REPORT ON THE STATE OF MAINE RESPONSE TO CHILD SEXUAL ABUSE ISSUES

Report developed as a result of a
2-day workshop at Bethel, Maine
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INTRODUCTION/EXECUTIVE SUMMARY

The need for a coordinated response to child sexual abuse has been prompted by the alarming number of disclosed child sexual abuse cases and the increasing publicity and societal concern surrounding the issue. In the last few years there has been a dramatic increase in the number of child sex abuse cases in Maine. The unduplicated, cumulative number of cases that the Department of Human Services substantiated between 1982 and 1985 exceeds 5,000 children. Besides the suffering that many of these children go through because of being abused or neglected, they often develop lifelong problems. Some may later victimize members of their own families or, because of a lack of trust in basic human relationships may become a threat to the safety of others in the community.

Maine's response to this problem has consisted primarily of providing services to victims and their families. Some training has been offered staff who work with this problem, and some programs designed to work with offenders have been started. Maine's services for child sexual abuse are designed to support the rehabilitation of victims, offenders and families affected by this problem. There are features of the delivery network that strengthen those services, although sometimes services, as delivered, do not function as designed. Weaknesses of the service network undermine the therapeutic, administrative and fiscal soundness of services.

Maine's mandatory child abuse reporting law, in effect since 1975, has increased the number of reported and substantiated child sexual abuse cases and fostered the growth of a service delivery network to respond to these cases. With statutory authority to intervene, the Department of Human Services, law enforcement, and District Attorneys respond to reports of abuse and failure of parents to protect their children, help parents and children obtain treatment and bring alleged offenders and/or family members to court. Many clients participate in community-based programs voluntarily, while others participate only because of court orders.

The setting in which services are delivered is either community-based (treatment and prevention programs, medical care, recreational and other services) or residential (incarceration or therapeutic residential facilities). Depending on the relationship of the abuser to the child, different services and levels of clinical expertise are available. This difference is especially notable for offenders.

Child sexual abuse intervention needs to respond to a matrix of interests. Victims, survivors and mothers of victims want resolution of the crisis through services that do not re-victimize. The community wants to alleviate the problem, mobilize the best use of resources, and promote a positive environment for children and families. Mental health planners and providers look at the emotional, behavioral, and cognitive issues affecting the functioning of the individual and family. Human Services caseworkers are responsible for the safety of children in their families and a variety of other day care/institutional/out-of-home settings. Further, they are concerned that families have the abilities to protect and care for their children. The legal system and correctional law enforcement personnel want to assure community safety and prevent recidivism while protecting the rights of both victims and offenders. Education personnel need to address the learning needs of school-aged children. Some offenders are looking for resolution of the crises and to grow emotionally.

The Coordinated Child Sexual Abuse Treatment Committee (CSAT) was established as a sub-committee of the Inter-Departmental Committee to address the complicated issues of child sexual abuse (see appendices). The CSAT began their efforts by organizing a conference to gather the people in Maine who had the experience and knowledge from working with the problem of child sexual abuse. These people from many different disciplines spent two days at the Bethel Inn discussing the problem from various perspectives, but focused on an inter-departmental and inter-disciplinary response to the issues. Their major recommendations are summarized as follows:

1. THERE SHOULD BE A MULTI-DISCIPLINARY APPROACH IN ALL CHILD ABUSE AND NEGLECT CASES.

2. THERE NEEDS TO BE DEVELOPED REGIONAL CLEARINGHOUSES FOR INFORMATION, REFERRAL FOR SERVICES, AND COMMUNITY EDUCATION ON CHILD SEXUAL ABUSE ISSUES.

3. THERE SHOULD BE CONTINUED IMPROVEMENTS IN THE JUDICIAL SYSTEM TO SPEED UP TRIALS, MINIMIZE CHILD INTERVIEWS, INCREASE THE NUMBER OF VICTIM/WITNESS ADVOCATES, AND FURTHER CONSIDERATION GIVEN TO THE DEVELOPMENT OF A FAMILY COURT.

4. THERE SHOULD BE AN INTEGRATED APPROACH TO THE MANAGEMENT OF SEXUAL OFFENDERS, INCLUDING JUVENILE OFFENDERS, FROM PRE-ADJUDICATION THROUGH INCARCERATION, TO COMMUNITY TREATMENT AND FOLLOWING.

5. THERE IS A NEED FOR ADDITIONAL TRAINING AND EDUCATION FOR TEACHERS, PROFESSIONALS AND THE MEMBERS OF THE JUDICIARY AND LEGISLATURE.

6. PREVENTION AND COMMUNITY AWARENESS ACTIVITIES SHOULD BE INCREASED.

7. THERE IS A NEED FOR ADDITIONAL RESOURCES FOR ALL ASPECTS OF CHILD ABUSE INTERVENTION.

The work of the Bethel Work Session has been documented in the following summaries. State department representatives and members of the Coordinated Child Sexual Abuse Treatment Committee (CSAT) consider these recommendations preliminary, but support continuing efforts to refine this process to develop a more coordinated approach to addressing this problem. The CSAT Committee, augmented by private and provider membership, will continue its work to develop an overall policy direction for a statewide response to child sexual abuse including both victim and offender issues. CSAT plans to identify priority recommendations for implementation using both this Bethel work session report and the report from the October 10, 1986 "Management of the Sexual Offender Conference" sponsored by the Department of Corrections. In addition, CSAT will coordinate with other systems dealing with victims; and plan for a follow-up conference.

Work Session Summaries

Strengths, barriers, and recommendations for each work session are outlined in the following sections. The state departments and the Coordinated Child (Sexual) Abuse Committee (CSAC) consider these recommendations to be preliminary and have not formally endorsed or rejected any of them. The work session reports are presented in their entirety for full review and comment. The Committee welcomes comment and input on the information and recommendations of the Bethel work sessions.

Please send comments to:

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INVESTIGATION *

I. STRENGTHS

There have been many improvements in the way that child sexual abuse investigations are conducted. Many more mandated reports are being made and responded to in a timely fashion. Inter-agency cooperation among investigators occurs more frequently and provides a team concept approach. Child protective and law enforcement investigators have increased both their knowledge of child sexual abuse dynamics and their skills. Investigators balance the need to give victims credibility, approach the family with caring and concern and at the same time are straightforward with the perpetrator. There is generally excellent interviewing and follow-up by the Department of Human Services. DHS has taken the risk to openly discuss its faults as well as declare that the problem of child abuse and neglect is a shared community problem.

II. BARRIERS TO IMPROVED INVESTIGATIONS

Although DHS and law enforcement conduct many excellent and thorough investigations, there are problems statewide which prevent consistent high quality investigations from occurring. Examples include: treating professionals who interpret client confidentiality to exclude reports to DHS of previously unreported molestation if they are treating a molester; too few trained investigators in general, and especially when the victim is a special needs child; a need for more training of all mandated reporters; the availability throughout the state of individuals and specialized services to perform high quality investigations; uncoordinated investigations that utilize all sources of information; the unwillingness of some individuals to perform investigations as a team, i.e., conducting joint interviews with a molested child; competent and timely written documentation of the investigatory findings; uniform application of criminal standards in prosecutions; more consistent use of polygraphs with juvenile offenders; not knowing what information judges use to render decisions; lack of consistent assessment of child-victim's needs and rights within the framework of the Child Abuse Accommodation Syndrome as identified by Roland Summit, M.D., and entrenched viewpoints and bias towards one's own belief system and turf disputes.

III. RECOMMENDATIONS

1. Survivors of child sexual abuse are an underutilized resource of individuals who know the impact sexual victimization can have on a child and are motivated to educate, train and advocate for the needs of the molested child.

   Recruit Survivors to: (1) educate and train those who respond to or treat molested children, their families, or their molesters; and (2) advocate where necessary for the needs of the molested child.

* Investigation is defined as the initial, critical step in a continuum of interventions which address the issue of child sexual abuse.

2. Many mental health professionals perceive the treatment relationship as sacred and will not report further molestations of children for fear of undermining the therapist/client relationship and/or having their client leave treatment.

   Acknowledged or adjudicated sex offenders should be provided treatment only after they sign a waiver in which they abrogate confidentiality.

3. Child Abuse and Neglect Councils have been helpful in improving inter-agency working relationships, educating mandated reporters, advocating for services and procedures that improve child protection and lobbying for dollars for services for this client group.

   There needs to be enough councils across the state so that residents perceive the local council as responsive to them.

4. Myths about child sexual abuse impede investigation and promote community denial, e.g., "kids make up these stories when they don't get their way", "she asked for it", etc. etc.

   DHS and the Child Abuse & Neglect Councils should educate mandated reporters and the public to both correct these and other myths and educate professionals and the public about child sexual abuse.

5. There is no requirement that mandated reporters be educated about child abuse and neglect or child sexual abuse.

   Require Continuing Education Units on the identification of child abuse and neglect for all mandated reporters where licensing certification exists.

6. Despite awareness that child sexual abuse investigations are conducted most effectively with less trauma to the child when a child does not have to be interviewed repeatedly, and by different individuals, joint DHS/law enforcement interviews are not conducted in some areas of the state.

   a. DHS and District Attorneys should identify individuals to be members of investigative teams.

   b. Funds should be appropriated to train the investigative teams.

   c. The Legislature should mandate that team investigations be conducted unless contra-indicated.

7. Since the Legislature plays a very important role in defining public policy and providing funding, it is critical that legislators be receptive to learning what constitutes an effective response to child sexual abuse.

   Those who are knowledgeable about child abuse and neglect need to become active politically to assure that elected Senators and Representatives are knowledgeable or receptive to learning what constitutes an effective response to child sexual abuse.

8. It is easy to let our anger at child molesters get in the way of learning what they know about child sexual abuse, its investigation, treatment and prevention.

   Child molesters who have engaged in treatment and have been screened should be requested to educate those who investigate, treat and attempt to prevent child sexual abuse.

9. The use of videotaped interviews with molested children is a way to reduce the number of times that a child must tell his or her story to strangers and re-live the trauma of the molestation.

   Introduce legislation which would eliminate the barriers to the use of video tape in Grand Jury and court proceedings.

10. Poorly performed investigations occur occasionally. A multi-disciplinary oversight board/committee for training and periodic review mechanism could reduce the chance of poorly performed investigations.

    Establish a mechanism to oversee or train investigators and perform periodic quality reviews of investigators.

11. Child Protective Services staff are trained to interview and investigate reports of suspected abuse and neglect of children. When the report involves a special needs child, e.g., a developmentally delayed, retarded or deaf child, specialists are needed.

    Each regional DHS office needs to locate, recruit and possibly put on retainer specialists who can perform evaluations quickly which can be part of the investigation phase.

12. Numerous research questions arise about child sexual abuse investigations, e.g., why do some counties and communities show a lower per capita reporting rate than others, why do some counties and communities show a lower rate of sibling sexual abuse cases than do others?

    There needs to be research performed in these and other areas of Child Sexual Abuse and Treatment.

VICTIM AND FAMILY INTERVENTION

I. STRENGTHS

Numerous strengths are evident throughout the state. DHS attracts committed and caring people. Victim witness advocates are good. Education of both the professional and general community as well as mandatory reporting requirements provides identification of victims. Skilled and experienced treatment clinicians exist. The Legislature is both interested and responsive to the issue of child sexual abuse. The legal mechanisms, e.g. foster care, protection from abuse orders, etc., exist to provide for safety of the child. Finally, there is coordination between public and private resources, e.g., multi-disciplinary teams are helpful and low cost.

II. BARRIERS TO IMPROVED VICTIM AND FAMILY INTERVENTION

Numerous barriers exist which reduce the effectiveness of victim and family interventions. Criminal court cases are extended as defense attorneys seek continuances as a delaying tactic and prosecutors delay presenting cases to gather better evidence. Confidentiality, both as defined in the statute and by individual agencies and clinicians, inhibits good coordinated planning for the whole family. Unclear roles of mental health, child protective services, and law enforcement causes confusion and gaps in investigations and treatment. The high caseloads of DHS child protective workers and law enforcement investigators cause less than adequate coordination and communication both during and after the investigation phase. Families not in the DHS system, either because their children were molested by people outside the family or whose cases have been closed by DHS, have trouble getting resources. These families often lack the information about resources and/or the ability to pay for them. Training workshops for the full range of helpers is an ongoing need. Opposition to sex education by a small vocal minority inhibits schools from teaching awareness of normal sexual expression and helping students understand the difference between normal and exploitive sexual contact. Paying for services is a problem because: (1) Medicaid regulations restrict service delivery; and (2) some employers are becoming self-insurers to avoid paying for mental health services. Finally, the failure of the Legislature to institute a Family Court system results in inconsistency as child protection issues are decided by judges who must handle all sorts of civil and criminal matters and hence are not specialists in family law.

III. RECOMMENDATIONS

1. Generally victim trauma is increased by delays in the scheduling of criminal court hearings in which a child must testify.

   Make the criteria which would allow a judge to grant delays more stringent.

2. Victim witness advocates have shown themselves to be helpful at easing a child's way through the court system.

   Increase the number of Victim Witness Advocates so that children may have the required support in the criminal justice system.

3. Client confidentiality, while a basic foundation of a treating relationship, cannot be used as an impediment to the client's assumption of responsibility for sexual abuse and the continuation of the victim's trauma. Additionally, intervention and treatment is often improved when the relevant professionals are kept up-to-date with the family's current status.

   Change policies, practices, and/or legislation, where necessary to:

   a. increase feed-back to the referent,

   b. increase information sharing among professionals working with the family,

   c. stipulate that perpetrators be treated only after they have signed a waiver of confidentiality, and

   d. add clergy and attorneys to the list of mandated reporters.

4. Maine's mix of private and public resources working together to improve the conditions for children is an effective partnership.

   There should continue to be a mix of public/private agencies active in improving the prevention, intervention and treatment of sexual abuse.

5. To effectively investigate and intervene, agencies need to standardize the assessment and investigation phase so that all cases get the same procedures.

   Mandate that coordinated and standardized interventions occur.

6. The role of treatment providers becomes confused when they are being asked to "investigate" and at the same time provide treatment.

   Separate the investigation and treatment phases.

7. As mentioned previously, some families which are not open DHS cases, have difficulty locating and/or paying for services.

   Develop a system for DHS to keep cases open for services and/or for non-DHS cases to locate and receive services.

8. Some professionals who assess and treat children are neither trained to identify, treat, or testify in court about child sexual abuse cases.

a. Provide the following training:

1. forensic training for witnesses,
2. identification of child sexual abuse dynamics,
3. effectively handling referrals, and
4. role clarification when working with child sexual abuse cases.

b. Provide Continuing Education Units for professionals who complete training.

c. Mandate that professionals receive training in child sexual abuse.

9. One method of helping children identify when sexual abuse occurs is to understand the difference between exploitive and normal affection, sexual needs and expression.

   Continue and expand some of the innovative school-based family life/sex education efforts for children as well as institute efforts for parents to help educate their children about normal sexual expression as well as sexual exploitation.*

10. Medicaid regulations inhibit the provision of treatment.

    Expand Medicaid regulations to cover:

    a. 2 therapists in group treatment, and

    b. payment to MSW's outside of Mental Health Centers.

11. Since there is no Family Court which specializes in family matters, there is fragmentation in the legal management and resolution of both individual cases and aggregates of cases.

    Create a Family Court system.

12. The media, by its heavy emphasis on sex as entertainment or as a sales pitch (but its refusal to carry information on contraception), is exploitive.

    Editors and managers of the major media need to look at the role that media plays in touting sexual exploitation.

13. Adolescent male victims may be more numerous than previously thought.

    Provide training to identify and treat adolescent male victims to not only help these victims, but also to try to prevent them from acting out their victimization by becoming perpetrators in the cycle of sexual abuse.

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* We need to be wary of placing too much emphasis on the child learning to be safe. The responsibility for the child's safety lies with the adults who care for them.

JUVENILE OFFENDER AND FAMILY INTERVENTION

I. STRENGTHS

We are doing many things right. Reporting child abuse and neglect cases to DHS is mandated by statute. DHS refers child sexual abuse cases to law enforcement. The case is investigated. Child Protective Services assesses the risk to all children and the juvenile accused; law enforcement takes correction action, such as arrest, etc., as appropriate, in response to the investigation. The targets of investigation include the victim, the juvenile accused and any other alleged offender(s). The goal of the investigation is not only to substantiate or deny the report but also to elicit information regarding any other victims and offenders. The case is referred to the juvenile caseworker in the Division of Probation and Parole within the Department of Corrections to determine if court action will be taken or whether the offender will be offered informal adjustment. (Options include informal adjustment [with 6 months counseling] or filing a petition with Juvenile Court. Dispositions upon conviction, include probation and mandatory counseling in the community, probation and placement in a non-secure residential treatment center or secure treatment at the Maine Youth Center). Aftercare and supervision are options for some juvenile offenders depending on the offender's sentence. Services for the families of victims and offenders exist in some areas of the state.

II. BARRIERS

Resources must be increased at all levels or stages of the process (from the initial report of sexual abuse through aftercare), including coordination mechanisms, follow-up mechanisms and enforcement (and the possible expansion) of the current reporting law. Training is needed by: judges and law enforcement on the needs of children as victims, service providers on assessing and understanding the juvenile offender's pathology and the general public on their responsibility to report the pathology of the offense/offender and the distinction between abuse and exploratory or approach behavior. A clear, statutory definition of the behavior to be prohibited is necessary. There is no ability to intervene before a crime has been committed and/or admitted in cases in which the juvenile and family do not volunteer for treatment. The court system errs in favor of the offender and should strike a better balance to accommodate the rights of victims throughout the process, including disposition. The Juvenile Court does not always appear to meet its responsibility to frame the process and sentence to protect public safety in juvenile cases when a sex offense is charged. There is not now, but there should be, a duty on the part of the system (probably assigned to the District Attorney) to inform victims of their rights, the process and the disposition. There is no mechanism to provide continuing review/oversight for the entire process, including the community's response and that of the criminal justice system, which has quality assurance as its goal. Defense attorneys use continuances as a strategy to delay hearings to reduce the likelihood of conviction. Rules of evidence do not accommodate young victims. Investigation resources, especially resources to support joint training and operation of multi-disciplinary investigation teams, are lacking.

There is a lack of uniformity throughout the system in both resources available and response procedures. Resources for abusers, i.e., specialized group homes, foster care, residential and non-residential treatment and mental health counseling resources in both urban and rural areas, for abusers are limited. Treatment resources for victims and families of offenders are inadequate and/or are not uniformly available. There is little or no ability to require that an accused juvenile and his/her family participate in treatment without a conviction. There is no system to track offenders and to provide information on the juvenile offender and his/her family history to the court or service providers. Regional resources for diagnosis and evaluation are not available. Appropriate risk assessment tools are not utilized and/or available. Social histories provide less than adequate information on the offender and his/her family and are not always prepared for the court. Prescribed treatment is often unrealistic, e.g., five months counseling while he/she is on Informal Adjustment. There is a lack of consistency in prosecutor charging within some districts and among the districts. Finally, there is a lack of research and evaluation for the programs that exist.

III. RECOMMENDATIONS

1. Because a report of child sexual abuse anywhere in Maine causes individuals from many agencies to respond and perform their part in the Community Response Network, it is important that assessing needs, planning for the development of, evaluating the quality of services and ensuring accountability be done by an inter-disiciplinary, regionally representative committee or commission.

   Maine should constitute an inter-disciplinary and regional representative committee or commission for continuing oversight, assessing needs, planning for the development of and evaluating the quality of services and ensuring accountability of all aspects of the state's efforts on child abuse.

2. Inter-disciplinary coordination in both planning for and delivering services at the local, regional and state levels rarely, if ever, occurs.

   Formal mechanisms for inter-disciplinary coordination in both planning for and delivering services at the local, regional and state levels should be developed and expanded.

3. The Department of Corrections gives no priority in its existing contracts for mental health services for resources for sex offenders, especially juvenile sex offenders.

   The Department of Corrections needs to prioritize its existing contracts for mental health services to provide resources for sex offenders, especially juveniles.

4. The Department of Mental Health and Mental Retardation does not prioritize components of its existing contracts with Community Mental Health Centers to provide services to juvenile sex offenders.

   The Department of Mental Health and Mental Retardation should prioritize components of its existing contracts with the Community Mental Health Centers to provide services for juvenile sex offenders.

5. Placing a juvenile sex offender on Informal Adjustment where the maximum mandatory treatment is 6 months (and the treatment needed may be from 1.5 to 3 years) which may not force the offender to take his or her behavior seriously ("It must not be crime because I never went to court.") is not an effective criminal justice response.

   The Division of Probation and Parole should establish a policy which prohibits Informal Adjustment in cases where the juvenile is charged with a sex offense, unless exceptional circumstances dictate to the contrary, and the District Supervisor approves of such a disposition. Procedures should be developed to implement this policy.

6. Sentencing juvenile offenders is a sensitive task which requires that adequate and relevant information be presented to the judge. Social histories are not submitted in all cases in which a juvenile sex offender comes before the court.

   The Division of Probation and Parole should establish a policy which requires that a social history be submitted to the court on all petitions in which a juvenile is alleged to have committed a sexual offense. Procedures should be developed to implement this policy.

7. Assessing a juvenile sex offender requires expertise and, even when such assessments are performed, may or may not give the court adequate information for judicial decisionmaking.

   The Division of Probation and Parole and/or Maine Youth Center should develop and implement, as applicable, risk assessment instruments for use at the time of any pre-sentence evaluation and/or to plan for discharge.

8. Failing to inform victims when jailed molesters are released to the community, failing to inform victims of the steps in the criminal justice process and failing to include or allow the victim to be heard (if she or he desires) at the time of sentencing gives victims the impression that the criminal justice system does not care about them or what they have suffered.

   Require that procedures be evaluated in terms of how they will affect the victim. (Adults who were molested as children might well volunteer to assist in this effort.)

9. Dangerous juvenile sex offenders have been placed in treatment settings where they have molested others.

The safety of the public must be a substantial concern at all stages of the juvenile justice process, i.e., there must be a balance between the offender's need for treatment and the need to incapacitate the offender.

ADULT OFFENDER AND FAMILY INTERVENTION

I. STRENGTHS

Throughout the state we are identifying and prosecuting sex abuse offenders. We are telling children that they may tell when they know of someone doing something to them that hurts, makes them feel uncomfortable, is confusing or is a secret. In some parts of the state, investigations are conducted by one person and an attempt is made to limit the number of times a child must be interviewed. Agencies and treating individuals are coordinating their provision of services more consistently than in the past. Hospital SCAN teams are reporting suspected sexual abuse when discovered through substance abuse programs. Treatment professionals are becoming more comfortable with authority when minimum child-rearing standards are violated. Treatment groups now exist and include survivors, mothers and molesters both in mixed and homogeneous groups. Agencies are making the connection between sexual and substance abuse. As a condition of treatment, offenders are signing specific releases for information sharing needed in the treatment process.

II. BARRIERS

Numerous barriers exist. There is inadequate knowledge among key professional groups that respond to sexual abuse cases, e.g., lawyers, judges, D.A.'s, the community in general and the media. Attitudinally there is: (1) a community perception that DHS and the Mental Health Centers own the problem, and (2) a perception of parental entitlement and lack of appreciation for children's rights. Coordination between agencies is not routine. The clergy are not involved (professionals tend to overlook them). Professional snobbery and turf issues abound. There is often a lack of coordination between institutional and community treatment of the same family. Clarification of roles, i.e., who is treating whom or who is the case manager and inadequate planning, i.e., where two agencies provide one service and another service is not provided are problems experienced in some areas of the state. Treatment professionals in some areas are not skilled or experienced with child sexual abuse cases. There is no aftercare from community treatment. Long delays for prosecution inhibit treatment. There is neither research nor evaluation to identify what works in treatment and prevention. There is the choice of punishment or treatment versus punishment and treatment. Plea bargains are accepted which do not give enough time for treatment to possibly be effective. Substance abuse confidentiality regulations are so strict that it is difficult to learn whether a person is being treated without the client's written permission. Offenders shop around for a therapist and judges and DHS accepts therapists who have no training or experience with sex offenders. Resources are inadequate to pay for treatment of the number of cases identified. Family treatment at time of intervention also comes at time of financial crisis. There is a perception that services "come down" from Augusta. There is the reality that reimbursable therapists may not be qualified and experienced in treating sexual abuse cases. Finally provider burnout and hiring qualified treatment providers are major problems.

III. RECOMMENDATIONS

1. Given that community involvement is more effective than assigning the "problem of abuse of children" to DHS and the Mental Health Centers, it is necessary to increase community awareness of all aspects of abuse and neglect.

   Improve community awareness of child abuse and neglect by:

   a. building a constituency through increasing public awareness,

   b. establishing a speaker's forum,

   c. using the public media and community adult education programs to heighten community awareness of the problem,

   d. using the CA/N Councils to provide training to professionals and community groups, and

   e. educating the community about what treatment is and is not.

2. Prosecution is an integral part of treating any child molester, yet there are so many cases of child sexual abuse as well as other crimes that long delays occur.

   Regarding the prosecution of sexual abuse cases:

   a. have only one D.A. assigned to a case,

   b. make a way to prosecute offenders who cross civil boundaries to avoid prosecution,

   c. inform the community so everyone understands the problem that delays in the D.A.'s office cause children,

   d. educate the D.A's to understand the limitations of the lie dectector test,

   e. assure that lawyers know "AN ACT to Protect Abuse and Neglected Children", specifically that lawyers cannot disclose information unless they know a client is intending to commit perjury.

   f. shorten the time between accusation and resolution,

   g. educate jurors to understand sex abuse offenses,

   h. recognize women as offenders and prosecute their offenses in the same manner as male offenders.

3. Offenders will not stay in treatment without leverage mandating their presence in treatment.

   Offenders must be ordered to attend treatment.

4. Judges occasionally sentence sex offenders who have had no clinical evaluation and thus are sentencing an individual with inadequate information about the danger the individual presents to the community. Additionally, judges are presented during the trial with conflicting "experts", i.e., those that say that the individual in question is not a molester and those that say that he is a molester.

   Mandate that sentencing occur only after a clinical evaluation of a sex offender has been performed and presented to the judge and that a single independent court appointed mental health evaluator with experience with child sexual abusers assess and present information to the court.

5. Ten years after the development of specialized treatment of child sexual abuse, experienced treatment providers know that: (1) group treatment is the primary modality of treatment for offenders, (2) treatment takes time, e.g., 1 1/2 to 3 years, (3) forcing the offender and family to attend is a necessity, (4) offenders need to learn to take responsibility for their actions, (5) all family members must be involved, (6) sexual abuse is both a symptom reflective of other problems and a behavior that creates major problems, (7) treatment is specialized and requires training and experience, and (8) initial assessments of dangerousness of offenders are not always accurate.

   Hence, the following are necessary:

   a. limit molesters' access to children,

   b. consider tracking molesters by the social security number,

   c. treatment groups need to be available throughout the state.

   d. treatment for each family member needs to be available in each community,

   e. molesters need to attend treatment groups and not be allowed to attend supportive individual treatment,

   f. make use of volunteers as well as people who have completed treatment,

   g. legislation is needed to mandate sentences which allow long probation sentences for all classes of sexual crimes,

   h. DHS needs to keep cases open to keep leverage on, i.e., to motivate the entire family to attend treatment.

   i. offenders need to pay for treatment services,

   j. develop self help groups,

   k. providers must recognize females as offenders and incorporate them into treatment,

l. case plans need to be comprehensive,

m. training must be provided which:

(1) presents the relationship between being a victim and assuming victimizing behavior,
(2) increases the awareness and skills of providers, and
(3) reduces worker burnout,

n. require Continuing Education Credits for continued licensing of treatment professionals on identifying and treating child sexual abuse cases.

6. Anytime one attempts to force another to do something they don't want to do, i.e., to attend treatment, there must be very close coordination.

a. Service providing individuals/agencies need to develop joint service agreements with other providers to facilitate coordination.

b. Multi-disciplinary teams should be developed to review cases as needed.

7. Given that child abuse and neglect is truly a community problem, service providers need to include relevant professionals in case planning and communications.

Where possible, include all relevant professionals in the case planning discussions and communications.

8. Current community response to child abuse and neglect may inhibit self disclosure by: (1) molested children who love the molester or who feel responsible for being molested, or (2) molesters.

Consider diversionary programs, i.e., which may provide incentives for offenders or others to "own up".

9. The revelation of child sexual abuse throws the family affected into crisis. More and more the molester is ordered out of the home. Employers vary in their response - some firing the individual.

Develop an alternative living facility/apartment which could include a vocational counseling component.

10. Since mental health providers can neither predict behavior nor adequately assess a molester's chances to re-molest and most sexual abuse specialists know of cases where re-molestations have occurred, some thought must be give to aftercare.

Provide aftercare/monitoring on a random or regular basis.

JUDICIAL: CIVIL

I. STRENGTHS

Maine's District Court judges hear child abuse cases and seek to protect children from immediate risk of serious harm or the threat of serious harm (jeopardy) and to provide help to families to resolve harmful or jeopardizing situations. Judges use discretion in providing circumstances that protect children during testimony. The Court Appointed Special Advocates (CASA) program expands Maine's guardian ad litem resource. Emotional abuse has been included in the court's definition of factors constituting jeopardy (22 M.R.S.A., Sec. 4002 (10)(B)). The Department of Human Services provides child sexual abuse training to professionals who respond to, treat, investigate, hear and try cases and assess jeopardy of children. Assistant Attorney Generals specialize in handling DHS cases in court. Recent innovative child sexual abuse identification/intervention programs (the five Suspected Child Abuse and Neglect/Family Service Teams and a single forensic Medical Clinic at Mid-Maine Medical Center, Waterville) provide the court with increased expertise to protect children.

II. BARRIERS TO AN IMPROVED CIVIL JUDICIAL RESPONSE

Barriers to an aggressive response to the sexual abuse of Maine's children are numerous. Protective workers need to obtain parental permission to interview a child. Too infrequently there are joint DHS/law enforcement investigations. There is a lack of specialty training of law enforcement investigators. Lower risk cases move toward resolution faster than higher risk cases. The expertise of expert witnesses is not currently assessable. Resolution options open to judges may not be as clearly in the best interests of the child as may seem apparent (removing the abuser from the home may cause additional trauma to the child in a variety of ways). Judges appear hesitant to mandate specific "sex abuse" treatment. Effective treatment resources for all affected by child sexual abuse are scarce. Some forms of case resolution, Protection from Abuse Orders and closed cases, do not address the problem of continued protection and the practical inability of women to protect themselves and their children from further abuse. Foster homes, as a protective alternative present both quality and quantity problems. Foster parents cite their ability to deal with the effects of sexual abuse as low. Communications complications, present at every step of civil judicial proceedings, frustrate the effective protection of Maine's children. The inclusion of all caregivers in case planning does not occur regularly. Information about when an offender will be released does not reach caseworkers in time to prepare family or others for the offender's release. Lack of knowledge about each other's resources, abilities and skills characterizes the too loosely coordinated network of providers. As a result, there is duplication of some service and not enough of other services. More personnel, with more and better alternatives and training to support their work, in conjunction with coordinated, cooperative planning are needed as part of an aggressive judicial response to the sexual abuse of Maine's children.

III. RECOMMENDATIONS

1. Those responding to, treating, assessing, investigating, handling and hearing cases have varying amounts of expertise in matters that are so crucial to childrens' emotional well-being and safety. Vulnerable children deserve an improved level of knowledge and skills from those whom they look to for help.

   a. Education and training needs to be available to all who respond to, treat, assess, investigate, handle or hear cases of child sexual abuse. Skills, knowledge and sensitivity to the needs of all, especially the molested child, need to be developed.

   b. Train judges at the annual judges' conference on issues relevant to children's court testimony and Maine resources for children.

   c. The judiciary should clarify standards by which a judge can assess expertise of a witness and include such content as curriculum at the judges' conference. (Complementing the standards should be expert witness pre-testimony requirements to: (1) read the victim impact statement, and (2) "see" the victim.)

2. It is imperative to assure that prospective judicial appointments are individuals who are sensitive to, knowledgeable of, or are open to learning about child sexual abuse so that they can respond effectively to child sexual abuse cases they will hear.

   Judicial appointments should be reviewed prior to appointment by a committee which can assess the individual's ability to respond to child sexual abuse cases.

3. Civil cases, where a child has been sexually molested, are made more difficult to resolve due to the lack of enough personnel to handle criminal prosecutions.

   Provide funding to increase the numbers of Assistant District Attorneys, law enforcement investigators and Superior Court Justices so that cases can be handled by the criminal justice system more quickly. (Sufficient staff to handle prosecutions should also allow time to prosecute difficult, time-consuming case, i.e., where a child has recanted.)

4. The failure of agencies and individuals to coordinate interventions, investigations and prosecution can result in some children not being protected.

   Create Regional Child Abuse Centers where:

   a. cases are reported, investigated, intervened in, prosecuted, and monitored to resolution, and

   b. the concepts of team work, established interview protocols and joint case planning would occur.

JUDICIAL: CRIMINAL

I. STRENGTHS

Numerous strengths exist throughout the state but it is clear that there is great need to further strengthen the Judicial-Criminal handling of child sexual abuse cases. Strengths noted were: there is an ongoing effort to review progress and plan for needed improvements, e.g., the Bethel Work Session; the Legislature and courts have recognized the rights of children by permitting videotaped testimony to be introduced in court; judges are more aware of the need to provide treatment options for offenders; the Legislature has developed more specific statute which allow the judicial system to make better rulings, e.g., the statutes regarding parental rights; the Superior Court now has a policy which prioritizes cases with child victim witnesses; the courts are beginning to understand that it is possible to solicit and obtain expert testimony; and the new guardian ad litem program is a good addition to protecting the rights of children.

II. BARRIERS TO IMPROVEMENTS IN THE JUDICIAL-CRIMINAL ARENA

Apparent barriers include: juvenile offenders are most often not prosecuted, and hence drop out of voluntary treatment either because judges and parents feel that sentencing them inappropriately labels them for life or see the behavior as something they will grow out of; throughout the state there is: (1) an inconsistent amount of treatment dollars and skilled providers, and (2) less treatment funds available than there are cases needing treatment; judges do not attend educational gatherings, such as the Bethel Work Session (and hence do not share their view of the problem or gain from others' views of the same problem); the corpus delecti rule (that there must be a witness or evidence of a wrong doing) prohibits prosecution of cases where a molester acknowledges but where the victim is not deemed to be a credible witness; the mandatory reporting law is seen as a problem for mental health providers, attorneys and offenders in that offenders will not disclose additional offenses that they will then be punished for; placing sex offenders in the general prison population may reduce the effectiveness of prison-based treatment efforts and finally both the general and professional community is not knowledgeable and sensitive enough to the issues of child sexual abuse.

III. RECOMMENDATIONS

1. Defense attorneys and the court need information available about treatment opportunities for convicted offenders. An updated booklet, clearinghouse, or computer data bank could be developed which would describe treatment offered, entrance criteria and information as to costs and payment accepted, e.g., medicaid or insurance.

   Develop such a resource and make it available to the court.

2. There needs to be an understanding of what type of treatment is appropriate to an offense and particular offender and a definition of what type of treatment is acceptable to the court.

   Those who are the most knowledgeable should be asked to help develop definitions of sexual abuse treatment which justices should stipulate as required when sentencing sexual offenders.

3. There is a qualitative difference in the sophistication of treatment providers and the types of treatment options available to clients in different areas of the state.

   Educate the public and Legislature about differences in what is available in different communities throughout the state.

4. Treatment dollars are not adequate to provide the required treatment.

   Increase treatment resources.

5. Adolescent sexual offenders are not perceived as a serious danger to the community. This minimization and denial will be dangerous to our children.

   Treatment providers should form treatment groups of adolescent offenders. As part of their rehabilitation some of these individuals can perform community service by helping to educate community professionals about the seriousness of adolescent molesters.

6. Education of the general community as well as professionals is needed to help us all realize the human and financial cost to society that this behavior and our denial of this behavior causes.

   A state agency needs to take the lead, develop a plan for the systematic education of the population in Maine and implement such a plan.

PREVENTION

I. STRENGTHS

Across the state there is an awareness that: (1) children have a right to be safely nurtured and protected from abuse and respected as individuals rather than be treated as objects, (2) child sexual abuse occurs and causes trauma to the victim, (3) child abuse is a preventable problem, and (4) prevention efforts need to create alertness not fear. The Maine Legislature is interested in the problem of child sexual abuse. Finally, numerous child sexual abuse prevention efforts exist across the state.

II. BARRIERS TO PREVENTING CHILD SEXUAL ABUSE

Major barriers exist which make preventing child sexual abuse very difficult. Barriers identified were: public discomfort around the issues raised by and denial of the prevalence of child sexual abuse, parental and religious objections to education focusing on sex, sexuality or child sexual abuse, the patriarchal nature of our society, cultural homophobia, the high rate of chemical dependency, insufficient treatment resources in juvenile and adult correctional facilities, attitudes which excuse youthful sex offender's behaviors, turf issues between competing agencies, media exploitation of children and sex and inadequate levels of:

a. education about sexual abuse among those who work with children,

b. coordination among local and state agencies or groups, and

c. research, evaluation and funding for expanded prevention services.

III. RECOMMENDATIONS

1. Public awareness of the prevalence and impact of Child Sexual Abuse is crucial to foster a climate where children are routinely strengthened to reduce the chance that they will be victims of sexual abuse or other forms of maltreatment. Increased awareness can best occur by developing a prevention plan which includes the media, state government, local community groups and institutions and knowledgeable individuals.

    a. Examine the drug and alcohol field for strategies to market sexual abuse as a problem for which it is publicly acceptable to seek treatment.

    b. Call upon religious leaders to look at the roadblocks to educating families regarding sexuality and sex abuse prevention.

    c. Direct public education toward undiscovered or potential perpetrators, e.g., tell the impact of how sexual abuse affects the victim.

d. Develop a campaign of the "10 warning signs" and direct such a campaign toward potential perpetrators and their families.

e. Market parent education as a natural support to parenting.

f. Educate parents' on how to make appropriate child care choices.

g. Provide parents and latch key children with personal safety skills.

h. Teach parents the effects on kids of inappropriate T.V., radio, movies or magazines.

i. Educate the public that women are also perpetrators and boys are also victims.

j. Create a clearinghouse of information, books, films and directories in each county.

k. Utilize public events (malls, fairs, festivals, etc.) to publicize child sexual abuse as a community problem.

l. Use theatrical and musical presentations as a way of educating the public.

m. Plan and implement activities for April, National Child Abuse Prevention month.

2. Child sexual abuse occurs where denial, minimization and secrecy is maintained. The general public and professionals who work with children and school children themselves need accurate information about child sexual abuse. This information needs to be presented so that we as a society can become more comfortable discussing child sexual abuse and learn how to respond or cope with the revelation of such abuse.

   a. Parenting education needs to be widely available and include child sexual abuse and ways to make each child less vulnerable to recurrent sexual abuse.

   b. Childbirth education should lead into parenting education classes.

   c. There needs to be a mandatory and systematic approach to educating children (K-12) which will prevent or reduce the likelihood of ongoing sexual abuse of children. Topics should include health, sexuality, personal body safety and assertiveness, communication and coping skills.

   d. Universities and the Department of Education and Cultural Services should require child abuse courses as part of professional education for teachers, guidance counselors, social workers and school nurses.

d. Have teen victims network with adult survivors in the community and possibly produce a community art project.

e. Survivor and perpetrator groups can be used in sharing their knowledge.

f. Support continuation of projects such as CASSP and the Pre-School Project.

g. Support parent self-help groups as well as children/teen peer groups.

h. Support multi-disciplinary teams.

4. Financial resources are needed to improve the prevention of child sexual abuse.

Provide funds for:

a. media and public awareness,

b. parenting course scholarships,

c. the purchase of films and curriculums for use in schools and in the community,

d. maintaining a family's level of living when an offender (breadwinner) is jailed,

e. Parent Aide or home visitor program for first time parents or high risk families,

f. more extensive and widely available treatment for perpetrators (both in prison and in the community) and siblings of the sexually abused child,

g. computerize the tracking of convicted sexual offenders,

h. permit and encourage all who employ people with access to children to check prior convictions of potential employees, and

i. support high quality day care.

5. There are no state funds allocated for research or evaluation of efforts to prevent or treat child sexual abuse. Since state budgets are limited and providers and grantors of funds believe that what they are providing is effective, we neither evaluate or perform any primary research.

Allocate funds to research the following topics:

a. the effects of various treatment on rehabilitation of the offender (including the use of Depo Privera).

b. identifying potential abusers,

c. identifying and prioritizing at risk of abuse populations, and

d. evaluating the effectiveness of various prevention programs.

6. Finally we must recognize the potential "abuser within us all" and take responsibility for creating a society where sexual abuse does not occur.

AFTERCARE/COMMUNITY SERVICES

I. STRENGTHS

There have been many positive gains made in identification and treatment of child sexual abuse. They include: involvement of the schools in the referral process, coordination of social service and law enforcement agencies, increased number of victim/witness advocates, the work of the Child Abuse and Neglect Councils in all counties, SCAN teams in 6 communities and general awareness of the community.

II. BARRIERS TO IMPROVED AFTERCARE/COMMUNITY SERVICE

After identifying "money" as the major barrier and discussing that priorities need to be reorganized toward social needs other barriers were identified such as: turf issues among competing agencies, cultural homophobia, parental objections to sex education in schools and other public institutions, patriarchal heirarchy of society, chemical dependency, frustration with the judicial system and general discomfort around the issue of sexual abuse.

III. RECOMMENDATIONS

Discussion was organized around two themes: accountability and resources.

1. The general public seems to define that DHS, law enforcement and the Mental Health Centers are responsible for our communities' response to situations of child sexual abuse.

   Child sexual abuse should be the combined priority of all four state departments: Human Services, Mental Health and Mental Retardation, Education and Cultural Services, and Corrections.

2. The four state departments and the new administration need time to develop a stance toward the problem of child sexual abuse.

   Those invited to the Bethel Work Session should be asked to meet within a year to maintain contact and assess progress on the recommendations made.

3. Currently most cases of sexual abuse await either a child's telling someone of sexual abuse or educating mandated reporters. Another approach is to appeal directly to victims, offenders or potential offenders.

   Create public service announcements which would appeal to victims, offenders or potential offenders and encourage client self reporting.

4. Currently there are victims, offenders and their families unable to receive treatment due to inadequate treatment resources or their inability to pay for treatment services.

Create a volunteer professional services agency which will tap the efforts of private practitioners to treat sexual abuse victims, offenders and their families.

5. There is currently no organization which has the responsibility to disseminate materials on current trends, research findings, or legislation regarding child sexual abuse to those who treat or respond to sexual abuse cases.

   Create a clearinghouse to disseminate materials on current trends, research findings and legislation regarding child sexual abuse to those who treat or respond to sexual abuse cases.

6. Sex education instruction offers a forum to distinguish between healthy sexual needs/expression and sexual abuse or exploitation.

   Sex education needs to be continued and made available to all children.

7. As funding priorities change, those who care about this problem area need to network on all levels to ensure that child sexual abuse not become overlooked as an issue of concern.

   Continued legislative advocacy, the development of a long term plan, backed by a broadening base of support, is necessary.

INTERVIEW AND POST-BETHEL RECOMMENDATIONS

Some of Maine's knowledgeable resource people were unable to attend the Bethel Work Sessions. Interviews were conducted to ensure that their insights and recommendations will be part of Maine's work plan to respond to the sexual abuse of children. Some of the Bethel Work Session participants with substantial expertise were interviewed as well. Among those interviewed were two District Attorneys, Department of Human Services contractual and protective workers, Department of Education and Cultural Services specialist, state police trooper, adult survivor of child sexual abuse, Assistant Attorney General and psychotherapy consultants. In addition, some Bethel Work Session participants and others contributed recommendations after adjourning. Recommendations from interviews and post-Bethel contributors are summarized below:

INVESTIGATION

1. Central repository for perpetrator records, designed to keep track of moving and violating offenders, should be accessible to both DHS and law enforcement agencies.

2. Out-of-state offender identification checks. Criminal record checks are made in-state only unless specific states are identified as pertinent.

3. Regular communication across all lines among all who play a part in Maine's response to child sexual abuse. Communication and coordination should mark state systems planners, local planners, and those who plan specifically for individual children.

4. Advocates for children should be outspoken before the public and legislature.

5. Rules that allow DHS and law enforcement to more easily share confidential information.

6. Remove perpetrator, not victim, from the home.

7. Single interviewer, paid for by both law enforcement and DHS.

8. Standard DHS policy regarding "non-life threatening" case procedure.

9. Use lie detectors with alleged juveniles.

10. One time interviewing of the child.

11. Incentives and anonymous forums for disclosure.

12. Establish pornography unit to track career perpetrators.

VICTIM AND FAMILY SERVICES

1. Increase services to victim's family, including offender.

2. Medical evaluations should be done by knowledgeable and experienced examiners.

3. Anonymous reporting of victims should be accessible to offenders.

JUDICIAL, CRIMINAL, AND CIVIL

1. Continuing education for judges, including child development courses.

2. Expand Maine's statute-of-limitations to more effectively identify and prosecute offenders.

3. More, better trained police, caseworkers, prosecutor personnel.

4. Sentencing that is commensurate with crimes.

5. No more suspended sentences.

6. Resident Assistant Attorney Generals in every region.

7. Legislative prioritizing that puts child sexual abuse high on Maine's needs-to-be-addressed list.

8. Re-prioritize sentencing resources. Short, "shock" sentences with intensive, long-term therapy.

9. Split sentence should receive immediate, therapeutic response.

10. Resource list or directory for attorneys, prosecutors, and judges. Various treatment programs available, methods of payment, etc.

11. Sentence diversion program for adult and adolescent offenders.

12. Independent mental health evaluator for courts rather than "expert" witness.

COMMUNITY SERVICES

1. Reimbursement for services criteria flexible enough to facilitate consumer access to a comprehensive spectrum of services.

2. Resource list, organized by regions, inclusive of private therapists, specialized programs, descriptive forms of comprehensive service available and target populations.

3. Data collection procedures that reflect the figures and information necessary to determine the efficacy of intervention services.

4. Regional coordinators, independent of intervention programs, supported by small committee of close-to-the-cases providers.

5. Central review committee to create resources for atypical cases when regional efforts cannot address needs of some children and their families.

6. Treatment by specialized, specifically developed sexual abuse teams.

7. Use of families' experiences throughout response.

PREVENTION

1. Attention to disabled, especially deaf, populations.

2. Child Welfare Institute to increase skill level of all those who work with or make decisions about Maine children, offenders and families affected by sexual abuse.

3. An ongoing, non-partisan work group, addressing necessary changes in public attitude.

4. University of Maine involvement in all aspects of Maine's effective response to the sexual abuse of children.

5. Family Life Centers in each community of 10,000. Including afterschool care and parenting education programs.

6. Ongoing home health visitors for every newborn.

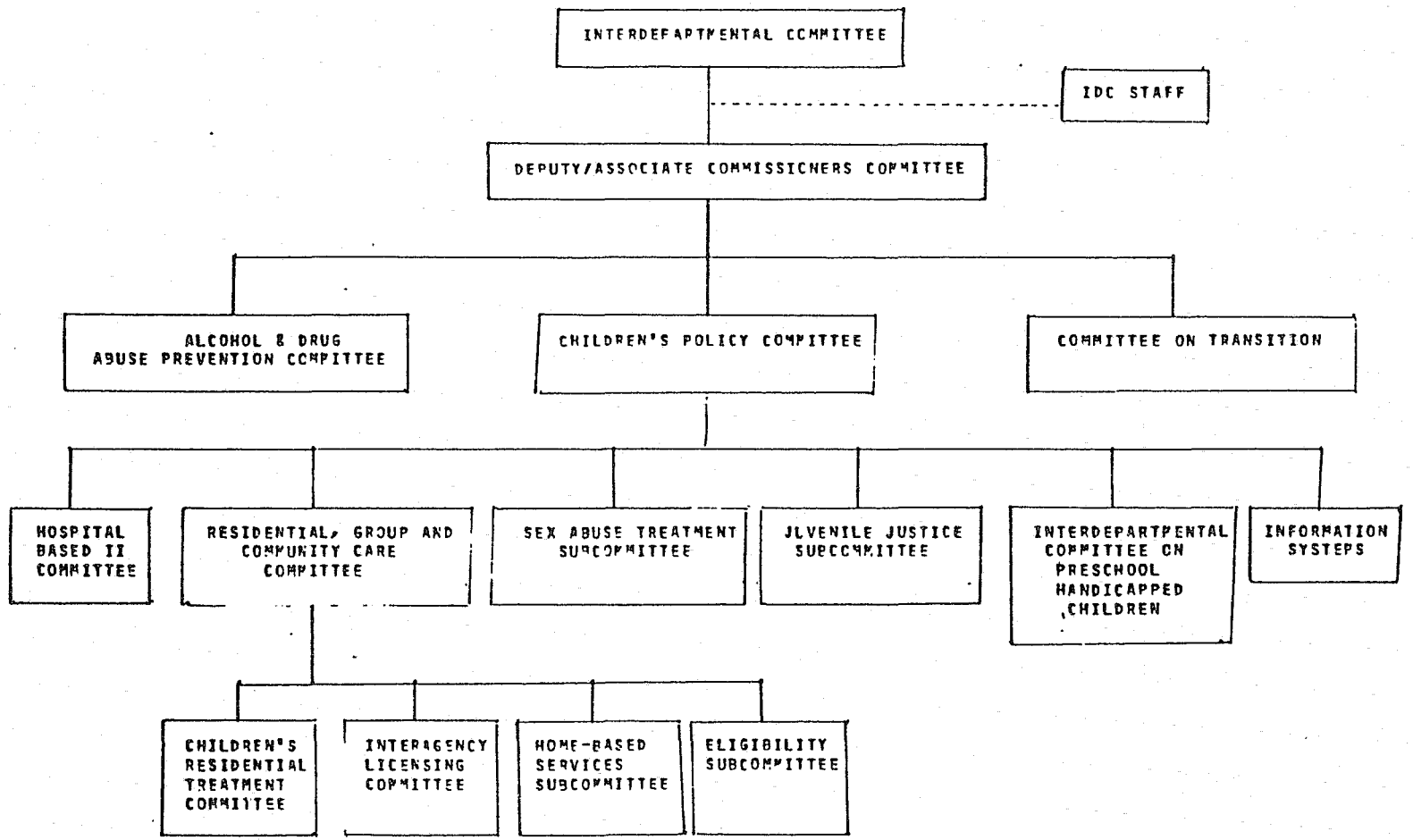
7. The issue of the value society places on children and the parenting role should be addressed.

8. DHS should sponsor a campaign to support, encourage and recognize the difficult job of parenting.

9. Increased use of the media, especially television, to continue public awareness.

APPENDICES

INTERDEPARTMENTAL COMMITTEE ORGANIZATIONAL CHART



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AREAS OF EXPERTISE

Generic Categories	Specific Categories
Medical	Doctors School Nursing Public Health Nursing Physician's Assistant Emergency Medicine Hospital Care Rural Health Care
Law Enforcement	Local Police County Sheriff State Police Youth/Juvenile Offender
Mental Health	Psychotherapist Psychologist Clinical Social Worker Psychiatric Nursing Forensic Mental Health In-patient Treatment Residential Treatment Community-based Treatment Drug & Alcohol Abuse Treatment Self-help and Community Support Therapeutic Recreation
Family Relations	Domestic Violence Family Planning Rape Crisis Parenting Groups & Education
Judicial	Attorneys District Attorney Prosecutor Office of Attorney General Judge Guardian ad Litem Victim Witness Advocates Special Child Advocates
Education	Public School Education School Nursing School Guidance Counseling College & University Nursery School Community, Public & Adult Education D.E.C.S.

Generic Categories	Specific Categories
Corrections	Juvenile Justice Probation & Parole Forensic Mental Health Correctional Facilities D.O.C.
Child Abuse & Neglect	Abuse and Neglect Councils Child Protective Services Adults Molested as Children and Survivors Self-help Child Advocates Special Child Advocates Abuse and Neglect Service Coordinators Day Care D.H.S.

SEXUAL ABUSE TREATMENT AND PREVENTION WORK SESSION

Sponsored by the Interdepartmental Committee
Bethel Inn, Bethel, Maine
September 18th and 19th

THURSDAY, SEPTEMBER 18TH

8:30 - 9:45	Registration
9:50 - 10:00	Welcome and Review of Agenda
10:00 - 10:45	Guest Speaker - The Honorable Sol Gothard
10:45 - 11:00	Break
11:00 - 12:15	Panel on Scope and Nature of the Problem
12:30	Lunch
1:30 - 5:00	Working Groups
6:00	Dinner
	Evening Free

FRIDAY, SEPTEMBER 19TH

8:45 - 9:00	Review of Day's Agenda
9:00 - 9:45	Report from the Seven Working Groups
9:45 - 10:15	Commissioners' Comments
10:15 - 10:30	Break
10:30 - 11:45	Seven Working Groups Focus on Prevention
11:45 - 12:15	Report Back to the Entire Group
12:30	Lunch and Wrap-up