To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

Counterpoint: California Sex Offender Management Board Guidelines on Youth: A Failed Attempt to Be Evidence-Based

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

As a clinical psychologist and clinical researcher with publications in peer reviewed journals reporting the significant findings from multiple validation studies on a risk assessment tool for youth who are sexually abusive (now over *N*=4,000), the recently published report, *California Sex Offender Management Board (CASOMB) Guidelines for Treatment and Supervising Youth Who Have Committed a Sex Offense* (2022, November), were of great interest. CASOMB, created by the California legislature by Assembly Bill 1015 in 2006, addresses concerns and problems related to community management of adult sex offenders and makes recommendations to policy makers and practitioners. In 2017, Senate Bill 384 expanded the role of CASOMB to include sexual offending by youth. The published *Guidelines,* CASOMB's first effort to address standards for working with youth and long awaited by California professionals, can now be downloaded from the website (https://casomb.org/).

The *Guidelines* are ostensibly a product of CASOMB in aggregate, given no authors are listed. On its face, the document appears comprehensive, endorsing "The Collaborative Model", a model recommended in CCOSO's *Guidelines for the Assessment and Treatment of Sexually Abusive Juveniles* (Land et al., 2013). The Table of Contents covers various topics (e.g., placement of a youth, use of a polygraph, treatment contract, assessment, treatment modalities, and special populations and treatment considerations). The document is broad in its scope, focusing on youth ages 13 to 17 who have been adjudicated for a sexual offense. A strength of the *Guidelines* for practicing professionals is highlighting the importance of addressing neuropsychological aspects of the youth when doing assessment and treatment. The document also provides important information regarding the judicial process of transferring cases from juvenile court to adult court and other placement considerations

In bold italics the *Guidelines'* Executive Summary states:

> ***In this document the board has developed evidence-based standards and guidelines for a collaborative model of treatment and supervision of youth, supported by the principles of Risk-Need-Responsivity (RNR)*** **(CASOMB, 2022, p. 1).**

With all due respect to the CASOM Board, and the unidentified Authors, if these *Guidelines* are meant to establish statewide standards and guidelines for certification of specialized treatment providers, then the document is woefully notably flawed and significantly out of step in terms of what is considered state-of-the-art. The purported "evidence-based" *Guidelines* rely on very

outdated reference points, including the references and suggestions from *California Sex Offender Management Board (CASOMB): Juvenile Recommendations* (2019, January). The *Guidelines* fall extremely short of what is considered *applicable and current* peer reviewed scientific evidence-based practice in the field today in risk assessment for youth adjudicated for a sex crime. Surprisingly there is a substantial amount of misleading information, about the *current state* of research and practice, misinforming professionals and possibly inadvertently causing harm to the youths assessed.

CASOM Board members are serious authorities, recognized in their respective communities to be committed experts in their own professional field. It is unlikely they are experts in the *specific* field of risk assessment and psychometrics (i.e., constructing and researching risk level tools) *for juveniles* adjudicated for a sex offense. Nor are they likely well versed in the research literature and current state-of-the-art regarding the evolution of risk assessment tools for such youths. Many professionals who have worked with youth for years, including youth who are adjudicated for a sex offense, are not always apprised of current research studies underway in the specialty area of risk assessment or the published significant findings, or the recent controversies and professional debates regarding risk assessment tools. They may not be aware of published articles that have critiqued prominent researchers' questionable research designs and/or substandard tools. They are apt to rely on such knowledge from colleagues who attend conferences and often return with important kernels of knowledge on a variety of different topics, however often missing the nuances of the research findings, their implications and limitations.

Likely the professional background and expertise of many CASOM board members is with *adults*. It is also likely that *very few* CASOM board members (including the unidentified Authors of the *Guidelines*) have had to sit in a Courtroom witness box *for days* testifying on the current research literature on risk assessment, risk assessment measures and the psychometric structure of a risk assessment tool, or the research and the significant findings on a tool, along with questions about statistics, sample sizes and levels of probability, in a word, the overall performance boundaries of the measures. This includes testimony for appropriate treatment in terms of treatment modality, dosage, frequency, treatment efficacy and treatment outcome studies.

Likely these kinds of courtroom testimony experiences are foreign to most CASOM board members. However, if the CASOM Board is expecting practicing professionals in the state of California to be certified in providing services to youth who are adjudicated for sex crimes, the parameters for such standards for certification and monitoring must be anchored on the current scientific standard with what is considered state-of-the-art, with applicable appropriate evidence-based methods. The foundational framework needs to be solid, and when challenged on

accountability, defensible in a court of law, be it adult court or juvenile court. These are, after all, forensic cases, a notable variable that seems to have lost importance in the *Guidelines*.

Thus, reliance on the expertise of professionals' experience in the specific area of risk assessment, assessing juveniles who are sexually abusive, is essential for a high standard of certification and professional practice in California. Obtaining such expertise is garnered by turning to experts who have extensive experience and awareness of the nuances in the field regarding research literature on risk assessment, including the empirical research on the distinct differences in risk assessment measures applicable in forensic settings.

The CASOM Board is ultimately advisory, created by Assembly Bill 1015 "to serve as a resource for the Legislature and Governor" (see Legislature and Governor" (see http://www.leginfo.ca.gov/pub/05-06/bill/asm/ab_1001-1050/ab_1015_bill_20060920_chaptered.html). Legislators know they can turn to CASOMB when writing and implementing laws for standards of practice for mental health professionals to follow when assessing, treating, monitoring, and supervising youth adjudicated with a sex crime.

Evidence-based essentially means the research *has been peer reviewed and published* in scholarly journals. Legislators rely on professionals' intellectual honesty to provide objective, impartial references of peer reviewed studies of risk assessment and treatment methods. Alarmingly, the *California Sex Offender Management Board Guidelines on Youth* are deficient in presenting contemporary evidence-based research and thus arrantly inappropriate. The published *Guidelines* are a disservice to legislators, judges, court officers, and mental health professionals who have the right to expect state standards for certification to be anchored on unbiased, objective *current scientific evidence-based research* on youth. Guidelines published by CASOMB need to be empirically supported by scientific studies and treatment methods applicable (as much as possible) to the heterogeneity of the youth adjudicated for sex crimes.

Additionally, risk assessment tools, or measures implemented need to be sensitive to the differences in age groups and gender; this is particularly true for youth who are in correctional facilities, be it juvenile hall, a secure residential facility in the community, or long-term detention facilities. It is imperative that tools that assess risk for juveniles who are adjudicated for a sex offense be sensitive to the youth's age, gender, and intellectual functioning. Sensitivity to developmental differences in the different age groups and genders, as well as to youth with low intellectual functioning, enhances the professional's ability to be equipped to address the specific developmental issues that evolve for the youth. Thus, age is a critical factor to consider when assessing for risk, or for treatment, supervision, or monitoring, particularly if the youth is to be placed out of the home and into a detention facility. The judicial system expects, and is best

served, when Judges and other Court Officers (i.e., Attorneys, Probation Officers), have current state-of-the-art scientific *relevant* evidence-based tools and research.

The Archaic Research

The deficiencies apparent in the *Guidelines* make it clear that the unidentified Authors are not researchers or experts on risk assessment tools, or the research literature on risk assessment tools. They likely did not consult with those professionals who are seasoned clinicians and researchers with specialized expertise with this population of youth, or if they did, the consultation was not sufficient.

A close look at the Reference List shows that the *Guidelines* are not current; only about 25% of the references cited are within the last five years. Several of the empirical studies and literature reviews included are quite outdated references from another century (1990s), or two decades ago (early 2000), a significantly different era from today's society and its extensive global wireless connection. References from a past era are archaic, likely irrelevant to today's clinicians. Providing evidence-based guidelines does not mean just citing studies, or citations to self-promoting blogs, or citing studies of another era, or reviewing research that is frankly *not applicable* to current social times or the topic at hand.

If a professional is sitting in a Courtroom witness box testifying on the purported "evidence based" information in the references cited by the unidentified Authors in the *Guidelines*, the witness would be "dead in the water". Court judicial officers expect the testimony to be anchored on unbiased *current peer-reviewed scientific evidence-based practices* and *relevant* research studies. Thus, reliance on the expertise of seasoned professionals in their specific area of practice (whether with youth or adults) is paramount for a high standard of certification and professional practice in California. Obtaining such expertise requires turning to experts who have extensive experience, are apprised of changes in the field supported by empirical research, and understand the distinct differences in risk level tools.

The unidentified Authors cite obsolete empirical studies sporadically in the document, sometimes giving important information about the study findings, including the sample, other times failing to focus on fundamental aspects of the research. Citations to some studies are incomplete (e.g., citing the author and publication date, but failing to include the reference in the Reference List and/or footnotes [i.e., Epperson, 2006; The Commission on Youth, Commonwealth of Virginia, 2011]).

A disquieting discovery in the *Guidelines* is the unidentified Authors' persistent tendency to patently distort and mispresent research data. Failing to report research accurately or omitting seminal studies or new research that contributes significantly to the field and may improve

clinical practice, ultimately mislead clinicians, supervision professionals, administrators, judicial officers, and legislators. Giving benefit of the doubt, to the Authors, it may be that they have overall general knowledge about working with youth who are sexually abusive, but lack *specialized expertise* related to doing risk assessment, or research on risk assessment methods, and/or are not apprised of the current research. Nevertheless, whatever the reasons for the omissions, distortions, and misrepresentations, the document *does not* accomplish its stated purpose - to provide evidence-based guidelines to professionals working with adjudicated youth who are sexually abusive.

The unidentified Authors' misrepresentations and misinformation from research papers evident in the *Guidelines* delude professionals, erroneously telling them what is clinically present for youth who are adjudicated for a sex crime, *when in fact contemporary studies demonstrate it is not.* CASOMB would be well advised to retrieve the *Guidelines,* and through consultation with seasoned experts, revise and update the document to include current, noteworthy research in the field. To this end, presented are contemporary findings from various researchers on studies of female youth and adjudicated male youth. Also included are descriptive and empirical findings from multiple validation studies on a contemporary risk assessment tool published in several peer reviewed journals (see Miccio-Fonseca, 2009, 2010, 2013, 2016, 2018, 2018a, 2018b, 2019, 2020a). These studies employed large representative samples of different age groups of male and female youth, including youth with low intellectual functioning. All but one study had over 1,000 youth in the sample. Surprisingly, there is no reference or mention of this research in the *Guidelines.* The findings (on samples now totaling 4,000 youth), if incorporated, would help ensure that the *Guidelines* are indeed anchored in *current* evidence-based research, and would better advise court officers and mental health professionals. The discussion below cites examples of the distortions and misrepresentations in the *Guidelines.*

Remarkably the unidentified Authors cite a dated article by Worling (2004) to reference the concept of dynamic risk factors. Those familiar with the research literature will recognize the citation as the validation study of the *ERASOR,* a tool that Worling (2017) stated *he* had discontinued using, since some of the risk factors listed were *no longer applicable to youth today*. Referencing the *ERASOR* in a document purported to provide evidence-based guidelines for today's practicing clinicians is certainly questionable and does not reflect a high standard of clinical practice. The *ERASOR* is partially anchored on empirical findings on risk factors on convicted adult male sex offenders, which are then inappropriately imposed on youth. Contemporary researchers have pointed out that assessing youth with tools constructed on templates from adult actuarial tools is not only inappropriate, but potentially harmful to the youth (Caldwell, 2019; Miner, 2019).

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

The unidentified Authors repeatedly cite Caldwell's (2016) meta-analysis of juveniles adjudicated for a sex offense (N = 33,783, 106 studies) that found a weighted mean sexual recidivism rate of 2.75% for studies completed from 2000 to 2015 (recidivism defined as "official records of arrest or conviction for sexual offense recidivism" [p. 415]). The meta-analysis is on *adjudicated youth only*, not accounting for those who engaged in sexually abusive behavior but had no contact with law enforcement. The Authors take Caldwell's recidivism rate out of context, misleading readers by steadfastly claiming throughout the *Guidelines* that the recidivism rate for youth who commit sex crimes is low. Notably, the meta-analysis was *published over 5 years ago*, with the studies in 2000 to 2015 taking place during a time when the world was quite different than the global society we live in today, on the eve of 2023. In repeatedly citing Caldwell's (2016) sexual recidivism rate without qualifiers, the unidentified Authors give the impression to others (and Authors erroneously may even think it), that the recidivism rate is still the same, not influenced by changes in the society at large.

Over the last three years, the COVID-19 pandemic has engendered worldwide Herculean changes in culture, tradition, and social institutions at every level (e.g., judicial, law enforcement, medicine, mental health, education, social services, etc.). Presenting Caldwell's 2.75% recidivism rate as though it applies today, half a decade later, overlooks base rates for sex crimes. For example, since the outbreak of COVID-19, the nation is dealing with the reality that crimes have *increased,* particularly violent crime. In fact, the violent crime rate began increasing prior to COVID-19, as seen in the high murder rate in the United States. Morgan and Oudekerk (2019) stated:

> The longstanding general trend of declining violent crime in the United States, which began in the 1990s, has reversed direction in recent years. The 2018 National Crime Victimization Survey (NCVS) is the third consecutive iteration of the NCVS to find that the number of violent-crime victims was higher than in 2015. (p. 1).

Thus, the base rate for sex crimes and sexual recidivism is not stagnant; it waxes and wanes, depending upon the social and anthropological times.

Amazingly, there is no mention in the *Guidelines* of the massive global changes due to the COVID-19 pandemic, nor its impact on sex crime recidivism rates. The unidentified Authors do not address it. They offer no suggestions, recommendations, or considerations to practicing professionals for any needed adjustments related to assessment, treatment, monitoring and supervision. They give no precautions to consider, frankly acting as if there is no ongoing worldwide pandemic, or a need to accommodate to the global impact of COVID-19.

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

The unidentified Authors cite Epperson and Ralston (2015) as the reference for their statement:

> This population also has a high prevalence of co-occurring psychiatric conditions including Attention Deficit Hyperactivity Disorder (ADHD), family dysfunction, trauma, mood disorders, learning disorders, and substance use problems (CASOMB, 2022, p. 1).

The statement is incorrect; in fact, it is a gross distortion and *cannot* be supported by Epperson and Ralston's article. Epperson and Ralston were focusing on the construction of their risk assessment tool, the *JSORRAT-II,* describing the series of logistic regression analyses used to select its items, and how those items performed with their construction sample of 636 youth adjudicated in the Utah juvenile justice system. Table 1 on pages 10 to 12 in Epperson and Ralston's article (i.e., "Selected Variables From 10 Families and Their Bivariate Relations with Juvenile Sexual Recidivism"), lists variables found to be the strongest predictors through the logistic regression analyses for *their selected* nonrepresentative subject sample. Perhaps the unidentified Authors based their statement about "high prevalence of co-occurring psychiatric conditions" on the percentages listed on Table 1 for the various variables in Epperson and Ralston's sample? If so, this was an inappropriate application of the data, which are only applicable to *that sample*, and *do not generalize* to the population at large of youth who have committed a sexual offense.

Moreover, the percentages in Epperson and Ralston's (2015) findings on their predictor variables are not large enough to support the unidentified Authors' assertion of "high prevalence of co-occurring psychiatric conditions" (CASOMB, 2022, p. 1). Table 1 in Epperson and Ralston's article shows that only 25.3% of the sample was diagnosed with a "self-regulatory disorder" (e.g., ADHD); 25.0% were diagnosed with an affective (mood) disorder; and 26.9% received special education placements (possibly indicative of learning disorders). Although Epperson and Ralston collected data on substance abuse, it was *not* one of the predictor variables listed on Table 1. Thus, there is *no support* in the article for the unidentified Authors' assertion of a "high prevalence" of "substance use problems" in youth adjudicated for a sexual offense.

Even though Senate Bill 823 voided the requirement mandating the use of the *JSORRAT-II* in California, the unidentified Authors of the *Guidelines* maintain:

> In line with best practices, it is recommended that youth, who are eligible for scoring, be assessed by probation post-adjudication and pre-disposition with a risk instrument, such as the previously SARATSO selected *JSORRAT-II* or other risk instrument for youth, which is valid an [sic] reliable (CASOMB, 2022, p. 5).

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

Certainly, it is important for youth to be assessed with valid and reliable tools; however, the unidentified Authors do not seem to be aware that assessing a youth with a *risk recidivism (predictive) tool* (e.g., *JSORRAT-II, ERASOR, J-SOAP-II*), is *no longer* "in line with best practices". They failed to inform professionals of the current controversy in the field about risk recidivism predictive tools and the chorus of professionals who have pointed out the inconsistency in predictive validity of these tools (Caldwell, 2019; Fanniff & Letourneau, 2012; Miner, 2019; Viljoen et al., 2012). In fact, in a presentation at the Wisconsin ATSA Conference, Caldwell (2019) called for ceasing the use of "juvenile sexual recidivism risk assessments" (specifically naming the *J-SOAP-II, ERASOR,* and *JSORRAT-II*) opining that they "do more harm than good" (Slide 45).

The unidentified Authors have not educated professionals about substantial scientific advances made in risk assessment for youth, including the development of *risk level* tools with risk levels calibrated according to age and gender (see contemporary literature review by Miccio-Fonseca & Rasmussen, 2018). Caldwell (2016) states, "the predictive utility of sexual risk assessment methods used with juveniles should include a careful review of the calibration and performance characteristics of the method, and not the area under the curve (AUC) statistic alone" (p. 8). The unidentified Authors neglected to report on the significant improvements in research on producing a risk assessment tool for youth who are adjudicated for sex offenses that has "empirically established, statistically weighted cut-off scores (calibrated risk levels grounded on given algorithms) according to age and gender" (Miccio-Fonseca, 2018b, p. 460).

There is limited attention to the importance of age group differences in the *Guidelines*. For example, the *Guidelines* purportedly cover the ages 13 to 17, yet there are no provisional statements or guidance as to steps needed to accommodate incremental risk assessment. That is, a 13-year-old boy is very different than a 17-year-old male about to turn 18. Absent were precautions, or distinguishing steps that the professional needs to implement for a risk assessment, or treatment, supervision and/or monitoring for youths in different age groups. Contemporary research has amply empirically demonstrated the distinct and significant differences in risk levels among youth according to age groups (i.e., 4-12, 13-15, 16-19) and genders (i.e., males, females, transgender) (Miccio-Fonseca, 2009, 2010, 2013, 2016, 2018, 2018a, 2018b, 2019, 2020a).

The unidentified Authors appear to view youth who are sexually abusive to be almost indistinguishable from youth who are not adjudicated for a sex crime, implying little clinical differentiation. This is evidenced by intermixing and blending research findings pertaining to delinquent juveniles, youth who have a criminal history of non-sexual crimes, with those youth adjudicated for a sex crime. There are significant studies demonstrating that general delinquency tendencies or propensities are a primary feature of juveniles who go on to sexually offend as

adults (Caldwell, 2007; Zimring et al., 2007). Focusing on enhancing prosocial patterns is appropriate for the antisocial delinquent youth. However, contemporary studies of adjudicated and non-adjudicated youth with coarse sexual improprieties and/or sexually abusive behaviors (with samples now totaling almost 4,000 youth), found that most of the youth *did not have a criminal history*, and about 60% of the samples were low to moderate risk (Miccio-Fonseca, 2009, 2010, 2013, 2018b). Thus, these youth *are more* prosocial and rule bound, with limited antisocial and criminal delinquent histories compared to youth with histories of adjudications related to *non sex related crimes*.

The above findings may explain why the recidivism rate for youth who are sexually abusive is low for a sex crime, and why *many of them do not recidivate with nonsexual crimes*. They may have early experiences related to sexuality (e.g., sexual abuse and/or premature exposure to sexual material beyond their sexual readiness age) possibly negatively impacting their erotic development (Miccio-Fonseca, 2014). This may later manifest in adulthood with sexually related maladaptive patterns; that is, sexual dysfunction (e.g., delayed ejaculation, erectile disorder); and/or sex disorders (e.g., voyeuristic, pedophilia, frotteuristic, sexual masochism, sexual sadism). These youth are *unique;* they are *clinically qualitatively distinctively different* from youth with antisocial proclivities and history of delinquency and criminal behaviors. They *are* more prosocial, more likely to adhere to court ordered restrictions (i.e., probation rules and parameters), therefore less problematic for supervision and monitoring than general delinquent criminal offenders. The unidentified Authors of the *Guidelines* do not seem to be aware of this *qualitative* distinction, treating all youth who are adjudicated for sex offenses as if they were the same as non-sexual offenders.

Seto and Lalumière's (2010) 30-year meta-analysis of 59 studies of male adolescents compared 3,855 sex offenders and 13,393 nonsexual offenders (some of whom may have been sexually abusive), finding both similarities and distinct differences. This seminal, well cited study is glaringly absent from the *Guidelines.* Seto and Lalumière found both types of youth offenders had several of the same risk variables, however, were *distinctively different* regarding antisocial personality traits and antisocial attitudes. Adjudicated male adolescent sex offenders had *less extensive criminal history*, *fewer* conduct problems and *fewer* substance abuse problems, and *less* family history of criminality or substance abuse. They were more likely to have been sexually abused, exposed to sexual violence in their family, and/or experienced other types of abuse or neglect. They were also more likely socially isolated, have early exposure to pornography, show more atypical sexual interests, and have more anxiety and/or problems with low self-esteem.

Special Population: Intellectual Disability

The unidentified Authors cite intellectual disability research from the last century (Casey & Keilitz, 1990). Much has changed in the last 30 years, including the publication of four editions

of the Diagnostic and Statistical Manual of Mental Disorders (DSM) refining the diagnosis. According to the most recent DSM, intellectual difficulty has four different ranges: mild, moderate, severe, and profound (DSM-5 - American Psychiatric Association, 2013). Professionals in correctional and/or clinical settings are most likely seeing youth in the mild and moderate ranges, that is youth "with low intellectual functioning" (Miccio-Fonseca & Rasmussen, 2018). Contemporary research has shown that such youth likely comprise about 20% of caseloads (Miccio-Fonseca & Rasmussen, 2009a, 2013, 2019). This important distinction related to the different ranges of intellectual disability is not made by the *Guidelines*.

The largest contemporary studies in the field of risk assessment to date on youth with low intellectual functioning who engage in sexually abusive behaviors included subsamples (n = 522 and n = 746) who were part of large samples of adjudicated and non-adjudicated youth (N = 2,717 and N = 3,901 respectively) (Miccio-Fonseca & Rasmussen, 2009a, 2013, 2019). This groundbreaking research is not cited; it would be helpful to professionals in understanding and working with this population. These youth were younger, more likely than other youth in the sample to have been in out-of-home placement and for longer periods, and more likely to have not completed treatment. Although they were found to be significantly higher risk, they were considerably less likely to recidivate. They were in placement longer and had less resources than other youth. Incorporating this research into the *Guidelines* would provide a relevant evidence-based framework to professionals for working with youth with low intellectual functioning.

Special Population: Female Youth

The unidentified Authors also missed the opportunity to provide applicable current research data regarding the subpopulation of female youth who are sexually abusive. They presented an antiquated literature review from over two decades ago (Righthand & Welch, 2001), inexplicably ignoring more current and pertinent research that included large samples of females (Miccio-Fonseca, 2016; van der Put et al., 2013; Williams & Bierie, 2015).

van der Put et al. (2013) examined differences in psychosocial and developmental characteristics between three groups of adolescents: females who committed non-sexual violent offenses (n = 533), males who committed sexual offenses (n = 743), and females who committed sexual offenses (n = 40). Both adolescent females and males who committed sexual offenses were remarkably similar on several variables related to psychosocial and criminal histories. No significant differences in background characteristics were found between the male and female adolescent sex offenders (i.e., both had poor academic performance, a parent with a drug problem, and family history of sexual abuse). van der Put et al. also found adolescent females who committed sexual offenses had notably less problems in school (i.e., attendance, behavior problems, dropping out of school); less parental problems; and fewer antisocial friends than adolescent females who committed non-sexual offenses.

On a notably sizable sample (N = 43,018 females and 773,118 males (both adults and juveniles), Williams and Bierie (2015), reported that compared to males, females more often committed sex crimes in concert with a male offender. Miccio-Fonseca's (2016) study findings reported females ages 4 to 19 who engaged in coarse sexual improprieties and/or sexually abusive behaviors, were in *all levels of risk*. Females can be just as dangerous as males, but considerably less frequently and are less lethal.

The unidentified Authors state: "Assessment of risk for sexual recidivism in females is challenging and a limited number of instruments are available" (p. 15). The "limited" instruments available, however, are not specified, and the old reference cited to support the statement (Righthand & Welch, 2001), is from a time when in fact there were no validated risk assessment tools for females. The first tool purported to be applicable for females, the *ERASOR,* was not validated until 2004 (see Worling, 2004). Worling and Curwen (2001) assert the *ERASOR* is for "individuals" (ostensibly males and females) aged 12-18 who have previously "committed a sexual assault" (p. 3). Today, it would be questionable to use the *ERASOR* with either females or males, given that the author, Worling (2017) asserted that some of the risk factors *do not apply* to today's youth.

Currently, there is only one scientifically created risk assessment measure with calibrated risk levels grounded on given algorithms according to age and gender, and applicable to youth ages 4 to 19, adjudicated or non-adjudicated, including youth with low intellectual functioning (see Miccio-Fonseca, 2018b, p. 460).

Sexually Violent and/or Predatory Sexually Violent Youth

Youth who are sexually violent, and or predatory sexually violent (i.e., abuse strangers or casual acquaintances), are *anomalies*, apt to be found in secure correctional facilities; they are rarely seen in clinical settings. Incredibly, those youths who are the most dangerous do not even get a mention in these *Guidelines*. Bringing into question, what good are guidelines from the *California Sex Offender Management Board* if they do not advise professionals on assessing the most dangerous? What are California mental health professionals advised to do when faced with such rare, and out of the ordinary cases?

The unidentified Authors recommend that *JSORRAT-II* or another risk tool that is "valid and reliable" be routinely used with youth adjudicated for sex offenses (see CASOMB, 2022, p. 5). However, the *JSORRAT-II,* or any other risk recidivism (predictive) tool, would be impotent in identifying the most dangerous youth. Several researchers have pointed out that the statistical analysis used to measure predictive validity (i.e., Receiving Operating Characteristics - ROC analysis) is limited in its ability to predict rare phenomena (Mossman, 2013; Singh, 2013; Singh et al., 2011).

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

Several studies do provide empirical data on youth who are predatory but were not included in the *Guidelines.* McCann and Lussier's (2008) meta-analysis (18 studies, $N = 3,189$) reported youth who sexually abused strangers had higher rates of sexual recidivism, as did other studies (Carpentier & Proulx 2011; Långström, 2002). Studies have shown youth who sexually abuse strangers to be rare. In a study of data from the National Incident-based Reporting System (NIBRS) on sex crimes committed by youth and adults against minors, Finkelhor et al. (2009) reported 63.2% of youth sexually abused acquaintances, and 25% abused family members; only 2.5% sexually abused strangers. Likewise, Carpentier and Proulx (2011) found only 4.5% of their sample of youth sexually abused strangers (defined as a previously unknown victim [p. 444]).

Miccio-Fonseca and Rasmussen (2009b, 2014) differentiated youth who are sexually violent, and predatory sexually violent, as qualitatively different groups, establishing an ecological nomenclature encompassing dynamic risk factors interwoven within multiple systems (e.g., neuropsychological functioning, family history and dynamics, relationships with peers and adults). Empirical research supporting the nomenclature found only a small number of youths were at *Very High-Risk Level* (8.6%) (Miccio-Fonseca, 2013). Youth who are very high risk may qualify in some states for a sexually violent predator (SVP) petition, if adjudicated delinquent for a sexual felony offense (Fanniff et al. 2010, as cited in Caldwell, 2013). Of 198 juvenile sex offenders adjudicated for a sexually violent offense, Caldwell (2013) found 54 in a 4-year period qualifying for SVP commitment and held for a final commitment hearing; 4 were consequently committed, one later determined by a judge to be inappropriate for commitment (p. 519). These data affirm youth who are sexually violent are small in number, fitting the criteria of Miccio-Fonseca and Rasmussen's nomenclature.

Miccio-Fonseca, (2018a, 2018b) examined risk levels of a risk assessment tool that had four calibrated levels of risk. The fourth risk level, *Very High Risk,* represents highly dangerous youth engaging in extremely violent and lethal sexual crimes (e.g., kidnapping, rape at knifepoint, torture, strangulation, stabbing, and murder). Almost two-thirds (62%) of the overall sample ($N = 3,901$) were in *Low* to *Moderate* risk range, 25% were *High Risk,* and 13% were *Very High Risk*. Three times more males were *Very High Risk* than females. Only 4% (16 out of 409 females) were *Very High-Risk* compared to 14% (491 out of 3,480 males). Findings affirm males are at much higher risk for coarse sexual improprieties and/or sexually abusive behaviors than females.

Emerging Adults - Ages 18-25 years

This section of the *Guidelines* offered no empirical data that professionals could glean from, only referencing concepts from theories of developmental psychology for this age group, anchored on an article published over two decades ago (Arnett, 2000). Admittedly there is a paucity of

research on this transition-age population (i.e., individuals who are sexually abusive who are older youth or young adults), but information that is readily available was not cited. For example, Center for Sex Offender Management published a brief review (Bumby & Gilligan, 2014) that widens the age range of this population to ages 16 to 25. Many of these offenders are placed in residential or correctional settings as adjudicated youth, then transition into the community as adults. Bumby and Gilligan describe the challenges faced by these individuals related to such areas as family and interpersonal relationships, employment, and health care as they are assimilated and acculturated back into the community.

Contemporary research on this emerging adult population that the unidentified Authors might have mentioned are two studies on sizable subsamples of youth ages 16-19 (n = 1,170 and n = 1,731), which were part of large representative samples (N = 2,717 and N = 3,901 respectively) (Miccio-Fonseca, 2020a). If incorporated in the *Guidelines,* these findings would offer rich descriptive information that would be invaluable to professionals who work with these older youth and young adults. The studies included males, females, and transgender-females. Most (74.2%) of the subsample of 1,731 were in *Low* and *Moderate* risk levels. Male and female youth were in all four levels of risk (*Low, Moderate, High, Very High*), while there were no transgender-females that were *Very-High Risk*).

Descriptive findings of the subsample of 1,170 youth ages 16-19 showed they had several neuropsychological concerns, including a notable history of head injuries (12.2%), some history of epilepsy/seizures (2.13%), and significant attentional problems (42.7%). A large percentage (43.5%) had been in Special Education; 29.9% had learning disabilities; and 17.5% displayed low intellectual functioning. Shortcomings in self-management and self-directedness were common: 62% reported impulsivity, while 44% had problems with self-governing. Indicators of possible psychological complexities related to affective difficulties, and deficiencies in skillful self-management were reported: 38.8% experienced negative affect, 26.9% mood swings; and 38.4% experienced depression (Miccio-Fonseca, 2020a).

These studies (Miccio-Fonseca, 2020a) provided important information on major benchmarks in intimacy development (related to protective factors) that may impact 16 to 19-year-old transition-age youth. Parental separation before age 16 was experienced by 83.5% of the subsample of 1,170; 39.7% had a family history of sexual abuse; 41.7% reported being a sexual abuse victim; and 44.7% reported being a victim of physical abuse. Well over half (59.3%) reported being a victim of maltreatment/neglect; 60.6% reported discord with parents; and 44.1% reported exposure to domestic violence – all impacting intimacy development.

Findings related to history of sexually offending behaviors of the subsample of 1,170 found that 22.1% had victims that were both related and non-related; 22.2% had male and female victims;

very few had victims that were both children and adults (4.7%); and 8.71% had only adult victims. Seriously coercive sexually abusive acts were reported: 21.6% reported planning their offense; 19.1% lured their victims; 31.4% had victims that were either strangers or casual acquaintances; and 2.47% had forcefully removed their victim from the premises. Almost half (45.4%) had made general threats; 51.8% had a history of physical force and intimidation (sexual and non-sexual). Several applied coercive restraints (36.3%). As would be expected, dangerously violent and lethal behaviors of these youth were more distinct compared to the younger age groups in the overall sample. A notable number (9.4%) had a history of using a combined coercive threat of force and/or lethal consequences; 9.4% had a history of torture; 6.35% had a history of stalking; and 3.16% using a weapon during sexually abusive behaviors (Miccio-Fonseca, 2020a).

Family Therapy and Parenting

This section of the *Guidelines* is limited to the unidentified Authors citing a few findings from a dated study by Epperson (2006); however, the reference is not in the Reference List, making the source of the data unknown (i.e., what was the nature and size of the sample?).

Contemporary descriptive study findings (N = 2,717) (Miccio-Fonseca, 2018b) provide professionals evidence-based information related to the families of youth who are sexually abusive. The great majority of the youth (84%) experienced separations from their parents before the age of 16 years; many were exposed to domestic violence (46%). Close to a third reported educational problems (e.g., learning disabilities = 31%). Drug use and abuse *was not a predominate factor* (i.e., 77% avoided drugs), disputing the unidentified Authors' misleading assertion that there is a "high prevalence" of "substance use problems" (p. 1) among youth adjudicated for sexual offenses.

Defining A Quality Treatment Program

Astonishingly, the unidentified Authors of the *Guidelines* refer professionals to the faulty *Youth Needs and Progress Scale (YNPS)* for a tool to "track treatment outcomes" (CASOMB, 2022, p. 28); there is no empirical grounding for such a recommendation; quite the contrary. Prentky, Righthand, and Worling, the researchers who created the *YNPS,* were critiqued in peer reviewed journals for the seriously flawed $1,000,000 U.S. tax dollar project that supported the construction and implementation of the measure (see Kang et al., 2019; Prentky et al., 2000). The project was a 5-year grant from the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking, (SMART). Detailed in the published peer reviewed critiques (Miccio-Fonseca, 2019, 2020b) were multiple questionable ethical behaviors by these researchers, a general absence of adhering to *basic,* fundamental scientific principles and parameters in the design of the project, and the conclusion that the *YNPS,* the tool produced, is significantly substandard. Other researchers (Rasmussen & Fagundes, 2021) also critiqued the

YNPS, reporting it had poor performance in clinical application with emerging adults who are sexually abusive.

By referencing Prentky et al.'s (2020) project, the unidentified Authors imply the *YNPS* is acceptable for professionals to use as part of a "quality treatment program" (p. 27). They are seemingly unaware of the significant ethical and research concerns raised about the *YNPS* that would preclude its use, or if they are familiar with the critiques, decided to ignore them. Recommending the use of ethically questionable tools egregiously misinforms legislators, judicial officers, and mental health professionals about state-of-the-art practice.

Defining Scientifically Valid Instruments

The unidentified Authors describe "Scientifically valid instruments assessing sexual recidivism" as having the following components: (a) adequate interrater reliability, (b) a structured curriculum to train individuals in their use, (c) the ability of instruments to predict recidivism with at least a moderate effect size, (d) multiple replications with large sample sizes, and (e) replication by researchers other than the authors of the instruments. All of the above are important to consider; however, the Authors have *neglected to mention a major, essential component* necessary to be able to conclude that a risk assessment tool is a "scientifically valid instrument", that is, the *need for the tool to have normative data and cut-off scores*, which requires that the sample employed be large and representative.

At this juncture, the only valid tools for risk assessment of youth who are sexually abusive in the field today that have definitive cutoff scores are *JSORRAT-II* (Epperson & Ralston, 2015) and *MEGA♪* (Miccio-Fonseca, 2012), and for risk management, the *MIDSA* (*Augur* Enterprises, Inc., 2011). These three tools are acceptable to use in forensic settings. The *MEGA♪* and *MIDSA* provide extensive, idiosyncratic reports. The *MIDSA's* clinical report can support therapeutic interventions with juveniles and adults who sexually offend.

The unidentified Authors at times reference long-term researchers, Prentky, Righthand, and Worling, names well known in the field. As noted above, these researchers were critiqued in peer reviewed journals directly related to their sustained staggering lack of adherence to *basic* American Psychological Association (APA) standards of ethics, research design and psychometrics construction. The field is well acquainted with the risk assessment tools they created two decades ago (i.e., *J-SOAP-II, ERASOR*), accompanied by the historical inconsistent predictive validity findings reported in multiple independent studies (Viljoen et al. 2012). The difficulties in replication research culminated in other researchers expressing cautions about using these tools, particularly in forensic settings (Caldwell, 2019; Fanniff & Letourneau, 2012).

Thus, the embryonic beginnings of the field of risk assessment tools for youth who are sexually abusive is also the benchmark for the birth of an insolent method by these researchers that has flourished into a protracted and leisurely approach with deficient methodologies in empirical studies, that is, a colander approach, a palpable lack of attention and adherence to scientific standards (Miccio-Fonseca, 2021). When the unidentified Authors of the *Guidelines* reference these researchers, they contribute to propagating the colander approach, patently misleading legislators, judicial officers, consequently influencing practitioners to engage in questionable practices.

Treatment

The *Guidelines* endorse the *Risk-Needs-Responsivity (RNR)* model, a well-established conceptual framework in the criminal justice system (Andrews & Bonta, 2010). *RNR* has extensive research supporting its implementation with the *adult criminal population*, including sex offenders. Research applying it to youth is emerging, with most research comprised of samples on probation or in correctional settings (Wylie et al., 2019). These youth tend to be older, raising questions as to whether *RNR* is developmentally sensitive to the youngest youth covered by the guidelines (i.e., age 13). *RNR* also has questionable applicability to female youth, as it has been criticized as "gender-neutral", that is, failing to acknowledge differences between males and females (Vitopoulos, 2012).

Wylie et al. (2019) asserted that there has been "little discussion on whether *RNR* should be modified to meet the unique risk and needs of juvenile offenders" (p. 1129). It is logical to assume that an adult criminological model like *RNR* would be applicable to adjudicated youth who seem to be moving in an antisocial and criminal direction. However, the overlooked critical distinction is that adult criminal re-offenders usually have a protracted history of criminal reoffending behavior, whereas juveniles generally have little to no history. Therefore, the *RNR* model *may possibly* be effective with those youths who have a criminal history. However, it may well be inappropriate, possibly having adverse effects and causing harm for those who do not have a criminal history. Recall, Seto and Lalumière's (2010) reporting similarities and distinct differences between adolescent sex offenders and adolescent non-sexual offenders. Adjudicated male adolescent sex offenders had *less extensive* criminal history, *fewer* conduct problems and *fewer* substance abuse problems, and *less* family history of criminality or substance abuse.

The three principles of *RNR* defined by its authors (Andrews & Bonta, 2010) are: (a) risk principle: direct services to higher risk offenders and minimize services to lower risk offenders; (b) needs principle: target criminogenic needs in treatment; and (c) responsivity principle: provide the treatment in a style or mode that is responsive to the offender's learning style and ability (pp. 44-45). The risk principle is the *prerequisite* for using the model and "presupposes that the assignment of cases to treatment is based on a reliable and valid assessment of risk"

(Andrews & Bonta, p. 45). Without a valid and reliable risk assessment, the rest of the *RNR* model is moot. Kapoor et al. (2018) noted a "mismatch" (p. 1833) between assessing risk level (the risk principle) and providing services that address that risk (responsivity principle). This means that if *RNR* is applied to youth adjudicated for sex offenses, the possible consequence is that their needs may be unaddressed, over-addressed, or addressed inappropriately, depending on how risk is assessed.

The essential premise (*requirement*) of the *RNR* model, per its authors, Andrews and Bonta (2010) is the risk principle, which "presupposes that the assignment of cases to treatment is based on a reliable and valid assessment of risk" (p. 45). The unidentified Authors do recommend early in the document that youth be assessed by a valid and reliable risk assessment tool. However, the tool they recommend is the *JSORRAT-II*, a risk predictive tool. As noted previously, research on risk predictive tools has been inconsistent. No other risk assessment tools are suggested. The unidentified Authors of the *Guidelines,* or the *California Sex Offender Management Board Juvenile Recommendations* (CASOMB, 2019) do not offer any discussion, guidance, direction or alternative for the prerequisite (i.e., risk principle), *the first step* to implementing the model specified by Andrews and Bonta creators of *RNR.* What is the California mental health professional to do?

The unidentified Authors of the *Guidelines* may be prematurely endorsing the *RNR* model considering there are *no empirically based findings* of multiple programs that report positive significant findings for youth as young as 13 years of age who are adjudicated for sex offenses. Given the lack of robust empirical support for using the *RNR* model with youth, it is highly recommended that the *Guidelines* be revised to include a provisional statement addressing the quandary posed in implementing the RNR model:

Firstly, the statement needs to acknowledge that at this juncture, it is unknown if in fact it is beneficial for youth who are adjudicated for sex offenses. This is particularly true for the younger youths adjudicated for a sex crime who have an absence of a criminal delinquent history.

Secondly, the statement needs to address the current controversy in the field challenging the use of risk recidivism (predictive) tools (e.g., *JSORRAT-II*) as potentially inaccurate and harmful to the youth.

Conclusion

Assessing risk level of youth who are sexually abusive is a *specialty.* Similar to the specialization in assessing sexually violent predatory offenders, not all mental health professionals are equipped, specifically trained, educated, and/or experienced, in doing such specialized

assessments. Although the professional background and expertise of the CASOM board members may likely be with adults, they are not apt to claim a specialization in assessing sexually violent predatory offenders. The same applies to those CASOM board members who have experience and expertise in working with youth; they likely do not have a specialization in assessing youth who are sexually violent or predatory sexually violent.

It was rather disquieting to find a document purporting to establish statewide guidelines and standards for professionals that does not appear to have been written by clinicians or researchers who have specific specialization and expertise with youth who have unconventional sexual development, interests, and/or proclivities, some of which may include sex offenses. Those without such specialized expertise may have a generalist point of view (i.e., have a broad based knowledge and exposure to many types of problematic youth), much like a family doctor who may discover that something is pathologically amiss. Perhaps the generalist has seen the pathological condition on a regular basis but knows that the patient needs to be referred to an individual who has a specialty in that particular area of pathology. This is not to discount the generalist's experience; in fact, it takes sophistication in clinical skills to recognize the areas of pathology that require a specialist.

Evident throughout the *Guidelines* was an absence of such specific specialization. Stated in the *Guidelines:*

> These standards will form the basis for specialized training for supervising officers and, if approved by legislation, specialized certification standards for treatment providers working with the youth population (CASOMB, 2022, Executive Summary).

Regrettably, the *Guidelines* document is of poor quality, flagrantly ill-informed, and *not relevantly* evidence based, *nor current*. The professional community who work with youth who are sexually abusive will be best served if CASOMB revises the *Guidelines,* incorporating the pertinent, current evidence-based research, such as the substantial empirical findings included in this article. The cited research comes from multiple studies on diverse populations (i.e., differences between adjudicated and non-adjudicated youth, youth with low intellectual functioning, female youth, emerging adults). This research would greatly enhance the document and help it meet the stated aim – to provide "evidence-based standards and guidelines" (CASOMB, 2022, p. 1). Once these corrections are made, and prior to republishing the document, CASOMB would be well advised to submit the revised *Guidelines* for peer review by professionals who are knowledgeable about the ***current*** research literature and have expertise (i.e., a specific specialization) in risk assessment of youth who are sexually abusive.

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

The hallmark of scholarship and research, and court testimony is intellectual honesty and rigorously sustaining a high standard, versus cherry picking literature, twisted misrepresentations, misinformation, and meager nonscientific references. Ethical conduct includes reporting other researchers' study findings accurately without falsification or distortion (see: American Psychological Association [APA, 2017], Ethical Principles of Psychologists and Code of Conduct, Section 8: Research and Publication, 8.10 b [Reporting Research Results]). Factionalism and biased reviews of the literature have a profound negative impact on multiple levels (e.g., legislators, Judges, court officers, mental health professionals, educators, etc.). A one-sided biased posture serves no one, falling short to those who are served, the youth who commit sex offenses, and the community at large. The implications of deceiving professionals with distorted, dated, and inaccurate information have long term negative consequences, particularly if the misrepresentations and misinformation are carved into statewide standards for specialized practice. The resulting standards are not likely to be applicable or appropriate to the youth assessed.

The unidentified Authors claim the *Guidelines* to be evidence based; they are not. The *Guidelines* are patently biased, fashioned and tailored out of outdated research, citing meager references that are absent peer reviews, or unrelated citations to the topic at hand, accompanied by the adult convicted sex offender model, an inappropriate paradigm for youth. Neglecting to acknowledge the advancement of evolving modern paradigms regarding risk assessment, or the findings of major research that has contributed significantly to the field, aborts any groundbreaking progress, resulting in a pungent and decayed field asking, "what do we do now?" Fortunately, the answer is evidenced in peer reviewed published research by specialized professionals who adhered to basic demands of the APA standards in research design and development of contemporary tools (i.e., *J-SORRAT-II, MEGA*$^{♪}$*, MIDSA*).

The *Guidelines* extracted much of the content from the *California Sex Offender Management Board Juvenile Recommendations* (CASOMB, 2019); this too was found to lack accuracy accompanied by old, referenced points; thus, much of the corrections and critique in this document is applicable to the *Juvenile Recommendations* document.

The *California Sex Offender Management Board* has an opportunity to set the record straight, raise the specifications, and provide practicing professionals in California a high caliber standard of practice that incorporate *truly accurate* evidence-based contemporary scientific research. Improving the quality of the *Guidelines* by incorporating current evidence-based research can move the field forward, both on risk assessment and interventions with youth who are sexually abusive. California is known to usually be ahead of the curve. If the *CASOMB Guidelines* stand as currently written, we're very much behind it.

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

L.C. Miccio-Fonseca, Ph.D., Clinical Psychologist and Clinical Researcher,

Clinic for the Sexualities, San Diego, CA. Email: lcmf@cox.net

References

American Psychological Association (2017). *Ethical principles of psychologists and code of conduct, section 8: Research and publication, 8.10 b (reporting research results).* Available at: https://www.apa.org/ethics/code.

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Washington, DC: Author.

Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). New Providence, NJ: Matthew Bender and Company.

Augur Enterprises, Inc. (2011). *MIDSA clinical manual.* Retrieved July 12, 2017 from: http://www.midsa.us/learnmore.php

Bumby, K. & Gilligan L. (2014). *Transition-aged individuals who have committed sex offenses: Considerations for the emerging adult population.* Washington, DC: US Department of Justice, Office of Justice Programs (OJJDP), Center for Sex Offender Management (CSOM).

Caldwell, M. F. (2007). Sexual offense adjudication and sexual recidivism among juvenile offenders. *Sexual Abuse, 19,* 107–113. DOI: 10.1177/107906320701900203
Caldwell, M. F. (2013). Accuracy of sexually violent person assessment of juveniles adjudicated for sexual offenses. *Sexual Abuse: A Journal of Research and Treatment, 25*(5), 516–526. https://doi.org/10.1177/1079063213480818.

Caldwell, M. F. (2016, July 18). Quantifying the decline in juvenile sexual recidivism rates. *Psychology, Public Policy, and Law.* Advance online publication). doi:http://dx.doi.org/10.1037/law0000094.

Caldwell, M. (2019, June 13). *Redemption of juveniles adjudicated for sexual offenses.* Presentation at the Conference of the Wisconsin Chapter of the Association for the Treatment of Sexual Abusers (Wi ATSA), Madison, WI.

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

California Sex Offender Management Board (2022, November). *CASOMB's guidelines for treating and supervising youth who have committed a sexual offense.* Retrieved from: (https://casomb.org/).

California Sex Offender Management Board (2019, January). *Juvenile recommendations.* Retrieved from: https://casomb.org/pdf/CASOMB_Juvenile_Recommendations_January_2019.pdf

Carpentier, J., & Proulx, J. (2011). Correlates of recidivism among adolescents who have sexually offended. *Sexual Abuse: A Journal of Research and Treatment, 23,* 434–455. https://doi.org/10.1177/1079063211409950.

Casey, P., & Keilitz, I. (1990). *Estimating the prevalence of learning disabled and mentally retarded juvenile offenders: A meta-analysis* (Report No. 124182). U.S. Department of Justice Office of Justice Programs.

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. https://doi.org/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

Finkelhor, D., Ormrod, R., & Chaffin, M. (2009, December). Juveniles who commit sex offenses against minors. *Juvenile Justice Bulletin.* U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. http://www.ncjrs.gov/pdffiles1/ojjdp/ 227763.pdf.

Kang, T., Beltrani, A., Manheim, M., Spriggs, S., Nishimura, B., Sinclair, S., Stachniuk, M., Pate, E., Righthand, S., Prentky, R., & Worling, J., (2019). Development of a risk/treatment needs and progress protocol for juveniles with sex offenses. *Translational Issues in Psychological Science, 5*(2), 154-169. https://doi.org/10.1037/tps0000191

Kapoor, A., Peterson-Badali, M., & Skilling, T. A. (2018). Barriers to service provision for justice involve youth. *Criminal Justice and Behavior, 45*(12), 1832-1851. DOI: 10.1177/0093854818794754

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

Land, R., Ralph, N., Rasmussen, L., Miccio-Fonseca, L.C., & Blasingame, G. (2013). *Guidelines for the assessment and treatment of sexually abusive juveniles.* California Coalition on Sexual Offending (CCOSO). Retrieved: https://ccoso.org/sites/default/files/Adol%20Guidelines.pdf

Långström, N. (2002). Long-term follow-up of criminal recidivism in young sex offenders: Temporal patterns and risk factors. *Psychology, Crime & Law, 8,* 41–58. https://doi.org/10.1080/10683160290000888.

McCann, K., & Lussier, P. (2008). Antisociality, sexual deviance, and sexual reoffending in juvenile sex offenders: A meta-analytical investigation. *Youth Violence and Juvenile Justice, 6,* 363–385. https://doi.org/10.1177/1541204008320260.

Miccio-Fonseca, L. C. (2009). *MEGA♪:* A new paradigm in protocol assessing sexually abusive children and adolescents. *Journal of Child & Adolescent Trauma, 2*(2), 124–141. https://doi.org/10.1080/19361520902922434

Miccio-Fonseca, L. C. (2010). *MEGA♪*: An ecological risk assessment tool of risk and protective factors for assessing sexually abusive children and adolescents. *Journal of Aggression, Maltreatment & Trauma, 19*(7), 734–756. https://doi.org/10.1080/10926771.2010.515542

Miccio-Fonseca, L. C. (2012). *Multiplex empirically guided inventory of ecological aggregates for assessing sexually abusive children and adolescents (ages 19 and under)—MEGA♪*. San Diego, CA, USA: Author.

Miccio-Fonseca, L. C. (2013). *MEGA♪*: A new paradigm in risk assessment tools for sexually abusive youth. *Journal of Family Violence, 28*(6), 623-634. https://doi.org/10.1007/s10896-013-9527-8 4

Miccio-Fonseca, L. C. (2016). *MEGA♪* cross-validation findings on sexually abusive females: Implications for risk assessment and clinical practice. *Journal of Family Violence, 31*(7), 903-911. https://doi.org/10.1007/s10896-016-9845-8

Miccio-Fonseca, L. C. (2018a). Family Lovemap and erotically related protective factors. *Journal of Child Sexual Abuse: Special Issue on Risk Assessment of Sexually Abusive Youth*, 27(8), 901– 917. https://doi.org/10.1080/10538712.2018.1494655

Miccio-Fonseca, L. C. (2018b). *MEGA♪*: Empirical findings on the preternatural: Sexually violent and predatory sexually violent youth. *Journal of Child & Adolescent Trauma,* Published online 5 December 2018 https://doi.org/10.1007/s40653-018-0242-8

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

Miccio-Fonseca, L. C. (2019). Contemporary risk assessment tools: Should we use them for sexually abusive children ages 4 to 12 years? *Journal of Child & Adolescent Trauma*. Published online 18 June 2019. https://doi.org/10.1007/s40653-019-00267-z

Miccio-Fonseca, L. C. (2020a). Emerging adults who are sexually abusive: *MEGA♪*'s investigative findings. *Abuse: An International Impact Journal, 1*(1), 59-76. https:doi.org/10.37576/abuse.2020.005

Miccio-Fonseca, L. C. (2020b). *MEGA♪* tool: An analysis of "risk/treatment needs and progress protocol" by Kang, Beltrani, Manheim, Spriggs, Nishimura, Sinclair, Stachniuk, Pate, Righthand, Prentky, and Worling (2019). *Journal of Child Sexual Abuse, 29*(3), 351–372. Published online. 5 Mar 2020. https://doi.org/10.1080/10538712.2020.1733161

Miccio-Fonseca, L. C. (2021). A critical assessment of the Youth Needs and Progress scale. *Journal of Child Sexual Abuse, 30*(7), 765-784. https://doi.org/10.1080/10538712.2021.1914260

Miccio-Fonseca, L. C., & Rasmussen, L. A. (2009a). Advancement in risk assessment of sexually abusive youth: Applicability of *MEGA♪* to low intellectual functioning youth. *Journal of Child and Adolescent Trauma,* 2(3), 161-178. doi: 10.1080/19361520903120186

Miccio-Fonseca, L. C., & Rasmussen, L. A. (2009b). New nomenclature for sexually abusive youth: Naming and assessing sexually violent and predatory offenders. *Journal of Aggression, Maltreatment & Trauma, 18*,106–128. doi:10.1080/10926770802616431

Miccio-Fonseca, L. C., & Rasmussen, L. A. (2013). Applicability of *MEGA♪*: Cross-validation study to youth with low intellectual functioning. *Journal of Mental Health Research in Intellectual Disabilities, 6,* 42–59. doi:10.1080/19315864.2011.650788

Miccio-Fonseca, L. C., & Rasmussen, L. A. (2014). *MEGA♪*: Empirical support for nomenclature on the anomalies: Sexually violent and predatory youth*. International Journal of Offender Therapy and Comparative Criminology, 1*–17. Published online 2 May 2014. doi:10.1177/030624X14533265

Miccio-Fonseca, L. C., & Rasmussen, L. A. (2018). Scientific evolution of clinical and risk assessment of sexually abusive youth: A comprehensive review of empirical tools. *Journal of Child Sexual Abuse: Special Issue on Risk Assessment of Sexually Abusive Youth, 27*(8), 871–900. https://doi.org/10.1080/10538712.2018.1537337

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

Miccio-Fonseca, L. C., & Rasmussen, L. A. L. (2019). Sexually abusive youth with low intellectual functioning: Contemporary risk assessment findings from *MEGA♪* studies. *Journal of Aggression, Maltreatment, & Trauma.* Published online 20 Sep. 2019. DOI: 10.1080/10926771.2019.1660444

Miner, M. H. (2019). *Civil commitment of youthful offenders: Issues and concerns.* In D. S. Bromberg & W. T. O'Donahue, (Eds.), *Sexually violent predators: A clinical science handbook* (pp. 61–72). AG, Switzerland: Springer Nature. https://doi.org/10.1007/978-3-030-04696-5_5 is

Morgan, R., E., & Oudekerk, B. A., (2019, September). *Criminal victimization, 2018.* NCJ 253043. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://www.nsvrc.org/sites/default/files/2021-04/cv18.pdf

Prentky, R. A., Righthand, S., Worling, J., & Kang, T. (2020, June). *Final report development and implementation project for the Youth Needs and Progress Scale (YNPS).* Office of Sex Offender Sentencing, Management, Assessment, Registration, and Tracking (SMART). Document Number: 254814, Date Received: 6/2020 Award Number:2016-AW-BX-K004

Rasmussen, L. A. L., & Fagundes, M. (2021). A critique of the Youth Needs and Progress Scale and its applicability to individuals ages 18 to 25 with sexually abusive behavior. *Journal of Aggression, Maltreatment, and Trauma*. Published online 1 October 2021. http://dx.doi.org/10.1080/10926771.2021.1983682

Righthand, S., & Welch, C. (2001). *Juveniles who have sexually offended: A review of the professional literature*. (Report No. 184739). Office of Juvenile Justice and Delinquency Prevention. https://www.ojp.gov/pdffiles1/ojjdp/184739.pdf

Seto, M. C., & Lalumière, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin, 136,* 526–575. https://doi.org/10.1037/a0019700.

Singh, J. P. (2013). Predictive validity performance indicators in violence risk assessment: A methodological primer. *Behavioral Sciences & the Law, 31,* 8–22. http://dx.doi.org/10.1002/bsl.2052

Singh, J. P., Grann, M., & Fazel, S. (2011). A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 partic`ipants. *Clinical Psychology Review, 31*, 499–513. http://dx.doi.org/10.1016/j.cpr.2010.11.009

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

van der Put, C., van Vugt, E. S., Jan, G., Stams, J. M., & Hendriks, J. (2013). Psychosocial and developmental characteristics of female adolescents who have committed sex offenses. *Sexual Abuse: A Journal of Research and Treatment,* XX(X), 1–13. doi:10.1177 /1079063213492342. Online version found at: http://sax.sagepub.com/content/early/recent

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

Vitopoulos, N. A., Peterson-Badali, M., & Skilling, T. A. (2012). The relationship between matching service to criminogenic need and recidivism in male and female youth: Examining the RNR principles in practice. *Criminal Justice and Behavior, 39*(8), 1025-1041. DOI: 10.1177/0093854812442895

Williams, K. S., & Bierie, D. M. (2015). An incident-based comparison of female and male sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 27*, 235–257. doi:10.1177/1079063214544333.

Worling, J. R. (2004). The estimate of risk of adolescent sexual offense recidivism (ERASOR): Preliminary psychometric data. *Sexual Abuse, 16*(3), 235–254. https://doi.org/10.1177/107906320401600305

Worling, J. R., & Curwen, T. (2001, February). *The ERASOR: Estimate of Risk of Adolescent Sexual Offense Recidivism (Version 2.0)*. Sexual Abuse Family Education and Treatment (SAFE-T) Program, Thistletown Regional Center for Children and Adolescents, Ontario Ministry of Community and Social Services.

Wylie, L. E., Clinkinbeard, S. S., & Hobbs, A. (2019). The application of risk-needs programming in a juvenile diversion program. *Criminal Justice and Behavior, 46*(8), 1128-1147. DOI: 10.1177/0093854819859045

Zimring, F., Piquero, A., & Jennings, W. (2007). Sexual delinquency in Racine: Does early sex offending predict later sex offending in youth and young adulthood? *Criminology & Public Policy, 6,* 507–534. http://dx.doi.org/10.1111/j.1745-9133.2007.00451.x 1745-9133.2007.00451.x

To cite this article:

Miccio-Fonseca, L. C. (2022, Fall/Winter). Counterpoint: California Sex Offender Management Board guidelines on youth: A failed attempt to be evidence-based. *Perspectives: CCOSO's Quarterly Newsletter,* 1, 6-24. *California Coalition on Sexual Offending.* Available: https://ccoso.org/

.