

**Sex Offending by Maine Youth
Their Offenses and Characteristics**

Part I

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October 2001

Acknowledgements

First, we would like to acknowledge and thank former Associate Commissioner for Juvenile Corrections, in the Maine Department of Corrections, Mary Ann Saar and Sandra Hodge, Director of Child Welfare in the Maine Department of Human Services, for their vision and recognition of the importance of implementing this project. In addition to Ms. Saar and Ms. Hodge, we would like to thank Associate Commissioner for Juvenile Corrections Bartlett Stoodley and Karen Westberg, Department of Human Services Director of the Bureau of Child and Family Services, 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 Corrections and Human Services 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 Corrections. Some of these youth also had open cases with the Department of Human Services. A separate study of youth who had open cases with only the Department of Human Services is presented in a companion report entitled Sex Offending by Maine Youth: Their Offenses and Characteristics; Part II. These studies are part of a needs and risk assessment of Maine youth who have sexually offended commissioned by the Maine Departments of Corrections and Human Services.

To accomplish this research, caseworkers from the Departments of Corrections and Human Services 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, 164 youth who had open cases with the Maine Department of Corrections 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 164 youth in the current study included 153 males and 11 females.
- The average age of the youth at the time of the study was 16 years old, however, 40% of the sample committed their first physical contact sexual offense prior to age 13.
- Nearly a third of the youth had open cases with the Department of Human Services as well as the Department of Corrections during the period under study.

Nonsexual and sexual offense histories:

- The youth in this study were charged with more than 280 sexual offenses and by self-report admitted to more than 700 additional offenses for which they had not been charged.
- More than half of the youth committed multiple sex offenses over a lengthy time period (i.e., more than six months).
- The majority of the offenses involved oral-genital contact or attempted or actual vaginal/anal penetration (over 70%).

- Nearly a third of the victims of the sexual offenses were boys.
- Nearly all of the youth knew their victims (99%), over half were family members.

Family relationships:

- Two-thirds of the youth experienced parental separations through marital separation, divorce, or death.
- Few of the youth lived in family environments characterized as secure and stable.
- Parent-child relationships frequently were described as strained.

Clinical presentations:

- The boys, and especially the girls, in this study experienced high rates of child maltreatment. Nearly half 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.
- Attitudes and beliefs supportive of sexual offending and general criminal behavior were frequent.

Treatment and risk management needs:

- Only a little more than one-third of the youth received a mental health evaluation at the time of adjudication or disposition.
- A substantial number of the youth have significant psychological and nonsexual behavioral problems that require intervention.
- 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.
- Study findings raise questions about whether current interventions are sufficient for reducing risk factors associated with sexual and nonsexual offending and 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 Corrections (DOC) and Human Services (DHS) 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 Corrections and Human Services 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 Corrections during the year under study.

The research entailed reviews of DOC and DHS 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 Corrections' juvenile caseworkers and Maine Youth Center staff identified 208 youth (197 boys and 11 girls) who had committed a sexual offense and who had open cases with the Maine DOC during the year beginning June 1, 1997. Of the 197 boys, 42 cases were closed at the time of referral to this study and were excluded from the analysis for pragmatic reasons, resulting in a sample of 155 boys. An additional 2 cases were unavailable at the time of coding and also were excluded from the sample.

Of the 11 girls who had open cases during the study period, one case had been closed by the time the case was referred to the study. Because of the low number of girls in the sample, this case was included. Thus, the final sample size was 164 youth (153 boys and 11 girls).

Information from the DOC juvenile caseworkers, DHS caseworkers, and findings from file reviews reveal that forty-nine (49) of the 164 youth, or approximately 30%, had open cases with the Department of Human Services as well as the Department of Corrections during the period under study. A separate analysis of youth who had open cases with the Department of Human Services during the year under study, including some who also had open cases with the Department of Corrections, is presented in a companion report entitled Sex Offending by Maine Youth: Their Offenses and Characteristics: Part II.

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.

Procedure:

Data collection required trained coders to review records from the DOC and DHS 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.

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 49 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.

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 family or 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.

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 both male and female youths. 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.

Results

Demographic Information:

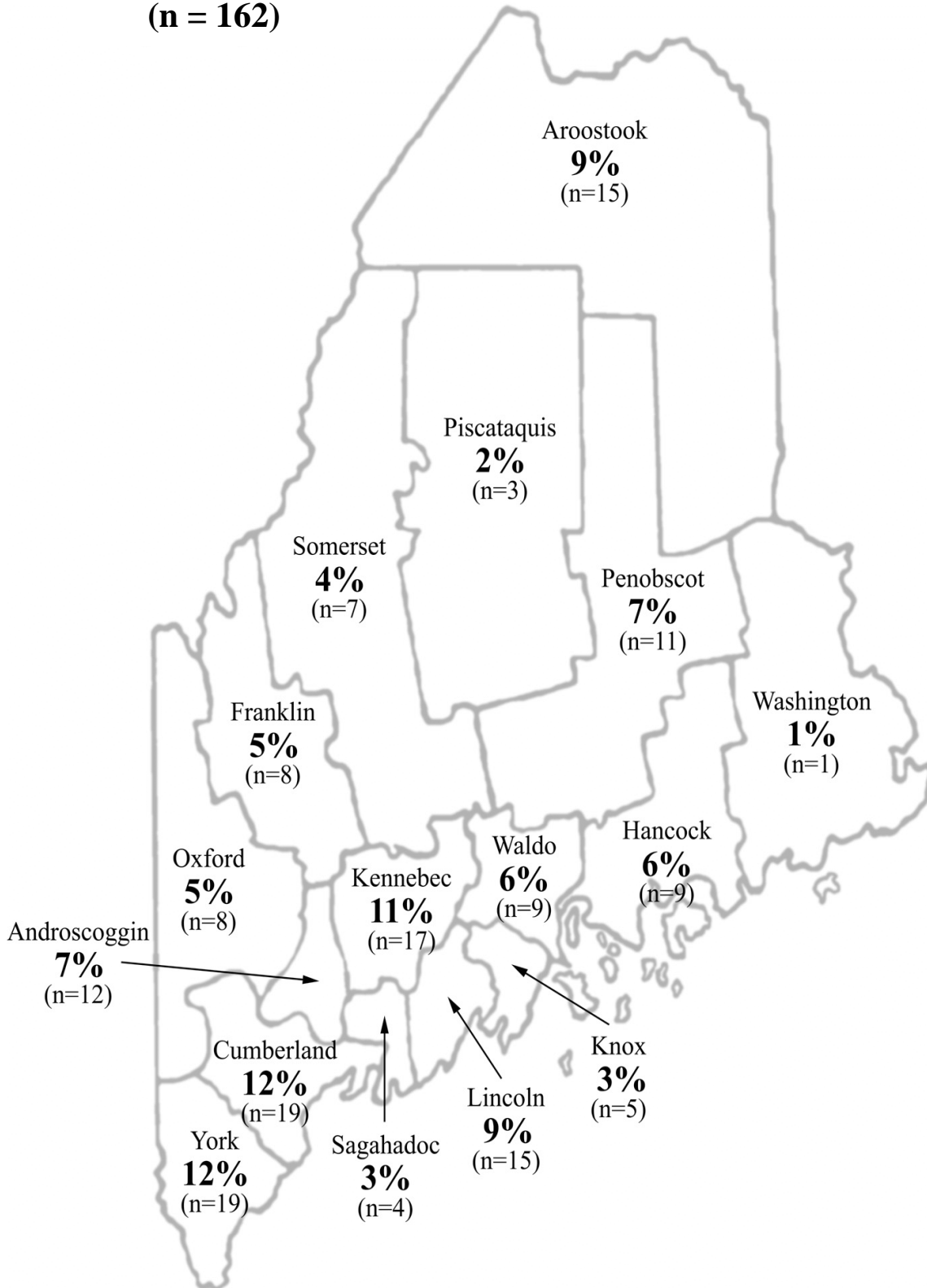
The youth in this report are 153 male and 11 female youth who had open cases with the Maine Department of Corrections during the year beginning June 1, 1997. Forty-nine (49) of the 164 youth or approximately 30% had open cases with the Department of Human Services as well as the Department of Corrections during the year under study.

The average age of the youth at the time of the study was 16 years old. Most of the youth were 13 years old or older. Only 6% were less than 13 years old and only one youth was under 10 years old. The majority of the youth were Caucasian (93%, n=152). Other races represented in the sample were Native American (0.6%, n=1), African American (1.2%, n=2), and other (4%, n=7). All girls in the sample were Caucasian.

The percentage of youth from each county is presented in Figure 1. It is important to note, however, that given the likelihood of varying underestimations of offense reporting between counties, and the fact that overall population densities vary from county to county, comparisons among counties may be misleading.

Figure 1

Youth by County
(n = 162)



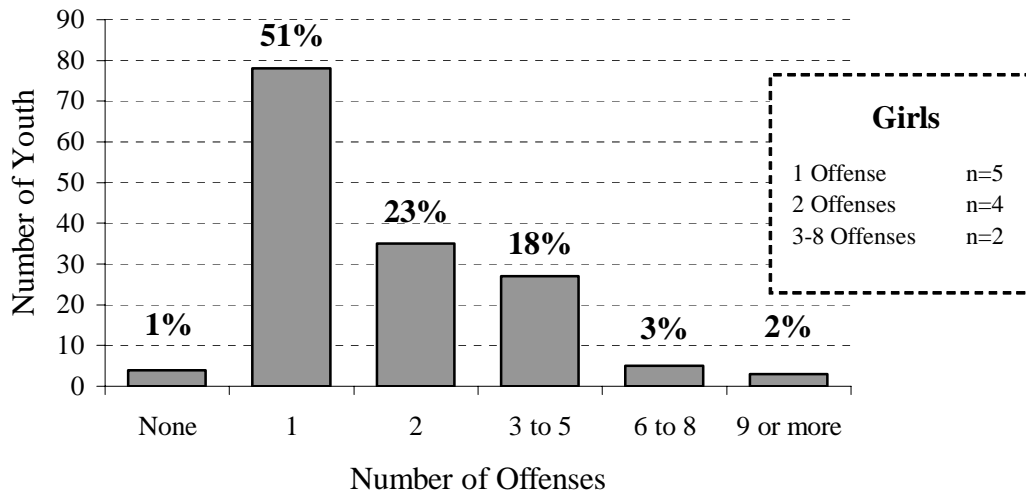
Offense Related Characteristics:

Nearly all of the boys and girls in the study had histories of committing sexual offenses that involved physical contact with their victims (99% of the boys and 10 of 11 girls, respectively). Only 1% of the boys and one girl appeared to restrict their offending to noncontact offenses such as indecently exposing him or herself to others. In addition, 29% of the total sample of boys and 2 of the 11 girls committed non-contact sex offenses as well as contact offenses.

As illustrated in Figure 2, findings reveal that 78 boys (51%) were charged with only one sex offense. Thirty-five boys (23%) were charged with 2 sex offenses. Twenty-seven boys (18%) were charged with 3 to 5 offenses and 5 (3%) were charged with 6 to 8 offenses. The remaining three boys (2%) were charged with 9 or more sex offenses. Similarly, nearly half of the girls (5 of 11) were charged with only one offense.

Figure 2

**Number of Offenses Charged:
Boys (n=152)**

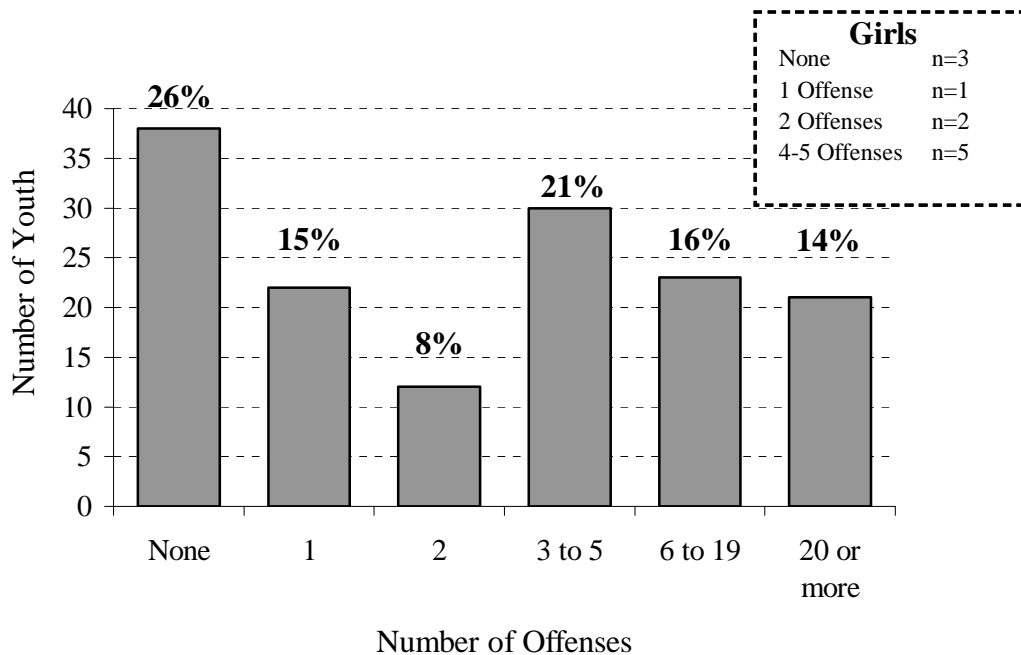


In contrast to the number of offenses charged, Figure 3 depicts the number of additional offenses reported by 146 of the boys in the study. Twenty six percent (n=38) reported no offenses in addition to those charged. Fifteen percent (15%, n=22) reported one additional offense. The percentage of youth reporting 2 additional offenses was 8% (n=12) and the percentage of youth reporting 3 to 5 additional offenses was 21% (n=30). Nearly sixteen percent (n=23) of the boys reported 6 to 19 additional offenses and 14% (n=21) reported 20 or more offenses.

As the box to the side of the graph shows, 3 of 11 girls reported no additional offenses and only one girl reported 1 more offense. Two girls reported 2 additional offenses and the remaining 5 girls reported 4 to 5 more offenses each.

Figure 3

**Additional Offenses By Report:
Boys (n=146)**



The data presented in the Table 1 pertain to the duration of the youth’s sex offense history. It is based on all credible reports and is not limited to legally charged offenses. These findings are consistent with those previously reported indicating that youth frequently commit more sex offenses than those for which they are charged. When any credible report is considered, 25% of the boys and 1 of the 11 girls appear to have committed only one sexual offense; 25% of the boys and 4 of 11 girls appear to have committed multiple sex offenses during a limited and relatively short period of time; and 51% of the boys and 6 of 11 girls committed multiple sexual offenses over a more lengthy period of time, more than six months.

Table 1

Duration of Sex Offense History

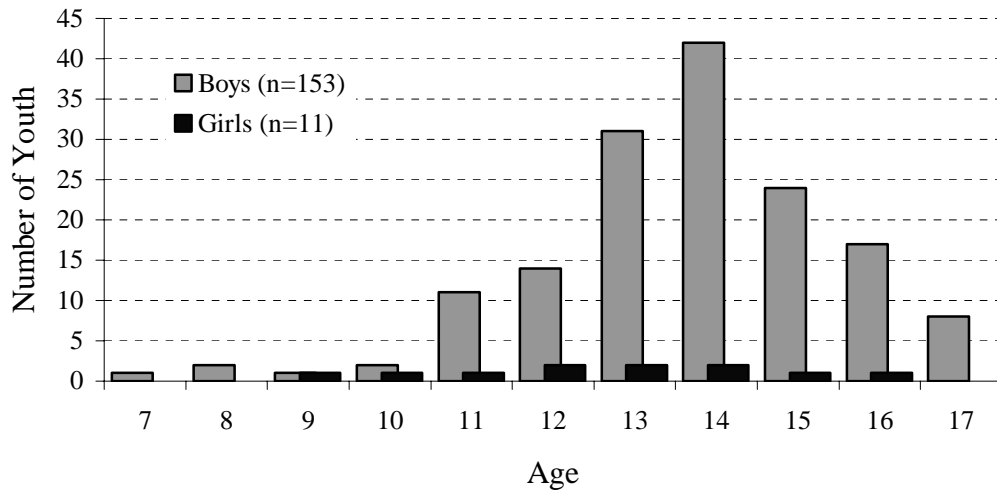
	Boys	Girls
1 Offense Only	25% (n=36/147)	1 out of 11
Multiple Offenses (6 months or less)	25% (n=36/147)	4 out of 11
Multiple Offenses (greater than 6 months)	51% (n=75/147)	6 out of 11

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 4. For boys (n=153), the mean age at the time of their most serious sex offense was 14 years, ranging from between 7 years to 17 years of age. For girls (n=11), the mean age was 13, ranging from between 9 years to 16 years of age.

Figure 4

**Youth by Age and Sex:
Most Serious Sex Offense
(n=164)**



In addition to the findings described above, it is important to note that 40% of the youth (n=65) committed their first physical contact sexual offense prior to the age of 13.

The age and sex of the victims of each youth's most serious sexual offense are presented in Figure 5. Findings reveal that 70% of the victims were female and 30% were male. The mean age of female victims was 9 years, ranging from 1 year to 36 years of age. The mean age of male victims was 7 years, ranging from 3 years to 12 years of age.

Figure 5

**Victims by Age and Sex
(n=157)**

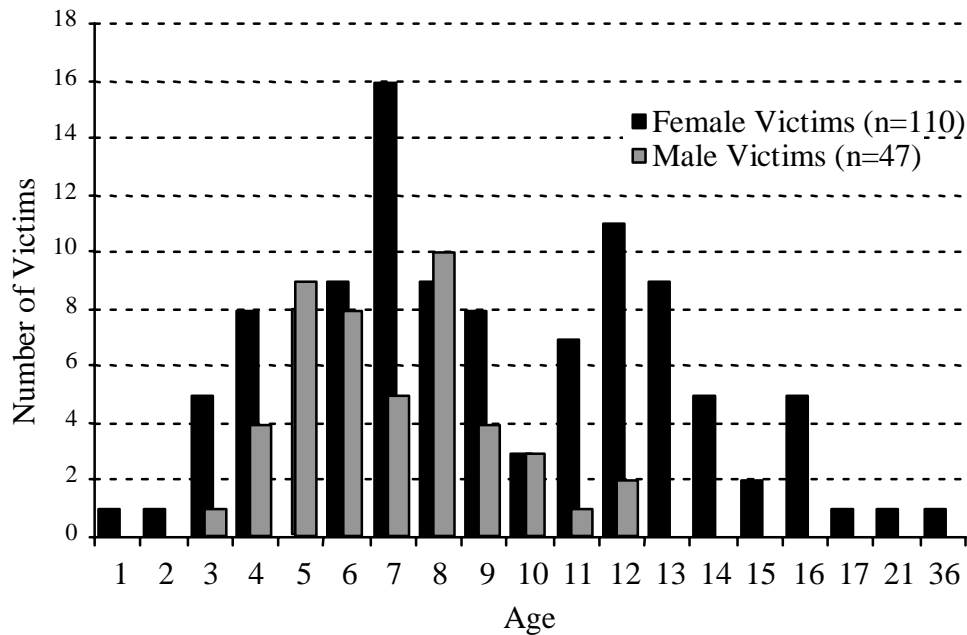


Table 2 shows the percentage of male and female victims according to the gender of the juvenile who offended. Of the 146 boys for whom data were available, 73% of the victims were female and 27% were male. In contrast, of the 11 girls, only 4 of the victims were female and the remaining 7 were male.

Table 2

Gender of Victim by Gender of Juvenile Who Offended

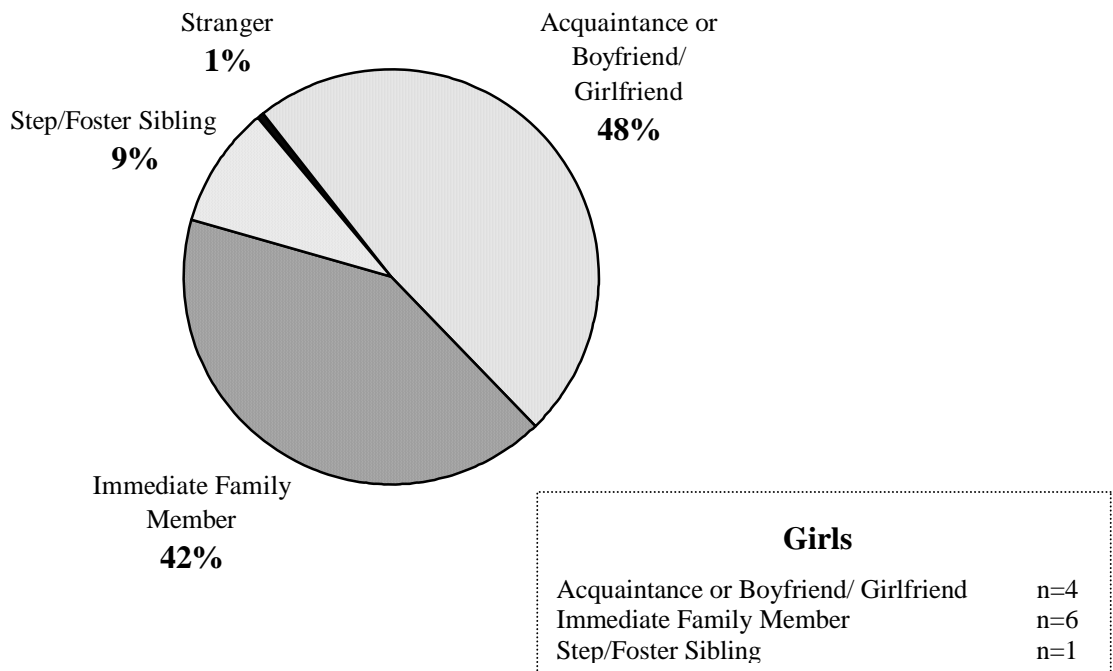
	Boys who offended	Girls who offended
Female Victim	73% (n=106)	n=4
Male Victim	27% (n=40)	n=7

As can be seen in Figure 6, the majority of victims were an acquaintance, friend, or immediate family member of the youth. Forty eight percent (48%) of the victims (n=72) were acquainted with the boys in some way (e.g., an acquaintance, friend or romantic partner). In addition, 42% (n=62) of victims were immediate family members of the boys (e.g., niece, cousin, sibling related biologically or through adoption). Victims related to the youth as a step-sibling or foster sibling constituted 9% (n=14) of the victims of the boys in the study, and only 1% (n=1) of the victims was a stranger.

As can be seen in the box to the side of the graph below, 4 of the victims of the girls were acquaintances, friends, or romantic partners. Six of the victims were immediate family members and only 1 victim was related to the girl as a step/foster sibling.

Figure 6

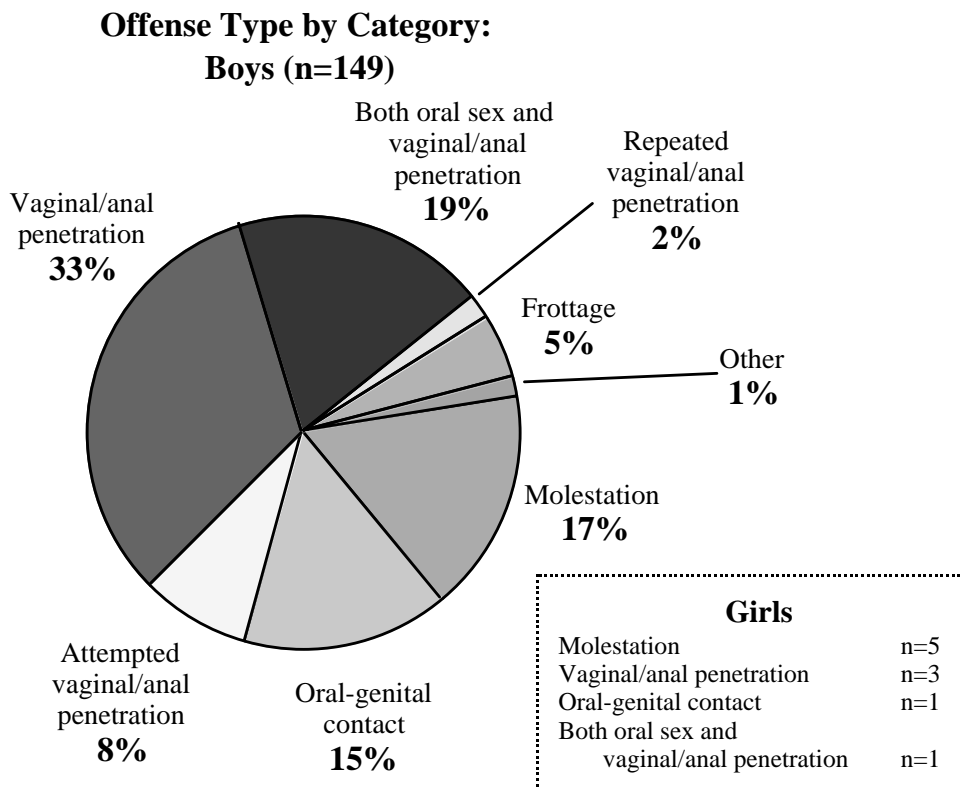
**Relationship to Victim:
Boys (n=149)**



As shown in Figure 7, for boys, the most common type of serious sexual offense (33%, n=49) was vaginal or anal penetration (i.e., sexual intercourse, or the insertion of fingers or some other object). Other frequent offense types were vaginal or anal penetration in conjunction with oral sex (19%, n=28), molestation (i.e., touching, kissing, or fondling) (17%, n=25), and oral-genital contact (15%, n=23).

With respect to data available on 10 of the girls in the study, 5 of the offenses involved molestation, and 3 involved vaginal or anal penetration (insertion of fingers or some other object). Only one offense was characterized by oral-genital contact, and the remaining one offense involved both oral sex and vaginal or anal penetration.

Figure 7



Data on the type of coercion used in the most serious sex offense are presented in Figure 8. As can be seen, the most common type of coercion used to gain compliance from or silence the victim was persuasion (51%, n=71). In such cases, persuasion involved manipulation, deceit, or the abuse of an authority position. Other frequent types of coercion used were physical restraint (22%, n=31) and verbal threat (16%, n=22). Seven boys (4%) threatened physical force and nine of the boys (7%) actually used physical force to coerce their victim.

Data on the type of coercion used by 10 of the girls reveal that 9 used persuasion and only 1 used physical restraint.

Figure 8

**Type of Coercion Used in Offense:
Boys (n=140)**

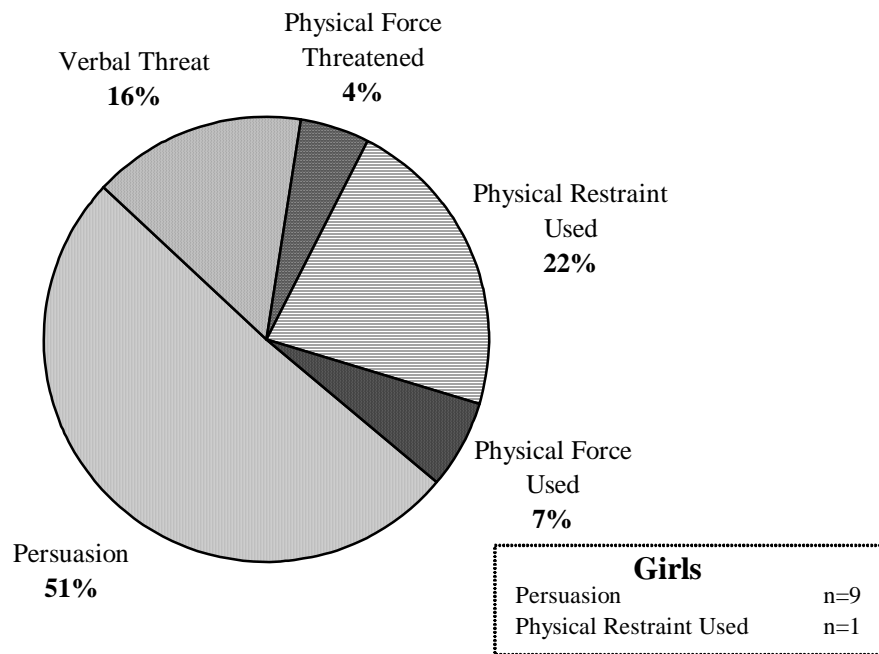
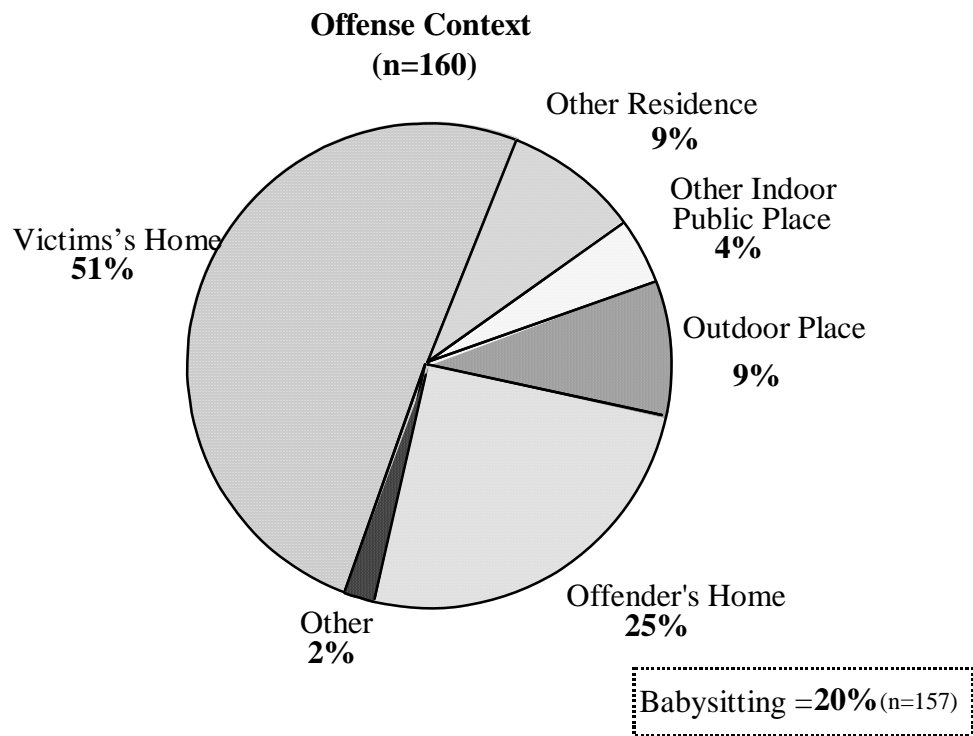


Figure 9 describes various contexts in which the youth's most serious sex offenses were committed. Fifty-one percent (51%, n=81) committed their offenses in the victim's home or the victim's and offender's home when they resided together. Forty (25%) committed their offenses in the offender's home, separate from the home of the victim. Other contexts in which offenses were committed include an outdoor setting (9%, n=15), another private residence (9%, n=14), and an indoor, public place (4%, n=7). Two (1%) offenses took place in the offender's car and one (1%) took place on public transportation.

Figure 9



In addition, with respect to the offense context, it is notable that, as shown in the box to the side of the graph above, out of 157 cases, 20% (n=31) of the youth committed their most serious sexual offenses when babysitting for another child or children.

Examination of data on the use of alcohol or non-prescription drugs at the time of the most serious sex offense reveal that out of 151 cases, only 6 (4%) youth were intoxicated with alcohol when they committed their offenses. Similarly, out of 153 cases, 7 (4%) youth were intoxicated with non-prescription drugs at the time of their offenses.

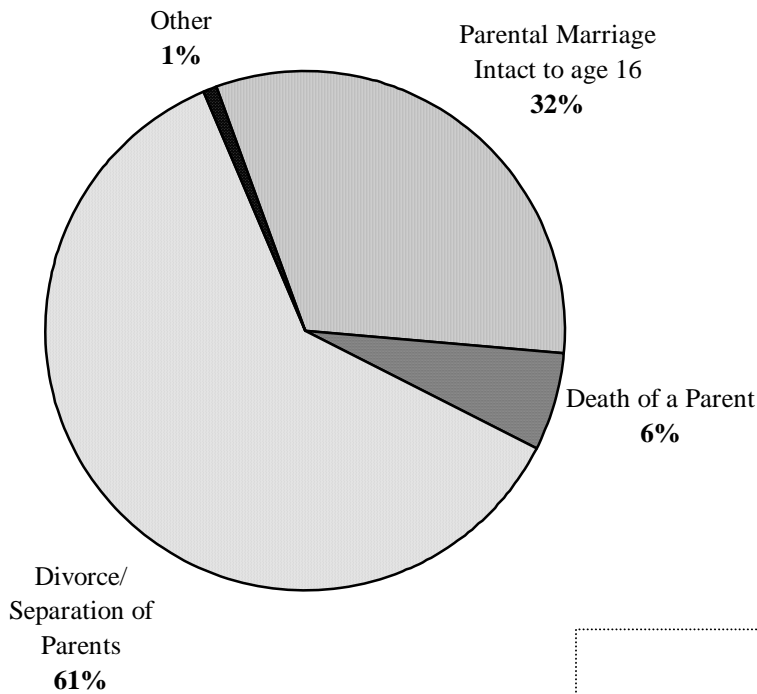
Family and Developmental History:

Data regarding the status of the youth's parents' marriage are presented in Figure 10. Concerning the boys, 32% (n=36) of their parents remained married through the boy's childhood. In contrast, 61% (n=69) of their parents were divorced or separated. In 6% (n=7) of the cases at least one parent had died and in one other case (1%), the boy's parents' marriage was not intact due to other reasons.

The box to the side of the graph below suggests a pattern for the girls that is similar to the boys, with more of the girls coming from families without, than with, intact parental marriages.

Figure 10

**Status of Parental Marriage:
Boys (n=113)**

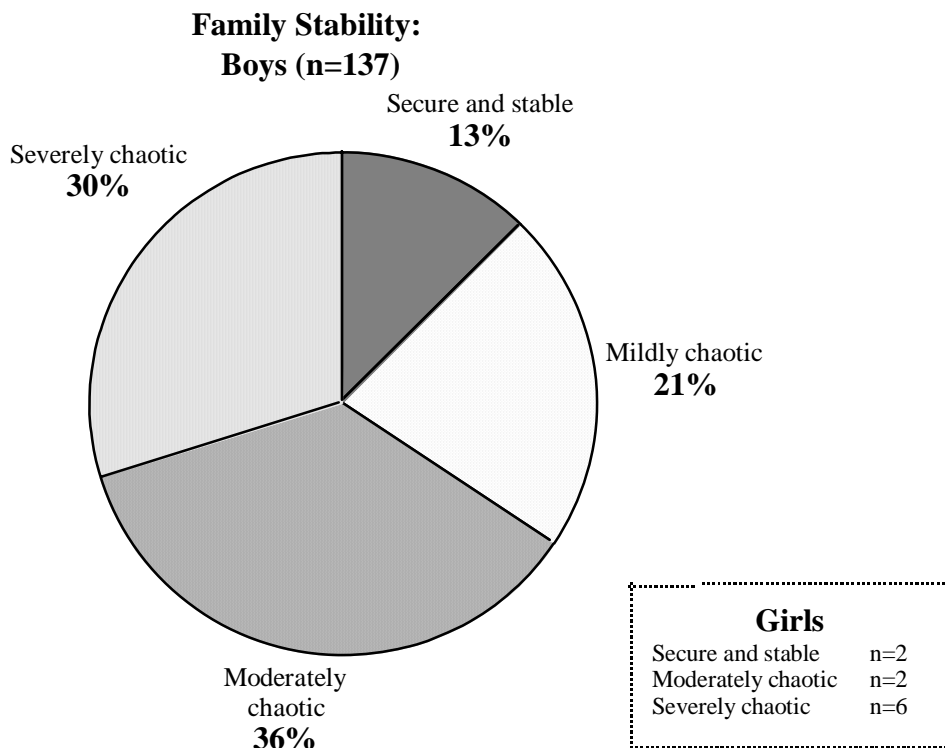


Girls	
Parental Marriage Intact	n=2
Divorce/Separation	n=6

Figure 11 depicts the various levels of the youth’s family stability, ranging from secure and stable to severely chaotic. The data pertain to the family in which the youth spent most of their developmental years. Findings indicate that only 13% (n=17) of the families were described as secure and stable with no discernible family related problems during development. An additional 21% (n=30) were described as mildly chaotic with occasional instability and disruption. In contrast, the majority of families were described as either moderately chaotic (36%, n=49) or severely chaotic (30%, n=41) involving multiple family relocations, single parents with many transient partners, parental fighting, and verbal and physical abuse.

The box to the side of the graph below shows that the majority of girls (6 of 10) lived in severely chaotic families during their developmental years.

Figure 11



Data on the history of alcohol or drug abuse by the youth’s biological parents reveal that out of 129 cases, 32% (n=41) had mothers with a history of alcohol or drug abuse. Out of 118 cases, 45% (n=53) had fathers with a history of alcohol or drug abuse.

Examination of data pertaining to the number of youth’s siblings with criminal histories reveal that out of 126 cases, 24% (n=30) of the boys had at least one biological or half sibling with a criminal history. Five boys (4%) had at least two siblings with

criminal histories and one offender had three siblings with criminal histories. Data pertaining to the youth's parents' criminal history were not reliably available.

At the time of the study, the Children's Services Division within DHS was actively involved with 25% (n=38) of the youth (22% of the boys and 7 of the 11 girls) indicating that DHS had custody of a quarter of the youth in this study and that out-of-home placements in foster or relative care, residential treatment centers, or the Maine Youth Center were likely. Additionally, of 153 cases, 34% (n=52) of the youth had been in foster care (including placement with relatives) at some time in their life.

Although most of the data regarding the parenting practices of the youth's mothers and/or fathers were not reliably available, reliable information was available for whether parents had difficulty controlling the youth's behavior. Of 136 available cases, 65% (n=88) of the boys' parents and 6 of the girls' parents were unable to exercise adequate controls over their children's "out of control" behaviors.

Information also was reliably available for 132 of the youth's relationships with their fathers. Of these cases, 49% (n=64) experienced a markedly hostile or indifferent and uncaring relationship with their father (including fathers who were willfully absent from the youth). When examining this data for just the boys (n=122), this figure was similar at 46% (n=56). For the girls, however, 9 out of 10 had markedly hostile or indifferent relationships with their father. Data pertaining to the youth's relationships with their mothers were not reliably available.

Child Maltreatment Histories:

Figure 12 shows the percentage of youth with histories of childhood maltreatment. Fifty-eight percent (58%) of the boys (n=76) had been sexually abused. Forty-one percent (41%) of the boys (n=48) had been physically abused by their caretaker. Thirty-seven percent (37%) of the boys (n=46) had been either physically or emotionally neglected (e.g., left unfed, not taken for needed medical care, unprotected from abuse by others). Forty-four percent (44%) of the boys (n=50) had been exposed to physical violence between caretakers or between a caretaker and sibling. These groupings are not mutually exclusive and it is likely that some of the youth experienced more than one form of victimization.

Seven (7) out of 8 girls had a history of having been sexually abused. Six (6) had been victims of physical abuse and 5 had been victims of childhood neglect. Out of 7 cases with available information, 4 girls had been exposed to family violence.

Figure 12

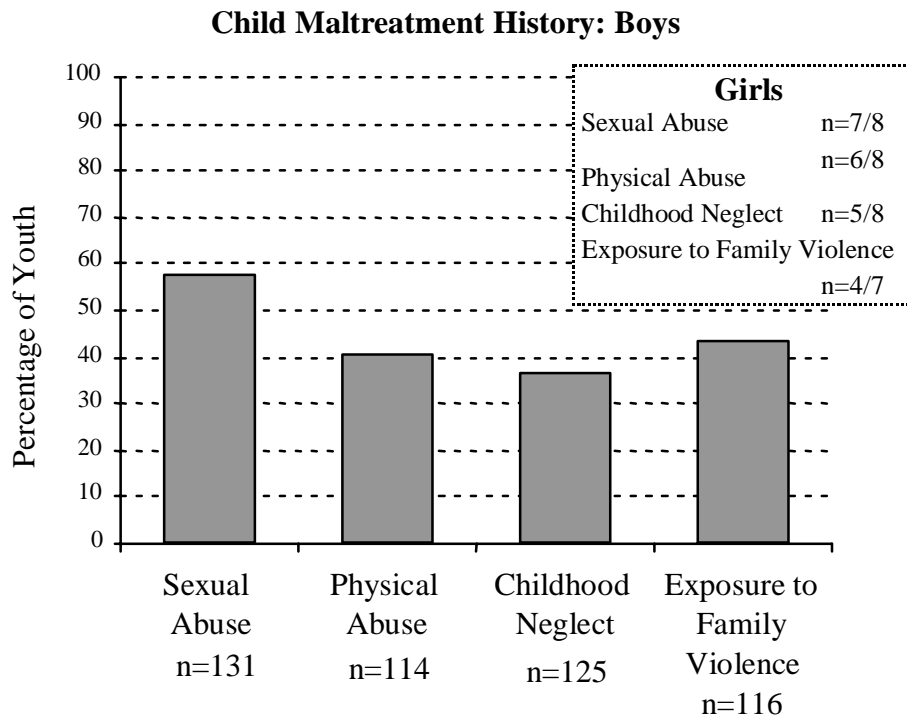
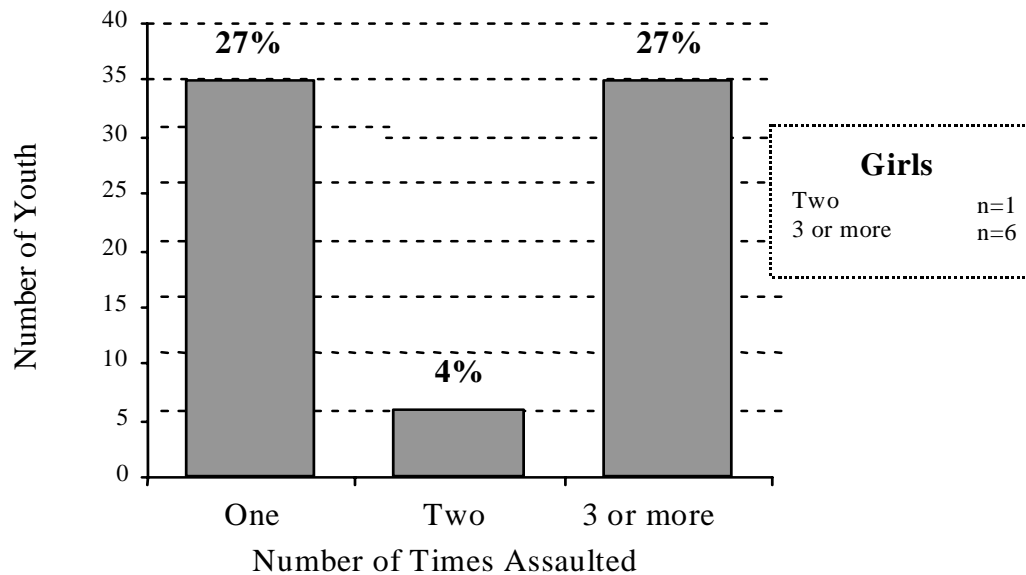


Figure 13 depicts the frequency of abuse for those youth who were sexually assaulted as children. Thirty-five (35) boys or 27% had one reported experience as a victim of sexual assault, 6 (4%) were reported to have been victims of sexual assault twice, and 35 (27%) were reported to have been victims of sexual assault 3 or more times.

As the box to the side of the graph below shows, of 7 girls for whom data were available, none were sexually assaulted only once, 1 had two reported experiences as a victim of sexual assault. Six of the girls, however, were reported to have been sexually assaulted 3 or more times.

Figure 13

**Frequency of Sexual Assaults as
Children: Boys (n=131)**

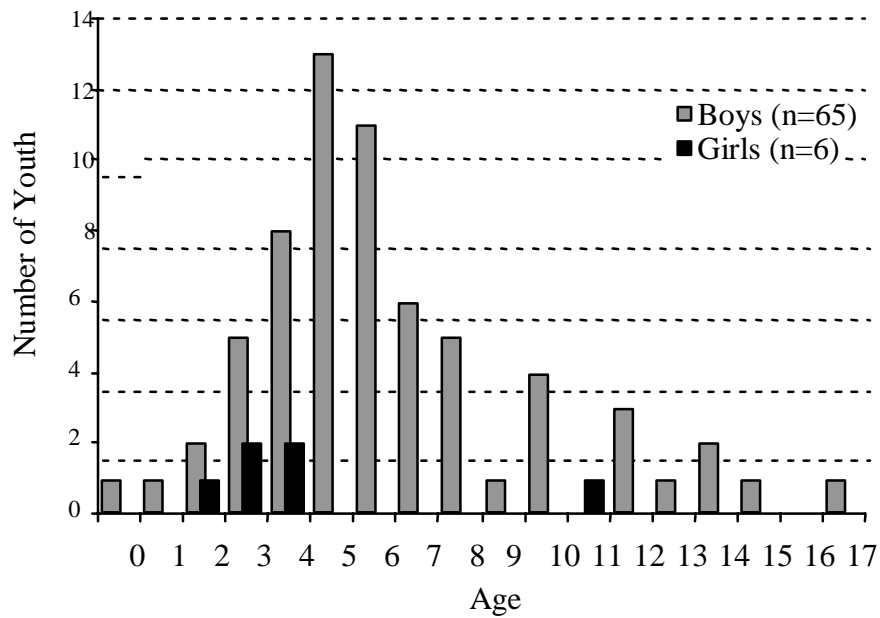


Data regarding the age of each subject at the time when they were first sexually assaulted are presented in Figure 14 for 71 youth. The modal or most frequent age when boys were first assaulted was 5 years of age (with an average age of 7 years), ranging from infancy (0 years) to 17 years of age. The modal ages for the girls were even younger (3 and 4 years).

Figure 14

Age When First Sexually Assaulted

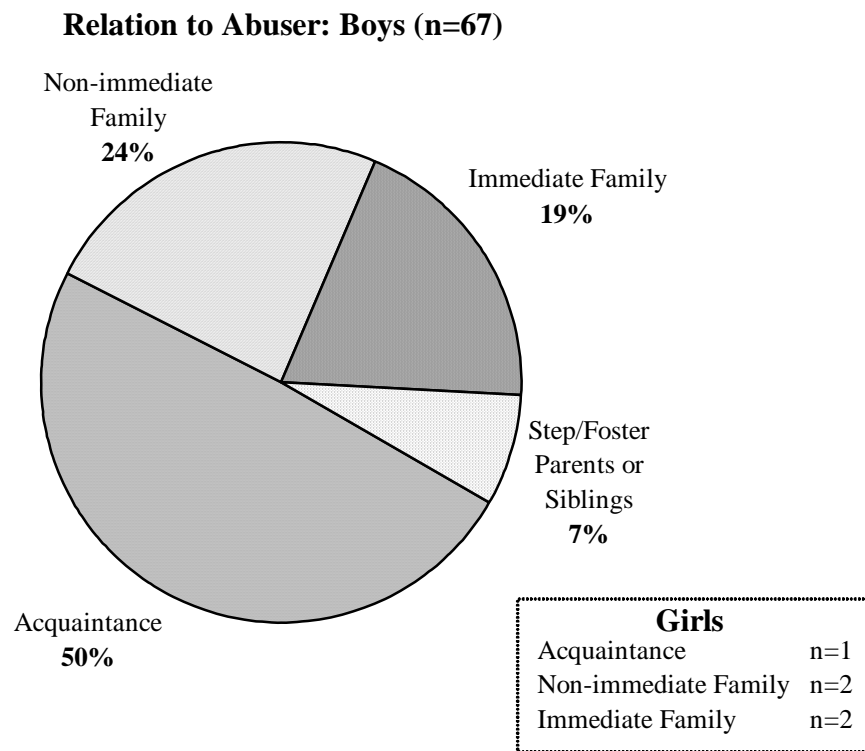
(n=71)



Data on the relationship between the youth and the person who sexually assaulted them are presented in Figure 15. For the majority of the boys who were sexually assaulted (50%, n=33), the abuser was an acquaintance of some sort (i.e., a visual acquaintance, casual acquaintance, or a close acquaintance or friend). For 24% (n=16), the abuser was a non-immediate family member such as an aunt or uncle. For 19% (n=13), the abuser was an immediate family member (either biological or adoptive) and for the remaining 7% (n=5) the abuser was a step/foster sibling or parent.

As shown in the box to the side of the graph below, data on the relationship of the girls to their abuser were available for 5 girls. In one case, the abuser was an acquaintance, in another two cases the abuser was a non-immediate family member, and the remaining two cases involved an abuser who was an immediate family member such as a biological or adoptive parent or sibling.

Figure 15



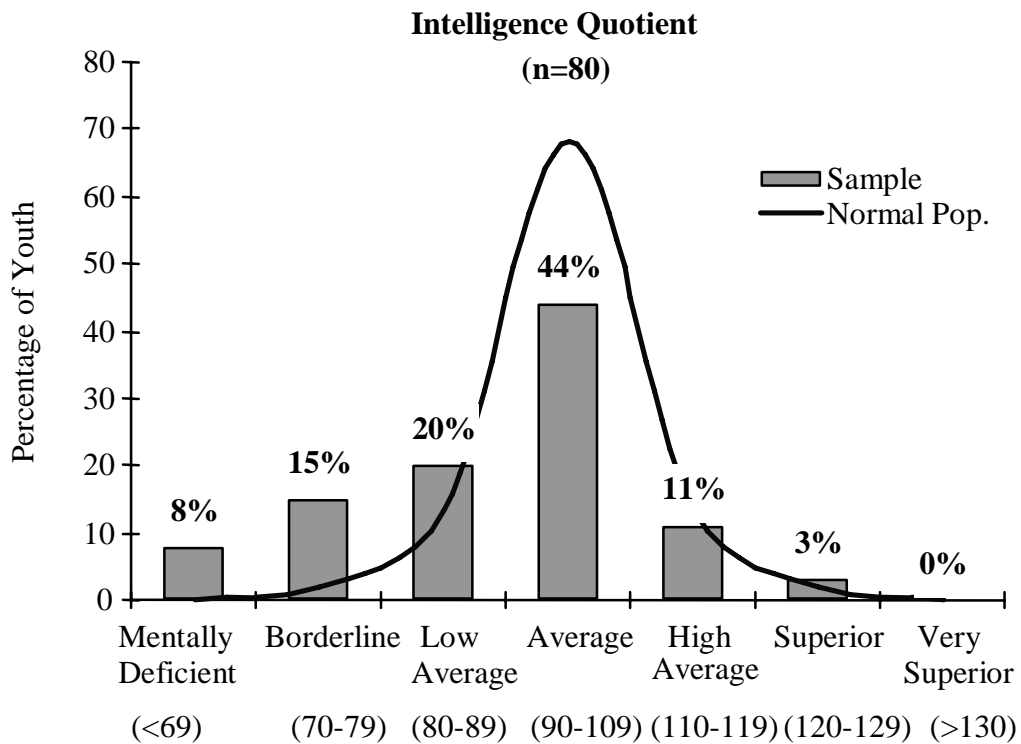
Related to the youth's history of being sexually assaulted, findings indicate that 50% of the youth (n=39/78) had been abused by only one person, 28% (n=22/78) had been abused by two different individuals, and 22% (n=17/78) had been abused by three or more different individuals. Moreover, of the 17 individuals with three or more abusers, two (1%) had been abused by nine different individuals.

Youth Characteristics:

Figure 16 depicts the frequency distribution of intelligence quotients (IQ) for 80 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 youth's scores.

As illustrated below, the majority (44%, n=35) of youth evidenced Average intelligence as measured by standardized tests. It is important to note, however, that the 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, 15% (n=12) of this sample of youth scored in the Borderline range.

Figure 16



Data on the youth's functioning in school are presented in Table 3 below. As can be seen, 64% of boys had participated in special classes for such things as scholastic remediation or emotional and/or behavior problems. In addition, 40% of boys were truant from school at least once during a year period, 45% (n=25) of these boys were truant more than 5 times during the year. Furthermore, fifty-two percent (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, 69% of boys showed at least mild school behavior problems with 60% of them exhibiting severe school behavior problems.

Findings also indicate that 6 out of 10 of girls had participated in special classes. In addition, three out of 10 girls had been truant more than 5 times during a year period. One girl out of 11 had been suspended or expelled from school at least once. On the composite variable of school behavior problems, five out of 11 girls also showed at least mild behavior problems in school, and of these 5 girls, 3 of them showed severe school behavior problems.

Table 3

Functioning at School

	Boys	Girls
Special Classes	64% (n=91/142)	6 out of 10
Truancy	40% (n=56/139)	3 out of 10
School Suspensions or Expulsions	52% (n=71/136)	1 out of 11
School Behavior Problems	69% (n=97/140)	5 out of 11

As Table 4 describes below, peer relationship problems (e.g., being unable to develop or maintain relationships) were noted in 70% of boys. Of these boys, 50% showed evidence of severe peer relationship problems that had persisted throughout most of their lives. In addition to peer relationship problems, 53% of the boys also had few or no friends who were positive influences. Isolation, defined as being uninvolved with others or physically removed from people and/or activities (most often imposed by others), was noted in 34% of the boys.

Six of 9 girls showed at least some evidence of peer relationship problems, with 3 of these 9 girls evidencing severe, lifetime peer relationship problems. In addition four of 9 girls had few or no positive friends. Isolation was noted in 5 out of 9 girls.

Table 4

Peer Relationship Problems

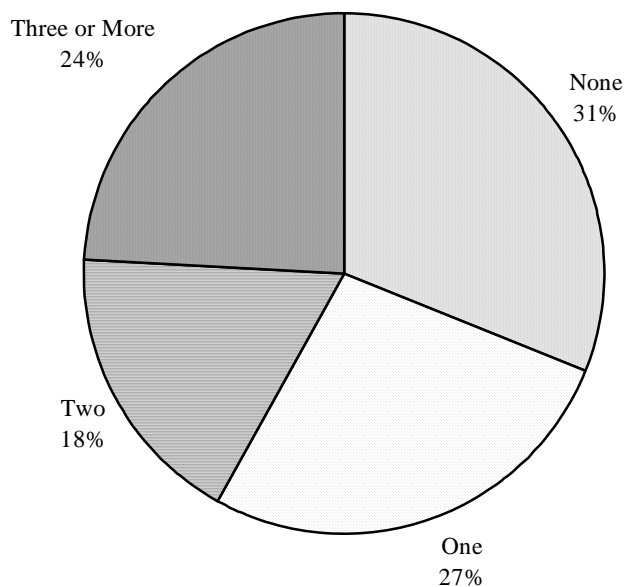
	Boys	Girls
Peer Relationship Problems	70% (n=92/131)	6 out of 9
Few or No Positive Friends	53% (n=50/95)	4 out of 9
Isolation	34% (n=44/130)	5 out of 9

Findings concerning the youth's psychiatric diagnoses are presented in Figure 17. As can be seen, 31% (n=45) of the boys had no record of ever receiving a psychiatric diagnosis by a qualified mental health professional. Twenty seven percent (n=39) had received one diagnosis, and 18% (n=26) had received two diagnoses. Twenty four percent (n=35) of the boys had received three or more diagnoses with 3 boys having seven different diagnoses documented in their records.

As can be seen in the box to the side of the graph below, 4 of the 11 girls had no diagnoses and only 1 girl had one diagnosis. Three of the girls had two diagnoses and 3 of the girls had three or more, with one girl having 5 diagnoses listed in the records.

Figure 17

**Number of Diagnoses:
Boys (n=145)**



Girls	
None	n=4
One	n=1
Two	n=3
Three or More	n=3

Table 5 reflects the number of boys and girls who received specific diagnoses by a qualified mental health practitioner. 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 5
Specific Diagnoses

	Boys	Girls	Population
Adjustment Disorder	11% (n=16/141)	0 out of 9	5% to 20% ¹
Mood Disorder	20% (n=27/134)	4 out of 10	5% to 25% ¹
Post Traumatic Stress Disorder	9% (n=12/137)	5 out of 8	1% to 14% ¹
ADHD/ADD	34% (n=52/153)	4 out of 11	3% to 5%
Oppositional Defiant Disorder	18% (n=25/137)	1 out of 10	2% to 16%
Conduct Disorder	32% (n=44/138)	1 out of 10	2% to 16%
Impulse Disorder	7% (n=9/139)	0 out of 10	1% to 5% ¹
Learning Disorder	19% (n=26/139)	1 out of 10	2% to 10%
Mental Retardation	4% (n=5/142)	2 out of 11	1%

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

The data for boys in the table above indicate that the percentage of boys diagnosed with Adjustment Disorder, Mood Disorder, and Post Traumatic Stress Disorder were within the ranges of population norms. These ranges were based on adult samples and prevalence rates for children may vary, however, these comparisons do suggest that youth who sexually offend are not more likely to be given diagnoses for these 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, 34% of the boys were diagnosed ADHD/ADD, 32% were diagnosed with CD, and 18% were diagnosed with ODD. Moreover, 7% of the boys were diagnosed with an impulse disorder.

Although the data for girls are difficult to interpret, given the small sample size, 5 out of 8 girls had a diagnosis of Post Traumatic Stress Disorder (PTSD). Additionally, 4 out of 10 girls had a diagnosis of a Mood Disorder and 4 also evidenced ADHD or ADD.

Data pertaining to the youth's aggression management problems are presented in Table 6. Concerning the boys, 60% were occasionally or frequently verbally abusive to others (e.g., swearing or shouting at people, verbally attacking them, or consistently arguing). Occasional or frequent physical aggression (e.g., shoving, slapping, attacking or fighting with others) was noted in 76% of the boys. Fifty percent (50%) of those who were aggressive were considered frequently physically aggressive. Aggression or destructive behavior, specifically in response to frustration (i.e., having unfulfilled or unmet needs), was noted in 58% of the boys. Cruelty to animals was reported in 15% of the cases.

Of 10 girls, five (5) were considered occasionally or frequently verbally aggressive. Four girls were reported to be at least occasionally physically aggressive and one was described as frequently physically aggressive. Aggression or destructive behavior specifically in response to frustration was noted in four (4) of the girls. None of the girls were reported to have exhibited cruelty to animals.

Table 6

Aggression Management Problems

	Boys	Girls
Verbally Aggressive	60% (n=72/121)	5 out of 10
Physically Aggressive	76% (n=102/135)	4 out of 10
Aggression in Response to Frustration	58% (n=71/122)	4 out of 11
Cruelty to Animals	15% (n=20/138)	0 out of 9

Table 7 shows the percentage of youth who were found to have significant symptoms of poor impulse and emotion management. Sixty-seven percent (67%) of the boys were described as having shown at least moderate evidence of a highly impulsive or antisocial lifestyle (e.g., truancy, fighting, vandalism, substance abuse). Of these boys, 51% (n=49) showed strong evidence of impulsive and antisocial lifestyles. A history of fire setting was noted in 27% of the boys. Twenty-one percent (21%) had a history of self-mutilation such as cutting or carving on their own bodies. Additionally, 23% had a history of suicide attempts.

Six (6) of 11 girls also showed at least moderate evidence of highly impulsive lifestyles, and 3 of these 6 girls showed strong evidence for such a lifestyle. A history of fire setting was noted in only one (1) of the girls. Three (3) out of 9 girls had a history of self-mutilation and 5 out of 11 girls had a history of suicide attempts.

Table 7

Impulse and Emotion Management

	Boys	Girls
Impulsivity	67% (n=96/144)	6 out of 11
History of Fire Setting	27% (n=37/136)	1 out of 11
History of Self-Mutilation	21% (n=29/138)	3 out of 9
Suicide Attempts	23% (n=31/135)	5 out of 11

Table 8 reflects the percentages of youth whose official records indicated they have committed at least one nonsexual offense whether or not they were legally charged. Findings reflect that 63% of the boys had committed at least one nonviolent, nonsexual offense. The data further indicate that 54% of the boys had committed at least one violent, nonsexual offense.

Table 8

Offense Histories by Category

	Boys	Girls
Nonviolent/Nonsexual	63% (n=95/150)	6 out of 11
Violent/Nonsexual	54% (n=80/148)	2 out of 11

Table 8 also reveals that 6 out of 11 girls also had committed at least one nonviolent, nonsexual offense. Only 2 out of 11 of the girls had committed at least one violent, nonsexual offense.

Various attitudes and beliefs associated with sex offending and delinquent behavior in general are considered relevant for treatment. Table 9 reflects the presence of such attitudes and beliefs in this sample of youth.

Table 9

Attitudes and Beliefs

	Boys	Girls
Cognitive Distortions	65% (n=65/100)	9 out of 10
Antisocial or Criminal Attitudes	46% (n=55/121)	3 out of 11
Deficits in Genuine Empathy or Remorse	81% (n=92/114)	7 out of 8
Lack of Internal Motivation for Change	78% (n=82/105)	7 out of 8

These findings indicate that 65% of the boys showed evidence of cognitive distortions evidenced by attitudes or statements that demean others or that minimize, distort, or justify criminal conduct. Similarly, 46% of the boys displayed antisocial or criminal attitudes such as attitudes or beliefs that, to them, justified offending behaviors. Deficits in genuine empathy, remorse, or guilt were reported in 81% of the boys. Of the boys who evidenced insufficient empathy or remorse, 41% showed substantial deficits and displayed little or no remorse or empathy for their victims.

In addition, 9 out of 10 girls showed evidence of cognitive distortions. Three of 11 girls also displayed antisocial or criminal attitudes. Seven out of 8 girls also showed a lack of genuine empathy or remorse, with 4 of these 8 girls showing little to no empathy for victims.

Perhaps most important from a treatment standpoint, 78% of boys and 7 out of 8 girls showed little or no internal motivation to change. In such cases, any motivation to change or participate in treatment was primarily, if not entirely, motivated by a desire to avoid external consequences such as arrest, incarceration, and residential placement.

Interventions:

Data reflecting the type of sentence handed down for the most serious sex offense are depicted in Figure 18. As can be seen in the graph, the most common type of sentence (67%) was a suspended sentence and probation with treatment conditions. Twenty percent (20%) of the boys were given a sentence of commitment to the Maine Youth Center for at least 30 days, and 9% received a suspended sentence and probation without treatment conditions. An additional 2% received a sentence of revocation of probation and the remaining 2% received other types of sentences.

Of 8 girls with available information, all 8 received suspended sentences and probation with treatment conditions.

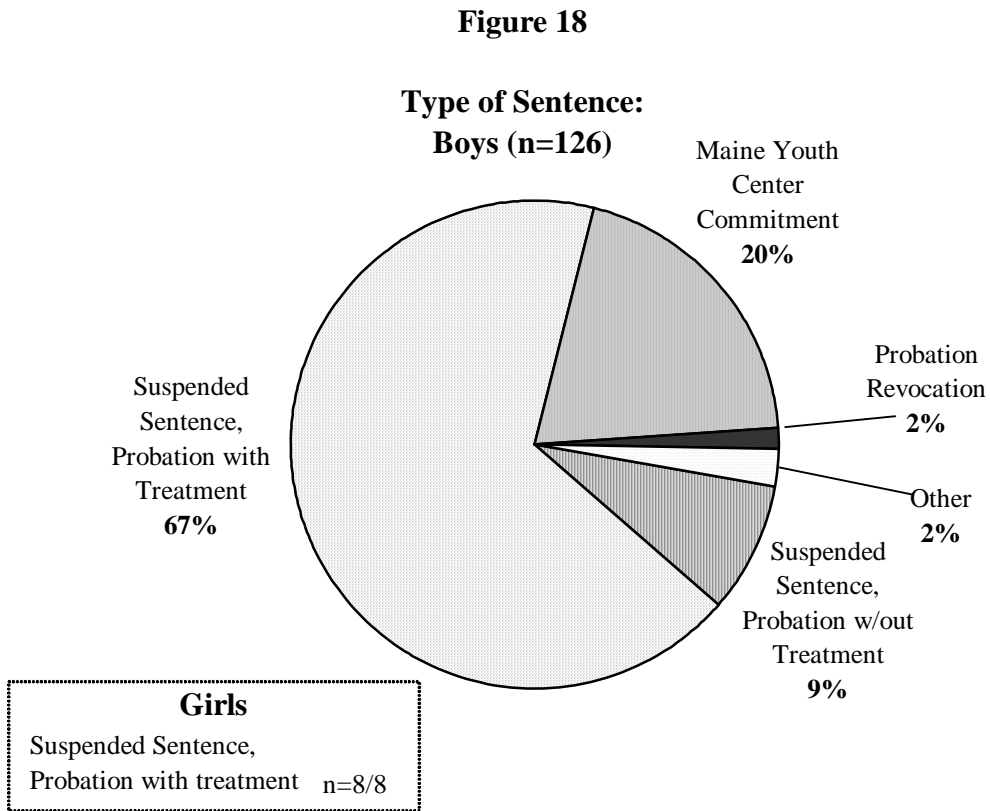


Table 10 reflects the number of mental health evaluations conducted with youth to assist the courts and criminal justice system in determining appropriate dispositions when youth have been legally charged with their offenses. Sixty-two percent (62%) of the boys for whom this data were available did not receive such an evaluation. Of the minority who received these evaluations 14% were evaluated by the State Forensic Service, 4% were evaluated by the Maine Youth Center, 16% were evaluated by a private provider (e.g., a clinician in private practice) and 3% of boys received an evaluation from another source.

Of the girls for whom data were available, 8 did not receive a predispositional mental health evaluation. The State Forensic Service evaluated one girl and a private provider evaluated another girl.

Table 10

Predisposition or Presentence Mental Health Evaluations

	Boys (n=125)	Girls (n=10)
None	62%	8 of 10
State Forensic Service	14%	1 of 10
Maine Youth Center	4%	0 of 10
Private Provider	16%	1 of 10
Other	3%	0 of 10

Data on treatment intervention both prior to and since the youth's most recent sexual offense are presented in Table 11.

Table 11

Treatment

	Boys	Girls
Mental Health Treatment Prior to Offense	61% (n=84/138)	4 of 11
Sexual Offender Treatment Prior to Offense	9% (n=13/147)	2 of 11
Sexual Offender Treatment Since Offense	76% (n=111/146)	9 of 11

Of the boys, 61% 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 programs. Four of the 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 2 out of 11 girls had previously received some form of such treatment. Importantly, as illustrated in the table above, a large majority of the youth in this study were described as having received specialized sexual offender treatment since their most recent offense. Specifically, records indicated that 76% of the boys and 9 out of 11 girls received such treatment, however, the nature and quality of this treatment is unknown.

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 Corrections. A separate analysis of youth who had open cases with the Department of Human Services, but not the Department of Corrections is presented in a companion report entitled Sex Offending by Maine Youth: Their Offenses and Characteristics: Part II. These studies are part of a needs and risk assessment of Maine youth who have sexually offended commissioned by the Maine Departments of Corrections and Human Services.

The findings presented in this report concern a subset of 251 children and adolescents identified by Departments of Correction and Human Services caseworkers as youth who have initiated sexual behavior with other individuals; behaviors that are described by Maine law as criminal offenses. This subset includes 164 youth (153 males and 11 females) who had open cases with the Maine Department of Corrections during the year beginning June 1, 1997. Of the 164 youth, 30% had open cases with the Department of Human Services as well as the Department of Corrections 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. The 164 youth in this present study were officially charged with more than 280 sexual offenses and by self-report admitted to more than 700 additional offenses for which they had not been charged. 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 reveal that the family circumstances and relationships of these youth frequently involved loss, conflict, and instability. For example, two-thirds of the youth experienced parental separations through marital separation, divorce, or death. Very few of the youth's developmental years were characterized as involving secure and stable family environments. Factors contributing to family instability included parental histories of drug or alcohol abuse (at least 50% of the sample).

In addition, the boys and especially the girls in this study experienced high rates of maltreatment including sexual abuse, physical abuse, and childhood neglect. Nearly half were exposed to family violence. 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.

Study findings indicated that frequently the youth's relationships with their parents were strained. Parents were described as experiencing substantial difficulty exercising adequate control over their children's "out of control" behaviors. Half of the youth in the study experienced markedly hostile, indifferent, or uncaring relationships with their fathers (similar data pertaining to relationships with mothers were not reliably available).

Youth experienced difficulties in 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 and, in half of the cases, severe and lasting. Seventy-percent of the males and six of the nine females exhibited peer relationship problems, with at least 50% reporting few or no positive friends.

High rates of generalized conduct problems were indicated by aggression management difficulties, impulsivity, and nonsexual offending. Seventy-five-percent of the males and nearly one-half of the females evidenced occasional or frequent physical aggression. Approximately a third of the youth reported an impulsive or antisocial lifestyle (e.g., truancy, fighting, vandalism). Nearly two-thirds had nonsexual, nonviolent offense histories and over half of the boys (but only 2 of 11 girls) had histories of nonsexual, violent offenses.

Given these histories, not surprisingly, a substantial number of the youth have significant mental health needs. Forty-two percent of the boys and 6 of the 11 girls had two or more psychiatric diagnoses. The most common psychiatric diagnoses were Attention Deficit Hyperactivity Disorder/ Attention Deficit Disorder (ADHD/ADD) (34%; males) and Conduct Disorder (32%; males). Five of the eight girls for whom diagnostic information was available had been diagnosed with Post-Traumatic Stress Disorder (PTSD). These high rates of diagnoses far surpass population averages.

Attitudes and beliefs supportive of sexual offending and criminal behavior were common. Sixty-five-percent of the males and nine of ten females demonstrated cognitive distortions. More than three-quarters of the youth evidenced deficits in remorse or empathy and little or no motivation for change.

In comparison with the 1989 study of Maine youth who 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 (76%) 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 high rates of a) cognitive distortions and attitudes and beliefs supportive of criminal behavior; b) impaired empathy and remorse; c) significant family difficulties and social problems; d) substantial academic and school behavior problems; and e) 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 they also varied in many ways. For example, the youth varied in terms of the frequency of their sexual offending, the duration of their offending, their methods of coercion, and their involvement in nonsexual offending. They 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). 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 family history and current circumstances, as well as the youth’s peer relationships and school functioning, often was lacking. Further, inadequate assessment of mental health needs is suggested by the relatively small percentage of youth in this study (a little more than one-third) who received forensic mental health evaluations.

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 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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