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Sexually Abusive Youth Who Are Transgender

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

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

Transgender refers to a wide-ranging spectrum of individuals who transiently or persistently identify with a gender different from their natal gender. A transgender female youth is one whose birth sex is female, but cognizes to be male, and desires to live as a male. Similarly, a transgender male, whose birth sex is female, cognizes himself to be male, and desires to live his life as a male. Transgender persons may openly express their gender identity at various times in their lives. This can occur at different points in time, while very young, or during adolescence, or young adulthood, middle aged, or when elderly. Cultural changes in the

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society at large over the past decade have brought about increased public awareness of transgender individuals, perhaps facilitating more openness on their part to disclose their gender identity and the struggles they face. As a result, mental health clinics and residential facilities (including those who provide services to sexually abusive youth) are becoming more inclusive of varied gender identities, as evidenced by adjustments made to intake questionnaires to include transgender as an option when indicating gender.

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

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

Transgender youth engage in coarse sexual improprieties and/or sexually abusive behaviors in substantially smaller numbers than male youth, but those who do need to be identified, assessed and possibly treated. There is a dearth of research in the literature to guide practitioners who assess and treat sexually abusive transgender youth. The author's literature

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search of academic databases (i.e., PsychINFO, PsychARTICLES, MEDLINE, Academic Search Premier, and Criminal Justice Abstracts) did not find any articles that focused specifically on these transgender youth.

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

MEGA^f is the first risk assessment tool that incorporates various aspects of risk assessment not present in other tools. It has *Risk* and *Protective Scales* allowing for simultaneous assessment of risk and protective factors, as well as clinical scales (i.e., *Estrangement* and *Historic Correlative* [e.g., formerly *Persistent Sexual Deviancy*]) identifying the youth's strengths, and vulnerabilities. *MEGA^f* is an outcome measure able to evaluate progress of the youth every 6 months in terms of increased or decreased risk levels and protective factors. Similar to other assessment measures anchored in the scientific method (e.g., *MIDSA*, *YSL/CMI*), *MEGA^f* is a proprietary tool generating a comprehensive report idiosyncratic to the youth (with costs associated) (Miccio-Fonseca, 2018). *MEGA^f*'s applicability to youth with low intellectual functioning is also a unique aspect (Miccio-Fonseca & Rasmussen, 2009a, 2013).

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

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Fonseca, 2017a, 2017b] and the *MEGA^d: Combined Samples Study* [$N=3,901$ - Miccio-Fonseca, 2017a, 2017c]).

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

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

Sexually abusive transgender female youth appeared to have more varied sexual experiences/contact than their male, and female counterparts. For example, sexually abusive transgender female youth did have more incidents that involved adults (respectively: transgender female 17%, males 8%, females 3%). They also had more incidents that involved both children and adults (respectively: transgender females 17%, males 4%, females 1%) and reported having more than two victims (respectively: transgender females 50%, males 27%, females 10%).

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

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(respectively: transgender females 42%, males 41%, females 50%).

The sexually abusive transgender female youth had notable differences in their educational history as well. For example they had more problems with attention and concentration, (respectively: transgender females 58%, males 53%, females 55%); had frequent day dreaming (respectively: transgender females 58%, males 34%, females 39%), and reported more learning disabilities (respectively: transgender females 42%, males 31%, females 25%). The transgender female youth had more problems in school, reporting more incidents of having two or more disciplinary difficulties in the last six months (respectively: transgender females 67%, males 71%, females 17%).

Implications for Clinical Practice, Management, and Supervision

The risk assessment research findings on combined cross-validation samples for the *MEGA*^f risk assessment tool take us in a new direction, making it amply clear the differences between male, female and transgender female youth. The results signal professionals to adapt approaches in risk assessment, treatment planning, treatment focus, and type of treatment, supervision and/or management to sexually abusive transgender youth. Risk assessment requires being attuned to the specific needs of the gender of the youth (i.e., male, female and transgender) by implementing gender specific risk assessment tools.

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

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