Registering Youth as Sex Offenders: Relevant Laws & Best Practices

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Office of the Ohio Public Defender

Advocating. Fighting. Helping.

Roadmap

 Registering youth as sex offenders in Ohio

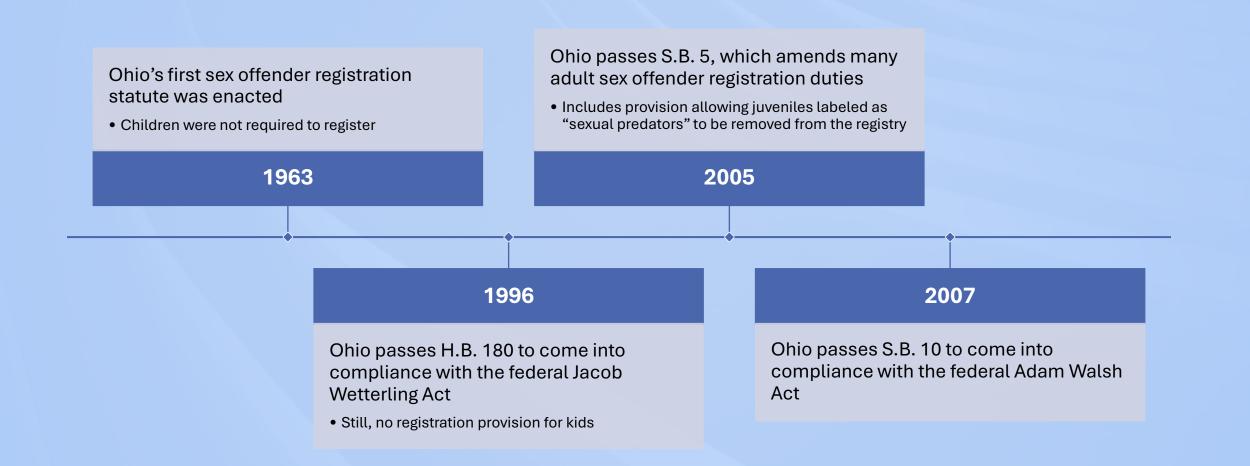
2. Effectiveness of registration

3. Best practices to treat youth who engage in problem sexual behaviors

Registering Youth in



Brief History of Ohio's Juvenile Registration



Which Law Applies?

Bodyke (2010): people who were already registering BEFORE 2008 could not be classified under the new tier system of SB 10

Williams (2011): people whose offenses occurred before 2008 could not be classified under the new tier system of SB 10

DJS (2012): Williams applies to children too

Bruce S. (2012): *Williams* also applies to children who were subject to classification between the enacted and the effective dates of SB 10

Who registers?

Who Must Register? - mandatory registrants

- All youth 16 or 17 at time of offense
- All youth 14-17 with a prior adjudication for a sexually oriented offense

Who Might Register? - discretionary registrants

- First time 14- and 15-year-old offenders
- Court must consider factors in R.C. 2152.83(D)

Who Will Not Register?

- Youth who were under 14 at time of offense
- Age eligibility is a condition precedent to registration and must be proven beyond a reasonable double *D*.*S*.



Tier Levels

Registration Level	Frequency of Registration	Duration of Registration
Tier I	Annually	Ten years
Tier II	Every 180 days	Twenty years
Tier III	Every 90 days	Until death
PRQJOR	Every 90 days	Until Death

Differences between juvenile and adult registration

Juvenile

- Tier level is in the court's discretion
- No residency restrictions
- Not posted on the web
- Only registers in the county where they live
- Can petition to have registration modified or removed
- Is a "juvenile offender registrant" even after turning 18/21

Adult

- Tiers are offense based
- Residency restrictions apply
- Posted on eSORN
- Registers where they live, work, and attend school
- Cannot petition to have registration removed*

The Hearings

Initial classification R.C. 2152.82-.83 • Only two available options:

- 1. At disposition; or
- 2. Upon release from a secure facility

End of disposition hearing R.C. 2152.84

Review hearing(s) R.C. 2152.85



Initial Classification 2152.82 and 2152.83

Discretionary registrants

Mandatory registrants

• At disposition <u>**OR**</u> upon release from a secure facility

• At disposition, <u>unless</u> child is committed to a secure facility, then it must be upon release from a secure facility

Hearings After the Initial Classification

- 1) End of disposition R.C. 2152.84
 - End of probation or parole; turning 21; release from a facility; etc.
- 2) 3 years after the .84 hearing (first 2125.85 hearing)
- 3) 3 years after the first .85 hearing
- 4) 5 years after the second .85 hearing, and every 5 years after that



Effects of JSORN

Policies

Why do we have juvenile sex offender registration?

R.C. 2950.02(A)

(1) If the public is provided adequate notice and information about offenders and delinquent children who commit sexually oriented offenses or who commit child-victim oriented offenses, members of the public and communities can develop constructive plans to prepare themselves and their children for the offender's or delinquent child's release from imprisonment, a prison term, or other confinement or detention. This allows members of the public and communities and communities to meet with members of law enforcement agencies to prepare and obtain information about the rights and responsibilities of the public and the communities and to provide education and counseling to their children.

(2) Sex offenders and child-victim offenders pose a risk of engaging in further sexually abusive behavior even after being released from imprisonment, a prison term, or other confinement or detention, and protection of members of the public from sex offenders and child-victim offenders is a paramount governmental interest.

Two myths:

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Myth of stranger danger

- Bureau of Justice Statistics Study 2000: 93% of sexual abuse perpetrated against children was perpetrated by someone known to the victim
- 2014 Canadian Study: 88%



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Recidivism of children who commit sex offenses is extremely low.

- Dr. Letourneau 2009 study
 - Negative predictor: years offense free in the community
 - Positive predictor: older age at index offense
 - Registered and non-registered kids have the same recidivism rates for sexual offenses registration is not a predictor of high risk
 - Supervision effect: registration status was associated with new non-sexual/nonviolent charges but not convictions.
- Dr. Batastini 2011 study
 - Tier III youth no more likely to reoffend than other tiers
- Dr. Caldwell 2016 study

Why is recidivism low for kids?

- Kids commit sexual offenses for different reasons
- Developmental dysfunction hypothesis (Caldwell)
- Over criminalizing
 - As time passes
 - Vs. other countries

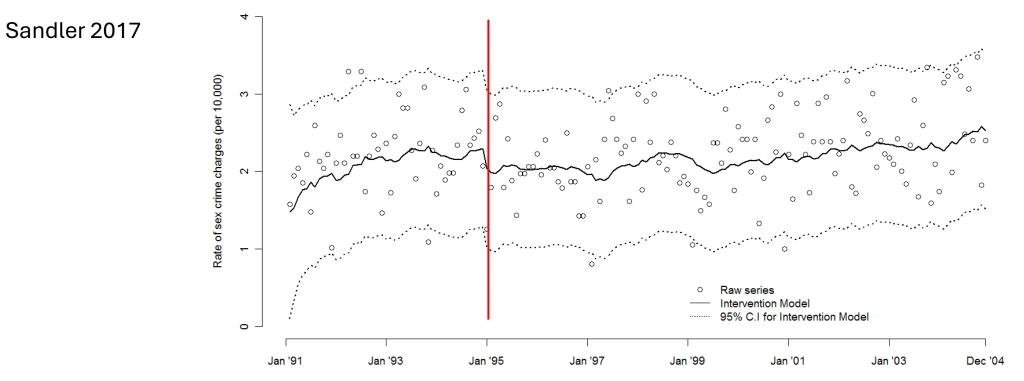
What Kind of Kid Commits a Sexual Offense?

- 1. Traumatized children reacting to their own abuse
- 2. Persistently delinquent teens
- 3. Otherwise normal adolescents acting experimentally but irresponsible
- 4. Generally aggressive and violent youth
- 5. Immature and impulsive youth
- 6. Adolescents engaging in normative but illegal consenting sex
- 7. Youth indifferent to others who selfishly take what they want
- 8. Youth imitating what they see in the media
- 9. Youth misinterpreting what they believed was mutual interest
- 10. Youth ignorant of the law or potential consequences of their acts
- 11. Youth imitating what is normal in their own family/ecologies
- 12. Youth attracted to the thrill of rule violation
- 13. Socially isolated youth who turn to younger children as substitutes for agemates
- 14. Seriously mentally ill youth
- 15. Youth responding to peer pressure
- 16. Youth preoccupied with sex
- 17. Youth under the influence of drugs or alcohol
- 18. Youth swept away by sexual arousal of the moment
- 19. Youth with incipient sexual deviance problems

Registries do not deter other children from committing sexual harm

Letourneau study 2010

Trend analyses included data on 26,574 youth charged with 28,288 crimes from 1990-2004





Why no deterrent effect

Kid would have to recognize that their behavior is:

- Illegal
- Likely to be discovered
- Likely to result in punishment
- Likely to result in registration

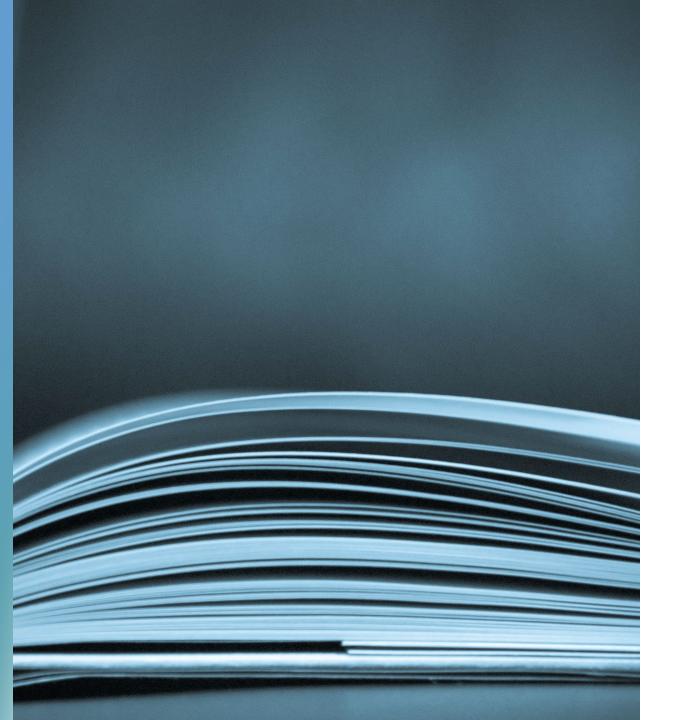
Raised on the Registry

- Human Rights Watch 2013:
- Interviews with 281 individuals in 20 states who had committed sexual offenses as children and their immediate family members
- Attributed serious harm, including
 - $\,\circ\,$ Experience of isolation
 - \circ Depression
 - Denied access to education and employment opportunities
 - \circ Residence restrictions
 - Suicidal thoughts and attempts
 - Threatened with or experiencing physical violence



HUMAN RIGHTS WATCH RAISED ON THE REGISTRY The Irreparable Harm of Placing Children on Sex Offender Registries in the US





Shields et al. (Study under peer review)

- Completed survey of 86 young adults (18-21) currently in treatment for problem sexual behavior
- 41% (n=38) required to register
- Registered young adults reported higher levels of hopelessness and less perceived social support
- Registered young adults were more likely to report suicide attempts than nonregistered folks (22% vs 6%; NS)

In sum

Registries:

- Target kids who are low risk
- Fail to reduce recidivism
 - Possibly place people at an increased risk for non-violent charges
- Fail to deter first time offenders
- Harm children & young adults



Practices for

Treatment

Children are Different

- Youth are more responsive to treatment than adult sex offenders and do not continue re-offending into adulthood, especially when provided with appropriate treatment.
 - Chaffin et al., *What Research Shows About Adolescent Sex Offenders*, National Center on Sexual Behavior of Youth (2003).
 - Worling et al., 20-Year Prospective Follow-Up Study of Specialized Treatment for Adolescents Who Offended Sexually, 28 Behav. Sci. & L. 46 (2010).
- Treatment for less than one year is often sufficient to attain positive outcomes and low recidivism rates for youth.
 - Dopp et al., Evidence-Based Treatments for Youths Who Engage in Illegal Sexual Behaviors, 46 J. Clinical Child & Adolescent Psychol. 631 (2017).

Low Risk to Reoffend for Youth

- Youth adjudicated of a sex offense have a low rate of recidivism and the vast majority will never commit another sexual offense again.
 - Sexual recidivism average for youth = 4.97% across all studies.
 - Focusing only on recent studies between 2000-2015, mean sexual recidivism rate = 2.75%.
- There was no significant difference in recidivism rates across settings (i.e., children who stayed in the community vs. residential treatment facilities vs. secured facilities).

Michael F. Caldwell, *Quantifying the Decline in Juvenile Sexual Recidivism Rates*, 22 PSYCHOL. PUB. POL'Y & L. 414 (2016)

Normative, but Illegal Behavior

- Many adolescents engage in unlawful sexual behaviors as they begin to explore their sexuality, without knowing they are illegal.
- A 2019 study of 144 adolescents found that nearly half had engaged in at least one registrable behavior, including sexting, indecent exposure, sexual solicitation, and forcible touching.
 - Cleary & Najdowski, Awareness of Sex Offender Registration Polices and Self-Reported Sexual Offending in a Community Sample of Adolescents, 17 Sexuality Res. & Soc. Pol'y 486 (2020).
- The majority of youth who offend are not motivated by a sexual interest in young children.



Predictors of onset of sexual misconduct

- Exposure to violence in the home (being a victim of sexual abuse)
- Early exposure to porn
- Other Adverse Childhood Experiences (ACE's)
- Delayed social skills development
- Family stresses that change or limit supervision



Basics of treatment program

- Need to stop the behavior
 - Move the kid
 - Improve supervision
 - Residential treatment should be last option
- Should draw more from broad adolescent mental health or rehabilitation programs than adult sex offender treatment.
- Individualized treatment is a must.
 - Many youth only need some psychoeducational services

Proven effective services

- Everything (almost) these youth are lower risk than most delinquents, easier to treat, rarely reoffend after age 19 even without treatment.
- Most proven effective approaches are family based in the community MST and similar.
- Social skills and socialization focus
- Sex education often helps



/ Denial Minimization

- At least 7 studies looking at denial of the offense as a risk factor:
 - None (0) found it to increase risk
 - Two (2) found it to mitigate risk
 - Possibility that the kid really didn't do it
 - Probably reflects guilt feelings in some kids (undoing defense)
- Treating kids who deny? Treatment focus should be on broad array of issues / overall social adjustment.
- Shame / full disclosure-based models are not considered state of the art.

How to waste time in treatment

- Focus on denial no relationship to recidivism
- Focus on sexual history no evidence this helps
- Assume there is an offense cycle that has to be exposed
- Focus on Relapse Prevention Plan proven ineffective
- Ignore or limit family involvement
- Ignore school or employment skills
- Use a "start over" privilege system
- Use a set phased program with lots of worksheets



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Association for the Treatment & Prevention of Sexual Abuse RESEARCH. TREAT. PREVENT.



ATSA Practice Guidelines

- Emphasis on treatment of the whole youth in a Social-Ecological approach
- Targets of treatment:
 - Social competence and isolation
 - Attitudes that support sexual violence
 - Family relationships and issues
 - General self-regulation
 - Healthy sexuality
 - Social and community supports
 - Non-sexual delinquency
 - Individual issues: mental health, learning issues, etc.

Can be ordered here:

https://www.atsa.com/civicrm/contribute/transact?reset=1&id=38

Effective Treatment Should



Stop the behavior

Draw more from broad adolescent mental health or rehabilitation programs than adult sex offender treatment



Provide

Provide individualized treatment



Focus on developing social skills and provide sex education



Questions?