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**To treat or not to treat?**

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*Citation for published version (APA):*

ter Beek, E. (2018). To treat or not to treat? Harmful sexual behavior in adolescence: Needs before risk

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Summary

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Juveniles with harmful sexual behavior constitute a heterogeneous group regarding treatment needs and reoffending patterns. In general, intensive mandated treatment is aimed at reducing recidivism risk and, therefore, aimed at criminogenic treatment needs. Sexual recidivism in juveniles, however, is scarce and mostly adolescence limited. No psychological typology to date has been proven to represent a higher at sexual recidivism risk subgroup. Risk assessment instruments generally overestimate recidivism risk, so allocation to mandated intensive treatment aimed at reducing sexual recidivism risk is a difficult task. Up to 38% percent of juveniles with harmful sexual behavior in the Netherlands prove to be allocated to too intensive and restrictive treatments, considered detrimental to development and treatment motivation. Treatment effect on reduction of recidivism was established as small to moderate ( $d = 0.37$ ), but influenced by publication bias, indicating small, possibly non-significant, results in treatment practice. The effect of treatment on psychosocial functioning was established as moderate ( $d = 0.60$ ), with several moderating influences of outcome, participant, treatment, and study characteristics. Importantly, a primary focus on (sexual) deviance or risk reduction in juveniles with harmful sexual behavior may interfere with treatment effects on relatively often self-reported psychosocial treatment needs (i.e, low self-esteem, emotional loneliness, and external locus of control; helplessness or defeatism). A shift to a more holistic paradigm for treating juveniles with harmful sexual behavior is advocated. Aiming treatment at approach goals instead of avoidance goals, thereby aligning treatment goals prominently with the attainment of well-being, is expected to improve treatment results and reduce relapse into transgressions.