

Winter 2019

Perspectives:

CCOSO's Quarterly Newsletter

MEGA^f's Empirical Findings on Transitional Youth Who Are Sexually Abusive

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



According to the Center for Sex Offender Management (CSOM - Bumby & Gilligan, 2014), only a paucity of specific information is available in official criminal justice systems, and/or law enforcement related to offense-related data for sexually abusive individuals ages 16-25, referred to by various terms (i.e., transitional-aged youth, emerging adults, or the in-between-age). Lacking is information on the types of crime, nature of offenses and victim-perpetrator relationship, judicial histories, etc. for this age group. Transitional youth are often involved with both juvenile and adult courts, which have notable distinctions. Both case law

and parameters of disposition are different for minors and adults, demonstrated in terminology (e.g., adjudication [youth], versus conviction [adults]), and sanctions (e.g., detention and correctional facilities [youth], versus incarceration in prison [adults]).

Longitudinal recidivism studies on adolescents adjudicated of sex offenses and followed into their adulthood years show that the majority of those who sexually offended in adolescence did not continue to sexually offend as adults (Lussier & Blokland, 2014; Nisbet, Wilson & Smallbone, 2004). Studies also reported adults who have child victims of sexual abuse, did not sexually offend as adolescents (Marshall, Barbaree & Eccles, 1991; McKillop, Smallbone, Wortley & Andjic, 2012; Smallbone & Wortley, 2004). However, a consistent finding in different studies is the acclivity (i.e., a gradual increase) for a small number of individuals who do have histories of sexually abusive behaviors as juveniles that continues into adulthood (Beaudry-Cyr, Jennings, Zgoba & Tewksbury, 2017; Lussier & Blokland, 2014; Rasmussen, 2017, 2019).

Empirical data related to recidivism of adolescents adjudicated of sex offenses followed into adulthood years are often derived from meta-analyses on juvenile with sex offenses (e.g., Caldwell, 2016; Reitzel and Carbonnel, 2006) or methodical reviews (e.g., Gerhold, Brown, & Beckett, 2007). Overall, studies report recidivism rates are generally

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



Submissions Due Date: March 15, 2020

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.

The feature article of this issue of *Perspectives: CCOSO's Quarterly Newsletter*, focuses on an important population of sexually abusive individuals—transitional age youth, otherwise known as emerging adults (age 16-25). This is an “in between” group of offenders who were arrested, charged, and adjudicated as juveniles, and have continued to offend as they transition into their adult years. L.C. Miccio-Fonseca, Ph.D., creator of the risk assessment tool for sexually abusive youth, discusses two large representative samples ($n = 1,170$ and $n = 1,731$) from two large combined samples ($N = 2,717$ and $N = 3,901$) that were part of the validation research of *MEGA*². Descriptive characteristics of the sub-samples of these youth are presented, providing a vivid picture of their neuropsychological risk factors, family dynamics, and antisocial and criminal behaviors.

Two vulnerable populations of abuse survivors are discussed in this issue: indigenous women and girls (by Shurene Premo, B.A.) and families involved in commercial sexual exploitation (by Jessica Kim, B.A.). Another article by Brett Hall, B.A. discusses the sexual abuse case against R & B superstar, R. Kelly. A final Research Brief is reported on A 13 year longitudinal study of maturing individuals who were adjudicated as youth for sex crimes; recidivism (i.e., general, sexual, non-sexual-violent), rates were surprisingly high.

Chair's Corner

Greetings!

I hope everyone enjoyed the holiday season and found a little time for some self-care during the busy times. As another year comes to an end, we take this time to reflect on all that we have done, and reflect on changes that we might want to make for the new year. You all have a very difficult job with a challenging clientele. We are here to be agents of change....to provide the clients we serve the tools and opportunities for them to make the changes needed for their success. We don't change them...that is their decision alone to make. We need to remember to take the time to support each other and ourselves for our own good health.



As this year (2019) comes to an end, so does my term as CCOSO Chair. We are welcoming a new Coalition Board as of January 2020. It is exciting to see new people stepping up and getting involved. It has been a pleasure to serve on the Board for several years and I will be continuing in my capacity as Conference Chair. I encourage others to get involved – join a committee, submit your Call for Papers to present at the conference, attend your Chapter meetings, etc. CCOSO can only be as good and as relevant as the effort our members put into the organization. If you are not a member, please consider joining.

Thank you for all that you do. Remember, “Together we can end sexual abuse.” Wishing you all a healthy, happy, and safe New Year!

Michelle Steinberger
CCOSO Chair 2018-2019
Email: Michelle.Steinberger@ventura.org

Greetings from the New CCOSO Chair



Dear Members of CCOSO:

"You, the professionals who work with the sex offender and mentally disordered offender populations, are the most equipped and have the strongest skillset," ...unabashedly the state representative stated emphatically. Flashback to my predoctoral training; I was attending a seminar at a forensic setting with my lunch-bag in hand. As we enter the new year, I would like the membership of our organization to remember those words.

Perhaps those of us who work with sex offenders are at a distinct advantage to advise statewide program development. Yet with our caliber of training and experience, comes a great personal and professional responsibility. "With great power, comes great responsibility." (From Spiderman, via Voltaire). It is our aspiration to educate and impart enforceable strict standards of care, as well as offer training to newcomers to the field. Sex offender-specific training remains among the most difficult to acquire.

With sex offender treatment and assessment focused on the majority sample of adult males, CCOSO becomes an even more relevant and important organization. Noted for its ability to serve as a formally structured resource, CCOSO offers sex-offense specific training that assists with the treatment and assessment of a multitude of subsamples of problematic individuals. We must continue to be a California premiere coalition dedicated to the advancement of education and training of professionals working with persons involved in the commission of rape, child sexual abuse, incest, and other forms of sexual assault.

I am pleased to introduce the other members of the Executive Committee for the 2020 CCOSO year:

- ◆ Vice Chair Andrew Tamanaha, PhD
- ◆ Recorder Kirsten Richter, LCSW
- ◆ Correspondent Adrienne Meier, PhD
- ◆ Treasurer Mark Martinez, PsyD
- ◆ Administrative Director Leesi Herman

With this incredible executive committee, we begin the new year on terrific footing. The members of this Executive Committee build on the foundation of our preceding stellar Executive Committee. We are surely grateful for the continued support from our Chair Michelle Steinberger, Vice Chair Cameron Zeidler, Recorder Andrew Tamanaha, Correspondent Christina Bennett, Treasurer Andrew Mendonsa and Administrative Director Leesi Herman. Throughout their term, they have steadfastly served the organization with knowledge, experience and expertise. We are thankful they continue to support the CCOSO mission and advise the CCOSO Executive Committee.

We appreciate past CCOSO Chairs: Christina Allbright, J.D., Gerry Blasingame, Psy.D., Leesi Herman, Wesley B. Maram, Ph.D., and L.C. Miccio-Fonseca, Ph.D. Their legacy and continued influence makes an indelible impression on those who succeed them. The membership would like to offer kudos to Lucinda Rasmussen, Ph.D., LCSW for her tireless contributions as Editor of the CCOSO Perspectives Newsletter.

I look forward to working with this Executive Board to identify and execute realistic goals for the enhancement of CCOSO.

Sincerely,

Cameron F. Zeidler, Psy.D.,
Chair of CCOSO, 2020



23rd Annual CCOSO Annual Conference Mission Valley Marriott, San Diego, California

May 12-15, 2020

Happy New Year Everyone! Mark your calendars now for the Annual CCOSO Conference 2020! Each year the Conference offers a variety of workshops providing state of the art training on assessment, treatment, supervision, and management of adult sex offenders and sexually abusive youth. Specialized trainings will be available on commonly used risk assessment tools, and workshops.

Members receive a discount off the total cost of registration, request verification code in advance of registration from conf.chair@ccoso.org. A discount is also available for renewing CCOSO membership during the registration process. Not a member? Sign up during registration for a discounted rate.

Check out the next issue of *Perspectives* (Spring 2020) for a *sneak preview* of the Conference topics and speakers,

Hope to see everyone in May 2020 at the Conference!

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CASOMB Update: Christine Bennett, LMFT

The California Sex Offender Management Board (CASOMB) is a multi-disciplinary state Board under Penal Code Section 9001. The vision of CASOMB is to decrease sexual victimization and increase community safety.

CCOSO has been represented by Gerry Blasingame, Psy.D. and Chris Bennett, LMFT in 2019. As reported in *Perspectives* last quarter, effective September 30, 2019, Dr. Blasingame has retired from his position with CASOMB. Dr. Blasingame dedicated countless hours to the board regarding policies and procedures of effective sex offense management. He was instrumental in the development of certification standards for treatment providers and provider agencies. The second position representing the California Coalition on Sexual Offending remains vacant at this time. The Senate Rules Committee is responsible for the appointment.

CASOMB committees have completed their end of year reports. The reports have been vetted by the board and will be compiled in a 2019 annual report and distributed to sex offense management stakeholders. The annual report will contain updates on Tiered Registration, Juvenile Treatment, Commercial Sexual Exploitation of Children in California, Sexually Violent Predators, Certification, Polygraph and SARATSO.

At the November 2019 meeting, Edith Kinney of San Jose State University presented her initial findings of a CASOMB sponsored research project entitled *Homelessness and Transient Status among Registered Sex Offenders in California*. Dr. Kinney indicated that housing instability is considered a “dynamic risk factor that can destabilize former sex offenders, interrupt protective factors and increase the risk of recidivism”. Approximately 6% of California’s registrants are transient. Nearly 48% of the transient registrants are on some form of supervision in the community according to the report.

CASOMB/SARATSO is now publishing a quarterly newsletter that can be found on the CASOMB or SARATSO websites. The newsletter will summarize the work of both entities.

In 2019, CASOMB began conducting compliance reviews of certified treatment providers. In 2020 CASOMB will begin reviews of certified provider agencies. The goal of compliance reviews is to assure that certified providers and provider agencies are delivering services that support community safety and risk management as outlined by the certification standards.

The juvenile committee and the polygraph committee recommend that polygraph not be used with adolescents under the age of 16. Polygraph testing for 16 or 17 year olds should be considered on a case by case basis relative to suitability.

Human Trafficking Awareness Day is January 11, 2020. CASOMB will be recognizing this day for adding an infographic about commercial sexual exploitation of minors (human sex trafficking) to their website in January.

CASOMB board meetings and committee meetings are open to the public and posted on the website. CASOMB meets every month on the 3rd Thursday unless otherwise specified. The May 2020 CASOMB board meeting will be held during the CCOSO training conference in San Diego.

For further information, please contact:

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low for youth who are adjudicated for sex crimes; often unreported however, is whether recidivism occurred while the subjects were juveniles, or adults. Caldwell's (2016) meta-analysis of 106 studies (from 1938-2014) compared recidivism of adolescents adjudicated of a sex crime ($N=33,783$) and followed for just over 5 years. Recidivism was based on official records of arrests and/or convictions as juveniles or adults. Caldwell determined: "...the most appropriate estimated base rate for sexual recidivism over the full data set falls approximately between 3 and 10%, with a global average of approximately 5%." (2016, p. 6). Recidivism rates are unknown for non-adjudicated individuals (i.e., females, transgender youth, youth with low intellectual functioning); furthermore, sexual abuse is an underreported event (i.e., not investigated or sanctioned).

Risk Assessment of Transitional Youth Who Are Sexually Abusive

CSOM (Bumby & Gilligan, 2014), delineated several important concerns encountered when dealing with transitional youth cases. They stressed that risk assessment research of sexually abusive individuals in the age group between adolescence and early adulthood is problematic and challenging, particularly since there is a dearth of informational and/or descriptive data to go on related to such basic variables as type of victims and crimes committed.

The CSOM paper recommended using risk recidivism tools (e.g., *Juvenile Sex Offender Assessment Protocol-II [J-SOAP-II]* - Prentky, Harris, Frizzel, & Righthand, 2000; Prentky & Righthand, 2003]; *Estimate of Risk of Adolescent Sex Offender Recidivism [ERASOR]* - Worling & Curwen, 2001]). However, closer scrutiny and multiple studies strongly suggest the need for caution in using these risk recidivism (predictive) tools. Validated on small samples (100-150 youth), *J-SOAP-II* and *ERASOR* lack specific cut-off scores; thus, risk levels are guess-estimates. A decade plus of independent research on both tools has found disappointing results overall. Studies repeatedly reported lack of reliability and inconsistent predictive validity (Caldwell, 2019; Fanniff & Letourneau, 2012; Hempel, Buck, Cima, & van Marle, 2013; Viljoen, Mordell, & Beneteau, 2012).

Other researchers noted that some of the risk factors in *J-SOAP-II* and *ERASOR* had been incorporated from research on convicted adult sex offenders and questioned their applicability with youth (Powers-Sawyer & Miner, 2009). Worling, one of the *ERASOR*'s authors, acknowledged this limitation when he announced he was discontinuing his use of the tool: "A number of risk factors were included in the *ERASOR* back in 2000–2001, as they were judged to be promising at that time based on the available research and clinical expertise. This is no longer the case for several of the risk factors, however, based on more recent research" (2017, June). More recently, Caldwell (2019) recommended that professionals "stop doing juvenile risk recidivism assessments" and cited *J-SOAP-II*, *ERASOR*, and *JSORRAT-II* (*Juvenile Sexual Offense Recidivism Risk Assessment Tool - II*—Epperson, Ralston, Fowers, DeWitt, & Gore, 2006; Epperson & Ralston, 2015) as examples (Slide 45). CSOM's recommendation to use these tools to assess transitional youth can therefore be questioned; given the tools' limitations delineated above, they may not give an accurate assessment of risk.

Attainable, however, to inform risk assessments of transitional youth are extensive findings from multiple validation studies of an entirely different kind of risk assessment tool, the *MEGA^r*, a *risk level* measure. The *MEGA^r* was created to be a multifaceted synchronistic assessment tool designed to be used over long developmental periods from preschool (age 4) into early adulthood (age 19 years, 11 months, and remaining days to the youth's 20th birthday). The design of the measure required multiple testing with large representative samples ($N = 1,184$ [validation] and $N = 1,056$ [cross-validation]) Miccio-Fonseca, 2009, 2010, 2013, 2016). These studies, along with the major *MEGA^r* combined samples studies ($N = 2,717$ and $N = 3,901$) (Miccio-Fonseca, 2018a, 2018b), solidly established four calibrated risk levels, grounded on given algorithms according to age and gender. Successive large cross-validation studies (Miccio-Fonseca, 2018a), as well as the *MEGA^r Combined Cross-Validation Studies*

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($N=2,717$), substantiated predictive validity of *MEGA*⁺'s *Risk Scale* on several predictive variables, found to be significant.

The two major *MEGA*⁺ studies, *Combined Cross-validation Samples* ($N = 2,717$) and *Combined Samples* ($N = 3,901$), are a culmination of decades of research on developing a formidable risk assessment measure with a solid underpinning to assess *risk level* of sexually abusive youth. This article reports on some of the significant findings from these studies, with a focus on the older youth entering adulthood, specifically age group of 16-19 years; both of these subsamples are sizeable: $n = 1,170$ and $n = 1,731$ respectively.

Development of the *MEGA*⁺ Risk Assessment Tool

MEGA⁺ was uniquely created for youth ages 4-19 years to assess risk level for coarse sexual improprieties and/or sexually abusive behaviors (i.e., *no adults allowed, no influence of research findings on convicted adult sex offenders*). *MEGA*⁺ affords a comprehensive, multidimensional risk assessment and computer-generated report, idiosyncratic to the youth, according to their age and gender. The youth's baseline level is established on first administration, simultaneously affording a multifaceted, synchronistic assessment of risk level *and* protective factors. *MEGA*⁺ can be given every 6 months, providing ongoing monitoring in risk level and protective factors over time.

Designing such a measure meant it was essential for it to be tested and retested on sizeable representative samples (adjudicated and non-adjudicated) to ensure it was psychometrically robust. Validation studies (Miccio-Fonseca, 2009, 2010, 2013) established the distributions of the samples ($N = 1,184$ and $N = 1,056$) and grounded calibrated risk categories on given algorithms (i.e., statistically weighted risk *and/or* protective factors according to age group [4-12, 13-15, 16-19] and gender). Subsequent cross-validation studies ($N = 543$ and $N = 1,118$) substantiated *MEGA*⁺ had good predictive validity on several predictive variables (Miccio-Fonseca, 2018a).

Combined samples studies provided extensive data establishing *MEGA*⁺ as a robust risk assessment tool and giving confidence in its accuracy and the predictive validity of the tool on various predictive variables ($N = 2,717$) (Miccio-Fonseca, 2018a). The *first study*, *MEGA*⁺ *Combined Cross-Validation Studies* ($N=2,717$) demonstrated the predictive validity of the tool on various predictive variables. It included combined samples from three cross-validation studies (Miccio-Fonseca, 2013, 2016, 2018a). Sample consisted of 2,501 males (92.1%), 204 females (7.5%), and 12 transgender-females (.4%) (i.e., having been assigned male at birth, but reporting their gender as female at the time of the study). There were three age groups: 4-12 years ($n=395$ [14.5%]); 13-15 years ($n=1,152$ [42.4%]); 16-19 years ($n=1,170$ [43.1%]). Significant number (19.2%, $n = 522$) were youth with low intellectual functioning (i.e., 480 males [91.9%], 37 females [7.1%], and 5 Trans-MTF [1%]). The *second study*, *MEGA*⁺ *Combined Samples Studies* ($N=3,901$), affirmed the robust nature of the risk levels. It consisted of the validation and three cross validation studies. Sample included 3,480 males (89.2%), 409 females (10.5%), and 12 transgender-females (.3%) in three age groups: 4-12 years ($n=592$ [15.2%]); 13-15 years ($n=1,578$ [40.4%]); and 16-19 years ($n=1,731$ [44.4%]). There were 746 youth with low intellectual functioning (19.1%; 672 males, 69 females, and 5 transgender-females).

Age comparisons showed that the 16-19 years age group was higher risk than the other two age groups (ages 4-12; 13-15 years), affirming previous *MEGA*⁺ validation findings that *risk increases with age* (Miccio-Fonseca, 2009, 2010, 2013). Risk levels in the 16-19 years age group ($n = 1,731$) were: *Low Risk* = 25.8% ($n = 447$); *Moderate Risk* = 32.3% ($n = 559$); *High Risk* = 26.4% ($n = 457$); and *Very*

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High Risk = 15.5% ($n = 268$). (Please see Miccio-Fonseca, 2018b and 2019 for findings related to the other age groups – ages 4-12 and 13-15).

Assessing High Risk Transitional Youth Who Are Sexually Abusive

MEGA^f differs from other risk recidivism assessment tools in that it has established a fourth level of risk, *Risk Scale-Very-High*, alerting that risk is likely at *very critical levels*; the youth may present a danger to self and/or others, possibly to lethality levels (Miccio-Fonseca, 2018b). Data from the *MEGA*^f cross-validation studies (Miccio-Fonseca, 2013, 2018b) provided empirical support for a new nomenclature that identified two subtypes of youth who are very rare, not typically seen in clinics: sexually violent and predatory sexually violent youth (Miccio-Fonseca & Rasmussen, 2009c, 2014). The *Very-High* risk level is designed to identify these youth. They are extraordinarily rare, highly dangerous, and engage in extremely violent and lethal sexual crimes (e.g., kidnapping, rape at knifepoint, torture, strangulation, stabbing, and murder). Most are older adolescent males, with very few females, however, these youth can be found in all age groups. The *MEGA*^f showed that risk increases with age, meaning the older age group, 16-19 years (i.e., transitional youth), have more *High* and *Very High-Risk* youth. With four risk levels, *MEGA*^f is more equipped to assess transitional youth than other risk assessment tools; it can identify those who engage in more severe sexually abusive behaviors.

Those transitional youth who score at *Very-High Risk* on *MEGA*^f likely have had exposure, contact with, and/or experience with law enforcement and/or judicial systems, consequently, are more “savvy” and sophisticated in their dealings with adults in such authority. In contrast, youth with little to no contact with law enforcement are apt to be more compliant, cooperative; such youth are prone to be in community settings, seen in clinics, and more likely assessed at *Low Risk*, or *Moderate Risk*. Higher risk youth who have histories of early contact with law enforcement are likely further fortified by the antisocial strain of a family criminal lifestyle culture. In some cases, the family’s antisocial history is significant evidenced by family histories revealing family members arrested for a variety of crimes some of which can include murder, sex crimes, and violent non-sex crimes. Thus, it is not uncommon to find the individual’s onset and/or appearance of antisocial proclivities are identified and reported in childhood and seen unfolding throughout their developmental history. Sexually abusive behaviors are apt to propagate becoming expressively more alarming and appalling (e.g., rape or sexual assault of a stranger, using a weapon during the incident, threats of bodily harm and/or lethal consequences), the acclivity factor (i.e., an increase, as the youth becomes older).

Descriptive Characteristics of Transitional Youth Who Are Sexually Abusive

The *MEGA*^f *Combined Cross-Validation Studies* ($N=2,717$) provided rich descriptive data on gender and age comparisons and risk and protective factors, including data on the sub-sample of 16-19-year-old youth who can be termed transitional youth, or emerging adults. The scales of *MEGA*^f include risk and protective variables from several domains of functioning, or aggregates. Variables in the Neuropsychological and Family Lovemap Aggregates paint a vivid picture of transitional youth. *Neuropsychological Aggregate*. This aggregate taps into variables related to intercommunication, collaborating, and interfacing in the world; all require processing, synthesizing, and understanding everything in the immediate environment. Afflictions or impairments in any of these areas make dealing with the world realistically more challenging. Results for the 16-19-year-old sub-sample ($n = 1170$) found a notable history of head injuries (12.2%), with a few with a history of epilepsy/seizures (2.13%). A considerable number reported attentional problems (42.7%); nearly a third (29.4%) reported experiencing daydreaming or had a learning disability (29.9%); 43.5% were in Special Education. A notable number (17.5%) were with low intellectual functioning, consistent with findings in all *MEGA*^f validation studies demonstrating close to 20% of the samples were youth with low intellectual functioning (Miccio-Fonseca & Rasmussen, 2009a, 2013, 2019). These findings suggest that neuropsychological variables need to become part of the risk assessment process of transitional youth.

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There is enough empirical evidence demonstrating that impaired neuropsychological variables are apt to affect overall performance (Blasingame, 2018; Karsten & Dempsey, 2018). Services that require sexually abusive individuals to engage in assignments that require reading and writing, *must assess* for these possible areas of difficulties; otherwise predictably individuals are apt to struggle to the point of dropping out or being terminated from treatment programs due to the frustrations and difficulties of the tasks required.

Assessments of youth with low intellectual functioning need to be comprehensive and address multiple ecological domains (i.e., neuropsychological, family dynamics, community support). When interviewing these youth, professionals must make a concerted effort to “tailor questions according to the developmental capacities” (Miccio-Fonseca & Rasmussen, 2009b, p. 86). They need to ensure that the youth understands the questions asked. Indeed, “Questions may need to be simplified or different terminology used” (p. 87) when interviewing youth with low intellectual functioning. Also needed are integrative treatment interventions that do not rely on traditional Cognitive-Behavior therapy (e.g., *Trauma Outcome Process Assessment* model) that “are sensitive to those youth who do not do well in processing auditory information but have visual or kinesthetic learning styles, attention deficits and learning disabilities, and/or sensory impairments (e.g., hearing impairment and/or speech difficulties)” (Rasmussen, 2012, p. 68).

Family Lovemap Aggregate. Family Lovemap (Miccio-Fonseca, 2007, 2014) is a paradigm that speaks to intimacy, the integral constituent, principle, permeating into *overall relationships* (i.e., family, neighbor, community, church, friend, lover, etc.), believed to be associated with protective factors (Miccio-Fonseca 2018a, 2019b). Intimacy is *not* solely sexual. It has complexities, spheres, stratum, connected to familial and familiarity, to friendship(s), to those less known, the acquaintance, and others more distant (e.g., the waiter, salesclerk, the janitor, the telephone tech support). Intimacy is dynamic, connected to all interactions in relationships. Intimacy deficits (e.g., difficulties in being open, lack of sensitivity to others’ needs), can be seen in even the most transitory of interactions between individuals (e.g., waiting in line at a supermarket, taking an elevator). Intimacy and intimacy deficits are observable, manifesting in language, gesture, mannerisms, or in actions of courtesy or rudeness and/or unfriendliness.

Abuse generically is a principal variable associated with intimacy deficits. In this age group of transitional youth, 39.7% had a family history sexual abuse; 41.7% reported being a sexual abuse victim; and 44.7% reported being a victim of physical abuse. 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 are variables impacting intimacy development. A substantial number 16-19-year-old (83.5%) of youth experienced parental separation *before* age 16.

Contraventions and the Acclivity Factor

Variables related to contravention (i.e., infractions, violations) were considerable in this sub-sample of 16-19-year-old youth, conceivably explaining the high rate of recidivism rate for non-sexually related crimes. Possibly a culture of contraventions stems from the family origins of these transitional youth; over half (58.8%) had a family history of general criminal behaviors and/or lifestyle; 19.5% had a family member with a history of legal difficulties because of sexual habits. A significant number (41.3%) reported engaging in criminal behavior; 62.3% had been arrested or charged prior to age of 16; 20.2% had 2 or more adjudications for a *non-sex offense*. A notable number (16.5%) had 2 or more adjudications for a *sex offense*. Institutional compliance (i.e., adhering to probation), was a challenge. for over half (58.8%) had a family history of general criminal behaviors and/or lifestyle; 19.5% had a family member with a history of legal difficulties because of sexual habits. A significant number

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(41.3%) reported engaging in criminal behavior; 62.3% had been arrested or charged prior to age of 16; 20.2% had 2 or more adjudications for a *non-sex offense*. A notable number (16.5%) had 2 or more a notable number of these transitional youth; 30.4% violated probation; 14.1% violated probation with a sex offense. The empirical evidence brings to light an early pattern emerging pertaining to antisocial proclivities evoking law enforcement attention and involvement. For those who are *Very High Risk*, this antisocial element may be a precursor for arrests for violent and non-violent non-sexual crimes in adulthood; the acclivity factor, that is, an increase of contraventions, including sexually abusive behaviors.

Age disparity (3-5 years age difference) with their victims was reported by 72% of these transitional youth. A notable number (22.1%) had victims that were both related and non-related; 15.2% had victims that were both male and female; 4.7% had victims that were both children and adults and 8.71% had victims that were only adults. Serious sexually abusive acts were reported; 21.6% reported planning their offense; 19.1% had lured their victims; 31.4% had victims that were either strangers or casually acquainted; 2.47% had forcefully removed their victim from the premises. Almost half the sample (45.4%) had made general threats; 51.8% had a history of physical force and intimidation (sexual and non-sexual); 36.3% applied coercive restraints. Dangerously violent and lethal behaviors were also reported; although present in all age groups, they were more pronounced with the older age group (16-19 years); 9.4% had a history of using a combined coercive threats 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 the sexually abusive behaviors. A few very high risk transitional sexually abusive youth may be involved in human sex trafficking. A youth who is a juvenile sex trafficker “does not sit at the pinnacle of running the business, but is a key individual for such things as recruitment” (Miccio-Fonseca, 2017, p. 8). The CSOM report (Bumby & Gilligan, 2014) indicated, “Anecdotal reports indicate that, relative to their adolescent and older adult counterparts who have committed sex offenses, emerging adults enter the criminal and juvenile justice systems with convictions that tend to involve peer on peer offenses, internet -or technology-related non-contact offenses, and statutory rape.” (pg. 5). There was no citation or reference provided for these “anecdotal reports”. The findings reported here, rigorously dispute the CSOM report.

Conclusion

The *MEGA*[†] was fashioned to be a multifaceted synchronistic assessment tool designed to be used over long developmental periods from preschool (age 4) into early adulthood (age 19 to the 20th birthday). Such a measure required multiple testing with various large representative samples. The *MEGA*[†] risk assessment studies ($N = 1,184$ [validation] and $N = 1,056$ [cross-validation]) (Miccio-Fonseca, 2009, 2010, 2013, 2016), along with the major *MEGA*[†] combined samples studies ($N = 2,717$ and $N = 3,901$) (Miccio-Fonseca, 2018a, 2018b) solidly established four calibrated risk levels, grounded on given algorithms according to age and gender. Successive large cross-validation studies (Miccio-Fonseca, 2018a), as well as the *MEGA*[†] *Combined Cross-Validation Studies* ($N=2,717$), substantiated predictive validity on different predictive variables, found to be significant.

The *MEGA*[†] risk assessment studies demonstrated that *risk increases with age for males*. Findings show that a small sub-group of individuals have chronic patterns of a range of ongoing unrelenting sexual improprieties and/or antisocial behaviors. For some, these insidious patterns may continue well into young adulthood, the acclivity factor. For whatever reasons, these patterns are for some, unappeasable, intransigent, and immutable, crystallized into a set of fixed intricately woven constellations of variables, idiosyncratic to the individual, like their thumb print. A substantial number (41.3%) of the 16-19 year-old sub-sample reported engaging in criminal behavior. Likely a small portion of “first time adult offenders”, may in fact be chronically long-term recidivists with early manifestations of problematic sexual behaviors. The empirical evidence on the antisocial variables was notable for youth in this age range (16-19 years); 58.8% had a family history of general criminal behaviors and/or lifestyle, 19.5% had

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a family member with a history of legal difficulties because of sexual habits. More than half of the sample (62.3%) had been arrested or charged *prior* to the age of 16. Nevertheless, it is important to remember that in the *MEGA² Combined Samples Studies* (N=3,901) *most of the entire sample* (74.2%) were in the *Low* and *Moderate risk levels*.

The CSOM report (Bumby & Gilligan, 2014) noted specific descriptive variables were unknown about 16-25-year old age group, stating such information would be extremely helpful in handling and managing such cases. The findings presented here are groundbreaking, and exclusive. The information can be used in designing an adaptable protocol of assessment (Miccio-Fonseca & Rasmussen, 2009b) and integrative interventions (Rasmussen, 2012) implemented with a variety of flexible services for a wide age range of youth (under 18, and over), including all genders and youth with low intellectual functioning.

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No More Stolen Sisters: Missing and Murdered Indigenous Women and Girls

Shurene Premo, B. A.

No More Stolen Sisters is the rallying cry coming from Native American communities throughout the Nation and Canada. Currently, in Indian Country, violence is inflicted on Native American women and girls at shockingly alarming rates. It is referred to as the Missing and Murdered Indigenous Women and Girls (MMIWG) epidemic (Isaacs & Young, 2019). Many Indigenous Nations are advocating through public awareness for Native American women and girls who have been lost too soon from violence (Isaacs & Young, 2019).

Sadly, this epidemic is picking up in numbers, and much work is needed to stop the social injustice to Native American communities. As reported by the *National Institute of Justice*, 56% of Native American women are survivors of sexual assault, and 84% have been exposed to violence in their lifetime (Rosay, 2016; Isaacs & Young, 2019). Nearly 54% of rape incidents occur before the age of 12 for Native American women and girls (Tjaden & Thoennes, 2000; Isaacs & Young, 2019). The sex trafficking businesses within the United States show that 50% of victims are Native American women and girls (Rosay, 2016; Isaacs & Young, 2019). Compared to all other races, Native American women have the highest rates of being murdered, ten times higher than the national average, according to the *U.S. Department of Justice* (2016). For Native American women and girls within the ages of 10 to 24, homicide is the third prominent cause of bereavement (Daines, 2017; Isaacs & Young, 2019). The women who have come forth and reported their experience with violence throughout their lives (96%) state that at least one of the traumatic incidents of sexual violence was committed by a non-Native individual (Rosay, 2016; Isaacs & Young, 2019).



In the year 2016, 5,712 cases of Missing and Murdered Indigenous Women and Girls (MMIWG) were reported to the *National Crime Information Center* (NCIC); and within these cases unfairly, only 117 cases were registered to the *United States Department of Justice's* (DOJ) *National Missing and Unidentified Persons System* (NamUs) database (Rothenberg, 2019). Why? According to Young, Indigenous women are dehumanized by the general public as well as perpetrators, and they have become comfortable with disassociating Native American women as human beings and view them as having no value (Young, 2019). "*Violence against Indian women occurs as a gauntlet in the life of Indian women: at one end, verbal abuse and at the other murder.*" -Juana Majel, National Congress of American Indians, and Karen Artichoker, Cangleska, Inc.-Sacred Circle (Young, 2019).

Historical trauma is still a direct effect of intergenerational trauma today and is a tool still being utilized with present-day colonization to "control and put Indians in their place" (Flowers, 2015; Young, 2019). Lastly, a significant aspect of modern-day colonization is the inhumane acts (i.e., rape, murder, sexual assault, human sex trafficking) perpetrated on Indigenous women (Young, 2019).

The actual number of Native American women and girls who are missing, murdered, or forced into sex trafficking is unknown. (Farley et al., 2011; Isaacs & Young, 2019). Today, grassroots movements, as well as Native American communities and allies nationwide, are exposing and bringing awareness to the MMIWG. Families in Native American communities have hope that the high numbers of women and girls being victimized will decline, and their stolen sisters will come home (Isaacs & Young, 2019).

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Research Brief: Adolescent Sex Offenders Followed into Emerging Adulthood

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

The author has been conducting a longitudinal study of a sample of 154 male adjudicated adolescent sex offenders while in custody and received treatment services in a secure residential facility in Northern California. The study has involved two reporting periods. The first reporting period followed 129 of the youth for 6 years, from the time they entered the program and were assessed by two contemporary risk assessment tools (i.e., *JSORRAT-II* (*Juvenile Sexual Offender Recidivism Risk Assessment Tool -II*) [Epperson, Ralston, Fowers, & DeWitt, 2006; Epperson & Ralston, 2015]; and *MEGA⁺* [Miccio-Fonseca, 2009, 2010, 2013]), until they were discharged from the program (mean follow-up = 15.6, *SD* = 9.78). Recidivism rate during the program was 17.5% for a sexual impropriety serious enough that it warranted contacting the youth's probation officer (Rasmussen, 2017); and 4.1% for a sexually related probation violation (Rasmussen, 2019).



The second reporting period has followed 145 of the 154 subjects for 13 years, 2 months as the youth transitioned into emerging adulthood, then adulthood. The sample was highly unique in terms of severity = 45.6% were *High Risk* on *JSORRAT-II*, while on *MEGA⁺*, 29.2% were *High Risk* and 43.4% were *Very High-Risk*. Age range at discharge was 10.69 to 19.0 years (mean age = 16.87, *SD* = 1.59). Subjects have now been followed from the age of 18 until November 2019. Age range at the end of this reporting period was 21.45 to 31.68 (mean age = 26.96, *SD* = 2.26).

The author searched public records for recidivism data of the subjects as emerging adults (after (i.e., sex offender registries, Internet search engines with public arrest records). Recidivism was higher than expected: 11.7% had a *new sex offense* (as documented by evidence of sex offender registration, or a public record of arrest). For violent non-sexual crimes, 26.9% had a new arrest, while 49% had a new arrest for non-violent non-sexual crimes. Overall general recidivism rate showed 54.5% of the sample recidivated with a new arrest for a sexual and/or non-sexual crime (average time to recidivism = 5 years, *SD* = 2.73).

The overall sample was a highly criminal sample as evidenced by the general recidivism data. Of the 79 recidivists, 73% (*n* = 58) had multiple arrests. There were 4 subjects in the sample that were arrested *only for sex crimes*. The degree of violence that subjects engaged in was startling—many of the crimes were extremely serious including murder, attempted murder, assault with intent to rape and mayhem, rape of an unconscious person, arson, and human sex trafficking. This transitional sample had multiple problematic behaviors; close to one third (30%) had substance abuse related arrests, and 19.3% had domestic violence related arrests.

The study provides substantive data on a group of subjects for which longitudinal data is lacking—adjudicated male adolescent sex offenders followed as transitional youth/emerging adults up until the third decade of life.

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Familial Sexual Exploitation of Children

Jessica Kim, B. A.



Commercial sexual exploitation of children (CSEC) has been well documented over the past few years. Although limited research has focused on familial trafficking. For a child who is being trafficked by a family member,

the complexities associated with this kind of trauma are many, calling for careful understanding by trained mental health professionals and service providers.

The imbalance of power and the complexities associated with familial trafficking keep the victim unable to cognitively or emotionally extract themselves from the situation. It is estimated that nearly 60% of victims have regular contact with their traffickers due to limited options, emotional, and cognitive bonds (Sprang & Cole, 2018).

Sprang and Cole's (2018) study consisted of 31 youth in which data were extracted from clinical records from 2011–2017. The sample was from an age range of 6–17, mostly female (58.1%), and White (83.9%). Approximately 40% of the cases reviewed included sexual exploitation of more than one child in a family unit ($M=2.1$ children, $SD=1.7$). It is also estimated that 65% of the traffickers were the victim's mother, and 32% were the victim's father (Sprang & Cole, 2018). Familial traffickers know their victims well and prey on the child's vulnerabilities to keep grooming and exploiting the youth.

The psychological effects of trafficking victims are extensive and range from PTSD, depression, anxiety, social isolation, dissociation, splitting, and distrust (Stotts & Ramey, 2009). Oppositional Defiant Disorder and Major Depressive Disorder was also reported in a few cases (Sprang & Cole, 2018).

Recovery is a lifelong process. As Herman (2002) explained, restructuring the social system of care must first begin with establishing safety for the youth, having the youth retell their story, and finally connecting the youth with safe people.

Psychotherapy is also recommended, and a collaborative working relationship needs to be established where the youth is empowered instead of coerced, ideas of youth are explored, and cooperation is established (Herman, 2002).

Medical health professionals have an essential part in identifying and treating victims who are being exploited by a family member, as this may be the initial contact point. Gaps have been identified with medical health professionals, which includes the lack of knowledge, organizational policy, and training associated with screening and identification of Commercial Sexual Exploitation of Children (CSEC). In fact, in a survey with CSEC victims, 28% to 50% stated they had been seen by a healthcare provider while being trafficked but were not recognized as CSEC victims (Baldwin et al., 2011). Medical personnel reported an unclear protocol when coming in contact with CSEC youth, specifically those being trafficked by family members, causing a confusing path to reporting (Beck et al., 2015).

To better identify CSEC youth in the medical setting, the Children's Healthcare of Atlanta and Emory University School of Medicine developed a short data-driven screening tool. The 6-item questionnaire is applicable to CSEC victims between the ages of 12–18 (Greenbaum, Dodd & McCracken, 2018). The Greenbaum, Dodd & McCracken (2018) cross-sectional study included 108 participants, 25 of which comprised of CSEC youth and 83 comprised of acute sexual assault/sexual (ASA) abuse without evidence of CSEC. The average age was 15.4 for CSEC patients and 14.8 years for the ASA patients; 100% of the CSEC/CST and 95% of the ASA patients were female.

Through the study, it was determined that at least two positive answers from the 6-item questionnaire identified CSEC patients with a sensitivity of 92% (Greenbaum, Dodd & McCracken, 2018). Meaning this would identify a patient as a potential victim and prompt the physician or medical provider to ask further questions using a trauma-informed approach. In understanding the complexities associated with youth experiencing familial

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Debunking the Link Between R & B Superstar R. Kelly and Sexual Abuse

Brett Hall, B.A.



R. Kelly is one of the best-selling R & B artists in the country, a three-time Grammy award winner, an Olympic opening ceremony performer, and a common household name. In January of this year, Lifetime (2019) aired a three-day, six-part documentary “Surviving R. Kelly” airing the singer’s complex history with testimonies from several women reporting sexual abuse, predatory behavior, and pedophilia. Over the past 25 years there have been countless allegations against R. Kelly beginning with his marriage to a 15 year old when he was 27 in 1994 (Grady, 2019). In 2002, R. Kelly was indicted on 21 counts of child pornography and in 2017, he was accused of running an abusive sex cult of underage women (Tsioulcas & Dwyer, 2019). In February of 2019 he was charged on 10 counts of criminal sexual abuse, the majority with minors (Grady, 2019). In the “Surviving R. Kelly” documentary, over 50 individuals from his inner circle including family members, other artists, staff members, and victims disclosed details about his alleged child molestation, mental and physical abuse, and sex cult (Lifetime, 2019). R. Kelly fans across America have been left wondering why he would commit these atrocious acts and why so many young

women fell victim.

While there are many possible explanations for these questions, much research has been conducted over time that has proven patterns, cycles, and typical behaviors in sexual abuse. R. Kelly has admitted to being a victim of sexual abuse from 7-14 years old by an older female relative and has stated that he feels there is a “generational curse” passed down in his family (Hosken, 2016). It has been found that two of the most common risk factors that make an individual vulnerable to becoming a pedophile or sexual abuser are being of male sex and having been a victim of sexual abuse as a child to an older perpetrator (Salter, McMillan, Richards, Talbot, Hodges, Bentovim & Skuse, 2003). In regard to how R. Kelly has been able to abuse so many young females repeatedly, it could be due in part to his fame but also his abusive strategies. It has been reported that he isolates, brainwashes, and abuses victims physically, emotionally, and sexually (Grady, 2019). In a study conducted about psychological abuse in domestic violence cases, perpetrators often abuse to maintain power and they do this by using tactics of brainwashing, humiliation, isolation, and instilling real fear in the victims (Mega, Mega, Mega & Harris, 2000). The victim then commonly experiences “battering fatigue” in which they are afraid to leave their environment with the fear of being killed or severely injured, and develop coping skills to endure the oppressive environment. Often the mental abuse is so traumatic that the victim loses their sense of worth and independence, finds it difficult to leave the high-risk situation, and feels that they need their abuser to survive.

Further analysis and research must be done to fully understand the dynamics of R. Kelly’s alleged sexually abusive behavior and his complex history. The recent surge of women coming forward and speaking out has spurred conversation about the traumatic effects and consequences of sexual abuse. R. Kelly’s alleged sexually abusive acts have created turmoil for many fans across America, as they are left with the struggle of continuing to listen to the music that helped define happy moments in their lives or support the victims by joining the “Mute R. Kelly” movement. The “Surviving R. Kelly” testimonies have begun to spread awareness for young women everywhere, especially those of color that are often most marginalized and powerless in society today.

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trafficking, research has been used to develop new screening tools in the medical health facilities and with mental health practitioners. Further implementation of policies is in the process of being implemented so we can begin to treat and identify youth experiencing familial trafficking.

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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



CCOSO's Mission: Together We Can End Sexual Abuse

CCOSO professionals are recognized as leaders in California and nationally.

- ◆ *Expertise in treatment and supervision*
- ◆ *Training and education about sexually abusive individuals*
- ◆ *Research on juveniles and adults*
- ◆ *Legislative guidance on policies and procedures related to sex offenders*



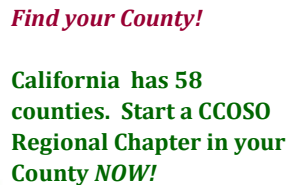
Membership Benefits:

- ◆ *Quarterly Newsletter*
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- ◆ *Discussion listserv*
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- ◆ *Networking (statewide): Participate and be leaders in CCOSO Regional Chapters and Committees.*

CCOSO and its chapters strengthen local and statewide agencies and professionals to enhancing community safety.

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