

Spring 2018

Perspectives:

CCOSO's Quarterly Newsletter

Sexually Abusive Youth Who Are Transgender

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



James and Keisling (2015) reported data from the U.S. Transgender Survey (USTS), the largest survey ever undertaken into the lives and experience of transgender individuals 18 years and older highlighting many common experiences that also apply to youth. Almost 28,000 responded to the survey, from all 50 states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas. The study was conducted in summer of 2015 by National Center for Transgender Equality (NCTE), offering a comprehensive look at the experiences of

transgender people across a broad range of categories (i.e., education, employment, family life, health, housing, and interactions with the criminal justice system).

Pervasive mistreatment and violence were reported (46% verbally harassed and 9% physically attacked in the past year). Ten percent were sexually assaulted in the past year; 47% reported being sexually assaulted in their lifetime. Critical economic hardship and instability were also reported; unemployment was three times higher than the US population (15% vs. 5%) and the poverty rate was twice as high (29%; vs. 14%). Transgender individuals experienced psychological distress eight times more than the US population (39% vs 5%); nine times more had attempted suicide in their lifetime (40% vs. 4.6%). Of those who saw a health care provider in the last 12 months, 33% reported having at least one trans-related negative experience (i.e., refusal of treatment, verbal harassment, and physical attack).

Transgender refers to a wide-ranging spectrum of individuals who transiently or persistently identify with a gender different from their natal gender. A transgender female youth is one whose birth sex is female, but
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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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Editor's Note:

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



Submissions

Due Date:

July 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.

This issue of *Perspectives* focuses on sexually abusive youth, with four articles that cover various aspects of this heterogeneous population. The feature article by Dr. L.C. Miccio-Fonseca addresses a population of youth about which little has been written—sexually abusive transgender youth. Dr. Miccio-Fonseca provides empirical findings on a subsample of 12 transgender female youth who were part of combined cross-validation studies ($N = 2,717$) that employed the risk assessment tool, *MEGA*[†].

Taylor Serio, B.A. discusses juvenile sex offender registration, citing research from Letourneau and colleagues indicating the deleterious effects that sex offender registration can have on youth.

Sarah Haydock, B.A. advocates for a trauma-informed approach in residential treatment facilities to address the concerns of youth with histories of sexual victimization, and guard against sexually abusive interactions taking place among adolescent peers.

Melissa Sanchez, B.A. describes the short and long-term impact of sexual abuse on male survivors.

Hope to see you at the CCOSO Conference on May 8--11th, 2018! The Conference Agenda is included in this issue, with the topics of presentations and names of presenters.

For Information Related to Sexually Abusive Youth, check out these national and California state resources:

- ◆ California Sex Offender Management Board: www.casomb.org/
- ◆ Center for Sex Offender Management (CSOM): <http://www.csom/>
- ◆ National Institute of Justice (NIJ): <https://www.nij.gov/>
- ◆ Office of Justice and Delinquency Prevention (OJJDP): <https://www.ojjdp.gov/>
- ◆ Association for the Treatment of Sexual Abusers (ATSA): www.atsa.com/
- ◆ National Adolescent Perpetrator Network (NAPN): <http://napnconference.com/>
- ◆ Institute for Violence, Abuse, and Trauma (IVAT): <http://www.ivatcenters.org/>
- ◆ National Partnership to End Interpersonal Violence (NPEIV): <https://www.npeiv.org/>
- ◆ Safer Society Foundation: <https://www.saferociety.org/press/>

Chair's Corner: Michelle Steinberger



Greetings! As you may know, I had the distinct privilege to assume the role of Chairperson of the CCOSO Board of Directors position this January after our previous Chair, Lea Chankin, had to step down after accepting the Consulting Psychologist position with California Sex Offender Management Board (CASOMB). I am familiar to many of you as I have been on the CCOSO Board and the Conference Chair for many years. For those of you that may not know me, I have been a Probation Officer for the County of Ventura for almost 29 years. I currently manage the Ventura County Juvenile Facility. I have served as the Probation Officer Representative on CASOMB since 2013.

I would like to welcome our newly elected Vice Chairperson of the CCOSO Board, Dr. Cameron Zeidler, who is stepping into my previous role on the board. He is bringing new ideas and energy to our Executive Board, and this year will be presenting several workshops during the Pre-Conference and Conference.

Our Board is eager to revitalize CCOSO. What can we do for YOU? As a professional organization, we provide training, position papers, research, and networking to stakeholders in the specialty of sex offender treatment and management in California and beyond. If you have ideas or input on what we can do to assist our members, or how to increase our membership, please contact a board member or your chapter chair.

The past few years, we've been talking about sexual assaults on college campuses. Now, attention is being given to Commercial sexual exploitation. The #MeToo movement has everyone talking about sexual assault and harassment. With the passage of the Sex Offender Registration Tiering Bill, we will be seeing big changes in registration in the next couple of years. The passage of this bill also brings sexually abusive youth under CASOMB's jurisdiction. That will bring changes and hopefully renewed focus, in the juvenile arena. With so many areas highlighted, we must remain focused and provide guidance, training, and research to those working in this field.

Our 21st annual CCOSO Conference in San Diego is just around the corner. We will be highlighting many areas of interest. Not only is it a great time to get your CEUs, share perspectives, but also to make important connections. I look forward to seeing you all in Mission Valley, San Diego! It will be a great time!

Michelle Steinberger
Chairperson
CCOSO Board of Directors—2018-2019

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



California Sex Offender Management Board Update Gerry Blasingame, Psy.D.

The work of CASOMB continues to forge ahead with many issues. We are pleased that the Tiering Bill is signed into law and look forward to its implementation. We are also pleased to have Lea Chankin now in the role of CASOMB Board Coordinator. Her clinical expertise and training bring another dimension to the Board.

The Board has published the *Treatment Completion Guidelines*, available on the CASOMB website. As with all the CASOMB documents, we are confident the committee will modify these over time, so stay tuned. As reported before, the greatest labor for the Guidelines was provided by a number of CCOSO members. They are listed in the CASOMB document to make sure their work is appreciated. These Guidelines will be discussed in a workshop at the upcoming CCOSO Conference.

The Board has established an exploratory committee to identify the elements of juvenile sex offender treatment and management. One element that weaves through each of the subgroups is the emphasis on differentiating juveniles from adults. The committee is expected to provide a year-end document that will go to the legislature. This subcommittee is chaired by Michele Steinberger, our CCOSO Board Chairperson.

At the March 15, 2018 CASOMB meeting, Dr. Tom Tobin announced that he is resigning from his role on the Board as one of the two appointees representing CCOSO. He was instrumental in the creation of CASOMB and has served as a member and as the elected Vice-Chair for the entire ten years of the Board's existence. He has also resigned from his role as the Public Policy representative for the Coalition, a position he has held for even longer. Tom will continue to work in the field in his private-sector position.

Although Tom will be missed, there continue to be several CCOSO members and friends who are appointed to serve on the CASOMB Board. Gerry Blasingame represents the CCOSO; Deirdre D'Orazio represents the Department of State Hospitals; Michele Steinberger represents Probation Officers; Jan Neely represents the Attorney General's Office; and Lea Chankin represents CDCR.

The next CASOMB Board meeting will be held in San Diego at the site of the CCOSO conference on May 9, 2018. This is a public hearing, so all are invited. There is a time for public comments and questions. If you attend and have a comment or question, it might be helpful to let CASOMB staff know. They can help get time allocated at the meeting.

*For questions, please contact the CCOSO CASOMB Representative:
Gerry Blasingame, Psy.D. at gerryblasingame@aol.com.*





***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/>

21st Annual CCOSO Conference— Pre-Conference Presentations

Full-Day Sessions

- ___ May 8, 2018: *MEGA 1 Day - Specialized Risk Assessment Training* — L.C. Miccio-Fonseca, Ph.D.
 - ___ May 8, 2018: *Sex Offender Treatment, Management and Supervision 101*—Shannon Smith, LCSW
 - ___ May 8, 2018: *BASIC LS/CMI (Level of Service/Case Management Inventory)* - Adam Yerke, Psy.D.
 - ___ May 9, 2018: *Motivational Interviewing with Men in Sex Offender Treatment*—Robert Scholz, LMFT
 - ___ May 9, 2018: *Advanced Static-99R Training*—Eric Fox, J.D., Ph.D. & Craig Teofilo, Ph.D.
 - ___ May 9, 2018: *Risk, Needs, Responsivity*—Andrew Tamanaha, Ph.D. & Julie Yang, Psy.D.
 - ___ May 9-10, 2018: *Stable 2007—Acute 2007 Risk Assessment Tool* — Shannon Smith, LCSW
- (14 hour workshop offered over 2 days; limited to 20 participants)

Half-Day Sessions

- ___ May 8, 2018: *Recertification: Stable 2007 (SARATSO sponsored)* —Lea Chankin, Psy.D.
- ___ May 8, 2018: *The Growing Problem: How Psychopaths Program Quicker. A Survival Guide!*
Cameron Zeidler, Psy.D.
- ___ May 8, 2018: *The Risks We Don't Talk About: Protecting Yourself and Your Practice*—Elizabeth Irias, LMFT
- ___ May 8, 2018: *Recertification—LS/CMI (SARATSO sponsored)* —Lea Chankin, Psy.D.
- ___ May 9, 2018: *Adolescents Who Have Engaged in Sexually Abusive Behavior: Characteristics, Assessment -*
L.C. Miccio-Fonseca, Ph.D. & Lucinda A. Lee Rasmussen, Ph.D., LCSW
- ___ May 9, 2018: *Adolescents Who Have Engaged in Sexually Abusive Behavior: Management, Treatment -*
Andrew Mendonsa, Psy.D., MBA, QME, Christine Romero, AMFT, & Andrew Wakefield, LMFT

CCOSO Members!
Renew your Membership!
Discounted Fee if Renewed at Conference

21st Annual CCOSO Conference— Conference Presentations

Thursday May 10, 2018

__KEYNOTE PRESENTATION—Suzanne Brown-McBride, Director, Justice Center, Council of State Governments

__The Anomalies: Sexually Violent and Predatory Youth / Study: High Risk Youth in Residential Treatment -

L.C. Miccio-Fonseca, Ph.D. & Lucinda A. Lee Rasmussen, Ph.D., LCSW

__What I Learned After 25+ Years Polygraphing Sex Offenders—James “Jim” Adams

__New Directions in Prevention: Meaning and Purpose for Stakeholders and Front-line Clinicians -

Charles Flinton, Ph.D. & Cynthia Rinker, LMFT

__The Containment Model, Law Enforcement’s Role, and Tales of Collaboration— Lauren Rauch

__Go West Young Man! Interstate Compact—Anthony Pennella

__Deciding When Enough is Enough: CASOMB Treatment Completion Guidelines & Certified Program Updates

Gerry Blasingame, Psy.D., LMFT & Dierdre D’Orazio, Ph.D.

__Working with Perpetrators of Domestic Sex Trafficking: Guidance for Assessment, Treatment & Management

Katherine “Katie” Gotch, M.A., LPC

__Trauma Informed Care: Defining the Core Principles, Issues, Research, & Program Implementation

Cameron Zeidler, Psy.D.

__PSYCHOPATHY: Clinical Implications of a New Definition— Jenny Aguilar, Psy.D. & Eve Maram, Psy.D.

__To Supervise or Over Supervise: That is the Question—Erin Peel

***Poster Presentation and Reception
Join us by the Pool!
Thursday, 5:30 to 7:00 p.m.***

21st Annual CCOSO Conference— Conference Presentations

Friday May 11, 2018

___Polygraph and Tiering in the Containment Model—Janet Neeley, J.D.

___Sexual Coercion: From Persuasion to Sadism—Dierdre D’Orazio, Ph.D. & Charles Flinton, Ph.D.

—Multidisciplinary Approaches to Identifying & Supporting Victims of Sex Trafficking—Michelle Guymon, MSW

___The Legal Standards (Frye and Daubert) and Scientific Standards for Acceptance of Assessments

Gene Abel, M.D.

___Cell Phone Forensics and Sex Offender Supervision— Sheryl Gulla-Miller

___Practical Applications of Communication Among Containment Teams (Interactive)

Chris Bennett, LMFT & Michael L’Ecuyer

___It’s Not Just My Cell Battery That’s Always Low! -

Andrew Mendonsa, Psy.D., MBA, QME, & Andrew Wakefield, LMFT

___”Are We on the Same Page?” Removing Barriers to Collaboration in the Containment Model

Michael Belknapp & Linda Drake

___Evidence for and against Antisocial Personality Disorder as a Qualifying Diagnosable Mental Disorder

Melinda DeCiro, Psy.D. & James Rolkop, Ph.D.

___Above and Beyond GPS: Efficient and Effective Containment Using Technology & an Integrated SOM

Eric McCauley

___Treating Pornography Offenders: How Sex Addiction Recovery Techniques Can Transform Sex Offenders

Sharon O’Hara, LMFT, CSOTP, CSAT-S, & Jackson Sousa, LMFT, CSAT-S, AASECT

***CCOSO Membership Luncheon
Faye Honey Knopp Award Ceremony
Friday, 12:00 noon to 1:30 p.m.***

Faye Honey Knopp Award Luncheon
CCOSO Conference: May 11, 2018



In its infancy, the CCOSO Board determined that establishing an award for positive contributions to the field of sexual offending work in California was an important part of

CCOSO's mission. Originally called the *Vista* Award, our annual recognition award was renamed in 1995 in honor of Fay Honey Knopp, activist, pioneer, innovator and visionary. Her life was proof of how one woman's belief in the power of good can bring light even to the darkest corners of the world.

Honey, as she was called by her friends, lived in Shoreham, Vermont in a log cabin she built with her husband. From there she worked as a

pioneering advocate, not only for human rights, but for the human worth that is the foundation of our rights. She was a nationally recognized advocate for the humane treatment of prisoners and an early promoter of treatment for sexual offenders. This, like her work in the civil rights movement, grew out of a deeply felt belief in the worth of every human being.

The first CCOSO award was presented in 1987 to Senator John Seymour of the California Legislature for his work and support of sex offender treatment by obtaining funding for three pilot sex offender programs within the State. Many individuals have received the honor of this award in the ensuing years;

Listed below are past recipients of the Faye Honey Knopp Award.

Janice Marques

Gary Lowe

Jeffrey Bodmer-Turner

Randy Shores

Gerry Blasingame

Charlene Steen

Marcia Rogers,

Dan Carson (Legislative Analyst's Office)

Vicki Markey and Susan Storm (Adult Field Services, San Diego Probation)

Marsha Blackstock (Executive Director, Bay Area Women Against Rape, United States Pre-trial Services Agency)

Ron Kokish

Niki Delson

Ron Armstrong

Tom Tobin

Suzanne Brown-McBride, CALCASA

Marti Fredericks

Craig Fredericks

L.C. Miccio-Fonseca

Janet Neely (Attorney General's Office)

Jack Wallace (CDCR)

Wes Maram

Christina Bennett,

Parker Chin

Jay Adams.

Effects of Juvenile Sex Offender Registration on Sexually Abusive Adjudicated Youth Under the Age of 18

Taylor Serio, B. A.



Sexuality is a natural part of childhood and adolescence, just like language, motor skills, and cognitive development. Curiosity about sexual development is prevalent in most youth; however, the idea of these individuals as sexual beings

is often concerning to adults. This leads to a common misconception that any sexual behavior that youth display is inappropriate. Yet, exploratory sexual play is also a common part of development. Research indicates that 40-85% of youth under the age of 18 are expected to engage in at least some sexual behaviors or sexual play before the age of 13 (Letourneau et al., 2017). However, some youth exhibit excessive sexually inappropriate behavior, which is cause for alarm.

Inappropriate sexual behaviors exhibited by youth under the age of 18 can be defined as contact that is sexual in nature and occurs without consent, without equality, and as a result of coercion, manipulation, game-playing, or deception (Letourneau et al., 2017). Sexual behaviors displayed by youth under 18 can be seen through obscene phone calls, exposure, frotteurism, and other forms of harassment. More serious behaviors include youth attempts at sexual intercourse and other forms of genital contact. Responses to this type of behavior must take the differences between adult and youth offenders into account for the best interests of youth and protection of the community. Youth are constantly changing, developing and learning. Studies have shown that they are most receptive to rehabilitation and treatment, dependent on adult individuals to help guide them in understanding the complexities of their thoughts, feelings, and urges and how they are displayed in a social setting.

Multiple pieces of legislation have been passed since 1994 in regard to state level registration and

notification policies for adult sexual offenders. The Sex Offender Registration and Notification Act (SORNA) (Title I of the Adam Walsh Child Protection and Safety Act of 2006) mandates state governments to include minors in their sex offender registration and notification systems. Shortly after, state laws were passed requiring adjudicated youth under the age of 18 to be subject to sexual registry and community notification. These laws were designed for better tracking of sexually abusive youth and to make information regarding adjudicated youth easily accessible to both law enforcement and the public. They sought more community notification and greater consistency among state registries (Beitsch, 2015).

According to the Bureau of Justice Statistics, 23% of all sexual assault offenders were under age 18 at the time of the offense. About 3.7% were under the age of 12. Currently, 38 states add youth under the age of 18 to sexual offender registries and the remaining 12 states add names of youth convicted in adult court. Of these 38 states, 15 add youth to a public website. It should be noted that most states have decided not to set a lower age limit at which minors can be adjudicated delinquent for sexual offenses. However, 8 states, have opted to set a lower age limit requiring adjudicated youth to register for sexual offenses (National Conference of State Legislators 2011). The single age with the greatest number of offenders from the perspective of law enforcement was age 14 (Brittany & Bohn, 2007).

Although the sexual offender registry was not conceptualized with intent to punish, evidence indicates that registration policies have punitive effects. These negative effects on youth include limiting registrants' employment opportunities, restricting their housing options, damaging their social relationships, and increasing their risk for mental health conditions as well as vandalism and

(Continued on Page 11)

Effects of Juvenile Sex Offender Registration (continued from Page 10)

vigilantism. The punitive effects of registration have not been researched as extensively in youth, but studies have reported individual cases in which a registration caused youth to experience depression, anxiety, bullying and ostracism by peers, school problems, and impaired relationships with family and friends (Levenson, Grady, & Leibowitz, 2016).

To examine this gap in research, Letourneau et al. (2017) conducted a study to measure extent to which registration and notification policies might be associated with harm to youth under the age of 18. The study surveyed 251 boys ages 12 to 17 who were receiving community based treatment services “for inappropriate, harmful, and/or illegal sexual behavior” (p. 108). The survey was conducted in 18 different states with differing registration policies. Participants were referred by practitioners, psychologists, counselors, social workers, and other professionals who treated children under the age of 18 for problem sexual behaviors. In addition, limited outreach was done with children and adolescents receiving treatment in outpatient or community based settings. Three-quarters of participants reported they had been formally arrested, charged, or adjudicated for at least one sexual offense. Of this population, 73 boys, with a mean age of 14, were or had been subjected to sexual offender registration requirements.

Letourneau et al.’s (2017) results showed that subjecting boys who have engaged in inappropriate, harmful, and/or illegal sexual behavior to registration and notification carries punitive effects, and the harm associated with these policies can be severe. Data indicated that the boys who were registered exhibited increased mental health problems including heightened anxiety, depression, hyperactivity, and overall psychological maladjustment. The most prevalent findings pertained to suicidal ideation and behaviors. Participants who were registered reported more severe suicidal cognitions than those who were not. They were more likely to have attempted suicide in the past 30 days with

7% reporting an actual suicide attempt. This means that registered youth were four times more likely to have suicidal behaviors than non-registered youth (Letourneau et al., 2017).

Sexually abusive youth engage in fewer non-sexual abusive behaviors over shorter periods of time than adults and have less aggressive sexual behavior. Youth who commit sex offenses are highly unlikely to commit another sexual offense and have a recidivism rate of 5-14% versus 8-58% for other delinquent behaviors (National Center on Sexual Behavior of Youth 2012). To mitigate the negative effects of sex offender registration on youth, comprehensive statistics on juvenile sexual behaviors need to be taken into account and a more rehabilitative approach pursued.

Taylor Serio, B.A., social work student, MSW Program, San Diego State University, taylorserio9@gmail.com

References (see Page 17)

“Negative effects [of sex offender registration] on youth include limiting registrants’ employment opportunities, restricting their housing options, damaging their social relationships, and increasing their risk for mental health conditions as well as vandalism and vigilantism.”

Sexual Abuse Among Adolescent Peers: Prevalence in Residential Treatment Facilities

Sarah Haydock, B. A.



Adolescents in the child welfare system at times need more support than they can receive in foster homes (due to their mental health or behavior issues), and may be placed in group homes or residential treatment facilities as a result. According to the U.S. Department of Health and Human Services (2011),

approximately 15% of children who have out-of-home placements in the child welfare system live in residential treatment facilities. Adolescents can be placed in out of home long term placements for reasons such as delinquency, conduct disorder, externalizing behaviors, and placement instability (Ryan, Marshall, Herz, & Hernandez, 2008). According to the National Conference of State Legislatures (2017), the average time period in these placements is 8 months but can greatly vary.

Both male and female adolescents in residential facilities can have a range of problem behaviors from being juvenile sexual offenders, physically violent towards their peers or caregivers, or abusing substances. They arrive to these residential programs with an array of past traumas, such as being victims of physical or sexual assault. It is therefore imperative to pay attention to the fact that victims of sexual abuse may be housed in close quarters with youth who have been perpetrators.

A history of sexual abuse has been identified in approximately 30% of children who reside in residential treatment facilities, which is likely to be an underestimation due to lack of disclosure (Baker, Curtis, & Papa-Lentini, 2006). Females are four times more likely to report sexual abuse than males (Milne & Collin-Vezina, 2014). Knowing that there is a relatively large population of sexual abuse victims living in residential treatment facilities makes it necessary for the program directors and staff to be aware of their interactions with peers who are past adjudicated perpetrators. Adolescent victims of sexual abuse may struggle with regulating their emotions, which could in turn make it difficult for them to control their impulses and place them at risk for becoming future perpetrators of sexual abuse (Parkhill & Pickett,

2016). Since adolescents in residential treatment facilities come from an array of backgrounds it is necessary to have current standardized procedures in place when assessing whether or not two individuals are fit to be roommates with each other in order to not only be aware of the risk but also avoid future offenses. This is often left to the discretion of the specific program. For example, a program may specify that once a child turns 18 they no longer can room with a minor or that male and female clients cannot room together.

It is important for residential treatment facilities to utilize a trauma informed approach when working with adolescents who have been traumatized by occurrences such as sexual abuse. As “sexualized behaviors are prevalent among youth that experienced sexual abuse” (Zelechowski et al., 2013), a trauma informed approach can help reduce the likelihood of these adolescents from making advances on their peers with whom they live in such close quarters. Adolescents often have no control of their placement in residential treatment facilities, so it is possible that one might engage in power dominated behaviors. That might include the sexual assault of a peer in an effort to feel control over something or in this case, someone. The perception of unequal power dynamics can also put an adolescent at risk of sexual exploitation in the residential treatment setting (Gill, 2010). Since adolescents are already in such a vulnerable state when living in residential treatment facilities, it falls on the staff to ensure that these youths are living in a safe environment in which they are not at a heightened risk of experiencing sexual victimization by their peers.

In the literature there is a lack of attention to this specific population, so it is necessary for future research to assess the prevalence of sexual abuse among adolescent peers in residential treatment facilities.

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References (see Page 18)

Male Survivors of Childhood Sexual Abuse

Melissa Sanchez, B.A.



Child sexual abuse can occur in many forms including physical contact, such as exposure, fondling, or voyeurism. Other forms of child sexual abuse include obscene phone calls, sexually explicit text messages, or digital interaction such as sharing pornographic images. According to the Children's Bureau (Administration on Children, Youth and Families, Administration for Children and Families) of the U.S. Department of Health and Human Services (2012), every 8 minutes child protective services substantiate, or find evidence for, a claim of child sexual abuse. From 2009-2013, about 63,000 children a year were victims of sexual abuse; the perpetrator was most often the parent (80%), with smaller percentages for: other relatives (6%), siblings (5%), strangers (5%) and unmarried partners of a parent (4%) (Rape, Abuse & Incest National Network [RAINN], 2007).

According to studies by Finkelhor (2012), 1 in 5 girls and 1 in 20 boys is a victim of child sexual abuse. Men disclose sexual abuse at significantly lower rates than females throughout the life course (Paine & Hansen, 2002). Sexual abuse happens across the board, no matter the age, sexual orientation or gender identity. Boys and men who have been sexually assaulted or abused face similar feelings, reactions and mental health challenges as girls and women. However, they face additional challenges such as extreme anger and withdrawal related to social attitudes and stereotypes about men and masculinity (RAINN, 2017).

The effects of child sexual abuse can be long-lasting and affect the victim's mental health in both men and women. Victims are likely to experience numerous challenges. They are 4 times more likely to develop symptoms of drug abuse, 4 times more likely to experience PTSD as adults, and 3 times more likely to experience a major depressive episode as adults (Zinzow, Resnick, McCauley, Amstadter, Ruggiero, & Kilpatrick, 2012). The effects of childhood sexual abuse face can be short term or long term. Victims might experience guilt, shame, and blame. They may feel guilt for not stopping the abuser. Intimacy and relationships are difficult. Victims may experience flashbacks and painful memories; they may also struggle to set boundaries that help them feel safe in relationships (RAINN, 2017). Survivors of childhood sexual abuse may have low self-esteem that affects them on a daily basis, including their work, school,

and health. Other mental health challenges for survivors of sexual abuse are anxiety, personality disruptions, and triggers they avoid places and people related to the assault or abuse (RAINN, 2017). For male victims, sexual abuse may provoke concerns and questions about sexual orientation, feeling like "less of a man" or no longer having control over their own body, feeling on-edge, and increased isolation (RAINN, 2017). Suicidal ideation and attempts have been shown to be highly prevalent among men who report childhood sexual abuse (Easton, Renner, & O'Leary, 2013).

Men who are survivors of childhood sexual abuse are more likely to have clinical diagnoses, but coping strategies may play an important role (O'Leary, 2009). O'Leary and Gould (2010) explored coping factors among men who were sexually abused in childhood, identifying two types. The first type involves suppression and denial, which are associated with negative mental health outcomes such as violence and anger. The other involves reframing the abuse, which tend to be associated with more positive outcomes such as supportive relationships and interactions that enabled them to discuss their experience (O'Leary and Gould, 2010).

As professionals working in the helping profession, we can better serve our clients by learning and understanding how child sexual abuse affects survivors, both men and women. Professionals can be supportive through survivors' ongoing healing process by acknowledging their courage in opening up, letting them know it's not their fault and they didn't do anything to deserve the abuse, assuring them they are not alone, that the professional will listen and help (RAINN, 2017). One of the best things professionals can do to provide continued support is to know the resources in their area. The organization RAINN (online.rainn.org) provides local resources, support, information, and has its own hotline.

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cognizes to be male, and desires to live as a male. Similarly, a transgender male, whose birth sex is female, cognizes himself to be male, and desires to live his life as a male. Transgender persons may openly express their gender identity at various times in their lives. This can occur at different points in time, while very young, or during adolescence, or young adulthood, middle aged, or when elderly. Cultural changes in the society at large over the past decade have brought about increased public awareness of transgender individuals, perhaps facilitating more openness on their part to disclose their gender identity and the struggles they face. As a result, mental health clinics and residential facilities (including those who provide services to sexually abusive youth) are becoming more inclusive of varied gender identities, as evidenced by adjustments made to intake questionnaires to include transgender as an option when indicating gender.

Sexually abusive youth are generally males, therefore understandable why the focus of risk assessment tools, services for treatment, supervision and monitoring, are predominantly designed for adjudicated male adolescents. Measures for assessing sexually abusive behaviors in youth were typically created for adjudicated male adolescents (e.g., *J-SOAP-II* [Prentky, Harris, Frizzell, & Righthand, 2000; Prentky & Righthand, 2003]; *JSORRAT-II* [Epperson, Ralston, Fowers, DeWitt, & Gore, 2006; Epperson & Ralston, 2014]).

The field itself has restricted resources for assessing risk for coarse sexual improprieties and sexually abusive behaviors for females, youth with low intellectual functioning, youth under the age of 12, let alone transgender youth. Transgender youth, like these other special populations of youth, are reported for coarse sexual improprieties and/or sexually abusive behaviors. Coarse sexual improprieties are defined as sexually vulgar comments, expressions, and behaviors evidencing an unsophisticated awareness of psychosexual conditions, or environments, or social situations whereby the youth engages in sexual behaviors that are crude, indecent, and outside the societal norms of propriety (Miccio-Fonseca, 2010). Risk for sexually abusive behaviors and improprieties fall

along a coercion continuum of low, moderate, high, or very high (lethal) risk. Sexually abusive youth, regardless of their age, gender, and/or intellectual capacity can be either adjudicated or non-adjudicated.

Transgender youth engage in coarse sexual improprieties and/or sexually abusive behaviors in substantially smaller numbers than male youth, but those who do need to be identified, assessed and possibly treated. There is a dearth of research in the literature to guide practitioners who assess and treat sexually abusive transgender youth. The author's literature search of academic databases (i.e., PsychINFO, PsychARTICLES, MEDLINE, Academic Search Premier, and Criminal Justice Abstracts) did not find any articles that focused specifically on these transgender youth.

The risk assessment tool *MEGA* '--- Ages 4 to 19 (Miccio-Fonseca, 2012), is a validated (Miccio-Fonseca, 2009, 2010) and cross-validated multiple times (Miccio-Fonseca, 2013, 2016a, 2016b, 2017a, 2017b, 2017c) conceptually designed tool, for assessing risk for coarse sexual improprieties and/or sexually abusive behaviors *and* protective factors in youth. *MEGA* is versatile in its applicability; it can be used with adjudicated and non-adjudicated youth - males and females, and transgender, including youth with low level of intellectual functioning (Miccio-Fonseca, 2009, 2010, 2013, 2016a, 2016b; 2017a, 2017b, 2017c; Miccio-Fonseca & Rasmussen, 2009a, 2013).

MEGA is the first risk assessment tool that incorporates various aspects of risk assessment not present in other tools. It has *Risk* and *Protective Scales* allowing for simultaneous assessment of risk and protective factors, as well as clinical scales (i.e., *Estrangement* and *Historic Correlative* [e.g., formerly *Persistent Sexual Deviancy*]) identifying the youth's strengths, and vulnerabilities. *MEGA* is an outcome measure able to evaluate progress of the youth every 6 months in terms of increased or decreased risk levels and protective factors. Similar to other assessment measures anchored in the scientific method (e.g., *MIDSA*, *YSL/CMI*), *MEGA* is a proprietary tool generating a

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comprehensive report idiosyncratic to the youth (with costs associated) (Miccio-Fonseca, 2018). *MEGA*'s applicability to youth with low intellectual functioning is also a unique aspect (Miccio-Fonseca & Rasmussen, 2009a, 2013).

MEGA's all-inclusive, ecological assessment demarcates detailed areas of concern that need attention as related to the youth's risk for coarse sexual improprieties and/or sexually abusive behaviors. Discussed briefly are the overall combined *MEGA*'s descriptive study findings on large samples of youth engaging in coarse sexual improprieties and/or sexually abusive youth, (i.e., the *MEGA*: *Combined Cross Validation Studies* [N=2,717 - Miccio-Fonseca, 2017a, 2017b] and the *MEGA*: *Combined Sample Study* [N=3,901 - Miccio-Fonseca, 2017a, 2017c]).

The findings of the *MEGA*: *Combined Cross-Validation Study* (N=2,717) and the limited literature reviewed on sexually abusive transgender youth, evidence that transgender female youth are distinctly different from their male, and female counterparts. The sexually abusive transgender female youth in the samples were found in all three age groups; making up .4% of the sample (n=12). A limitation to this study is the extremely small number of transgender female youth; however the number is comparable to the population in general (0.39%, or 390 per 100 000; [Meerwijk & Sevelius, 2017]).

Sexually abusive transgender female youth were not found in the highest level of risk (*Very High Risk*). The *Very High Risk* youth were found to engage in sex crimes that included physical threats and bodily harm, use of a weapon; luring or stalking their victims; and/or torturing their victims. Such youth (who in rare cases can be lethal) were previously described in an empirically anchored nomenclature established by Miccio-Fonseca and Rasmussen (2009b, 2014).

Sexually abusive transgender female youth appeared to have more varied sexual experiences/contact than their male, and female counterparts. For example, sexually abusive transgender female

youth did have more incidents that involved adults (respectively: transgender 17%, males 8%, females 3%). They also had more incidents that involved both children and adults (respectively: transgender 17%, males .4%, females 1%) and reported having more than two victims (respectively: transgender 50%, males 27%, females 10%).

The sexually abusive transgender female youth had less of a family history of criminal behavior (respectively: transgender 50%, males 60%, females 56%). However they reported more physical abuse (58%) than the males (43%) and females (40%), and had less exposure to domestic violence than their male, and female counterparts (respectively: transgender 42%, males 45%, females 47%). Family history of sexual abuse for the sexually abusive transgender female youth was more than the male, but less than the female (respectively: transgender 42%, males 41%, females 50 %).

The sexually abusive transgender female youth had notable differences in their educational history as well. For example they had more problems with attention and concentration, (respectively: transgender 58%; males 53%; females 55%); had frequent day dreaming (respectively: transgender 58%; males 34%; females 39%), and reported more learning disabilities (respectively: transgender 42%; males 31%; females 25%). The transgender female youth had more problems in school, reporting more incidents of having two or more disciplinary difficulties in the last six months (respectively: transgender 67%; males 27%; females 17%).

Implications for Clinical Practice, Management, and Supervision

The risk assessment research findings on combined cross-validation samples for the *MEGA*'s risk assessment tool take us in a new direction, making it amply clear the differences between male, female and transgender female youth. The results signal professionals to adapt approaches in risk

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assessment, treatment planning, treatment focus, and type of treatment, supervision and/or management to sexually abusive transgender youth. Risk assessment requires being attuned to the specific needs of the gender of the youth (i.e., male, female and transgender) by implementing gender specific risk assessment tools.

Undeniably, larger sample sizes of transgender youth would be ideal and preferred for the *MEGA'* validation studies; however, the reality is that transgender youth represent a minuscule of the sexually abusive youth that present themselves in clinics and juvenile courts. The *MEGA'* studies did not set out to study transgender female youth specifically, or youth that were low intellectual functioning. In the process of running the studies, they inadvertently became part of the data pool.

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MEGA⁺ has several unique features; one is ability to follow changes in the youth's risk level and protective factors over time (an outcome measure). It provides a comprehensive individualized risk assessment report according to age and gender. *MEGA⁺*'s individualized reports identify specific risk factors and protective factors contributing to assessed risk level (Low, Moderate, High, or Very High). *MEGA⁺* is applicable for youth ages 4-19 years, adjudicated or non-adjudicated, males, females, and transgender, including youth with low intellectual functioning. A specialized certification training is required to learn how to administer.

Cost for the *MEGA⁺* 1 Day- Specialized Risk Assessment Training- \$250 at the door per individual attendee to be paid in full at time of registration; does not include the *MEGA⁺* Manual \$75 needed for the training. Attendance is limited to 25 people. Continuing Education: Approved up to 6.5 CE credits for: Psychologists, Social Workers, Counselors, MFTs, and Attorneys.

For more information, please contact L.C. Miccio-Fonseca, Ph.D. at lcmf@cox.net.

History of CCOSO

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.

VISION: A World Without Sexual Abuse



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