

Sex Offender Registration

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WARNING!!!

***45 minutes is the equivalent of the Super Bowl half-time show (without the costume changes or "wardrobe malfunctions").**

***The following 45 minutes will consist of random musings from a shrink with a Texas accent.**

***I am not a lawyer and I don't play one on TV.**

Helpful Resources

1. R. Karl Hanson, Ph.D.
2. David Thornton, Ph.D.
3. Marcus T. Boccaccini, Daniel C. Murrie, Jennifer D. Caperton, and Samuel W. Hayes (2009). Field Validity of the Static-99 and MnSOST-R Among Sex Offenders Evaluated for Civil Commitment as Sexually Violent Predators. *Psychology, Public Policy, and the Law*, Vol. 15 No. 4, 278-314.
4. ATSA
5. CSOT

A Few Words To Remember...

“Prediction is very difficult, especially if it’s about the future”.

Niels Bohr

Assessment Measures

*Rapid Risk Assessment of Sexual Offense Recidivism (RRASOR)

*Violence Risk Appraisal Guide (VRAG)

*Sex Offender Risk Appraisal Guide (SORAG)

*Sexual Violence Risk – 20 (SVR-20)

*Structured Risk Assessment (SRA)

*Matrix 2000 (only instrument with support for use with internet offenders)

*STATIC-99R/STATIC 2002R (most commonly used measure)

*Minnesota Sex Offender Screening Tool – Revised or Third Edition (MnSOST-R, MnSOST-III)

*Psychopathy Checklist –Revised; 2nd Edition (PCL-R: 2nd Edition)

Public Perception: Is Perception Reality?

Study of 192 Florida adults identified as non-sex offenders:

What percent of convicted sex offenders do you believe will commit another sexual offense? (74%)

What percent of rapists do you believe reoffend in a sexual manner? (74%)

What percent of child molesters do you believe reoffend in a sexual manner? (76%)

Fortney, Levenson, Brannon, & Baker (2007)

Baseline Rates and Recidivism Data

One of the earliest and most sophisticated analyses (Hanson, 2004) reviewed 95 studies involving 31,000 sex offenders, with an average follow-up period of 5 years. Significant findings include the following:

- Overall recidivism rate for new sex crimes: 13.7%
- Recidivism rate for child molestation: 12.7%
- Recidivism rate for child molestation within families: 8.4%
- Recidivism rate for rape: 18.9%

A smaller U. S. study (U. S. Bureau of Justice Statistics) followed 9,700 sex offenders (released from prison in 15 different states in 1994) for a period of 3 years after release from prison. Significant findings include the following:

- Sexual offenders rearrested for another sex crime: 5.3%
- Sexual offenders rearrested for another sex crime against a child: 3.3%
- Sexual offenders rearrested for *any kind* of new offense: 43%. General rearrest rate for people released from prison: 68%.

Recidivism Continued

Hanson & Morton-Bourgon (2009):

- Reviewed over 100 studies ranging in dates from 1972 to 2008.
- Total sample size of over 45,000 sex offenders from 16 different countries (including U.S.)

Known Recidivism Rates @ 5, 10, 15 years:

- Rapists (14%, 21%, 24%)
- Incest Offenders (6%, 9%, 13%)
- Girl Victim Child Molesters (9%, 13%, 16%)
- Boy Victim Child Molesters (23%, 28%, 35%)

Texas Recidivism Data

Boccaccin et al., 2009:

*N = 1st 1,928 offenders screened for possible CC

*Average follow-up of 4.77 years

*Recidivism based on only new Texas offenses

*3.9% of those discharged committed new sexually violent offense (vs. 1.4% under MS)

*4.3% of those discharged committed a new sexual offense of any kind (vs. 2.1% under MS)

Risk Factors

History of Sexual Deviancy (long considered # 1)

Antisocial and/or criminal orientation, History of rule violation (long considered # 2)

Age (more and more empirical support relating to age as a risk factor – young offenders have higher levels of recidivism, but significant drops in recidivism after age of 50)

Offenses “triggered” by drug/alcohol use (drug/alcohol abuse alone is not related to recidivism, nor is general psychological distress)

Violation of Mandatory Supervision

Early onset of sex offending (particularly onset prior to age of 14, though there is some recent debate regarding this factor)

History of social isolation, employment difficulties, relationship difficulties

Low remorse, denial, lack of empathy, low self-esteem, being sexually abused as a child unrelated to sexual recidivism

Two Additional Risk Factors with Increasing Empirical Support

PRIOR SEX OFFENSE (recidivism risk essentially doubles if you have a prior sex offense)

PERSISTENCE AFTER PUNISHMENT (perhaps single most important variable is evidence offending has persisted after being caught)

What is Sexually “Deviant”?

Victim Choice

-extrafamilial victims/stranger victims. offenders with exclusively intrafamilial victims have consistently lower recidivism rates

-much younger or older victims

-male victims (exclusively or in addition to female victims)

Deviant Sexual Interests, Sexual Preoccupation

Diversity of Sexual Acts/Sexual Crimes (in public, use of force)

Pornography/Prostitution, Massage Parlors, Inappropriate Sexual/Masturbation Fantasies

Number/Frequency of Previous Sexual Offenses

Do Treatment and Supervision Work?

Although there has, over the years, been debate about the extent to which treatment is effective in reducing recidivism risk, the current consensus is that those offenders who fail to successfully complete treatment are at a higher risk for reoffending than offenders who successfully complete treatment programs. In addition, individuals who start (but fail to successfully complete) treatment generally have higher recidivism rates than those who never actually start treatment.

Recent study (in Texas) suggests that those individuals released without supervision are almost twice as likely to reoffend when compared to individuals under some type of Mandatory Supervision (Boccaccin et al, 2009). That being said, GPS monitoring has not shown to be all that effective.

Juvenile Sex Offenders

Juvenile sexual offenders and adult sexual offenders are at completely different developmental, social, emotional, and behavioral stages in their lives. Adult sexually aggressive/violent behavior is prompted by a different set of experiences and contexts than that of children and adolescents.

Many juvenile offenders will have some type of emotional and/or interpersonal deficit, elevated levels of anxiety, and less than optimal family environments. That being said, The most common *DSM-IV-TR* diagnosis for juvenile sex offenders is Conduct Disorder.

Some sexually deviant or inappropriate behavior in children (e.g., obscene phone calls, voyeurism, lewd sexual gestures, genital exposure, and even frotteurism) can be thought of as developmentally appropriate.

Research suggests that most juvenile sexual offenders do not recidivate. The recidivism rate for treated juvenile sexual offenders has been shown to be between 5-13%. In general, sexually offensive behaviors of many juveniles do not transfer into adulthood.

Hope for Juveniles???

“There is little evidence to support the assumption that the majority of juvenile sexual offenders are destined to become adult sexual offenders. Moreover, the significantly lower frequency of more extreme forms of sexual aggression, fantasy, and compulsivity among juveniles than among adults suggests that many juveniles have sexual behavior problems that may be more amenable to intervention.”

Association for Treatment of Sexual Abusers (2001)

Something to Remember About Diagnosis

"The fact that an individual's presentation meets the criteria for a *DSM-IV* diagnosis does not carry any necessary implication regarding the individual's degree of control over the behaviors that may be associated with the disorder. Even when diminished control over one's behavior is a feature of the disorder, having the diagnosis in itself does not demonstrate that a particular individual is (or was) unable to control his or her behavior at a particular time" (p. xxxiii).
