Sex Offender Risk, Treatment, and Registration Research and Policy

Research Question	Major Research Findings	Policy	Currently in Illinois
Who should be on the registry?	Risk is cut in half for every 5 years offense free in the community.	The public registry should only contain persons who are at high risk for sexual recidivism.	Two "tiers": 10-year registrants and lifetime registrants.
	Cross the desistance threshold 10 years offense free. Registration should be limited to those at risk for sexual recidivism.	The registry should only contain persons convicted of a sex offense. The registry should allow for the potential to be removed from the registry.	Some convicted of murder are on the registry, even if not sexually motivated.
How should the registry be structured?	Higher risk for re-offending generally than for sexually motivated offenses. Risk assessment should be specific to risk of sex offending as well as general offending. Consideration of gender differences important. Overrides undermine predictive accuracy of instruments.	Use validated, structured risk assessments to identify risk to sexually reoffend and general offending risk. Overrides of the risk assessments should not be allowed. Risk level should be reassessed ideally once a year, but minimally every two years.	General risk assessment instruments- LSI-R (probation); SPIN (Department of Corrections). Sex offending risk assessment instruments-less clear if or how often they are used; are not used to determine registration level.
	Registration reflecting actual risk is more effective. Tiers should be based on structured risk-assessment. Overuse of controversial terminology can dilute public safety and negatively impact low-risk individuals. Identification of specific subsets of offenders should be based on clinical assessment.	Use a registry "tier system" that reflects actual risk of sexual re-offending. Revise or remove the current usage of the term "sexual predator" for lifetime registrants.	Statute-based registration periods. Risk assessment not used to determine tiers. Two "tiers": 10-year registrants and lifetime registrants. All lifetime registrants are defined as "sexual predators" in the Sex Offender Registration Act.

Major Research Findings	Policy	Currently in Illinois
Residence restrictions do not decrease	Limit or remove residence restrictions for	Persons convicted of certain sex offenses are
sexual reoffending rates.	persons convicted of a sex offense.	restricted from living within 500 feet of a
NA - I - C - I I I I - I - I -		school, playground, or any facility providing
9 .		programs or services exclusively directed towards people under the age of 18.
but rather people they know.		towards people under the age of 18.
Increases homelessness and loss of family		While the statute lists certain offenses, in
support.		practice many more registrants have these
		restrictions placed on them.
		Some municipalities have extended the 500
		feet to upwards of 2,000 feet.
		Prevents release from DOC.
Treatment can work.	Evidence-based treatment should be utilized	Treatment generally required, but quality is
	and informed by risk-assessment.	unknown. Not sure if linked to risk
Adhere to the RNR principles.		assessment.
individual and based on risk assessment.		
CRT/relance prevention can produce		
As persons remain offense free, their risk	Remove the option of lifetime Mandatory	For individuals convicted of certain sex
levels decrease.		offenses (i.e. predatory criminal sexual
	convicted of sex offenses.	assault, aggravated criminal sexual assault,
		and aggravated child pornography), Illinois
=		statute lists their MSR term shall range from 3 years to life. The parole agents complete
•		progress reports every 180 days.
		p. 56. 233 (epoits every 100 days.
* II	Residence restrictions do not decrease sexual reoffending rates. Most offenders do not victimize strangers, out rather people they know. Increases homelessness and loss of family support. Treatment can work. Adhere to the RNR principles. Treatment should be tailored to the individual and based on risk assessment. CBT/relapse prevention can produce modest reductions. As persons remain offense free, their risk	Residence restrictions do not decrease sexual reoffending rates. Most offenders do not victimize strangers, out rather people they know. Increases homelessness and loss of family support. Evidence-based treatment should be utilized and informed by risk-assessment. Freatment should be tailored to the ndividual and based on risk assessment. CBT/relapse prevention can produce modest reductions. As persons remain offense free, their risk evels decrease. There is not a population of people who remain at the highest risk for their entire ives without committing a new offense, so ifetime parole is targeting a population of