the National Center on Child Abuse in the U.S. Department of Health and Human Services.

Summary of Findings

This report presents the findings of one of two empirical studies of Maine youth who have sexually offended. It focuses on youth who had open cases in the Department of Human Services. Some of these youth also had open cases with the Department of Corrections. A separate study of youth who had open cases with only the Department of Corrections is presented in a companion report entitled Sex Offending by Maine Youth: Their Offenses and Characteristics: Part I. These studies are part of a needs and risk assessment of Maine youth who have sexually offended commissioned by the Maine Departments of Human Services and Corrections.

To accomplish this research, caseworkers from the Departments of Human Services and Corrections identified 251 children and adolescents who met criteria for this study: (a) they had open cases with at least one of these departments during the year beginning June 1, 1997, and (b) they had initiated sexual behavior with other individuals, behaviors described by Maine law as criminal offenses. The findings presented in this report involved a sample that is a subset of the 251, specifically, 96 youth who had open cases with the Maine Department of Human Services during the year under study. The goals of the current study were threefold: 1) to provide demographic information about these youth and their families, 2) to summarize the youth's sexual and nonsexual offense histories, and 3) to outline descriptors of the youth's clinical presentations as well as their treatment and risk management needs.

Demographic information:

- The 96 youth in the current study included 85 males and 11 females.
- The average age of the youth at the time of the study was 14 years old. Most were at least 13 years old, however more than 25% were less than age 13 and nearly 10% were less than 10 years old.
- Two-thirds of the sample committed their first sexual offense involving physical contact prior to age 13.
- Of the 96 youth, more than half had open cases with the Department of Corrections as well as the Department of Human Services during the period under study.
- A substantial number of the boys (39%) and girls (6 of 11) were not legally charged with any offense, although most had perpetrated multiple offenses.

Nonsexual and sexual offense histories:

- More than two-thirds of the offenses involved oral-genital contact or attempted or actual vaginal/anal penetration.

- More than half of the youth committed multiple sex offenses over a lengthy period (i.e., more than six months).
- More than 40% of the victims of the sexual offenses were boys.

Family relationships:

- More than three-fourths of the youth experienced parental separations through marital separation, divorce, or death.
- More than half of youth experienced multiple changes in caregivers prior to their most serious sexual offense.
- More than half of the youth's mothers had histories of alcohol or drug abuse. Comparable data for fathers was not reliably available.

Clinical presentations:

- The boys, and especially the girls, in this study experienced high rates of sexual abuse, physical abuse, and childhood neglect. Nearly three-quarters of the boys and all of the girls for whom this information was available were exposed to family violence.
- Problems at school were evidenced by high rates of school behavior problems, placement in special classes, truancy, and suspensions or expulsions.
- Peer relationship problems were common.
- High rates of psychological and behavioral problems were found.

Treatment and risk management needs:

- Sex offending by juveniles has continued to present as a significant problem in Maine, however progress has been made in assigning youth to specialized sex offense-specific treatment.
- A substantial number of the youth have significant psychological and nonsexual behavioral problems that require intervention.
- Study findings raise questions about whether current interventions are sufficient for reducing risk factors associated with sexual and nonsexual offending and for helping these youth develop prosocial and healthy lifestyles.

Introduction

Sexual abuse has been recognized as a significant problem in our society. Adult sex offenders frequently begin their abusive behavior during their adolescence, or even younger (Abel, Mittelman, & Becker, 1985; Groth, Longo, & McFadin, 1982). In addition, sexual abuse by juveniles results in significant numbers of victims (Araji, 1997; Weinrott, 1996). For example, Federal Bureau of Investigation data (as cited in Sipe, Jensen, & Everett, 1998) indicate that, in 1995, 16% of arrests for forcible rape and 17% of arrests for all other sex offenses involved youth under 18 years old.

As communities have become more aware of the problem of juvenile sex offending, they often have responded with legislation for stiffer sentences and community notification. These severe responses are in spite of recidivism data suggesting that a relatively small group of juveniles commit repeat sexual offenses after there has been an official response to their sexual offending (Righthand & Welch, 2001). Furthermore, studies of those who commit additional offenses have indicated that most youth who recidivate do so with nonsexual crimes. Additionally, research findings on juvenile offending in general indicate that most youth who perpetrate crimes subsequently desist.

In view of these findings, it is important to identify youth who present the greatest risk of reoffending, as well as what can be done to help reduce this risk. Because youth who sexually offend are a diverse group, their risks and needs are likely to vary. Thus, it also is necessary to identify what their varied needs are.

In 1989, the state of Maine commissioned a survey of Maine youth who had sexually offended. The objectives of the survey were to determine the number and characteristics of Maine youth who engaged in sexually abusive behaviors and their needs. The survey findings (Righthand, Hennings, & Wigley, 1989) identified over 350 youth who were described as “young sex offenders.” This figure, although high, was considered an underestimate. The results of the survey identified an apparent lack of involvement in appropriate treatment, suggesting that the treatment needs of many of these youth may have gone unmet.

Recognizing the need for current information about the risks and needs of Maine youth who have sexually offended, the Maine Departments of Human Services (DHS) and Corrections (DOC) requested that the earlier study be updated and commissioned the current study. The goals of the present study are threefold. They include providing: 1) demographic information about these youth and their families, 2) summaries of the youth’s criminal and sex offense histories and 3) descriptors of the youth’s clinical presentations as well as their treatment and risk management needs.

Method

To accomplish this research, caseworkers from the Departments of Human Services and Corrections identified 251 children and adolescents¹ who met criteria for referral to this study: (a) they had open cases with at least one of these departments during the year beginning June 1, 1997, and (b) they had initiated sexual behavior with other individuals, behaviors described by Maine law as criminal offenses. The sample for this study was subset of the 251, youths who had open cases with the Maine Department of Human Services during the year under study.

The research entailed reviews of DHS and DOC records and coding data from these records. Confidentiality was maintained by giving each subject an identification number so as to protect the subject's privacy and anonymity.

Youth:

Maine Department of Human Services' caseworkers and Department of Corrections files identified 109 DHS youth (96 boys and 13 girls) for possible inclusion in this study. Of the 96 boys, 11 cases were excluded from the analysis because the sexual offenses had not been substantiated, the offense had not occurred during the period under study, or the case was unavailable for review. In addition, two cases involving girls were unavailable for study and were excluded from the sample. Thus, the final DHS sample involved 96 youth (85 boys and 11 girls) who had committed a sexual offense and who had open cases with the Maine DHS during the year beginning June 1, 1997.

Of the 96 youth, 51 or 53% had open cases with the Department of Corrections as well as the Department of Human Services during the period under study. A separate analysis of youth who had open cases with the Department of Corrections but not necessarily with the Department of Human Services during the year under study is reported elsewhere.

Procedure:

Data collection required trained coders to review records from the DHS and DOC and then code data from these records on a comprehensive set of variables. Data describing demographic information, criminal and sex offense histories, clinical presentations, and treatment and risk management needs were coded numerically from the files.

When collecting data, the coders frequently found that the amount of information available in the files varied substantially. Some files had very little information about offense behaviors, school functioning, and little or no clinical information. Due to missing data, the sample size varied in the analyses depending upon the number of cases that had sufficient data available for the variable under consideration. In many of the analyses the sample size was substantially reduced.

¹ The number of youth identified in the present study is substantially fewer than the more than 350 youth identified in the 1989 study. Subject referral, particularly from a southern Maine Department of Human Services (DHS) office, appeared limited due to a number of factors and the final figure of 251 appears to be an underestimate of the number of youth who had open cases during the time period under study.

The numerical data was aggregated for analysis. Numbers and percentages typically have been rounded off for ease of reading and therefore may not always equal 100%. If the results do not specify gender, then the data presented pertain to the whole sample of male and female youth. When findings pertain only to boys, results are presented in frequency distributions and percentages. However, because of the small sample size for girls, presenting data in the form of percentages may be particularly misleading. Therefore, findings pertaining to the girls in the study are presented as frequencies.

To assure that information collected would provide an accurate representation of the youth and their situations, two independent coders blind to each other's ratings coded 26 of the cases to provide data to evaluate inter-rater reliability. The data reported in this report consists of only those variables that were found to be reliable. The criterion used for evaluating reliability was .40 or higher for kappa coefficients, .80 or higher for Pearson *r* correlations, and 80% or higher agreement between coders.

Results

Demographic Information:

The subjects in this report are 85 male youth and 11 female youth who had open cases with the Maine Department of Human Services during the year beginning June 1, 1997. All subjects were identified as having committed a sexual offense. Fifty-one (51) of the 96 youth or approximately 53% had open cases with the Department of Corrections as well as the Department of Human Services during the year under study.

The mean age of the youth at the time of the study was 14 years old. Most of the youth were 13 years old or older, however 27% were 12 years old or younger, and nearly 10% were less than 10 years old.

The majority of the youth were Caucasian 95% (n=83 out of 87 subjects with information in their files regarding race). Other races represented in the sample fell in the “other” category, i.e., not Caucasian, Native American, or African-American (5%, n=4). Ten out of 10 girls in the sample with available information on race were Caucasian.

Offense related characteristics

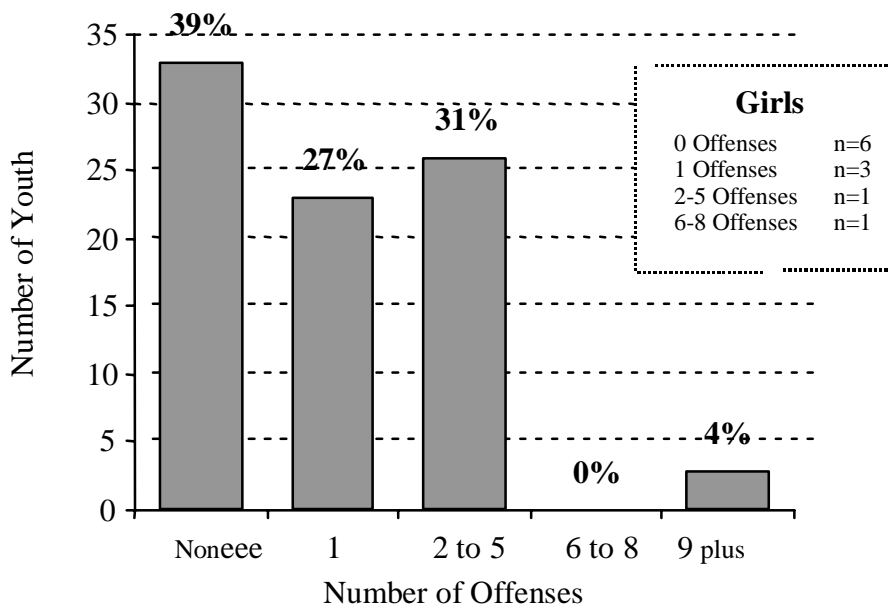
All of the youth in the study had histories of committing sexual offenses that involved physical contact with their victims. In addition, 42% of boys (n=33/78) and 3 out of 9 girls engaged in exhibitionism.

As Figure 1 shows, data reveal that a substantial number of the boys were not legally charged with any sex offenses (39%, n=33), 27% percent of boys (n=23) were charged with one offense and another 31% (n=26) were charged with 2 to 5 offenses. The remaining 4% of the boys (n=3) were charged with 9 or more offenses.

Of 11 girls, 6 were not legally charged with an offense. Three girls were charged with 1 offense, and 1 girl was charged with between 2 and 5 offenses. One other girl was charged with 6 or more offenses.

Figure 1

**Number of Sex Offenses Charged
Boys (n=85)**



The data presented in Table 1, pertaining to the duration of the youth's sex offense history, are based on all credible reports and are not limited to legally charged offenses. When any credible report is considered, approximately 11% of the boys and 1 of the girls appear to have committed only one sexual offense. In addition, approximately 29% of the boys and none of the 11 girls appear to have committed multiple sex offenses during a limited and relatively short period of time, while 60% of the boys and 7 of 11 girls committed multiple sexual offenses over a lengthier period of time, more than six months.

Table 1

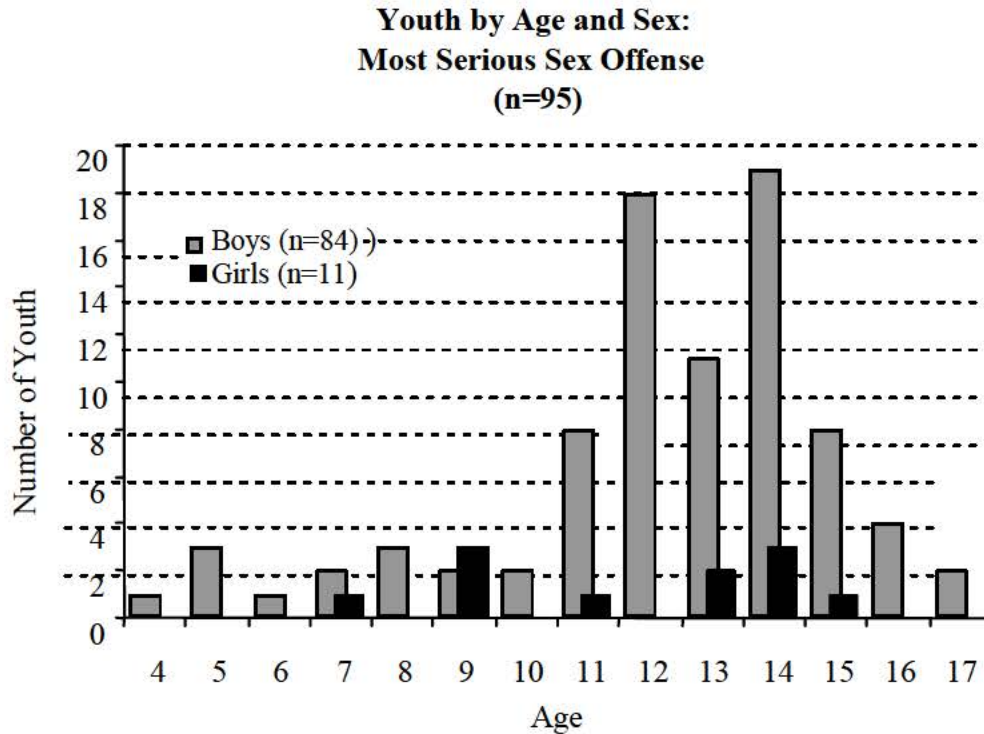
Duration of Sex Offense History

	Boys	Girls
1 Offense Only	11% (n=9/80)	4 out of 11
Multiple Offenses (6 months or less)	29% (n=23/80)	0 out of 11
Multiple Offenses (greater than 6 months)	60% (n=48/80)	7 out of 11

The following analyses further describe offense-related characteristics. Unless otherwise noted, the information is based upon the most serious sexual offense committed by the juvenile, defined as the most invasive sexual offense that involved physical contact with the victim.

Data on each youth's age at the time of their most serious sex offense are presented in Figure 2. For boys (n=84), the mean age at the time of their most serious sex offense was 12 years, ranging from between 4 years to 17 years of age. For girls (n=11), the mean age also was 12, ranging from 7 years to 15 years of age.

Figure 2



In addition to the findings described above, it is important to note that 66% of the youth (n=63/95) committed their first physical contact sexual offense prior to the age of 13.

The age and sex of the victims of each subject's most serious sexual offense is presented in Figure 3. Of 78 subjects, 56% of victims were female and 44% were male. The mean age of female victims was 8 years, ranging from 2 to 16 years of age. The mean age of male victims was 7 years, ranging from 2 to 12 years of age.

Figure 3

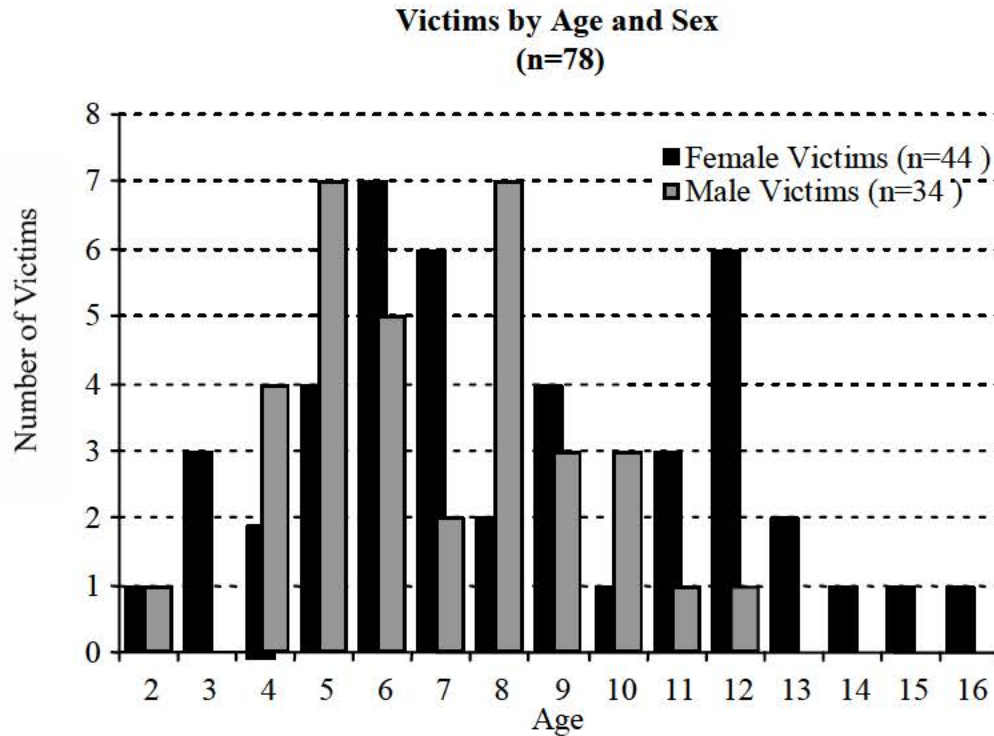


Table 2 below shows the percentage of female and male victims of the boys and girls in the study. Of the 83 boys for whom data were available, 56% of their victims were female and 45% were male. In contrast, of 10 of the 11 girls, only 4 of the victims were female and the remaining 6 were male.

Table 2

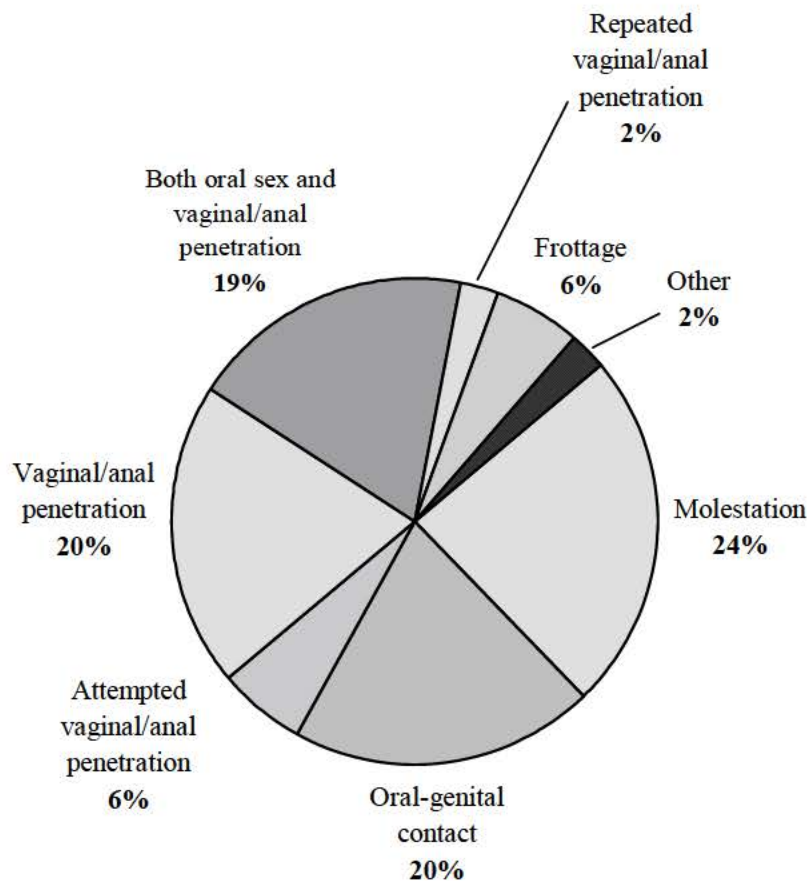
Gender of Victim by Gender of Juvenile Who Offended

	Boys who offended	Girls who offended
Female Victim	56% (n=46/83)	4 out of 10
Male Victim	45% (n=37/83)	6 out of 10

As shown in Figure 4, for boys (n=84), the most common type of serious sexual offense was molestation (24%, n=20), involving touching, kissing, and fondling. Other frequent offense types were vaginal or anal penetration (20%, n=17), oral-genital contact (20%, n=17), and vaginal or anal penetration in combination with oral sex (19%, n=16). The frequency pattern for the 11 girls in the study was similar to that of the male sample.

Figure 4

**Offense Type by Category:
Boys (n=84)**



Girls	
Molestation	n=5
Oral-genital contact	n=3
Vaginal/anal penetration	n=2
Both oral sex and vaginal/anal penetration	n=1

Data on the use of aggression to subdue the victim or force compliance during the most serious sex offenses are presented in Table 3. As can be seen, the majority of the youth did not employ aggressive strategies, such as verbal threats or physical aggression, to gain compliance. However, nearly one-quarter of the boys utilized physical aggressive strategies such as holding, pushing, slapping, or punching whereas none of the girls did so.

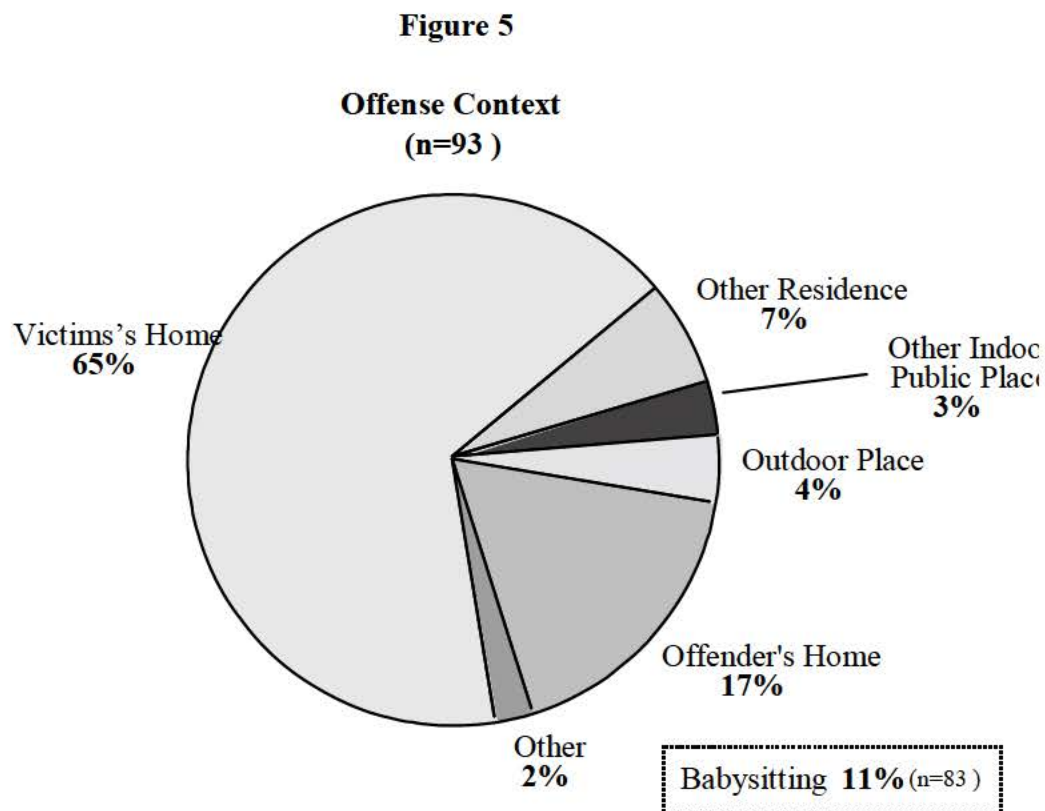
Table 3

Physical Aggression

	Boys	Girls
None	70% (n=52/75)	7 out of 8
Verbal Aggression	8% (n=6/75)	1 out of 8
Physical Aggression	23% (n=17/75)	--

An examination of data on the use of alcohol or non-prescription drugs at the time of the most serious sex offense indicates that out of 89 cases, only one male juvenile was intoxicated with alcohol when he committed his offense. Similarly, out of 91 cases, 2 youth were intoxicated with non-prescription drugs at the time of their offenses.

Figure 5 describes various contexts in which the most serious offenses were committed. Of 93 offenses, 65% (n=62) were committed in the victim's home or the victim's and offender's home when they resided together. Seventeen percent (17%, n=16) were committed in the offender's home, separate from the home of the victim. Other contexts in which offenses were committed included an outdoor place (4%, n=4), another private residence (7%, n=6), and an indoor, public place (3%, n=3). One (1%) offense took place in a bar and another offense (1%) took place on public transportation.



With respect to the offense context, it is notable that, as shown in the box to the side of the graph above, out of 83 cases, 11% (n=9) of the youth committed their most serious sexual offenses while babysitting for another child or children.

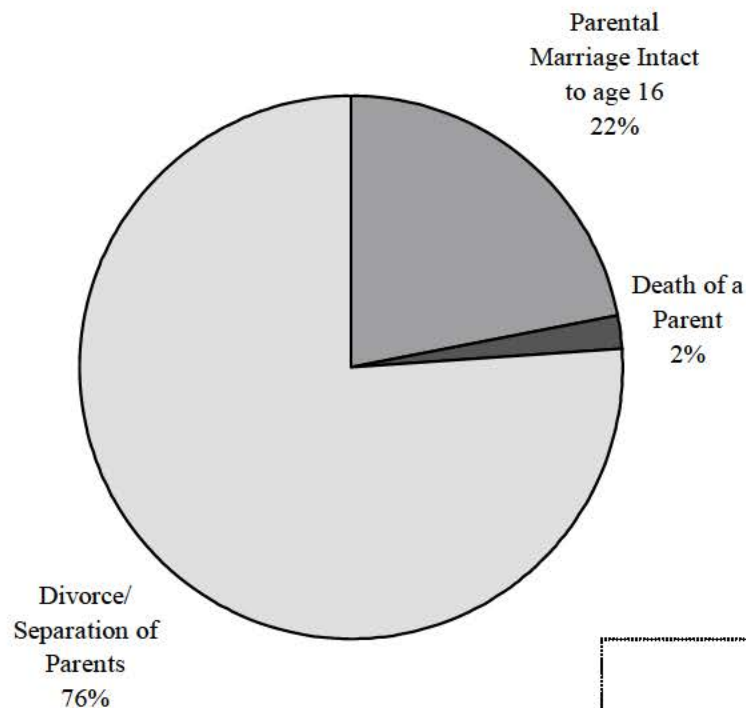
Family and Developmental History:

Data regarding the status of the youth's parents' marriage are presented in Figure 6. Of 59 boys, 22% (n=13) of their parents remained married through the boy's childhood. In contrast, 76% (n=45) of their parents were divorced or separated. In one case (2%) at least one parent had died.

The box to the side of the graph below reveals that for 9 of the girls, 4 had parents who remained married through the girl's childhood and 5 had parents who divorced or separated.

Figure 6

Status of Parental Marriage: Boys (n=59)



Girls

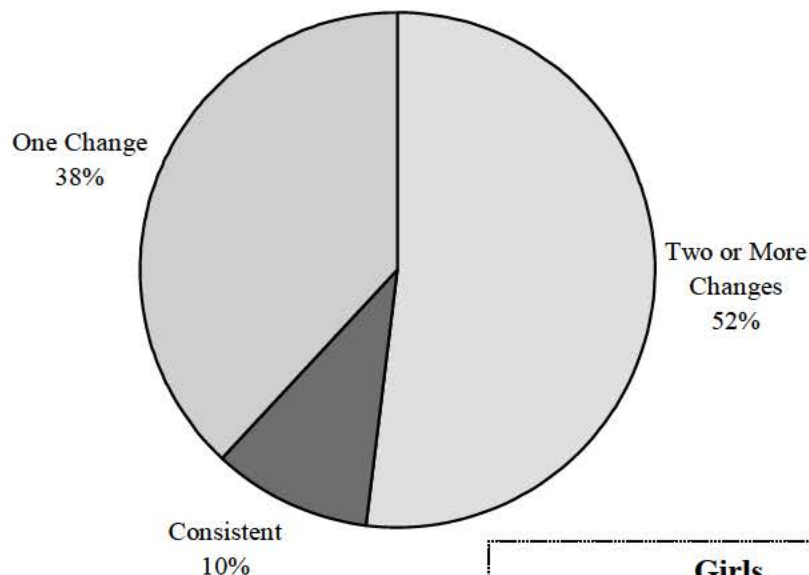
Parental Marriage Intact	n=4
Divorce/Separation	n=5

Figure 7 depicts the various levels of caregiver consistency that the youth experienced during their developmental years. Of 83 boys, only 10% (n=8) lived with their biological parents until the time of their most serious sexual offense. Thirty-eight percent (n=32) lived with only one biological parent or lived with one stepfamily or one foster family until the time of their most serious sexual offense. In contrast, more than half of the youth (52%, n=43) experienced multiple changes in caregivers prior to their most serious sexual offense.

The box to the side of the graph below shows that for the 11 girls, 3 lived with their biological parents until the time of their most serious sexual offense. Similar to the findings presented for the boys, the majority of girls (n=8) experienced multiple changes in caregivers prior to their most serious sexual offense. At some time in their lives, 51% (n=43/84) of the boys and 6 out of 10 girls had out of home placements either in foster care or in relative placements.

Figure 7

**Caregiver Consistency:
Boys (n=83)**



Girls

Consistent	n=3
Two or More Changes	n=8

Data on youth's biological mothers' history of alcohol or drug abuse reveal that out of 80 cases for which data were available, 55% (n=44) had mothers with a history of alcohol or drug abuse. Comparable data for fathers were not reliably available.

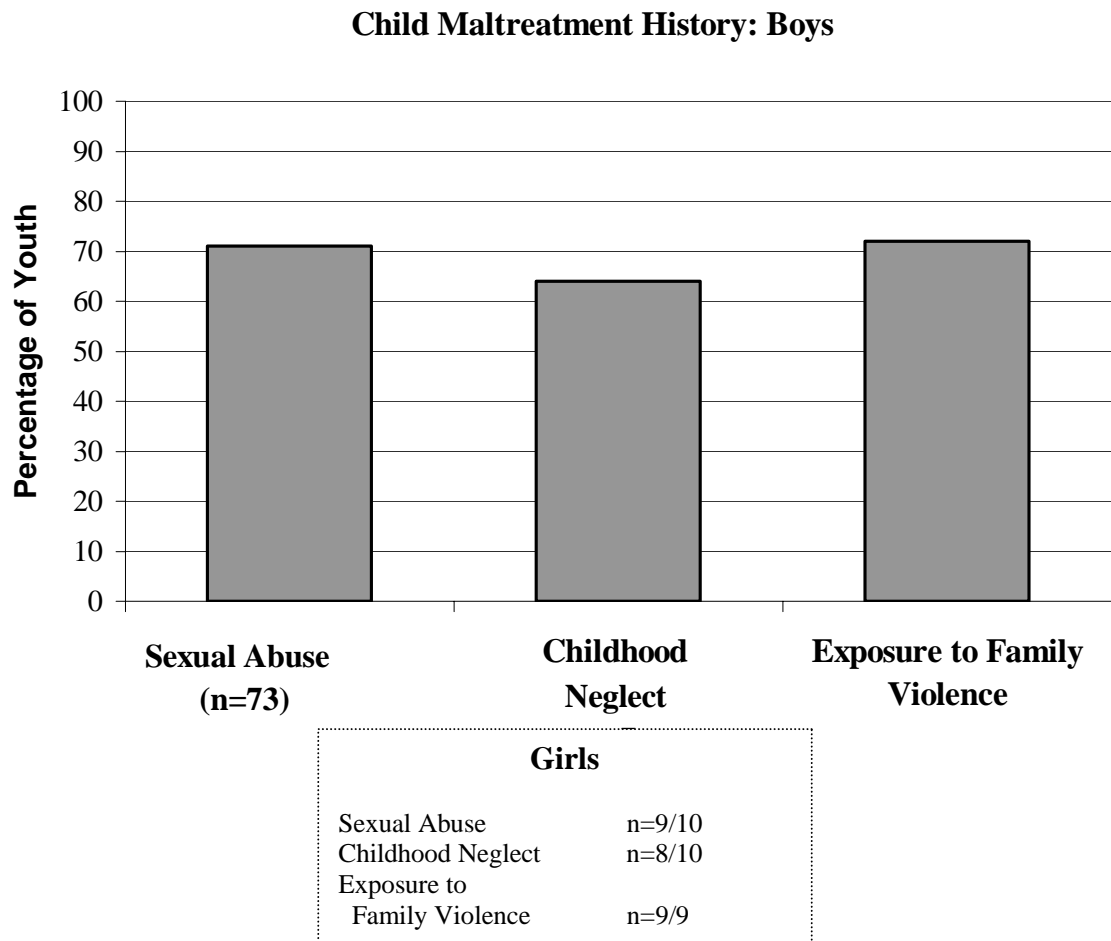
Examination of data pertaining to number of youth's siblings with criminal histories reveal that out of 73 cases, 25% (n=18) of the boys had one or more biological or half siblings with a criminal history. Five out of 9 girls had one or more biological or half siblings with a criminal history. Data pertaining to the youth's parents' criminal history were not reliably available.

Child Maltreatment Histories:

As can be seen in Figure 8, of the boys, 71% (n=52/73) had been sexually abused, whereas 9 out of 10 girls had been sexually abused. Sixty-four percent (64%) of the boys (n=50/78) and 8 out of 10 girls had been either physically or emotionally neglected (e.g., left unfed, not taken for needed medical care, unprotected from abuse by others). In addition, 72% of the boys (n=51/71) and 9 out of 9 girls had been exposed to physical violence between caretakers or between a caretaker and sibling.

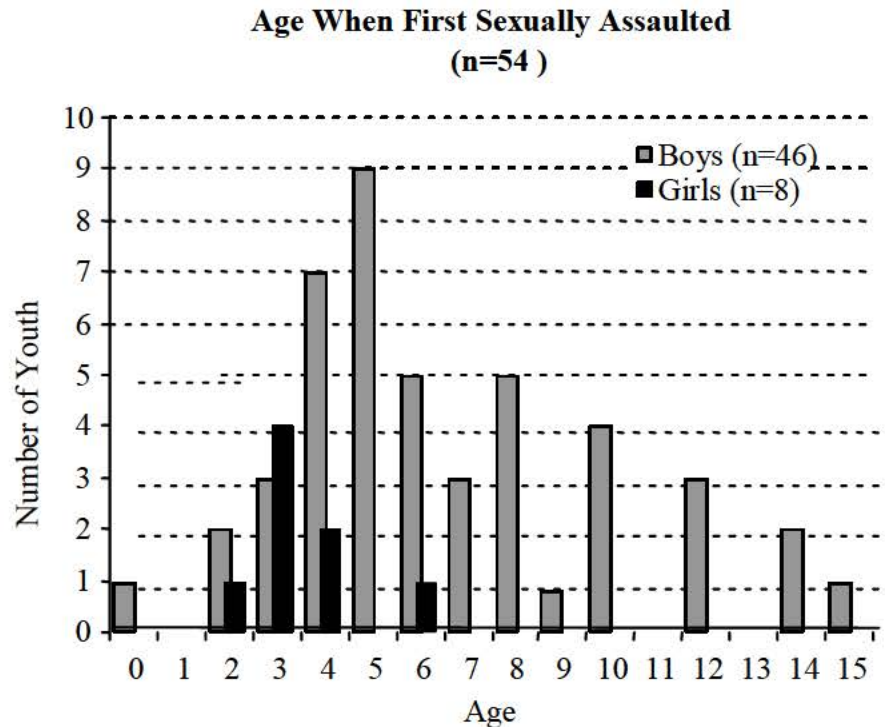
Although not presented in the graph, 84% of boys (n=64/76) and 11 out of 11 girls had been either sexually or physically abused at some point in their lives. Data pertaining to the number of youth who had been physically abused but not sexually abused were not reliably available.

Figure 8



Data regarding the age of each subject at the time when they were first sexually assaulted are presented in the graph below for 54 subjects. The modal or most frequent age when boys were first assaulted was 5 years of age (with an average age of 7 years), ranging from infancy (0 years) to 15 years of age. The modal age for the girls was even younger (3 years).

Figure 9

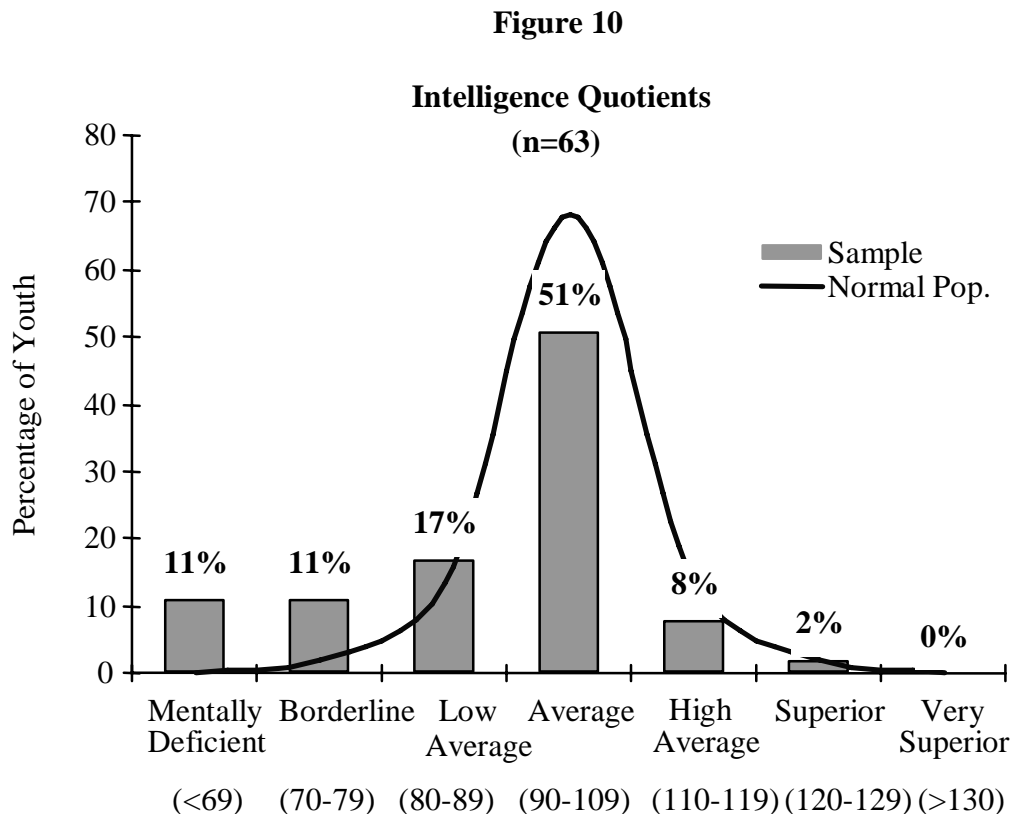


Related to the youth's history of being sexually assaulted, findings indicate that 48% of the boys (n=26/54) had been abused by a single person, 26% (n=14/54) had been abused by two different individuals, and 26% (n=15/54) had been abused by three or more different individuals. Findings for the girls indicate that 2 of 8 girls had been abused by a single person, 2 were abused by four different individuals, one was abused by five different individuals, 2 others by 9 different individuals, and one by 10 different individuals.

Youth Characteristics:

Figure 10 depicts the frequency distribution of intelligence quotients (IQ) for 63 youth as measured primarily by the Wechsler or Stanford-Binet intelligence tests. In order to compare the distribution of the subject's IQs to those of the normal population, a curve depicting the normal population distribution is superimposed as a line over the distribution of the subjects' scores.

As illustrated below, the majority (51%, n=32) of youth evidenced Average intelligence as measured by standardized tests. It is important to note, however, that the youth's distribution of intelligence scores is skewed significantly toward lower intelligence scores. Such skewing indicates that youth in this study are more likely to be in the Low Average to Mentally Deficient categories than same-age individuals from the normal population. Indeed, whereas only 2% of the normal population scores in the Borderline range, 11% (n=7) of the youth in this sample scored in the Borderline range.



Data on the youth's functioning in school are presented in Table 4 below. As can be seen, 73% of boys had participated in special classes for such things as scholastic remediation or emotional and/or behavior problems. Moreover, 62% of boys either repeated a grade or attended special classes specifically due to poor achievement. In addition, 32% of boys were truant from school at least once during a year period. Furthermore, 52% of the boys had been suspended or expelled at least once. Finally, on a composite variable including such behaviors as school failure, fighting with peers and/or teachers, and repeated truancy, 83% of boys showed at least mild school behavior problems.

Findings also indicate that 5 out of 8 of girls had participated in special classes, while 2 out of 9 girls either repeated a grade or attended special classes specifically due to poor achievement. In addition, 3 out of 9 girls had been truant from school at least once during a year period. None out of 9 girls had been suspended or expelled from school. On the composite variable of school behavior problems, 7 out of 9 girls showed at least mild behavior problems in school.

Table 4
Functioning at School

	Boys	Girls
Special Classes	73% (n=57/78)	5 out of 8
Learning Problems /Poor Achievement	62% (n=46/74)	2 out of 9
Truancy	32% (n=25/78)	3 out of 9
School Suspensions or Expulsions	52% (n=38/73)	0 out of 9
School Behavior Problems	83% (n=63/76)	7 out of 9

As Table 5 below describes, peer relationship problems (e.g., being unable to develop or maintain relationships) were noted in 83% of boys. Isolation, defined as being uninvolved with others or physically removed from people and/or activities (most often imposed by others), was noted in 43% of boys.

Eight of 8 girls also showed at least some evidence of peer relationship problems. In addition, isolation was noted in 4 out of 8 girls.

Table 5

Peer Relationship Problems

	Boys	Girls
Peer Relationship Problems	83% (n=63/76)	8 out of 8
Isolation	43% (n=32/74)	4 out of 8

Findings pertaining to the boys' psychiatric diagnoses are presented in Figure 11 below. As can be seen, 13% (n=10 out of 79) had no record of official psychiatric diagnoses. Twenty-three percent (n=18) had received one diagnosis, and 21% (n=16) had received two diagnoses. Forty-three percent (n=35) of the boys had received three or more diagnoses.

As can be seen in the box to the side of the graph, 4 of the 10 girls had no diagnoses and only 1 girl had two diagnoses. Five of the girls had three or more diagnoses.

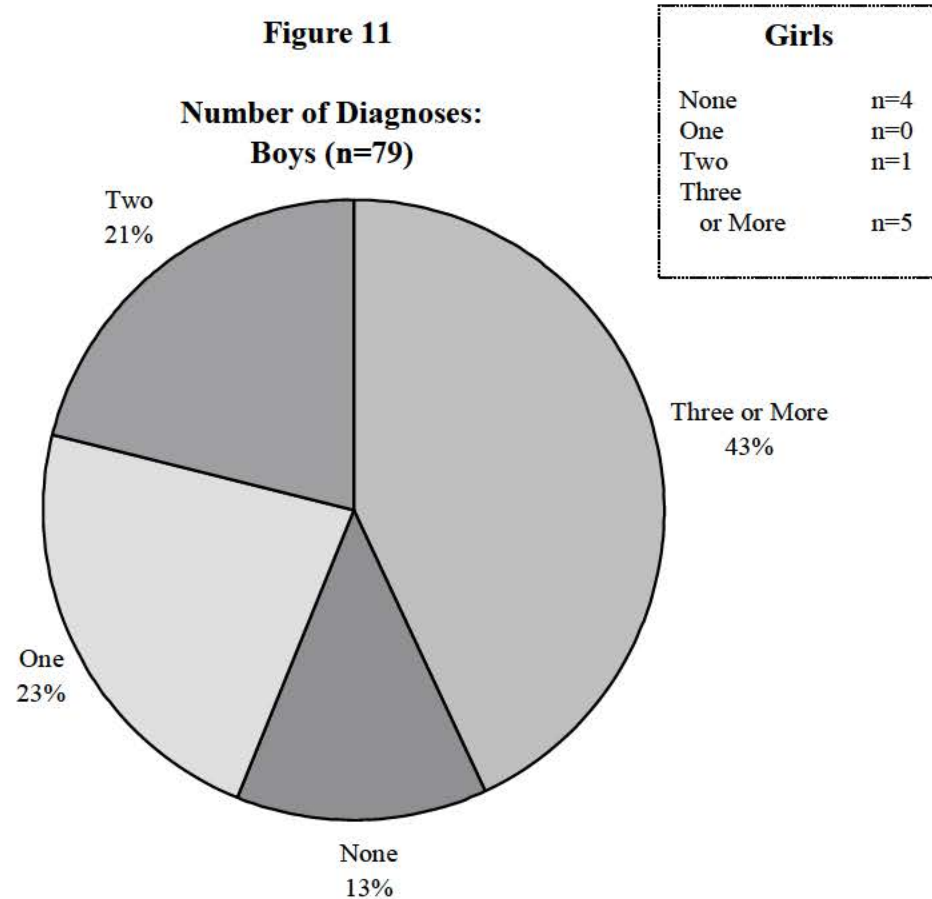


Table 6 reflects the number of boys and girls who received specific diagnoses. For purposes of placing such data in perspective, the prevalence rates for each disorder in the population are presented in the far right-hand column. It should be noted, however, that some of these population prevalence rates are based on adult samples because comparable juvenile norms were not available.

Table 6
Specific Diagnoses

	Boys	Girls	Population
Adjustment Disorder	18% (n=14/77)	1 out of 10	5% to 20%¹
Depression²	34% (n=22/65)	7 out of 8	5% to 25%¹
Post Traumatic Stress Disorder	22% (n=16/73)	6 out of 9	1% to 14%¹
ADHD/ADD	47% (n=40/85)	3 out of 8	3% to 5%
Oppositional Defiant Disorder	39% (n=28/72)	3 out of 10	2% to 16%
Conduct Disorder	44% (n=31/71)	2 out of 10	2% to 16%
Impulse Disorder	11% (n=8/76)	0 out of 10	1% to 5%¹
Sexual Disorder	16% (n=12/73)	1 out of 10	Low but unknown
Mental Retardation	7% (n=5/76)	1 out of 10	1%

¹Prevalence rates based on adult samples (American Psychiatric Association, 1994).

²Youth described in the file as having a more-or-less chronic state of depression.

Examining the data for boys in the table above, it is interesting to note that only the percentage of boys diagnosed with Adjustment Disorder was within the range of population norms. Some of the population norms were based on adult samples and prevalence rates for children may vary. However, these comparisons suggest that youth who sexually offend are not more likely to be given diagnoses of Adjustment Disorders than other individuals in the population at large. In contrast, the percentages of boys diagnosed with other disorders, such as Attention Deficit Hyperactivity Disorder or Attention Deficit Disorder (ADHD/ADD), Conduct Disorder (CD), and Oppositional Defiant Disorder (ODD) were notably higher than the population norms. Specifically, 47% of the boys were diagnosed ADHD or ADD, 44% were diagnosed with CD, and 39% were diagnosed with ODD. Moreover, 11% of the boys were diagnosed with an Impulse Disorder, while 16% were diagnosed with a Sexual Disorder.

Although the data for girls is difficult to interpret given the small sample size, 7 of 8 girls had histories of depression and 6 of 9 girls had a diagnosis of Post Traumatic Stress Disorder (PTSD).

The youth's substance abuse histories also were examined. Of 35 boys for whom these data were available, 49% (n=17) reportedly had at least some problems associated with illicit drug use. Each of the two girls with available information concerning drug use had at least some problems associated with illicit drug use. However, these numbers are small and these findings may not be representative of the larger sample.

Data concerning the youth's conduct problems are presented in Table 7. Concerning the boys, 92% exhibited unsocialized aggression ranging from mild verbal aggression to severe physical aggression. To clarify this picture further, the incidence of physical aggression was examined further. Instances of physical aggression (e.g., shoving, slapping, attacking or fighting with others) were noted in 87% of the boys, with 34% manifesting this behavior occasionally and 53% manifesting it frequently. In addition, 62% of the boys stole other people's property at least occasionally, with 23% (n=18) stealing frequently. Furthermore, 78% of the boys were noted to have shown at least moderate evidence of a highly impulsive or antisocial lifestyle (e.g., truancy, fighting, vandalism, substance abuse). Thirty-two percent (32%) of the boys had histories of fire setting and 26% had engaged in cruelty to animals.

Of 10 girls, 9 displayed unsocialized aggression. Eight of 10 girls also were reported to be at least occasionally physically aggressive and 4 of these 8 girls were reported to be frequently physically aggressive. Seven of 9 girls occasionally stole other people's property, while one of these 7 girls stole frequently. Nine of 10 girls also showed at least moderate evidence of highly impulsive lifestyles. A history of fire setting was noted in one of 9 girls for whom these data were available. Two of 8 girls were considered to have exhibited cruelty to animals.

Table 7
Conduct Problems

	Boys	Girls
Unsocialized Aggression	92% (n=69/75)	9 out of 10
Physically Aggressive	87% (n=66/76)	8 out of 10
Stealing	62% (n=48/78)	7 out of 9
Impulsivity	78% (n=60/77)	9 out of 10
History of Fire Setting	32% (n=24/75)	1 out of 9
Cruelty to Animals	26% (n=19/74)	2 out of 8

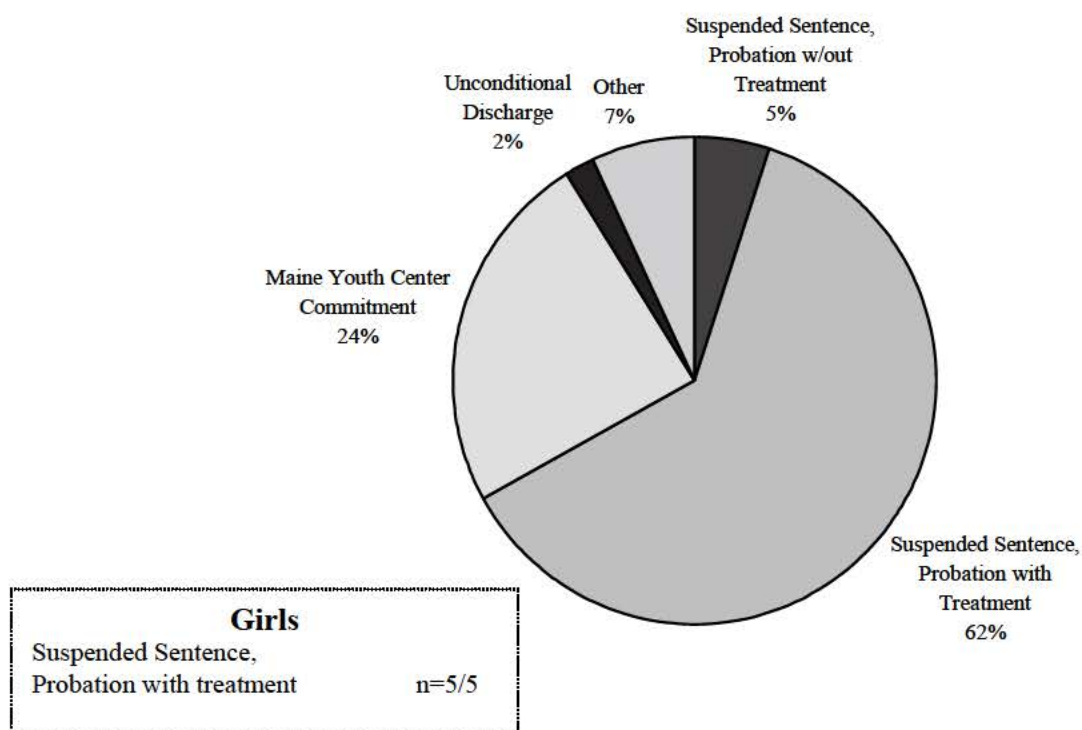
Interventions:

Data reflecting the type of sentence handed down for the most serious sex offense are depicted in Figure 12 for 42 boys. As can be seen in the graph, the most common type of sentence (62%, n=26) was a suspended sentence and probation with treatment conditions. Twenty-four percent (24%) of boys (n=10) were given a sentence of commitment to the Maine Youth Center for at least 30 days, and 5% (n=2) received a suspended sentence and probation without treatment conditions. In addition, one boy (2%) received an unconditional discharge, and the remaining 7% (n=3) received other types of sentences.

Of 5 girls with available information, all 5 received suspended sentences and probation with treatment conditions.

Figure 12

**Type of Sentence:
Boys (n=42)**



Data on treatment interventions both prior to and since the youth's most recent sexual offense are presented in Table 8. Of 85 boys, 69% had received some sort of mental health treatment prior to their most recent sexual offense consisting of interventions such as outpatient treatment programs, therapeutic foster homes, and residential treatment. Six of 11 girls also received such treatment prior to their most recent sexual offense.

With respect to specialized sexual offender treatment prior to the most recent offense, 9% of boys and 1 out of 11 girls had received some form of such treatment. Importantly, as also can be seen in Table 8, a large majority of subjects in this study have received specialized sexual offender treatment since their most recent offense. Specifically, 75% of the boys and 5 out of 11 girls have received such treatment.

Table 8

Treatment

	Boys	Girls
Mental Health Treatment Prior to Offense	69% (n=59/85)	6 of 11
Sexual Offender Treatment Prior to Offense	9% (n=8/85)	1 of 11
Sexual Offender Treatment Since Offense	75% (n=64/85)	5 of 11

Discussion

This report presents the findings of one of two empirical studies of Maine youth who have sexually offended. It focuses on youth who had open cases in the Department of Human Services. A separate study of youth who had open cases with only the Department of Corrections is presented in a companion report entitled Sex Offending by Maine Youth: Their Offenses and Characteristics; Part I. These studies are part of a needs and risk assessment of Maine youth who have sexually offended commissioned by the Maine Departments of Human Services and Corrections.

The findings presented in this report concern a subset of 251 children and adolescents identified by Maine Departments of Human Services and Corrections caseworkers as youth who have initiated sexual behavior with other individuals; behaviors that are described by Maine law as criminal offenses. This subset includes 96 youth (85 males and 11 females) who had open cases with the Department of Human Services during the year beginning June 1, 1997. Of the 96 youth, 53% had open cases with the Department of Corrections as well as the Department of Human Services during the period under study. The goals of the current study were threefold: 1) To provide demographic information about these youth and their families, 2) to summarize the youth's sexual and nonsexual offense histories, and 3) to outline descriptors of the youth's clinical presentations as well as their treatment and risk management needs.

Findings indicate that youth who commit sexual offenses still present a significant problem in Maine. Of the 96 identified youth in this sample, over 70% perpetrated acts involving oral-genital contact or attempted or actual vaginal/anal penetration. In addition, more than half of the youth committed multiple sex offenses over a lengthy period (i.e., more than six months). Fortunately, research has suggested that only a relatively small group of youth continue to commit sexual offenses after there has been an official response to their sexual offending (Righthand & Welch, 2001). Early and appropriate intervention is of the utmost importance.

Consistent with the findings presented in the professional literature (Righthand & Welch, 2001), results of the present study indicate that youth who sexually offend are a heterogeneous group (i.e., more different than similar). However, certain similarities exist and were present in this Maine sample. These similarities are summarized below.

Study findings revealed that the family circumstances and relationships of these youth frequently involved loss, conflict, and instability. Three-fourths of the youth experienced parental separations through marital separation, divorce, or death. More than half of the youth experienced multiple changes in caregivers prior to their most serious sexual offense and more than half of their mothers had histories of alcohol or drug abuse.

The boys and especially the girls in this study experienced high rates of sexual abuse, physical abuse, and childhood neglect. Nearly three-quarters of the boys and all of the girls for whom this information was available had been exposed to family violence. Research studies indicate that rates of child maltreatment experienced by youth who sexually offend vary depending on the sample (Righthand & Welch, 2001). The relatively high rates of maltreatment found among the boys in this sample may reflect the fact that these youth have open cases with

the state child welfare agency and that, as a group, this population of youth may experience high rates of abuse and neglect. The very high rates of child maltreatment among the girls in this sample is consistent with previous research (Mathews, Hunter, & Vuz, 1997) that has found higher rates of abuse and trauma among girls who have sexually offended as compared with boys.

These youth's problems extended beyond the home environment to multiple life spheres. In addition to problems at home, difficulties at school were evidenced by high rates of school behavior problems, placement in special classes, truancy, and suspensions or expulsions. Peer relationship problems were substantial. Eighty-three percent of the males and 100% of the females exhibited peer relationship problems, with nearly 50% reporting isolation from peers.

High rates of generalized conduct problems were evidenced by physical aggression, impulsivity, and nonsexual offenses by both males and females. Eighty-seven-percent of the boys and eight of ten girls engaged in occasional or frequent physical aggression. Approximately three-fourths of the youth evidenced an impulsive or antisocial lifestyle (e.g., truancy, fighting, vandalism), and nearly two-thirds engaged in theft. Also, nearly one-third of the males engaged in fire setting or cruelty to animals, although relatively few of the females demonstrated these behaviors.

Given these histories, it is not surprising that a substantial number of the youth demonstrate significant mental health needs. Forty-three percent of the boys and 5 of the 10 girls had three or more psychiatric diagnoses. The most common psychiatric diagnoses were Conduct Disorder (44% of boys) and Attention-Deficit Hyperactivity Disorder/ Attention-Deficit Disorder (47% of boys). Seven of the eight girls for whom diagnostic information was available had been diagnosed with Depression and six of nine were diagnosed with Post-Traumatic Stress Disorder (PTSD). The rates of these diagnoses far surpass population averages.

In comparison with the 1989 study of Maine youth who have sexually offended (Righthand, et al., 1989), results of the current investigation indicate that while juvenile sex offending still presents a significant problem in Maine, gains have been made in the area of assignment to sex offense specific treatment. Findings indicate that the majority of the youth in this study (75%) have been involved in specialized sex offender treatment since their most recent offense.

This finding appears to be an important improvement. However, study results reflected a) significant family problems and social difficulties, b) substantial academic and school behavior problems, and c) serious emotional and nonsexual behavior problems. Furthermore, in spite of the similarities in the youth's characteristics, behaviors, and clinical presentations, study findings indicate that these youth also varied in many ways. For example, the youth varied in terms of the frequency of their sexual offending, the duration of their offending, the level of aggression in their offenses, and their involvement in nonsexual offending. They also varied in terms of their child maltreatment histories, and their experiences of family instability and dysfunction. They also differed in their clinical presentations and their range of conduct problems, interpersonal difficulties, and school functioning. These findings are consistent with other studies reported in the professional literature (Righthand & Welch, 2001) and clearly indicate that a wide range of

treatment options and interventions are necessary to help youth who have sexually offended develop prosocial and healthy lifestyles.

Studies evaluating the effectiveness of specific interventions designed for children and adolescents who have sexually offended are rare. Important exceptions are the federally funded research of Pithers, Gray, Busconi, and Houchens (1998) and Bonner, Walker, and Berliner (1999), both of which evaluated the effectiveness of outpatient programs for children with sexually inappropriate or aggressive behaviors. Although these studies did not include untreated children, their findings indicate that treatment interventions generally were effective in reducing sexual behavior problems and sexual offending. Furthermore, Pithers et al. found important group differences. For example, a modified, relapse prevention approach to treatment was more effective than an expressive therapy approach with children classified as “highly traumatized children.” In fact, highly traumatized children who were in the expressive therapy evidenced a slight increase in sexualized behavior. The researchers also found that a slightly larger number of the sexually aggressive children in the expressive therapy, compared with those in the modified relapse prevention therapy, evidenced reduced levels of sexual behavior problems. These findings were tempered, however, by the fact that a similar number of the sexually aggressive children in the expressive therapy had increased rates of sexual behavior problems and only 7% of the sexually aggressive children had significant decreases in their sexual behavior problems; findings that may indicate that these children required additional and possibly varied treatment interventions.

Research (Gendreau & Goggin, 1997) on effective treatment for juveniles and adults who have committed a wide range of crimes, including sexual offenses, suggests that interventions that target risk factors associated with sex offending and other forms of criminal behavior are more effective than other approaches. The research showed that effective programs typically are multi-modal and offer a variety of interventions to address a range of needs, especially those that are predictive of future criminal behavior (criminogenic needs) and are dynamic (changeable) in nature such as cognitive distortions, antisocial attitudes, and negative peer associations. Findings also indicated that to be effective, treatment efforts should be designed in ways that match individual characteristics and learning styles with relevant treatment approaches and therapist characteristics. For example, the special needs of youth with ADHD or with repeated failures in classroom situations should be addressed to facilitate treatment involvement and effectiveness. In addition, effective treatment approaches were found to emphasize positive reinforcement for prosocial behavior, and individualized treatment as much as possible.

In addition, the research on effective treatment programs indicated that the intensity of treatment for moderate and high risk individuals should be of at least 100 hours of direct service over a three- to four-month period and, further, that treatment length of over a year may lead to diminishing returns (Gendreau & Goggin, 1997). The findings also suggested that treatment should be located in the individual’s natural environment, whenever possible. Yet, in order to adequately address the individual and changing needs of youth who have sexually offended, as well as the needs of the community, a continuum of care that provides a range of services is needed (Bengis, 1997; National Adolescent Perpetrator Network, 1993).

Described briefly below are examples of effective intervention approaches (as supported by research) with youth who have engaged in serious delinquent behaviors including sexual offending. However, because youth who sexually offend are a heterogeneous group, it should be remembered that while some youth may require intensive treatment, some may require minimal interventions once their sexual offending has been disclosed, and still others may need something in between.

Multidimensional Treatment Foster Care (MTFC) is a specialized therapeutic foster care approach that involves placing youth with well-trained and supervised foster families for 6 to 9 months (Chamberlain & Reid, 1998). One of the primary goals of MTFC is breaking delinquent associations and helping youth develop prosocial relationships and values. Typically, when youth are involved in the criminal justice system, only one child is placed in the foster home at a time. Treatment interventions include individual therapy emphasizing prosocial skill development and problem solving. In addition, the youth's behavior is monitored daily, a therapist consults with the foster family each day, and behavior management strategies are revised as needed. Interventions also occur at school as well as with peers. Families of origin or alternative caregivers are very involved in the program and are trained in effective behavior management strategies to facilitate effective parenting when the child goes home. Research studies have found that youth involved in the criminal justice system (including those who have perpetrated sexual offenses) who were randomly assigned to MTFC had significantly fewer criminal referrals and returned home to relatives more often than those in traditional group settings (Chamberlain & Reid). In addition, interventions with younger children involved in the child protective system are encouraging (Fisher, Ellis, & Chamberlain, 1999). MTFC is not currently available in Maine, although steps to pilot this approach here are underway (Hennings, 2001, personal communication).

An empirically based treatment approach that has been shown to be effective with youth in the criminal justice system is Multisystemic Treatment (MST) (Henggeler, Schoenwald, Bourduin, Rowland, & Cunningham, 1998). It also has been empirically validated as effective with juvenile sex offenders (Borduin, Henggeler, Blaske, & Stein, 1990); however, the sample size was small and the comparison treatment did not involve current treatment approaches. MST involves working with youth and their family over a 6 to 9 month period and confronting antisocial behavior in youth by targeting their "social-ecological context" (i.e., their family, neighborhood, school, and community).

In addition, recent research including youth who have sexually offended has demonstrated that children with significant emotional and behavioral problems can be safely and effectively maintained in the community through specially designed "wraparound" approaches that include natural supports, such as family members or MTFC or similar programs, and a range of needed services. For example, the sex offense recidivism rates of youth enrolled in Wraparound Milwaukee dropped from 11% to 1% after one year of enrollment in the program (Kamradt, 2000).

There is a growing literature base (McMahon & Wells, 1998) that suggests that, particularly for young teenagers (Dishion, 1999), delinquent peer group association, even in a therapeutic context, may have negative effects. It is of the utmost importance that the peer associations of

youth who sexually offend, even in the context of a residential placement or group therapies, be managed in ways that reduce exposure to the distorted thinking and delinquent attitudes of others as much as possible. Consistent with this point, it is important to recognize that sex offense-specific therapies that involve group members discussing the specific details of the sexual aspects of their offenses may be harmful because such discussions may be sexually arousing and/or provide ideas that facilitate or further the development of deviant sexual fantasies.

Maine's ability to adequately respond to the varied risks and needs of youth who sexually offend appears to be hampered by a number of factors. First of all, necessary information for assessing risk and developing risk management interventions is probably not consistently available to the courts, state agencies, and treatment providers as was exemplified during this study's data collection phase. This research study found that information available in the files varied substantially and relevant information, such as clinical and treatment reports, information about offense histories, and the youth's peer relationships and school functioning, often was lacking.

In addition, a review of Maine's sex offense-specific treatment programs (Righthand, 2000) suggested that Maine currently falls short of providing a continuum of care of treatment options and empirically validated interventions. For this review, existing programs and providers that utilize sex offense-specific group interventions were identified by state agency staff, clinicians, and through the Maine Treatment Directory (Child Abuse Action Network, 2000). It is possible that other existing sex offense-specific treatment programs were not identified by this procedure and clearly individual clinicians provide individual and possibly family therapy to youth who have sexually offended (Child Abuse Action Network).

The findings of the review (Righthand, 2000) indicated that these treatment providers and programs provide many of the components often recommended for sex offense-specific treatment. However, in contrast to the approaches described above (e.g., Bengis, 1997; Gendreau & Goggin, 1997; National Adolescent Perpetrator Network, 1993), sex offense-specific treatment programs in Maine are limited in number and a range of options is lacking. At the time of the program review, only seven outpatient programs and five residential programs, including the Maine Youth Center's sex offense-specific treatment program, were identified (two other residential programs were in the developmental stages and were not reviewed). The outpatient programs typically consisted of group therapy meetings once a week. Adjunct interventions sometimes were provided, such as parent groups usually held on a monthly basis. Participation in individual therapy in addition to group therapy occasionally was offered or required. Residential programs typically provided long-term treatment and frequently were located in distant geographic locations. Treatment providers identified limited resources and the lack of a continuum of care as a statewide problem.

In sum, study findings indicate that youth who sexually offend do continue to present a significant problem in Maine. Yet, like all youth, they are individuals. They are individuals who present with developmental needs as well as special needs and risks due to their abusive behaviors and troubled lives. Individualized assessment and treatment planning are essential for effective intervention.

As noted elsewhere (Righthand & Welch, 2001), recommended interventions are those that target factors empirically associated with the risk of sexual offending, such as deviant arousal (when present), limited social competence, school behavior problems, and aggressive and delinquent behaviors in general (e.g., delinquent peer associations, antisocial attitudes, and impulse and emotion management). Other appropriate targets of intervention include those that appear theoretically relevant, but that researchers have not studied or that research has not shown to be consistently related to risk, such as inadequate dating skills. Still other targets of interventions include problems that may be relevant for individual youth, such as substance abuse, when such problems are present. Risk management strategies that are likely to be most effective are those that target risk factors by addressing related needs and by supporting or facilitating existing strengths. Treatment effectiveness is likely to be increased when interventions are designed and applied in ways that engage the youth and help motivate them to make positive changes in their lives.

Maine lacks a sufficient range of treatment and intervention options for youth who sexually offend. For example, shorter term, intensive multisystemic residential placements are needed, as are other community-based options such as supervised housing, day treatment, after-school programming, intensive outpatient treatment, and a range of outpatient therapies that target criminogenic and related needs. In order to develop a system of care that is responsive to the varied needs of these youth, and the community at large, a statewide effort is needed. State and local agencies, private agencies, and private providers will need to work together to develop a continuum and “menu” of care that will best meet the needs of individual youth and their communities.

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