

# NEARI NEWS:

TRANSLATING RESEARCH INTO PRACTICE

*An Essential Tool for Professionals Working with those who Sexually Abuse or... A Great New Way to Stay Current with Cutting Edge Sexual Abuse Research.*



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*Dear Colleague,*

Welcome to the second issue of NEARI E-NEWS!

We hope to give you quick, easy-to-read insights into cutting edge research. This issue looks at recent research into the effectiveness of treatment. If you have a particular question you would like us to respond to, please contact us directly as [info@neari.com](mailto:info@neari.com) or at 413-540-0712.

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Steven Bengis and Joan Tabachnick  
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## **Research Shows that the Right Treatment for Adolescents Can Reduce Recidivism**

**by David S. Prescott, LICSW**

### **Summary**

A recent study by Lorraine Reitzel and Joyce Carbonell (2006) provides research that demonstrates the positive impact of treatment with sexually abusing youth. This newsletter describes the study and offers ideas for how professionals can conceptualize treatment.

### **The Issue**

The right treatment applied to the appropriate client can reduce recidivism in adolescents who have sexually abused. However, professionals should remain vigilant to what factors help create meaningful client change.

### **The Research**

Studies of treatment over the past 10 years have highlighted increasingly positive effects for juveniles as well as adults (Hanson, Gordon, Harris, Marques, Murphy, Quinsey, &

If you have not visited this website, you are missing one of the most helpful, resource-rich websites for anyone working with sexually abusing youth. NCSBY is operated by Mark Chaffin and Barbara Bonner, two of the leading researchers in the field. At this website, you will find fact sheets and publications on a variety of issues including:

- What Research Shows About Sexually Abusive Adolescents
- Sexual Development and Sexual Behavior Problems in Children 2-12
- What Research Shows About Sexually Abusive Adolescent Girls
- Selected Readings about Adolescents and Children with Sexual Behavior Problems
- Children with Sexual Behavior Problems: Assessment and Treatment Report

## About the Author:

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#### [David Prescott website](#)

A nationally recognized expert in the field of sexual abuse assessment, treatment, management, and prevention, Mr. Prescott has published numerous articles and authored, edited, and co-edited books on risk assessment, interviewing, and providing residential treatment to youth. He is the President of ATSA and is currently the Treatment Assessment Director at the Sand Ridge Secure Treatment Center in Mauston, WI.

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Seto, 2002). Walker, McGovern, Poey, and Otis (2004) examined 10 studies of treatment for juveniles and described the results as "surprisingly encouraging," with cognitive-behavioral methods proving the most effective.

More recently, a review of nine studies of juveniles who have sexually abused by Reitzel and Carbonell (2006) found similar results. According to the abstract:

Published and unpublished data from nine studies on juvenile sexual offender treatment effectiveness were summarized by meta-analysis (N=2986, 2604 known male). Recidivism rates for crimes with or without treatment were:

Sexual	12.53%
Non-sexual violent	24.73%
Non-sexual non-violent	28.51%
Unspecified non-sexual	20.40%

The "effect size" in this analysis is a comparative measure demonstrating that for every 100 youth who received alternative or no treatment and then recidivated, 43 youth who received the primary treatment went on to recidivate. When looking more closely at sexual recidivism, youth who participated in treatment had a sexual recidivism rate of 7.37% while youth in the control groups had a sexual recidivism rate of 18.98%. (See end of article for the full abstract.)

#### Implications for the Field

These relatively low recidivism rates and positive treatment effects are encouraging. The higher rates of non-sexual recidivism demonstrate the need to provide more comprehensive treatment aimed at all forms of misconduct, not just sexual abuse. Since punishment-only approaches have repeatedly proven not to work (Andrews & Bonta, 2007), it is unconscionable, as well as ineffective, not to provide our youth with meaningful opportunities to change.

While the results are encouraging, there has been no direct examination in the literature of treatment outcomes with youth who have refused, never started, or dropped out of treatment.

#### Implications for Professionals

*The research shows that the right treatment approaches (primarily cognitive-behavioral and multi-systemic) with the appropriate client have a demonstrable positive impact on reducing recidivism.* While certain methods show results, the key to successful outcomes is a focus on:

1. Ensuring program fidelity to the model for clinical interventions,
2. Addressing not only sexual behaviors but issues that lead to other criminal acts as well,
3. Adjusting treatment to accommodate youth with mental health, neurodevelopmental, and cognitive deficits, and
4. Addressing family and other contextual issues.

All of these caveats point to the centrality of quality clinical and abuse-specific assessments.

#### Conclusion

Evidence is mounting that treatment intervention with juveniles will make our communities safer and give sexually abusing youth the opportunity to live abuse-free lives. These interventions are most successful when delivered by qualified clinicians with fidelity to the current research and modified to meet the needs of a wide-variety of youth who enter treatment.

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#### **Full Abstract**

Published and unpublished data from nine studies on juvenile sexual offender treatment effectiveness were summarized by meta-analysis (N=2986, 2604 known male). Recidivism rates for sexual, non-sexual violent, non-sexual non-violent crimes, and unspecified non-sexual were as follows: 12.53%, 24.73%, 28.51%, and 20.40%, respectively, based on an average 59-month follow-up period. Four included studies contained a control group (n=2288) and five studies included a comparison treatment group (n=698). An average weighted effect size of 0.43 (CI=0.33-0.55) was obtained, indicating a statistically significant effect of treatment on sexual recidivism. However, individual study characteristics (e.g., handling of dropouts and non-equivalent follow-up periods between treatment groups) suggest that results should be interpreted with caution. A comparison of odds ratios by quality of study design indicated that higher quality designs yielded better effect sizes, though the difference between groups was not significant.