

What works?

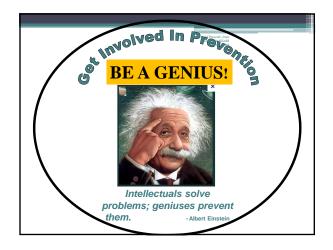
• Do we want them to re-offend or not?

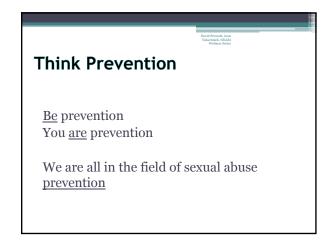
• What can we do?

• Who should we be?

• Is that enough?







Our destination

•We can make our communities safer by building healthier lives for all



The Problem

- Webinar Series
- Smith, Goggin, & Gendreau, 2002
- Meta-analysis
- 117 studies since 1958
- 442,471 criminal offenders, including juveniles

id Prescott, Joan sechnick, NEARI Webinar Series

•No form of punishment reduced the juvenile's risk to abuse



A <u>real</u> problem

- Prisons and intermediate sanctions should not be used with the expectation of reducing criminal behavior.
 - Includes intensive surveillance, electronic monitoring, DARE, Scared Straight, etc.
 - Some indication of increased risk for low-risk criminals
 - www.ccoso.org



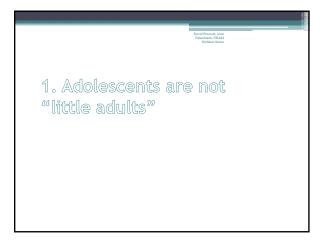
It's been - what - 35 years since the first adolescent program?

WHAT HAVE WE LEARNED?

6 Principles

1. Adolescents are not "little adults"

- 2. Most adolescents do not re-offend sexually
- ${\mathfrak Z}$. Assessment measures help, but are not standalone instruments
- 4. Resiliency and protective factors as well as risk factors
- 5. The right person-centered treatment makes a difference
- 6. The qualities of the professional can change outcomes



Letourneau & Miner, 2005



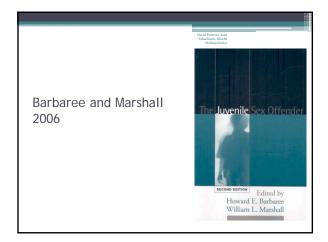
Three realities that should influence our legal and clinical interventions:

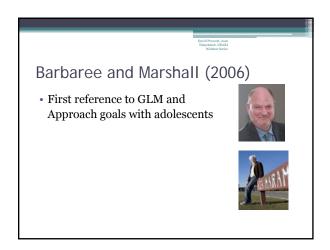
- Our recognition of sexually inappropriate to abusive behavior by children and teens gives us all an opportunity to intervene earlier
- 2. Adolescents who sexually abuse have more in with other "juvenile delinquents" than adult sex offenders
- The re-offense rate for adolescents is very different from the recidivism rates for adults (and even lower after successful intervention).



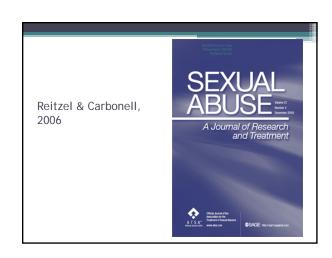
"Sex Offender"





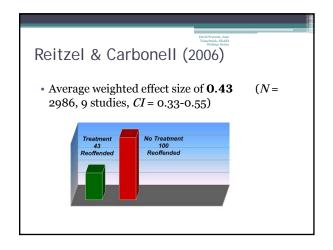


2. Most adolescents
do not re-offend sexually



Reitzel and Carbonell (2006)

• Summarized data from 33 studies on sexual reoffense by adolescents
• Follow-up averaged four and a half years
• 9 studies contained a no treatment control group or a comparison treatment group
• Treated adolescents recidivated sexually at a lower rate (7.37%) than untreated adolescents (18.93%; Total N = 2986)



Reitzel & Carbonell (2006)

- Recidivism rates (N = 5335, 4805 male)
- 11.87% sexual recidivism
- 22.59% non-sexual violent
- 28.99% non-sexual non-violent
- · 22.30% unspecified
- (R = arrests, convictions)



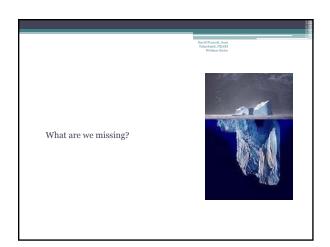
Implications and a caution · High rates of non-sexual recidivism: We need treatment to promote responsible living in all areas

- · The right treatment approaches with the right client have a demonstrable positive impact on reducing recidivism.
- · There has been no direct examination in the literature of treatment outcomes with youth who have refused or dropped
- Our job is to create willing partners in change.

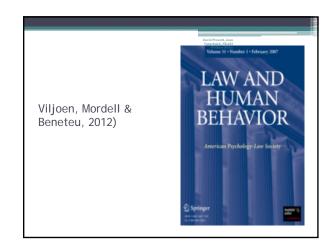


Worling et al, 2010

- Followed 148 juveniles for 12-20 years
- Prospective study
- 16.22% sexual re-conviction rate (24 of 148)
- · More likely to commit other crimes
 - "Relative to the comparison group (n = 90), adolescents who participated in specialized $treatment\ (n=58)\ were\ significantly\ less\ likely\ to$ receive subsequent charges for sexual, nonsexual violent, and nonviolent crimes."



3. Assessment measures help, but are not stand-alone instruments





- Examined predictive validity of JSOAP—II, ERASOR, JSORRAT—II, and Static-99 with adolescents.
- AUC scores ranging from .64 to .67.
- Moderate to high variability across studies

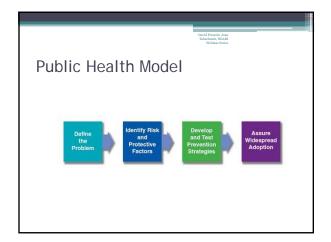


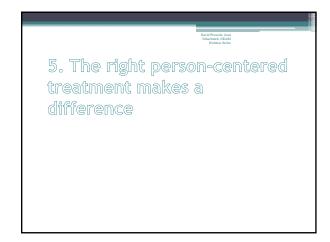
4. Resiliency and protective factors as well as risk factors

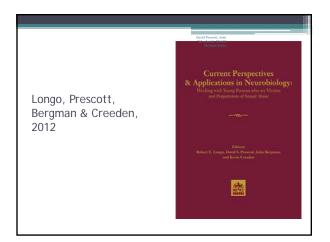


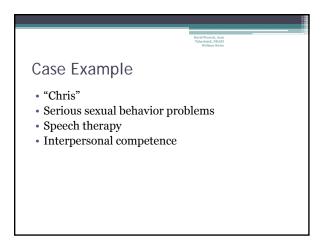


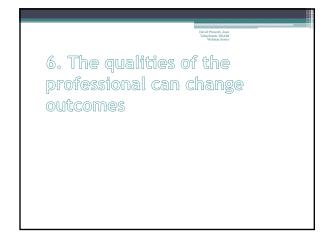


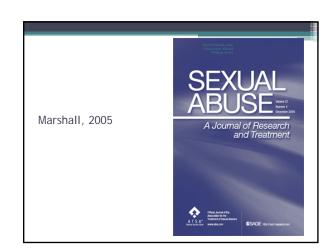


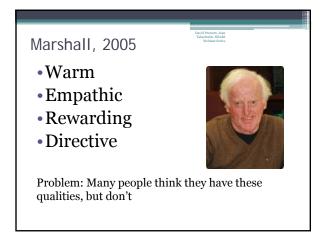




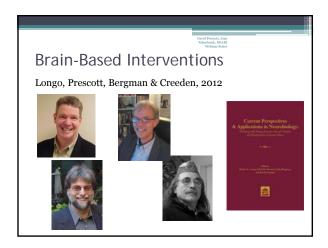


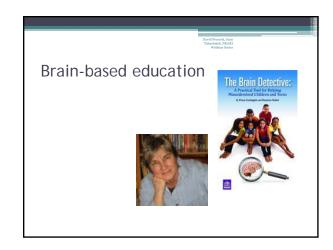


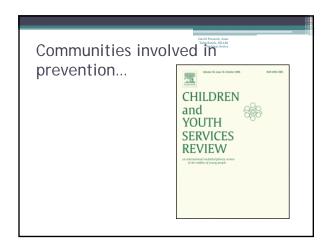




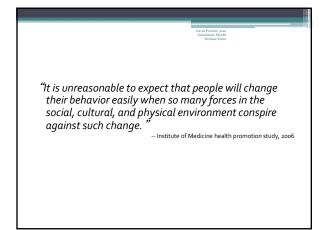


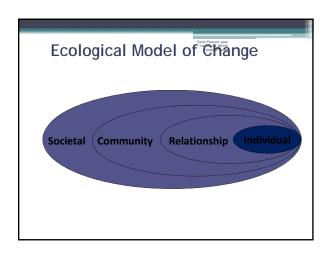
















The key • We should all work together to build willing partners in change.

Summary • Many perspectives • Keep learning • Keep talking • Share your experiences



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