

Elizabeth J. Letourneau, PhD is an associate professor and director at the Moore Center for the Prevention of Child Sexual Abuse, Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University. For more than 25 years she has conducted research involving the evaluation of clinical practice and legal policy related to adult and adolescent sexual offending. Specifically, she has developed and/or evaluated assessment tools for juvenile and adult sexual interest in children and sexual recidivism risk. She has also contributed substantively to the literature on treatment of sexual offenders, including leading the largest randomized controlled trial evaluating an intervention for youth who have sexually offended. She has served as primary investigator on six studies evaluating adult and adolescent sex crime policies, findings of which have been presented internationally (e.g., to INTERPOL), nationally to US Department of Justice Agencies (e.g., US Immigration and Customs Enforcement), cited in federal and state court cases including three state supreme court cases, and provided as testimony to state and federal policy makers. As the inaugural director of a research and policy center focused on the prevention of sexual abuse, she more recently turned her focus to the primary prevention of child sexual abuse. She currently serves as president for the Association for the Treatment of Sexual Abuse, the largest international member organization that focuses on the prevention of sexual abuse and sound policy and practice with people who have offended or at risk to do so.

Sue Righthand, PhD is a clinical and consulting psychologist in independent practice. She obtained a B.A. in Sociology from Beloit College in 1975, a M.S. in Criminal Justice from Northeastern University in 1977 and her Ph.D. in Clinical Psychology from the University of Wyoming in 1985. She has extensive experience working with children with problematic sexual behavior, adolescents and adults who sexually abuse, as well as individuals who have experienced or perpetrated child maltreatment and other forms of violence. She is affiliated with the University of Maine where she is an Associate Research Professor.

Over the years, Dr. Righthand has served as a consultant to the Maine Departments of Human Services and Corrections and the Maine District Courts. She provides training, consultation, and program evaluation across the country. She is a member of the Association for the Treatment of Sexual Abuser's Guidelines Committee for Adolescents who have Sexually Abused and is a consultant to the National Center for Sexual Behavior in Youth. Dr. Righthand co-authored the *Juvenile Sex Offender Assessment Protocol II* (Prentky & Righthand, 2003) and related research, as well as *Effective Intervention with Adolescents Who Have Offended Sexually: Translating Research Into Practice, Child Maltreatment Risk Assessments*, and other publications.

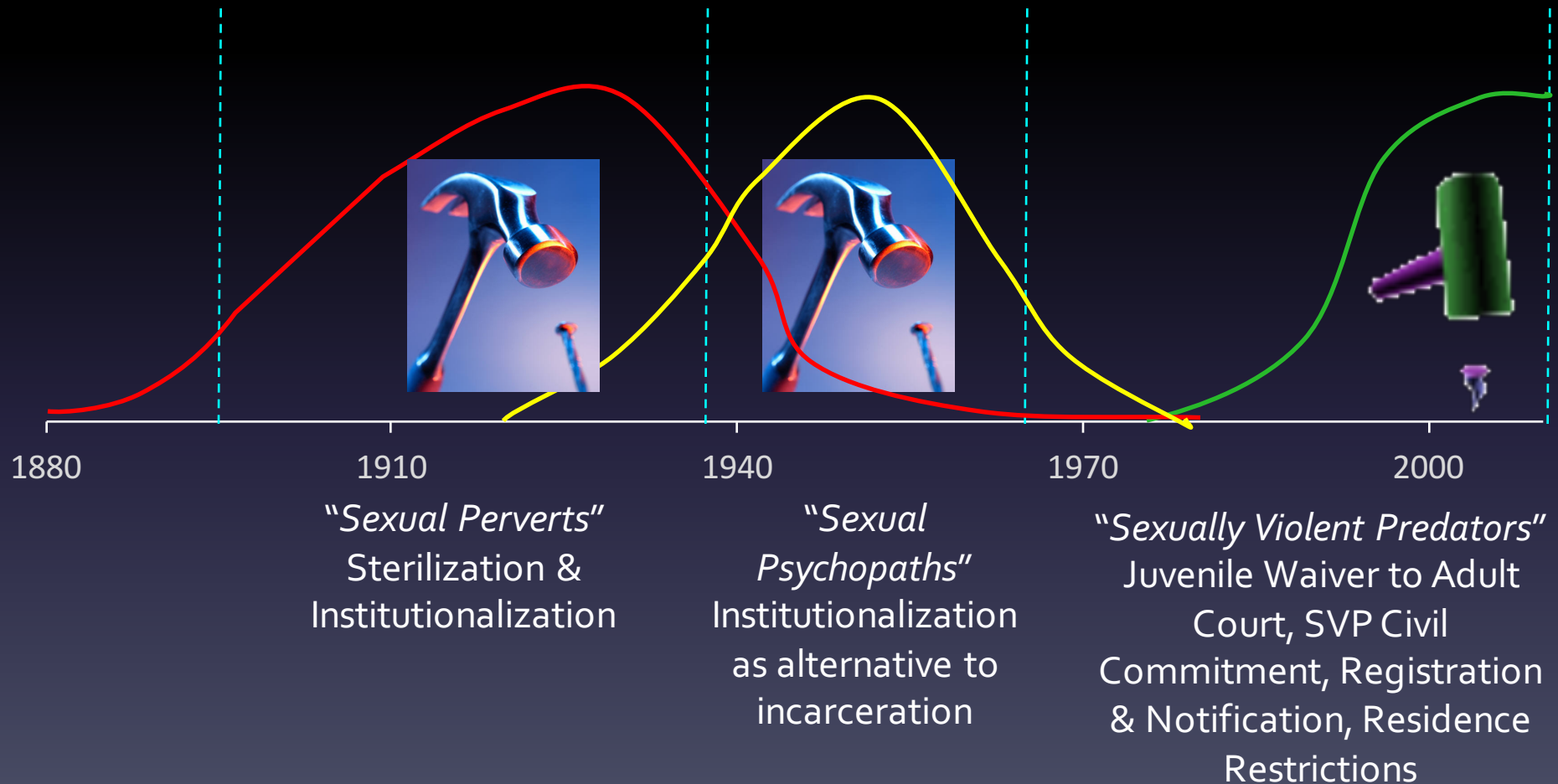
Jane F. Silovsky, PhD is a clinical child psychologist and the Associate Director of the Center on Child Abuse and Neglect. She is a Professor in the Department of Pediatrics at the University of Oklahoma Health Sciences Center. Dr. Silovsky is the Director of the Treatment Program for Children with Problematic Sexual Behavior, which is an assessment, treatment, and research program for children ages 3-12 with problematic sexual behaviors. Dr. Silovsky's research is in the area of treatment outcome and program evaluation of services for children affected by child maltreatment.

Revising Harmful Policy: An Inside Look at Changes to US Juvenile Sex Crime Laws

Elizabeth J. Letourneau

Director, Moore Center for the Prevention of Child Sexual Abuse
Johns Hopkins Bloomberg School of Public Health
elizabethletourneau@jhu.edu
www.jhsph.edu/childsexabuse

Three Waves of U.S. Sex Crime Legislation



Wave III: Registration and Notification

Johnnie, aged 15 years

Reason for public registration:
At 11 he fondled and received
oral sex from his younger sister

Adjudicated and sent to
residential treatment

Subsequently pictured on the
Delaware internet registry

His first suicide attempt came 2
weeks later, after classmates
learned of his registration



How Did We Get Here?

In the early days of developing US juvenile sex crime policy & practice we were:

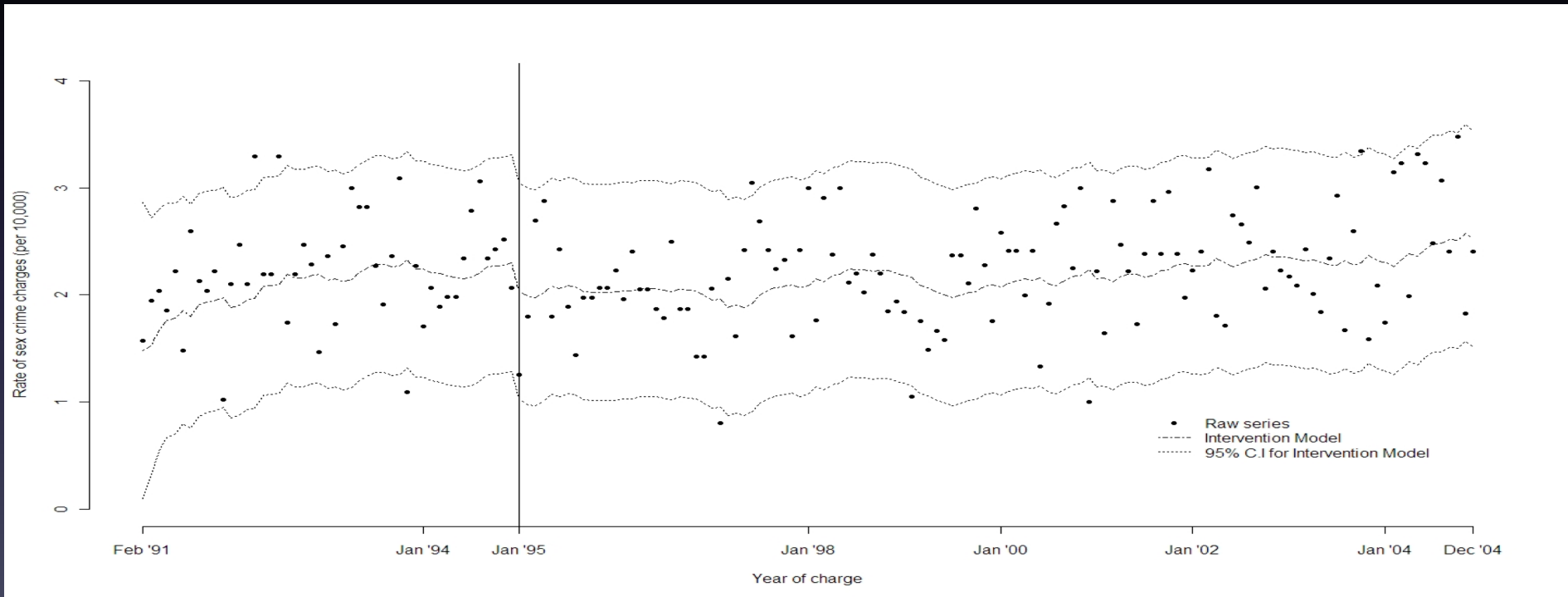
- Informed by research from highly select adult sex offender samples
- Hindered by lack of information on normative child sexual behavior
- Hindered by an absence of child development specialists
- Reacting against perceptions that mental health practitioners ignored or minimized sexual harm
- Responding to false moral panics about “sexually violent predators” and “juvenile super-predators”

Policy Failures

To date, every published evaluation of juvenile sex offender registration and notification has indicated that these are policy failures.

These policies fail to improve community safety in any way.

Registration/Notification Not Associated With Reductions In First-time Sex Offending¹

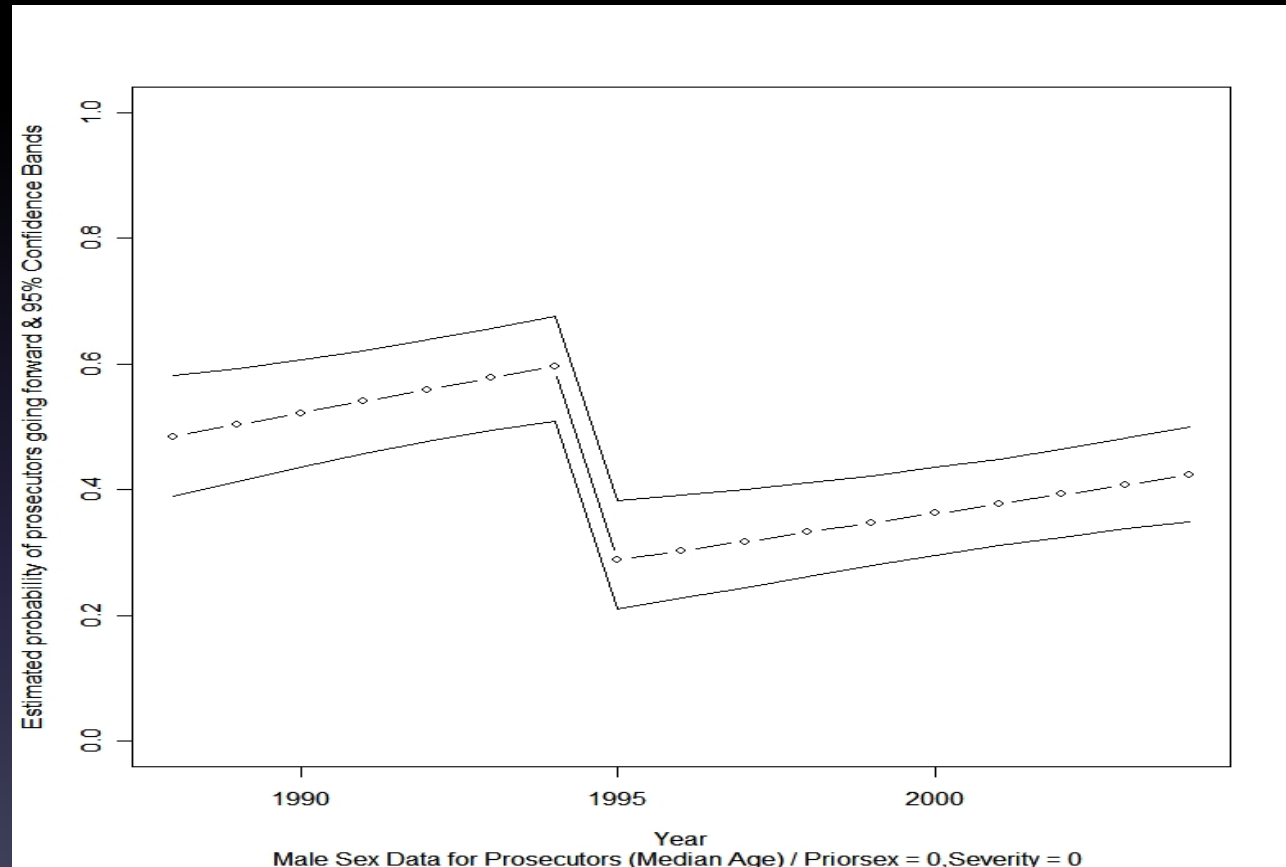


Registration/Notification Not Associated With Reductions In Sexual, Violent, Or Nonviolent Recidivism

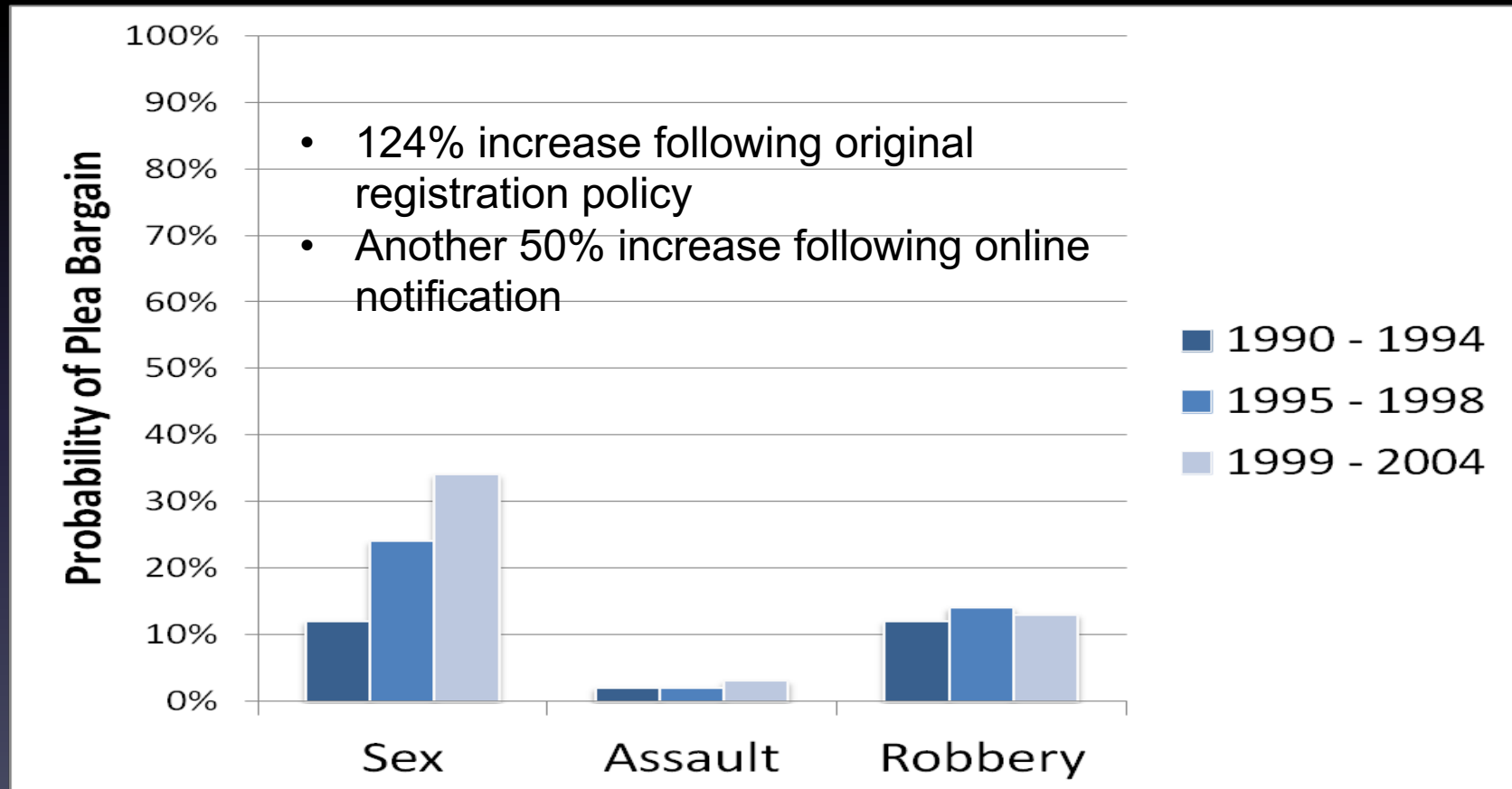
- 2.5% youth had new sex crime convictions
- Being registered did not predict new sex crime convictions
- Each year that a youth stayed in his community without reoffending predicted continued nonoffending

Registration/Notification Reduced Likelihood of Prosecution

41% reduction in the
odds of prosecution
forward on juvenile sex
crime cases following
registration enactment



Registration/Notification Dramatically Increase Plea Bargains for Cases that do Move Forward



Practitioner Collateral Consequences Survey

Mental Health (12 items)	Disagree	Neither	Agree
Are more afraid for their own safety	2.3	8.7	89.0
Have less hope for the future	3.2	7.8	89.0
Harassment/Unfair Treatment (4 items)	Disagree	Neither	Agree
Are treated differently by teachers or other adults at school	6.4	10.0	83.6
School Problems (6 items)	Disagree	Neither	Agree
Are more likely to have had to switch schools	7.3	15.5	77.2
Have more trouble concentrating at school	8.7	18.3	73.1
Living Instability (4 items)	Disagree	Neither	Agree
Are more likely to have changed caregivers	9.6	25.6	64.8
Risk of Reoffending (2 items)	Disagree	Neither	Agree
At greater risk to commit a future sexual offense	28.3	34.7	37.0

Youth Collateral Consequences Self-Reports

- Youth with registration requirements have significantly higher odds of having attempted suicide in the past 30 days
 - Nearly 10% of registered youth had attempted suicide in the past 30 days
 - Less than 1% of nonregistered youth had done so
 - Nationally, 7.8% of high school students report having attempted suicide *in the past year*
- Relative to nonregistered youth, registered youth also reported significantly:
 - greater suicidal ideation
 - lower sense of safety
 - less peer support

Evidence of Change

2008: U.S. attorney general eliminated juvenile public notification requirements

2011: Michigan revised juvenile registration policy

2013: Delaware amended its juvenile registration statute

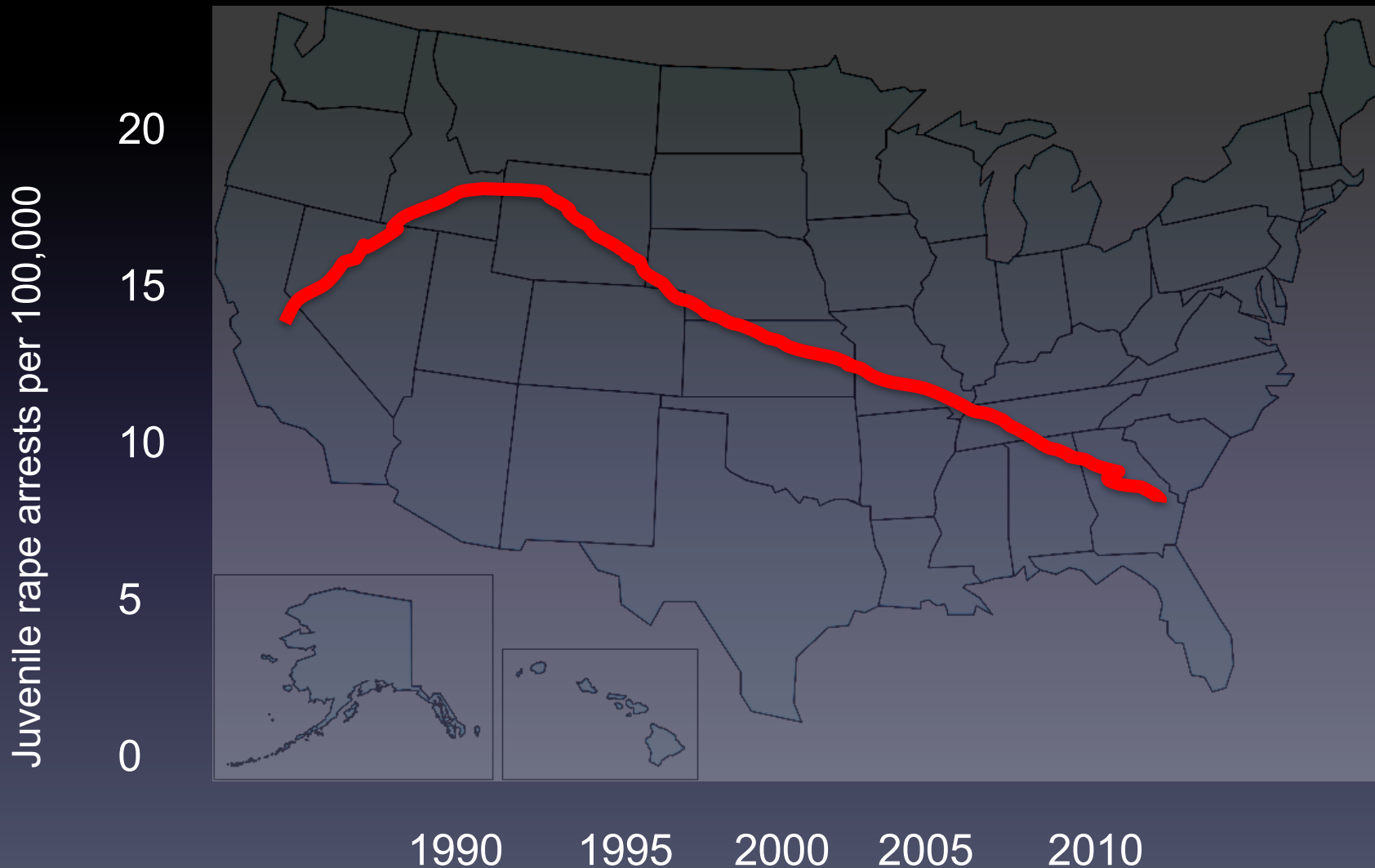
2014: Illinois commissioned “Improving Illinois’ Response to Sexual Offenses Committed by Youth”

2015: Texas commissioned a task force on improving outcomes for juveniles adjudicated of sexual offenses

2015: U.S. District Court found Minnesota’s civil commitment program (MSOP) unconstitutional, particularly for youth:

“The confinement of...juveniles who might never succeed in the MSOP’s treatment program or who are otherwise unlikely to reoffend, is of serious concern for the Court...”

Why are We Seeing Positive Change?



elizabethletourneau@jhu.edu

Slide 1: Letourneau, E. J., & Levenson, J. S. (2010). Preventing sexual abuse: Community protection policies and practice. In J. Meyers (Ed.), *The APSAC handbook on child maltreatment* (3rd ed, pp 307-322.). Thousand Oaks, CA: Sage.

Slide 2: Maggie Jones, *How Can You Distinguish A Budding Pedophile From A Kid With Real Boundary Problems?*, N.Y. Times, July 22, 2007.

Slide 3: The Revised Report from the National Task Force on Juvenile Sexual Offending, 1993 of National Adolescent Perpetrator Network. *Juvenile & Family Court Journal*, 5-120.

Slide 4 – None

Slide 5: Letourneau, E. J., Bandyopadhyay, D., Armstrong, & Sinha, D. (2010). Do Sex Offender Registration and Notification Requirements Deter Juvenile Sex Crimes? *Criminal Justice & Behavior*, 37, 553-569.

Slide 6: Letourneau, E. J., Bandyopadhyay, D., Sinha, D., & Armstrong, K. S. (2009). The influence of sex offender registration on juvenile sexual recidivism. *Criminal Justice Policy Review*, 20, 136-153.

Slide 7: Letourneau, E. J., Bandyopadhyay, D., Sinha, D., & Armstrong, K. S. (2009a). The effects of sex offender registration policies on juvenile justice decision making. *Sexual Abuse: A Journal of Research and Treatment*, 21, 149-165.

Slide 8: Letourneau, E. J., Armstrong, K. S., Bandyopadhyay, D., & Sinha, D. (2013). Sex offender registration and notification policy increases juvenile plea bargains. *Sexual Abuse: A Journal of Research and Treatment*, 25, 189-207.

Slide 9: Harris, A. J., **Walfield, S.**, Shields, R., & Letourneau, E. J. (in press). Collateral consequences of juvenile sex offender registration and notification: Results from a survey of treatment providers. *Sexual Abuse: A Journal of Research and Treatment*.

Slides 10-11: None

Slide 12

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8. Borduin, C.M., Schaeffer, C.M., & Heiblum, N. (2009). A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology*, 77, 26-37.
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10. Human Rights Watch (2013). *Raised on the Registry: The irreparable harm of placing children on sex offender registries in the US*.

YOUTHS WHO SEXUALLY ABUSE: WHAT WORKS?

Sue Righthand, Ph.D.

March 18, 2016

YOUTHS WHO SEXUALLY ABUSE ARE NOT SMALL ADULTS

Their sex offending typically is:

- Opportunistic
- Curiosity based
- May be related to developmental social problems



ADOLESCENTS

- Compared to most adults, anomalous adolescent sexual interests and behavior may be:
 - Experimental & changeable
 - NOT fixed



(Hunter, et al., 1994; Vitacco et al., 2009)

ONCE A “SEX OFFENDER”
ALWAYS A “SEX
OFFENDER?”

RECIDIVISM

Study	Follow-up	Sexual	Non-sexual
<p>Zimring et al., '07 (n=3129 male juvenile police contact for 3 years between 1943-1955; 47 boys JSO)</p> <p>Juveniles with more than 9 contacts with no sex offenses v. those including 1 sex offenses</p>	4 – 14 years: adult police contact	<p>JSO= 8.5%</p> <p>Non- JSO =6.2%</p> <p>20.2%</p> <p>v.</p> <p>15%</p>	
<p>McCann & Lussier, '08</p> <p>N= 3189,</p> <p>18 Subsamples</p>	@ 5 years.	12.2%	<p>28.5% violent</p> <p>60.9% nonviolent</p>

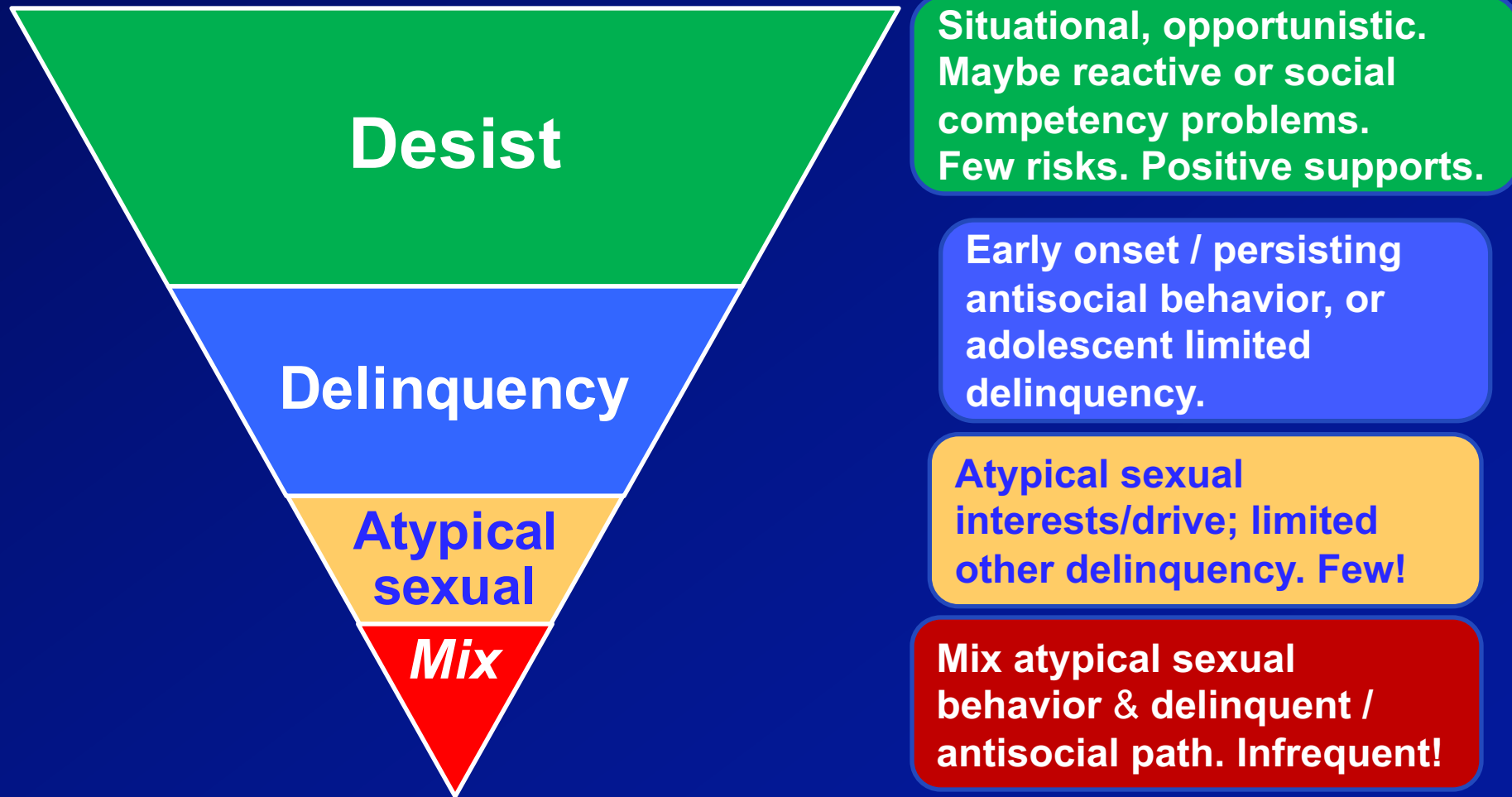
Study	Follow-up	Sexual	Non-sexual
Caldwell, '10 N = 11,219, 63 subsamples (53 U.S. studies)	M = 59.4 months, arrests/convictions Juvenile recidivism, only; M = 30.5 mo. Adult recidivism, only; M = 73.8 mo.	7.1% 9.9% 6.5%	43.4%

MOST STOP

- Generally 85-95% do not appear to reoffend (Finkelhor, Ormond & Chaffin, 2009)
 - Non-sexual recidivism is greater!
- Some variability:
 - Higher rates in some unique samples
 - Lower rates in *treatment* vs. comparison groups
 - Notable rates in *nonsexual offending* samples

(e.g., Caldwell, '10; Carpentier, et al., 2006; Heilbrun, et al., '05; McCann & Lussier, '08; Rubinstein et al. '93; Weinrott, 1996; Worling, Litteljohn & Bookalam '10; Zimring et al., '07)

POSSIBLE PATHWAYS



(Becker & Kaplan, 1988, Hunter et al., 1994, Hunter & Becker, 1994; Hunter, 2006, 2008)

WHAT WORKS?

PRINCIPLES OF EFFECTIVE INTERVENTION

■ *Risk – Need – Responsivity Model (RNR)*

- Risk Principle

- Need Principle

- Responsivity Principle

(Andrews & Bonta, 2010, *The psychology of criminal conduct* , 5th ed.;
Andrews, Bonta & Wormith, 2011 , Gendreau & Ross, 1987)

DO NO HARM!

“... RNR programming for low-risk cases [is] keep them away from the criminogenic aspects of justice processing, including ... interaction with higher risk others.”

(Andrews et al., 2011, p. 743)

R-N-R MODEL

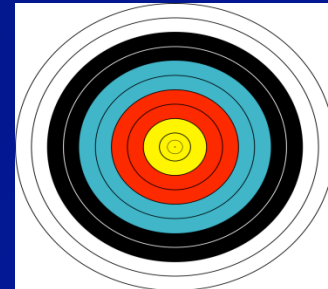
RESEARCH SUPPORT

- **General criminal behavior:** Andrews & Bonta, 1994, 1998, 2003, 2007, 2010
- **Juveniles:** Hawkins et al., 1998; Lipsey, 1995; Lipsey, 1999, Pealer & Latessa, 2004
- **Sex offense specific intervention:** Hanson, Bourgon, Helmus, & Hodgson, 2009

RISKS & *CRIMINOGENIC* NEEDS

SEXUAL & NON-SEXUAL RE-OFFENDING

- Sexuality
- Social bonds & orientation
- General self-regulation
- Social competence
- Socio-ecological factors



(Righthand, Baird, Way & Seto, 2014).

SEXUALITY

- Attitudes & beliefs regarding sexual behavior & sex offending
- Sexual self-regulation
- Sexual interests (typical / atypical*)
- Sexual drive (adolescent / hypersexual*)

➤ *Foster safe, healthy, respective sexual attitudes and behaviors*

* Infrequent

SOCIAL BONDS & ORIENTATION

- Pro-social - antisocial attitudes and beliefs
 - *Build values intolerant of sexual offending &*
 - *Pro-social morals & identity*
- Pro-social - asocial - antisocial orientation
 - *Facilitate pro-social attachments & connections*
 - *Positive peer / family / community influences*

SELF-REGULATION*

- Successfully managing behavior, impulses & emotions in positive and healthy ways

- *Develop & enhance*

- *Attentional abilities*
- *Stress management skills*
- *Problem solving*

- *Facilitate*

- *Identifying / regulating / expressing feelings appropriately*
- *Coping adaptively with negative emotions*

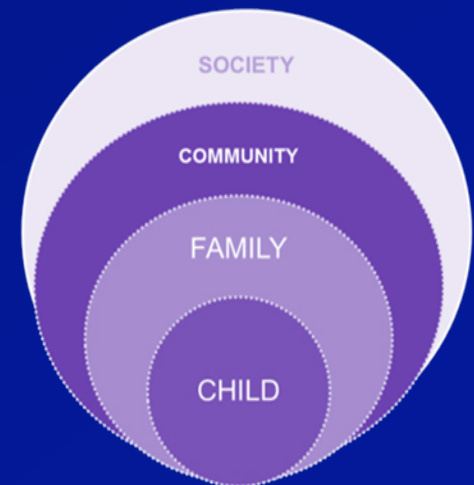
Keep in mind normative adolescent development

SOCIAL COMPETENCE

- Social, emotional, cognitive & behavioral skills that facilitate healthy age-appropriate relationships
 - *Developing basic & advanced social skills*
 - *Understanding physical boundaries, eye contact...*
 - *Active listening*
 - *Communicating appropriately , e.g., respect, consent*
 - *Responding to criticism / rejection...*
 - *Facilitating perspective –taking & empathetic understanding*
 - *Developing emotional congruence with peers /adults*
 - *Rewarding, mutual friendships & intimacy*
 - *Satisfaction & fun in school / work / play*

SOCIO – ECOLOGICAL FACTORS

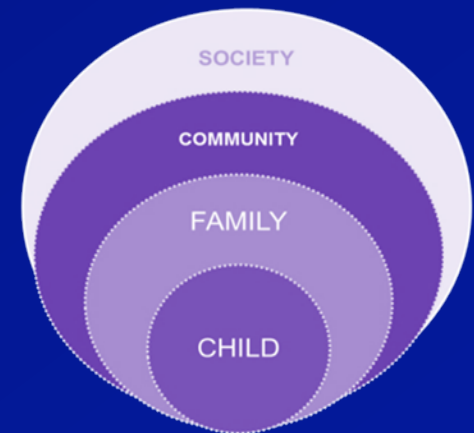
- Family & caregivers, e.g.
 - *Parent-child relationships*
 - *Monitoring & support*
 - *Caregiver self-regulation*



SOCIO – ECOLOGICAL FACTORS

■ Community & Societal ties

- *Establish mentors / positive adult supports,*
- *Positive peer influences*
- *School / work ties*
- *Neighborhood supports*
- *Cultural / spiritual connections*



MATCH RISK & NEEDS

BRIEF OUTPATIENT

- Limited problematic sexual behavior; may have stopped a while ago and/or without intervention. Few risks, good strengths & supports

SHORT-TERM OUTPATIENT

- Limited problematic sexual behavior; perhaps some other rule violations. Some risk factors but strengths & supports.

INTENSIVE COMMUNITY- BASED

- Moderate –significant delinquency, may have limited problematic sexual behavior. Some protective factors, but family supports are stressed / strained.

RESIDENTIAL

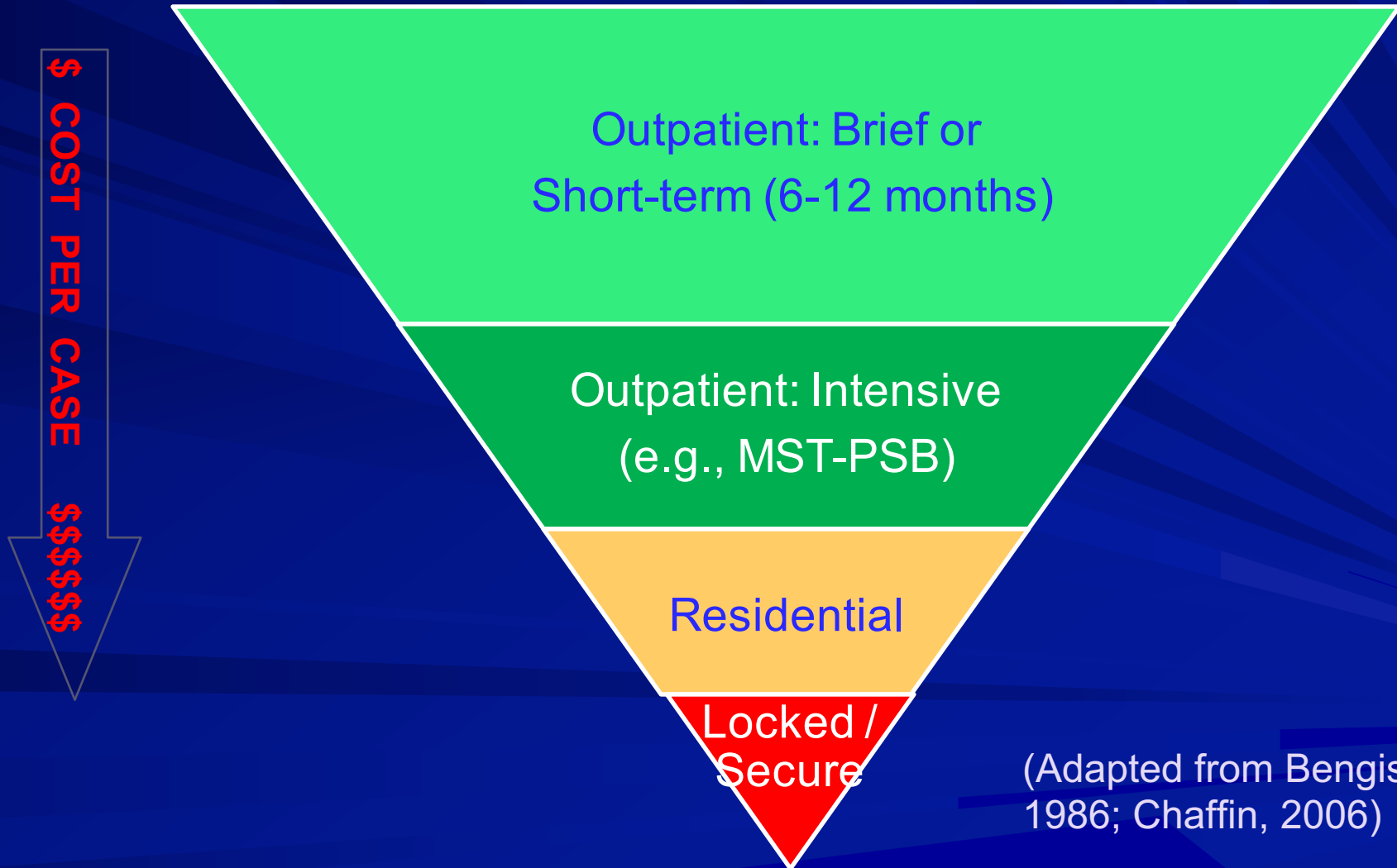
- Significant PSB and/or aggression. Atypical sexual interests / drive / behaviors possible. Limited protective factors. Family supports are stressed and strained.

LOCKED / SECURE

- Older. Significant antisocial and violent behavior and /or significant PSB. May have atypical sexual interests/drive; may be a flight risk. Few protective factors. Family instability; supports strained.

(Adapted from Chaffin, 2006)

A “FLEXIBLE & SEEMLESS” PLACEMENT & TREATMENT CONTINUUM



(Adapted from Bengis,
1986; Chaffin, 2006)

DOES TREATMENT HELP?

- Positive research support, though continued & more rigorous studies are needed
- Narrative reviews
 - *Fanniff & Becker, 2006, wsipp.wa.gov, 2014*
- Meta-analyses:
 - *Walker, et al., 2004: 10 studies (including dissertations)*
 - *Heilbrun, Lee, & Cottle, 2005: Only 3 sufficient studies*
 - *Reitzel & Carbonell, 2006: 9 studies*

EFFECTIVE INTERVENTIONS

- Use a developmentally sensitive RNR model
- Employ evidence-based treatments shown as effective in reducing behavior problems
- Involve caregivers & other supports
- Ensure interventions are well-implemented, i.e.,
 - *Training, supervision, outcome measurement & correction when needed* (Lipsey, 2009)
- Provide higher “dosages” when there are greater risk factors & criminogenic needs

EFFECTIVE INTERVENTIONS

■ Multi-Systemic Treatment-Problematic

Sexual Behavior (MST-PSB)

(e.g., Borduin, et al., 1990; Borduin & Schaffer, 2001; Borduin, Schaffer, & Heiblum, 2009, Henngler, et al., 2009; Letourneau & Borduin, 2008; Letourneau, et al., 2009)

■ Safe-T: Community-based adolescent program vs. comparison group 9% vs 21%

(Worling, Litteljohn & Bookalam 2010,)

■ Children with Problematic Sexual Behavior—Cognitive Behavioral Therapy (PSB—CBT) (e.g., Carpentier et al., 2006)

YOUTHS WITH PSB

- Are developing, learning & growing up!
- *Effective interventions can facilitate pro-social functioning, healthy families and safer communities.*

RESOURCES

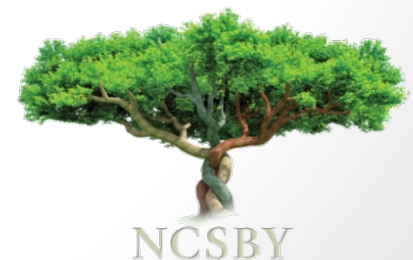
- National Center on Sexual Behavior of Youth:
www.ncsby.org
- Washington State Institute for Public Policy:
<http://www.wsipp.wa.gov/BenefitCost>
- Association for the Treatment of Sexual Abusers:
www.atsa.com
- National Registry of Evidence-based Programs and Practices (NREPP): <http://www.nrepp.samhsa.gov/>
- California Evidence-Based Clearinghouse for Child Welfare: www.cebc4cw.org/
- Blueprints for Healthy programs - Formerly Blueprints for Violence Prevention -
<http://www.blueprintsprograms.com/>
- Center for Sex Offender Management: www.csom.org

Community Based Services for Youth with Problematic Sexual Behavior, Child Victims, and Caregivers

Jane F. Silovsky, PhD

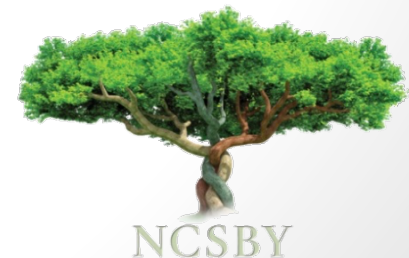
National Center on the Sexual Behavior of Youth

University of Oklahoma Health Sciences Center



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- The views expressed in written training materials or publications and by the speakers and moderators do not necessarily reflect represent the official position or policies of the U.S. Department of Justice, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



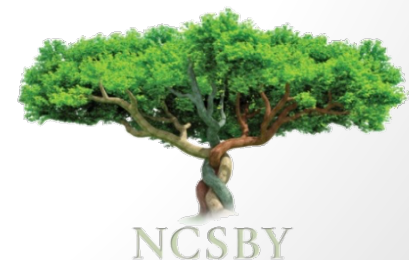
BACKGROUND AND OVERVIEW



NCSBY

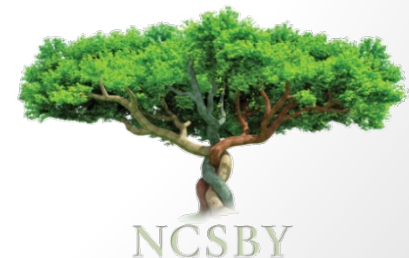
Goals of Program

- Address problems in the field
- Comprehensive, coordinated, community-based interventions to address the needs of youth with PSB, child victims, and families while maintaining community safety
- Sponsored by OJJDP and SMART



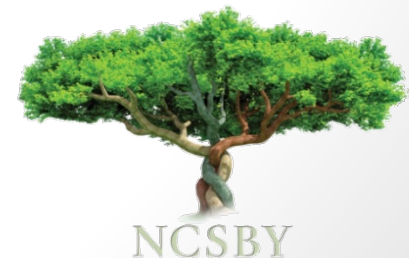
Barriers and Problems in Communities

- Identifying and responding to youth, victims, families
 - Myths prevalent among professionals and community members
 - Fragmented response
 - Unsure who is responsible for what (CPS, JJ, LE, MH)
- Implementation of Evidence-based Practices
 - Lack of EBP
 - Fragmented care and treatment
 - Poor engagement of caregivers
 - Sustainability issues
- Community safety and support
 - Fragmented



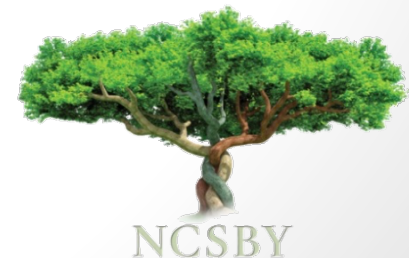
Problematic Sexual Behavior of Youth is a Family Problem

- Youth often act out with children in their social network, especially siblings, cousins, and other family members.
 - Effects on the child victims
- The youth's sexual behavior, system's responses, and caregivers' reactions impact range of children in the home and social network.

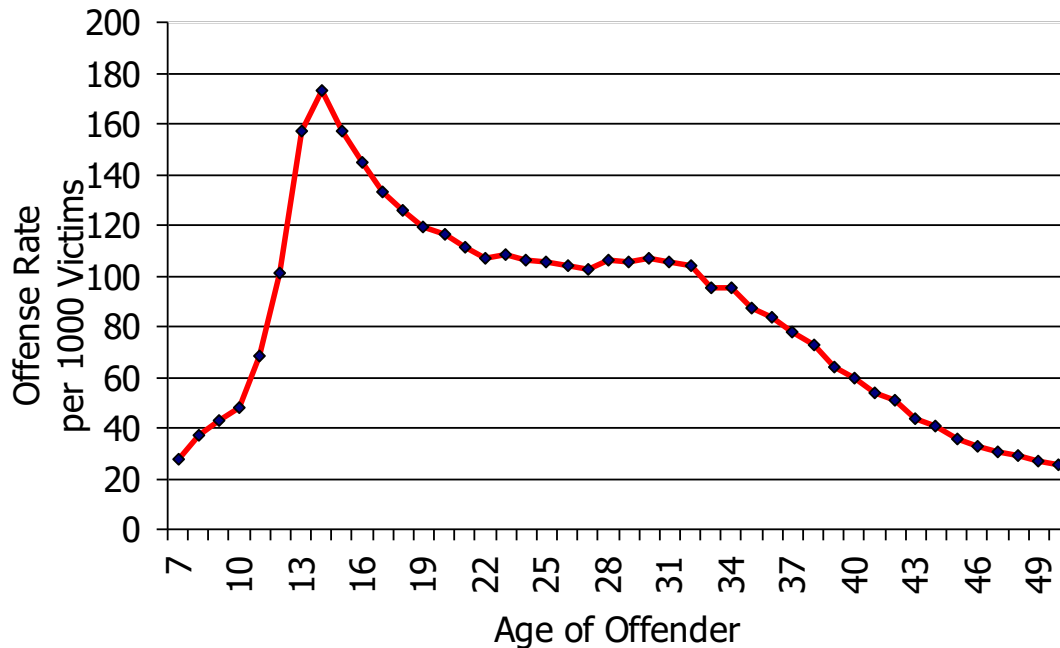


OJJDP Program for Youth with SBP: 10-14 year olds

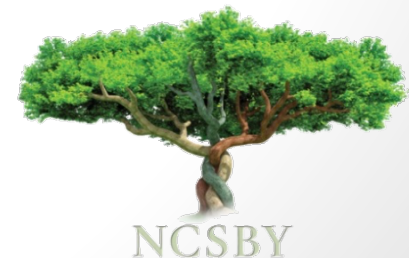
- Targeting youth around peak age of sexual offenses
- Targeting interfamilial and/or co-residential child victims
- Select youth before extensive legal involvement



Youth with PSB Age of Risk

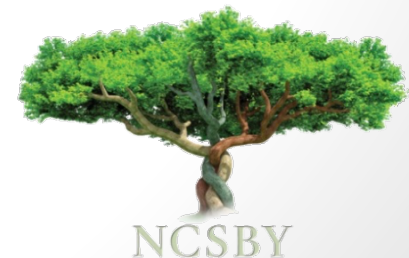


Early adolescence is a high-risk, and to some extent transitory, developmental period for committing illegal sexual behaviors.

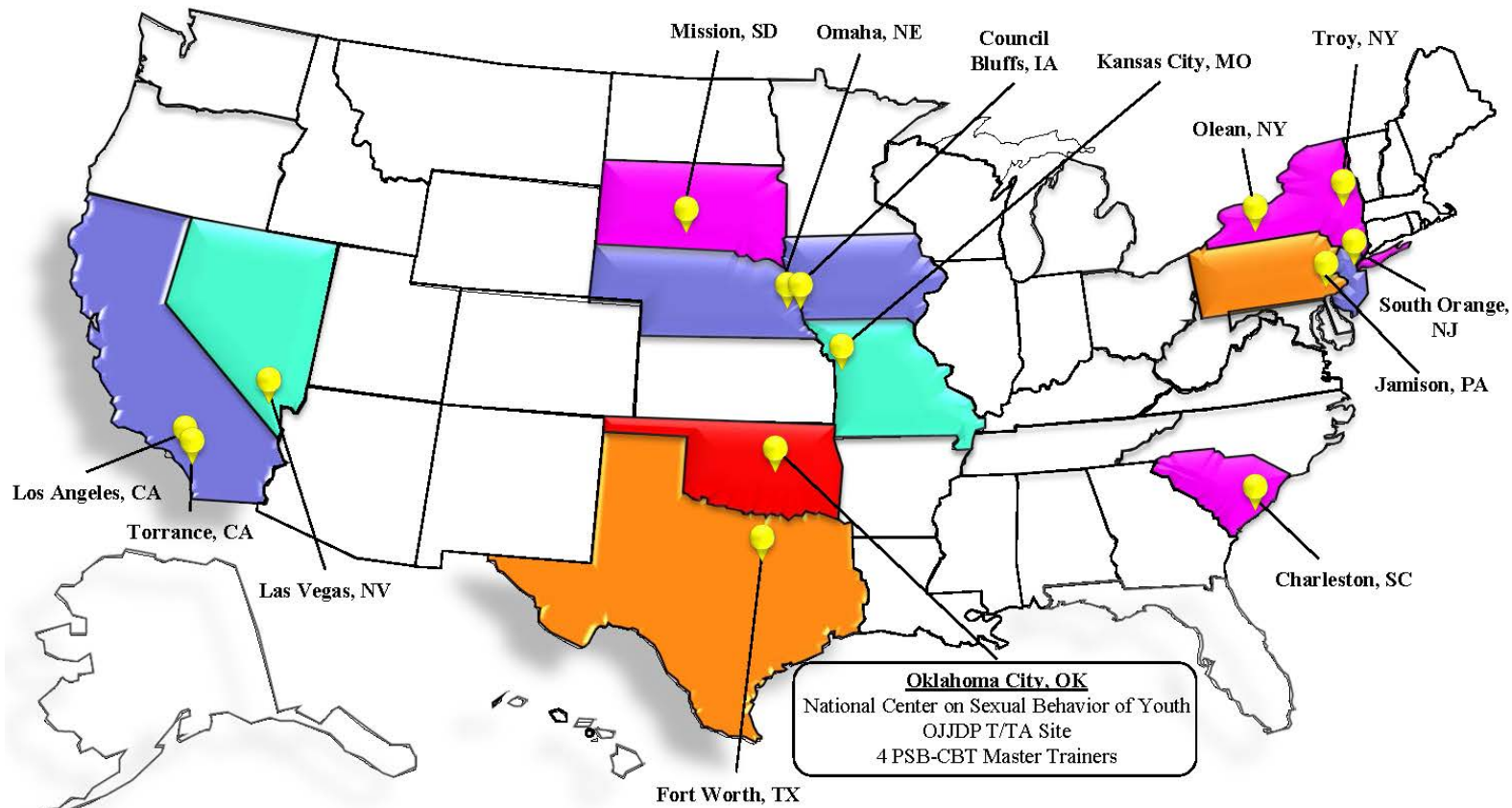


OJJDP Program for Youth with SBP: 10-14 year olds

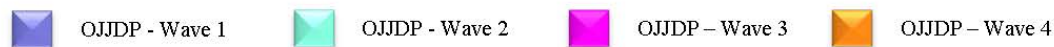
- Address the needs of all the family members
 - Siblings and other child victims
 - Engage the parent / primary caregiver
- Support evidence-based treatment and community supervision
- Active multidisciplinary team involvement



OJJDP Program for Youth with Problematic Sexual Behavior, Child Victims, and Caregivers

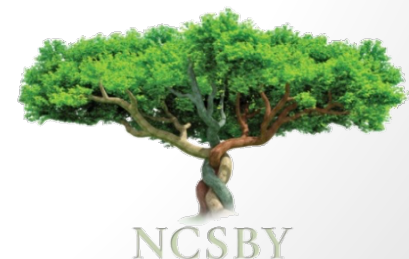


Training Sites



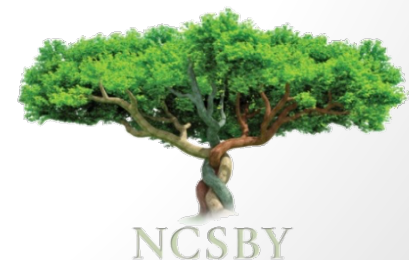
Evaluation

- Mixed Methods Study
- Quantitative data from sites
 - Referrals
 - Intake decision making
 - Outcomes:
 - Youth with PSB
 - Child Victims
 - Caregivers
- Qualitative Interviews
 - Across three time points
 - Parents
 - Providers
 - Senior Leaders/ Administrators
 - Key Stakeholders

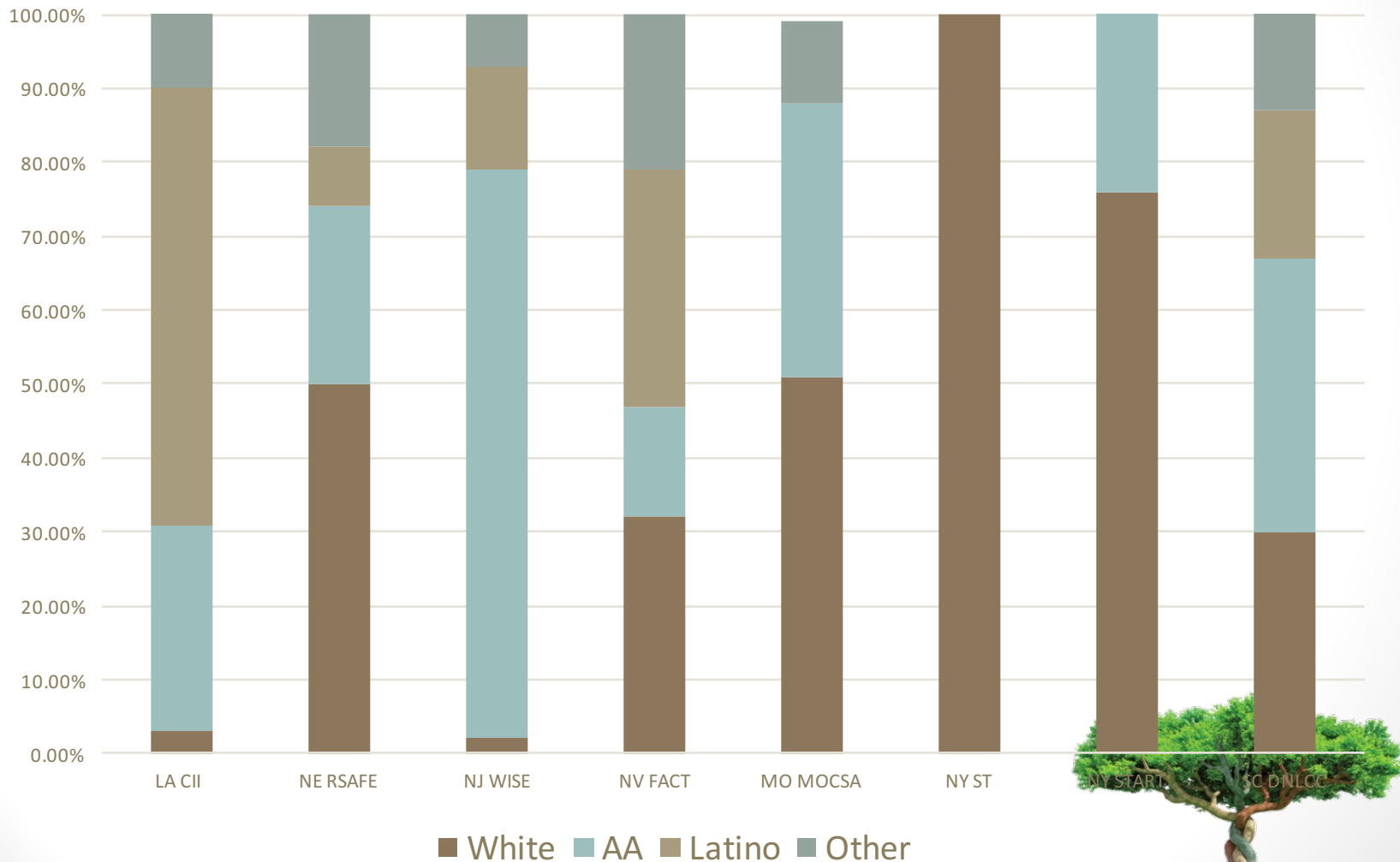


Youth with PSB Referred

- 596 Youth with PSB referred since 2011
- 88% male
- Average age 12.8 years
- Most youth with parent
- 35% were charged with a sexual offense

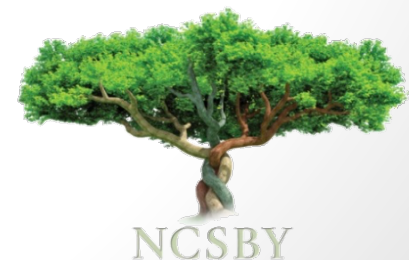


Race/Ethnicity of Youth with PSB Referred N=596

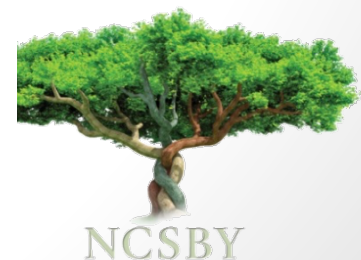
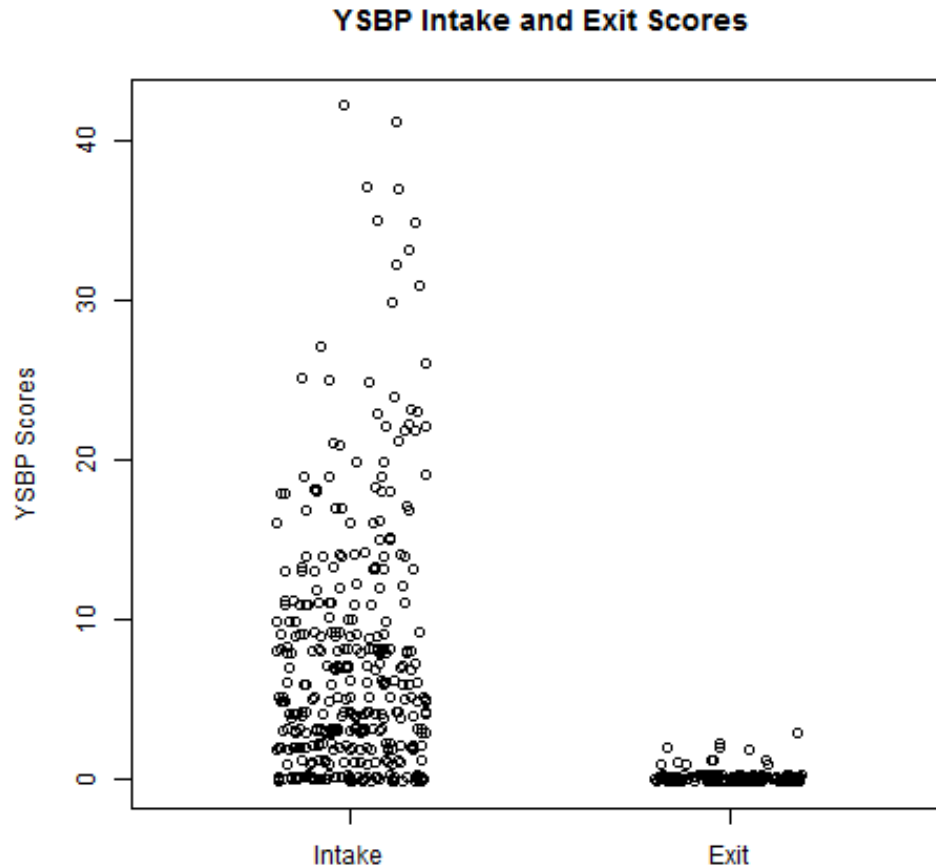


Child Victims

- Most youth with PSB had one victim
- Most victims were siblings (including full, half, step, foster) or cousins
- Average age around 7 years old
- About 59% girls, 41% boys

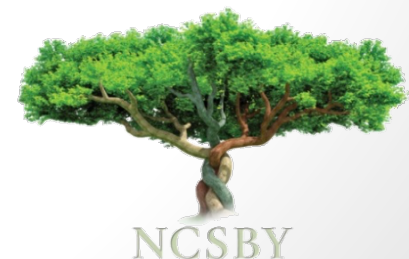


Scores on the Youth Sexual Behavior Problems Inventory: Pre and Post Treatment



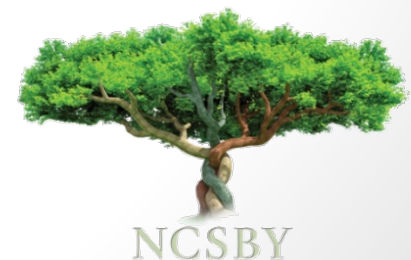
OJJDP Sites: PSB Results

- The intake to post treatment difference is statistically significant with a large effect size ($t(137) = 12.48, p < 0.001, d = 2.13$).
 - About 1-3% recidivism rate (of PSB, not charged offenses)
- Few youth had any further PSB.
 - Most post treatment and follow up PSB were not illegal
 - problematic self touch behaviors.
 - media access

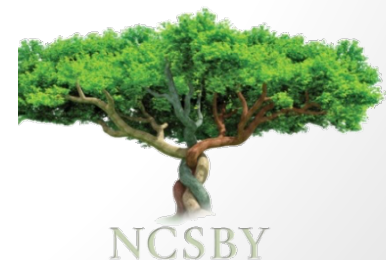
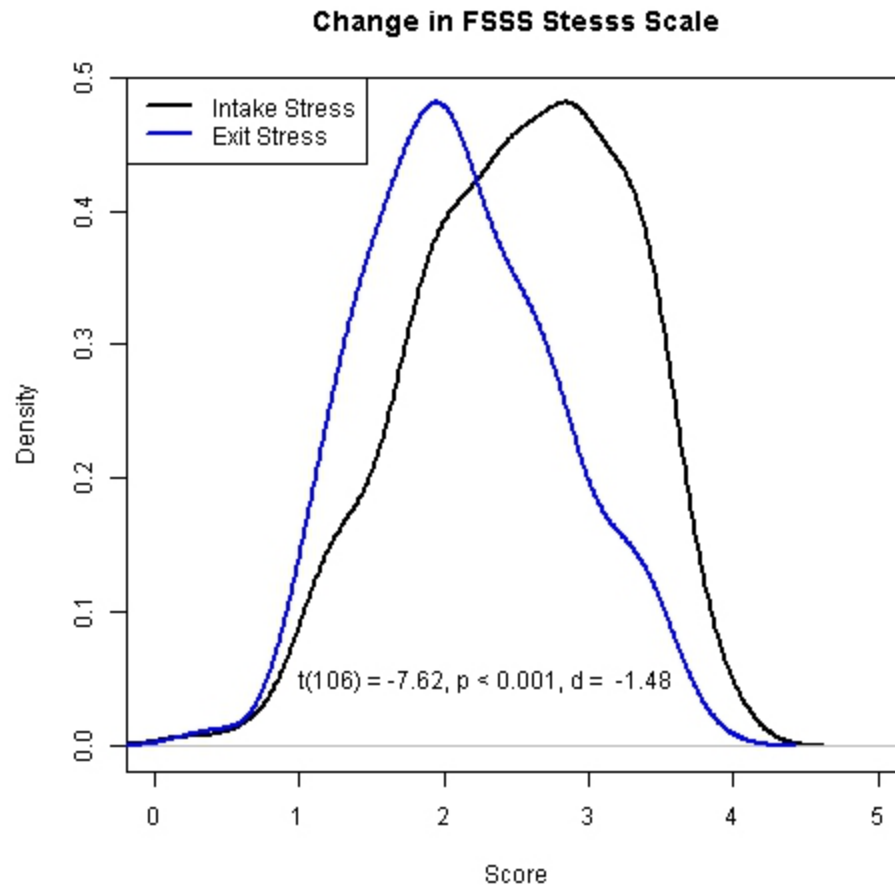


OJJDP Sites: Trauma Symptoms Results

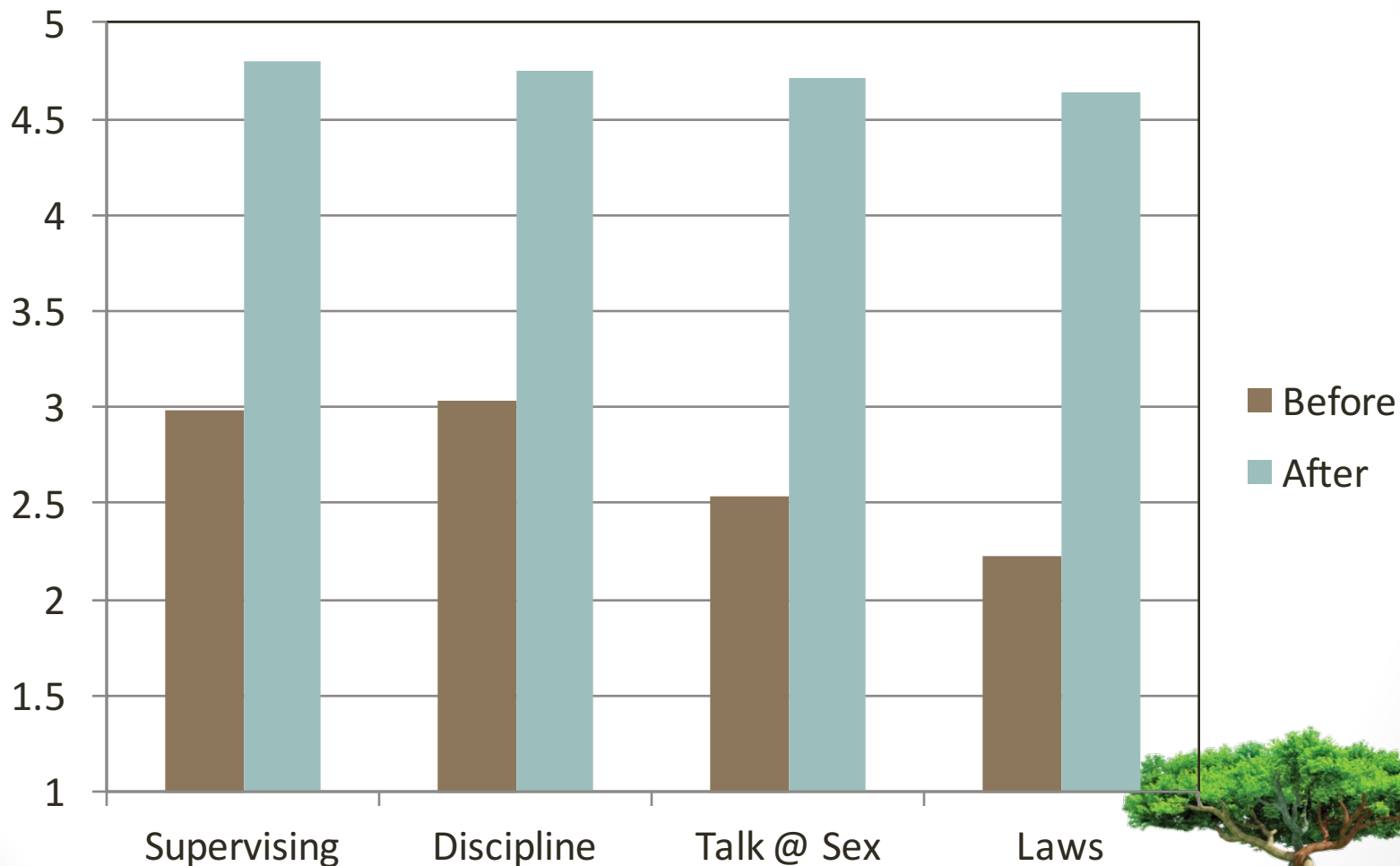
- Among Graduates, the reduction in Youth UCLA Reaction index from Intake to Exit is statistically significant with a moderately large effect size ($t(67) = -2.95, p < 0.01, d = -0.72$).
- The effect does not differ by site ($F(3, 64) = 1.35, p = 0.27, R^2 = 0.06$).



OJJDP Sites: Caregiver Stress Results



Caregiver Self-Assessment of Knowledge Change from Before to After Treatment: N=148; (1= Little; 5 = A lot)



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Quotes from Caregivers about Ways Treatment was Helpful

Everything has consequences, we have rules now.

The program helped the relationship between my sons. My son was able to learn how to apologize to his brother and cope with what happened.

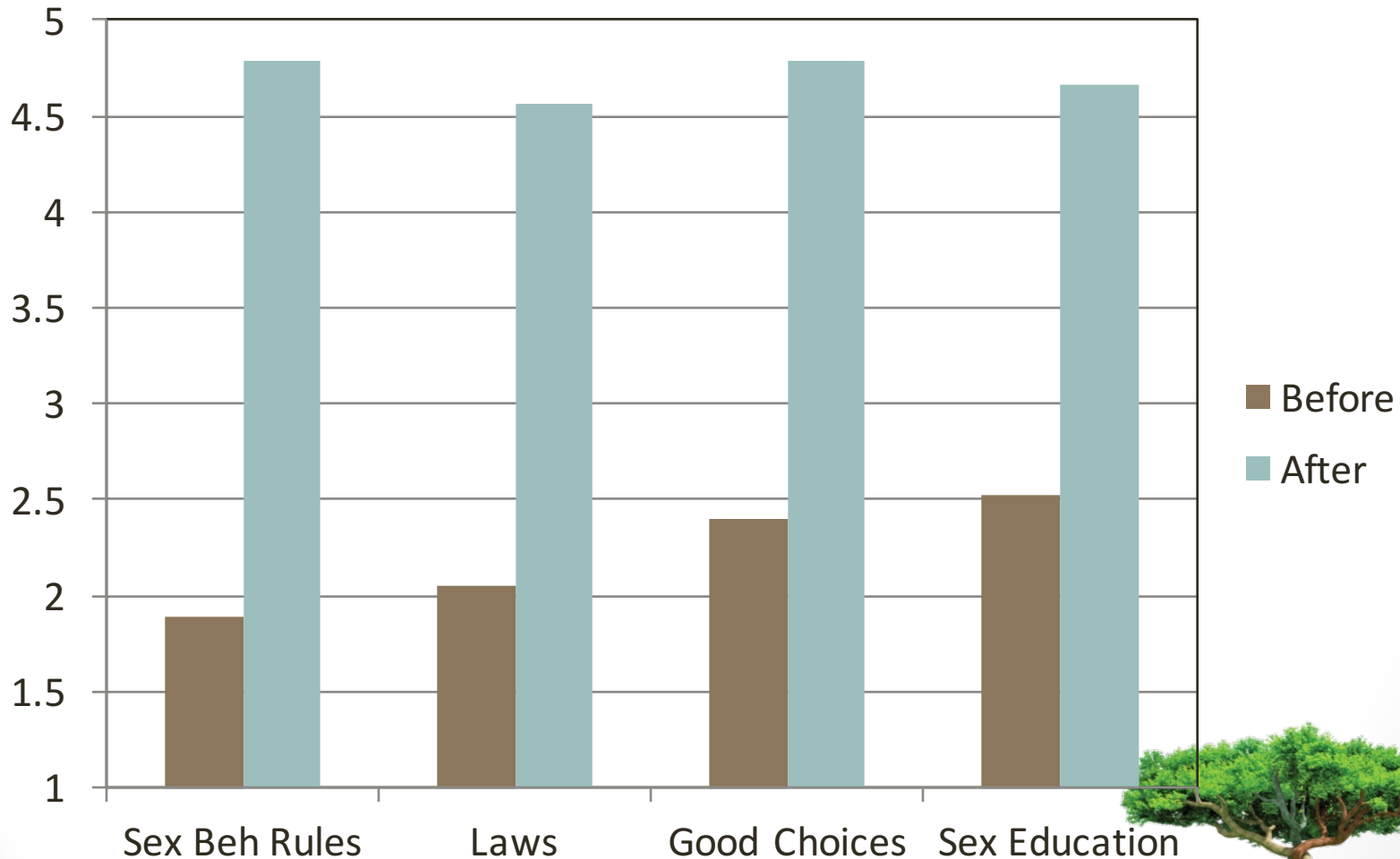
Met peers going through same issues.

Remember to treat them how I want to be treated which is love and respect

This program is very resourceful and helpful. It helped our family build back our confidence. It also helped to reassure us that our child is not a "monster".

Gave me helpful ideas for parenting ALL of my children.

Youth Self-Assessment of Knowledge Change from Before to After Treatment: N=145 (1= Little; 5 = A lot)



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Quotes from Youth about Ways Treatment was Helpful

Improving my anger issues and other problems in my life

Help us know more about boundaries and relationship and abuse

I know the effect breaking a sexual behavior rule has on others.

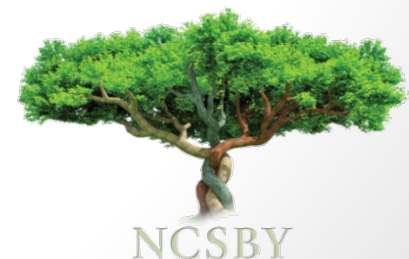
I learned relaxation techniques I could use when I feel anxious or nervous.

I'm closer to my mom and I'm able to talk to her and my brothers about my problems and feelings.

By remembering the sexual behavior rules, thinking about consequences, and learning the laws

How the Youth PSB Program leads to Better and Safer Communities

- Early identification of youth with problematic sexual behavior
- Provision of evidence-based treatment for youth and child victims
- Prevention of further problematic or illegal sexual behavior
 - Fewer victims
- Safety planning in homes, schools, and communities
- Family members safety and service needs met
 - Goal that child victim needs attended to
 - Caregiver supported to address all children



“This program truly saved our family. We would have separated our family, you held us together.” parent



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Questions? Contact

Jane F. Silovsky, PhD

Professor

Center on Child Abuse and Neglect

University of Oklahoma Health Sciences Center

940 NE 13th Street; Suite 4900

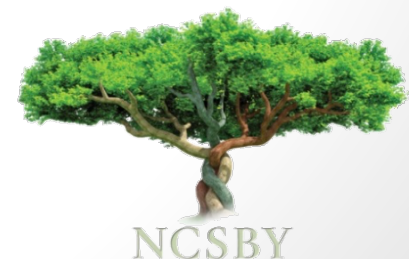
Oklahoma City, OK 73104

(405) 271-8858

FAX (405) 271-2931

Jane-silovsky@ouhsc.edu

www.ncsby.org



National Center on the Sexual Behavior of Youth: *Better lives through better choices*

- NCSBY provides national training and technical assistance to improve the accessibility and strategic use of accurate information about the nature, incidence, prevalence, prevention, treatment, and management of youth with problematic sexual behavior.
 - Educational material
 - Fact Sheets
 - Web Links
 - News and Events
 - Bibliography

www.NCSBY.org

