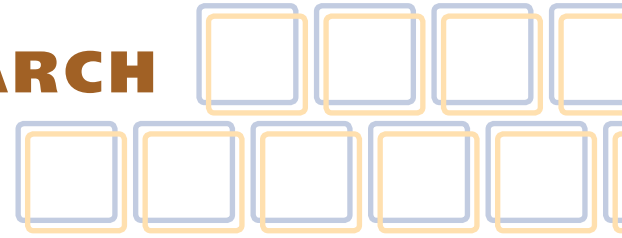




SOMAPI RESEARCH BRIEF

SEX OFFENDER MANAGEMENT ASSESSMENT AND PLANNING INITIATIVE

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The Effectiveness of Treatment for Juveniles Who Sexually Offend

by Roger Przybylski

Introduction

Given the prevalence of sexual offending by juveniles, therapeutic interventions for juveniles who sexually offend have become a staple of sex offender management practice in jurisdictions across the country. Indeed, the number of treatment programs for juveniles who commit sexual offenses has increased over the past 30 years, and the nature of treatment itself has changed as the developmental and behavioral differences between juvenile and adult sexual offenders have become better understood. Yet, despite the growth and widespread use of treatment with juveniles who sexually offend, uncertainty about the effectiveness of treatment in reducing recidivism is not uncommon. While inconsistent research findings and the fact that few high-quality studies of treatment effectiveness have been undertaken to date have contributed to the uncertainty, both the pattern of research findings and quality of the evidence have been changing in recent years.

This brief addresses the effectiveness of treatment for juveniles who sexually offend. It summarizes what is scientifically known about the topic and identifies policy implications, knowledge gaps, and unresolved controversies that emerge from the extant research and that might serve as a catalyst for future empirical study.

Summary of Research Findings

The effectiveness of treatment for juveniles who sexually offend has been assessed in both individual studies and synthesis research. There is general agreement in the research community that, among individual studies, well-designed and -executed randomized controlled trials (RCTs) provide the

About SOMAPI

In 2011, the SMART Office began work on the Sex Offender Management Assessment and Planning Initiative (SOMAPI), a project designed to assess the state of research and practice in sex offender management. As part of the effort, the SMART Office contracted with the National Criminal Justice Association (NCJA) and a team of subject-matter experts to review the literature on sexual offending and sex offender management and develop summaries of the research for dissemination to the field. These summaries are available online at <http://smart.gov/SOMAPI/index.html>.

A national inventory of sex offender management professionals also was conducted in 2011 to gain insight about promising practices and pressing needs in the field. Finally, a Discussion Forum involving national experts was held in 2012 for the purpose of reviewing the research summaries and inventory results and refining what is currently known about sex offender management.

Based on the work carried out under SOMAPI, the SMART Office has published a series of Research Briefs, each focusing on a topic covered in the sexual offending and sex offender management literature review. Each brief is designed to get key findings from the literature review into the hands of policymakers and practitioners. Overall, the briefs are intended to advance the ongoing dialogue related to effective interventions for sexual offenders and provide policymakers and practitioners with trustworthy, up-to-date information they can use to identify what works to combat sexual offending and prevent sexual victimization.



most trustworthy evidence about an intervention's effectiveness;¹ however, findings from single studies must be replicated before definitive conclusions about the effectiveness of an intervention can be made.²

Synthesis studies, such as systematic reviews³ and meta-analyses,⁴ examine the findings from many individual studies and are undertaken to make conclusions about an intervention's effectiveness based on an entire body of relevant research. When systematic reviews and meta-analyses are done well, they arguably provide the most trustworthy evidence about an intervention's effectiveness.

Findings From Single Studies

Several single studies examining the effectiveness of treatment programs for juveniles who sexually offend have been undertaken in recent years, and these studies have consistently found at least modest treatment effects on both sexual and nonsexual recidivism. Worling and Curwen (2000), for example, used a quasi-experimental design to examine the effectiveness of a specialized community-based treatment program that provided therapeutic services to adolescents and children with sexual behavior problems and their families. Although treatment plans were individually tailored for each offender and his or her family, cognitive-behavioral and relapse prevention strategies were used, and offenders typically were involved in concurrent group, individual, and family therapy.

Based on a 10-year followup period, Worling and Curwen (2000) found that the juveniles in the treatment group had significantly better outcomes than comparison group members on several measures of recidivism (see table 1).⁵ In fact, for every measure of recidivism employed in the study, the treatment group had lower recidivism rates than comparison group members who either refused treatment, received an assessment only, or dropped out of the program prior to completing 12 months of treatment.

In 2010, Worling, Littlejohn, and Bookalam reported findings from a followup analysis that extended the followup period for the original sample of study subjects to 20 years. Study subjects were, on average, 31.5 years old at the end of the 20-year followup period. The analysis demonstrated that the positive treatment effects originally observed by Worling and Curwen (2000) using a 10-year followup period had persisted over a longer period of time. Based on a 20-year followup

period, adolescents who participated in treatment were significantly less likely than comparison group members to receive subsequent charges for sexual, nonsexual violent, nonviolent, or any crime. Moreover, the 20-year recidivism rates found by the researchers were only slightly higher than the recidivism rates found after 10 years of followup. In discussing their findings, Worling and colleagues (2010, p. 56) concluded:

The results of this investigation suggest that specialized treatment for adolescents who offend sexually leads to significant reductions in both sexual and nonsexual reoffending 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

Positive effects have been found in studies of treatment delivered in correctional facilities as well as community-based settings. For example, Waite and colleagues (2005) found that treatment reduced both general and nonsexual violent recidivism among a sample of juveniles who had been incarcerated for sexual offenses, and Seabloom and colleagues (2003) found that treatment reduced sexual recidivism in a study of community-based treatment that employed an average followup period of about 18 years.

Although none of the studies referenced above randomly assigned subjects to treatment and control conditions, a series of studies focusing on the use of multisystemic therapy (MST) with juveniles who sexually offend have employed an experimental—or RCT—design. Borduin, Schaeffer, and Heiblum (2009), for example, examined the efficacy of MST with juveniles who sexually offend using a followup period of 8.9 years⁶ and found an 8 percent sexual recidivism rate for MST-treated subjects compared to 46 percent for the comparison group subjects. The nonsexual recidivism rate was 29 percent for MST-treated adolescents compared to 58 percent for comparison group subjects.

Findings From Synthesis Research

One of the most frequently cited studies of the effectiveness of juvenile treatment was conducted by Reitzel and Carbonell (2006). Their meta-analysis included nine studies and a combined sample of 2,986 juvenile subjects, making it one of the largest studies of treatment effectiveness for juveniles who sexually offend

TABLE 1. TREATMENT AND COMPARISON GROUP 10-YEAR AND 20-YEAR RECIDIVISM RATES FOR A NEW SEXUAL CHARGE, NONSEXUAL VIOLENT CHARGE, AND ANY CHARGE

Recidivism Measure	10-Year Recidivism Rate		20-Year Recidivism Rate	
	Treatment Group (n = 58)	Comparison Group (n = 90)	Treatment Group (n = 58)	Comparison Group (n = 90)
Sexual Charge	5%*	18%	9%*	21%
Nonsexual Violent Charge	19%*	32%	22%*	39%
Any Charge	35%**	54%	38%*	57%

* $p < .05$.
 ** $p < .01$.

Sources: Worling & Curwen (2000); Worling, Littlejohn, & Bookalam (2010).

undertaken to date. Based on an average followup period of nearly 5 years, the researchers found an average sexual recidivism rate of 7.37 percent for treated juveniles. By comparison, the average sexual recidivism rate for comparison group members was 18.93 percent. Further, the researchers reported that every study in the analysis yielded a positive treatment effect. Two of the four strongest treatment effects found in the meta-analysis were from studies of MST treatment.

Another meta-analysis that found positive treatment effects was conducted by Winokur and colleagues (2006). The analysis is important because it employed a protocol that assessed the methodological quality of potentially relevant research and excluded studies that did not reach a sufficient standard of scientific rigor. Overall, seven rigorous recidivism studies were included in the meta-analysis—one RCT and six studies that matched treatment and comparison subjects on relevant demographic and criminal history characteristics. Of the seven studies in the analysis, three examined treatment delivered in a community-based outpatient setting, three examined treatment delivered in a 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 followup time across the seven studies was 6 years, and the researchers found that adolescents who completed sexual offender treatment had significantly lower recidivism rates than untreated adolescents. Positive treatment effects were found for sexual recidivism,⁷ nonsexual violent recidivism,⁸ nonsexual nonviolent recidivism,⁹ and any recidivism.¹⁰

Other meta-analyses by Walker and colleagues (2004), St. Amand, Bard, and Silovsky (2008), and Drake, Aos, and

Miller (2009) have also found positive treatment effects. For example, in their meta-analysis of five rigorous studies, Drake and colleagues (2009) found that sex offender treatment programs for juveniles reduced recidivism, on average, by 9.7 percent. In addition, the treatment programs in their analysis produced a net return on investment of more than \$23,000 per program participant, or about \$1.70 in benefits per participant for every \$1 spent.

Limitations and Research Needs

Although the knowledge base regarding the effectiveness of treatment for juveniles who sexually offend has greatly improved, there is an acute need for more high-quality studies on treatment effectiveness.

To date, relatively few studies assessing juvenile treatment have employed an experimental design or a matched comparison group, and both well-designed and -executed RCTs and highly rigorous quasi-experiments are sorely needed. Propensity score matching and other advanced techniques for controlling bias and achieving equivalence between treatment and comparison subjects can help enhance the credibility of evidence produced through quasi-experiments. Future research should also attempt to build a stronger evidence base on the types of treatments that work. Several studies using an RCT design have demonstrated the effectiveness of MST with juveniles who commit sexual offenses, but these studies have been conducted by program developers and are based on samples that are relatively small. Independent evaluations that employ larger samples should be undertaken to further establish the effectiveness and transportability of MST with juveniles who sexually offend.



Empirical evidence that specifies which types of treatment work or do not work, for whom, and in which situations, is important for both policy and practice. The need for high-quality studies that help identify offender- and situation-specific treatment approaches that work was acknowledged by the national experts who participated in the 2012 SOMAPI forum. Trustworthy evidence on the treatment modalities and elements that are effective with juveniles who have committed sexual offenses was also identified as a pressing need.

Summary and Conclusions

This review examines the recent evidence on the effectiveness of treatment for juveniles who commit sexual offenses. Although there is widespread agreement among researchers that the knowledge base is far from complete, the weight of evidence from both individual studies and synthesis research conducted during the past 10 years suggests that therapeutic interventions for juveniles who sexually offend can and do work. Rigorous studies have demonstrated the efficacy of MST in reducing the recidivism of juveniles who commit sexual offenses, and recent research on other treatment approaches has also produced positive results. Worling, Littlejohn, and Bookalam (2010) found that the juveniles who participated in a community-based treatment program had significantly better outcomes than comparison group members on several measures of recidivism. Waite and colleagues (2005) found that incarcerated juveniles who received intensive treatment in a correctional facility had better recidivism outcomes than incarcerated juveniles who received less intensive treatment. Also, meta-analyses conducted by Reitzel and Carbonell (2006), Winokur and colleagues (2006), and Drake, Aos, and Miller (2009) all found positive treatment effects. Although it is difficult to isolate treatment effects and identify the specific treatment approaches that are most effective, interventions that address multiple spheres of juveniles' lives and that incorporate cognitive-behavioral techniques along with group therapy and family therapy appear to be the most promising.

Juveniles who sexually offend are diverse in their offending behaviors and are a future public safety risk. In fact, they have more in common with other juvenile delinquents than they do with adult sexual offenders. Research is demonstrating that there are

important developmental, motivational, and behavioral differences between juvenile and adult sexual offenders and also that juveniles who commit sexual offenses are influenced by multiple ecological systems (Letourneau & Borduin, 2008). Hence, therapeutic interventions that are designed specifically for adolescents and children with sexual behavior problems are clearly needed. Moreover, treatment approaches that are developmentally appropriate; that take motivational and behavioral diversity into account; and that focus on family, peer, and other contextual correlates of sexually abusive behavior in youth—rather than focusing on individual psychological deficits alone—are likely to be most effective. In addition, there is an emerging body of evidence suggesting that the delivery of therapeutic services in natural environments enhances treatment effectiveness (Letourneau & Borduin, 2008) and that the enhancement of behavior management skills in parents may be far more important in the treatment of sexually abusive behaviors in children than traditional clinical approaches (St. Amand, Bard, & Silovsky, 2008).

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ABOUT SMART

The Adam Walsh Child Protection and Safety Act of 2006 authorized the establishment of the Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART) Office within OJP. SMART is responsible for assisting with implementation of the Sex Offender Registration and Notification Act (SORNA), and also for providing assistance to criminal justice professionals across the entire spectrum of sex offender management activities needed to ensure public safety.