

Perspectives:

CCOSO's Quarterly Newsletter

Traumatic Brain Injury and Sexual Offending Behaviors **Gerry D. Blasingame, Psy.D.**



Traumatic or acquired brain injuries (TBI) have been associated with several aspects of criminal behavior (Langevin & Curnoe, 2011). These include antisocial thinking, associating with an anti-social peer group, poor self-control, impulsivity, poor problem solving, and seeking immediate gratification. Disruptions in executive functioning undermine the affected person's self-regulation.

Several of these characteristics are specifically associated with risk for sexual re-offense, and are listed on the Stable 2007 (Hanson, Harris, Scott, & Helmus, 2007).

Executive functioning is commonly associated with the frontal lobes. Frontal lobe functions include thinking and reasoning, problem solving, impulse control, self-monitoring of actions, anticipating consequences of actions, ability to modify or change actions based on feedback or information from the environment, and the capacity to generalize learning and experience from one situation to another (Herrick, Brown & Concepcion, 2014; Young, Justice, & Edberg, 2010). Impairment in these functions affects the person's daily functioning, and can have a significant impact on the individual's sexual decision making.

Another consequence of a TBI is that of personality changes. Kolb and Wishaw (2009) framed these in two ways: pseudo-depression and pseudo-psychopathy. In pseudo-depression, the affected person exhibits apathy, indifference, loss of initiative, and limited verbal and emotional expression. In pseudo-psychopathy, the affected person exhibits immature behavior, lack of tact and social restraint, use of coarse language, increased motor activity, and diminished ability to self-monitor and self-manage social interactions.

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What is CCOSO?

CCOSO is a recognized leader in providing expertise, training, education, and legislative guidance in treatment, management and research related to sexual offending. CCOSO and its chapters strengthen local and statewide agencies and professionals to enhance community safety.



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***Submissions
Due Date:
February 1, 2018***

Published quarterly, *Perspectives* provides CCOSO members current information on practice innovations, research findings, and public policy issues on sexually abusive individuals (adults or juveniles).

Contributors are invited to submit articles related to their work (assessment, interventions, supervision, management, or policy). Please send the article as a Word document (no more than 600 words) to the Editor, Lucinda Lee Rasmussen, Ph.D., LCSW, lucindarasmussen@cox.net. Longer articles may be accepted at Editor's discretion. Reproduction of other authors' original work must be accompanied by permission of those authors.

Please include title, author's name, professional affiliation, references cited in text, a Reference List, and contact information (e.g., email and/or Internet website). Should space preclude publication of references, please provide to members upon request.

Editor's Note:

Lucinda A. Lee Rasmussen, Ph.D., LCSW

We are sending this issue of the Newsletter to a mailing list of over 3000 professionals. If you have not received *Perspectives* before, we hope you enjoy it. *Perspectives* presents articles related to state-of-the-art issues in the field of sexual abuse, as well as policy updates for California.

This issue's feature article by Dr. Gerry Blasingame addresses a neuropsychological issue that needs to be screened when assessing sexually abusive individuals: traumatic brain injury. A related article by Ivonne Arias, B.A. discusses research related to brain

imaging, as applied to individuals with antisocial behaviors.

Emerging concerns regarding human trafficking are highlighted. Kayla Mulholland, B.A. discusses sexual exploitation of adolescent girls in Tijuana, Mexico. Caitlin Zahlis, B.A. describes a new tool for assessing youth (over age 10) at risk for human trafficking.

Dr. L.C. Miccio-Fonseca focuses on recent discussions in the field related to the role of risk assessment for sexually abusive youth. She advocates a change in the focus of risk assessment research on these youth.

Chair's Corner: Lea Chankin, Psy.D.



Wow, I can't believe 2017, is nearly over. Over the past year, CCOSO held its 20th annual conference, CCOSO members wrote a white paper on placement issues, recidivism, and registration of Sexually Abusive Youth, and a tiered sex offender registration bill (SB 384) was passed in California. I am sure that 2018 will be an equally exciting year.

I have been honored to serve as CCOSO's chair for the past year, but I must step down, as I move into a new role with CASOMB, as their Consulting Psychologist. As 2018 begins, Michelle Steinberger, Probation Officer (our current Vice Chair) will be stepping into the Chair position for 2018. She has been an active Board member, and Coordinator for the CCOSO conference for a number of years, and will be an excellent Chair.

This change comes at a natural time for the CCOSO executive officer election. After the call for nominations for the annually elected CCOSO executive officers had been made, three individuals applied for the Vice Chair position. Members need to go to the member section of the website to review candidate statements and vote in this election. The other CCOSO executive officer positions were not challenged, so those officers will continue. They are Andrew Mendonsa, Treasurer; Chris Bennett, Board Correspondent; and Andrew Tamanaha, Board Recorder.

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California Sex Offender Management Board Update

Gerry Blasingame, Psy.D.

CCOSO Representative to CASOMB

The California Sex Offender Management Board (CASOMB) continues regularly scheduled meetings. Dates, times and locations are posted on the website, www.casomb.org under the meetings tab. The next meeting will be January 18, 2018.

The CASOMB Board has been without a Board Coordinator for many months. The CDCR staff members assigned to support CASOMB and SARATSO have done an excellent job of keeping the train on the tracks. We are now able to announce our new CASOMB Board Coordinator, Lea Chankin, Psy.D. The Board is looking forward to having Dr. Chankin's leadership and organization skills further supporting the Board's committees and activities. Dr. Chankin has been the Chairperson of the CCOSO. She has submitted her resignation to the CCOSO Board. CCOSO's Vice Chairperson, Michelle Steinberg, will assume the role of CCOSO Chairperson for the remainder of Dr. Chankin's term, through the end of 2018. Ms. Steinberg, as you may recall, also serves on the CASOMB Board representing probation officers. She also Chair's the [CASOMB Adolescent Offenders sub-committee](#).

Dr. Gerry Blasingame continues to Chair the CASOMB Certification Committee. For various reasons the committee has had some canceled meetings and as a result are just now finishing the Treatment Guidelines. The document should be released within the month of December 2017. Dr. Blasingame will be providing the CASOMB Board with information on the changes in risk classification terminology at an upcoming Board meeting. The next Certification Committee meeting will be on January 17th, 2018. Check the website for location and time.

Dr. Deirdre D'Orazio has taken on the role of Chair of the CASOMB Research Committee, as of December 2017. The current year research project regarding homelessness and transient registration per PC 290 continues in collaboration with San Jose State University's Dr. Edith Kinney. The study is due to be completed by June 2018.

In November 2017, CASOMB invited the authors of the CCOSO Adolescent Guidelines paper to speak with the Board. Dr. L.C. Miccio-Fonseca and Dr. Lucinda Rasmussen provided thoughtful information and were responsive to Board member questions regarding the feasibility of establishing formal guidelines for adolescents who offend sexually. This issue is being explored by the CASOMB Adolescent Offenders sub-committee Chaired by Michelle Steinberg. The CASOMB Board has agreed to hold the May meeting on the Wednesday of the 2018 CCOSO conference in San Diego.

For questions, please contact CCOSO's CASOMB Representative, Gerry Blasingame, Psy.D. at gerryblasingame@aol.com.

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Chris Bennett, LMFT
Lea Chankin, Psy.D.

Human Trafficking Work Group:

Lucinda Rasmussen, Ph.D.
L.C. Miccio-Fonseca, Ph.D.



CCOSO Annual Conference—Don't miss it!! May 8-11, 2018

The 21st Annual CCOSO Training Conference will be held in San Diego California at the Mission Valley Marriott:

CCOSO's Annual Conference brings together professionals from throughout the state of California and neighboring states:

- ◆ Attend state of the art workshops presented by regional and national experts providing innovative interventions in working with sexually abusive individuals (juveniles and adults)
- ◆ Learn about new developments in legislative policy related to sex offenders (juvenile or adult).
- ◆ Receive training on risk assessment (juveniles and adults).
- ◆ Obtain continuing education credits and meet state certification requirements for sex offender treatment and supervision providers.
- ◆ Enjoy yearly CCOSO Awards Luncheon recognizing professionals major contributions to the field, including the Faye Honey Knopp award.

A World Without Sexual Abuse

KEYNOTE ADDRESS



Suzanne Brown-McBride

**Director, Justice Center
Council of State Governments ***

- ◆ Began career working on behalf of sexual assault victims as a community education specialist and crisis-line advocate.
- ◆ Served as the executive director for two statewide victim assistance associations: California Coalition Against Sexual Assault, and Washington Coalition of Sexual Assault Programs.
- ◆ Acted as chair of California Sex Offender Management Board and Washington State Department of Corrections Victims Council.
- ◆ Appointed to California Alliance to Combat Trafficking and Slavery and Washington State Sentencing Guidelines Commission.
- ◆ 2010 recipient of Lois Haight Award of Excellence and Innovation
- ◆ BA from Pacific University

* Information taken from Justice Center, Council of State Governments website at: <https://csgjusticecenter.org/about-jc/staff/>

Adolescent Sexual Exploitation in Tijuana, Mexico

Kayla Mulholland, B.A.



Tijuana, located just south of San Diego, has become one of the fastest growing metropolitan areas in Mexico (Walker, 2011).

With this rapid growth, migration to the Northern border city has increased dramatically and the city of Tijuana has become a large hub for internal migrants from within Mexico. As the busiest international border in the world (United States Department of Transportation, 2014), the movement of people and goods has created unique economies on both sides of the San Diego-Tijuana border. One of the commercial activities that is thriving today due to the busy international border crossing point is the sex tourism industry is sexual exploitation, with approximately 9,000 sex workers in Tijuana alone (Rocha-Jimenez et al, 2017). Among these 9,000 sex workers in Tijuana, researchers found that one in four say they were forced into the sex trade as minors (Silverman, 2015).

The states of Baja California, Sonora and Tamaulipas have the highest numbers of trafficking cases, and the origin of most of the victims are from some of the poorest states in Mexico such as

Chiapas, Oaxaca and Guerrero (United Nations Office on Drugs and Crime, 2014). According to a recent study published by Rocha-Jimenez et al. (2017), the victims of this trafficking are mostly female adolescents who come from conditions of structural vulnerability, namely: poverty, low levels of education, domestic violence, sexual abuse and teen pregnancy. Gender based violence and economic and social inequalities have been shown to exacerbate the risk for future gender based violence and sexual exploitation of these young women (Servin et al, 2015; Goldenberg et al., 2015; Rocha-Jimenez et al, 2017). Almost all of the participants reported early violence and pre-trafficking vulnerabilities in their qualitative interviews conducted by the researchers.

Rocha-Jimenez et al., found that the girls who have been trafficked as minors fit into two different groups of mobility or internal migration experiences that shaped their vulnerability. The first group was involuntary migration, driven by vulnerabilities in their home communities, that was a result of deception by their potential romantic partners or friends introducing them into sex trade. These partners tend to act as *Romeo Pimps*, controlling others through grooming with affection, gift giving and psychological manipulation.

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A Comprehensive Screening Tool for Children at Risk For Commercialization and Sexual Exploitation

Caitlin Zahlis, B.A.

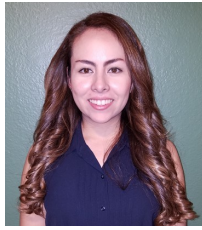


While it is difficult to ascertain the true prevalence of the commercialization and sexual exploitation of children (CSEC), the U.S. Department of Justice estimates that 300,000 children may fall victim to sexual exploitation, annually, within the United States (US Department of Justice, 2010). Researchers are calling for the presence of objective, comprehensive CSEC screening tools that seek to identify instances of CSEC victimization, especially in counties with high CSEC violations (Andretta, Woodland, Watkins, and Barnes, 2016). The FBI has determined San Francisco, Los Angeles, and San Diego comprise California's "High Intensity Child Prostitution" areas (Walker, 2013). In San Diego, the average age of minor entry into sex trafficking is 16.1 years-old (Carpenter & Gates, 2016). These minors are typically involved in CSEC for three years prior to identification by law enforcement (Carpenter & Gates, 2016 and U.S. Dept. of Justice). Sex trafficking facilitators, interviewed in San Diego County jails, indicated sex trafficking recruitment is present within the county's middle and high schools (Carpenter & Gates, 2016 & U.S. Dept. of Justice). Out of 20 San Diego schools interviewed, 90% reported documented cases of student CSEC victimization (Carpenter & Gates, 2016 & U.S. Dept. of Justice).

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Brain Imaging: Inside the Brain of Individuals Who Engage in Antisocial Behaviors

Ivonne Arias, B.A.



According to the National Center for Missing and Exploited Children, there are a total of 859,500 registered sex offenders in the United States, as reported by the 2010 and 2015 U.S. Census Bureau. In California, a total of 104,415 registered sex offenders were reported, and there are 266 registered sex offenders per 100,000 population. California, a state of more than 10 million people is close to the mean of 264 and has less sex offenders per capita compared to small population states such as Delaware, Wisconsin, South Dakota, and Kansas (National Center for Missing and Exploited Children, 2015). It is important to note that this amount does not include sex offenders who have failed to register.

Researchers have devoted investigations using neuroimaging techniques, such as magnetic resonance imaging (MRI), to understand the brain functioning of individuals who engage in criminal behaviors. Previous studies have concluded that brain regions, including the thalamus, globus pallidus and striatum, show significant activation in pedophiles, and not controls (Schiffer et al., 2008). These structures are gray matter, which are part of the basal ganglia, “a collection of deep nuclei in the endbrain (telencephalon) located in the midbrain, subcortical region” (Zilmer, Spiers, & Culbertson, 2008, p147).

Zilmer et al. (2008) describe brain functioning as follows: “The striatum, composed of structures referred to as caudate, putamen, and nucleus accumbens (associated with reward, reinforcement, and addiction), receives input from the cerebral cortex, and facilitates voluntary movement” (p. 148). The globus pallidus, a region in the brain located behind the frontal lobe, is a structure that is involved in the regulation of movement at a subconscious level. The thalamus then receives and relays sensory information to and from the cerebral cortex. For example, Schiffer et al. (2008) state that the cerebral cortex receives sensory input from the environment (i.e., an erotic or neutral picture); it then relays this information to the striatum, where the caudate nuclei will use information from past experiences to influence

future actions and decisions. Note that the participants in this study were described as “homosexual pedophiles” and findings may only be generalized to this population. Next the putamen assists with movement, while the nucleus accumbens will signal via neurotransmitter, dopamine, and activate the ventral tegmental area (VTA) (Volman et al., 2013). A rise in dopamine levels will indicate when the individual is experiencing a positive or aversive experience, thus allowing the person to remember how to perform the pleasurable experiences again or how to avoid the aversive experiences (Volman et al., 2013).

Extensive research involving grey matter structures have concluded that there is significant evidence on documented abnormalities in neuronal circuitry (which also influences moral decision making) in antisocial individuals (Moll et al., 2002). Chen, Raine, Chou, Chen, Hung, and Lin (2016) state that, to their knowledge, no studies have looked at structural brain abnormalities of white matter integrity. Therefore, their study examined white matter integrity in sex offenders by using diffusion tensor imaging (DTI), an MRI neuroimaging technique used to estimate the location, orientation and anisotropy of the brain’s white matter tracts (Alexander, Lee, Lazar, & Field, 2007). In Chen et al.’s study, DTI was used to measure functional anisotropy (FA), which is used in diffusion imaging to reflect fiber density, axonal diameter, and myelination in white matter, where “several studies have documented reduced FA in association with increased aggression in schizophrenics” (Chen et al., 2016, p. 1).

According to Chen et al. (2016), their study is the first to examine FA in sex offenders. They examined white matter integrity with 15 adult male sex offenders (who had raped one or more adult females) and 15 control non-offender adult males who matched in age. Exclusion criteria for participants included a history of psychiatric illness, neurological illness, prior or current psychiatric treatment, commission of rape while under the influence for the sex offenders, and history of drug or alcohol abuse for the non-offender group. All participants underwent the

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A Different Focus for Risk Assessment Tools for Sexually Abusive Youth

L. C. Miccio-Fonseca, Ph.D.



A closer examination of the efficacy of risk assessment tools in assessing sexually abusive youth continues to evolve in professional conversations, and with good reason. The research on the predictive validity, that is, the accuracy rate of these measures, has consistently demonstrated “mixed results” (Fanniff & Letourneau, 2012; Viljoen et al., 2008; Viljoen, Mordell, & Beneteau, 2012). These emerging conversations are opportunities to bring about corrective steps that align the field of risk assessment of sexually abusive youth (adjudicated and non-adjudicated) with the expected quality standard for accurate, scientifically sound tools.

When risk assessment tools for youth made their initial debut in the early 2000’s (i.e., *Juvenile Sexual Offender Assessment Protocol [J-SOAP-II]* - Prentky & Righthand, 2003]; *Estimate of Risk of Adolescent Sexual Offense Recidivism [ERASOR, Version 2]* - Worling & Curwen, 2001]), they were quickly adopted and implemented almost immediately. The need for such instruments was so high that any real close scrutiny in the form of independent study did not come about until about 7 years later (Martinez, Flores, & Rosenfeld, 2007; Viljoen, Elkovitch, Scalora, & Ullman, 2009). Independent studies showed disappointing results that rang the bell of caution by respected researchers with regard to employing these measures (Fanniff and Letourneau, 2012; Viljoen et al., 2012). Worling, one of the authors of the *ERASOR*, recently informed the field that he was discontinuing *his* use of the *ERASOR*, since “the average degree of accuracy is poor for making forensic decisions”; (Worling, 2017, June, website).

There are multiple reasons for the mixed research on the predictive validity of risk assessment tools in assessing sexually abusive youth. The initial efforts to create these tools relied to a certain extent on research literature on risk factors of convicted adult male sex offenders youth (Prentky,

Harris, Frizzell, & Righthand, 2000; Worling & Curwen, 2001). Independent researchers examining the *JSOAP-II* later pointed out that some of these risk factors were not applicable to youth (Powers-Sawyer & Miner, 2009). Likewise, Worling noted that one reason he discontinued his use of the *ERASOR* was that risk factors thought to be applicable to youth when the tool was created “are NOT presently supported by current literature” (Worling, 2017). Contrary to psychometric standards of tool construction, *J-SOAP-II* and *ERASOR* were not validated on large representative samples, and only one study (Prentky et al., 2010) had a large (over 500 subjects) cross-validation sample. Another measure, the *Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II)* – Epperson & Ralston, 2015), was adopted (endorsed) and made part of state policies *prior* to the needed completed cross validation research, and before independent studies were completed (Judicial Council of California/Administrative Office of the Courts, 2012; State of California, State Authorized Risk Assessment Tool for Sex Offenders Review Committee, 2017).

There is no standard operational definition of recidivism (predictive variable) as different studies have used various definitions (e.g., arrest, charge, adjudicating, new report of sexual behaviors – see Viljoen et al., 2012). Mixed predictive validity findings have also been perpetuated by a tendency to view lower rates of accuracy as somehow acceptable (i.e., Area Under the Curve [AUC’s] of less than 70). For example, in a study comparing risk assessment tools, Viljoen, Elkovitch, Scalora, and Ullman (2009), reported, “Although ERAOR total score were non-significant, structured professional judgement on this tool nearly reached significance (AUC = 0.64; $p < .069$)” (p. 994). “*Nearly*” reaching significance is still *not* significant. These are just some of the possible reasons for mixed research on predictive validity of risk assessment tools for youth.

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Research Update: Longitudinal Research on Very High Risk Sexually Abusive Youth

Lucinda A. Lee Rasmussen, Ph.D., LCSW



The author is conducting an 11-year, 4 month+ prospective study on a sample of 128 adjudicated sexually abusive youth who received services in a secure custody residential treatment facility. All subjects received risk assessments while in the facility, using the *JSORRAT-II* (Epperson & Ralston, 2015) and *MEGA^r* (Miccio-Fonseca, 2013). Subjects are followed from the time of the initial risk assessment into adulthood. Sexual recidivism is defined as: (a) a new arrest for a sex crime (documented in public records via Internet search); and/or (b) subject was listed on the California Sex Offender Registry and/or the National Sex Offender Registry. The study also looks at new arrests for violent and/or other nonsexual crimes. Over 40% of the sample were assessed as *Very High Risk* on the *MEGA^r* and *High Risk* on the *JSORRAT-II*. Incoming early analysis is thus far contrary to Caldwell's (2016) meta-analysis of 106 studies, which reported adjudicated sexually abusive youth have low sexual recidivism rate (4.92% over a mean 58.98 month follow-up). Sexual recidivism thus far calculated for the study (September 2006-January 2018) has already passed 10%.

These *very preliminary findings* cause pause. A large number of subjects have been arrested, or adjudicated for sexually violent crimes (i.e., rape by force or fear, pimping and human trafficking, and sexual battery against a spouse/cohabitant). A substantial number of subjects (thus far, approximately over 15%) were arrested for very violent crimes (i.e., homicide, attempted willful premeditated murder, robbery, possession of an assault rifle, with sale of a large capacity magazine). Thus far, the early preliminary findings indicate many subjects have sustained patterns of antisocial behaviors, including resisting arrest and obstructing peace officers, probation and parole violations, alcohol and drug crimes, property crimes, auto theft and carjacking.

These early preliminary findings appear to pose challenges to the contemporary assumptions in the field that adjudicated sexually abusive youth have low recidivism rates. Updates will be forthcoming.

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References

- Caldwell, M. F. (2016, July 18). Quantifying the decline in juvenile sexual recidivism rates. *Psychology, Public Policy, and Law*. Advance online publication: <http://dx.doi.org/10.1037/law0000094>
- Epperson, D. L., & Ralston, C. A. (2015). Development and validation of the Juvenile Sexual Offender Recidivism Risk Assessment Tool -II. *Sexual Abuse: A Journal of Research and treatment*, 27(6) 529–558. doi: 10.1177/1079063213514452.
- Miccio-Fonseca, L. C. (2013). *MEGA^r*: A new paradigm in risk assessment tools for sexually abusive youth. *Journal of Family Violence*, 28, 623-634. doi: 10.1007/s10896-013-9527-8

Traumatic Brain Injury and Sexual Offending Behaviors (Continued from Page 1)

Young, Justice, and Edberg (2010), using computed tomography (CT) scans, found that 50% of sex offenders in their study showed brain dysfunction. Sexual offenders were said to exhibit greater impairment on neuropsychological measures than did the non-offenders. These impairments primarily affected the frontal and temporal regions of the brain, supporting the notion of a relationship between brain impairment and sexual offending behaviors. Young et al. recommended making screening for TBI a common practice in order to improve the individual's responsivity to treatment, thereby making treatment more effective.

Traumatic brain injury has also been associated with challenging behaviors. Sabaz and colleagues (2014) reported a prevalence of 54% of individuals exhibited challenging behaviors. These included inappropriate social behavior (33.3%), aggression (31.9%), and adynamia (23.1%). Thirty-five percent of the study sample exhibited more than one challenging behavior. Premorbid alcohol abuse, postinjury restrictions in participation, increased support needs, and greater degrees of premorbid mental health conditions were found to be independent predictors of challenging behaviors. In this study of 479 people, 18 (3.6%) had exhibited inappropriate sexual behavior.

Simpson, Blaszczyński, and Hodgkinson (1999) investigated 445 people with TBI. They identified 29 (6.5%) males who had committed 128 incidents of sexual offending. Alcohol was a factor in only 3 (2.3%) of the cases. Only 2 of the 29 had a preinjury history of sexual offending. The authors indicated the most common sexual offenses were "touching" offenses, exhibitionism, and overt sexual aggression.

In a more recent and larger study, Simpson, Sabaz, and Daher (2013) investigated 507 people with TBI, looking for inappropriate sexual behaviors exhibited within the previous 3 months. They found 45 individuals (8.9%). The highest frequency behavior was inappropriate sexual talk (57.9%), followed by genital and non-genital touching behaviors (29.8%), and exhibitionism/public masturbation (10.5%). These sexual behaviors were co-occurring with inappropriate social behavior and aggression in 43 of the 45 cases. These data support that experiencing a TBI leads to changes in behavior and personality. Presuming these studies are representative of TBI research, exhibiting sexual problems or offending behaviors post TBI appears to occur in between 3.5 and 9% of the affected individuals.

Screening for TBI among known sexual offenders has been recommended given the frequency of brain dysfunction in this population. Although neuropsychological assessment is preferred, this may not be financially feasible for sexual offender treatment programs. Although not as detailed or elaborate, a thorough client or knowledgeable informant interview may have to substitute. Areas to explore include details of the client's perspective of the changes from pre- to post-injury in the following areas:

- whether there were sexual offenses prior to injury
- psychological and social functioning
- use of alcohol and other drugs
- associates and peers
- memory
- sexual functioning
- fantasy content
- learning abilities
- preferred learning styles
- coping strategies
- problem solving skills
- ability to self-monitor
- ability to self-regulate

Continued on Page 10)



Traumatic Brain Injury and Sexual Offending Behaviors (Continued from Page 8)

Langevin and Cornoe (2011) opine that treatment providers should be trained regarding the complexities of TBI. Taking stock of the history and effects of an individual's TBI can improve treatment and case planning, and adapting of treatment materials and methods. In some cases, it may be necessary to provide neurobehavioral intervention and training targeting the affected executive functioning skills before attempting sex offender treatment. Making such adaptations will likely increase the client's responsivity to the treatment provided.

Gerry D. Blasingame, Psy.D., Licensed Marriage and Family Therapist, gerryblasingame@aol.com. Dr. Blasingame provides training, program development and consultation.

References

Hanson, R.K., Harris, A.J., Scott, T., & Helmus, L. (2007). *Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project*. Public Safety Canada.

Hanson, R.K., Bourgon, G. Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior*, 36, 865-891.

Herrick, S., Brown, J. & Concepcion, E. (2014). The impact of traumatic brain injury on sexual offending behavior. *Journal of Law Enforcement*, 4, 1.

Kolb, B., & Wishaw, I. (2009). *Fundamentals of neuropsychology* (6th ed.) New York, NY: Worth Publishers.

Langevin, R., & Curnoe, S. (2011). Psychopathy, ADHD, and brain dysfunction as predictors of lifetime recidivism among sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, 55(1), 5-26.

Sabaz, M., Simpson, G., Walker, A., Rogers, J., Gillis, I., & Strettles, B. (2014). Prevalence, comorbidities, and correlates of challenging behavior among community-dwelling adults with severe traumatic brain injury: A multicenter study. *Journal of Head Trauma Rehabilitation*, 29(2), 19-30.

Simpson, G., Blaszczyński, A. & Hodgkinson, A. (1999). Sex offending as a psychosocial sequela of traumatic brain injury. *Journal of Head Trauma Rehabilitation*, 14(6), 567-580.

Simpson, G., Sabaz, M. & Daher, M. (2013). Prevalence, clinical features, and correlates of inappropriate sexual behavior after traumatic brain injury: A multicenter study. *Journal of Head Trauma Rehabilitation*, 28(3), 202-210.

Young, M. H., Justice, J. V., & Edberg, P. (2010). Sexual offenders in prison psychiatric treatment: A biopsychosocial description. *International Journal of Offender Therapy and Comparative Criminology*, 54, 92-112.

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Adolescent Sexual Exploitation in Tijuana, Mexico (Continued from Page 5)

These male adolescent traffickers were also likely sexually abused and/or exposed to sexual violence in their own families (Miccio-Fonseca, 2017). The second group was based on residential instability as a result of their migration that led to their exposure to the sex industry. After arriving to Tijuana, a key predictor of the girls' introduction into the industry was being predisposed to social isolation, economic vulnerability, peer pressure, and abuse. These vulnerabilities are common among migrants and were strategically used by traffickers to manipulate the girls into the sex trade in Tijuana.

Another study conducted by the Center on Gender Equity and Health at UC San Diego found that minors were at higher risk for sexual violence and HIV infection when compared to adults. (Silverman, 2015).

“La Casa del Jardín provides a trauma informed care approach” [for victims of sex trafficking]

Researchers found that minors were sold for a higher price for being younger and “virgins” and one-third of the women who were forced into the business as minors were told not to use condoms during their first 30 days of work. These factors compounded their vulnerability and risk of contracting HIV. Another important reason for the higher risk of HIV infection in minors is due to public health regulations in Mexico. Adult sex workers are required to undergo periodic HIV/STI testing at municipal clinics and to have a health permit that shows the test results, in order to work in the industry without persecution. The problem for minors is that they cannot attain this permit because it is illegal for an adolescent in Mexico to exchange sex for money, because it is considered sexual exploitation of minors (Rocha-Jimenez, 2017). Therefore, since what they are doing is illegal and hidden, they lack access to HIV/STI testing and are in turn at a much higher risk for contracting HIV/STIs.

In response to the sexual exploitation of these vulnerable girls, the non-profit La Casa del Jardín is working to help them get away from the sex industry and back on their feet. This Tijuana-based group home, established by the International Network of Hearts in 2013, is the first and only safe house in Baja California created for female survivors of sex trafficking between the ages of 5-18. The girls are referred to the home through social services, after the authorities have rescued them. La Casa del Jardín provides a trauma informed care approach with specialized services, intensive case management, mental health counseling, medical care, legal services, schooling and job training. They also provide art and music therapy, horseback riding, yoga classes and spiritual support for these girls (Binkowski, 2014). The group home has capacity for up to 18 girls at the moment. In addition, La Casa del Jardín identified the need for a group home for boys who are also survivors of sexual violence and exploitation and is slated to open a new home with capacity for 18 boys by December 25, 2017. Policy changes are necessary to combat the pre-trafficking vulnerabilities and post-trafficking HIV/STI risks that sexually exploited minors face, but until those policy changes become a reality, La Casa del Jardín provides a much-needed solace to youth who have survived the sexual exploitation industry in Tijuana, Mexico.

To learn more about this effort you can visit <http://inetworkofhearts.org/> or email the founder, Alma Tucker, at alma@inhearts.org

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Brain Imaging: Inside the Brain of Individuals Who Engage in Antisocial Behaviors (Continued from Page 6)

same imaging protocol and, as hypothesized, the researchers found that sex offenders showed abnormalities in white matter integrity. Significant FA increases were shown by DTI in areas such as the angular gyrus, posterior cingulate, and the medial frontal pole, areas where previous studies have reported to be involved in moral decision-making and dysfunctional in violent psychopathic individuals (Raine & Yang, 2006). This increase in FA can imply dysfunction as it is suggested that the increased white matter connectivity is an effect of the effort to compensate for dysfunction (Chen et al., 2016).

Another area of significant FA increase is the internal capsule, a structure of white matter, which carries information past the basal ganglia, suggesting an over-activation of brain areas related to sexual arousal, reward, and impulsivity that can be a contributing factor in a heightened desire to obtain sexual rewards, and in some social circumstances may lead to rape (Chen et al., 2016). Previous research has also indicated that abnormalities in the internal capsule have been associated with obsessive-compulsive disorder (OCD), indicating that rapists may have obsessive sexual thoughts, like the obsessive thoughts in an individual with OCD. Next, reduced FA was shown by DTI in areas that play important roles in conditioning, suggesting that there are fear conditioning impairments in the sex-offender group, thus may then predispose men to rape, as poor fear conditioning will lead them to become less concerned about the consequences of their behavior (Chen et al., 2016).

Conclusion

Chen et al., (2016) found that sex offenders in their study showed white matter abnormalities which may predispose these individuals to experience a heightened sensitivity in response to rewards, rumination on sexual themes, and dysfunctional fear conditioning which may all contribute to the individual's behavior. In addition, to these findings, it is crucial to consider limitations of the studies mentioned above. In Chen et al., (2016), the small sample size of 15 sex offenders is significantly low and therefore it is difficult to generalize results because this sample is not representative of a larger population of sex offenders. In Schiffer et al. (2008), the sample size was 11 making it significantly low for generalization. Equally important, there are different types of sex offenders, Chen et al., (2016) included rapists who are different from Schiffer et al. (2008) research participants who were homosexual pedophiles. This also affects the generalizability of the findings. Another major limitation in these studies is the use of a convenience sample where participants were recruited from a prison in Taiwan (Chen et al., 2016) and high-security forensic hospitals (Schiffer et al. 2008), making the results difficult to generalize and apply to populations outside these exact samples. Further research with larger, more representative samples (e.g., various populations of sex offenders) is essential to continue to understand pathologies within diverse criminal populations in order to bring awareness to brain functioning of sex offenders as well as prevention and intervention methods.

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A Different Focus for Risk Assessment Tools for Sexually Abusive Youth

(Continued from Page 7)

Re-examining the efficacy of risk assessment tools for sexually abusive youth, will hopefully bring about a stricter adherence to the American Psychological Association (APA) gold standard on tests and measurement (i.e., large representative construction samples, ethnically diverse samples, clear operational definitions of recidivism variables, validation and cross-validation studies, etc.). Results of such steps would likely evidence more reliable and accurate measures.

Assessing the youth's *risk level* may hold more promise in an improved accuracy rate than attempting to "predict" recidivism. The *risk level* of the youth varies, likely relating to gender and age. A particular method of statistical analysis (i.e., calibration) can examine if in fact the calculation of the *risk level* of the youth is accurate. Accurately assessing the youth's risk level may better determine the specific level of service and supervision needed, accruing benefits for the youth, their family, and community.

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References

Epperson, D. L., & Ralston, C. A. (2015). Development and validation of the Juvenile Sexual Offender Recidivism Risk Assessment Tool -II. *Sexual Abuse: A Journal of Research and Treatment*, 27(6) 529–558. doi: 10.1177/1079063213514452.

Fanniff, A. M., & Letourneau, E. J. (2012). Another piece of the puzzle: Psychometric properties of the J-SOAP-II. *Sexual Abuse: A Journal of Research and Treatment*, 24(4), 378-408. doi: 10.1177/1079063211431842

Judicial Council of California/Administrative Office of the Courts (2012, December). *AOC briefing: Screening and assessments used in the juvenile justice system: Tools for assessing sexual recidivism risk in juveniles*. San Francisco, CA: Judicial Council of California Administrative Office of the Courts, Judicial and Court Operations Services Division, Center for Families, Children & the Courts.

Martinez, R., Flores, J., & Rosenfeld, B. (2007). Validity of the juvenile sex offender assessment protocol II (J-Soap-II) in a sample of urban minority youth. *Criminal Justice and Behavior*, 34(10), 1284-1295. doi:10.1177/0093854807301791

Powers-Sawyer, A. B., & Miner, M. H. (2009). Actuarial prediction of juvenile recidivism: The static variables of the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II). *Sexual Offender Treatment*, 4(2). Retrieved: May 6, 2011 from: <http://www.sexual-offender-treatment.org/index.php?id=78&type=123>

Prentky, R., Harris, B., Frizzell, K., & Righthand, S. (2000). An actuarial procedure for assessing risk with juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 12(2), 71-93. doi:10.1177/107906320001200201

Prentky, R., & Righthand, S. (2003). *Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) Manual*. NCJ 202316. Office of Juvenile Justice and Delinquency Prevention, Juvenile Justice Clearinghouse. Retrieved May 14, 2010, from www.csom.org/pugs/J-SOAP.pdf

(References continued on Page 17)

A Comprehensive Screening: The Commercial Sexual Exploitation Identification Tool ***(Continued from Page 5)***

WestCoast Children's Clinic's creation of the Commercial Sexual Exploitation Identification Tool - version 2 (CSE-IT 2.0) meets the U.S. Department of Health and Human Service's call for the development of a comprehensive screening tool designed to identify youth at risk for CSEC. The literature base supports the CSE-IT 2.0's utilization of eight key indicators (i.e. Housing and Caregiving, Prior Abuse or Trauma, Physical Health and Appearance, Environment and Exposure, Relationships and Personal Belongings, Signs of Current Trauma, Coercion, and Exploitation), making it one of the most comprehensive CSEC screening tools available to practitioners (WestCoast, 2016). The CSE-IT 2.0 pilot study demonstrated the screening tool's effectiveness in identifying affected youth, as 11.5% of the 5,537 youth sampled presented with clear signs of exploitation (WestCoast, 2016). The CSE-IT 2.0 is a universal screening tool for all youth, age 10-years and older, likely contributing to its success in identification (WestCoast, 2016).

In addition to the CSE-IT 2.0's comprehensiveness, initial pilot study findings support the criterion and convergent validity of the CSE-IT 2.0 and indicate the eight key indicators of the CSE-IT 2.0 have reliability coefficients between 0.74 and 0.87 (Basson, 2017). These studies involved the screening of 2,263 children and adolescents in the child welfare system, 1,213 adolescents and children in the juvenile justice system and 2,061 children and adolescents in community-based organizations within the Los Angeles, Sacramento, San Diego and San Francisco Bay Area regions (Basson, 2017). Children and adolescents screened in the pilot studies are representative of African American or Black, Asian or Pacific Islander, Hispanic or Latinx, Native American, White and multiracial ethnicities (Basson, 2017). In summary, psychometric validation methods performed by the instrument developers in initial pilot studies support the CSE-IT 2.0's ability to differentiate between victims and non-victims of CSEC, as it provides accurate indicators of CSEC. The CSE-IT 2.0 tool and guidelines for administering the tool can be found at: <http://www.westcoastcc.org/wp-content/uploads/2016/09/WCC-CSE-IT2.0andUserManual-9.22.16.pdf>

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References

- Andretta, J.R., Woodland, M.H., Watkins, K.M., & Barnes, M.E. (2016). Towards the discreet identification of Commercial Sexual Exploitation of Children (CSEC) victims and individualized interventions: Science to practice. *Psychology, Public Policy and Law*. doi: 10.1037/law0000087
- Basson, D. (2017). *Validation of the Commercial Sexual Exploitation-Identification Tool (CSE-IT)*. Retrieved from West Coast Children's Clinic: <http://www.westcoastcc.org/wp-content/uploads/2015/04/WCC-CSE-IT-PilotReport-FINAL.pdf>
- Carpenter, A. & Gates, J. (2016). *The nature and extent of gang involvement in sex trafficking in San Diego County: Final report*. Submitted to United States Department of Justice Office of Justice Programs National Institute of Justice. PDF. Retrieved from <http://www.abolishhumantrafficking.com/wp-content/uploads/2016/05/Executive-Summary.Final-Technical-Report.NIJ2016.pdf>
- U.S. Dept. of Justice. Office of Juvenile Justice and Delinquency Prevention (2010). *Effects of federal legislation on the commercial sexual exploitation of children*. Washington, D.C., Retrieved from https://www.ojjdp.gov/programs/csec_program.html
- Walker, K. (2013). California Child Welfare Council. CSEC Work Group. *Prevalence of commercially sexually exploited children*. Retrieved from <http://www.chhs.ca.gov/Child%20Welfare/CSEC%20Fact%20Sheet%20-%201.pdf>
- WestCoast Children's Clinic. (2016). *Commercial sexual exploitation identification tool (CSE-IT) - version 2.0* [PDF document]. Retrieved from <http://www.westcoastcc.org/wp-content/uploads/2016/09/WCC-CSE-IT2.0andUserManual-9.22.16.pdf>

Facts About Human Trafficking

Source: Polaris Project

(retrieved December 15, 2017
from: <https://polarisproject.org/human-trafficking>)

- ◆ Since 2007, the National Human Trafficking hotline has received 22,191 sex trafficking cases inside U.S.
- ◆ In 2016, the National Center for Missing and Exploited Children estimated that 1 in 6 endangered runaways reported to them they were likely sex trafficking victims; 86% were in the care of social services or foster care when they ran.
- ◆ The International Labor Organization estimates there are 4.5 million people trapped in sexual exploitation globally.
- ◆ Human traffickers recruit, transport, harbor, obtain, and exploit victims – often using force, threats, lies, or other psychological coercion.
- ◆ Traffickers employ a variety of control tactics, including physical and emotional abuse, sexual assault, confiscation of identification and money, isolation from friends and family, and even renaming victims.
- ◆ Pimps, gangs, family members, labor brokers, employers of domestic servants, small business owners, and large factory owners have all been found guilty of human trafficking. Their common thread is a willingness to exploit other human beings for profit.

References: Adolescent Sexual Exploitation in Tijuana, Mexico (From Page 10)

Goldenberg, S. (2015). Exploring the context of trafficking and adolescent sex industry involvement in Tijuana, Mexico, consequences for HIV risk and prevention”, *Violence against Women*, 21(4): 478-499.

Binkowski, B. (2014). Casa del Jardin offers girls a life after prostitution. *KPBS*. Available at: <http://www.kpbs.org/news/2014/jan/14/casa-del-jardin-offers-girls-life-after-prostituti/>

Miccio-Fonseca, L.C. (2017). The anomaly among sexually abusive youth: The juvenile sex trafficker. *Journal of Aggression, Maltreatment & Trauma*, doi: 0.1080/10926771.2017.1304476

Rocha-Jimenez, T., Brouwer, K., Salazar, M., Boyce, S., Servin, A., Goldenber, S., Staines-Orozco, H., Vera-Monroy, R., Silverman, J., (2017). “He invited me and didn’t ask anything in return.” Migration and mobility as vulnerabilities for sexual exploitation among female adolescents in Mexico. *International Migration*, doi 10.1111/imig. 12333.

Servin, A. (2015). Vulnerability factors and pathways leading to underage entry into sex work in two U.S. border cities. *The Journal of Applied Research on Children: Informing Policy for Children at Risk*, 6(1):3.

Silverman, J.G., (2015). Sexual violence and HIV infection associated with adolescent vs. adult entry into the sex trade in Mexico., *Journal of the American Medical Association*, 314(5),516-518.

United Nations Office on Drugs and Crime. (2014). *Global report on trafficking in persons*, New York: United Nations.

United States Department of Transportation. (2014). *Border crossing/entry data: Query detailed statistics*. Washington, DC: United States Department of Transportation.

Walker, M. (2011). Knowledge production and border nationalism in Northern Mexico. *Nations and Nationalism*, 17(1): 168-187.

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References: Brain Imaging: Inside the Brain of Individuals Who Engage in Antisocial Behaviors (Continued from Page 11)

Alba-Ferrara, L. M., & de Erausquin, G. A. (2013). What does anisotropy measure? Insights from increased and decreased anisotropy in selective fiber tracts in schizophrenia. *Frontiers in Integrative Neuroscience*, 7, 9. <http://doi.org/10.3389/fnint.2013.00009>

Alexander, A. L., Lee, J. E., Lazar, M., & Field, A. S. (2007). Diffusion tensor imaging of the brain. *Neurotherapeutics : The Journal of the American Society for Experimental NeuroTherapeutics*, 4(3), 316–329. <http://doi.org/10.1016/j.nurt.2007.05.011>

Chen, C., Raine, A., Chou, K., Chen, I., Hung, D., & Lin, C. (2016). Abnormal white matter integrity in rapists as indicated by diffusion tensor imaging. *BMC Neuroscience*, 17,

Moll, J., de Oliveira-Souza, R., Eslinger, P. J., Bramati, I. E., Mourão-Miranda, J., Andreiuolo, P. A., & Pessoa, L. (2002). The neural correlates of moral sensitivity: A functional magnetic resonance imaging investigation of basic and moral emotions. *The Journal of Neuroscience*, 22(7), 2730-2736.

National Center for Missing and Exploited Children: Map of registered sex offenders in the United States. (2015). Retrieved from:
http://www.missingkids.com/content/dam/nmcc/en_us/documents/sexoffendersmap.pdf

Raine, A., & Yang, Y. (2006). Neural foundations to moral reasoning and antisocial behavior. *Social Cognitive and Affective Neuroscience*, 1(3), 203-213. doi:10.1093/scan/nsl033

Schiffer, B., Krueger, T., Paul, T., de Greiff, A., Forsting, M., Leygraf, N., & Gizewski, E. (2008). Brain response to visual sexual stimuli in homosexual pedophiles. *Journal of Psychiatry & Neuroscience*, 33(1), 23-33.

Volman, S., Lammel, S., Margolis, E., Kim, Y., Richard, J., Roitman, M., & Lobo, M. (2013). New insights into the specificity and plasticity of reward and aversion encoding in the mesolimbic system. *Journal of Neuroscience*, 33 (45), 17569-17576 DOI: [10.1523/JNEUROSCI.3250-13.2013](https://doi.org/10.1523/JNEUROSCI.3250-13.2013)

Zilmer, E. A., Spiers, M. V., & Culbertson, W. (2008). *Principles of neuropsychology* (2nd ed. pp. 147, 424-434.). Wadsworth Publishing.

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References: A Different Focus for Risk Assessment Tools (Continued from Page 15)

State of California, State Authorized Risk Assessment Tool for Sex Offenders Review Committee, (2017) Sex offender risk assessment in California: Official publication of the California SARATSO Review and Training Committees. Retrieved from: http://www.saratso.org/docs/RA_summary_for_judges_attys_rev_1-3-17.pdf

Viljoen, J. L., Elkovitch, M., Scalora, M. and Ullman, D. (2009). Changes in J-SOAP-II and SAVRY Scores over the course of residential, cognitive-behavioral treatment for adolescent sexual offending. *Criminal Justice and Behavior*, 36(10), 981-1000. DOI: 10.1177/0093854809340991

Viljoen, J. L., Mordell, S., & Beneteau, J. L. (2012). Prediction of adolescent sexual re-offending: A meta-analysis of the J-SOAP-II, ERASOR, J-SORRAT-II, and Static-99. *Law and Human Behavior*, 36, 423-438. doi:10.1037/h0093938

Viljoen, J. L., Scalora, M., Cuadra, L., Bader, S., Chavez, V., Ullman, D., & Lawrence, L. (2008). Assessing risk for violence in adolescents who have sexually offended: A comparison of the J-SOAP-II, JSORRAT-II, and SAVRY. *Criminal Justice and Behavior*, 35(1), 5-33.

Worling, J. (2017, June). *PROFESOR: Protective + risk observations for eliminating sexual offense recidivism*. Retrieved June 19, 2017 from: <http://www.drjamesworling.com/profesor.html>

Worling, J. R., & Curwen, T. (2001, February). *The ERASOR: Estimate of Risk of Adolescent Sexual Offense Recidivism (Version 2.0)*. Toronto, Ontario, Canada: Sexual Abuse Family Education and Treatment.

Worling, J. R., & Curwen, T. (2001, February). *The ERASOR: Estimate of Risk of Adolescent Sexual Offense Recidivism (Version 2.0)*. Toronto, Ontario, Canada: Sexual Abuse Family Education and Treatment.

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The California Coalition on Sexual Offending (CCOSO) was founded in 1986 in response to a growing need throughout the state for an organized network of professionals working to respond to sexual offending. The wide variety of professionals who constitute CCOSO membership provides a solid foundation for collaboration in research, treatment, and containment to develop effective approaches in treatment and supervision practices and to influence state policy.

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