

Child Abuse Action Network

Summer 2005 Newsletter

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.

Spring CAAN Conference - Adverse Childhood Experiences: The Cost to Society

By Vickie Fisher

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May 19, 2005, the annual CAAN conference was held at the Sheraton-Tara Hotel in South Portland. Professionals from many disciplines turned out to hear Dr. Vincent Felitti present information on adverse childhood experiences.

Dr. Felitti is affiliated with Kaiser Permanente's Department of Preventative Medicine in San Diego, California. Kaiser Permanente is a multi-specialty, private health insurance system or Health Maintenance Organization (HMO). Dr. Felitti is a noted physician and researcher on the negative impacts of adverse childhood experiences on adults. He is one of the principal investigators of the ACE study, a long-term, in-depth analysis of over 18,000 adults that matches their current health status against eight categories of adverse childhood experiences. These findings, as Dr. Felitti demonstrated, reveal a strong relationship between our experiences as children and our physical and mental health as adults, as well as a strong link with the major causes of adult mortality in the United States.



Dr. Vincent Felitti

State of Maine experts were also given the opportunity to speak to the conference about what their various disciplines are doing to address adverse childhood experiences. The panel of experts included Ellen Bridge, RN; Andy Cook, MD; Dan Despard, DHHS; Lt. Timothy Doyle; Bart Stoodley, Corrections; and Mark Rains, MD. Rep. Sean Faircloth gave a special lunch presentation encouraging the group about what the State of Maine is doing to make life better for children. After lunch, Dr. Jim Jacobs and Sandi Hodge gave a case presentation that had several key elements of adverse childhood experiences. The panel and audience were encouraged to look at and discuss the case in terms of long-term effects on the children and family.

CAAN plans to continue encouraging professionals to use this information and hopes to see it considered by those who make policy recommendations for state and private agencies.

Child Sexual Abuse: Prevalence and Community Resources

By Sarah Stewart, Public Awareness Coordinator
Maine Coalition Against Sexual Assault

Sexual assault is a crime of violence where perpetrators are motivated out of a need to feel powerful by controlling, dominating or humiliating the victim. Far too often, perpetrators choose children because their naivety and trusting nature makes them very vulnerable and easy to manipulate. Children often seek approval from adults and are easily scared into remaining silent about their abuse, which can possibly leave them at risk for being abused continually, over a long period of time.

Unfortunately, child sexual abuse remains a taboo topic in our society; something that is just not discussed. People find it safer to assume that sexual abuse is a rare occurrence happening in another family, to another child, or in a different community. Parents often assume they are able to prevent sexual abuse from happening to their children, or that they would know if their child was being victimized, or had been victimized. However, there are chilling statistics, which dispel many of these common myths.



It IS common...

- Sixty-seven percent of all victims of sexual assault reported to law enforcement are juveniles under the age of 18, and 34% of these victims are under the age of 12.¹
- One out of every seven victims of sexual assault is under the age of six.²
- Of surveyed men who were incarcerated for rape, 40% reported their victims were children, and 80% reported their victims were less than 18 years old.³

And happens in Maine...

- According to 2003 statistics from the *Maine Automated Child Welfare Information System*, child abuse and neglect was substantiated in 2,612 Maine families. Of those, 574 were instances of sexual abuse.

Very often, the offender isn't a stranger in the dark alley...

- In a majority of cases, children are sexually assaulted by someone they know and trust - 93% of juvenile sexual assault victims know the offender, 59% of them are acquaintances of the offender, and 34.2% are victimized by family members.⁴
- 11% of rape victims are raped by their father or step-father, another 16% are raped by other relatives.⁵

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Risk and Resilience: Youth Who Have Committed Sexual Offenses

Sexual Behavior Treatment Training Series

By: Sue Righthand, Ph.D.

Aware of the need for a continuum of care for juveniles who have committed sex offenses, the Maine Department of Corrections, with support from the Department of Health and Human Services, partnered with the University of Maine to provide a training series that can facilitate effective interventions with these youth.



The Maine Department of Corrections currently has Sexual Behavior Treatment (sex offense-specific treatment) at each of its youth development facilities. In addition, some private residential treatment facilities provide treatment for youth who have committed sex offenses. Sufficient community-based treatment for these youth, however, has been lacking. Consequently, an important goal of this training is to increase the number of well-trained community-based treatment providers who can provide appropriate clinical services for youth who have committed sex offenses.

The training series involves three workshops and emphasizes current and research-based practices that can help these youth develop prosocial, non-abusive relationships and offense-free lifestyles. The first workshop in the series begins with an overview of what is known about normative sexual behavior in youth. Additional topics entail the incidence of sexual offending by youth and the characteristics of youth who commit sex offenses, including a discussion of their similarities and

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Child Sexual Abuse:

And many children never report....

- Of sexually abused children in grades five through twelve, 48% of the boys and 29% of the girls had told no one about the abuse - not even a friend or sibling.⁶
- 13% of adolescent sexual assaults were reported to police, 6% to child protective services, 5% to school authorities, and 1% to other authorities. 86% of sexual assaults of adolescents went unreported.⁷

These statistics shed light on the prevalence of child sexual assault and demonstrate the need for the prevention of - and education about - this issue.

While we may be a long way from ending sexual violence and eliminating it from our communities, there are free services in Maine, which can help lessen the trauma of sexual assault and support victim/survivors through their healing processes. These services, available statewide through the ten sexual assault support centers, include a toll-free confidential sexual assault crisis and support line (available 24-hours a day to victim/survivors and those close to them), support groups, referrals to mental health and other professionals, advocacy for victim/survivors who choose to go through the medical and/or legal system, and school- and community-based education. These services can be accessed by calling the support line at 1-800-871-7741 (or TTY: 1-888-458-5599), or visiting the Maine Coalition Against Sexual Assault's website at: www.mecasa.org

(FOOTNOTES)

¹ Snyder, Howard. *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics*. U.S. Department of Justice, Bureau of Justice Statistics, 2000.

² Ibid.

³ Greenfeld, Lawrence A. *Child Victimization: Violent Offenders and Their Victims*. Bureau of Justice Statistics, U.S. Department of Justice, 1996.

⁴ Snyder, Howard. *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics*. U.S. Department of Justice, Bureau of Justice Statistics, 2000.

⁵ Kilpatrick, D.G., Edmunds, C.N., and Seymour A. *Rape in America: A Report to the Nation*. Arlington, VA. National Victim Center, 1992.

⁶ Commonwealth Fund Survey of the Health of Adolescent Girls, 1998.

⁷ National Institute of Justice. *Youth Victimization: Prevalence and Implications*. Washington, D.C.: National Institute of Justice, U.S. Department of Justice, 2003.

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differences as a group, as well as to other youth in general. The first workshop also provides an overview of factors involved in assessing the risks and needs presented by youth who sexually offend as well as potentially effective interventions. This initial workshop may be of interest to a wide range of professionals, such as licensed mental health providers, Department of Corrections and Health and Human Services personnel and administrators, as well as lawyers, judges and lawmakers.

The second workshop in the series provides a more in-depth clinical training on assessment and includes exercises designed to facilitate appropriate use of Juvenile Sex Offender Assessment Protocol-II (J-SOAP II), a structured risk assessment guide that can be useful in identifying risk factors and treatment needs that require intervention. The third workshop focuses on treatment. It begins with an overview of current practices and empirically-based treatment and is followed by presentations of practical applications.

The faculty for the training series includes Sue Righthand, Ph.D. as lead presenter as well as Jeffrey Hecker, Ph.D. and Julia Cabral, LCSW. Dr. Righthand is a clinical psychologist in independent practice and adjunct faculty member in the University of Maine Psychology Department. She has extensive experience working with juveniles and adults who sexually offend and provides training within Maine as well as nationally and internationally. Her publications include *Juveniles Who Have Sexually Offended: A Review of the Professional Literature* (Righthand & Welch, 2001, 2004) and *Juvenile Sex Offender Protocol II* (Prentky & Righthand, 2003).



Dr. Jeffrey Hecker is Professor of Psychology and Chair of the Psychology Department at the University of Maine. One of his areas of research focuses on improving clinical understanding of adolescent sexual offending with an emphasis upon risk assessment. His research activities have included investigating the reliability and validity of the *Juvenile Sexual Offending Assessment Protocol*. Dr. Hecker has a part-time private practice in clinical and forensic psychology and has evaluated over 150 adolescent and adult men referred because of sexual offending.


Julia Cabral is a licensed clinical social worker and Program Coordinator for Sexual Behavior Treatment at Long Creek Youth Development Center. Ms. Cabral has engaged in extensive and intensive training opportunities in the area of sex offense specific treatment. She has been providing clinical services for youth who sexually offend for a number of years, and has chosen to engage in this work full time. In addition to providing sex offense specific clinical assessments and individual, group, and family therapy; Ms. Cabral has worked actively with members of the Maine Department of Corrections- Division of Juvenile Services Long Creek and Mountain View Youth Development Centers to develop a cutting edge Sexual Behavior Treatment Program that will help youth who have committed sex offenses or engaged in inappropriate sexual behavior develop respectful, non-abusive relationships and fulfilling, prosocial lifestyles.

The first round of the training series was completed in March 2005. This training series was held at the University of Maine in Orono and most of the participants were from that area or further north. The second round of training began in May 2005 at the University of Southern Maine. The second workshop in this series is scheduled for July 22, 2005. Continuing Education Certificates are provided for each workshop; however, the Maine Department of Corrections and University of Maine will award participants who attend the entire series with a certificate of completion. For more information call Linda Hedman at the University of Maine (207 581-2034).

Spurwink Tenth Annual Conference

Spurwink
Presents

The Tenth Annual
Northern New England Conference
On Child Maltreatment



Continuing the tradition of state-of-the-art, practical, and evidence based education for all professionals working with abused and neglected children

Sept. 22-23, 2005
Sheraton Hotel
South Portland, Maine

Program brochure available on the web at
www.spurwink.org

The goal of the Northern New England Conference on Child Maltreatment is to provide multi-disciplinary training to professionals who are involved in child abuse evaluations, investigations, prosecution and treatment. This conference is intended to increase professional skills and knowledge in the prevention, recognition, assessment and treatment of all forms of child maltreatment.

Speakers: Theodore Cross, Ph.D.; John R. Lutzker, Ph.D.; Robert Sege, M.D., Ph.D.; Paul Stern, John Stirling, M.D. and Ben Saunders, Ph.D.

Dates: September 22 and 23, 2005

Registration, brochure, contact hours, fee and location information:

www.spurwink.org

Adverse Childhood Experiences and Alcohol Abuse

With our recent conference on Adverse Childhood Experiences over, we wish not to forget the lessons that we learned. CAAN hopes the conference will have an impact on many Maine children through the knowledge gained by the professionals who attended. Substance abuse was a big issue in many of the adults in the Adverse Childhood Experiences research project. Professionals involved in the conference noted that parental substance abuse is a factor in many at-risk Maine children. Therefore, it seems appropriate to reprint another myth from the Summer 2002 CAAN Newsletter. The following is a portion from "The Myths and Facts about Childhood Maltreatment" written by selected CAAN members:

Myth : Alcohol abuse is not a significant problem in most cases of child maltreatment.

More than 6 million children live in households with one or more alcoholic parent.¹ Child welfare staff nationwide indicate that substance abuse is one of the two top problems found in families involved in child maltreatment cases, in some states reaching as high as 81% of the cases.² Children from these homes have more physical problems, such as injuries, and mental health problems than children without alcoholic parents.³ These children have a greater chance of developing serious behavioral problems which can last through adulthood.⁴

¹ Russell, M., Henderson, C. and Blume, S.B.. Children of Alcoholics: A review of the literature. New York: Children of Alcoholics Foundation, 1984.

² Lung, C.T., Daro, D. Current trends in child abuse reporting and fatalities: The results of the 1995 annual fifty state survey. Chicago: Prevent Child Abuse America, 1996.

³ Bijur, P.E., Kurzon, M., Overpeck, M.D., and Scheidt, P.C. Parental alcohol use, problem drinking and child injuries. Journal of the American Medical Association 23:3166-3171, 1992.

⁴ West, M., and Prinz, R. Parental Alcoholism & childhood psychopathology. Psychological Bulletin 102(2):204:218, 1987.