Webinar Transcript: Juvenile Treatment

Bethany Broida: Okay, welcome everyone. My name is Bethany Broida, and I am the Director of Communications at the National Criminal Justice Association. It is my pleasure to welcome you to What Do We Know About Sexual Offending, and Sex Offender Management and Treatment, Juvenile Treatments. This webinar is the fourth in a nine part series that is designed to provide policy makers and practitioners with trustworthy, up-to-date information they can use to identify and implement what works to combat sexual offending and prevent sexual victimization.

The webinars in this series take place about every three weeks or so, and registration is currently open for the next one, Juvenile Etiology and Typologies. Also, if you missed the prior webinars in this series, the webcast and slides from those sessions are also available on the NCJA website. Before I go any further, I would like to thank our wonderful partners at the SMART office in the department of justice, office of justice programs, for making this webinar possible.

Let me quickly cover a few logistical items. First, we'll be recording today's session for future playback. The recording and the slides from this session will be posted on the NCJA website at www.NCJA.org/webinars, and emailed to everyone who registered for this session.

All right, today's webinar is being audio cast to the speakers on your computer. If you would prefer to call in by phone, please use the number contained in your registration email or on the event info tab located on the top left hand side of the screen. If you encounter issues with the audio during the webinar, please feel free to call in by phone. Due to the number of people joining us today, we have muted all participants to reduce background noise. If you have questions for the presenters, we encourage you to submit them using the chat feature on the right hand side of your screen. Please select host and presenter from the drop down menu next to the text box.

We've also included time for a question and answer period at the end of the presentation. However, you may submit your question at any time. If you would like to communicate with NCJA staff during the webinar, please submit your comment using the chat feature to Bethany Broida, or host. If you have technical difficulties, or get disconnected during the session, you can reconnect to the session using the same link that you used to join the session initially. In the last five minutes of the webinar, we will ask you to complete a short survey. The information you provide in this survey will help us to plan and improve future webinars.

Now at this time it is my pleasure to briefly introduce our speakers for today's webinar. In November of 2014, Luis deBaca was appointed by President Barack Obama as the Director of the Justice Department's Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking, otherwise known as the SMART office. Mr. deBaca previously coordinated US government activities in the global fight against contemporary forms of slavery as ambassador at large for

the state department's office to monitor and combat trafficking in persons, and served as counsel to the house committee on the judiciary, where his portfolio for Jim and John Conyers Jr. included national security, intelligence, immigration, civil rights, and modern slavery issues. At the justice department from 1993 through 2006, he led the investigation and prosecution of cases involving human trafficking, official misconduct, and hate crimes, as well as money laundering, organized crime, and alien smuggling. He is recipient of many awards, including the leading honor given by the national human trafficking victim service provider community, the freedom networks Paul and Sheila Wellstone award.

Next, Scott Matson is a Senior Policy Advisor at the SMART office where he advises 37 states, and the District of Columbia, on adopting the standards for the Sex Offender Registration and Notification Act, otherwise known as SORNA. In addition, he leads the office efforts on the sex offender management and planning initiative. Before joining SMART, Scott was program manager at the JEHT Foundation where he developed and managed a criminal justice portfolio that included sentencing and corrections policy, re-entry, wrongful convictions, and the death penalty. Prior to joining JEHT, he was the Associate Director of the Vera Institute of Justice's Center on Sentencing and Corrections. He served as a research associate at the Center for Sex Offender Management, where he provided training and technical assistance to a wide range of international, national, state, and local audiences on issues related to sex offender management. He began his career at the Washington State Institute for Public Policy where he researched issues of importance to the state legislature, including sex offender registration, community notification, and civil [inaudible 00:05:07] policies.

Next we have Roger Przybylski, who is a consultant and founder of RKC Group, a private company that provides applied research and program evaluation services to organizations working on public safety issues. Prior to forming RKC Group in 1997, Roger served as Associate Director for the Illinois Criminal Justice Information Authority, where he directed the agency's research division. He has also served as coordinator of research through the Chicago Police Department. He's been a project manager, contributing author and editor for the SMART Office Sex Offender Management Literary View Initiative, which this webinar series is based upon, since the program's inception in 2010.

I would now like to turn the presentation over to Director deBaca.

Luis deBaca: Thank you and thanks everybody for joining us. I just want to very briefly set the stage. I think this is a particularly timely webinar. We've seen so many things in the last few weeks that have been talking about juvenile sex offenders, whether it's some of the legislative proposals that are popping up in state houses around the country, or whether it's the recent allegations surrounding the reality TV shows and the Josh Duggar situation.

We're not taking a position on that circumstance, but I will note that the supposed intervention that his family undertook those years ago after the allegations came out, that he had been fondling children in that house, are not the kind of things that we're talking about today. A stern talking to by a family acquaintance who is in law enforcement, a hard physical job with a family friend, that is not the kind of treatment that we're thinking of, and it's not the kind of evidence based practices with real standards that we're suggesting that everybody does on the call, and that the country should be looking at, when we're thinking about how to deal with teenagers especially with children who are offending in this manner.

I don't know if some had a chance to see in today's New York Times a very good article, or an Op-Ed piece I should say, by their columnist Charles Blow, who had talked about his own situation as a survivor of sexual abuse as a child, but in this he talks about, and reminded us, that the high percentage of sexual abuse of young children is by other children, particularly in the 14 year old, early teenage years, et cetera. I think that for us to be looking at sex offender issues as a whole, whether it's notification/registration, whether it's sex offender management, all of the things that we do in this business, we have to look those teenage years and we have to confront the reality that the statistics have shown us over the years.

One of the realities that we see is that sex offender treatment, especially in the teenage context, works. It's a good return on taxpayer money, and we see some real positive turns on recidivism possibilities when a good treatment program with some rigor, with some standards that really tries to tailor itself to the needs of the child, are put in place. I want to thank two of the guys who've been really blazing a trail for this, us, on what that looks like. With Roger and Scott, today on the webinar, I think that we're in really good hands, and I look forward, like everybody else, to sit back and hear what these guys will have to say to us. Thanks Scott.

Scott Matson: Thank you Lou, and thank you Bethany. I also want to send a big thank you to NCJA for not only setting up these webinars, but for really making this whole project come to life. Special thanks to Chris Lobanov-Rostovsky and Roger Przybylski for serving as, really, the project leads with NCJA on making this happen.

I want to provide a little bit of background about this project and how it came to light. The SMART office is positioned rather uniquely in that we see the perspectives of many different people working in the sex offender management field, from law enforcement to prosecutors and judges, to treatment providers, victim advocates, researchers, and we know that every single one of them really has the same goal in mind, which is to protect the public from sex offenders and to prevent sexual violence. Over the last 30 years, many different policies and programs have been developed to help do this. Unfortunately, there hasn't been a lot of research about those policies and programs, so we don't really know what

works. We do know that programs are more likely to be effective when they're based on scientific evidence, and we know that OJP has really had a big push in evidence based, in looking to evidenced base practices.

For those of you that don't know much about the SMART office, we were established in 2006 by the passage of the Adam Walsh Act. Our primary directive is to help jurisdiction, states, tribes, and territories, in implementing title one of the act, which is the Sex Offender Registration and Notification Act. We also see it as part of our mission to inform our constituents in the field about a much broader scope of activities that are necessary to ensure public safety. Because we're the first federal office devoted solely to sex offender management related activities, we see ourselves in a unique position, and excellent position, to do this.

To those ends, about five years ago we started the Sex Offender Management, Assessment, and Planning Initiative, which we called SOMAPI Initiative. The goal of that initiative was to, is to, identify evidence based practices, the current gaps/needs of the field, and to use that information to provide funding and policy guidance to our constituents, the folks working in the field.

The goal of SOMAPI is to really identify research supported programs for replication across the US. As I mentioned, we're using this information to inform our funding decisions on sex offender management programming and research. In looking at the history of this project, we contracted with NCJA to develop literature review and inventory of practices in the field. They contracted with a number of subject matter experts who served as authors of different chapters for the SOMAPI project, and they comb the literature to find out what kinds of research has been conducted on different kinds of programs related to sex offender management. They put that information together for us in a very comprehensive review, which we sent out to a group of experts in the field to serve as peer reviewers for our findings. We invited them all to DC to discuss their reactions at a forum in 2012. They provided some excellent feedback to us. That feedback was incorporated into our final report.

Just looking at what's in the SOMAPI report, we have 13 different chapters, excuse me, and the report's split up into different sections, focused on adults sex offenders and juveniles who commit sex offenses. Notice, noting the important differences between these two populations.

As I mentioned, we developed a report, and it's available on our website. It contains the literary reviews for all those chapters, along with the recommendations for funding and policy that were developed by the discussion group participants. We're also working on a series of research briefs that are almost completed, which are basically five to six page summaries of each one of those chapters. We're releasing this information through a number of

presentations at national and regional conferences. As Bethany mentioned, we're in the middle of conducting nine webinars to also get this information out to the field. We hope to hold a national symposium this fall where the SOMAPI project will be the focus of the one and half to two day gathering of experts in the field.

With that, I want to turn it over to Roger who's going to talk about treatment for juveniles who commit sex offenses. Roger.

Roger Przybylsk: Thanks very much Scott. What I wanted to do to actually start off here is to say a few things that are very introductory in nature. I wanted to mention at the outset that first of all, based on the data that we do have, it's pretty clear that most perpetrators of sex crimes are indeed adults. But it's also very clear that a non-trivial percentage, or number of sexual offenders, are under the age of 18. Estimates of prevalence of juvenile sex offending really do vary depending on the data source that's being used. One study that was published in 2009, for example, estimated that juveniles account for about one out of every four sexual offenders known to law enforcement, and more than one out of every three sexual offenders who victimize a minor. The uniform crime reporting program, for example, suggested about 15% of the nation's rapes are committed by an individual under the age of 18, and victim reports actually suggest that that percentage is much higher, somewhere in the area of about 25%.

Given the prevalence of sexual offending by juveniles, therapeutic interventions, like treatment programs, have really become a staple of sex offender management practice in jurisdictions across the country. Indeed, the number of treatment programs for juveniles who commit a sexual offense has increased significantly over the past 30 years.

There was a study that was published back in 2000 that actually tried to give us some sense about the growth in treatment programs for juveniles, and back in 1975, it was thought that there was only one specialized treatment programs for adolescent sexual offenders that was operating in the US. By 1995, that number had increased to more than 600. A somewhat more recent survey of treatment programs that was published back in 2008 suggested that more than one half of the approximately 1300 treatment programs for sex offenders that were operating in the country, that they provided services to juveniles. The number of programs that were providing actually treatment to juveniles primarily focused on individuals who were in the adolescent age range, only about 30% provided services to children 11 years old or younger.

The treatment approaches for juveniles has also changed significantly. Where originally many of the treatment programs were based on models that were used for adult offenders, as knowledge, so to speak, about the developmental, the motivational, the behavioral differences between juveniles and adults became

much more understood, therapeutic interventions for juveniles changed as well, and they became much more responsive to the diversity of sexually abusive behaviors that occur, and the specific offending related factors that are found amongst adolescents and children. Now, juveniles who commit sexual offenses are clearly quite diverse in terms of their offending behaviors and their risk to public safety, and that was really one of the things that we thought was really extremely important to recognize when we were doing this original work and separating the material for adults and juveniles.

Now, while there's strong scientific evidence that therapeutic interventions work for criminal offenders over all, the effectiveness of treatment for sexual offenders, whether we're talking about juveniles or whether we're talking about adults, has been subject to considerable debate. Some people argue the treatment can at least be moderately effective, and other are uncertain or outright skeptical that treatment works. What I'm going to try to really do today is to try and summarize really what the science tells us about whether or not treatment for juveniles who commit sexual offenses, whether that treatment is effective.

Now, I'm going to talk a little bit here about the methods that we use to develop the literature review material, and then I will go into a few of the considerations that I think are very important to have in mind when you're interpreting the research that's out there. Then I'll actually go into the findings from both individual single studies, as well as some of the synthesis research. There are a couple other things I want to just say here up front as well. First of all, I'm a researcher and a program evaluator, I'm not a clinician. My purpose, my goal in presenting material today is to basically examine the scientific evidence that's out there on treatment effectiveness, and to synthesize those findings.

The body of research on effectiveness that is available today, in almost every case, is going to be trying to look at recidivism, and researchers trying to determine basically whether participation in treatment results in lower rates of recidivism for folks who participate in treatment compared to others who do not participate in treatment. Unfortunately, recidivism is a very difficult concept to measure, especially in the context of sexual offenders. The surreptitious nature of sex crimes, the fact that few sexual offenses are reported to authorities, and the variation in the way researchers calculate recidivism rates all make measurement very very difficult. Keep in mind one of the most important points to remember is that observed recidivism rates are underestimates of actual offending. While there's broad agreement about this, the magnitude of the gap between observed and the actual re-offending remains very much subject to debate.

Now one of the other things I want to mention at the outset here is that when we're looking at research on treatment effectiveness and what's available to date, very little is known about specific treatment programs or approaches that are really

effective in certain situations with certain offenders and so forth. We can understand based on what's available today very much about whether or not treatment works, and we have some idea about the modalities that are effective, but precise information about what works with whom in which situations is really something that we need to conduct more research on.

Lastly what I want to mention here as well is that when we do look at the situation about this type of information on which programs work for which offenders and which situations, basically everything that I'm going to talk about today, the overall effectiveness of treatment, and anything that's specific about the approaches that do seem to work is primarily based on research that's been done on adolescents. We know very little about effectiveness with treatment and specific approaches for children, let's say, individuals at the age of 11 or under that are engaged in inappropriate sexual behavior. I want to get that out here in the beginning an before I move into the substance of what I want to talk about.

Let me mention a few things about the methods that were used to put this information together. Basically, what we tried to do here, again, is to assemble and take a look at, interpret, and synthesize all of the scientific literature on the effectiveness of sex offender treatment for juveniles. We use a number of approaches to try and find information. First of all, we certainly searched what are generically called abstract databases, such as the National Criminal Justice Reference Service. Other things like Jstor and PsycNET where studies are placed in registries and repositories that you can search for, studies on any individual topic that you're interested in.

We performed internet searches using common search engines, and we went to websites for organizations that we thought would be relevant, such as The Association for the Treatment of Sexual Abusers, The Center for Sex Offender Management, National Center on Sexual Behavior for Youth, and so forth and so on. We looked at reference pages and bibliographies from both online and from print documents to, again, try to find sources of information. We reached out to experts in the field, contacting people to obtain guidance and insight regarding the acquisition, the relevance, and the interpretation of source material.

This process produced a very very large number of published and unpublished documents that we thought were relevant for the review. Basically, one of the things that we did recognize that there have been reviews of the literature that have been undertaken in the past, so we tried to focus primarily on studies that were conducted in the past 15 years. We focused both on single studies as well as synthesis research which examines the findings from many individual studies. With regard to the single studies, we did place great emphasis on those individual studies that employed either an experimental design, or a quasi experimental design that used matching, or some procedures, to achieve equivalence between

the treatment and comparison groups. I'm going to mention something a little bit more about this in a second here as I change slides.

Keep in mind again that everything that I'm going to talk about here really applies to juveniles, and specifically adolescents. If you're interested in material on the effectiveness of treatment for adults, we will be doing a webinar on that topic later this summer, and there's a complete chapter on that on the SMART office website that presents this material. That's just a little bit of background about what we did in terms of methodology.

What I want to also spend a few minutes on at least, is to talk about some of the key considerations that you should keep in mind when you're looking at and trying to interpret the research findings on treatment effectiveness. While there's growing interest in crime control strategies that are based on scientific evidence, keep in mind that determining what works is not an easy task. It's not uncommon, for example, for studies of the same phenomena to produce ambiguous, or even conflicting results. There are many examples of empirical evidence producing misleading findings because something was overlooked in terms of the quality of the research. The importance of basing conclusions about what works on highly trustworthy and credible evidence, really, cannot be over stated. Both the quality and the consistency of the evidence has to be taken into account.

In the field of criminology, there's a general agreement that certain types of studies, mainly well designed and well executed experiments or what's come to be known as a randomized controlled trial, that these studies provide the most trustworthy evidence about an intervention's effectiveness. Without going into detail about what's involved here, these are very sophisticated studies that are similar to what's done in the medical community or the pharmaceutical industry when a new treatment or a new drug is being tested to see if it has not only an effect that's going to help people, but there's also no negative side effects that are going to harm people. They are very very sophisticated studies that provide very very credible evidence.

While these RCTs are an important method for determining the effectiveness of an intervention, keep in mind that they can be difficult to implement in real life settings. I mentioned that they're expensive. They also require a level of organizational, and at sometimes community cooperation, that can be difficult to obtain. In practice, there are a variety of constraints that preclude a researcher or an evaluator from using an RCT. Relatively few of these high level studies, these highly rigorous studies, have been used in the assessment of sex offender treatment for juveniles.

Now, when and RCT can't be used, the next best approach, which is called a quasi experimental design that has features very similar to an RCT, these types of studies

are put into place and used. When they're done well, and when a treatment group and a comparison group are matched very closely, these studies can indeed produce some very highly, trustworthy, findings. What I do want to just stress here is to keep in mind that the scientific community recognizes that single studies are rarely, rarely definitive. Individual studies with [inaudible 00:28:30] findings certainly do exist, but single studies, even one of these well done RCTs can produce misleading results sometimes. A single study has to be replicated before definitive conclusions can be made. What's really important is to be able to take a look at an entire body of research on an intervention, like treatment for juveniles who sexually offend, to look at that entire body of research, to assess how consistent the findings are and what the quality of that research really is.

Researchers tend to try to accomplish this through what's called synthesis research, like a systematic review, or a systematic review that includes something called a meta analysis. This is an approach that puts together a number of different studies to pool everything together to come up with an underlying definitive conclusion about whether or not that intervention works. Keep that in mind as I start to move through the findings here that I'm going to be reporting on. I'm going to start by talking a little bit about the findings from some of the more important, more significant, single studies that have looked at treatment effectiveness.

I want to start out by talking about some of the work that was done by Worling and Curwen. Several single studies have looked at treatment for juveniles, but I wanted to focus on this one first because it's probably one of the more important studies to take a look at. You'll see what I, hopefully, what I'm driving at here as I move through this. Worling and Curwen, basically, used an quasi experimental design to examine the effectiveness of a very specialized community based treatment program that provided therapeutic services to adolescents and children, and treatment plans were individually tailored to each offender. The primary focus, the primary approach, was cognitive behavioral in nature. The offenders typically were engaged concurrently in group and individual therapy. Now, recidivism rates were calculated for a treatment group consisting of 58 adolescents, which is not a big number, and a comparison group consisting of 90 adolescents. The comparison group subjects in this study consisted of 3 sub-groups, juveniles who refused treatment, juveniles who received an assessment in the program but didn't continue on into treatment, and then also juveniles who dropped out of the program prior to completing 12 months of treatment.

to determine whether there were any differences between these three groups and the juveniles who received treatment, a number of analyses we done to look at if there were differences in areas like prior criminal history, demographics, victim characteristics and on and on and on. No significant differences between those people who participated in treatment and these three comparison groups/sub-groups, no differences were found that were significant. Based on a 10 year follow

up period, Worling and Curwen found the juveniles in the treatment group had significantly better out comes, in terms of recidivism, than the comparison group measures. They found this across several different measures of recidivism. In other words, treatment did indeed work. I'll show you some of the numbers in just a second.

What I also want to point out, which is really important about this study, is that a second follow up analysis was done on the same groups of treatment participants and comparison group members following 20 years of risk out in the community. At the time of the 20 year follow up, the average age of the people that had participated in treatment was already 31 years of age.

Let me switch slides here and go to a little table that's going to present some of the data that comes from the findings from these, the 10 years analysis and then the 20 year follow up. Based on the 10 year follow up, as you look at this table here, the sexually recidivism rate for the people who participated in treatment was 5%. That compared to a rate of 18% for the combined comparison group. The recidivism rates for any offense, any offense at all, were 35% for the treatment group, but 54% for the comparison group. In fact, for every measure of recidivism that they looked at in the study, the treatment group had lower recidivism rates than the comparison group members, whether you're looking at them as a whole, or at the individual sub-groups that I mentioned earlier.

When you move to the right hand side of the table here and look at the data based on 20 years of follow up, it's equally striking. Again, study subjects were on average 31 years of age at the end of the 20 year follow up period. As you can see in the chart here, the sexual recidivism rate was 9% for the treatment group compared to 21% for the comparison group. The violent non-sexual recidivism rate was 22% for the treatment, compared to 39% for the comparison folks. Finally, if you look at the bottom line that's down there, that looks at recidivism for any type of crime, you can see the difference was 38% for the treatment group compared to 57% for the comparison group.

In discussing their findings in looking at all this, Worling and Curwen and the other folks who were involved in the 20 years follow up study, I just want to read a quick quote from them. They said that, "The results of this investigation suggest that specialized treatment for adolescents who offend sexually leads to significant reductions in both sexual and non-sexual re-offending, even up to 20 years following the initial assessment. The results of this investigation also support the finding that only a minority of adolescents who offend sexually are likely to be charged for sexual crimes by their late 20s or early 30s." I think that's an important statement to keep in mind, and it comes from this research here.

Let me move the slide forward here and talk a little bit about a few other single

studies and what they have found in terms of whether or not treatment works. Another study that was done, published in 2005, actually looked at treatment that was provided in an incarceration setting. That also found positive treatment effects here. I'm not going to go into great detail on some of these studies here, but several recidivism outcomes in what I'm talking about, were examined using a 10 year follow up period. While the study didn't use random assignment, it definitely showed that treatment was effective when it was presented, or when it was delivered, in this incarceration setting. This is ... I want to make some distinctions here as I move through material, that the findings that we're getting here in terms of treatment effectiveness seem to be consistent regardless of whether treatment is provided in the community based setting, or in a secure setting.

One of the areas that I would like to go in and talk a little bit about here has to do with the research that's been done on multi-systemic therapy. While the first few studies that I mention here did not employ random assignment, they're not RCTs, a series of studies that have focused on the use of multi-systemic therapy with juveniles who sexually offend, these studies have employed a randomized control trial design. MST, of course, is a community based intervention that's been used with serious and chronic juvenile offenders in jurisdictions across the country. It was developed in the late '70s based on the premise that individual, family, and environmental factors all play a role in shaping antisocial behavior. MST works within multiple systems, the individual, the family, the school, so forth. It works within these multiple systems to address the various causes of a child's delinquency. It's been adapted to the special needs of juveniles who sexually offend.

While the effectiveness of MST with juveniles in general has been documented both in individual studies and in systematic reviews, research on MST effectiveness with juveniles who commit a sexual offense is somewhat ... I'm going to just interpret it subjectively, as still emerging. The first study to really look at the impact of MST on recidivism with juveniles was conducted more than 20 years ago. It had very small sample sizes, but the results were very very promising. It did find significant differences in terms of having people who participated in MAT treatment as having much lower recidivism rates compared to individuals who did not participate in treatment. See if I can switch the slide here because much more recently, in 2009, a study of MST that employed an RCT design, and a larger sample size, also found some very impressive results.

This particular study was based on a follow up period of an average 8.9 years. The researchers found significantly lower recidivism rates for juveniles who received MST treatment. In this particular study, the sexual recidivism rate was 8% for MST treated subjects compared to, keep this in mind, compared to 46% for the comparison group subjects. Striking striking difference. The non-sexual recidivism rate was 29% for MST treated adolescents compared to 58% for comparison group

subjects, and the study also found that MST treated juveniles spent 80% fewer days in detention facilities compared to their control group counterparts. Now, the most recent evaluation of MST's effectiveness with juveniles who sexually offend also employed an RCT design and found similar positive findings.

One of the things that's very clear when we look at the results of single studies is that despite the fact that small sample sizes have been involved, some very very rigorous research has shown that MST is particularly effective with this population. When you look at the results from all the single studies combined, you see a very very consistent pattern regarding positive treatment effects. Now granted, only a handful of these studies have employed this very rigorous RCT design, but the pattern is very very clear, and it suggests to us that treatment can and indeed does work.

Now, I'd like to go on and talk here now a little bit more about synthesis research. These are studies that will look at an entire body of research on a particular issue, like treatment effectiveness here, and in many many cases what we're seeing now today is that the synthesis research is going to be much more sophisticated than the types of studies that we saw 10 or 15 years ago. In many cases, systematic reviews today are going to employ meta analysis, which is a statistical technique, without getting into great level of detail or the scientific aspects, but again, it is a statistical technique that's going to pool all the subjects from many many different studies to really give you a much clearer, precise understanding of whether or not that intervention is effective.

I'm happy if anyone is interested in learning more about meta analysis or what it's advantages are, I can provide some information afterwards of that to get you to resources or some insights about this. I don't want to go into detail here. In many ways, the systematic reviews and the meta analyses that are being done today are really really the building blocks that we have that we're using more and more for defining what's evidence based and what is effective in terms of any intervention with criminal offenders.

When we look at the synthesis research that's been done out there, again, there's a very consistent pattern that we're finding in terms of treatment being effective. We are finding out, in terms of particular approaches again, that MST is effective, and that approaches that employ cognitive behavioral types of modalities are going to be most effective. One of the things to mention before I move into this material as well, is that we're seeing a great deal today, much much more in terms of economic analyses, cost effectiveness analysis, and cost benefit analysis, that gives us some idea about the return on investment of particular interventions, and whether the monetary benefits that are associated with any crime reduction that is produced, whether those benefits in terms of their monetary value, exceed a program's cost. It's very clear from the information that's being accumulated today that sex

offender treatment programs that are aimed at juveniles who commit sexual offenses, that they provide a very positive return on taxpayer investment.

Let's see if I can ... [inaudible 00:43:25]

Bethany Broida: Roger, seems like there might be something going on with your phone. Your audio might have just cut out, if you want to try to fix that. Everyone one online, I apologize. I hope we will get Roger back momentarily.

Hi everyone, it looks like Roger somehow dropped off. He's calling back in, so hopefully we should get him back any second now. Thanks for your patience.

Roger Przybylsk: Bethany, can you hear me?

Bethany Broida: We can. Glad to have you back.

Roger Przybylsk: Sorry about that. It looked like I was kicked off the internet and it messed up everything, so my apologies. I think I'm back on now. If you can hear me, I'll continue. I was about to start to talk about some of the findings from some of the more important synthesis research, particularly the meta analyses that are going to help us look at the bottom line on everything here. If you can hear me okay, and I've got the slide at the right position here, I'm going to talk a little bit about what's probably, or arguably, the largest study of treatment effectiveness that's ever been undertaken in this area. That was published in 2006 by Reitzel and Carbonell.

Now this is one of the most frequently cited studies of the effectiveness of juvenile treatment, and it was a Meta analysis that looked at nine individual studies, and a combined sample of almost 3000, almost 3000 juvenile subjects. It's clearly one of the largest studies ever undertaken in this area. Two of the studies in this analysis employed random assignment, and the treatment approaches that were most often used were based, again, on cognitive behavioral methods and relapse prevention, although some other approaches were also used in some of these studies here.

Now, based on an average follow up period of nearly five years, the researchers found an average sexual recidivism rate of 7.4% for the treated juveniles. By comparison, the average sexual recidivism rate for the comparison group members was 18.9%. Further, the researchers reported that every study in the analysis, every one of the nine studies that were included here, everyone of them yielded a positive treatment effect. Overall, the average effect size would suggest to you that for every 43 sexual offenders receiving treatment who recidivated, 100 sex offender in the comparison group would have recidivated. Again, it's pretty striking in terms of the effectiveness.

Now interestingly, two of the four strongest treatment effects that were found in this meta analysis came from MST treatment. In addition, then, also I want to mention that Reitzel and Carbonell did not find that studies of cognitive behavioral treatment had stronger effects than some of the other approaches. However, there were a number of issues, confounding factors, that might have influenced this finding, especially difficulties associated with categorizing studies here. We're a little bit unsure about what that means in terms of the finding on the cognitive behavioral approach.

Another meta analysis that I wanted to mention that found positive treatment effects was conducted by Winokur and colleagues. This analysis is important because it employed a protocol that assessed the methodological quality of potentially relevant research. It excluded studies that did not reach a sufficient standard of scientific rigor. Now overall seven rigorous recidivism studies were included in the analysis. One of them was an RCT. Of the seven studies, three examined treatment delivered in a community based setting, three ... a community based outpatient setting, three examined treatment delivered in a community based residential setting, and one examined treatment delivered in a correctional setting. In all seven studies, treatment involved some type of cognitive behavioral approach. The average follow up time across the seven studies was six years.

The researchers found that adolescents who completed treatment had significantly lower recidivism rates than untreated adolescents. Positive treatment effects were found for sexual recidivism, non-sexual violent recidivism, non-sexual non-violent recidivism, and any recidivism what so every. Treated juveniles had a sexual recidivism rate ranging from zero to 5% across the seven studies, compared to a range of five to 18% for untreated individuals. Again, some very striking results in terms of the effectiveness of treatment here for this population.

Let me see if I can move the slide, and just also mention that there have been a number of other meta analyses that have found positive treatment effects. A study, for example, published by Walker and colleagues, looked at 10 different studies, and the sample involved here across the studies was in excess of 600 adolescents. They found that treatment, particularly cognitive behavioral approaches, again, were effective. There have been other synthesis studies that have found similar outcomes here.

One I want to mention was done in 2008 that reviewed 11 studies that examined the outcomes of treatments provided to children up to the ages of 12, individuals who had displayed sexual behavior problems. One of the few studies that we have looking at treatment approaches for this particular population. The researchers found that both sexual behavior focused and trauma focused interventions were effective at reducing sexual behavior problems amongst this population. in terms of important practice elements, the researchers found that parent managing skills,

parent management skills were particularly important in reducing the sexual behavior problems in these children.

Finally, I want to mention a meta analysis that was done by the researchers at the Washington State Institute for Public Policy. This is the study that was done by Elizabeth Drake, Steve Aos, and their colleague, I forget the first name of Miller here, but they conducted a meta analysis and they're very well known also for the work they do with meta analysis and then cost benefit analysis. They found that sex offender treatment programs for juveniles reduce recidivism on average by 9.7%. In addition, when they did cost benefit work on these programs, they found that the treatment programs for juveniles produced a net return on investment of more than $23,000 per program participant, or almost a $1.70 in benefits per participant for every $1 that was invested in terms of paying for that program. So for every dollar that was invested in the program, they received $1.70 in crime reduction benefits in return. Again, a positive return on taxpayer investment.

If we look at the entire body of synthesis research, the entire body as a whole, again, a very consistent pattern of findings emerges. It suggests that treatment really does work, particularly MST and cognitive behavioral treatment approaches. And cost benefit analysis, as I just sort of tried to make very clear, is suggesting that we do get a positive return on investment from these types of programs.

Now, while the weight of the evidence clearly shows that treatment can be effective, one of the key things that we have to recognize is that there's widespread agreement in the research community that the knowledge base is far from complete. One of the key things that stands out when you examine the evidence base is that there's an acute need for more high quality studies on treatment effectiveness. We need both randomized control trials, as well as well designed quasi experiments that examine effects using equivalent treatment and comparison groups.

While sound RCTs are really really important, and I'm probably going to say something here that might be a little bit controversial because RCTs are extremely important and they can provide us some very definitive evidence about whether the intervention is working, but we've got to recognize that the use of an RCT does not automatically make that study's findings trustworthy or credible. One of the unfortunate things that I think has occurred in recent years in the evidence based movement, is the labeling of RCTs as the gold standard in research and evaluation design. Please, don't misunderstand me here, because RCTs do provide a very well defined procedure for creating counter factuals and generating unbiased findings about treatment effects. They definitely have distinct advantages over other types of research designs, evaluation designs, but I like to use a quote that I'm stealing from Leonard Bickman at Vanderbilt University, because I think it captures the essence of what I want to try and convey about randomized controlled trials.

Leonard Bickman has said that, "The are not really a gold standard in the sense of being perfect, but to paraphrase what Winston Churchill said about democracy, for determining causality, the randomize design is the worst form of design, except for all others that have been tried." I think that that is actually something that we have to keep in mind.

Sound RCTs do provide very trustworthy evidence, but they have to be designed properly, and they have to be executed, carry out, carried out properly, to be able to give us information that is indeed credible and trustworthy. That's not always a very very easy task. Now, given the constraints typically found with randomized control trials and so forth, we really do need more quasi experiments, as I said, that really in some ways use statistical techniques or design features that help to make the treatment and comparison groups equivalent. This is really really an important thing to do.

Future research also has to really dig into information that's going to be able to provide practitioners, particularly with policy makers as well, with information about the types of treatments that really work. Now we do have some insights currently about things like MST and cognitive behavioral approaches, but our knowledge base about which types of treatment work for which populations, in which situations, that's where we really don't have a great deal to guide us right now. There is a tremendous amount of work that needs to be done by the research and the scientific community to try and inform practitioners and policy makers in terms of answering these questions here. We have to have, we have to have a stronger knowledge base, empirical evidence, about the specific types of treatment and when they're going to work with which populations.

In summary here, the evidence really does tell us the treatment is working, but we've got to dig much more deeper into the dynamics and the specifics about what needs to be done here in terms of modalities. The bottom line, when we look at everything here, and what Director deBaca mentioned early on and what I've mentioned in trying to give some insights about where this is going, is that when you look at the weight of the evidence here on the effectiveness of treatment for juveniles who sexually offend, there is absolutely no question, based on that evidence and the weight of it, that therapeutic interventions can and do work. We've got very very rigorous studies about the efficacy of MST. There is more work that needs to be done there, and it would be great for studies to be done on MST that have no association with the developers of that program. But we do know something at least about MST being effective because that research is highly trustworthy and we do have some important insights, again, about the effectiveness of cognitive behavioral approaches.

One of the things that I think that's important to recognize here as we're looking at

what this research is telling us as well, is that we're starting to understand, and this is very much what we're finding in the juvenile field with juvenile offenders in general, is that interventions that address the multiple spheres of a juvenile's life, and then incorporate these cognitive behavioral techniques, along with group family therapy and individual therapy, that they tend to be most effective. The key thing is here is that we recognize that juveniles and whatever behavior problems they're experiencing or exhibiting, that they're lives are basically embedded in a number of different spheres or dimensions. We talk about the individual, the family, peers, school; things of that nature, the neighborhood, and all of these spheres, all of these issues need to be taken into account. We find when programs do do that, that they're much more likely to be effective.

One of the bottom lines that I will also just sort of mention here in brief is that when we do look at the treatment effectiveness research and what the findings are, that we are definitely seeing positive results regardless of where the treatment is delivered. I'm not in any way making an argument here that, let's say, if we have juveniles that are incarcerated, we can do just as good a job of that with them as if they're out in the community. I'm not suggesting that in any way because there are so many different factors and other issues that are involved here. The point that I just want to make here is that when studies have looked at the effectiveness of treatment delivered in the community, we have found positive findings, positive results. When that treatment is being delivered in a correctional facility, again, compared to non-participation in treatment, we find the treatment has a positive impact on recidivism. The setting, when we look at research across different settings, we're finding positive results regardless of what that setting is.

The last thing I think that I want to mention here as we talk about the effectiveness of treatment is that we've got to recognize, and I think treatment programs are doing this more and more of course, is that juveniles who sexually offend are very diverse in terms of their behaviors and their future public safety risk. When we talk about either the short-term propensity to re-offend or the long-term propensity over a life course, there are going to be significant differences that we find here across individuals. When therapeutic interventions are first of all developmentally appropriate, and they take motivational and behavioral diversity into account, and they focus, as I was just saying a minute ago, on the different spheres of the individual's life, the juvenile's life here, then those types of approaches and programs are much more likely to produce the positive results, much more likely to be effective here. I think that that's really a bottom line that we need to consider here when we're thinking about practice in this area, and policy as well.

That is probably where I think I'm going to stop here. I think we're about an hour, a little bit more than an hour into this. I'm, I guess, happy to turn it back to Scott and we can try to take a few questions and see if I can say anything that might even relately ... even remotely relate to answering any questions that are being posed.

I'm not sure that I'll be able to, but I'll give it a shot.

Scott Matson: Thanks Roger. That was a lot of great information. Appreciate your working through your technical difficulties as well.

Roger Przybylsk: Sorry about that.

Scott Matson: It's all right. I'm glad you came back. I didn't want to have to pinch hit for you there.

Roger Przybylsk: Okay.

Scott Matson: We opened up the Q&A session, so if you want to submit a question, there's instructions on the screen on how to do that. Submit it through the chat feature of the webinar interface. We received a lot of questions in the registration process that were really interesting, but perhaps pertained better to other webinars that we're going to be holding in the future. So we're going to not address those right here and right now. What we'd ask that if you're going to participate down the road that you submit those questions when the relevant topics come up.

We also received a number of questions about risk assessment for juveniles. It just happens that was the webinar that we conducted on May 11th, I believe, was that one. That's available on NCJA website if you want to go back and listen to that one, or look at the slides. There's some really good information about different tools that are out there and the evidence behind those tools. I suggest you take a look at those.

Given the questions that came in, Roger, I have one for you. We had a question from a participant who asked for studies that show the difference in recidivism with a new sex offense and other offenses between juveniles treated in a juvenile court program versus adults in sex offender, adult sex offender programming.

Roger Przybylsk: Okay.

Scott Matson: [crosstalk 01:04:49] that?

Roger Przybylsk: Sure, I can give it a shot. One of the things that I'll say initially in response is that I'm not aware of, and looking at a great deal, a significant amount of research here. I'm not aware of a study that in that individual study will do some type of comparison or juxtapositioning of adult recidivism rates with juvenile recidivism rates, especially if we're talking about a juvenile situation of being in a court program. A single study that's going to look at both of these and give you some comparison, I don't know of anything out there that does that. There would probably be some methodological problems or interpretation problems if a study attempted to do that.

I'm not at all suggesting that we don't have good insights into what I think that question is driving at, because there are a number of studies that we can look at comparatively that have separately looked at what the treatment effectiveness is and the recidivism rates are for adults that go through a particular type of program versus relative to what we know about juveniles who participate in a treatment program, whether that is at the community level or in some secure setting.

One of the things that we do know when we look at some of the adult material, and I would encourage folks, if you're interested in answers to this question or what the findings are from science when we look at adults versus juveniles, Robert Prentky did a review of the adult treatment effectiveness. One of the conclusions that he came up with, and I wouldn't disagree with this, but you can find some variation, but he suggested that adult programs that are focused on treatment for adult sexual offenders, that they reduce recidivism generally in the area of 5 to 8%. That might not seem like it's a great deal, or significant, but if programs like that are brought to scale where you're dealing with enough people, that's an awful lot of victimizations that are being prevented here.

I guess I'll editorialize that, but what we can look at at some of that work, let's say those findings from Robert Prentky, we can look at a few different studies that are on the adult side, and if that question was looking for specific published studies where you can go in and actually look at these findings, I would suggest taking a look at a study that was published in 2004 by Harris and Hanson, or the 2010 meta analysis that was done by Losel and Schmucker. Both of these studies looked at adult populations, and they give us some very good insights about not only of the effectiveness for treatment, but what the recidivism rates are short term and longer term for adults who go into treatment programs.

The Harris and Hanson study particularly looked at recidivism rates 15 years after treatment. I believe there was a portion of the analysis that was done that actually extended it out further in time. Some of Robert Prentky's work actually has looked at treatment outcomes in terms of recidivism using 25 year follow up periods, although there's some limitations with that work. I'll mention the Harris and Hanson study published in 2004, and the Losel and Schmucker meta analysis published in 2010 can give us some very good insights about what numbers are there for adults.

Today when I walk through the juvenile side of things here, and what the studies tell us, I think when you take a look at the Reitzel and Carbonell meta analysis or the Worling studies that were done based on 10 year and then 20 year follow up periods, if you look at the results from these studies and compare them with what was found, for example, on the adult side with Harris and Hanson, and by Losel and Schmucker, we find that on both side, treatment is effective, but the recidivism

rates that you're seeing on a juvenile side tend to be lower, much lower, than what we're finding on the adult side.

It's difficult, based on the information that's available, to come away from this and say something like, "Well, treatment is more effective for the younger people." I don't think we have the evidence in any way to be able to say that. What we are seeing is that treatment is effective on both sides, and then in general, whether we're looking at recidivism rates for juveniles just in general compared to adults, or we're looking at the recidivism rates when people come out of treatment, that those recidivism rates for juveniles tend to be much lower than what we're finding on the adult side. It's the dynamic that a very significant percentage of these young people are not going to go on to re-offend as adults. That's how I think I would answer this question. Hopefully that's somewhat close to what people were looking for there, or whoever posed that question was looking for. Again, I'm happy afterwards to be able to actually point people, or anyone, to other specific studies as well that might help to answer that question in more detail.

Scott Matson: Great. Thanks. Thanks Roger. There've been a number of questions that have come in, really, that have to do with locating good treatment and defining what that is and maybe looking to where resources for treatment for juveniles might be. Can you talk to that a little bit?

Roger Przybylsk: Yeah. There's an awful lot that's out there. There are many many resources. If I were to try to come up with, let's say two or three or off the top of my head, that I think would be great starting points for understanding the population, how treatment should be approached, and what some of the details are in terms of what works, again in this area of what specific modalities work in which situations, I would say that ... let me suggest the following three resources as a point of departure. One place I would certainly go to take a look is ATSA, The Association for the Treatment of Sexual Abusers. Their website, if anyone isn't aware, is just www.atsa.com.

If you go on there, it's very easy to search and to find resources about treatment interventions for juvenile populations. There's a great deal of information that you can find on that website about specific treatment approaches, policies and practices, and finding additional resources, people to talk to, other places to look to dig into more detail about what works and how to apply that in a real world setting.

The second resource that I would mention again would be another website organization. That's CSOM, The Center for Sex Offender Management. Their website, simply, www.CSOM.org. Very much like ATSA, you can find a wealth of resources about treatment, again, in terms of practice, policy, modalities, things of that nature, for this population at the CSOM website. That would be another key resource that I would suggest people take a look of up front.

The third one, which is something that I, six months or a year ago, I wouldn't have been able to mention, is crimesolutions.gov. This is the registry or repository of evidence and evidence based programs that is put together and managed by the National Institute of Justice. The reason I'm mentioning this now is that they have very recently, on that website, included treatment for juveniles who sexually offend as an effective or promising practice. If you go on to crimesolutions.gov, it's www. and then all in one word, crimesolutions then .gov, if you go in and search for this issue or topic of juvenile treatment for sexual offenders, or treatment for juveniles who sexually offend, you will find a great deal of information about the practices that seem to be most effective or promising, the underlying research, and some of the issues that I think would be important if you're thinking about trying to understand how to approach this from a practice perspective. I think those are the three resources that I would mention immediately as a point of departure for trying to find more information about what really works here and what that means, particularly in a practice setting.

Scott Matson: Thanks Roger. I think I'll throw out a couple of others. There's also the NEARI Press, n-e-a-r-i press.org. There's a lot of great resources and training materials on their website for adolescents and children who commit sex offenses. There's also the National Center for ... or National Center on the Sexual Behavior of Youth. That's ncsby.org. Then finally, the National Adolescent Perpetration Network at the Kempe Center. Their website, I believe is www.kempenapn.org. All three of those are great resources for people who are treating juveniles who commit these offenses. If you want to visit their websites or call, or check in on them, I think you'll find some good resources there as well.

Roger Przybylsk: My apologies Scott, you know of these resources better than I do. I'm glad you chimed in on [crosstalk 01:16:38]

Scott Matson: That's okay. I think the one ... That's okay, the ones you identified were great too. There are probably others as well that we're missing, so apologies to anyone we may have left out.

Did you come across any research on treating female juveniles who have committed offenses, sex offenses?

Roger Przybylsk: That's a great question, and the bottom line answer is no. There are, in some of the studies that have been done, there are very small numbers of females that are included, but there is nothing that I'm aware of that right now allows us to say anything about the female population. That's unfortunate, it's clearly an area where we need to do research work here. One of the things, when you just look at recidivism in general for sexual offenders, there's really ... the information that's available about females just in general is very very sparse in terms of the empirical

evidence. Certainly there have been studies that have been done there. I think we have some very solid findings that we know that females are going to have a propensity to recidivate that's going to be much much lower than what we find for males. Both in just looking at recidivism in general, we need to do more work there, and in this treatment area, I am not aware of anything that allows us to say something with any confidence about that population. We just don't have anything that's there.

Yeah, the other, like I was saying very early on, most of what we're able to look at is transferable, if you will, to adolescent male population. Once we even move to pre-adolescence or individuals that are 12, 11 years of age, or younger, I mentioned one study when I was moving through the material that did focus on that population, but very little's out there about that as well. We've got a great deal ... we've got pressing, really pressing needs in this area, and the female population issue certainly falls under that.

Scott Matson: Yeah. Right. [crosstalk 01:19:08]

Roger Przybylsk: I don't know if you're aware of anything, Scott.

Scott Matson: Actually, that's why I threw it out there, thinking maybe you'd come across something. This next one's probably a very similar response, but I thought I'd ask because a number of participants have asked. What about studies that might focus on differences in race or ethnicity or socioeconomic status?

Roger Przybylsk: Yeah, same thing here.

Scott Matson: Yeah.

Roger Przybylsk: Part of the problem also is that ... I can answer and just say that we just don't have studies that have focused on that. Maybe back up a little bit and think, a lot of the movement in the evidence based area and trying to determine effectiveness has focused on the use of randomized control trials. If we were to try and determine whether a particular intervention worked, to be able to definitively say that, theoretically under this model you'd need to have multiple, say two or three, randomized control trials, each of them producing positive findings about the effectiveness of the intervention. When you think about the research that we have either on the adult side, or the juvenile side, we have very few RCTs overall. This is just looking at the effectiveness of treatment for a very broad juvenile population. Once we start to move to subsets of the population, when we're about females, or whether we're talking about any of the other variables that you mention, we just don't have the research that's there at all.

One of the issues that I'll just raise here in responding as well is that many times

when you're looking at a study, and its methods, and its findings, and its implications for policy or practice, the reviewer, the person that's trying to use that information to make an informed opinion about what those findings say and what they mean, you're at the ... you can only go and use the information that's provided in that study.

I guess what I'm driving at there, I don't know if I'm making sense, but many times when studies are written up and published and then that's what you have access to and can look at, the level of detail about the population that's being addressed, or the modalities of treatment that are being used, that information often times is very limited. It doesn't give you the kind of detail that you're hoping to see to really make use of that study and its findings and be able to interpret it in a really appropriate manner. This is a problem across the board. It's something I think researchers need to think about when they are publishing studies and when they are writing them up so that really the details, the characteristics about the population and the approach for treatment that's being used is readily apparent in what's provided to other people. That's just not always the case.

We don't have a lot of research that ... We don't have information to answer the question that you're posing, and even if we did, I guess what I'm trying to say is researchers really need to be diligent about the detail that they're presenting so that we can understand those types of issues. I guess I'll leave it at that.

Scott Matson: Okay. Thanks Roger. There are a couple of other questions that came in about other approaches besides cognitive behavioral therapy and MST. I know that we focused on research that has actually been conducted. There are probably other kinds of programs that have been used with youth. I don't know if you're aware of any, Roger, that have showed any promise, but I know that if participants are looking for other kinds of programming that there might be good research on, or new emerging research, you might want to consult with some of the resources that we identified.

Someone also asked about family therapy. I know that the folks at The National Center on the Sexual Behavior of Youth are working on a youth with sexual behavior problems program, which involves a type of family based therapy. They may be able to provide some good resources.

I think we have time for one more question. I want to make sure everybody knows that there's the survey or poll is, I think, they're about to open up. There it is. It would be great if you could fill it out and give us some feedback on whether or not the webinars are meeting your needs and so on and so forth.

The last question I will ask Roger is one that came in during the registration process. If on average, roughly, one in four children are sexually abused and yet

only one in 100 turn out to become offenders, what is working so that so many children do not perpetrate the abuse. In other words, why aren't the victims becoming offenders?

Roger Przybylsk: Right. Yeah. Interesting question. Extremely interesting topic any place, but I'll talk about the work that we did under SOMAPI. I know that, Scott, we've been together on several of these, that this issue tends to come up and be raised many many times. It's an interesting one and a tough one to answer. I think what I'll say in response is that, sorry to have to do this again, but it's like, I don't think we know enough in terms of if there is anything that's being done in terms of specific interventions or treatment or things of that nature, that we can hang our hat on. Now, keep in mind I'm completely confident in the overall findings about treatment being effective and working here.

One of the things that I want to really mention in response to this question is that when you look at the etiological research that's been done, both in the juvenile and in the adult area, what we're starting to be able to understand that there are certain factors that will tend to come into play, or that might, if you will, facilitate or tend to make it easier for an individual who experiences abuse during childhood to move through a developmental pathway where they are then offending as an adult.

Some of the factors that are being found to come into play here have to do with the individual's age at the time of the abuse, the intensity and duration of the abuse, things of this nature. But one of the key things, which I think is relevant to this question, is that the manner in which adults respond to disclosure seems to be a very very important factor. If abuse is occurring, and the child victim discloses that in some fashion, how that is dealt with, whether it's ignored, whether it's sort of brushed under the rug, or whether steps are taken to take that seriously and respond to it, that's seems, indeed, to be one of the key variables or factors that's involved here in arresting development from childhood victimization to offending later in life.

I wish I could talk more about what those responses should look like. Again, I'm not a clinician, I'm a research, so I go based strictly on what I can see in the research there, and I don't think we know very much, or enough, about what's happening there to be able to make some good statements about it. There's absolutely no question that that issue, that variable, the manner in which disclosure is dealt with, is indeed a key factor in either arresting that development or somehow letting/permitting it to go forward. Again, there are a lot of different variables and factors that have to do with personality and issues that I mentioned, like age and duration of abuse and things of that nature, but the way the response is handled in terms of disclo-, to disclosure, that's a very important variable.

Scott Matson: That's a tough one. Thanks Roger for trying to tackle that one, and then all the other questions. I really want to thank you very much Roger, as well as everyone in the audience for joining us today. We hope you'll join us for the next webinar in the series, which is going to be on juvenile etiology and typologies. That's going to be on June 22nd. The registration is open for that webinar at ... you can register at www.NCJA.org/webinars. Thanks again. We hope to have you participate in the future webinars, so look for those. Everyone have a great day. Thanks a lot.