

JUVENILES WHO HAVE OFFENDED SEXUALLY RISKS AND RESILIENCE: ASSESSING TREATMENT NEEDS AND PROGRESS

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OBJECTIVES

- Enhance knowledge of risk and protective factors associated with effective interventions.
- Increase appreciation of the importance of identifying and addressing criminogenic needs and responsivity factors to facilitate desistance from illegal sexual behavior.
- Increase awareness of the importance of using assessment measures to identify, assess, and reassess appropriate treatment targets, intervention intensity, and relevant service delivery.
- Be better able to identify several assessment strategies for evaluating treatment needs, progress, or the lack thereof, and readiness for discharge.
- Increase ability to link assessment findings to case and treatment plans and interventions.

JUVENILE SEX OFFENDING: A SERIOUS PROBLEM!

- 16% of arrests for forcible rape¹
 - 2,952 rapes
 - 331 youths 12 or under; 30 under ten
- 17% of arrests for all other sex offenses
 - 6,723 youths under 18 years old
 - 876 youths 12 or under; 107 under ten

(¹Federal Bureau of Investigation Uniform Crime Data, 2016; includes new rape definition not limited to female victims)

WHY SEXUALLY ABUSE?

- Pathology theories commonly used
 - Sexual deviance
 - Severe psychopathology
- Developmental theories considered less often:
 - Psychology
 - Child & human development
 - Developmental psychopathology
 - Criminology
 - Developmental life course criminology

DEVELOPMENTAL PSYCHOPATHOLOGY

- Developmental psychopathology focuses on:
 - Risk factors and vulnerability,
 - Protective factors, and
 - How they influence human development and behavior
- Objective -
 - Prevent & ameliorate negative outcomes (e.g., psychological or behavior problems)
 - Promote resilience

WHAT ARE RISK FACTORS?

- Factors that increase vulnerability,
 - The possibility of problems
- Timing, duration, intensity of exposure to such factors may affect outcomes

RISK FACTORS MAY INCLUDE

- Heredity / gene abnormality
- Prenatal / perinatal insults
- Below average intelligence / learning challenges
- High emotional reactivity, impulsivity, ADHD
- Attachment difficulties
- Caregiver instability
- Coercive, neglectful parenting practices / abuse
- Peer rejection / negative peer association
- Social disengagement (e.g., school, community)
- Neighborhood disorganization / violence / poverty
- Antisocial subcultures

(E.g., see: Wicks-Nelson & Israel, 2015, www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html)

WHAT'S SPECIAL ABOUT JSOs?

- Seto & Lalumière (2010) meta analysis
- 59 studies *male* JSOs & JOs
- On average JSOs:
 - Fewer criminal offenses
 - Less antisocial
 - More likely sexually abused / exposed to sexual violence / early exposure to pornography
 - Increased socially isolation, anxiety, lower self-esteem
 - Greater atypical sexual interests
 - *The finding limited to some extent by measurement problems.*
- Similarities & differences between & within groups!

HUMAN DEVELOPMENT

- **Is multi-determined**
- Involves an interplay of biopsychosocial individual & socio-ecological factors
- Across the lifespan
 - For better and for worse,
 - Given life's ups and downs,
 - Contributing to adaptive & maladaptive functioning



(e.g., Belsky, 1980; Bronfenbrenner, 1977; Cicchetti & Toth, 2009; Lussier, 2015)

DIFFERENT RISK FACTORS MAY BE ASSOCIATED WITH THE SAME OUTCOME

THE SAME RISK FACTORS MAY BE ASSOCIATED WITH DIFFERENT OUTCOMES

IT'S NOT JUST ABOUT RISK!

- The absence of risks may be protective
- Some factors buffer risk and *protect against the possibility* of negative outcomes
- And some factors may *promote positive* outcomes

POSSIBLE PROTECTIVE FACTORS

- Close relationship competent, caring adult
- Self-regulation abilities
- Active & adaptive coping at times of stress & fear
- Planning & problem-solving & skills
- Friendships & romantic attachments...
 - with positive, well-regulated peers
- Positive self-view
- Self - efficacy & self-determination
- Optimistic future orientation
- Finding meaning in life, spirituality

(E.g., see: Wicks-Nelson & Israel , 2015, www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html)

AN INTERACTION

- Multiple risk factors increase the likelihood of problems & negative outcomes
 - Even one severe contributor may enhance vulnerability
- In general, the more protective factors & the fewer the risks, the greater the likelihood of positive functioning

OUTCOME IS NOT PREDETERMINED!

- Various factors may mediate or moderate outcomes
- *“...the manner in which persons respond to and interact with vulnerability and protective factors at each level of the ecology (i.e., culture, community, family, and their transactions) allows for diversity in developmental outcomes.”*

(Cicchetti, 2010, p. 145)

OUTCOMES VARY OVER TIME!

- Development does not stop at childhood
 - Unfolds throughout life
- Significant life events impact development
 - Self-supporting employment
 - Marriage
 - Parenthood
- Such life events may help reduce risk
(van Den Berg, Bijleveld, & Hendriks, 2015)
- Person x environment is a dynamic process evolving over time.
(e.g., Lussier, 2015)

REMEMBER ADOLESCENCE IS A TIME OF...

- *Strong urges & impulses*
- *Acting before thinking*
- *Limitations in foresight, judgment, & perspective-taking*

A TIME OF...

- *Heightened emotional & sexual arousal*
- *Thrill seeking, experimentation*
- *Significant changes*
 - *Puberty*
 - *Brain development*
 - *Physical, cognitive, social, & sexual maturation*

A TIME OF...

- Figuring out who we are
- Trying out attitudes, beliefs, & ways of being
- Learning how to be close & intimate
- Deciding how we want to be!

ADOLESCENT DEVELOPMENT TOO OFTEN IS IGNORED!

- Overestimating JSO risk; predicting negative outcomes
- Applying adult models & interventions to teens
 - Long-sentences & treatment mandates
 - “Sex offender” registries
 - Public notification
- Not recognizing or considering ongoing development in emerging adults

MOST STOP!

- Sexual recidivism rates among children
 - 2-10% (Carpentier, et al., 2006)
- Rates among adolescents:
 - Typically, 3-15%
(Caldwell, 2017; Finkelhor, et al., 2009)
 - Non-sexual recidivism generally is greater!
- A serious few

WHAT WORKS?

- Nothing works v What works
- Risk – Need – Responsivity Model (aka)
 - Principles of Effective Intervention
 - *The RNR Model of Assessment & Crime Prevention Through Human Services*

(Andrews & Bonta, 2010, The psychology of criminal conduct, 5th ed.; Andrews, Bonta & Wormith, 2011, Gendreau & Ross, 1987; Smith, Gendreau, & Swartz, 2009; also see Miller, 1989 re “nothing works” debate)

R – N – R CORE PRINCIPLES

- Risk Principle
 - Focus: *Those with most risks, fewest protective factors*
- Need Principle
 - Focus: *Dynamic criminogenic factors (needs)*
- Responsivity Principle
 - Focus: *Enhancing treatment response by considering relevant, individual characteristics.*

R-N-R MODEL RESEARCH SUPPORT

- Support with general criminal behavior:
 - Andrews & Bonta, 2010, Bonta & Andrews, 2016, Smith, Gendreau, & Swartz, 2009
- Support for juveniles:
 - Hawkins et al., 1998; Hoge, 2016, Lipsey, 1995; Lipsey, 1999, Pealer & Latessa, 2004
- Support for sex offense specific treatment:
 - Hanson, Bourgon, Helmus, & Hodgson, 2009

R-N-R MODEL - AN ASSESSMENT GUIDE

- **Risk:**
Identify static & dynamic risk & protective factors
- **Need:**
Evaluate risk-relevant dynamic factors (criminogenic needs)
- **Responsivity:**
Assess factors that may impede / facilitate treatment engagement & participation, learning & positive change.

R-N-R MODEL - AN INTERVENTION GUIDE

- **Who?** *Target those with the most risk factors and fewest protective ones.*
- **What?** *Criminogenic Needs.*
 - ✓ *Reduce risk factors*
 - ✓ *Enhance protective ones*
- **How?** *Responsive interventions. Matched to individual & family learning styles / characteristics.*

YET...

- *"Research concerning the factors that place juveniles at risk for sexual offending behavior and sexual recidivism is still in its infancy."* (https://smart.gov/SOMAPI/sec2/ch4_risk.html#riskjuv)
 - Few studies
 - Significant methodological problems
- *Research pertaining to protective factors that may mitigate or reduce risk is even more limited.*
 - Also few studies & mixed findings
 - Although replications and a few meta-analyses provide some support for some items.

POSSIBLE CRIMINOGENIC NEEDS SEXUAL & NON-SEXUAL RE-OFFENDING

- **Risk relevant domains:**
 - 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 (normative / persistently not*)
 - Sexual drive (adolescent / hypersexual*)
- *Foster safe, healthy, respectful sexual attitudes and behaviors*

* Infrequent

SOCIAL BONDS & ORIENTATION

- **Prosocial - antisocial attitudes and beliefs**
 - *Build values intolerant of sexual offending &*
 - *Develop prosocial morals & identity*
- **Prosocial - asocial - antisocial orientation**
 - *Facilitate prosocial 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
 - *Develop basic & advanced social skills, including:*
 - *Understanding physical boundaries, eye contact, etc.*
 - *Active listening*
 - *Communicating appropriately, e.g., respect, consent*
 - *Responding to criticism / rejection...*
 - *Facilitate perspective –taking & compassion*
 - *Develop emotional congruence with peers /adults*
 - *Rewarding, mutual friendships & intimacy*
 - *Satisfaction & fun in school / work / play*

SOCIO – ECOLOGICAL FACTORS

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

SOCIO – ECOLOGICAL FACTORS

- Community & Societal Ties
 - *Establish positive*
 - *Mentors / adult supports*
 - *Peer influences / relationships*
 - *School / work engagement*
 - *Community liaisons*
 - *Cultural / spiritual connections*

HIGH QUALITY ASSESSMENTS

- *Take time:*
 - *Review of Relevant Records*
 - *Collateral Contact Reports (e.g., caregivers, school)*
 - *Focused Clinical Interviews*
 - *Behavior Observations*
 - *Relevant, Reliable & Valid Psychometric Assessment*
 - *Appropriate Risk & Needs Assessment Protocols*
- *The depth and breadth of any evaluation will depend on its purpose, (e.g., guiding treatment v legal decision-making).*

PREDICTING SEXUAL RECIDIVISM BY JUVENILES IS ESPECIALLY DIFFICULT

- *Research challenges, e.g., small unique sample, divergent findings*
- *Child development & life changes*
- *Positive treatment responses*

THERE IS THE BASE RATE PROBLEM

- **IT IS HARD TO PREDICT INFREQUENT EVENTS!**
- Base rate (BR) = Frequency of the event
- Predictive accuracy is *reduced* as the BR departs from .50 (Meehl & Rosen, 1955)
- BR below .50 results in increased *False Positive* errors
 - **More predictions of risk/violence are wrong!**

A SEX OFFENDING EXAMPLE

- 197 youths males with follow-up information
- Followed 5 to nearly 10 years
- **67%** "at risk" or "**dangerous**" (132);
33% "capable" (65)
- **12% (24) arrested new sexual offense**
- *Non-sexual reoffending more common (50%)*
- 37% had no new arrests of any kind

(Schram, et al., 1991)

Sexual Recidivism Prediction	Yes or at risk (67%)	No (33%)
Recidivated	18%	0%
Did not recidivate	82%	33%

(Schram, et al., 1991)

WHY this tendency to over-estimate & predict RISK?

- Huge demand for risk assessments & predictions
- Many pressures & possible influences
 - Psychological
 - Social
 - Political
 - Financial

CAUTION!

**BEWARE OF
Evaluator
"THINKING ERRORS"**

*Information processing challenges &
cognitive biases*

TRUTHINESS

- Tendency to define truth by what we feel, independent & even in opposition to objective or scientific findings
 - *Neglecting base-rates*
 - *Consensus assumptions*
 - *Exaggerated conclusions based on small samples*
 - *Pathologize*

(!Coined by Stephen Cobert, described by Norcross, Hogan, & Koocher, 2008, *Clinician's Guide to Evidence-Based Practice*)

VIVID INFORMATION

- Examples:
 - Media
 - Case specific information (“Wow¹” effect)
- Favored & over-utilized, even if unreliable
- Expect representative outcomes

(Norcross, et al, 2008)

FUNDAMENTAL ATTRIBUTION BIAS

- Attributions / assumptions of developmental and individual permanence
- Assumption of cross situational consistency

CONFIRMATION BIASES

- Processing recent information as consistent with prior theories, beliefs & hypotheses
- Ignoring negative instances/disconfirming evidence
- Perceiving ambiguous data as confirmatory
- Using illusory correlations, even when trained
- Over-confident

CORRECT EVALUATOR “THINKING ERRORS”

- Assess the whole child
- Use:
 - Multiple sources of information
 - Interviews, collateral source information, etc.
 - Multiple methods, including:
 - Relevant & objective tests and measures
 - Empirically-informed risks and needs assessment protocols
 - Multiple samples of behavior
- Analyze convergent and divergent information



CORRECT EVALUATOR “THINKING ERRORS”

- Consider less vivid information
 - **BASE RATES !**
- Look for disconfirming evidence
- Explore alternative hypotheses
- Consider developmental, contextual & situational factors

CORRECT EVALUATOR “THINKING ERRORS”

- Stay current with empirical research
- Recognize personal limitations, biases and other pressures
- Limit reliance on memory...
- Guard against overconfidence
- Engage in consultation & teamwork

RATHER THAN PREDICTION→

❖ ASSESS TREATMENT NEEDS & PROGRESS

- Identify factors that may increase risk
- Identify those that protect & mitigate risk
- Assess how they interact currently, & in the foreseeable future
- Recommend or provide interventions to:
 - Reduce risk, &
 - Increase healthy lifestyles

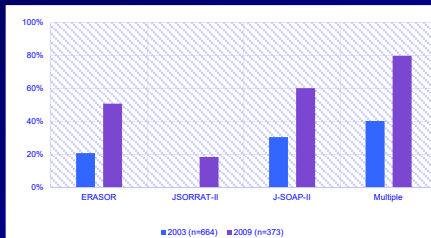
HOW DO WE ASSESS RISK & NEEDS?

- Unstructured Professional Judgment
- Actuarial Assessment
- Empirically-Informed Protocols
 - Structured Judgment
 - Checklists

Most Researched RISK Assessment Instruments

U. S. Programs for Adolescent Males

McGrath, Cumming, Burchard, Zeoli & Ellerby (2009). Safer Society Survey



What is a Reliable & Empirically Validated Risk Assessment Tool?

- McArthur risk assessment expert consensus*
 - Tool can be replicated (requires a manual)
 - Includes items empirically related to outcome (individual items may not be as strong as when combined)
 - Reliability is demonstrated in multiple studies, including some by independent researchers
 - Predictive validity (i.e., the strength of the measure's relationship with the outcome of reoffending) is demonstrated in multiple studies, including some by independent researchers

*Vincent, Guy, & Grisso, (2012, November). Risk Assessment in Juvenile Justice: A Guidebook for Implementation. Models for Change: System Reform in Juvenile Justice. John D. and Catherine T. MacArthur Foundation. <http://www.modelsforchange.net/publications/346>

IS THE MEASURE RELIABLE?

- Reliability concerns the consistency of an assessment measure across time, circumstances, or observations
- Inter-rater reliability is essential for some measures, such as risk assessment and needs assessments
- Other types of reliability, such as test – retest are essential for other measures

IS IT VALIDATED?

- First we must ask:
 - Validated for what?
 - Predicting sexual reoffending?
 - Assessing risks and needs?
- The “predictive” validity of a measure, i.e., the relationship of scores to the outcome of interest (e.g. reoffending) is very important.

ARE THE "MOST RESEARCHED MEASURES" ANY GOOD?

- Research-informed checklists
- They have been rated consistently (found reliable) in independent studies, though not always
- There is some increasing predictive validity support, including independent evaluations replicating findings, *though mixed*
- *Thoughts??? Considerations???*
 - *Methodological challenges!*
 - **OFTEN ARE MISREPRESENTED & MISUSED**
 - *Difficult to predict human behavior!*

META-ANALYSIS

Viljoen et al., 2012

- J-SOAP II, ERASOR 2.0, J-SORRAT, & STATIC 99
- Effect sizes (*reflecting the strength of the relationship with recidivism*) are better than individual risk factors or general delinquency risk assessment tools, *though individual study findings vary*
- Clear benefit over unstructured judgments
- Suggested the accuracy rates (*moderate*) are *insufficient* for decisions requiring high degrees of precision
- They are not and should not be used as a standalone tool or predictive instrument.

SMALL TO MODERATE relationships are not unusual!

- Adult sexual risk assessment instruments
(Hanson & Morton-Bourgon, 2009)
- General recidivism risk in adolescents
(Oliver et al., 2009; Schwalbe, 2007)
- Self-harm and suicide
(e.g., Mcmillan, Gilbody, Beresford, Neilly, 2007)
- Also see: "Meta-Analyses on Tools to Assess Risk: Reoffending, Suicide, Driving Problems, and Adverse Medical Outcomes" *(Viljoen et al., 2012, p. 12)*

"Issues With Popular Risk Prediction Tools" *(Worling, 2018)*

<http://www.profesor.ca/history--rationale.html>

SHOULD RISK & NEEDS ASSESSMENT MEASURES BE USED?

- When used appropriately & responsibly they may be useful (e.g., short-term assessments)
- When used as a component of a holistic assessment of relevant risk and protective factors, reliable and appropriately validated assessments tools, *used with fidelity to their manuals*, can help us:
 - *Improve our judgments & decision-making*
 - *Monitor progress (if items are dynamic)*
 - *Facilitate effective interventions*

ASSESSMENT IS A PROCESS, NOT AN EVENT

- *Assessments are important for:*
 - ✓ Developing & revising case & treatment plans
 - ✓ Guiding case management decisions
 - ✓ Evaluating individual progress & outcome
 - ✓ Program evaluation

PROGRESS ASSESSMENTS

- Require:
 - Initial assessments
 - Historical information (static risk / protective factors)
 - Criminogenic needs (dynamic risk / protective factors)
 - Responsivity factors
 - Assessment driven treatment plans with objective, measurable, treatment goals & outcomes
 - Timely reassessments

SOME EXAMPLES

- Progress notes, and/or summaries
 - Unstructured?
 - Subjective? Biased?
- Goal attainment scaling, i.e., goals and potential outcomes are quantified and scaled numerically to facilitate assessments of progress, or the lack thereof

-2 -1 0 +1 +2

OTHER EXAMPLES

- *Treatment Planning and Progress Inventory for Adolescents Who Sexually Abuse (TPI-ASA)* (Oneal, et al., 2008, *Sexual Abuse: A Journal of Research and Treatment*)
- *Juvenile Risk Assessment Tool & Interim Re-Assessment of Risk for Sexual Re-Offense (J-RAT & J-RAT-IR)* (Rich, <http://www.j-rat.net/>)
- *Protective + Risk Observations For Eliminating Sexual Offense Recidivism (PROFESOR)* (Worling, 2017, <http://www.profesor.ca/>)
- Or reassessment with risk assessment measures that have dynamic items (e.g., ERASOR, J-SOAP II)

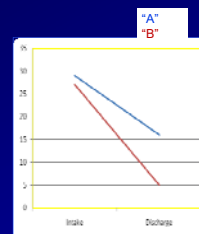
TREATMENT NEEDS & PROGRESS REPORT

(Righthand, 2005, <http://www.csom.org/pubs/JSOProgressScale.pdf>)

- Empirically informed checklist to assess treatment needs at intake and over time
- Research informed: 14 dynamic criminogenic risk & needs associated with sexual and non-sexual offending among girls & boys (Righthand et al., 2014)
- TNPR is not a risk assessment instrument
- One follow-up study (Righthand, Hecker, & Dore, 2012)
 - Statistically related to violent reoffending (moderate PV)
 - Non-statistically significant relationship with sexual reoffending (6 sexual recidivists)

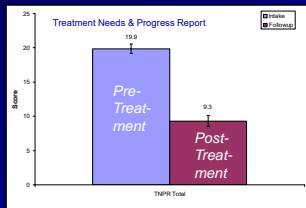
Treatment Needs & Progress Report				
Name:	Period covered: From:		To:	
Number of sessions:	Offered	Refused	Completed	
Treatment Goals:				
Treatment Objectives/Needs: #				
Treatment Objectives	No / Minimal Need	Significant Progress	Moderate	Significant Need
Motivation to Change	0	1		2
Sexual Interests	0	1		2
Sexual Drive	0	1		2
Social Skills	0	1		2
Personal Maltreatment History	0	1		2
Victim Impact/Empathy	0	1		2
Attitudes/Beliefs	0	1		2
Emotion/Impulse Management	0	1		2
Positive/Stable Self-image	0	1		2
Responsible Behavior	0	1		2
Family Relationships/Supports	0	1		2
Peer Relationships/Supports	0	1		2
Community Supports	0	1		2
Risk Management	0	1		2
Other goals (optional)	0	1		2
Summary/Plan				
Therapist signature: _____ Date: _____				

CHANGES OVER TIME



CHANGES FOLLOWING TREATMENT

(Incarcerated juveniles: $n = 58$)



(Righthand, 2005, Righthand, Boulard, Cabral & Serwik, 2011)

ROOM FOR IMPROVEMENT!

- Need to take the next step in developing and testing an evidence -informed *Treatment Needs & Progress Scale*
 - Developmentally sensitive
 - Dynamic - sensitive to change & progress
 - Considers individual & socioecological factors
 - Helps identify risks and protective factors *objectively*
 - Facilitates effective interventions
 - Promotes resilience & prosocial, healthy lives

AN OPPORTUNITY!

*Department of Justice
Office of Sex Offender Monitoring, Apprehending,
Registering, and Tracking*

**Assessing, Treating, & Managing Juveniles
with Illegal Sexual Behavior:
The Juvenile Treatment Progress Scale
Development and Implementation Project**
(2016-AW-BX-K004)

TREATMENT NEEDS & PROGRESS SCALE (TNPS)

- Scale is in development as part of a 3-year project.
- Items are empirically based or theoretically grounded in the RNR model.
- Assessments are conducted in a developmental context.

TREATMENT NEEDS & PROGRESS SCALE (TNPS)

- Testing is underway at 5 sites throughout the country.
- The test version of the scale is being revised based on user feedback and empirical findings.
- A final TNPS and user-manual will be created.

➤ The TNPS is not a risk assessment measure!

- It is a treatment *NEEDS* scale for assessing a variety of risk relevant concerns that, if addressed, may facilitate healthy, prosocial development.

A PARADIGM SHIFT



IT IS UP TO US!

- High quality assessments can help us:
 - Determine appropriate treatment intensity
 - Identify risk - relevant treatment needs
 - Select responsive treatment approaches
- By assessing progress, we can revise interventions and treatment plans as needed
- We also can evaluate and demonstrate positive client & program outcomes
 - **But, we often don't do works!**
(Viljoen, Cochrane, & Jonnson, 2018)

LET'S DO IT!

- Well conducted, research – informed, assessments can provide successful road maps for effective intervention.
 - By implementing practices and policies that “Work,” we can facilitate:
 - Desistence from offending, &
 - Healthy, prosocial development and lives.
- **Let's make this happen!**

RESOURCES

- Association for the Treatment of Sexual Abusers: www.atsa.com
- Center for Sex Offender Management: www.csom.org
- Juvenile Justice Information Exchange
 - <https://jjie.org/hub/evidence-based-practices/>
- Models for Change
 - www.modelsforchange.net/reform-areas/evidence-based-practices/index.html
- National Center on Sexual Behavior of Youth: www.ncsby.org
- Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART): <https://smart.gov/>

RESOURCES

- Blueprints for Healthy Development: <https://www.blueprintsprograms.com/>
- California Evidence-Based Clearinghouse for Child Welfare: www.cebc4cw.org
- National Institute of Justice: Crime Solutions
 - <https://www.crimesolutions.gov/>
- OJJDP Model Program Guide: <https://www.ojjdp.gov/mpg>
- SAMHSA EBP: <https://www.samhsa.gov/ebp-resource-center>
- Washington State Institute for Public Policy: www.wsipp.wa.gov/BenefitCost