



# Child Abuse Action Network Newsletter

CAAN

December 2004

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# CAAN

The Maine Child Abuse Action Network (CAAN) is the entity designed by the Governor to receive Children's Justice Act funds which are provided by the Administration for Children and Families of the Department of Health and Human Services

## Sandi Hodge Receives Lifetime Achievement Award

By Vickie Jacobs Fisher

**O**n September 23, 2004 at the Spurwink Conference in Portland, CAAN presented Sandi Hodge with a Lifetime Achievement Award. Larry Ricci, Director of the Spurwink clinic and a member of the CAAN board presented the award.

Sandi's commitment to protect the health and safety of children and, at the same time, doing it in a humane way is truly an inspiration to us all. Sandi has made an enormous contribution in our efforts to view child abuse prevention as a public health issue. The Lifetime Achievement Award was well deserved.

Former CAAN Coordinators' Phyllis Merriam and Emily Douglas were quoted at the Spurwink conference. Phyllis Merriam stated, "For almost three decades Sandi Hodge has been an exceptional advocate for the safety and well being of abused and neglected children in Maine. In all that time of being on call 24-7 for 27 years, Sandi's leadership and energy on behalf of and hopefulness for these children has never flagged. Sandi was also an exemplary mentor and role model for caseworkers and their supervisors and many community entities such as law enforcement and community and forensic mental health depended on her expertise".

Emily Douglas related a story about Sandi, "I will never forget when the legislature was debating whether or not there should be on call, 24-hour attorneys for parents who are accused of suspected Child Abuse and Neglect, Sandi pounding the table and saying, 'What I want to know is where is the attorney for that two year-old hiding behind the parent?' Sandi is an advocate for children in the true sense of the word. She never forgot that it was her mission to protect children and this was the yardstick by which





*To accomplish  
great things,  
we must not  
only act, but  
also dream;  
not only plan,  
but also  
believe.”*

*Anatole France*

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**W**ith domestic violence on the rise in our country and with so many of the cases coming to the Child Death and Serious Injury Review Team involving domestic violence, it seems appropriate to reprint one of CAAN’s myths from the Summer 2002 article. The Myths and Facts About Childhood Maltreatment was a joint writing project by selected CAAN members including Dr. Jim Jacobs, Lynne Dailey and Emily Douglas.

**MYTH 2: BEING EXPOSED TO DOMESTIC VIOLENCE DOESN’T HARM CHILDREN.**

Abuse is a learned behavior. Children learn behaviors and social skills from their surrounding environment. Children are affected by witnessing abuse emotionally, developmentally, cognitively, and behaviorally. The effects have both short- and long-term consequences for children, such as noted on the following page.

*Cont. on pg.3*

### Hodge Lifetime Achievement...

she measured everything. She comes as close to a heroine as I can imagine”.

Sandi will continue to advocate for children in many roles outside of her former role with the Department, one of which is to remain an active member of the Child Death and Serious Injury Review Team.

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### Myths ...

- ◆ Children who witness violence are often found to show more problems with anxiety, self-esteem, depression, anger, and temperament than children who do not witness violence at home.<sup>1</sup>
- ◆ Increased violence exposure is often associated with lower cognitive functioning.<sup>2</sup>
- ◆ Witnessing violence can have an impact on a child’s use of violence and inability to conflict without violence.<sup>3</sup>
- ◆ Long-term consequences of being exposed to domestic violence can include depression, trauma-related symptoms, higher levels of general distress, low social adjustment, low self-esteem among women and trauma-related symptoms among men.<sup>4</sup>
- ◆ There are several factors that can modify, by either buffering or exacerbating, the consequences of being exposed to domestic violence. Some of these factors include the following:<sup>5</sup>
  - The age and developmental stage of the child when the abuse begins
  - The types of abuse that occur and the frequency of the abuse
  - Protective influences of the adult victim and others in the child’s environment

Nationally, over 3 million children are at risk of exposure to parental violence each year.

### (Footnotes)

<sup>1</sup> Margolin, G. (1998). Effects of witnessing violence on children. In P. K. Trickett, & C. J. Schellenbach (Eds.),

Violence against children in the family and the community

(pp. 57-101). Washington, DC: American Psychological Association.

<sup>2</sup> Mathias, J. L., Mertin, P., & Murray, A. (1995). The psychological functioning of children from backgrounds of domestic violence. Australian Psychologist30, 47-56.

<sup>3</sup> Jaffe, P., Wilson, S., & Wolfe, D. E. (1986). Promoting changes in attitudes and understanding of conflict resolution among child witnesses of family violence.

Canadian Journal of Behavioral Science, 18, 356-366.

<sup>4</sup> Silvern, L., Karyl, J., Waelde, L., Hodges, W. F., Starek, J., Heidt, E., & Min, K. (1995). Retrospective reports of parental partner abuse: Relationships to depression, trauma symptoms and self-esteem among college students.

Journal of Family Violence, 10 177-202.

<sup>5</sup> Edleson, J.L. (1999, April). Problems associated with children’s witnessing of domestic violence. [World Wide Web Document] URL: <http://www.vaw.umn.edu/Vawnet/witness.htm>

[www.cybertipline.com](http://www.cybertipline.com)  
1-800-843-5678  
Internet Safety Web Sites

- [www.NetSmartz.com](http://www.NetSmartz.com)
- [www.SafeKids.com](http://www.SafeKids.com)
- [www.SafetyEd.org](http://www.SafetyEd.org)
- [www.GetNetWise.org](http://www.GetNetWise.org)

## New Chairperson for CAAN

Replacing Sandi Hodge as the Chair of the Child Abuse Action Network is Daniel Despard, Acting Division Director of Policy and Practice. Dan comes to the position at DHHS with many years experience in Child Welfare, most recently being a supervisor in the Rockland office and then a Program Administrator in the Lewiston office. We welcome Dan to both the Child Abuse Action Network and as a member of the Child Death and Serious Injury Review Panel. We look forward to an exciting and revitalized year. Sandi will remain on the board as co-chair for the next few months as we transition.

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### Research and Report Regarding Potential Offenders LD 1855, Part C

By Sue Righthand

During the last legislative session, a bill sponsored by Representative Sean Faircloth resulted in LD 1855, Part C: *Research and Report Regarding Potential Offenders*. The primary objective of the Research and Report Regarding Potential Offenders is to implement effective strategies to prevent sexual offending and assist youths at risk in transitioning to healthy adulthood.

The legislation requires “The Department of Behavioral and Developmental Services, the Department of Human Services, the Department of Corrections and the Department of Public Safety, in cooperation with the Child Abuse Action Network (CAAN), work together on this effort. CAAN membership includes individuals from the public and private sectors, and includes staff from the following state agencies: DHHS, the Department of Corrections, and Public Safety. In addition to the aforementioned state agencies and CAAN committee, the Maine Coalition Against Sexual Assault’s participation was requested during the deliberations that resulted in LD 1855, and they are involved in this effort. The Department of Human Services (now the Department of Health and Human Services) and the Department of Corrections requested that Dr. Sue Righthand, a Maine psychologist with expertise in the areas of juvenile and adult sexual offending, facilitate the work on this legislative initiative.

Specific tasks required by LD 1855, Part C include:

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

Thus far, three meetings of the Child Abuse Action Network and other individuals working together on LD 1855 have been accomplished. This brief update summarizes issues that have been discussed and that will be the subject of further consideration.

During workgroup meetings, concerns were expressed about the possibility of false positives (identifying someone as a potential offender when such an outcome might never happen, even without intervention). Because most people who experience child maltreatment or significant mental health disabilities do not perpetrate sexual abuse or other forms of maltreatment, interventions that result in labeling someone as a potential offender could unfairly stigmatize people and do more harm than good.

Yet, some forms of child maltreatment are associated with increased risk of sexual offending and other negative outcomes. In other words, those who offend often have higher rates of childhood maltreatment experiences than many other groups. These maltreatment experiences frequently include sexual and physical abuse, neglect, and exposure to domestic violence; as well as prolonged separations from primary caregivers and multiple changes in caregivers.

Furthermore, some mental health difficulties, such as attachment and social skills deficits, emotional and behavioral dysregulation, substance abuse, and antisocial attitudes may increase risk for sexual offending and other negative outcomes. Also, some individuals with mental retardation are not provided with adequate sexual education and appropriate opportunities to engage in healthy, nonabusive, sexual behaviors. The lack of appropriate education and opportunity may increase the risk of sexually inappropriate or abusive behaviors in some cases.

So as to avoid potential negative outcomes associated with false positives and labeling, the LD 1855 workgroup embraced the legislation's goal of assisting youths who have been challenged by child maltreatment or mental health disabilities in making healthy, nonabusive transitions into adulthood. By focusing on this positive goal, the primary prevention goal of preventing sexually abusive behavior by individuals who have risk factors, but who have not engaged in such behavior, could be accomplished by providing effective interventions for existing problems and challenges, especially those that have been associated with sexual abuse as well as other negative outcomes. By focusing on individual and family strengths, developing positive coping strategies, and resolving or eliminating existing difficulties, the negative effects of labeling or stigmatizing individuals who have not been sexually abusive could be avoided.



Workgroup members currently are identifying the types of prevention efforts and treatment that research findings indicate may be effective with youths who have been challenged by child maltreatment or mental health disabilities. Workgroup participants noted that there are a number of programs and interventions in Maine that research studies have demonstrated can be effective for reducing violent behaviors (including sexual offending), as well as other negative outcomes.

Increased turnout and active participation during the second and third workgroup meeting reflected individual and group commitment to working toward the goal of reducing sexual violence and other negative outcomes, as well as making the most of the opportunity this legislation provides.