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**Jimmy Widdifield, Jr.:**

Hello, and welcome everyone. My name is Jimmy Widdifield, Jr. I’m with the Oklahoma Commission on Children and Youth and I’m working in partnership with the Southern Regional Children’s Advocacy Center to create this podcast cheekily called, “It Takes a Podcast.” It’s about children with problematic sexual behavior. More specifically, it’s about the people in the field who are advancing the field, the people who are behind the scenes doing the work to better help these children, the children that are impacted by their sexual behaviors, and their families. I am super excited today to have Jane Silovsky as our guest. I met Jane in 2002 when I was a practicum student at the Center on Child Abuse and Neglect here in Oklahoma City. And really just had the life-changing pleasure of being Jane’s friend, colleague, and staff person over 17 years. I kind of grew up under Jane professionally, which is really exciting. I’ll let Jane introduce herself a little bit more in just a second. I don’t want to embarrass Jane in any way, but I do consider Dr. Silovsky to be the expert on children with problematic sexual behaviors, at least in the United States, and I consider her to be one of the top experts internationally. She is a researcher, she’s a clinician, she is a brilliant mind. And so, Jane, I will quit embarrassing you now and hand it over. If you’ll just introduce yourself and share the things that you’re most comfortable about who you are.

**Jane Silovsky:**

Thank you, Jimmy. You are so very kind, very generous introduction. Yes, I’m Jane Silovsky. I’m a psychologist, clinical psychologist, and I’m a professor at the University of Oklahoma Health Sciences Center. I have had the privilege to have had some amazing mentorship in addressing problematic and illegal sexual behavior of youth and be able to reestablish the National Center on the Sexual Behavior of Youth that was started by Dr. Barbara Bonner and Dr. Mark Chaffin. We provide training and technical assistance to teams across the country, and a few across the world, being able to, what we call as our theme, “better lives through better choices.” If we can support caregivers and youth and professionals to really understand this population and make decisions to support their healthy development and growth, that’s our mission.

**Jimmy Widdifield, Jr.:**

I just love how concise you are, Jane. I am super happy that you mentioned Barbara Bonner and Mark Chaffin. Barbara and Mark were some of the early professionals in the field, and we really owe a lot to both of them and the work that they’re doing or have done. Jane, did I catch in your introduction that you’ve also done research in the field? Maybe I zoned out for a second maybe.

**Jane Silovsky:**

I didn’t really elaborate on that, so yes, we have published research in the area of problematic sexual behavior of youth. Also, at our Health Sciences Center we have clinical programs for adolescents, school age and preschool children with problematic sexual behavior. Dr. Bonner developed the adolescent- and school-aged programs and from leading that group, then created the preschool program. And then again, as I mentioned before, we provide training and technical assistance in the area across the country.

**Jimmy Widdifield, Jr.:**

Jane, you’re a bit of a unicorn, I think, in that you’re both a researcher and a clinician. And then you’re also very involved in the provision of training and technical assistance. If we were to go back in time, how did you get into the children with problematic sexual behavior field? A lot of people don’t even know this population of kids exist. I think that’s changed thanks to your efforts and the work of Dr. Bonner, Dr. Chaffin, but how did you get started here?

**Jane Silovsky:**

In high school I volunteered where I work now in the Child City Center and in some therapeutic daycare centers and really quickly saw a pattern of how kids’ experiences and in particular traumatic experience impacted their emotional and developmental well-being. And went to graduate school in clinical psychology wanting to be able to address that and had read about play therapy, so I thought okay, I can play with kids and that will make things better. I learned in graduate school what really evidence-based treatment was all about. The key part of clinical psychology is your clinical internship where you get really intensive training. And it turned out, even though I went to Florida and Alabama for undergraduate and graduate school, that the best internship for my interest was right here back in Oklahoma City, training under Dr. Barbara Bonner and also Dr. Diane Willis, one of the founders of pediatric psychology. I remember really early on from them how the importance of understanding the family dynamic, the community dynamic, and to really impact children’s well-being, you’re looking at a systems impact in providing evidence-based treatments. And so, under that training with them, including the interdisciplinary training on child abuse and neglect, I was able to be trained by Dr. Bonner on problematic sexual behavior of youth. It happened to be the same time that she was doing the randomized clinical trial where she was looking for school-age kids, comparing cognitive behavioral approach to a play therapy approach. And during that time, I was running two assessment clinics, one on disruptive behavior disorders and one on trauma. From that work, in collaborating with Dr. Bonner, I ended up leading the school-age program when it finished the randomized clinical trial. While seeing those kids, in running this clinic for six- to twelve-year-olds at the time, we were being referred three- and four-year-olds. Of course, you’re not going to do a school-aged program with them. So, I took my background and Parent Child Interaction Therapy and trauma focus work and developed our preschool program for kids with problematic sexual behavior. And been here ever since.

**Jimmy Widdifield, Jr.:**

This was all around the mid-to-late 90s?

**Jane Silovsky:**

Yes.

**Jimmy Widdifield, Jr.:**

I remember when I first met you in 2002, it just seemed like hardly anyone knew about this population of kids or teenagers. And thinking back, you were part of that very beginning with Dr. Bonner, and the other two people on that research: Lucy Berliner, who’s now retired, and Eugene Walker, psychologist here in Oklahoma who’s, I believe considered to be the father of pediatric psychology.

**Jane Silovsky:**

Yeah, one of the fathers.

**Jimmy Widdifield, Jr.:**

And you were part of that group. That is so cool. I think for people who are listening who may think, “Oh, that would never be me.” Jane, I don’t think you ever expected that to be you, right? That you would be suddenly with the experts in the field.

**Jane Silovsky:**

You’re absolutely right. I was just coming in as a student wanting to be a sponge and learn. I feel very blessed to have been able to learn from such profound teachers and really movers and shakers in the field of child abuse and problematic sexual behavior of youth.

**Jimmy Widdifield, Jr.:**

I’m going to try not to number all of the great things you say, Jane. But just being a sponge to soak it all up, that’s a key message here for everyone. Anyone who wants to work with children in general, but particular on problematic sexual behavior because there’s a lot to learn. You’ve been in the field since the mid-90s or so. That’s a long time. How has the field changed from when you started, when you created the preschool model, moved into training and technical assistance being a significant part of the work, how have things changed over that time?

**Jane Silovsky:**

If it’s okay, I like to even go back a little bit to what happened even before that, what led to the school age program and go a bit back in the child maltreatment history. In the 70s, with the publication of *The Battered Child*, there was really an awakening awareness in the pediatric and in other fields that there’s a thing called child abuse that caused harm to children that needed to be addressed. The focus was really on physical abuse - the Battered Child Syndrome. It wasn’t until the 80s that multiple professionals began to really focus on and understand child sexual abuse and recognize it as harmful, that needs to be addressed. It was during this time, that Dr. Bonner was beginning her second career and was providing a lot of direct service to children who had been sexually abused and quickly saw a pattern in which those who were acting out on those children. They were often older youth, and older youth who weren’t strangers, but were big brothers, cousins, relatives, folks that those children knew. That really motivated her to dive into the literature on adolescence with illegal sexual behavior, sexual development. She talks a lot about really learning at the feet of Dr. Judith Becker, Dr. Eugene Walker, and a number of other experts at the Association for the Treatment of Sexual Abusers (ATSA). I think ATSA needs to be mentioned and their foundation in this work. That research determined the need to really address the adolescents and created a program with Dr. Walker. Later Dr. Mark Chaffin joined them. Their philosophy of the program was in terms of understanding child development, what has impacted adolescents to break these rules, to have illegal sexual behavior, and what could get them on the right track. And, really, the need to see those youth of having the capacity to make good decisions and do well with the right information, therapy, addressing their past trauma, addressing their understanding of healthy development with their caregivers, and creating that adolescent program. While they were doing this, the National Center on Child Abuse and Neglect issued a request for proposal for school-aged kids and wanted to have treatment outcomes and additional information. So, Barbara Bonner, Jean Walker, and Lucy Berliner applied, as well as Bill Pithers and Alison Gray. There were two randomized clinical trials occurring at the time looking at school-aged kids with problematic sexual behavior, and that work built, on really the founders of this field, Bill Friedrich and Toni Cavanagh Johnson. Those two published the seminal work on understanding problematic sexual behavior of youth and collaborated on these projects. There’s been further research looking at the outcomes for problematic sexual behavior of youth with children and it echoes what those two randomized clinical trials found: short-term outpatient community-based treatment can reduce and eliminate problematic sexual behavior when you have some characteristics involved. The key part is that caregiver investment and involvement, addressing, giving the parents the behavioral parent training skills to be able to eliminate or address problematic behavior and replace that with healthy good choices and healthy relationships. That was accumulated through a variety of research, including research that was done on Trauma-Focused Cognitive Behavioral Therapy by Judy Cohen, Tony Mannarino, Esther Deblinger, and colleagues in finding out, in terms of those youth with sexual abuse and problematic sexual behavior, what can be done to reduce problematic sexual behavior. Same things - that importance of the caregiver involvement, directly addressing those behaviors, and supporting good decisions. The other piece that has come out in the research is that early on in the 80s and 90s, there was a lot of belief that to have problematic sexual behavior you must have been sexually abused. In fact, when I started the work on preschool kids with problematic sexual behavior, I certainly had that thought. If you are four years old and you’re acting out sexually with other kids, I was under the assumption that you must have been sexually abused. And that’s why we do research, to be able to really look at these assumptions and are they true, and if not, what is true? What we found in our research and in multiple research of colleagues was that, while child sexual abuse is an important risk factor that needs to be closely looked at when a child has problematic sexual behaviors, it is not the only or sole cause for problematic sexual behavior. And instead, looking more broadly at vulnerabilities and protective factors brings more rich information on what needs to be done to get the family on the right track to support their child. So, looking broadly at coercive environments, physical abuse, harsh parenting practice, domestic violence, looking at the exposure to sexualize materials even beyond sexual abuse, and looking at those factors within the child that might make them more vulnerable to making poor decisions. Whether that’s ADHD, whether it’s falling on the autism spectrum, is it cognitive delays, language delays, as well as caregiver factors that impact their ability to guide and support and address their child’s behavior? Things like depression, substance abuse, having three jobs and not being able to monitor their kids the way that they would like. And so, to recognize the need to look at those protective factors to get them on the right track. I think we’ve learned a lot about what are myths, and what are truly supports for these children to be able to, again, support them and their families.

**Jimmy Widdifield, Jr.:**

There’s a reason, Jane, that I think you’re an expert in the field. You starting with Henry Kempe and the Battered Child Syndrome how the field of child maltreatment was really forming, and how that leads into looking at who is initiating maltreatment or harm towards kids, and then this area of - it was other kids or teens. That’s just brilliant because I don’t think a lot of people think back about how important that work was by Dr. Kempe. And how that has informed so much. You also mentioned a couple of other names that I think are really critical - William Friedrich, who did a lot to create this field and the professional response and advance our understanding. And then, of course, Toni Cavanagh Johnson. A lot of people are familiar with her booklets and her just tireless work to educate people and to treat these children.

**Jane Silovsky:**

If I can interrupt you, when I started my career, I went to the University of Alabama - Roll Tide - and I attended the Huntsville Child Abuse Conference (now called the International Symposium on Child Abuse) in the late 80s early 90s. I heard Toni Cavanagh Johnson and the really beginning work on you needing to have an interdisciplinary approach for all of this work to be able to really, better identify and respond. To bring it back home to who’s sponsoring this podcast, it was definitely foundational for me in my own professional development, but certainly for the whole field.

**Jimmy Widdifield, Jr.:**

I didn’t know that, Jane. It’s just amazing where we get connected to the people that then have an impact in some way, that then drive us in the work that we do. One thing I do want to follow up on, I really appreciate your comment about myths and misconceptions around how these behaviors develop in young people and children. And the fact that child sexual abuse is not the only cause of it or the sole cause. I know that really depends on your community or what part of the country or world you might be in in regard to the amount of adversity or trauma that a child might encounter. But one thing that that sticks out - I’m going to go a little off script from our questions, Jane. When you talked about the research, I know more recently you were part of, was it a special edition that published research from around the world and I think about how research has changed over this time. You’ve been involved in quite a bit of that. But I think research out of the United Kingdom and Australia in the special edition, I hope I’m saying that right, that you were part of, I think there was even work out of Israel and Africa. How has the research changed around this population, what are people looking at and how has that changed?

**Jane Silovsky:**

The social issue that you’re mentioning is from the *Journal of Child Abuse and Neglect*. And we had a special issue on youth with inter-personal sexual behaviors. And I think you’re right, being able to have an international perspective is really key to seeing where there are cross-cultural similarities, distinctions, and where we can learn from each other. A key part of research is, what can we do that works? What I appreciate, in addition to that, has been work in terms of understanding systems impact on problematic sexual behavior and how we can better identify and respond. Simon Hackett and his amazing colleagues in the United Kingdom have published really seminal work on: What do we know as the system about these youth, how are we responding and does that actually do more harm than good? So, work of looking at things like: When this is identified who responds? Is this a child welfare issue, is this a legal issue, is this a behavioral health issue, is it a health issue? And finding in the UK that it could be pretty random depending on who finds out and how it responds. Then we found similar things in the United States that there really is a lack of coordinated clear triaging and understanding in the response. So, an area of really looking at, if we want to make it better, do we want to do it child by child? Or would it be better to really be looking at our policies, practices, and procedures and fix the system so that, from the onset we could prevent it in the first place. But for those when we haven’t been able to, that we’re responding in a way that really leads to quick, early intervention and getting the families on a healthy track. Again, internationally, I want to speak out to colleagues in Israel that you mentioned. Dafna Tener and her colleagues have looked at children’s advocacy center responses to sibling sexual abuse in particular and has some really interesting information about how the children’s advocacy center can understand and respond to these youth and what are some public policy options that may be worth considering in response. For example, they have this exception committee that allows them to really look at the family as a family and make a decision together on how to respond that will lead to healing to the family, that gives variability instead of a single adjudication of the youth as the response. One more call out I want to say is the work out in Australia, Dale Tolliday and his colleagues’ work. Again, they also are looking very much at a systems approach and diving into schools, child welfare, and behavioral health response.

**Jimmy Widdifield, Jr.:**

Jane, I really appreciate you letting me go kind of off our questions that we had created. And I told you, I was going to try not to number these great things you’re going to say, but holy goodness, Jane, there was a lot in there. And I also want to be mindful of time, but I’ve had the pleasure of traveling with Jane and having hours to talk to her and so I could continue to do that because I always learn something new. One thing I would just like to briefly focus on is this attention toward a systems response. Jane, as you were talking earlier about how research is telling us what do we know about these kids, how do these behaviors kind of manifest, what are those factors that may contribute, or even supportive and protective factors that may inhibit, it’s really that systems response? It just reminds me that when working with these children, and even though we’re talking about children 12 and younger, but this would apply also to adolescents, it’s a multi-prong approach. We can best help meet the needs, not just of the child who initiated the sexual behavior but the other children who are impacted, their families or extended families, and their communities to really make a difference. So, it really is just exciting to hear how other countries and other researchers are looking at a systems response. And I’m really happy that you mentioned the role of the children’s advocacy centers because, of course, the white paper [that I co-authored] is around an MDT and CAC response to these children. And having that research to really inform how we do that in the best way possible, so I just thank you for that. Jane, just thinking about your current work and training and technical assistance, what have been some of the challenges that you’ve encountered and, similarly, what have been some of the really great successes or accomplishments?

**Jane Silovsky:**

I’d like to actually bounce off how you ended the last discussion and thinking about children’s advocacy centers. A huge challenge is that most communities haven’t figured out how to understand and respond to these youth. For some states, child protective services might get a hotline call and screen it out, because it’s not a caregiver-initiated behavior and then not under the purview, under their policies. Other states screen in, may assess, but don’t have clear policies on how to respond after they do a safety plan. Law enforcement have clear guidelines when they’re adolescents often, but then become confused when they’re an eight-year-old, a four-year-old. “What do we do, I don’t want to adjudicate these kids but I’m not quite sure what the option is,” are things that we all hear from law enforcement prior to making systems change on how to respond. I tell you in my own field of behavioral health, a lot of therapists are afraid of this topic. We’ve heard about therapists seeing children for trauma, providing therapy like Trauma-Focused Cognitive Behavior Therapy, and then the child reveals they have problematic sexual behavior, and the therapist actually panics. “Oh, wait a minute I can’t do this,” and not sure what to do in that situation. And so, lots of challenges. Pediatricians unsure about how to respond, that there’s no anticipatory guidance for them on what do we do to help families prevent and respond to these kinds of behaviors. And so, given those challenges, where my mind goes is, how can we work together to develop a more coordinated collaborative approach? And as we’ve been working with communities to do that, the best partner in the world are the children’s advocacy centers because the CACs are built on collaboration is the core to everything that they do. It is the goal to bring in all the partners who work on child abuse cases and let’s coordinate so that child doesn’t get more harmed by the system’s response, but instead experiencing something trauma-informed, safe, and healing. And so, they have the relationships with child welfare and law enforcement and prosecutors and others to be able to address this. When working with children’s advocacy centers to be able to now begin to address problematic sexual behavior of youth there’s a solid foundation to have this dialogue around this and bring in other partners as need be. For example, juvenile justice or the schools, who may already be part of the CAC partnership, but may not be. I know that you have plans for your podcast to interview a lot of teams that have evolved in their CACs to be able to integrate partners and to develop a more streamlined approach to it. And that’s what we see, team after team, that to be able to address problematic sexual behavior of youth, it’s so much more than training some clinicians in the evidence-based treatment. You can train those clinicians and they end up seeing no kids because the system isn’t set up to be able to identify those families in a way that’s engaging, that gives them the information that this is serious, that there’s hope and support, and that coordinated approach to the families not overwhelmed by all the different professionals involved.

**Jimmy Widdifield, Jr.:**

It really does take a team doesn’t it, Jane. It really takes a team. And I think you know what we’re learning about adverse childhood experiences, child trauma in general, it’s this team approach and a systems approach where people are collaborating, working together towards the same goal. Jane, I’m going to switch to your research in this field, well known for your research. What are your thoughts on the need for additional research? Where can researchers, or where should people start thinking more critically about what do we need to know and how do we have the science, right, to support that?

**Jane Silovsky:**

I mentioned policies and procedures. I really would like to see research looking, diving into what policies and procedures lead to better outcomes. Some states are going down the path of changing their child welfare policies to screen in these cases, rather than screen out. Is that working, does that lead to the outcomes that they’re wanting? What other approaches are needed in addition to that, including what are the trainings that are needed for child welfare, child, protective service personnel for them to manage those increasing cases well and respond in a way that facilitates the family getting evidence-based services and the safety planning that they need. That will include research on public policies and procedures for kids with illegal sexual behaviors. So, when do we use deferred prosecution or diversion, when is adjudication needed, what level of care is needed? So many of these youth can be successfully served in the community, but some need a higher level of care. What is the information that the team needs to make those decisions and help with the follow-up in deciding what ends up with long term outcomes. This is a topic that makes it difficult to do standard randomized clinical trials. So, to do randomized clinical trials you’re going to compare a treatment that you know works to something that doesn’t work or you don’t have that faith, or standard care. And for something like problematic sexual behavior where that behavior has the potential of having a really detrimental effect not only on that child but other children, it’s an ethical dilemma to hold that kind of randomized clinical trial. You’re really looking at comparing two active treatments which is more difficult to answer. It requires a lot more families to participate and it requires then funding across sites to be able to be successful. So really, thinking about how to do that well. Two other areas that I would say are so key right now. One is, man, technology’s impacting our kids’ sexual development. You’ve got kids at young ages, having tablets and computers and phones in their hands with varying levels of safety nets attached to that. We know kids are accessing porn like they’ve never before, even if it’s completely incidental, unintentional. How is that impacting their growth and development? How is communicating digitally rather than face to face so much impacting? What could lead to healthy development? There’s great research from David Finkelhor that suggests technology might be related to why delinquency rates are going down, that kids are less bored and active and able to access things that are helpful. So how could technology help healthy development and also how can we protect kids so it doesn’t cause harm? And even baseline, how is it impacting their development overall? I have to mention prevention. What can we be doing throughout the child’s development to help them have the tools and information in hand to make good decision about boundaries, friends, intimacy, identity, consent? And make decisions over time understanding the laws and rules that guide those behaviors. So many times, kids will have problematic or illegal sexual behavior and indicate they really didn’t understand how serious it was and as they get older how serious the consequences are. If we infuse really healthy prevention messages throughout childhood, how can that then impact healthy development and our society overall by kids making better decisions about relationships?

**Jimmy Widdifield, Jr.:**

Jane, I’ll respond, number three of really important things that you said, because I’m not numbering, right? As you were talking about what you think, how the field needs to progress in terms of research, and I think back, you started this conversation by talking about the Battered Child Syndrome, where it was just a basic… just an acknowledgement that there is child maltreatment. And then throughout our conversation there’s been this whole evolution of how do we help identify these children, what treatments are really helpful, let’s learn a little bit more about who they are. Then moving into widespread training and technical assistance, systems work, children’s advocacy centers, and now looking at policy and procedures and the impact of systems decisions. This may not be the right term, but something that popped in my head is like, research-based protocols or decision-making tools that help us just make sure we’re getting families to the right places for help, the right people for help. And then, of course, prevention, right, because I think our natural response as humans is, we’re going to respond first, and so, how do we treat the behaviors so it doesn’t happen again? But now looking about how, how can we really just reduce the likelihood of this happening in the beginning. And certainly technology, because of the world that we’re living in today was not the world of Dr. Bonner when she and her colleagues created the school-aged model in the mid-90s or when Dr. Friedrich created the child sexual behavior inventory in the later 90s. Things are different, and we adapt with that.

**Jane Silovsky:**

Which reminds me, we also need a measure. The child sexual behavior inventory, if we didn’t have that we would be so far behind in our research, but it is outdated. It doesn’t even have a single question about illegal, I mean electronic and online sexual behaviors so absolutely a need to also really dive into the research on assessment and how to capture the sexual behaviors and sexual development.

**Jimmy Widdifield, Jr.:**

So, Jane would never ask for this herself, but if you are looking for a research idea for your postdoctoral work, or your graduate work and you happen to publish on one of these ideas, like cut Jane a royalty. Just joking. So, Jane my last question for you and it’s the magic question. You know, dream big on the future of the field. What’s your dream?

**Jane Silovsky:**

Well, it’s when we come together as a National Center on Sexual Behavior of Youth, when we make any decision, what we come back to is how is this helping children and families? And my dream is that children and families have all the tools they need to be able to develop in healthy relationships and happy lives. And to do that, it requires our systems to move from, move toward I’ll say, move toward a response of habilitation and child well-being. A lot of times, people say rehabilitation when a lot of these families are coming in. It’s not a rehabilitation. From the onset they’re needing the support to be able to have all the tools that they need to support their child’s well-being. Parents want to do the best they can and need support for those tools through all the systems - child welfare, child protective services, juvenile justice, behavioral health, the schools, health, if we can all come together with that shared vision and goal and provide that support to families.

**Jimmy Widdifield, Jr.:**

And what a beautiful world that will be. And I’m intentional there, not a beautiful world that would be, that will be, because, Jane, really it’s you, it’s your colleagues, it’s the people at the National Center on Sexual Behavior of Youth, it’s the people that we haven’t met yet across the country that share your values and your beliefs and your attitudes toward helping these children. It seems awfully reductionist, but when I work with multidisciplinary teams, I say our one shared common goal is that children are safe, they’re happy, and they’re healthy and you just put it in so much more of an eloquent way of how that even becomes a reality. My cup is overflowing. We’ve been talking for about 15 minutes, Jane, and you inspire me, and I know that you inspire other people. I know that I personally would not be the professional or just the human I am without you, Jane, and to have this opportunity to just listen to you, to talk to you, is so valuable and meaningful to me, and I believe it will be the same for the people who listen to this episode. I’m trying not to cry now, because it’s just it’s amazing. These kids deserve more people like you and the others that will be on this podcast, and people who are looking out to make sure that the kids just have all the best. So, thank you, thank you for being a part of this episode and podcast and for the work that you’re doing and the person you are.

**Jane Silovsky:**

You’re way too kind, Jimmy. It’s been my pleasure. It’s been so nice to have this dialogue with you. I’ve missed spending time with you more often, and you know it takes, as they say, it takes a village. And having this group, this podcast and the other partners that are really focused on making a difference, it’s changing I can see. I mean things are better now than they were five years ago for these youth so we’re going in the right direction. We just need to keep going that way.

**Jimmy Widdifield, Jr.:**

Absolutely. Well, thank you. Enjoy the rest of your day. I know that people who are listening to the podcast will have opportunities to access resources through links. And I’ll just plug really quick so it’s on this officially, NCSBY.org, the National Center for Sexual Behavior of Youth, NCSBY.org. And keep an eye out, also for the National Symposium on the Sexual Behavior of Youth which is a tremendous conference and training resources as well. So, thank you again, and thanks to Southern Regional Children’s Advocacy Center, the Office of Juvenile Justice and Delinquency Prevention, and Department of Justice for their support of this podcast and making it happen. Take care, everyone.