**Memorandum**

To: Sex Offenses & Sex Offender Registration Task Force Members

From: ICJIA Staff

Date: 04-14-2017

Re: Policy Discussion at Task Force Meeting 04-19-2017

This memorandum outlines policies research staff identified that corresponds to the research presented on March 10, 2017 and that planned for April 19, 2017. For each policy identified, a summary of the current practices in Illinois is provided along with the information supporting the policy statement.

**(1) Use validated, structured risk assessments to identify risk to sexually reoffend and general offending risk. Overrides of the risk assessments should not be allowed, and the assessments should be used to guide management and treatment plans, not just identify risk. Risk level should be reassessed ideally once a year, but minimally every two years.**

**Currently in Illinois:** Probation departments use the LSI-R to assess general risk for individuals on probation. The Illinois Department of Corrections is in the process of implementing a general risk/needs/assets assessment. Less information is available about the extent to which risk assessments specific to sexual offending are being used, who is administering those instruments, and whether those individuals have been properly trained.

**What the research says:** Individuals should be assessed for general risk because persons convicted of sex offenses typically have a higher risk of general offending than of reoffending sexually. Assessment of risk for reoffending sexually is also needed to identify those persons at greatest risk for reoffending and to guide management and treatment plans. This ensures that the management and treatment plans correspond to the risk and treatment needs of individuals (Przybylski, 2017).

Empirical evidence also suggests that intervention and management practices need to differentiate between female and male sex offenders, and that procedures for assessing risk developed for male sex offenders are unlikely to be accurate when applied to female sex offenders (Przybylski, 2017). Thus, policies that advocate for the use of risk assessment should consider the appropriateness of those instruments for the populations assessed.

Structured risk assessment tools should be used when determining risk because they are more accurate than those that are unstructured. However, merely implementing structured risk assessments is not enough. Consideration should be given to whether those conducting assessment can override the results. Overrides decrease predictive accuracy and can negatively impact quality of treatment (Hanson, 2017).

Examples of structured risk assessments commonly used include:

* Static factors: Static-99R, Static-2002R
* Identifying treatment targets: STABLE-2007, SOTIPS, SRA-FV, SVR-20, RSVP
* For general recidivism: LS/CMI, COMPAS

**(2) Use a registry “tier system” that reflects actual risk-to-reoffend.**

**Currently in Illinois:**  The state has two statute-based “tiers”: lifetime registrants (also called “sexual predators”) and 10-year registrants.

**What the research says:** Policies and practices that take into account the differential reoffending risks posed by different types of sex offenders are likely to be more effective and cost-beneficial than those that treat sex offenders as a largely homogenous group (Przybylski, 2017). The Association for the Treatment of Sexual Abusers (ATSA) recommends using a structured, validated risk assessment to separate individuals into different tiers that reflect their actual risk-to-reoffend.

**(3) The public registry should only contain persons who are at a higher risk to reoffend, should only contain persons convicted of a sex offense, and should allow for the potential to be removed from the registry.**

**Currently in Illinois:** The registry contains everyone convicted of a sex-offense listed in the registration statute, and does not differentiate by risk. Persons stay on the sex offender registry for either 10-years or their lifetime, depending on the offense for which they were convicted. Additionally, certain persons convicted of murder are listed as sex offenders on the registry if their victim was under a certain age, regardless to whether the crime was sexually motivated.

**What the research says:** Public notification and protection policies should focus only on those who are at risk for sexual recidivism (Hanson, 2017). Reprieve from longer-term registration should be available for persons who have not sexually recidivated. ATSA suggests that individuals who are low risk, complete treatment, and have been living in the community offense free for at least 5 years should have the ability to request removal from the registry. This policy position is supported by research that shows, in general, that sexual recidivism risk is cut in half for every 5 years offense free in the community (Hanson, 2017). Research further suggests that although no one has a zero risk, after 10 years of being offense-free in the community, most individuals cross the desistance threshold.

**(4) Revise or remove the current usage of the term “sexual predator.”**

**Currently in Illinois:** In Illinois, all lifetime registrants, which equates to almost 70 percent of those on the registry, are considered “sexual predators.” The term is offense-based, not risk-to-reoffend, and covers a wide range of offenses.

**What the research says:** The term sexual predator is controversial, with many researchers recommending refraining from using the term entirely (Hanson, 2017). Overuse of the term can reduce public safety because it removes the ability to accurately differentiate between high-risk and low-risk individuals and it can produce significant collateral consequences those who are at low-risk for sexually offending. If the term is used, ATSA recommends that it “should be reserved for sex offenders who have engaged in a long‐term pattern of sexually deviant behavior, who are assessed to be at high risk to reoffend, who have assaulted strangers or non‐relatives, who have used violence, weapons, or caused injuries to victims, who have had multiple victims and/or arrests, or who have committed abduction, kidnapping, false imprisonment, or sexually motivated murder or attempted murder” (p. 5, ATSA, 2005).

**(5) Treatment should be utilized and should be informed by a risk-assessment.**

**Currently in Illinois:** Use of treatment and the process by which referrals are made varies across the state and across agencies. IDOC mandates (per statute) treatment for persons on parole who were convicted of sex offenses, and it seems probation agencies try to get any persons convicted of a sex offense on their probation caseload into some sort of treatment. However, treatment providers are not readily available in all areas and the providers do not necessarily administer a risk-assessment. Additionally, it is unclear whether treatment quality is assessed in a meaningful manner.

**What the research says:** Research indicates that implementing a combination of treatment and supervision is more effective than only applying sanctions, restrictions, and surveillance (Center for Effective Public Policy, 2010). Treatment can and does work, particularly when adhering to the Risk-Needs-Responsivity principles of effective intervention and is tailored to the risks, needs and offense dynamics of individual sex offenders. Research also indicates that cognitive-behavioral/relapse prevention approaches can achieve at least modest reductions in both sexual and nonsexual recidivism (Przybylski, 2017).